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FIRST AID POLICY

The ISSR states at part 3 paragraph 13 that the standard for first aid is met if it is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy. Effective implementation of a policy will require adequate numbers of appropriately trained staff and the provision of proper equipment, for off-site activities as well as in the school itself.

“First Aid is the immediate assistance or treatment given to someone injured or suddenly taken ill, before the arrival of an appropriately qualified person”.

The aims of Woldingham School First Aid Policy are to:

- Preserve life.
- Limit any decline of the condition.
- Promote recovery.

First Aid Provision. First aid boxes are provided in all the areas of the school where an accident is considered possible or likely. See Appendix 1 for details of contents.

First Aid Notices. First Aid Posters (incl. first aiders, defib, AAI, and first aid kit map) are displayed around the School.

Who to Contact

Health Centre:	Ext 4238
First Aiders:	Call Reception Ext 4201
School Doctor	Townhill Medical Practice

Term Time. For those staff members and students and visitors who become ill or suffer injury whilst at work, if they are able to get to the Health Centre, then medical assistance is provided there throughout the term of each school year. There is a qualified nurse on duty in the Health Centre during the school day, who is available to administer first aid, to deal with any accidents or emergencies, or to help if someone is taken ill.

A number of members of the teaching, support and residential staff are trained and qualified as First Aiders and are capable of giving first aid. For more serious injuries and illnesses, these ‘First Aiders’ may manage an incident, call for help as appropriate, and assist the Health Centre as required. The names of staff with current First Aid training are available from the School Reception, displayed around the school on posters, and on Sharepoint.

If available and free to do so, the School Nurse may attend and assist at any significant incident but their specific priority is to girls that might already be admitted to the Health Centre. Thus, the first response to any incident may need to be through the trained First Aiders.

School Holidays. First aid provision during school holiday periods is reduced as there is no nurse on duty in the Health Centre. Any accident that cannot be treated by a First Aider will be dealt with by calling 999/111 or visiting A&E or a Doctor. All contractors are to be aware of the first aid procedure.

Out of School Trips. All School minibuses contain a First Aid kit – minibus drivers are responsible for monitoring and refilling these kits. Staff taking students on school trips should obtain a “tailor made” First Aid kit supplied and stocked by the Health Centre. 48 hours’ notice is required and kits should be returned to the Health Centre immediately after the trip.

First Aid Training. The appointed School ‘First Aiders’ attend first aid courses as defined within the school’s first aid needs assessment. Training records are available from the HR department. All members of staff are encouraged to undertake First Aid training, on a voluntary basis, where this is above the schools’ minimum requirements.

Incident management (term time). Incident management for accidents, injuries, and dangerous occurrences anywhere in the school and also for students and staff during games and trips is as follows:

Administering first aid.

- First aid should be administered by a trained first aider. Copies of first aid certificates should be systematically filed.
- For minor injuries which are within the first aider's capability, appropriate treatment should be provided. Otherwise the injured person should be made comfortable until the emergency services arrive.
- Ensure that contaminated waste is safely disposed of and any blood or body fluid spillages are safely removed.
- Record any first aid treatment on the school’s accident form.

Infection control. Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand-washing facilities/hand sanitiser, which should be used when dealing with any blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc) are placed in a disposable bag and fastened securely. Any children’s clothes should be placed in a plastic bag and fastened securely ready to take home: *Source: 'Guidance on First Aid for Schools: A Good Practice Guide' (adapted).*

Supporting sick or injured children. Any students unwell during the day can be cared for in the health centre, until feeling better or parents are able to collect. . Staff do not administer medication unless medication training has been completed. Parents are welcome to contact the school nurse at

any time if they have concerns about their child, and they will liaise if they or other staff have their own concerns. Initial medical information is gathered via the comprehensive forms completed for all children before their start date. Important information e.g. about allergies is disseminated to all staff on a need-to-know basis.

Life Threatening injuries.

- Summon an ambulance immediately and arrange for someone to meet and direct it to the incident. Dial 999 from any external phone. If no external phone is available, contact Reception via an internal phone (ext. 4201) and ask them to call.
- Term time only: Summon the School Nurse or an appointed School first aider, by calling the Health Centre on ext. 4238 (please note the call will be diverted to the mobile phone if the School Nurse is not in her office), or by calling Reception on ext. 4201.
- In cases of suspected spinal injury, do not attempt to move the casualty.
- Immediate first aid; keep the injured person warm, insulating from below as well as above, unless a suspected neck or spinal injury.
- Reassure and keep the casualty calm.

Reporting of Injuries and 'near misses'. Accident/Near Miss Incident Report Forms are available online on Sharepoint and must be completed for all accidents, incidents and near misses.

- **Injuries to students.** In all cases, the member of staff is to report an injury to a student, to the Departmental Head and must also complete an Accident/Near Miss Incident Form. Staff must always inform the Head of Year/Housemistress, after having dealt with the student, at the earliest opportunity. Medical advice to parents, if necessary, will be undertaken by the nursing staff. Signposting may be given by Health Centre staff and first aiders.
- **Injuries to Teaching and Support Staff, Visitors and Others.** The member of staff (or delegated colleague) should inform the Departmental Head and must also complete an Accident/Near Miss Incident Report Form.
- All injuries taken to the Health Centre will be recorded by the Health Centre staff via their online system, however staff should still complete an accident form regardless of whether the pupil attends the Health Centre or not.

It is a legal requirement that staff inform the Director of Finance and Operations (DFO) about anything related to work which has caused or had the potential to cause harm to themselves or to others. Certain types of injury and disease caused by work activities or the work environment and certain dangerous occurrences with the potential to cause injury have to be reported to the Health and Safety Executive (HSE).

The school maintains records of all accidents and injuries, regardless of how minor they may appear to be. The Director of Finance & Operations will make necessary RIDDOR* reports, as required, to minimise the likelihood of recurrence. (*Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, currently in force.)

The information gathered by collecting Accident/Near Miss Incident Report Forms, and the subsequent investigations, can help the school identify trends and possible areas for improvement in the control of health and safety risks. It can also be used for reference in future first-aid needs assessments.

Students with Special Medical Conditions. Students who have particular medical conditions (such as asthma, diabetes, dietary intolerances/allergies or epilepsy) have their conditions registered on the school's database. Colleagues are made aware of the needs of such girls through staff meetings and through identification from the database. The Health Centre holds all the relevant medical information on such students. All students with special medical needs are identified before going on school trips so that staff accompanying are aware of both the issue and any possible intervention or action that might be required on their part.

The Head of the relevant Department will ensure that any peripatetic staff are informed of students with special medical needs.

Staff should always remember to:

- Check that the injured person did report to the Health Centre (if possible, please alert the Health Centre of their impending arrival);
- Consider the requirement for providing an escort for a pupil who is unwell, rather than sending the pupil alone to the Health Centre.
- Take anyone who sustains any form of head injury to the Health Centre or for review by a health care professional;
- Be sensitive to the casualty by clearing the area of on-lookers when necessary.

Appendices:

1. Content of First Aid Kits
2. List of Notifiable Diseases

Appendix 1

Content of First Aid Kits

Please find below lists specifying the contents of each First Aid kit (sports, first aid point, and standard first aid kit).

FIRST AID KIT CONTENTS

	TRAVEL KIT
First aid guidance leaflet	1
Assorted plasters	20
Eye pad	1
Triangular bandage	1
Emergency foil blanket	1
Wound dressing – medium/large	1
Wound dressing – small	1
Disposable gloves (pairs)	3
Yellow clinical waste bag	1
Alcohol free wipes	6
Ice pack	1
Resuscitation face shield	1
Eye wash 20mls	1

FIRST AID KIT CONTENTS

	BOARDING/ LARGE KIT
First aid guidance leaflet	1
Assorted plasters	30
Eye pad	1
Triangular bandage	2
Emergency foil blanket	2
Wound dressing – medium/large	1
Wound dressing – small	1
Disposable gloves (pairs)	5
Yellow clinical waste bag	1
Alcohol free wipes	10
Ice pack	2
Resuscitation face shield	1
Gauze	1 pack
Bandage	1
Eye wash 20mls	2
Burn gel (in science, art, DT first aid boxes)	1

Appendix 2 – List of Notifiable Diseases

Infection	Exclusion period	Comments
Athlete's foot	None	Athletes' foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	Diarrhoea is defined as 3 or more liquid or semi-liquid stools in 24 hours
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of students are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood-borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all students and staff. Pregnant staff contacts should seek prompt advice from their GP

Infection	Exclusion period	Comments
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.NHS.uk).Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable byvaccination (see national schedule @ www.NHS.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimisespread. Contact your local HPT for more
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (seenational schedule @ www.NHS.uk). Promote MMR for all students and staff.
Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.NHS.uk). Promote MMR for all students and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local HPT
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for student and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment

Infection	Exclusion period	Comments
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing