

Godstowe

School First Aid Policy

Reviewed
Sept 2025

First Aid Policy

The policy is based on the Health & Safety at Work Act 1974, the Health & Safety (First Aid) Regulations 1981 and the DfE guide "Guidance on First Aid for Schools". This publication specifies that "At least one person who has a current Paediatric First Aid Certificate must be on the premises and available at all times when children are present and must accompany children on outings".

Our policy at Godstowe is to have in excess of this number and enable all staff who are keen and willing to do the training, the opportunity to do so.

First Aiders at Godstowe hold valid certificates issued by an organisation approved by the HSE. The training courses cover a range of First Aid competences. Staff hold a full paediatric First Aid qualification or emergency paediatric First Aid depending on their area of work. In addition, the estates/office team are trained in Emergency First Aid to ensure that there is always an available First Aider on site when the school is closed. Records of all such training are held centrally in the Health centre and in the appendix of this policy.

First Aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers must ensure that adequate and appropriate equipment is available along with facilities to provide First Aid in the workplace. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. When necessary, ensure that an ambulance or other professional medical help is called, to stay with the casualty until qualified medical assistance arrives.

The First Aid policy should be read in conjunction with Godstowe Medical Policy for management of long term medical conditions and illness.

Risk assessment of First Aid needs

All risk assessments around the school are carried out in accordance with the school's full health and safety policy and procedures which are available on request from the Bursar office. Staff carry out health and safety checks of all classrooms and public areas annually and action is taken where required. The Health Centre is risk assessed regularly.

First Aid Kit

The First Aid boxes around the school are stocked with the minimum contents as outlined by the HSE. The boxes will contain only the equipment that staff have been trained to use. In certain areas of the school such as the PE department, the Swimming Pool and kitchen, extra contents will be added to the First Aid boxes and relevant training will be given.

If any contents of a First Aid kit are used, the School Nurse needs to be informed so that stock can be replenished. They will be checked termly by the School Nurse.

School Trips

A First Aid kit will be provided by the Health centre for all school trips. The member of staff in charge of this event will need to inform the Health Centre in plenty of time so that they can ensure the right type of kit is available and that they are aware of which pupils are attending in case of any medical conditions. (see appendix for list of locations and content of First Aid kits).

Signs and information

The school has a responsibility under the HSE legislation to ensure that pupils, employees, and visitors are aware of the location of First Aid boxes and First Aiders (appendix 1&2 of this policy). Each department within the school will display a sign stating the location of the First Aid box and the named First Aider. If any First Aid box is not visible, additional signage will state where you will find it, such as in a cupboard.

Defibrillator

The school has 2 defibrillators (AED), one located on the outside wall outside the main school reception area leading to the finance office and one located in the swimming pool (poolside). The defibrillator by the reception area is in a locked, alarmed yellow box, **the code to open the box is 1.**

The School Nurse is responsible for checking this equipment, the expiry date, battery monitoring and appropriate signage around the site for the defibrillator in the main school and the Pool Manager Michael Clarke is responsible for checking the defibrillator in the swimming pool. A log book is kept to record checks being made and is checked weekly by the appropriate staff. Any problems will be reported to the manufacturer immediately and alerted to all staff.

The School Nurses will be given initial training on the AED by Michael Clarke, Pool Manager who is qualified to provide AED training.

Regular updates/ training from a qualified instructor will then be available on request. However, anyone can use the defibrillator as no training is actually needed. The machine will tell you what you need to do and will only give a 'Shock' to a person if it is required

In case of emergency use, the AED and associated equipment should be collected and taken to the casualty. The AED should be used by adults in the case of suspected cardiac arrest, following the instructions given from the AED. It is vital that 999 is called.

The Resuscitation Council (UK) strongly recommends a policy of attempting defibrillation with the minimum of delay in victims of VF/VT cardiac arrest. For Sequence of actions when using an automated external defibrillator see Appendix 3.

Calling an ambulance

If an ambulance is required the School Nurse or the First Aider is responsible to ensure that this is actioned without delay and the senior leadership team are aware of the situation such as The Headmistress, Deputies and Director of Finance and Operations.

An ambulance is to be called in the following circumstances:

- A significant head or neck injury
- Fitting, unconsciousness or severe concussion

- Difficulty in breathing and/or chest pain
- A severe allergic reaction and/or if adrenaline auto injector has been administered
- A severe loss of blood
- A severe burn or scalds
- A serious break or fracture

From the internal school phone system you must dial 9 then 999 OR from a mobile phone 999 and state:

Ambulance required;

Main school address

Godstowe Prep School, Shrubbery Road, High Wycombe HP13 6PR (01494 529273)

Or

Lodge Godstowe School, Amersham Road, High Wycombe, HP13 6PN

Or

Highlands, Walker or Turner House, Godstowe School, Amersham Road, High Wycombe, HP13 6PL

You will be asked for:

- The exact location of where the pupil is needing help
- Caller's name and contact details
- Name of the person needing help and their age
- A brief description of the person's symptoms and any known medical conditions
- Inform the ambulance of the best entrance to use for the school and state that the crew will be met at the entrance and taken to the pupil
- Stay on the phone until the call handler states to end the call

Head Injury

In the event of a pupil sustaining a head bump at school, they should **always** be assessed by the School Nurse on duty. Please refer to the head injury /concussion policy

Reporting of accidents/incidents

All accidents/incidences no matter how small need to be documented and reported by the **First Aider attending the incident**. This also applies to **near miss events** that must be monitored as part of the Godstowe's Health and safety Management.

All incidents will need to be put onto Medical tracker under the pupil's name which will generate an accident form. Depending on the seriousness of the incident parents are to be contacted via either email or phone. If any medication is administered parents **MUST** be informed.

An incident/accident involving a member of staff will also be documented on Medical tracker.

Depending on the circumstances of the incident a RIDDOR report may be required.

Guidance on First Aid for Schools (2014, updated February 2022) Department for Education and Employment

Appendix One

First Aiders in School February 2025

Paediatric First Aiders

<u>Name</u>	<u>Job Role</u>	<u>Expiry Date</u>
Alison Stevenson	School Nurse	22/03/2027
Claire Nicholson	School Nurse	05/01/2028
Claire Hussey	School Nurse	01/04/2028
Ravina Kiri	EYFS/KS1 Teaching Assistant (Mat leave)	02/09/2028
Hayley McIlveen	House Mistress	02/09/2028
Michael Clarke	Swimming Pool Manager	22/04/2025
Kate Donkor	Head of Digital Learning	24/03/2026
Lydia Palmer	Head of Maths	16/04/2026
Melanie Martin	Director of Music	16/04/2026
Lindsay Vaux	Breakfast Club Lodge	16/04/2026
Emily Henwood	Teacher EYFS	16/04/2026
Pauline Felt	EYFS/KS1 Teaching Assistant	22/03/2027
Lucyna Gwiazda	Deputy Head of Nursery	22/03/2027
Olivia Jack	Boarding House	22/03/2027
Hannah George	Head of KS1	21/03/2027
Lydia Brearley	GAP Lodge	22/03/2027

Harriet Emmerton	EYFS/KS1 Teaching Assistant	05/01/2028
Lesley Martin-Pearce	Receptionist	02/09/2028
Kirstie Skinner	School PA Lodge	05/01/2028
Pia Vejsholt	Nursery Teacher	05/01/2028
Melissa Vaughan	Nursery Assistant	05/01/2028
Kris Greig	PE teacher	05/01/2028
Fiona Bennett	ELSA	05/01/2028
Cleo Sloggett	PE Assistant Lodge	05/01/2028
Amanda Morris	Domestic	02/09/2028
Lia Michalek	Gap Assistant	02/09/2028
Kelly Couling	PE Teacher	02/09/2028
Lisa O'Brien	Teacher Lodge	02/09/2028

Emergency Paediatric First Aid

Nina Sloggett	Art Teacher	02/09/2028
Michele Western Kaye	Head of Boarding	22/03/2027
Joanne Jones	Receptionist	22/03/2027
Katherine Macdougall	Teacher	22/03/2027
Rebecca Rycroft	Assistant Deputy Head, Operations	22/03/2027
Sam Jack	Boarding staff	22/03/2027

Zoe Boxley	PE Admin Assistant	05/01/2028
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Lesley Ann Kane	Teacher Main School	05/01/2028
Margaret Joyce	Teacher Main School	05/01/2028
Hannah Cox	Teacher Main School	05/01/2028
Joanne Anstiss	Teacher Main School	05/01/2028
Izzy Papworth-Smith	Teacher Lodge	05/01/2028
Anna Elson	Librarian	05/01/2028
Charlene Cross	Teacher Main school	05/01/2028

Paul Roberts	Mini bus	02/09/2028
Philip Oliver	Mini bus	02/09/2028

Emergency First Aid

Mouad Serifi Azarhoun	Maintenance	16/04/2026
Haroon Basharat	Mini bus	16/04/2026
Dionne Dibble	Mini bus	16/04/2026
Andrew Evans	Mini bus	16/04/2026

Emergency first aid at work

Darren Webb	Facilities Manager	07/07/2027
Jack Lovelock	Maintenance team	07/07/2027

Appendix Two

Location of First Aid boxes around the school

1. Main reception
2. Lodge
3. Beginners Room
4. Nursery
5. PE Department
6. Swimming Pool (Poolside)
7. Swimming Pool Office
8. Kitchen
9. Laundry room
10. Turner House
11. Highlands House
12. Walker House
13. Bursar's Office
14. Science Room
15. Cooking Room
16. DT Room
17. Art Room
18. Maintenance Shed
19. Mini Bus - WA66 DMY
20. Mini Bus - BT05 CDN
21. Mini Bus - MH65 AVW
22. Mini Bus
23. Astroturf

First Aid box Contents

- First Aid guidance sheet
- 1 Clinical waste bag
- 1 vomit bag
- 2 medium mepore dressings
- 2 large mepore dressings
- 20 Plasters (assortment of sizes)
- 4 antiseptic wipes
- 2 sterile water
- 1 triangular bandage with 2 safety pins
- 1 foil blanket
- Resuscitation aid
- 2 Pairs of gloves
- 1 sterile bandage
- 2 sterile gauze swabs
- 1 disposable cold pack
- 1 roll of tape

First Aid Kit for Trips

The minimum of contents for a First Aid kit for offsite, trips and activities are:

- First Aid guidance sheet
- Sanitary towels x2
- Plasters various sizes x20
- Mepore dressing small, medium and large x2 each
- Steriwipes x6
- Saline x2
- Gauze x2
- Icepacks x2
- Triangular bandage x1
- Soft bandage x2
- Micropore tape x1
- Vomit bags x5
- Pairs of gloves x3
- Pocket tissues
- Medication as needed paracetamol and travel sickness

Appendix Three

CPR before defibrillation

Provide good quality CPR while the AED is brought to the scene. Continue CPR whilst the AED is turned on, then follow the voice and visual prompts

SEQUENCE	Technical description
SAFETY	Make sure you, the victim and any bystanders are safe
RESPONSE	Check the victim for a response • Gently shake his shoulders and ask loudly: "Are you all right?" If he responds leave him in the position in which you find him, provided there is no further danger; try to find out what is wrong with him and get help if needed; reassess him regularly
AIRWAY	Open the airway • Turn the victim onto his back • Place your hand on his forehead and gently tilt his head back; with your fingertips under the point of the victim's chin, lift the chin to open the airway
BREATHING	Look, listen and feel for normal breathing for no more than 10 seconds In the first few minutes after cardiac arrest, a victim may be barely breathing, or taking infrequent, slow and noisy gasps. Do not confuse this with normal breathing. If you have any doubt whether breathing is normal, act as if it is they are not breathing normally and prepare to start CPR
DIAL 999	Call an ambulance (999) • Ask a helper to call if possible, otherwise call them yourself • Stay with the victim when making the call if possible • Activate the speaker function on the phone to aid communication with the ambulance service
SEND FOR AED	Send someone to get an AED if available If you are on your own, do not leave the victim, start CPR
CIRCULATION	Start chest compressions • Kneel by the side of the victim

	• Place the heel of one hand in the centre of the victim's chest; (which is the lower half of the victim's breastbone (sternum)) • Place the heel of your other hand on top of the first hand • Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs • Keep your arms straight • Do not apply any pressure over the upper abdomen or the bottom end of the bony sternum (breastbone) • Position your shoulders vertically above the victim's chest and press down on the sternum to a depth of 5–6 cm • After each compression, release all the pressure on the chest without losing contact between your hands and the sternum; • Repeat at a rate of 100–120 min⁻¹
GIVE RESCUE BREATHS	After 30 compressions open the airway again using head tilt and chin lift and give 2 rescue breaths • Pinch the soft part of the nose closed, using the index finger and thumb of your hand on the forehead • Allow the mouth to open, but maintain chin lift • Take a normal breath and place your lips around his mouth, making sure that you have a good seal • Blow steadily into the mouth while watching for the chest to rise, taking about 1 second as in normal breathing; this is an effective rescue breath • Maintaining head tilt and chin lift, take your mouth away from the victim and watch for the chest to fall as air comes out • Take another normal breath and blow into the victim's mouth once more to achieve a total of two effective rescue breaths. Do not interrupt compressions by more than 10 seconds to deliver two breaths. Then return your hands without delay to the correct position on the sternum and give a further 30 chest compressions Continue with chest compressions and rescue breaths in a ratio of 30:2 If you are untrained or unable to do rescue breaths, give chest compression only CPR (i.e. continuous compressions at a rate of at least 100–120 min⁻¹)
IF AN AED ARRIVES	Switch on the AED • Attach the electrode pads on the victim's bare chest • If more than one rescuer is present, CPR should be continued while electrode pads are being attached to the chest • Follow the spoken/visual directions

	• Ensure that nobody is touching the victim while the AED is analysing the rhythm If a shock is indicated, deliver shock • Ensure that nobody is touching the victim • Push shock button as directed (fully automatic AEDs will deliver the shock automatically) • Immediately restart CPR at a ratio of 30:2 • Continue as directed by the voice/visual prompts If no shock is indicated, continue CPR • Immediately resume CPR • Continue as directed by the voice/visual prompts
CONTINUE CPR	Do not interrupt resuscitation until: • A health professional tells you to stop • You become exhausted • The victim is definitely waking up, moving, opening eyes and breathing normally It is rare for CPR alone to restart the heart. Unless you are certain the person has recovered continue CPR
RECOVERY POSITION	If you are certain the victim is breathing normally but is still unresponsive, place in the recovery position • Remove the victim's glasses, if worn • Kneel beside the victim and make sure that both his legs are straight • Place the arm nearest to you out at right angles to his body, elbow bent with the hand palm-up • Bring the far arm across the chest, and hold the back of the hand against the victim's cheek nearest to you • With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground • Keeping his hand pressed against his cheek, pull on the far leg to roll the victim towards you on to his side • Adjust the upper leg so that both the hip and knee are bent at right angles • Tilt the head back to make sure that the airway remains open • If necessary, adjust the hand under the cheek to keep the head tilted and facing downwards to allow liquid material to drain from the mouth • Check breathing regularly

	Be prepared to restart CPR immediately if the victim deteriorates or stops breathing normally
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References – resus council policy for the use of AEDs 2019