



First Aid Policy 2025

The safety and wellbeing of pupils and staff at Gateways and on trips is the highest priority.

This policy takes account of Medical Officers of Schools guidance 'First Aid in Schools' and the Department for Children, Schools & Families 'Guidance on First Aid for Schools.'

This policy is applicable to all pupils in the school including those in the EYFS (Early Years Foundation Stage) and those attending out of school care.

Rationale

Most pupils will have a medical condition at some time during their school life that may impact on their daily school activities. Positive, supportive management at these times will enable the pupil to continue to access education, as is their right. The medical condition may be short-term, for example antibiotics or long-term, for example diabetes or emergency aid, for example anaphylaxis.

Policy

- To provide adequate numbers of appropriately trained first aiders to deal with incidents or accidents, including paediatric first aid training where appropriate. A list of those qualified in first aid is maintained by the Health and Safety Officer.
- To provide all first aiders with an effective means of communication that will enable anyone requiring the assistance of a first aider to contact them in a timely manner.
- To ensure that, where applicable, first aiders are trained to deal with additional specified hazards that are not included in the standard training course.
- To provide and maintain in good condition adequate stocks of first aid provisions in clearly labelled and readily accessible areas as deemed necessary.
- To be able to deal with or assist in dealing with any members of public who may suffer or be suffering from recognisable symptoms whilst at the school premises.
- To ensure that adequate provisions and staff are provided and available during any external activities or journeys to external locations.

Purpose

Reviewed Autumn 2025
Next review Autumn 2027

1. To maintain the health and comfort of the pupil and allow him/her to continue education.
2. To manage conditions in a safe, calm manner.
3. To give support and advice to staff.
4. To store and administer any medication safely.
5. To ensure easy access to first aid kits.
6. To ensure a qualified first aider is on site at all times when children are on site, including weekends.

Gateways School is committed to listening to pupils' experiences of first aid and medical care. Pupils are encouraged to share feedback confidentially via their form tutor, the school nurse, or the wellbeing team. Pupils with ongoing medical needs will be invited to review their care plans annually with staff and parents to ensure their voice is heard and their needs are met.

Guidelines

1. Parents should always inform the school fully of any medical condition that the pupil has and give regular updates if it is a changing condition.
2. Medication and accidents are recorded in the health room book, including a patient's refusal to take treatment. (See medicines procedure).
3. Parents are informed by telephone, or email if a pupil has an accident.
4. Medication is stored safely.
5. HSE (Health and Safety Executive) (Health and Safety Executive) are notified of any incident reportable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) As a duty of care an ambulance is called when needed.
6. Cleaning staff wear correct P.P.E. when dealing with spillage of body fluids.
7. Staff are involved in appropriate training every three years.

Arrangements

Gateways School employs a qualified registered nurse to deal with general medical needs who has suitable medical room facilities to ensure we can deal general medical requirements across the school. In addition to support that function Gateways has several staff qualified in emergency medical first aid and paediatric first aid in line with EYFS requirements.

Gateways School has several procedures for the treatment and care of pupils suffering from medical conditions specifically:

- Asthma
- Diabetes
- Epilepsy
- Anaphylaxis

These are attached as an appendix to this policy document.

Less common conditions are considered when required and protocols agreed in line with best practice at the time. Some pupils may require treatment for anaphylactic

reactions. These pupils are known to relevant staff and appropriate medical records, and immediate action procedures have been highlighted to those staff members.

An Accident Form should be completed either by the First Aider who responds, or in the Case of a minor incident, by the member of staff themselves, and sent to the Health and Safety Officer.

The Health and Safety Officer is responsible for reporting any incident which is reportable under the current regulations to RIDDOR. The Health and Safety officer reviews all accidents and ensure where control measure can be implemented to prevent its reoccurrence.

First aid provision is embedded within all school risk assessments, including those for trips, sports fixtures, and practical lessons. Staff planning such activities must ensure appropriate first aid cover and equipment is available. Risk assessments are reviewed annually or following any serious incident.

Requirements under RIDDOR

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 updated in 2013. (RIDDOR) apply to schools. Most incidents that happen in schools or on school trips will not need to be reported. Exceptionally an incident does need notifying to the Health and Safety Executive (HSE) under RIDDOR.

What needs to be reported?

The Regulations require employers and others in control of premises to report certain accidents, diseases and dangerous occurrences arising out of or in connection with work.

As of February 2019, reporting requirement for people at work is seven days.

This means that you must report injuries that lead to a worker being incapacitated. (absent) or unable to do their normal work which he or she would reasonably be expected to do) for over seven consecutive days. This period starts the day after the accident and includes weekends and rest days. The report must be made within 15 days of the accident. There are no other substantive changes to the reporting requirements for deaths, major injuries, occupational diseases, and dangerous occurrences.

Note, pupils are not classed as workers, however, injuries or illnesses to children whilst in the care of the school which require hospital treatment, may need reporting.

Most playground accidents due to collisions, slips, trips, and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken to a hospital for treatment. Either scenario is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This could include, for example, incidents arising because:

- the condition of the premises or equipment was poor, for example poorly maintained play equipment; or
- The school had not provided adequate supervision, for example where particular risks were identified but no action was taken to provide suitable supervision.

A fuller explanation and guidance can be found on the School Health and Safety Policy.

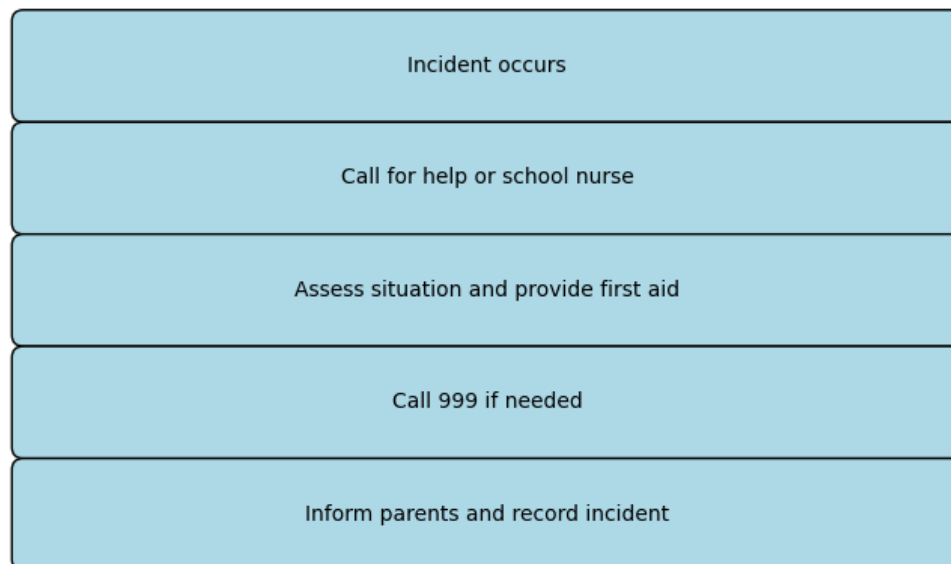
The Health and Safety Officer is responsible for maintaining a list of those staff trained in first aid and for ensuring that adequate levels of training are maintained. This list can be found on the Health Procedures appended to this Policy.

Calling an ambulance

If someone at the school has an accident, staff are trained to summon medical help immediately. The school nurse is normally responsible for calling an ambulance, but in case of medical emergency, any other responsible person should call 999 or convey that to be done via reception.

The School Nurse oversees day-to-day medical care and first aid coordination. The Health and Safety Officer maintains training records and ensures compliance with RIDDOR. Trip leaders are responsible for ensuring first aid kits and trained staff are present during off-site activities. All staff are expected to know how to summon help and follow emergency protocols.

Emergency Response Flowchart



Contact numbers

Reception 200 – reception is in radio contact with the nurse and other first aiders.

Emergency 999

Emergency Medical Treatment

Within the terms and condition of the school, parents and guardians give proxy to the school to ensure medical attention and intervention is administered to save life and promote the recovery of their children.

Training

A select number of staff across the school, both teaching and non-teaching staff have been trained in emergency and paediatric first aid, details are recorded on Annex 2 of this document.

In addition to physical first aid, Gateways School recognises the importance of mental health support. A number of staff are trained as Mental Health First Aiders and are available to support pupils experiencing emotional distress. Staff are trained to identify signs of mental health concerns and refer pupils to appropriate support services. Mental health first aid provision is reviewed annually and forms part of the school's wider safeguarding strategy.

Equipment

First aid equipment is available in all areas of the school in prominent and accessible points Details of where first aid kits are located may be found at Annex 1.

It is the responsibility of Sports coaches to ensure that First Aid bags are taken to every training session, and to matches, and to return these to the collection point in the sports hall office so that they may be available for cleaning and re-stocking each week. It is the responsibility of the sports team to collect items used from the first aid bags or drop off at reception for re stocking.

First Aid bags are always taken to sports matches or on organised trips, and a First Aider is present wherever possible on every trip or at sports matches.

Record Keeping

Gateways maintains a record of all accidents and injuries and has a procedure in place for ensuring that they are reviewed regularly in order, where possible, to minimise the likelihood or recurrence. The school will contact the parents or guardians if a pupil suffers anything more than a trivial injury, if he or she becomes unwell or if there are any concerns about his or her health.

Parents should contact the school at any time if they wish to discuss any concerns relating to their child's health.

Monitoring and Evaluation of First Aid Provision

Governors are responsible for ensuring that the school meets its statutory obligations and that first aid provision is safe, effective, and inclusive.

Reviewed Autumn 2025

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The Health and Safety Officer, in collaboration with the School Nurse, will conduct termly reviews of accident and incident data to identify trends and evaluate the effectiveness of first aid provision. These reviews will inform any necessary changes to training, equipment, or procedures. Outcomes of these reviews will be shared with the Health and Safety Committee and reported to governors termly via this committee.

Annex 1

Location of First Aid Kits

Location	Type of Kit
Dance Hall Studio	Basic First Aid Kit
Sports Hall Lower Foyer	Basic First Aid Kit
Nursery	Basic First Aid Kit
Prep School	Basic First Aid Kit
Early Birds	Basic First Aid Kit
Schofield – all 3 foyers	Basic First Aid Kit
Littlelates S6	Basic First Aid Kit
Art Studio	Basic First Aid Kit
Schofield - top of main stairs	Basic First Aid Kit
Schofield – upper Watson doors	Basic First Aid Kit
Reception	Basic First Aid Kit
Staff room kitchen	Basic First Aid Kit
PAC (Performing Arts Centre) foyer	Basic First Aid Kit
Dower – Opposite LS Room	Basic First Aid Kit
Dower – top of main stairs	Basic First Aid Kit
Library	Basic First Aid Kit
Portacabin (The Den)	Basic First Aid Kit
Music Suite – foyer	Basic First Aid Kit
Dower – Upper landing	Basic First Aid Kit
Science Room S10 S12 S13	Basic First Aid Kit, Burns Kit, Eyewash Kit
Science Room C3	Basic First Aid Kit, Burns Kit, Eyewash Kit
Science Room C5	Basic First Aid Kit, Burns Kit, Eyewash Kit
D/T Room C7	Basic First Aid Kit.
Food Tech W7	Basic First Aid Kit, Burns Kit, Eyewash Kit
Lodge	Basic first aid kit.
Maintenance Cabin	Basic First Aid Kit, Burns Kit, Eyewash Kit
Dining Room	Basic First Aid Kit, Burns Kit
School Kitchen	Basic First Aid Kit, Burns Kit, Eyewash
Sixth form centre (Old vicarage)	Basic first aid kits, burns kit

List of First Aiders

Staff Member First Aid Training Expiry Date

Tom Davidson Sports First Aid 28th March 2026

Colette McDermott Emergency First Aid at Work 20th August 2026

Emily Kirk

Carol Bartle Paediatric Infant & Child First Aid 21st August 2026

Matthew Hayes

Col Davies First Aid at Work 3rd December 2026

David Bedford Emergency First Aid at Work 24th May 2027

Victoria Perrett Emergency First Aid at Work 5th April 2027

Julia Sherwood Emergency First Aid at Work 20th August 2027

Thomas Holden

Rhiannon Morris First Aid at Work 21st August 2027

Phil Robinson

Lou Brown Paediatric Infant & Child First Aid 19th August 2027

Santosh Roth

Gemma Logan

Fiona Watford

Cathy Moores

Victoria Matthews-Patel

Beth Adamson Emergency First Aid at Work Level 14th September 2027

Sara Bickler Basic First Aid Skills with AED 5th November 2027

Lara Campbell Full Paediatric First Aid 29th November 2027

Diane White Emergency First Aid at Work 5th January 2028

Bobby Passan

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Laura Braithwaite Sports First Aid Level 22nd January 2028

Charlotte Slater Emergency First Aid at Work 29th January 2028

Helem Bromley

Ralph Widdop Emergency First Aid at Work 24th June 2028

Helen Allman Outdoor First Aid 25th June 2028

Sara Newton Emergency First Aid at Work 17th August 2028

Jacqui Goodwin

Matthew Osborn

Sue Drake Paediatric Infant & Child First Aid 18th August 2028

Naomi Jackson

Laura Traynor

Helen Deacon

Lily Smith

Gemma Hamlyn Emergency First Aid at Work 19th August 2028

Samantha Dobson-Brear

Claudia Tasker

Josh Crosby

Ali Bahcaci

Elizabeth Hayward

Eleanor Moore

Sara Holmes

Location of defibrillators.

Reviewed Autumn 2025
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- Outside main entrance to sports hall.
- Inside main reception.

Health Procedures

Epilepsy

Pupils who suffer from epilepsy are listed on ISAMS and a copy of the care plan is available from the health Room.

In many pupils, epileptic seizures happen without warning, but in some pupil's certain triggers can be identified:

- Stress, anxiety, excitement
- Hormonal changes
- Unbalanced diets
- Late nights
- Illness
- Flickering/flashing lights
- Not taking medication
- Alcohol/drugs
- Over the counter or prescription medicines

Signs/symptoms of an epileptic seizure:

- The pupil loses consciousness, the body stiffens.
- Blue tinge around the mouth due to irregular breathing
- Loss of bladder/bowel control.
- Jerking movements.

Treatment for an epileptic seizure:

- keep calm.
- Protect from injury.
- cushion the pupil's head.
- Look for an epilepsy I.D card or medical bracelet.
- Try to time how long the seizure lasts.
- Once the seizure has finished put the pupil in the recovery position.
Reassure and stay with the pupil until recovery is complete; If consciousness does not return within a few minutes call 999 if you believe the pupil needs urgent medical attention.

Inform the pupil's parents as soon as possible.

Do not:

- Restrain the pupil.
- Put anything in the pupil's mouth.
- Attempt to bring them round.

Further advice is available from the school nurse. Training will be reviewed annually. All health-related policies are updated regularly by the school Nurse/Operations

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manager.

Asthma

Procedure

Pupils who suffer from asthma are listed on ISAMS and asthma Information Sheets are kept in the health Room.

Pupils with asthma may carry their own inhalers. A spare inhaler should be kept at school in case of emergency. In the High School these are kept in the health Room. In the Prep School one inhaler should be kept in the class medical box for easy access and a spare should be kept in the health Room if possible. If the pupil leaves the school site under the care of school staff their inhaler must be taken with them.

Parents are asked to provide a spare labelled reliever to be held in the inhaler box in the health Room, and in their sports bags for PE.

Younger pupils may require assistance with the administration of their inhaler. Parents should advise and instruct the teacher and school nurse if this is the case.

Asthma attack:

- The pupil will be anxious and may look pale, or more likely, flushed initially.
- The pupil will have difficulty speaking in full sentences.
- The pupil may be wheezing or struggling to breathe. It is classically on expiration that the child has difficulty breathing.

Treatment of an attack:

- Ensure that the reliever inhaler is used immediately.
- Stay calm and reassure the child. Do not hold the pupil tight restricting their breathing.
- Sit the pupil in a peaceful, cool situation, ideally with a desk or table in front of them so they can sit well-supported leaning forward slightly on the desk.
- Loosen all tight clothing.
- Encourage the pupil to breathe slowly and deeply. A sip of water may help to relax the child.
- Remain with the pupil until the attack is over.

An asthma attack uses a lot of energy and body resources; offer the pupil a sweet drink and biscuit before returning to lessons. If recovery from the asthma attack is straightforward the pupil can remain in school and return to class. The parents should be informed of the occurrence of the attack.

If the inhaler has no effect after five to ten minutes, the pupil becomes distressed, is unable to talk or is very exhausted it is an emergency.

- Dial 999 and ask for an ambulance.

- Continue to give the reliever inhaler every few minutes until the emergency services arrive.
- Contact parents as soon as possible.

All pupils are encouraged to participate fully in all lessons. Wherever possible the asthma sufferer will avoid trigger situations and staff should understand and assist when necessary. All school staff will allow children to administer their own reliever inhaler when they need to.

PE staff should remind pupils, whose asthma is triggered by exercise, to use their inhalers. They will allow them to do so each lesson. Science and art teachers should also remind pupils, especially if there is a likelihood that irritant fumes may be in the proximity.

If the teachers are aware that a pupil is missing classes or appears to be too tired to participate in lessons, the parents should be informed, to enable a review of the medical management of their child's asthma.

Parents will be asked to update the asthma care plan as required and maintain appropriate medication. These are kept in the inhaler file in the health Room.

Further advice is available from the school nurse and training will be reviewed annually.

Diabetic Procedure

Relevant staff will be informed of any pupils who are an insulin dependent diabetic.

The parent/Hospital of the pupil would fill in a diabetic Health Care Plan outlining their child's most typical symptoms and necessary treatment for their child. The Health Care Plan would also contain information for next of kin and hospital contacts. These sheets are kept in the health Room.

Any pupil affected would be encouraged to attend the health room on a daily basis, usually prior to lunch, so their blood sugar could be monitored. School nurse goes to the Staff, pupils, visitors, or contractors if blood glucose levels are high or low.

Members of staff can receive basic instruction in the management of diabetes on an annual basis.

Information for Teachers

Children with diabetes face two problems that teachers need to understand,

HYPOGLYCEMIA and HYPERGLYCEMIA. Staff should learn the signs, symptoms and how to treat each:

HYPOGLYCEMIA When the blood sugar level is too low the child can: -

- Behave erratically.
- Appear sleepy / dazed.
- Appear shaky / jittery.
- Feel cold but look sweaty and pale.
- Complain of hunger but can feel sick.

It is very important that a HYPO is treated quickly.

What to do: - Call for the school Nurse; never send the pupil to the office or Health Room or leave the pupil unattended.

- Give sugary drink or food immediately. All diabetics carry glucose tablets or sweets with them. A supply should be kept in the kitchen. If there is no improvement after 15 minutes, repeat the sugary food / drink, follow up with biscuits or starchy food like crisps or sandwiches. (May not be needed for pupils with pumps).

Recovery following a hypo is usually extremely fast. However, if the pupil is very drowsy, but still able to swallow give Glucogel (This is provided by parents) or honey or jam by rubbing it into the inside of the child's cheek.

In the unlikely event of a child losing consciousness dial 999 and place the child in the recovery position by lying on their side with the head tilted back.

HYPERGLYCEMIA when the blood sugar level is too high the child can: -

- be lethargic and sleepy.
- complain of thirst.
- need to go to the bathroom frequently.
- experience blurred vision.
- complain of headaches.

What to do: -

- Call for the school Nurse.
- Give water to drink.
- The nurse will check the pupil's blood sugar and may give extra insulin.

First Aid Procedure

Please see list of qualified First Aiders in annex 2 above

Appointed persons should only give first aid that they feel confident to give.

All other persons should ask for the assistance of one of the listed first aiders.

First Aid bags are available from the health Room for all sporting activities and out of school visits.

In the kitchen, science rooms and Watson technology rooms there are individual bottles of sterile saline for emergency washing when required.

There are instant ice packs in the Health Room and Sports Hall.

Whenever possible take the nearest standard kit with you when called to an incident.

All first aid boxes are checked every term. Any staff who use first aid equipment must report its use to the School Nurse or the Health and Safety Officer so it can be replaced immediately. Only qualified First Aiders are covered in law and insurance to offer first aid.

Training will be updated every three years. First aid procedures form part of the induction programme for all new staff. Refresher training and updates are provided as part of ongoing CPD, and staff are encouraged to raise any concerns or suggestions regarding first aid provision during regular team briefings.

There will always be a qualified first aider on site when children are present. At least one person with paediatric first aid training will be present on E.Y.F.S visits and outings and at least one person on the school premises.

Parents will be informed of any accident or injury sustained by a child on the same day, or as soon as reasonably practicable, of any first aid treatment given.

Riddor will be notified as soon as reasonably practicable, but in any event within 15 days, of any serious accident, illness, or injury to, or death of, any child and of the action taken.

The local child protection agencies will be notified of any serious accident, or injury to, or death of, any child. Any advice given will be followed.

Medicines Procedure

This procedure is inclusive of all students in the school including EYFS.

Any child with specific medication requirements will be supported in school. This will be discussed with parents prior to the child starting and will be kept up to date. Training

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will be provided for staff where the administration of medicine requires medical or technical support.

Administration of:

- **Prescription Medicines:**

The school notes that there is no legal obligation to administer medication: it is a voluntary one that we wish to undertake to enhance the care of the child and speed up recovery. Whenever possible the school Nurse will administer any medication. Medicines will not usually be given unless prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin will only be given if prescribed by a doctor). No medication (both prescription and non-prescription) will be given unless a written request or email for that particular medicine is received from parents. All medicines are to be stored safely each day, either in a locked cupboard in the health Room or in the staff fridge – they are returned to the pupil at the end of each school day/Week. No pupil is permitted to carry medicines on their person, except inhalers and Epipens. Any medicine given is under the supervision of a member of staff, usually the school Nurse.

The member of staff giving medication always checks: -

- The pupil's name.
- Written instructions.
- Prescribed dose.
- Expiry date.

It is recorded in the health Room record and reported to the parent if necessary. If a pupil refuses to take the prescribed medicine as directed, the school will not force the issue but will inform the parents at the earliest moment possible. If necessary, the Emergency services will be called.

Non-Prescription Medicines

Non-prescription medicines should be administered with parental permission and at the discretion of the school Nurse or appointed person only. The occasional paracetamol tablet, Nurofen tablet, Ibuprofen tablets Antihistamine tablet, Gaviscon or Calpol may be given at the discretion of the nurse.

To do this a letter is sent out at the start of the child's education requesting parents to notify in writing if they DO NOT wish their child to receive any medication in school. Parents are asked to notify the school if they wish to make any changes to this permission during the time their child attends the school. Only one dose per pupil is

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given daily in school. (Unless parents specify an extra dose. If a pupil suffers regularly from acute pain, for example migraine, the parents are asked to authorise and supply appropriate painkillers for their child's use, with written instructions about when they should be taken. This is especially important on any visit that involves a longer period away from home. Whenever possible the school Nurse will supervise the administration of non-prescription medicine and confirm it in writing to parents. If a child needs referring to Accident and Emergency due to injury, the child will be kept nil by mouth at school.

▪ Care of Medicines

All medicines stored for the day or longer must be clearly labelled with the pupil's name, the name of the medicine, the dose to be given and the frequency of the dose. A similar recording is made in the medicines' book. All medicines are stored under lock and key unless being administered. The keys to the health Room cupboards are kept in the main school office and with the school Nurse. Medicines requiring refrigeration can be stored in the staff kitchen opposite the health Room. The school Nurse will dispose of all expired medication as it is considered a serious health risk. When necessary, the parents will be asked to supply replacements.

Severe Allergy Procedure

Currently several pupils suffer a severe allergic reaction when they come into contact with certain allergens. (For example, nuts, kiwi fruit, eggs and cold weather).

Relevant staff are informed of pupils who suffer from severe allergies. The parents of these children fill in a severe allergy record sheet outlining their child's most typical symptoms and necessary treatment for their child. The care plan also contains information for next of kin and hospital contacts. These sheets are kept in the health Room.

The emergency treatment is stored in the health Room within the pupil's pack. This pack also contains all the information listed above. These packs go with pupils and staff on all school visits. All members of staff receive basic instruction in the management of anaphylaxis on an annual basis.

Severe Allergic Reaction: -

Signs and Symptoms –

- tingling or itching of lips and tongue.
- swelling of lips, tongue or throat.
- pale complexion with possible blue/grey tinge around mouth.
- flushed with possible hives (nettle rash) anywhere on body.
- difficulty in speaking and swallowing.
- difficulty in breathing (asthma).
- racing pulse.

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- abdominal cramps, feeling sick, even vomiting.
- suddenly feeling weak or faint.
- sense of doom.
- collapse or unconscious.

Treatment –

- DO NOT LEAVE PUPIL UNACCOMPANIED.
- Reassure and try to keep yourself and the pupil calm.
- Send for assistance and the EpiPen injection pack.
- Ask for 999 AMBULANCE.
- Give the EpiPen injection.

Administering EpiPen Injection: -

1. Remove from packaging.
2. Pull off BLUE/YELLOW safety cap; needle is inside black tip.
3. Place black tip at 90 degrees to thigh; outer side of thigh midway between knee and hip. The injection needle will pierce through clothes.
4. Press firmly into thigh and hold for a count of 10.
5. Return injection to pack to pass to emergency services.
6. Note approximate time of giving the injection.
7. Remain with the pupil and continue to monitor their condition.
8. Hand over to the emergency services with clear statements about the event, the treatment given and the child's condition.

In rare instances the pupil continues to deteriorate (their symptoms are not relieved by the injection). A second injection may be given 15 minutes after the first.

If the injection is given and the pupil improves dramatically, or the injection is given by mistake, the pupil must still be checked over by the hospital. (The injection will not have any serious long-term effects).

Sickness Procedure

Parents have prime responsibility for their child's health and should provide the school with sufficient information about their child's medical condition. The parents, in conjunction with doctors and nurses, should convey all necessary information and act as reference points for staff.

Parents will reach an agreement with the Headmistress, on the school's role, in helping with their child's medical needs. Cultural and religious views are always respected. Parents must agree with the Headmistress what information can be passed on to the staff, in particular the school Nurse, who will care for the pupil. Sharing information is important if staff and parents are to ensure the best of care for a pupil. These details are recorded in the ISAMS database.

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The school will ensure that adequate staff members are trained in the necessary care for the pupil, and that adequate briefing of the staff involved takes place. Staff need to be aware of any emergencies and what action to take if one occurs.

An emergency is reported directly to the school office by telephoning or walkie talkie and the school Nurse will attend to the pupil, wherever they may be. Sick pupils in the High School should be sent to the school Nurse, only with permission from the teacher. If the Health Room is unattended the pupil will go to reception.

Sick pupils in Prep School should be sent with a friend to accompany them to the health Room. The form tutor must be informed if a pupil is sent home during the day, usually via a telephone or email from the school Nurse. The pupil must sign out, and parents to collect from reception or walked by Staff to parents especially under COVID-19 guidelines. (See COVID-19 policy). The school Nurse will be responsible for admitting pupils to the health Room which is recorded in the attendance book and if necessary, in the accident book.

The school Nurse is called to attend to all sick pupils in EYFS to give advice, to respond to children who are ill or infectious and to advise on the necessary steps to prevent the spread of infection, such as keeping children at home until 48 hours have passed after vomiting etc. Parents will be contacted if a child needs to go home. If a child is infectious, provision will be made in the health Room until a parent arrives. The child will be accompanied by their Key Contact practitioner. Staffing ratios would be addressed.

Any areas of the curriculum which involves animals for example duckling eggs re, Life Cycle topic, will have a Risk Assessment carried out beforehand.

Any notifiable disease will be reported promptly to the Department of Public Health. Advice will be sought from relevant agencies if needed.

Hygiene Procedures

Good hygiene is always essential for the prevention of the spread of any infection. This is especially important in a school environment, where young children are prone to all sorts of infections and illnesses.

Good hygiene practices will be promoted and implemented by following the below procedures –

- All staff are required to wear rubber gloves when dealing when any type of body fluid spillage or bleeding.
- Cuts and open sores must be covered with a dressing, whether on adults or children.
- Any type of spillage must be cleaned up as quickly and effectively as possible.

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- Any clothing subjected to body fluid spillage must be placed in a bag which is then tied up ready to be passed on to the child's parent / guardian.
- Tissues and waste bins must be readily accessible to children to encourage good hygiene practices.
- All children must wash hands after going to the toilet.
- Equipment in the school must be cleaned regularly, the school cleaners are responsible for dusting and cleaning the shelves, windows, behind the cupboards, vacuuming and mopping floors. The teachers are responsible for cleaning equipment and resources.
- In general terms, an anti-bacterial spray is suitable for most surfaces; however, occasion bleach may be required. This will only be used in safe circumstances away from children and stored in accordance with COSHH (Control of Substances Hazardous to Health) guidelines.
It is the duty of every member of staff to ensure that all cleaning fluids are kept a safe place out of the reach of pupils.
- The premises where a staff member is working, should be checked daily for cleanliness. Any concerns to be reported to the Operations manager.

Procedure for the cleaning up of body fluids etc.

- Keep children away from area and call for another staff member if necessary.
- Put on disposable gloves.
- Cover spill with paper towels and request maintenance team member or duty cleaner to attend and assist in clean up. Use of a plastic bag to contain spillage should be used and tied up and disposed of correctly. Anti-bacterial sprays and mopping solutions should be used to clean the remaining area.
- Dry area with paper towels as necessary,
- Use slippery floor sign as necessary.

Cooking with Children – Food hygiene guidance

Cooking with children is a very enjoyable and educational activity, which we encourage at the school and is an ideal opportunity to instruct the children some of the rules of food hygiene.

It is necessary for all staff to have a working knowledge of food hygiene procedures.

- Those staff members who are handling food must go on a recognised food hygiene course.

Children should never be allowed into the school kitchens.

Without prejudice to guidelines implemented by the Food Technology teacher, as a minimum ...

- Always wash your hands before handling food and after using the toilet.

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- Ensure cuts and sores are covered.
- Keep yourself clean and wear clean clothing.
- Promote cleanliness with the children.
- Never cough or sneeze over food – children should always be encouraged to cover their mouths and then wash their hands.
- Raw fish and meat should have separate preparation areas, keep foods covered and at the correct storage temperatures.
- Ensure food waste is disposed of correctly.

These are basic food hygiene guidelines; the Food Tech teacher should be consulted should further food hygiene knowledge be required.

Head Injury and Concussion Policy

Policy Aims

- To ensure that all staff have a clear understanding of how to deal with someone who has sustained a head injury.
- To demonstrate the protocol used by the school for concussion.
- In order to effectively and consistently manage these injuries, procedures have been developed to ensure that students with head injuries and/or concussion are identified, treated, and referred appropriately and are fully recovered prior to returning to school activities.
- To ensure that all head injuries are recorded correctly.
- To make certain all pupils and parents receive appropriate advice on head injuries and are given written information to back this up.

Head Injuries

For the purposes of this policy, a head injury is defined as any trauma to the head other than superficial injuries to the face.

Gateways has a medical room and a school first aider on site from 7.30-4.45 during term time.

Where possible all fixtures out of school will be accompanied by a qualified first aider.

All head injuries are potentially dangerous and require proper assessment and management.

If a pupil sustains a head injury, even if thought to be minor, they must not be left alone and must always be assessed by the school nurse or a first aider.

They should be escorted by a member of staff or witnessing pupil or seek immediate adult assistance.

If the pupil cannot be escorted, then the school nurse or first aider should be called to assess at the site of the accident.

Staff can take the decision to call for an ambulance if they suspect the injury is serious, prior to the school nurse or first aider arriving.

If the pupil is unconscious, has lost consciousness even momentarily or a neck or spine injury is suspected they should be sent to A+E by ambulance with an adult escort.

The pupil must never be moved.

The parents or guardian should be informed as soon as possible, and the school accident reporting procedures followed.

Potentially serious complications can develop up to 24 hours after injury.

A head injury leaflet is given.

Medical advice must be sought if any of the following occur:

- Headache which persists
- Drowsiness leading to loss of consciousness
- Irritability
- Confusion and loss of concentration
- Vomiting
- Convulsions
- Blurred vision
- Weakness of limbs or irregular movements

Head Injuries with potential C-spine Injury

With any head injury consider the possibility of a spinal injury. Attempt and maintain full cervical spine immobilisation for pupils who have sustained a head injury and present with any of the following risk factors unless other factors prevent this:

- Neck pain or tenderness
- Focal neurological deficit
- Paraesthesia in the extremities
- Any other suspicion of cervical spine injury

Concussion Definition

Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary impairment of the brain function.

Its development and resolution are rapid and spontaneous. A pupil can sustain a concussion without losing consciousness. Concussion is associated with a graded set of clinical signs and symptoms that resolve sequentially. Concussion reflects a functional rather than structural injury and standard neuroimaging is typically normal.

Rugby is a game that causes more head injuries than any other team sports.

Treatment of concussion

Most concussion resolve in a short 7–10-day period in adults and a little longer in children and adolescents.

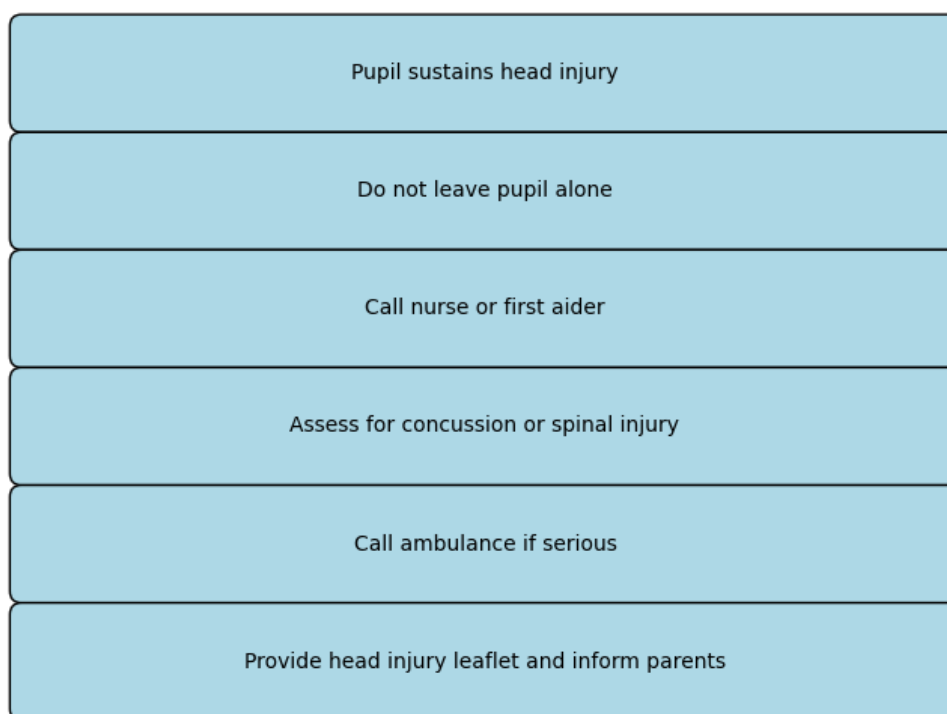
During this recovery time, the brain is vulnerable to further injury, and if a pupil returns to sporting activities too early, before they have fully recovered this may result in:

- Prolonged concussion symptoms
- Possible long term health consequences such as psychological and/or brain degenerative disorders.

- Further concussive events being fatal. Due to severe brain swelling, known as second impact syndrome.

Pupils who sustain 2 or more concussions in a 12-month period should be referred to their GP for a specialist opinion in case they have an underlying pre-disposition.

Head Injury Protocol



Head Bump Letter



GATEWAYS
SCHOOL

Gateways School
Harewood
Leeds
LS17 9LE

Dear Parents

Minor head injury and knocks to the head are common, particularly in children. Following the injury, if the person is conscious, and there is no deep cut or severe damage, damage to the brain is unusual.

However, sometimes a knock to the head can cause damage to a blood vessel which may bleed next to the brain. This is uncommon, but can be serious. Symptoms may develop hours, or days, after a knock to the head.

In rare cases, symptoms develop weeks after a head injury. This is why 'head injury instructions' are given to people who have had a head injury. Look out for these symptoms following a knock to the head.

Head injury instructions

Seek help quickly if any of the following occur after a head injury,

- Increasing drowsiness (see below)
- Worsening headache (see below)
- Confusion or strange behaviour.
- Two or more bouts of vomiting.
- Loss of use of part of the body, e.g. weakness in an arm or leg.
- Dizziness, loss of balance or convulsions.
- Any visual problems such as blurring of vision or double vision.
- Blood, or clear fluid, leaking from the nose or ear.
- Unusual breathing patterns.

Drowsiness

After a knock to the head, children will often cry, be distressed and then settle down. It is then quite common for them to want to sleep for a short while. This is normal. However, it will appear to be a normal 'peaceful' sleep, and they wake up after a nap.

Some parents are afraid to let their children go to sleep if the accident happens just before bedtime. Do let them. Drowsiness means they cannot be roused. If you have a concern, wake the child up after an hour or so.

They may be grumpy about being woken up, but that is reassuring. You can then let him or her go back off to sleep again. You can do this a few times during the night if there is particular concern. When asleep, check to see that he or she appears to be breathing normally and is sleeping in a normal position.

Headache

It is normal after a knock to the head to have a mild headache. Sometimes there is also tenderness over bruising or mild swelling of the scalp. Some paracetamol will help (such as Calpol or Dispol for children). It is a headache that becomes worse and worse which is of more concern.

Yours sincerely

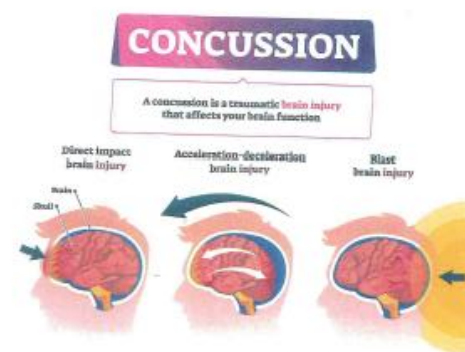
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Gateways Educational Trust
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Concussion Information for Parents



CONCUSSION SYMPTOMS		
- Headache or a feeling of pressure in the head - Temporary loss of consciousness - Confusion or feeling as if on a fog - Amnesia surrounding the traumatic event	- Dizziness or "swelling" in the ears - Blurring in the eyes - Nausea - Vomiting	- Slurred speech - Delayed response to questions - Appearing dazed - Unusual

1. RECOGNISE

Know the symptoms and signs of concussion and the DANGER SIGNS of potentially more serious brain injury.

RECOGNISING CONCUSSION:
After a fall or impact, concussion should be suspected in the presence of, or following, any one or more of the following:

- Symptoms e.g. headache, dizziness, nausea
- Physical signs e.g. unsteadiness, loss of consciousness, responsiveness
- Impaired brain function e.g. being dazed, confusion, memory loss
- Abnormal behaviour e.g. change in personality

DANGER SIGNS

- Continuing unconscious state (more than 5 mins)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double or blurred vision
- Weakness, tingling or burning in limbs
- Swelling or severe neck pain
- Increasing or persistent difficulty with walking steadily or poor balance

It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed – IF IN DOUBT GET THEM CHECKED

2. REMOVE

If concussion is suspected give first aid and, if it is safe to do so, immediately remove the pupil from play.

People with any symptoms following a head injury must be removed from playing or training and must not return to activity until all symptoms have cleared. Specifically, they must not return to play on the day of any suspected concussion.

Parents should be notified in all cases of head injury as they need to monitor their child following such an incident and if concerned advised to see a doctor immediately. Head injury notifications should be provided and clearly all children with concussion should be seen by a health care professional, preferably a doctor, that day.

3. RECOVERY

The majority of cases of concussion recover fully within a few weeks but they must be given the time and opportunity to do so – this means resting the body and resting the brain.

The child or young person should have complete rest until symptoms have cleared. This includes rest from physical activities and from activities such as reading, television, computer, video games and smart phones.

To ensure complete recovery, it is recommended that even after symptoms have cleared they have a relative rest period for a minimum of 14 days from the injury. During this time they should rest from sport/physical activities with a predictable risk of further head injury and prolonged reading and use of television, computer, video games and smart phones. If symptoms return, reduce the level of promoting activity and re-introduce them more gradually.

It is unreasonable for a child to miss a day or two of school after a concussion if they feel unwell or if an returning to lessons their symptoms return. However, extended absence is uncommon.

4. RETURN

Children and young people should return to academic studies before they return to sport.

CONCUSSION AND SCHOOL STUDIES:
Once symptoms have cleared, pupils should undertake a graded return to academic studies. Consideration should be given to managed return to full study days and gradual re-introduction of homework.

In a small number of cases, symptoms may be prolonged and this may impact on the child's studies. In such cases, early referral back to their GP and educational support services is advised.

CONCUSSION AND PARTICIPATION IN SPORT

Following the recommended rest period children and young people should return to sport by following a graduated return to play (GRTIP) protocol. This should only be started when the child or young person is:

- Symptom free at rest
- Off all medication that modifies symptoms
- Returned to normal studies

Children and young people should have an extended GRTIP (minimum to 48 hours for each activity) before returning to sport and a minimum of 48 hours for each activity stage is recommended. This means that the minimum return to play interval is 23 days from injury, unless their recovery is closely supervised by a doctor with expertise in concussion management.

Following a concussion or suspected concussion, where possible children and young people should be 'recovered' assessed by a doctor before returning to sport and other activities with a predictable risk of head injury e.g. football, rugby, gymnastics, horse riding, hockey, contact sports, skate boarding etc.

As an additional guiding principle, children and young people should avoid activities that have a predictable risk of further head injury for a minimum of 14 days after their symptoms have resolved, unless their recovery is closely supervised by a doctor with expertise in concussion management.

Children and young people who struggle to return to their studies or who persistently fail to progress through the GRTIP because symptoms return should be referred to their doctor.

Children and young people who sustain two or more concussions in a 12-month period should be referred to their doctor for a specialist opinion in case they have an underlying pre-disposition.

CALL 999

If you suspect that you or a friend have concussion make sure you seek a medical professional, preferably a doctor, that day.

If danger signs are identified or symptoms get worse call 999.