



BRYANSTON

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FIRST AID POLICY

Author:	Head of Health & Safety
Reviewer:	Head of H&S / Medical Centre Manager
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1 INTRODUCTION

Bryanston School aims to meet and exceed the requirements of *The Health & Safety (First Aid) Regulations 1981*. The school also takes account of the ISI and HSE guidance on First Aid and will provide adequate and appropriate equipment, facilities, and trained staff (referred to in this document as First Aiders) to meet the reasonable needs of all staff, pupils, contractors, and visitors at the school. A 'First Aid Needs Assessment' has been carried out and is reviewed by the Head of H&S. Provision is made for the mental health and well-being of pupils and staff as well as the physical well-being but is outside the scope of this policy. Further information about mental health and well-being support is available on request.

This Policy is reviewed annually by the Head of H&S, in consultation with others.

This Policy should be read in conjunction with the Concussion Policy.

1.2 Responsibilities

Heads of Departments (HOD)

- To ensure the numbers of First Aiders are adequate for their department, and for any activities being undertaken under their control, and to arrange for training where and when required.
- To ensure first aid kits, and relevant equipment, are checked regularly, or to nominate a member of staff to undertake the regular inspections (See appendix C).
- To report to Health & Safety where the inspections of equipment has highlighted any deficiencies requiring action.



Head of Health & Safety

- To provide a program of First Aid training in line with current guidelines and accepted first aid practices, or to contract an external provider where required to deliver training, as requested by staff.
- To maintain a readily available stock of first aid supplies.
- To audit relevant equipment as required.
- To ensure a 'First Aid Needs Assessment' is maintained.
- To provide relevant guidance and policy documentation to ensure the effective delivery of first aid provision.

First Aiders

- To render first aid to those injured/ill to the level in which they have been trained and within their level of competency.
- To ensure any first aid equipment used has been restocked and ready for use.
- To regularly inspect their first aid kits, to ensure adequate contents (See appendix C)
- To maintain their skills through regular refresher training as required.

2 FIRST AID PROVISION

2.1 Promulgation

Heads of Departments, House Parents and Staff in Charge of Games/Activities are responsible for ensuring that their staff, pupils, contractors, and visitors are aware of the first aid provisions that are in place for them. They are responsible for considering first aid in their risk assessments, and ensuring adequate controls are in place and communicated to all those who may be affected by the activity. This includes the term time and holiday arrangements for first aid, how to contact first aiders, the locations of first aid kits, how to report, use of supplies, and the reporting of accidents, near misses and sporting injuries.

2.2 Provision

First aid is provided by the Medical Centre staff and First Aiders during term time. During School holidays first aid is provided solely by First Aiders. During term time the Medical Centre is staffed 24 hours a day, 7 days a week by qualified Registered Clinicians who will provide medical assistance for pupils, staff, and visitors. A full register of First Aid qualified staff is held and monitored by the Head of H&S. There is a First Aid building (CJ Pavilion) located on the Playing Fields. This can be utilised by qualified staff, when required, for games sessions and School matches. Additional support is provided where a need has been identified.



2.3 Training

Training needs are considered and reviewed at least annually by Health & Safety Working Groups. The Head of Health & Safety is responsible for the administration of general first aid training. Head of Departments (HoDs) are responsible for ensuring there is a suitable provision of First Aid qualified staff in their departments. All records of first aid training are kept by Human Resources and entered onto MyBry. Training is updated every 3 years but can be annually in any case.

The following first aid training is provided onsite:

- First Aid at Work (18 hour) and Emergency First Aid at Work (6 hour)
- Paediatric First Aid
- Basic Life Support/AED
- Anaphylaxis, Asthma and Diabetes awareness
- Administration of Medicines
- Mental Health First Aid

Specific/bespoke first aid training, can be arranged in addition to the above upon request. The Sports Centre Manager arranges the training of Sports Centre staff, all of whom have ongoing First Aid & Water based training as part of their National Pool Lifeguard Qualification.

The Outdoor Education coordinator arranges for specific training as required for some staff involved in Outdoor Pursuits.

2.4 Contact Information

The Medical Centre can be contacted as follows:

Internal Calls:	Ext 4621
External Calls:	01258 484 621
Nurse Duty Mobile:	07843 355 188
Nurse/First Aider Playing Fields:	07843 355 189

First Aiders can be contacted via the Gatehouse or directly. Gatehouse contacted details:

Internal Calls:	Ext. 4357
External Calls:	01258 452411 / 07843 355 180

Bryanston Prep Matron

Internal:	Ext. 5303
Mobile:	07484 521 975



2.5 First Aid Equipment

General equipment and supplies can be obtained from the Head of H&S. Where HODs require additional equipment, beyond standard and expected requirements, they are responsible for obtaining.

2.6 First Aid Kits

Kits are provided to enable first aid to be rendered to anyone who becomes ill or injured at work. They are to be clearly displayed and easily accessible.

First Aid kits should be either plastic or fabric in construction, depending on the environment, and be green with clear white text, as shown.



There are first aid kits in the following locations:

All Boarding Houses	Grounds	Prep - Main Office
School Vehicles	Climbing Tower	Prep - Kitchen
Catering	Music School	Prep - Stables
Cafe	Old Vehicle Workshop	Prep - Art/DT
Facilities Management	Common Room	Prep - Science
Laundry	Finance	Prep - Orchard
Recycling Centre	Stables	Prep - Medical Room
School Shop	Sports Centre	Prep - JB Hall
Coade Hall	Boat House	Prep - PE Office
EEMR	Pioneering	
Modern Languages	Gatehouse	
Sanger	Church	
DT	A2 Social	
Art	Photography Room	
Outdoor Ed	Major Incident Boxes	
Top Servery	Medical Centre	

The Gatehouse holds a supply of stocked first aid kits that are available for Off Site Visits.

First Aid kits for Games and away matches are available from the Games/PE Offices.

First Aid kits, and any associated equipment such as eye wash stations/bottles, are to be checked regularly by the HoD, or an individual nominated by them, in which it is located. They are required to advise the Head of H&S of any stock requirements. See Appendix C for guidance on kit contents, which can be used as a checklist. First Aiders are also expected to re-stock first aid kits when used. It is the responsibility of the driver, of Bryanston vehicles, to check the first aid kit is adequately stocked prior to departing on a journey, obtaining supplies via the Gatehouse.

The Head of H&S may audit first aid kits on a random basis to confirm compliance.



2.7 Automated External Defibrillators (AEDs)

There are 6 AEDs on site. These are located: in the Gatehouse; Medical Centre; CJ Medical Pavilion; Boathouse and Sports Centre, plus the Prep Main Office. Instructions for use are kept with each machine.

Staff working in these areas are trained in the use of AEDs.

The HoD, in the area in which the AED is located, is responsible for arranging weekly checks on the AED. These include checking:

- 1) The “rescue ready” green light is visible
- 2) The battery has at least 2 bars (will need replacing when there is 1 bar)
- 3) The pads are in date.

These weekly checks should be recorded with faults promptly reported to the Head of Health & Safety, immediately, upon discovery. Replacement pads and batteries are available from the Health & Safety Office.

The Head of H&S may audit AED’s on a random basis.

2.8 Adrenaline Auto Injectors (AAI. Eg: “EpiPen[®]”)

There are 10 generic AAI’s on site. These are located in the Gatehouse (x2); Medical Centre (x4); Catering (x2): CJ Medical Pavilion (x1) and Boathouse (x1).

Heads of Department, in these respective areas, are responsible for regularly checking these AAIs. New devices can be obtained from the Medical Centre.

Instructions for use are kept with the AAI.

The majority of staff working in these areas are trained in the use of these, and all first aid trained staff receive training in Anaphylaxis.

The Head of H&S is able to provide training upon request.



3 INCIDENT MANAGEMENT - AT POINT OF NEED

Levels of Incident

Level 3 Incident – Life threatening

Call an ambulance immediately.

When an ambulance is called the following procedure must be adhered to:

- 1) Contact the Gatehouse to inform them of emergency call and the incident location so that they can escort the emergency services to the location
- 2) The Gatehouse will then contact the following:
 - Medical Centre (term time) or a First Aider
 - Senior Deputy Head
 - Director of Operations
 - COO
 - Head of H&S

Level 2 Incident – Serious but not life threatening

Call an ambulance if necessary (follow procedure for calling an ambulance above).

Contact a First Aider, if not already on scene, or the Medical Centre (term time only).

Level 1 Incident – other injuries/illness

A first Aider should be summoned to deal with the individual concerned. The First Aider will use their professional judgment and skillset in dealing with the individual and, if required, sending them to, or requesting additional support from the Medical Centre.

Staff must always:

- When required, accompany pupils to the Medical Centre themselves or send them with another pupil/member of staff/security. DO NOT send them alone. If possible, call the Medical Centre to advise them to expect the pupil.
- If a pupil is Anaphylactic and having a reaction OR is not well enough to walk to the Medical Centre, you MUST phone the Medical Centre and inform the team.

Pupils in Bryanston Prep should be sent to the Matron for Injury/Illness care. Orchard (EYFS) minor accidents are dealt with by Paediatric FA staff.



4 ARRANGEMENTS FOR PUPILS WITH LONG TERM MEDICAL CONDITIONS

Pupils who have chronic medical conditions such as asthma, diabetes, dietary allergies/intolerance, and epilepsy have their conditions recorded on Medical iSAMs. The Medical Centre, House Parents and all relevant staff have access to this information and are responsible for disseminating it as required. Clinicians can access this information via iSams whilst on duty in the CJ hut. This will also be accessible in the CJ hut via a laminated sheet with all pupils with serious conditions listed, within the (locked) filing cabinet at the CJ Pavilion. Staff are made aware about those pupils with significant conditions by the Medical Centre with training provided where required.

All pupils with medical conditions going on school trips are to be identified by the trip leader before the trip departs so that accompanying staff are aware of both the issue and any possible intervention or action that might be required on their part. Trip Risk Assessments must identify those with medical conditions likely to require specialist assistance. Training is available to assist these staff, for example training in anaphylaxis and asthma awareness.

4.1 Allergies

The school has a Dietary Requirements and Food Allergies policy which is coordinated by the Catering.

Lists of children who suffer with allergies are displayed in numerous staff locations, such as the common room, staff room and medical environments. The kitchen has a list of those with food allergies/intolerances/special dietary requirements. Staff are responsible for notifying the kitchen of their own requirements.

The Medical Centre is responsible for communicating details, on pupils with allergies/dietary concerns, to Catering.

Photos of children with food allergies/intolerances/special dietary requirements are displayed in the kitchen.

5 BODILY FLUIDS

Staff must ensure that if they have cuts or abrasions these are covered with waterproof or other suitable dressings before administering first aid. Staff should wear disposable gloves and apron, and other appropriate PPE if available, when dealing with bodily fluids.

All spillages must be cleared up as soon as possible.



Bodily Fluid Spillage Clean Up Kits are provided in:

- Boarding houses
- Prep Medical Room and Orchard
- Medical Centre
- Also available from the Gatehouse and Housekeeping

These must be disposed of as contaminated waste in the specific yellow bin outside the Medical Centre. These kits are replenished by Housekeeping.

Contaminated bedding, clothing, etc. is to be placed in a red bag and sent to the School Laundry.

Housekeeping is to be informed of any spillages of bodily fluids, and the area closed off wherever possible until cleaning, including steam cleaning, has taken place.

6 ACCIDENT AND NEAR MISS REPORTING

All accidents and near miss events must be reported via the online reporting system (Scan QR code). A 'Near Miss' is an incident in which an injury could have occurred, but in the end did not.



Accident reporting should be made online via the Staff Hub. However, an accident book is located in the Gatehouse for use only when access to the hub is not available. Minor accidents isolated to Bryanston Prep should be recorded in the 'minor incident log' book. Orchard (EYFS) accident book is kept in FA bag which is shown to parents and signed by them, when required.

It is the responsibility of the person dealing with the incident, first aider, or the injured employee themselves, to ensure a report has been filed.

Where an incident, or significant ill-health/injury event, involves a pupil, it will be the responsibility of the Medical Centre and/or the House Parent/Matron to inform parents of the event, where necessary.

All reported accidents and near misses are reviewed. In the event of an accident, those involved may be interviewed. All RIDDOR reportable accidents are investigated. In considering all reports, patterns are looked for, and improvements are made where identified. A report is given to relevant H&S Working Groups.



6.1 RIDDOR

The Head of Health & Safety is responsible for recording and reporting of incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

Appendix B provides a summary of the reporting requirements of RIDDOR.

7 ARRANGEMENTS FOR 'PITCH SIDE' FIRST AID

Staff in Charge of Games/Activities are responsible for ensuring that their staff, pupils, contractors, and visitors are aware of the first aid provisions that are in place for them whilst doing sport. They are responsible for considering first aid in their risk assessments, and ensuring adequate controls are in place and communicated to all those who may be affected by the activity. This policy applies to term time pitch side arrangements for first aid, how to contact first aiders, the locations of first aid kits, how to report, use of supplies, and the reporting of accidents, near misses and sporting injuries.

Pitch side first aid is provided by the Medical Centre staff and First Aiders during term time. The Medical Centre is staffed 24 hours a day, 7 days a week (term time) by qualified Registered Clinicians who will provide medical assistance for pupils, staff, and visitors. A full register of First Aid qualified staff is held and monitored by the Head of H&S. There is a First Aid building (CJ Pavilion) located on the Playing Fields. This is utilised by qualified medical centre staff, when required, for games sessions and School matches. Additional support is provided where a need has been identified.

7.1 Training

Training needs of medical centre staff are considered and reviewed annually by the Medical Centre Manager. The following first aid training is compulsory for medical centre clinicians working pitch side:

- Emergency First Aid at Work or Pitch side First Aid
- Basic Life Support/AED
- Anaphylaxis, Asthma and Diabetes awareness

The Medical Centre manager must keep records of all extra PHICIS training undertaken by pitch side clinicians. This training is updated every 2 years.



7.2 Pitch Side First Aid Equipment at the CJ Pavilion

All pitch side first aid equipment will be sourced initially from the medical centre and stored at the CJ pavilion within the medical trolley, filing cabinet and pitch side emergency bag. The trolley, filing cabinet and emergency bag, AAI and AED are to be checked before every shift at the CJ hut by the clinician on duty and recorded on a stock check sheet within the CJ pavilion. The MSK Clinical Lead is responsible for ensuring clinicians complete a check on the AED at the CJ pavilion before every shift. These include checking:

- 1) The “rescue ready” green light is visible
- 2) The battery has at least 2 bars (will need replacing when there is 1 bar)
- 3) The pads are in date.

If, at the start of a shift in the CJ pavilion, stock is missing and required, the clinician on duty must contact the medical centre to make arrangements for it to be delivered in order that it is available for that shift.

Clinicians are responsible for ensuring any stock used by them during a shift is replaced before the next shift. See Appendix D, E and F for guidance on pitch side trolley, emergency bag and filing cabinet contents which can be used as a stock check sheet. The Clinical lead of the MSK team may audit the CJ hut medical trolley, emergency bag and filing cabinet on a random basis to confirm compliance.

7.3 PITCH EXTRACTION

If a pupil sustains an injury that requires them to be moved from the pitch/court and they are unable to mobilise independently, the Ambu-buggy can be used to transport the pupil. Medical centre clinicians must be trained in using the Ambu-buggy and follow the associated risk assessment for its use.

4.1 If the pupil can sit:

- The pupil can be aided by medical centre clinician/driver and other first aiders/by-standers to sit in the chair at the rear of the Ambu-buggy.
- The pupil must be secured with a seat belt by the medical centre clinician/first aider.
- The pupil must be instructed to stay seated, keeping hands, arms, legs and feet within the confines of the buggy at all times.

4.2 If the pupil is non-ambulant:

- The pupil should be assisted onto the portable stretcher which is stored on the Ambu-buggy’s stretcher base. (Pupils must NOT be placed on the stretcher base without being placed on the portable stretcher first).



- The medical centre clinician first to attend the injured pupil will be responsible for directing other first aiders/by standers to help with this process. If spinal injury suspected – the spinal policy must be followed.
- Once the pupil is safely on the portable stretcher and secured with straps (medical centre clinician first to attend to the pupil is responsible for this) the stretcher should then be lifted onto the Ambu-buggy with a minimum of six adults lifting and placing the stretcher onto the Ambu-buggy's stretcher base.
- The first aider driving the Ambu-buggy is responsible for securing the pupil in place on the stretcher on the buggy, using the straps provided.
- The pupil must be instructed to stay still, keeping hands, arms, legs and feet within the confines of the buggy at all times.



APPENDIX A

Procedure for the Reporting of Sports Injuries

This procedure is to be followed for injuries that are sustained by Bryanston pupils when playing sports.

The aim of the above reporting procedures is:

- to ensure that Bryanston investigates and reports incidents as appropriate and in accordance with RIDDOR and general good practice.
- to enable Bryanston to look at any patterns in injuries sustained and consider any controls that may be necessary.

Sports Injuries sustained on site must be reported to the clinician on duty at the playing fields or to the Medical Centre.

The clinician on duty at the playing fields will record injuries on the Sporting Injuries Record Sheet (form) and on the Bryanston pupil's medical record.

When a clinician working at the pitches administers first aid for a sporting injury to a pupil who is not from Bryanston School, the following documentation must be followed:

- 1) Complete two copies of the pitch side first aid form (Appendix G). The first (hard) copy is given to the (visiting) pupil/their teacher, and the second copy is completed on the medical centre laptop and saved within a file named "opposition pitch side care administered' within the year folder applicable.
- 2) Send an email to the medical centre of the pupil's school detailing the injury sustained and first aid given and attach the pitch side form.



APPENDIX B

Summary of Reporting & Recording Requirements of RIDDOR 2013

RIDDOR is the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013.

RIDDOR is the law that requires employers, and other people who are in control of work premises, to report and keep records of:

- work-related accidents which cause deaths
- work-related accidents which cause certain serious injuries
- diagnosed cases of certain industrial diseases; and
- certain 'dangerous occurrences' (near miss incidents).

REPORTING REQUIREMENTS

Deaths

A death must be reported if:

- it results from a work accident
- a worker sustains an occupational injury
- it results from an act of physical violence to a worker.

Injuries to people at work

RIDDOR gives two types of injuries that must be reported if the person was at work: 'specified injuries' and 'over- seven-day injuries'.

1) 'Specified Injuries'. These include:

- a fracture, other than to fingers, thumbs and toes
- amputation of an arm, hand, finger, thumb, leg, foot or toe
- permanent loss of sight or reduction of sight
- crush injuries leading to internal organ damage
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs)
- scalping which require hospital treatment
- unconsciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space, which leads to hypothermia, heat induced illness or requires resuscitation or admittance to hospital for more than 24 hours.



2) Over-seven-day injuries

This is where an employee is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).

Injuries to people not at work

Work-related accidents involving members of the public or people who are not at work (including pupils) must be reported if a person is injured and is taken from the scene of the accident to hospital, for treatment to that injury. There is no requirement to establish what hospital treatment is provided, and no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

Reportable occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused by or made worse by work. This must be done when a written diagnosis from a doctor is received. These diseases include carpal tunnel syndrome; severe cramp of the hand or forearm, occupational dermatitis; hand-arm vibration syndrome; occupational asthma; tendonitis or tenosynovitis of the hand or forearm; any occupational cancer; any disease attributed to and occupational exposure to a biological agent.

Reportable dangerous occurrences

Dangerous occurrences are certain, specified near-miss events. Not every near-miss event must be reported. There are 27 categories of dangerous occurrences that are relevant to all workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment
- plant or equipment coming into contact with overhead power lines
- explosions or fires causing work to be stopped for more than 24 hours.

Recording requirements

Bryanston is required to keep records of:

- Any accident, occupational disease or dangerous occurrence which required reporting under RIDDOR; and
- Any other occupational accident-causing injuries that result in a worker being away from work or incapacitated for more than seven consecutive days (not counting the day of the accident but including any weekends or other rest days).

There will be some circumstances where sporting injuries, that might fall into the 'specified injuries' above, will NOT require RIDDOR reporting. Unless a failure in the way the activity was managed, or an equipment fault caused the injury. Consult H&S for further advice.



APPENDIX C

First Aid Kit - Contents List

The following should be used as a guide and can be used as a checklist if needed.

The contents of your first aid kit should be suitable for the risks identified in the area it may be used.

Contents	Kit Size / Type						
	Small 1-24 🧑	Medium 25-100 🧑	Large 100+ 🧑	Sport	Personal issue 'Bum-Bags'	Vehicle	Events
Assorted Plasters	30	40	60	30	10	20	30
Conforming Bandage	1	2	2	2	0	0	2
Medium dressing	2	4	6	3	1	1	4
Large dressing	2	3	4	2	0	0	6
Adherent dressing	4	6	8	4	0	1	6
Triangular bandage	2	3	4	3	1	1	4
Eye pad	2	3	4	3	0	0	4
Cleansing wipes	10	20	20	20	5	10	20
Tape	1	2	3	1	0	0	3
Gloves (pairs)	6	8	12	9	3	4	12
Finger dressing	2	3	4	3	0	0	4
Resus face shield	1	1	2	1	1	1	2
Foil blanket	1	2	3	2	0	1	3
Burn dressing	0	1	2	0	0	1	3
Shears	1	1	1	1	0	1	2
Clinical waste bag (yellow)	1	1	2	2	1	1	2
Instant Ice Pack	0	0	1	2	0	0	0
Trauma (<i>Torniquet/Haemostatics</i>)	0	0	0	0	0	0	2

BS8599-1:2019 consulted, when developing contents list

The following areas should have 'medium' kits as a minimum:

- Science, CDT and Art
- Catering Departments
- Grounds and Estates
- Sports Centre
- Equestrian
- Coade Hall
- Boat House
- Boarding

Catering environments should ensure the contents are suitable for these locations. Such materials should include blue plasters and additional burns treatment where needed.

House Parents, HODs/HOS, or delegated staff, are responsible for the regular checking of First Aid kits.



APPENDIX D

Pitch Side Trolley - Contents List

The CJ Trolley needs to be checked weekly. In addition, any stock used from the trolley during shift should be gathered on return to the Med Centre and put with the CJ equipment in the filing cabinet ready to be taken to CJ by the next person on shift.

From the top: **Drawer 1** – Observation Equipment

Item	Quantity
BP cuff	1
Stethoscope	1
Pulse Oximeter	1
Blood Glucose Monitor	1
Thermometer	1
Tongue depressors	
Pen Torch	

Drawer 2 – Wound Cleaning and eye irrigation

Item	Quantity
Gauze swabs	10
Normal saline/eye irrigation pods	15
Wound cleaning wipes	
5ml Syringes	5
Eye baths	3

Drawer 3 - Dressings

Item	Quantity
Plasters	A selection
Blister Plasters	A selection
Tape	
Adhesive dressing (Softpore) Small	5
Medium	5
Large	5
Low adherent dressings	A selection

Drawer 4

Item	Quantity
Triangular Bandage	5
Physio tapes - Blue	1
Tiger	1
Stretchy tiger tape	1
Finger bandages	5
Bandages	A Selection
Scissors	
Forceps	1

Drawer 5

Item	Quantity
Sterile Dressing packs – Medium gloves	3
Large Gloves	3
Ice Packs	15



APPENDIX E

Pitch Side Emergency Bag - Contents List

This form details the contents of the pitchside bag. The top and inside parts of the bag are sealed. On the weekly CJ check, the unsealed portions of the bag should be checked for their contents. The sealed parts should be checked to ensure they are still sealed and this documented on the CJ weekly check list.

If the seals are not present, or the bag is opened in use, the contents of the bag must be checked. Any missing stock should be replaced and expiry dates checked. The item which expires first must be ticked or highlighted and replaced at the end of the month indicated.

Front pocket (Not sealed)

Item	Quantity	EXP first
Large thermal wrap	2	n/a
Foil blanket	3	n/a
Towel	1	n/a
Stock list and tags	1	

Top pocket (Sealed)

Item	Quantity	EXP first
Adrenaline injector	2	
Anaphylaxis list	1	
Anaphylaxis guideline	1	
Salbutamol inhaler	1	
Spacer	1	
Asthma list	1	
Asthma guideline	1	

Left pocket (Not sealed)

Item	Quantity	EXP first
BP cuff	1	
Blood sugar Reader	1	
Lancets (BM kit)	10	
HBGT Sticks (BM kit)	10	
Saline wipes (BM kit)	10	
SPO2 reader	1	

Right pocket (Not sealed)

Item	Quantity	EXP first
Clinical waste bags	Roll	
Vomit bags	2	
Gloves	3 pair	

Inside (Sealed)

Item	Quantity	EXP first
Tuff cut scissors	1	
Scissors	1	
Tape	1	
Pen	1	

Rigid splint	1	
Notebook	1	
Large adhesive dressings	2	
Large Non – adhesive dressings	2	

Conforming bandages	5	
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Wound dressing bandages	3	
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Triangular bandages	2	
Large swabs	4	
Small non-adhesive dressings	3	
Small adhesive dressings	5	
Saline pods	10	
Wound wipes	15	
BVM	1	
OP airway Red	1	
OP airway Green	1	
OP airway Orange	1	
OP airway Brown	1	
Ice packs	3	
Haemorrhage bandage	1	
Torniquet	1	

This bag has been checked, restocked and resealed by: _____

Date _____ Tag number _____



APPENDIX G

Pitch Side First Aid

Name: _____ **DOB:** _____

Date: _____ **School:** _____

Injury: _____

First Aid treatment given:

Signed Pupil/School: _____

Signed Nurse: _____

Dear Parent/Child/School,

We were able to carry out basic first aid for the safety and wellbeing of your child/pupil. It is important to note that we can offer immediate first aid only. An ambulance will be called in any emergency, but we must stress that it is your responsibility to seek further medical advice in ALL circumstances of injury/illness, as underlying medical problems may not be immediately apparent.

All incidences of injury or illness will be recorded at Bryanston. In the event of a head injury, please see the attached advice sheet.

The Medical Centre
Bryanston School
01258 484621