



# **HURLINGHAM SCHOOL AND NURSERY**

**EST. 1947**

## **First Aid Policy**

This policy applies to all activities of Hurlingham School, including the Early Years Foundation Stage.

**Date of Review: June 2025**  
**Interim Review: January 2026**  
**Date of Next Review: by 31 May 2026**

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## Statement of intent

**Hurlingham School** is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

This policy aims to:

- Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

## 1. Legal framework

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2024) 'Early years foundation stage (EYFS) statutory framework'
- DfE (2025) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'

The policy is implemented in conjunction with the following school policies:

- Administering Medication Policy
- Positive Relationships Policy
- Managing Behaviour Policy
- Child Protection and Safeguarding Policy
- Allergen and Anaphylaxis Policy
- Educational Visits Policy
- Early Years Policy
- Health and Safety Policy
- Infection Control Policy
- Lone Worker Policy
- Records Management Policy
- Social, Emotional and Mental Health (SEMH) Policy
- Supporting Pupils with Medical Conditions Policy

## 2. Roles and responsibilities

The Principal on behalf of the Board of Directors is responsible for:

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.
- Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for the school site.

- Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance.
- Ensuring that the school has:
  - A suitably stocked first-aid kit.
  - An appointed person to take charge of first-aid arrangements.
  - Information for all employees giving details of first-aid arrangements.

The Head is responsible for:

- The day-to-day development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that all pupils and staff are aware of the identities of the school first aiders and how to contact them if necessary.

Staff are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Securing the welfare of the pupils at school.
- Making pupils aware of the procedures to follow in the event of illness, accident or injury.

First aid staff are responsible for:

- Completing and renewing training as dictated by the governing board.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.

The appointed person is responsible for:

- Overseeing the school's first-aid arrangements.
- Taking charge when someone is injured or becomes ill.
- Looking after the first-aid equipment, e.g. restocking the first aid container.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Calling the emergency services where necessary.
- Maintaining injury and illness records as required.
- Undertaking an appointed persons course, emergency first aid training, first aid at work, and refresher training where appropriate, to ensure they have knowledge of:
  - What to do in an emergency.
  - How to assess and monitor a casualty.
  - First aid for the unconscious casualty.
  - First aid for someone who is having a seizure.
  - Maintaining injury and illness records as required.
  - Paediatric first aid.

The Sports Staff are responsible for:

- Ensuring that First Aid kits are taken on all home/away matches and also during practice sessions;
- Restocking the off-site PE First Aid kits on an ongoing basis, in liaison with the Appointed Person (who will stock the kits at the start of each term and provide supplies for restocking);
- Ensuring that they bring all medication for pupils who require them on home and away matches
- Liaising with the appointed person to ensure that they have up-to-date awareness and knowledge of the medical needs of the pupils they teach.

All staff have a duty of care towards pupils and should respond accordingly when First Aid situations arise; they should:

- Familiarise themselves with the Code Red List shared on the Staff Portal and on the board in the Staff Room detailing pupils with medical needs that require the use of Epi Pens and pupils who could require First Aid due to medical conditions such as severe asthma, epilepsy, allergies and diabetes.
- Familiarise themselves with the list of qualified First Aiders kept at Reception and on the board in the Staff Room, and at Schedule 1 to this policy.
- Understand that in general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

### 3. First aid provision

The school will routinely re-evaluate its first aid arrangements, at least **annually**, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of pupils and staff throughout the school.

The school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings, of assorted sizes
- 2 sterile eye pads
- 2 individually wrapped triangular bandages, preferably sterile
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large-sized individually wrapped sterile unmedicated wound dressings
- 3 pairs of disposable gloves

All first aid containers will be identified by a white cross on a green background.

The appointed persons will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

First aid boxes are in the following areas:

- Box 1 : Wall adjacent to the lift at first floor
- Box 2 : Wall adjacent to the lift at second floor
- Box 3 : School kitchen
- Box 4 : Staff room
- Box 5 : Car park lobby

- Box 6 : Wall adjacent to the door to the 2<sup>nd</sup> Floor Playground (outside the Learning Support Classroom)

#### **Nursery:**

- Outside the kitchen
- Ground floor Reception office

## **4. First aiders and appointed persons**

The main duties of first aiders will be to administer immediate first aid to pupils, staff or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

The school will ensure that all first aiders hold a valid certificate of competence, issued by a HSE-approved organisation, and that refresher training and retesting of competence is arranged for first aiders within the school before certificates expire.

The school will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children, and will consequently ensure that appropriate training is secured for first-aid personnel where this has not already been obtained.

The Head of HR & Compliance will ensure that staff first aid certificates are kept up-to-date and will arrange training when necessary.

The appointed person will be responsible for maintaining supplies.

The school will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the school.

In line with government guidance and taking into account staff:child ratios, the school will ensure that there is at least **one** member of staff with a current and full paediatric first aid (PFA) certificate on the premises and available at all times when pupils are present, and accompanying pupils on any and all outings taken.

The school will ensure that PFA certificates are renewed every three years, and that training meets the criteria set out in Annex A of the 'Early years foundation stage (EYFS) statutory framework'.

The school will display staff PFA certificates or a list of staff who have a current PFA certificate and make this information available to parents.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.

When selecting first aiders, the school will follow the criteria laid out in government guidance, considering the individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Availability to respond immediately to an emergency.

The school will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe. Pupils will be supported in accordance with the school's Social, Emotional and Mental Health (SEMH) Policy.

For the current academic year the members of staff trained in first aid at the Prep School are as follows:

### First Aid at Work

Name	Requalification Date
Christina Costanzo	10/01/2025
Chantal Casagrande	02/02/2026
Jane Greig	24/10/2026

### Emergency First Aid at Work

Name	Requalification Date
Claire Gilbert	02/09/2027
Chloe Smith	02/09/2027
Sandra Frankard	02/09/2027
Oliver Stubbings	02/09/2027
Tara Langley	02/09/2027
Francesca Chalmers	02/09/2027
Tors Brett	02/09/2027
Georgia McNaught	02/09/2027
Lee Parry	02/09/2027
Tom Mann	02/09/2027
Jess Sykes	02/09/2027
Piers Young	27/05/2027

### Emergency First Aid in Schools

Name	Requalification Date
Rhiannon Bryant	02/09/2027
Phoebe Ross	02/09/2027



Alex Brown	02/09/2027
Rosie Legender	02/09/2027
Fatima Aden Osman	02/09/2027
Joe Barrett	02/09/2027
Fenella Porritt	02/09/2027
Bilan - Ardo Ali	02/09/2027
Simon Gould	02/09/2027
Lucy Baddeley	02/09/2027
Bethany Patel	02/09/2027
Emily Mitchell	02/09/2027
Avril Walmsley	02/09/2027
Leanne Kwieckinski	02/09/2027
Lucy Allen	02/09/2027
Colette Barclay	02/09/2027
Janet Simpson	02/09/2027
Mikaela Elbourne	02/09/2027
Andy Thwaite Howarth	02/09/2027
Madeleine Sakrouge	02/09/2027
Jacqui Campbell	02/09/2027
Michael Shore	02/09/2027
Teresa Arteaga	02/09/2027
Leonie Bannister	02/09/2027
Merkala Indra	02/09/2027
Roland Devitt	02/09/2027

### Paediatric First Aid

Name	Requalification Date
Kelly Baxter	02/09/2027
Lucy Buschhaus	02/09/2027
Ash Charles	02/09/2027

Amelia Shore	02/09/2027
Joanna Desforjes	02/09/2027
Vicky Beeson	02/09/2027
Katie St.Clair	02/09/2027
Keeva Newland	02/09/2027
Tegan Davidson	02/09/2027
Penny Bermingham	02/09/2027
Ben Hatton	02/09/2027
Kathleen Perchtold	02/09/2027
Andy Collier	07/03/2027
Katharine Geary	20/03/2027
Joanna Cunningham	19/05/2027
Nicola Brisley	19/05/2027

For the current academic year the members of staff trained in first aid at the Nursery are as follows:

### Emergency First Aid at Work

Name	Requalification Date
Anna Williams	14/11/2027
Piers Young	27/05/2026

### Paediatric First Aid

Name	Requalification Date
Ags Dudek-Graham	06/01/2026
Alice Casula	06/01/2026
Alina Gluch	06/01/2026
Anna Szarlej	06/01/2026

Carly Heath	06/01/2026
Enna Galono	06/01/2026
Gemma Kirk	06/01/2026
Iggy Findolova	06/01/2026
Joanne Cumberbatch	06/01/2027
Josephine Einarsson	06/01/2026
Katie Shirley	06/01/2026
Louise Hyde	06/01/2026
Lucy Brisley	06/06/2026
Melissa Ng	06/01/2027
Nikki Adams	06/01/2027
Pippa Aston-Browne	05/09/2026
Sarah Howard	06/01/2026
Zouhour Barrouta Graham	06/01/2027

The **Appointed Person(s)** at the Prep School are the School's receptionists **Chantal Casagrande and Jane Greig** and at the Nursery it is the School Administrator **Anna Williams** and the Head, **Richard McLelland** in her absence. They are responsible for:

- maintaining accurate records of first aid or any treatment given in the Medical Room (or by members of staff elsewhere in the accident book) and entering that information into the accident record on CPOMS.
- organising the ordering, provision and replenishment of First Aid equipment to ensure that First Aid boxes and kits are adequately stocked at all times.
- checking the off-site PE First Aid kits together with the PE department at the beginning of each term (the PE department are then responsible for restocking the kits as needed, with supplies provided by the appointed person).
- checking the Emergency Asthma kits and any adrenaline auto-injectors (Epi-pens) at the beginning of each term and after each occasion when they have been used.
- ensuring that the Code Red Lists detailing pupils with existing conditions that require prompt action such as severe allergies, asthma, epilepsy and diabetes are kept up to date and posted on the Staff Portal, the Staff Room board and also in the kitchen area, Sports Department, Arts Centre and in the classrooms of any pupils detailed on it.
- The Code Red List will be available for staff shortly after the beginning of each term once all of the details have been confirmed and details are also sent out to teachers before they meet their classes. Details of the pupil's medical conditions are available to view by all teaching staff on the school database and Staff Portal.

- maintaining records of accidents.

## **5. Automated external defibrillators (AEDs)**

The Prep School has an AED located in the Medical Room and the Nursery has an AED located in the understairs cupboard adjacent to the Front Door.

Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device. In addition to the training provided in formal First Aid Training by external providers, a general awareness briefing session, to promote the use of AEDs, will be provided to staff on an annual basis.

## **6. Accommodation**

The Prep School and Nursery medical rooms will be used as and when needed.

In the Prep School this is the primary location for the delivery of all first aid and the administration of medicine unless the pupils are off site or a member of staff considers that a minor injury can be treated using a first aid box (if required) in another location.

At the Nursery, the designated medical room is the nappy changing area on the ground floor which is adjacent to the children's toilets and hand washing facilities. In practical terms, it is more likely that first aid or medicine will be administered to our Nursery pupils in their classrooms but the nappy changing / medical room is available when necessary or appropriate. When the room is in use for a medical purposes, any nappy changing will take place in the children's classrooms or in the first floor toilets where there is a nappy changing unit. There is a bidet, children's toilet and wash hand basin on the first floor which can be accessed if required for intimate care.

The Medical Rooms will be used to enable the medical examination and treatment of pupils and for the short-term care of sick or injured pupils.

The Medical Rooms will not be used for teaching purposes.

The medical room at the Prep School is situated directly adjacent to the School office. The room contains:

- a medical examination bed, chair, small fridge
- a defibrillator
- a locked cabinet containing over the counter medication (prescription medicine is usually stored in the fridge)
- a cabinet containing first aid supplies as well as individual and spare asthma inhalers, epi-pens and insulin.
- the accident book, medical consent forms, staff medication book and 'code red' (see below) pupil information.

It has an interconnecting WC with wash-hand basin and bidet. The appointed persons are responsible for ensuring that the medical room is thoroughly stocked and that it is kept clean and tidy.

## **7. Emergency procedures**

If an incident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

Where appropriate, the individual should either be taken immediately to the Medical Room either by an adult or a responsible friend if judged appropriate by the supervising member of staff.

If the condition involves the individual feeling dizzy or unstable then a first aider should be sent for. Under no circumstances should the individual walk to the Medical Room as injury may occur on route. The individual should be laid on the floor of the classroom with their legs raised as necessary.

When contacting a First Aider the member of staff should ask another adult to make contact either in person or by telephone with the school office who will arrange for a first aider to attend. At the Prep School, in the event that there is only one adult present and that person needs to remain with the ill or injured person, they should arrange for one of the pupils to take the red 'Please Come Now' cards (located on the wall by the door of every room and detailing the location) to the school office who will arrange for help.

If called, a first aider will assess the situation and take charge of first aid administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims. Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, a staff member accompanies the pupil in the ambulance and calls the pupil's parent as soon as possible to inform them of the course of action taken. The staff member remains with the pupil at the hospital until a parent arrives. If an ambulance is called, the Ground floor office staff should be notified immediately in order to be able to direct the ambulance crew to the casualty's location.
- Where an ambulance is not required, but medical attention is needed, the pupil is taken to a hospital or doctor in a staff car, accompanied by at least **two** staff members – one to drive the car, and one who is a first aider, to sit with the pupil in the back seat and attend to their medical needs. The pupil's parent is called as soon as possible to inform them that this course of action has been taken, and at least one of the staff members remains with the pupil at the hospital or doctor's office until a parent arrives.
- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The Head.
- The parents of the victim(s).

The school is aware that responding to an incident can be stressful for the first aider, and that following an incident, the first aider may require support. This may take the form of a debrief from any ambulance crew on scene, an appointment with their GP, or mental health support from the School's provider Health Assured or, if preferred, from external helplines and websites located at the bottom of the government page '[Promoting and supporting mental health and wellbeing in schools and colleges](#)'.

## **8. Code Red Pupil Emergency procedures & IHCPs**

For those pupils identified with Code Red medical conditions for which specific emergency procedures might be required, Individual Healthcare Plans (IHPs or IHCPs) will be prepared. These documents detail specific information and medical instructions pertaining to each child's treatment based on a specific diagnosis. These IHPs will be written in full consultation with parents, to which all parties will consent by signing the form. All IHPs are reviewed on an annual basis. Specifically IHCPs will focus on treatments for conditions which sit outside of medically advised standard emergency responses. Examples of this include emergency responses to Asthma and Anaphylaxis, where parents are asked to confirm they are happy with the school following a clearly stipulated response (as displayed in the Medical Room and listed on the IHCPs). Where a pupil should have additional or amended treatment, based on parents information and medical advice, this difference is listed clearly in the IHCP and also on the Code Red Lists.

Once written, IHCPs will be stored digitally on the Shared Drive, and in hard copy in a RED folder in the medical room.

## **9. Reporting accidents, Record keeping and Parent Notification**

Following a head injury (except the most minor), parents are informed by telephone or email.

If any medication has been given, an email is sent to the parent giving details of the date, time and quantity of medication given. The School will telephone parents of pupils in Reception prior to administering any O.T.C medication to confirm that they are happy for us to do so and to confirm whether or not any medication was administered at home prior to coming to school (see [\*\*Administering Medication Policy\*\*](#)).

In the event of incident or injury to a pupil, a parent will be informed as soon as practicable. In the event of a serious injury or an incident requiring emergency medical treatment, the pupil's class teacher will telephone the pupil's parent as soon as possible. Parents will be informed in writing of any injury to the head, whether minor or major.

A list of emergency contacts is kept by the **school office** at both the Prep School and Nursery.

The appointed person will ensure that records are kept of any injuries, accidents or illnesses, as well as any first aid treatment that is given – this will include:

- The date, time and place of the incident.
- The name and class of the injured or ill person.
- Details of the injury or illness and what first aid was given.
- Details of what happened to the person immediately afterwards, e.g. whether they were sent home or went back to class.
- The name and signature of the first aider or person dealing with the incident.

In accordance with our legal responsibility, we maintain an additional central record which is supplementary to any accident books. All of the entries in the accident book are transferred to CPOMS so that a personal

accident history forms part of each child's record and so that any trends can be identified and possible causes rectified.

This information is also used to

- help us to identify accident trends and possible areas for improvement in the control of health and safety risks
- guide us in future first aid needs assessments
- assist in insurance and investigative purposes should the need arise.

The Head will ensure that any injury or accident that must be reported to the HSE or LA under RIDDOR obligations is reported in a timely and detailed manner.

### **Reporting Accidents to the HSE/RIDDOR**

The following accidents must be reported to the HSE:

- Accidents resulting in death or major injury
- Accidents which prevent the injured person from doing their normal work for more than three days.

For definitions of major injuries, dangerous occurrences and reportable diseases see HSE guidance on RIDDOR 1995.

HSE must be notified of fatal and major injuries and dangerous occurrences without delay (eg. by telephone). This must be followed up within ten days with a written report on Form 2508. Other reportable incidents do not need immediate notification, but they must be reported to the HSE within ten days on Form 2508.

An accident that happens to pupils or visitors must be reported to the HSE on Form 2508 if:

- The person involved is killed or is taken from the site of the accident to hospital; and
- The accident arises out of or in connection with work *or*
- It relates to any school activity, both on or off the premise *or*
- It relates to the way a school activity has been organised and managed *or*
- It relates to the design or condition of the premises.

All records will be filed and stored in line with the Records Management Policy. All reportable incidents relating to pupils will be logged on CPOMS using the RIDDOR category.

## **10. Offsite visits and events**

Before undertaking any off site visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

**Any member of staff leaving the building with children, whether to go to the park or on an outing, must take a travelling first aid pack** *(available from the school offices on both sites).*

Travelling first aid packs must contain:

- a leaflet giving general advice on first aid;
- six individually wrapped sterile adhesive dressings;
- one large (approx. 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
- two triangular bandages;
- two safety pins;
- individually wrapped moist cleaning wipes;
- one pair of disposable gloves;
- one mobile telephone (teacher's own).
- **Record cards for any children who have been designated as 'code red' as a result of a medical condition with details of what to do in the event of a medical emergency.**
- **Any specific emergency medical treatment for individual children ie. epi-pens and Ventolin.**

We also advise members of staff that, when going on an outing by coach, a supply of sick bags should be included in the first aid pack. An emergency first aid box is also located in the school minibus in addition to the travelling pack.

When children in the Early Years Foundation Stage (Nursery and Reception) are on an outing, at least one adult accompanying the trip will hold a current paediatric first aid certificate.

Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which contains:

- 10 antiseptic wipes, foil packed.
- 1 conforming disposable bandage that is not less than 7.5cm wide.
- 2 triangular bandages.
- 1 packet of 24 assorted adhesive dressings.
- 3 large sterile unmedicated ambulance dressings that are not less than 15x20cm.
- 2 sterile eye pads, with attachments.
- 12 assorted safety pins.
- 1 pair of non-rusted blunt-ended scissors.

For more information about the school's educational visit requirements, please see the *Educational Visits Policy*.

## 11. Storage of medication

Medicines will be stored securely and appropriately in accordance with individual product instructions, save where individual pupils have been given responsibility for keeping such equipment with them. Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.

Medicine brought in by pupils will be returned to their parents for safe disposal when they are no longer required or have expired.

An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an EpiPen.

Parents will advise the school when a child has a chronic medical condition or severe allergy so that an IHP can be implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis. A disclaimer will be signed by the parents in this regard.



Pupils will have any medication stored and, where appropriate administered, in accordance with their EHC plans and the school's Administering Medication Policy.

At the Prep School, Medicines are stored in a refrigerator in the medical room or in a locked medical cabinet which is out of reach of children in the medical room. Additionally, medication which must be able to be accessed quickly in an emergency and/or which needs to accompany the child when they leave the building is stored in alphabetical order in boxes in the medical room.

At the Nursery, medicines (including epi-pens and inhalers) are stored in the Head's office where there is also a refrigerator for the exclusive use of medicines. Members of staff have the access code for the Head's office so that any emergency medication can be accessed if the Head is not on site and the room is locked.

## 12. Illnesses and allergies

When a pupil becomes ill during the school day, their parent will be contacted and asked to pick their child up as soon as possible.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parent to pick them up. Pupils will be monitored during this time.

Where a pupil has an allergy, this will be addressed via the school's Allergen and Anaphylaxis Policy.

The school will manage any emergencies relating to illnesses and allergies in accordance with the Emergency Procedures section of this policy.

## 13. Hygiene and Infection Control

All parents are asked to read our Infection Control Policy prior to their child joining our School. This contains guidance about how long a child should be kept at home if they are ill to minimise the spread of the illness. If we feel that this policy has not been adhered to by a parent, and a sick or potentially infectious child is sent into School, then we will ask for the child to be collected and kept at home until it is safe for them to return.

**If there is any doubt, we will request confirmation from the child's GP that there is no further risk of infection to other children or staff.**

All staff should take precautions to avoid infection and must follow basic hygiene procedures. **Staff must use single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and when disposing of dressings or equipment.** Wherever possible, staff should also wear disposable aprons. In some circumstances, when airborne infection is a possibility (e.g. flu pandemic), the wearing of a mask will also be appropriate. All staff must have read and be familiar with our policy for the management of HIV/AIDS in schools. *(See our Supporting Pupils with Medical Conditions Policy)*

Body fluid disposal packs are located in the Medical Room at the Prep School and in the understairs cupboard at the Nursery and should be used when dealing with the cleaning up of blood or other body fluids including vomit.

Any additional cleaning cloths used in connection with the above must be disposed of and any mop heads should be thoroughly rinsed, and soaked in Milton disinfectant. The mop and bucket for use **exclusively** in connection with body fluids and blood is **GREEN**. **These can be found outside the car park lobby and in the laundry cupboard on the ground floor at the Prep School and in the cupboard adjacent to the front door at the Nursery.**

**Under no circumstances is the School kitchen to be used for the cleaning of or disposal of anything which has been used in connection with the above. Water in the bucket should be disposed of down the toilet.**

Staff should report any highly infectious diseases (even if they are only suspected and not confirmed) to the Head and School office so that notification can be sent home to parents where appropriate or parents can be contacted and asked to collect their child and seek medical advice. (*see our Infection Control Policy*)

The same applies to the discovery of head lice/nits; staff should report any suspected cases to the School office who will contact the parents. Only in serious cases, or if the parents have previously been informed of an infestation and failed to act, will they be asked to collect the child. In all other cases, parents will be contacted and asked to treat their child in the evening, before returning them to School. Parents of all children in that class will be notified via letter that a case has been identified.

## **14. Consent**

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions – these forms will be updated at the **start** of each school year.

Staff will not act ‘in loco parentis’ in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind – guidelines will be issued to staff in this regard.

For those pupils with Code Red medical conditions for which specific emergency procedures might be required, additional parent consent for their treatment plan will be sought on an annual basis on the Individual Healthcare Plans, held digitally on the Shared Drive, and physically in a RED folder in the Medical Room.

## **Monitoring and review**

This policy will be reviewed **annually** by the SLT and the Principal (for approval by the Board of Advisors), and any changes will be communicated to all members of staff.

## **Appendix 1**

### **Emergency procedure to be followed in school for the use of an AED**

#### **Anyone finding a collapsed individual should shout for help then:**

1. Call 999 and request an ambulance (following the school procedure)
2. Send an adult or a child with a 'Please Come Now' red card to inform the school office staff.

#### **The School Office Staff will:**

1. **Alert the Primary First Aider**
2. Alert the AED trained First Aiders (after school hours they will alert the AED trained First Aider on duty)
3. Send a runner to take the Medical Room AED to the location of the casualty
4. Appoint a member of staff to open the gates and direct the paramedics
5. Check that all the above has been carried out and that an ambulance has been dispatched!

#### **The First Aider/s will make their way immediately to the casualty**

•CPR will be started as soon as it is established that the casualty is unresponsive and non-breathing by the first trained person on the scene. The AED machine will be connected to the casualty as soon as it arrives. (See Resuscitation Council AED algorithm in schedule 3).

•Any First Aiders not directly involved with CPR will assist with:

1. The safety of the casualty
2. Moving away any bystanders
3. Be ready to take over CPR if the other First Aiders become tired
4. Organise for someone to meet the ambulance crew and direct them to the location of the casualty.

A member of the Senior Team will lead the identification of the casualty and will be responsible for contacting the next of kin as soon the situation allows.

## **Automatic External Defibrillator (AED) Procedure**

### **What is an Automatic External Defibrillator (AED)?**

An automated external defibrillator (AED) is a portable electronic device that automatically diagnoses potentially life threatening cardiac arrhythmias in an individual and is able to treat them through defibrillation. Defibrillation is the application of electrical therapy allowing the heart to re-establish an effective rhythm.

### **Overview:**

In the UK approximately 30,000 people sustain cardiac arrest outside hospital each year. Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT). The scientific evidence is overwhelming;

- the delay from collapse to delivery of the first shock is the single most important determinant of survival. If defibrillation is delivered promptly, survival rates as high as 75% have been reported;
- the chances of successful defibrillation decline at a rate of about 10% with each minute of delay;
- basic life support will help to maintain a shockable rhythm, but is not a definitive treatment.

(Resuscitation Council (UK) – The use of Automated External Defibrillators –2010).

### **Children:**

The school AED contains pads which are suitable for an adults and child.

### **Training:**

AED trained staff also hold a First Aid qualification (see Schedule 1 of the First Aid Policy for the current list). Annual AED training is provided for staff in conjunction with First Aid Training by the member of the Senior Management Team in charge of training.

All those trained in the use of an AED will also receive a copy and familiarize themselves with the following document:

<https://www.resus.org.uk/resuscitation-guidelines/>

Reception staff will be trained in their role and responsibilities within this procedure.

### **Location of the AED:**

The School AEDs are located on the rear of the door in the Medical Room.

The AED is powered by a long life battery clearly displayed (green when the battery is fully charged, red when the battery is depleted).

The AED is checked weekly during term time by the Appointed Person.

## **Appendix 2:**

### **First Aid Arrangements for Sporting Activities**

In all cases when sports activities take place off-site, at least one member of staff accompanying the group must be a qualified first aider.

**Sports Staff** are responsible for:

- ensuring that First Aid kits are taken on all home/away matches and also during practice sessions;
- restocking the off-site PE First Aid kits on an ongoing basis, in liaison with the Appointed Person (who will stock the kits at the start of each term and provide supplies for restocking);
- ensuring that they have spare Epi Pens, asthma inhalers and any other medication for pupils who require them on home and away matches and checking that such pupils are also carrying their own medication where appropriate ie. asthma inhalers; and
- liaising with the appointed person to ensure that they have up-to-date awareness and knowledge of the medical needs of the pupils they teach.

All of the sports kit bags contain copies of the 'code red' medical cards for pupils with potentially life-threatening conditions and these give details of those conditions, the action to be taken in the event that the pupil becomes ill and contact details for the parents and any medical professionals who have oversight for their specific care.

All of the sports staff are provided with risk assessments specific to the teaching of each sport and these underpin the teaching and application of all sports at Hurlingham in order to minimize the risk of injury. Sports staff are also made aware of head injury and concussion protocol.

A charged mobile phone is always taken to any off-site sporting activity for use in case of emergency.

Any accidents or medical incidents which occur when sport is being taught both on and off site are recorded in the accident book in the medical room either at the time or as soon as is practical when the teacher returns to school in the case of off-site activities.

Sports staff are responsible for notifying the Appointed person of any first aid supplies contained within the PE First Aid kit bags which have been used off site when they return to school in order to ensure that they are re-stocked.

Parents are advised of any significant injuries or medical incidents either at the time by the member of the sports department present or by the school office as soon as is practical. In the event of any head injuries, parents are always notified by email as well as by telephone whenever possible.

An ambulance will always be called in the event of any injury or medical emergency judged to require immediate professional medical assistance. Staff are made aware of and understand their responsibility to call for an ambulance if they are in any doubt as to the severity of the situation.

## Appendix 3

# Minor head injury assessment

## Section 1 – assessing whether the individual needs urgent medical attention

**You must read this section before proceeding.**

### Part A

This checklist is suitable for the assessment of minor head injuries **only**. If the individual has, or develops, one or more of the following symptoms, they should go to hospital immediately as this can be a sign of something more severe.

One pupil larger than the other	Drowsiness or cannot be woken up
A worsening and/or persistent headache	Persistent weakness and/or numbness
Repeated vomiting and/or nausea	Slurred speech
Convulsions or seizures	Difficulty recognising people or places
Increasing confusion	Unusual behaviour
Unconsciousness	Decreased coordination
Clear fluid coming from their ears or nose	Blood coming from the ears
Bruising behind their ears	Increasing restlessness or agitation

### Part B

Assess whether the individual has any of the following before proceeding. If so, the individual **must** go to hospital for a medical examination.

Been drinking alcohol or taking drugs before the injury	Has a blood-clotting disorder, e.g. haemophilia
Takes any blood-thinning medication	Has had any previous brain surgeries

### Part C

If the individual **does not** have any of the symptoms outlined in part A and none of the complications outlined in part B, the head injury may be considered minor and you can proceed to section 2 below.

If at any point during the assessment the individual displays any of the symptoms in part A, they **must** go to hospital. Do not complete section 2. Complete section 3 when it is appropriate to do so.

## Section 2 – assessment of a minor head injury

<b>Name of individual</b>					
<b>Person type</b>	<input type="checkbox"/> Pupil	<input type="checkbox"/> Staff	<input type="checkbox"/> Visitor	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other
<b>If 'other', please detail</b>					
<b>Class or form (if pupil)</b>					
<b>Job role (if staff)</b>					
<b>Date of assessment</b>					
<b>Start time of assessment</b>					
<b>Assessment conducted by</b>					
<b>Role of assessor</b>					

Use the table below to indicate the severity of a symptom upon arrival, after 15 minutes of observation and after 30 minutes of observation. Use a scale of 0-5, in line with the following:

- 0 – not present at all
- 1 – very mild
- 2 – mild
- 3 – moderate
- 4 – significant
- 5 – severe

**The scale used above is not equivalent to any formal medical assessment scales.**

Indicate in the 'Total time observed' column the amount of time the individual was observed for before either returning to work/school or being sent home/to hospital.

Symptoms	Upon arrival	After 15 minutes	After 30 minutes	Total time observed
<b>The individual:</b>				
Appears dazed or stunned				

Is confused about events				
Repeats questions				
Answers questions slowly				
Cannot recall events prior to the injury				
Cannot recall events after the injury				
Briefly loses consciousness				
Shows behaviour or personality changes				
Complains of a headache or pressure inside the head				
Feels nauseated				
Is vomiting				
Has balance problems				
Is experiencing dizziness				
Feels tired or fatigued				
Has blurred or double vision				
Is sensitive to light				
Is sensitive to noise				
Is experiencing numbness or tingling				
Has difficulty thinking clearly				
Has difficulty concentrating				
Has difficulty remembering in general				
Feels sluggish				
Is irritable				
Is upset				



Is feeling more emotional than usual				
Is nervous				

<b>End time of assessment</b>	
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### Section 3 – resolution

Please tick all the boxes that apply.

The individual has:	Please tick	Time
Returned to work/school		
Been sent home		
Been collected by a parent		
Been sent to hospital		
<b>Additional comments:</b>		

<b>Form completed by (full name)</b>	
<b>Role</b>	
<b>Date</b>	
<b>Time</b>	

Please store this form in line with data protection legislation and keep on file in case it is required by the individual or a medical professional at a later date. If the individual visits the hospital, a copy of this form can be sent with them for reference.