



Heath Mount School

First Aid Policy

Heath Mount School, Hertfordshire

**Independent Day and Boarding School for Boys
and Girls**

April 2024

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1 Introduction

- 1.1 This is the first aid policy of Heath Mount School Trust Ltd (the School). It has been authorised by the Governors of the School. It is available via the School's website and to all staff via the HMS policies folder on the staff hub.

2 Aims

- 2.1.1 to provide a culture of safety, equality, and protection;
- 2.1.2 to ensure that the School has adequate, safe, and effective First Aid provision in order for every pupil, member of Staff and visitor to be well looked after in the event of any illness, accident or injury;
- 2.1.3 to ensure that all Staff and pupils are aware of the procedures in the event of any illness, accident, or injury;
- 2.1.4 To provide a framework for responding to an incident and recording and reporting the outcomes; and
- 2.1.5 to comply with the School's duties to pupils and visitors.

3 Scope and application

- 3.1 This policy applies to the whole School including the Early Years Foundation Stage (**EYFS**).
- 3.2 This policy applies at all times when the pupil is in or under the care of the School:
- 3.2.1 in or at school including in boarding houses;
- 3.2.2 on School-organised trips;
- 3.2.3 at a School sporting event.
- 3.3 This policy shall also apply to pupils at all times and places in circumstances where failing to apply this policy may:
- 3.3.1 affect the health, safety or wellbeing of a member of the School community or a member of the public; or
- 3.3.2 have repercussions for the orderly running of the School.
- 3.4 **Nothing in this policy should prevent any person from contacting the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services.**

4 Legal and regulatory framework

- 4.1 This policy has been prepared to meet the School's responsibilities under:
- 4.1.1 The Education (Independent School Standards) Regulations 2014;
- 4.1.2 Boarding schools: National Minimum Standards (DfE);
- 4.1.3 Health and Safety (First Aid) Regulations 1981;
- 4.1.4 The Management of Health and Safety at Work Regulations 1992;
- 4.1.5 The Management of Health and Safety at Work Regulations 1999;

- 4.1.6 Health and Safety: responsibilities and duties for schools (DfE, December 2023);
 - 4.1.7 Automated External Defibrillators (AEDs): guidance for schools (DfE, December 2023);
 - 4.1.8 Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, March 2015);
 - 4.1.9 Guidance on the use of adrenaline auto-injectors in schools (NHS Choices);
 - 4.1.10 Mental Health and Behaviour in Schools (DfE, November 2018);
 - 4.1.11 Promoting and supporting Mental Health and Wellbeing in Schools and colleges (DfE, May 2022);
- 4.2 This policy has been drafted to comply with the common law and the Health and Safety at work etc. Act 1974 and subsequent regulations and guidance, including the Health and Safety (First Aid) Regulations 1981 regarding an employer's duty to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to an employee in the event of illness or an accident. The policy is further drafted to comply with the School's duties to pupils and visitors, the Equality Act 2010, the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 and the Data Protection Act 2018 and the UK GDPR.

5 **Publication and availability**

- 5.1 This policy is published on the School website and is available in hard copy on request. It is also available to all staff via the policies file on the staff drive and on the noticeboards of the staff rooms. A copy of the policy is available for inspection from the Medical Centre during the School day.

6 **Definitions**

- 6.1 Where the following words or phrases are used in this policy:
 - 6.1.1 References to **Appointed Persons** mean members of staff who are not necessarily qualified First Aiders but who are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required;
 - 6.1.2 References to **FAW** means First Aid at Work. References to **FAS** means First Aid for Schools, References to **EFA** means Emergency First Aid.
 - 6.1.3 References to **First Aid** means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. First Aid does not generally include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack.
 - 6.1.4 References to **First Aiders** mean the members of staff who have completed an approved First Aid course and hold a valid certificate of competence in FAW, Paediatric First Aid, FAS or EFA which meets the requirements of the First Aid Guidance.
 - 6.1.5 References to **First Aid Guidance** is the guidance identified at paragraph 4.1.
 - 6.1.6 References to **First Aid Personnel** means First Aiders or Appointed Persons or both.
 - 6.1.7 References to **PFAW** means Paediatric First Aid at Work.

- 6.1.8 References to **RIDDOR** are to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471).
- 6.1.9 References to **Staff** means any person employed by the School, Governors, volunteers at the School and self-employed people working on School premises.
- 6.1.10 References to **School Medical Team** mean the School Nurse, Matron and Occupational Therapist who are primarily located in the School's Medical Centre. The School Nurse is registered with the Nursing and Midwifery Council and the Occupational Therapist is registered with the Health and Care Professional Council and The Royal College of Occupational Therapists. The School will verify this registration annually.
- 6.1.11 The **Medical Centre** is used for the provision of medical treatment including First Aid, when required and contains essential First Aid facilities and equipment. As far as is possible, the School reserves this room exclusively for giving medical treatment. The Medical Centre is located in the Pavilion to the side of the sports pitches and is clearly signposted and identifiable with a white cross or white writing on a green background.

7 **Responsibility statement and allocation of tasks**

- 7.1 The Board of Governors have overall responsibility for all matters which are the subject of this policy, including responsibility for ensuring there is always adequate and appropriate first aid equipment and facilities as well as an adequate number of First aid trained staff on site.
- 7.2 To ensure the efficient discharge of its responsibilities under this policy, the Proprietor has allocated the following tasks:

Task	Allocated to	When / frequency of review
Keeping the policy up to date and compliant with the law and best practice	Medical Team Compliance Manager / Medical Team	As required, and at least termly
Monitoring the implementation of the policy, relevant risk assessments and any action taken in response and evaluating effectiveness	Bursar	As required, and at least termly
Seeking input from interested groups (such as pupils, staff, parents) to consider improvements to the School's processes under the policy	Medical Team	As required, and at least annually
Maintaining up to date records of all information created in relation to the policy and its implementation as required by the GDPR	Medical Team	As required, and at least termly
Formal annual review	Governing Body	Annually

- 7.3 The Bursar has oversight of the Board of Governors responsibility to:
- 7.3.1 ensure there is adequate First Aid equipment, facilities, and First Aid Personnel available to the School and on site at all times;
 - 7.3.2 ensure that Staff have the appropriate and necessary First Aid training as required and that they have appropriate understanding, confidence, and expertise in relation to First Aid;
 - 7.3.3 ensure that the medical information, and consent forms are up to date for each pupil and that the information is accessible to staff as necessary; and
 - 7.3.4 monitor and carry out regular reviews of the School's systems and management of First Aid and medical welfare, including any trends in accidents, injuries and illnesses at the School, in order to identify whether a change in welfare practice is needed to ensure that the School's First Aid provision is appropriate.
- 7.4 The Bursar may delegate duties as appropriate to the School medical team and other members of staff who have received training in accordance with this policy.

8 **First Aid provision in the School**

- 8.1 The Medical Centre is used for medical treatment, including First Aid, when required during daytime school hours. The Medical Centre contains essential First Aid facilities and equipment.
- 8.2 There will be at least one First Aider in each area of the School when children are present. Also, in the Early Years Foundation Stage (**EYFS**) setting at least one person who has a current Paediatric First Aid certificate must be on the premises at all times when children are present. On trips which include children from the EYFS, there must be at least one person who has a current Paediatric First Aid certificate. On school trips, The School always ensures that there are adequate numbers of trained staff in attendance, with First Aid kits and any other required First Aid equipment. See paragraphs 11 and below and the School's Education Visits and Risk Assessment Policies.
- 8.3 An up-to-date list of First Aiders including those who hold Paediatric First Aid certificates can be found in each Reception area of the School and at Appendix 5 to this policy. First Aid certificates are held on file in the Medical Centre.
- 8.4 The main duties of First Aiders are to give immediate First Aid to pupils, Staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary.
- 8.5 **First Aiders** are to ensure that prompt action is taken where health concerns are identified, and their First Aid certificates are kept up to date through liaison with the school Medical Team.
- 8.6 First Aiders will undergo updated training at least every three years to maintain their qualification.
- 8.7 **All Staff** should:
- 8.7.1 read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid.
 - 8.7.2 use their best endeavours, to secure the health, safety, and welfare of the pupils;

- 8.7.3 Complete accident reports for all incidents where a member of the Medical Team is not called;
- 8.7.4 Inform the Head, their line manager or HR of any specific health conditions or first aid needs.
- 8.8 **Anyone on school premises** is expected to take reasonable care for their own and others' safety and to seek First Aid treatment if necessary.
- 8.9 **Pupils, including boarders** are supported and educated to understand their health needs, how to develop and maintain a healthy lifestyle and make informed decisions about their own health.

9 **First Aid Provision: boarding**

- 9.1 The School has procedures in place for the care of boarders who are unwell and to ensure the physical and mental health and emotional wellbeing of boarders is promoted. These include:
 - 9.1.1 If a boarder is unwell, Matron or the House Parents will determine whether they should remain in the boarding house or be moved to the boarding sick bay which has separate toilet and washing facilities (when necessary to care for the child in question or protect other boarders (e.g.: from contagious conditions) If necessary, parents will be informed. This step is determined on an individual basis. Parents are always informed of any head injuries.
 - 9.1.2 Ensuring any boarders with a medical condition or disability are identified to Matron and the boarding house staff. Appropriate individual provision plans will be shared. All boarding house staff will receive appropriate training to enable them to meet the care needs of boarders.
 - 9.1.3 Ensuring boarding staff follow the School's medication management guide. Emergency medication will be always accessible whilst in the boarding house. Both boarding houses have a locked medicine cupboard containing agreed homely medicines and any prescribed medications brought from the Medical Centre in a locked box each evening and returned in the morning.
 - 9.1.4 Ensuring any medication administered is recorded on the School's Management Information System (MIS) and parents informed.
 - 9.1.5 Reminding boarders via handbooks, notices, and discussions with boarding staff of who they can turn to if they need someone to talk to.
 - 9.1.6 Providing boarders with access to medical or other specialist services as necessary.

10 **Risk Assessment**

- 10.1 The Bursar has overall responsibility for ensuring that the School's First Aid needs are adequately risk assessed and that the relevant findings are implemented, monitored, and evaluated.
- 10.2 The format of risk assessment may vary and may be included as part of the School's overall response to a welfare issue, including the use of individual welfare plans (such as behaviour, Healthcare and Education Plans, as appropriate). Regardless of the form used, the School's approach to pupil welfare will be systematic and pupil focused.
- 10.3 Day to day responsibility to carry out risk assessments will be delegated to the School medical team who have been properly trained in, and tasked with, carrying out the particular assessments required.
- 10.4 Factors which may be taken into account in assessments may include:

- 10.4.1 required First Aid provision for Staff, pupils, and others;
- 10.4.2 any specific first aid, medical or health needs that may affect the School community or its members e.g., those with specific medical conditions or known allergies;
- 10.4.3 the nature of the activities taking place onsite;
- 10.4.4 previous accident records;
- 10.4.5 the likely response time of emergency services;
- 10.4.6 annual leave and other absences of First Aiders; and
- 10.4.7 off-site activities.

11 **First Aid boxes and equipment**

- 11.1 First Aid boxes are marked with a white cross on a green background. The content of the First Aid boxes will be appropriate for use with children and will be determined by the School's First Aid needs assessment and will usually be stocked in accordance with Appendix 2: contents of the First Aid Box.
- 11.2 First Aid boxes are located at various positions around the School site and are as near to hand washing facilities as is practicable. See Appendix 3.
- 11.3 If First Aid boxes, including those in vehicles, are used they should be taken to the School Medical team who will check and replenish the First Aid boxes at this point and otherwise regularly to restock and dispose of items safely once they have reached their expiry date.
- 11.4 All requirements for the First Aid Boxes are supplied by the Medical Team and are regularly stocked at the request of individual departments.
- 11.5 The School also has an emergency anaphylaxis kit which contains adrenaline auto-injectors (**AAIs**) and emergency asthma kits which contain spare inhalers. These are checked on a monthly basis by the Medical Team and are located at the following locations:
 - 11.5.1 **Emergency anaphylaxis kit:** Main Reception. In addition, all pupils in Years 3- 8 who have an AAI, keep two with them at all times. Staff are advised of this during training and reminded at regular intervals. Each AAI held in the School's emergency anaphylaxis kit has a list of pupils (and staff) whose parents have consented to the use of the School's AAI and can be used only on those children in the event of their own AAI being unavailable or faulty.
 - 11.5.2 **Emergency Asthma Kit:** these are kept at Pre-Prep Reception, Lower School Reception, Main School Reception and the Medical Centre. In addition, there are a number of emergency asthma kits in the travelling first aid kits that are used primarily at away sports fixtures. Each kit is checked regularly by the Medical Team and contains a list of those children who suffer from asthma / chest conditions and whose parents have consented to its use if deemed medically necessary.
- 11.6 **Eye wash stations** are positioned in locations where there may be increased risk of injury to the eye (generally the science laboratories / science prep rooms). The location of eyewash stations are identified clearly with signs. Eye wash solutions are sealed bottles of proprietary brand eye wash solutions. Expiry dates of eye wash solutions are included in the regular checking of First Aid kits.
- 11.7 **Automatic External Defibrillator (AED):** the School has an AED on the external wall of the Lower School adjacent to the Performing Arts Centre. AED

training is covered in the first aid training that all staff receive. The AED is checked on a weekly basis. There is a code for the AED casing to ensure that the AED is always available when needed. It is compliant with the AED Guidance for Schools (DfE, December 2023). The following should be noted about its use:

- 11.7.1 The AED should only be used where a person is in cardiac arrest;
 - 11.7.2 If a person is suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR. If possible, a First Aider who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by any person by following the step-by-step instructions on the AED.
 - 11.7.3 The person administering the AED should ensure that the area around the casualty is clear before administering the AED. He or she should then stay with the casualty until the emergency services arrive.
- 11.8 **School minibuses:** The School's minibuses should have a prominently marked First Aid box on board which is readily available for use, and which is maintained in a good condition. The First Aid box should be stocked in accordance with part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078). A list of contents is in the vehicle manual in each minibus. Any use of first aid kits should be reported to the School Medical Team so it can be restocked.

12 **Off-site activities**

- 12.1 First Aid boxes for any off-site activities are kept in the Medical Centre.
- 12.2 School minibuses contain first aid kits as set out at 11.8, above.
- 12.3 When trips and activities take place away from school, first aid requirements will vary according to the nature of the activity and its associated risks. Consideration of first aid requirements for trips is included in the trip risk assessment which will take into account specific pupil medical requirements and first aid provision for any 'specialised activity' and may also specify the level of first aid qualification required. For further information, see the School's Education Visits and Risk Assessment Policies.

13 **Information on pupils**

- 13.1 Staff should never provide pupils and parents with an absolute assurance of privacy and should explain to pupils the importance of sharing information about any medical conditions on a 'need to know' basis.
- 13.2 The School encourages ongoing communication with parents to ensure that the specific needs of pupils in its care are known and met. However, the School balances this against the wishes of pupils who are Gillick competent to consent to or withhold their consent to treatment without involving their parents. The School will balance the pupil's wishes against its overarching duties to safeguard pupils' health, safety, and welfare and to protect pupils from suffering significant harm.
- 13.3 Parents are requested to provide written consent for the administration of First Aid, medical treatment, and medication. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence. In such circumstances, staff will explain to pupils the importance of sharing information on a 'need to know' basis as set out above.
- 13.4 The School Medical Team will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a

pupil's functioning at the School to the Deputy Head (pastoral), class teachers, First Aiders and trip leaders on a 'need-to-know' basis.

- 13.5 A pupil's medical information should be kept confidential. However, where the School considers it necessary to safeguard or promote the pupil's welfare or avert a perceived risk of serious harm to pupils or to other people at the School, and it is considered proportionate to need and level of risk, information may still be shared with staff, parents, medical professionals and external agencies (such as the Local Safeguarding Partner, (LSP) but may be disclosed on a 'need to know' basis.

14 **Procedures for pupils with medical conditions such as asthma, epilepsy etc.**

- 14.1 The information held by the School will include details of pupils who need to have access to asthma inhalers, AAIs, injections or similar and this information should be circulated to teachers and First Aiders. Notices of those children with allergies are displayed on noticeboards in the staff room and kept up to date by the School's Medical Team. Staff are reminded of these requirements and alerted to any changes, via email and updates in staff meetings. Any essential information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School will be shared with those staff who need to know this information. The information will be kept confidential but may be disclosed to the relevant professionals if it is required to safeguard or promote the welfare of a pupil or other members of the School community
- 14.2 Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, at the Medical Centre.
- 14.3 The School has guidance and protocols in place to deal with common medical conditions such as anaphylaxis and asthma. Should any pupils join the School with other conditions, such as epilepsy or diabetes, protocols would be put in place for the needs of those pupils. Copies of the guidance and protocols are available from the School medical team.
- 14.4 **Asthma:** The School adopts the inhalers guidance in respect of the use of emergency salbutamol inhalers and holds stock of salbutamol inhalers which can be used when a pupil is not able to access his or her own inhaler.
- 14.5 **Anaphylaxis:** The School follows the Guidance on the use of Adrenaline Auto-Injectors (AAIs) in schools and holds spare / back up devices which can be used when a pupil is not able to access his / her own AAI.

15 **Procedure in the event of illness**

- 15.1 Pupils, in Year 3 or above, may visit the School Medical Team in the Medical Centre during break or lunch. If a pupil (including one in the EYFS setting) is unwell during lessons, they should inform the member of staff in charge who will assess the situation and decide on the next course of action. Where necessary, the pupil will be accompanied to the Medical Centre. The School Medical Team will provide the First Aid as required and decide on the next course of action.
- 15.2 Staff may visit the School Medical Team as and when necessary, but appropriate cover must be arranged.
- 15.3 The School will discuss with parents the procedures for children who may become ill or infectious and take necessary steps to prevent the spread of infection and illnesses.
- 15.4 If the School Medical Team or a First Aider decides the pupil should go home, either: (a) because they are too unwell to remain in school; or (b) because they are considered to be infectious and present a risk to the School community or (c)

they have received a minor injury which means they can no longer remain in school, the School Medical Team or the First Aider will contact the parent to make the necessary arrangements for the pupil to go home. The pupil will continue to be cared for by the Medical Team or First Aider until their collection.

- 15.5 If a pupil goes home due to ill health or injury, the Medical Team will notify the Form Tutor and ensure the pupil has been signed out at the appropriate Reception if possible. Alternatively, reception staff must be notified.
- 15.6 The School follows the government guidelines for health protection in schools to ensure that pupils in all sections of the school remain as healthy as possible. These guidelines are given to parents in the Parent Handbook and the whole school community is periodically reminded of these guidelines via the School's newsletters and other communications. Details can be found at Appendix 6.

16 **Administration of medicines**

- 16.1 On entry to the School, all parents are given the opportunity to give consent for their child to receive appropriate First Aid and emergency treatment and be given medication from a list of commonly required medications, known as 'homely remedies'.
- 16.2 Before administering homely remedies, consent from the parent/carer should be obtained. The Medical Team or a competent member of staff (as determined by the medical team) should ascertain whether the pupil has had any medications within the last 4-6 hours. The Medical Team/competent member of staff should also check if the pupil has any known allergies and if they have taken the medication before.
- 16.3 When parents bring in medication, they must bring it on the first day to the Medical Centre, handing it to a member of the Medical Team. They must sign the 'Parental Consent Form to give Medication' The Medical Team will then take the medication to the Pre-Prep or Lower School to be stored appropriately. Prep School pupils may attend the Medical Centre for it to be administered.
- 16.4 The School's Medical Standard Operating Procedures for staff set out further guidance on the administration of prescribed and homely medications both within school and on school trips.

17 **Procedure in the event of a medical incident**

- 17.1 If a medical incident occurs, then the member of staff in charge should be consulted. That member of staff will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If necessary, a member of the School Medical Team should be called as soon as possible. Appointed Persons or First Aiders can also be called, if necessary, and should be called if the School Medical Team is not available immediately.
- 17.2 In the event that a First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for the School Medical Team or for an ambulance or making arrangements to transport the injured person to A & E or access other appropriate medical services.
- 17.3 **Ambulances:** If an ambulance is called then the School medical team or First Aider in charge should make arrangements for the ambulance to have access to the accident site. Where necessary GPS co-ordinates should be provided, and arrangements should be made for the ambulance to be met.
- 17.4 Staff should always call an ambulance when there is a medical emergency and / or serious injury, for example, where there is:

- 17.4.1 a significant head injury;
 - 17.4.2 fitting, unconsciousness, or concussion;
 - 17.4.3 difficulty in breathing and / or chest pains;
 - 17.4.4 exhaustion, collapse and / or other signs of an asthma attack;
 - 17.4.5 a severe allergic reaction;
 - 17.4.6 a severe loss of blood;
 - 17.4.7 severe burns or scalds;
 - 17.4.8 the possibility of a serious fracture.
 - 17.4.9 if a member of the School's medical team or the First Aider deems it necessary:
- 17.5 Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of Staff if it is not possible to contact the pupil's parent(s) (or legal guardian(s)) in time.

18 **Hygiene and infection control**

- 18.1 If a spillage of blood or other bodily fluids occurs, the School Medical Team and Household team must be informed. The School Medical Team will then arrange for the proper containment, clear up and cleansing of the spillage site by the Household team.
- 18.2 All Staff should take precautions to avoid infection and to follow basic hygiene procedures (such as regular hand washing).
- 18.3 The First Aider should take the following precautions to avoid risk of infection:
- 18.3.1 cover any cuts and grazes on their own skin with a waterproof dressing;
 - 18.3.2 wear suitable single use disposable gloves when dealing with blood or other bodily fluids;
 - 18.3.3 use suitable eye protection and a disposable apron where splashing may occur;
 - 18.3.4 use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
 - 18.3.5 wash hands after every procedure.
- 18.4 If the First Aider suspects that they or any other person may have been contaminated with blood and / or other bodily fluids which are not their own, the following actions should be taken without delay:
- 18.4.1 wash splashes off skin with soap and running water;
 - 18.4.2 wash splashes out of eyes with tap water or an eye wash bottle;
 - 18.4.3 wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
 - 18.4.4 record details of the contamination;
 - 18.4.5 report incident to the School Medical Team and take medical advice if appropriate.

19 **Mental Health**

- 19.1 The School promotes the mental health and wellbeing of pupils and has appointed the DSL as the Mental Health Lead. The Mental Health Lead has strategic oversight of the School's approach to mental health and in accordance with the appropriate guidance and training resources, will support the School to help improve the wellbeing and mental health of pupils and staff.
- 19.2 Whilst educational staff are well placed to observe pupils day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one, only appropriately trained medical professionals should attempt to make a diagnosis of a mental health condition. School staff are not mental health professionals. Should any member of staff have concerns regarding a pupil's mental health or wellbeing, they should report those concerns to the Mental Health Lead who will share any concerns with the pupil's parents and where appropriate, direct them to the appropriate support services.

20 **Early Years**

- 20.1 The School will ensure compliance with paediatric first aid requirements as set out in the statutory framework for the Early Years Foundation Stage. These requirements are:
 - 20.1.1 at least one person who has a current paediatric first aid certificate must be on the premises and available at all times when children are present, and must accompany children on educational visits;
 - 20.1.2 the certificate must be for a full course with published criteria;
 - 20.1.3 all staff who are newly qualified entrants to the early years workforce who obtained a level 2 or level 3 qualification on or after 30 June 2016 must have a full PFA or emergency PFA certificate within 3 months of starting work as a newly qualified in order to be included in the required staff : child ratios;
 - 20.1.4 the School will take into account the number of children, staff and layout of premises to ensure that a paediatric First Aider is able to respond to emergencies quickly;
 - 20.1.5 in addition to any statutory reporting, the School will keep a written record of accidents or injuries and first aid treatment;
 - 20.1.6 the School will inform parents / carers of any accident or injury sustained by the child and the first aid treatment given on the same day, or if not possible, as soon as practicable.
 - 20.1.7 The School will notify local child protection agencies of any serious accidents or injuries to, or the death of any child while in their care, and act on the advice of those agencies.

21 **First Aid in the sports department**

- 21.1 **Location of first aid equipment:** The Medical Team is responsible for providing First Aid boxes and bags for the relevant sporting areas within the School. The fixed positions are as follows:
 - 21.1.1 Sports Hall – Store cupboard off main hall;
 - 21.1.2 Travelling bags available in Medical Centre.
- 21.2 There are 10 bags which can be used by Staff and team managers for home and away fixtures.
- 21.3 An emergency stretcher and blankets are available in the Swimming Pool Cupboard.

22 **Sports fixtures and training**

- 22.1 A member of the School Medical Team will be available for matches and training that occurs within the school day.
- 22.2 A medical bag should be taken with the travelling team. If an incident occurs, medical treatment should be sought from the visiting school First Aid personnel. If necessary, the pupil should be taken to the nearest casualty department by a member of Staff. Treatment and aftercare should then be followed up by the School Medical Team. Any incident of treatment must be reported to the School medical team on return to School.

23 **Reporting**

- 23.1 In the event of an accident, injury or illness requiring First Aid the relevant First Aider should complete a record of First Aid provision on the School's MIS.
- 23.2 All injuries, accidents and illnesses, however minor, and any first aid treatment provided (including the name of the First Aider involved) must be reported to the School medical team.
- 23.3 All visits to the Medical Centre, injuries and accidents are recorded on the School's MIS.
- 23.4 Any incident where a person is sent to hospital for treatment following an incident at school will be documented in the Accident Book kept in the Medical Centre. Copies of entries are provided to the Bursar who determines the appropriate course of action, including informing the Health and Safety Executive (HSE). Minor injuries, such as, for example, those requiring just a plaster, can be dealt with by a First Aider.

23.5 **Reporting to Parents**

- 23.5.1 Whilst all visits to the Medical Centre are recorded on Isams, Pre-Prep parents are only informed of any first aid administered to their child. In the Prep School, including the lower school, parents are informed, usually by email, of any head injury, however minor. They are also informed of anything that goes beyond basic First Aid if deemed necessary.
- 23.5.2 If an injury, accident or illness occurs offsite, for example on a day or residential trip, staff must alert parents to what has happened either on the trip or immediately afterwards. This should happen in all circumstances, even when the Trip Leader's assessment is that further monitoring and the administration of First Aid is all that is required.
- 23.5.3 In the event of serious accident, injury or illness parents or guardian(s) must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head if necessary.
- 23.6 **EYFS pupils:** The School will inform parents of any accidents or injury or First Aid treatment that is given to pupils in the EYFS setting on the same day or as soon as is reasonably practicable.
- 23.7 The School must notify local child protection agencies, as appropriate, of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given.

24 **Reporting to the Health and Safety Executive (HSE):** Schools are legally required under RIDDOR to report the following to the HSE:

24.1 Accidents involving Staff

- 24.1.1 work related accidents resulting in death or "specified" injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation);
- 24.1.2 work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days;
- 24.1.3 cases of work-related diseases that a doctor has made a written diagnosis that the disease is linked to occupational exposure (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer);
- 24.1.4 certain dangerous occurrences ('near misses') that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - (a) the collapse or failure of load-bearing parts of lifts and lifting equipment;
 - (b) the accidental release of a biological agent likely to cause severe human illness;
 - (c) the accidental release or escape of any substance that may cause a serious injury or damage to health;
 - (d) an electrical short circuit or overload causing a fire or explosion.

25 Accidents involving pupils or visitors

25.1 Serious injuries or accidents must be reported to the School soon as practicable, and parents and guardians will be contacted as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in connection with the Head or a member of SMT if necessary. The Bursar must also be kept informed. The following are examples of reportable accidents:

- 25.1.1 accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:
 - (a) any School activity (on or off the premises);
 - (b) the way a School activity has been organised or managed (e.g., the supervision of a field trip);
 - (c) equipment, machinery, or substances; and / or
 - (d) the design or condition of the premises.

25.2 More information on how and what to report to the HSE, can be found in Incident reporting in schools (accidents, diseases and dangerous occurrences) (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>. It is also possible to report online via the following link: <http://www.hse.gov.uk/riddor/index.htm>.

26 Reporting to others

26.1 The School will ensure that it complies with any other reporting obligations triggered by the accident, injury or illness including, but not restricted to, making a report to the School's relevant insurers, to the Charity Commission and / or to other relevant statutory agencies and / or regulators.

26.2 Safeguarding

- 26.2.1 Where the accident, injury or illness could give rise to potential safeguarding concerns, the procedures in the School's Safeguarding and Child Protection Policy will be followed as appropriate. Staff are reminded to be alert to indicators of sexual violence and female genital mutilation where in each case there are specific procedures under the School's Safeguarding and Child Protection Policy.

27 Training

- 27.1 The School ensures that regular guidance and training is arranged on induction and at regular intervals thereafter so that staff and volunteers understand what is expected of them by this policy and have the necessary knowledge and skills to carry out their roles.
- 27.2 The level and frequency of training depends on the role of the individual member of staff.
- 27.3 The School maintains written records of all staff training.
- 27.4 All staff will be informed of what to do in an emergency, which will include reference to who the designated First Aiders / Appointed Persons are and the identity of those who are trained to administer emergency medication, such as AAI's.
- 27.5 All staff will be reminded of the School's reporting requirements both on and off-site.
- 27.6 Where there are specific training programmes in place, these are set out below:
- 27.6.1 First Aiders will undergo updated training at least every three years to maintain their qualification;
- 27.6.2 Newly qualified entrants must have either a PFA or an EPFA certificate in order to be included in the required staff: child ratios at EYFS level 2 or level 3.

28 Record keeping

- 28.1 The School will keep a record of all First Aid administered under this policy. Every visit to the Medical Centre is recorded on the School's MIS and communicated to parents in accordance with paragraph 23.5.1.
- 28.2 All records created in accordance with this policy are managed in accordance with the School's policies that apply to the retention and destruction of records.
- 28.3 Where there are specific record keeping requirements under this policy, these are set out below:
- 28.3.1 **School accident book:** All injuries, accidents, illnesses and dangerous occurrences (unless very minor in the view of the School Medical Team) must be recorded in the School Accident and Book. The date, time and place of the event or illness must be noted with the personal details of those involved, a brief description of the nature of the event or illness and what First Aid was given. What happened to the injured or ill person immediately afterwards should also be recorded. A copy of the entry from the Accident Book is sent to the Bursar and Estates Manager with the Head also kept informed. Accidents are recorded in the accident book if they occur on or off site in connection with a School activity. Records will be retained in accordance with the School's normal practices. Where there is a risk of a claim, records will normally be retained for at least three years or if the person injured is a minor (under 18), until they are 21.

28.3.2 **Accident to Staff causing personal injury:** The School Medical Team will complete an accident report form in respect of any accident-causing personal injury to Staff and provide a copy of this accident report form to the Bursar. The Bursar will take reasonable steps to investigate the circumstances of such accidents once (s)he receives notice of it. If it is found that there are discrepancies between the information reported and the Bursar's findings, these should also be recorded on the form. These records will be kept by the School Medical Team for at least three years or if the person injured is a minor (under 18), until they are 21.

28.4 The records created in accordance with this policy may contain personal data. The School's use of this personal data will be in accordance with data protection law. The School has a number of privacy notices which explain how the School will use personal data about pupils, parents and staff. The privacy notices are published on the School's website. In addition, staff must ensure that they follow the School's data protection policies and procedures when handling personal data created in connection with this policy.

29 **Monitoring and Review**

22.1 The Bursar will monitor the implementation of this policy to identify areas for improvement and training needs.

22.2 Accidents are reviewed by the Senior Management Team and the Health and Safety Committee as follows:

29.1.1 On a weekly basis when consideration is given to any actions required to prevent reoccurrence.

29.1.2 On a half-termly basis at the Health and Safety Committee meetings to consider any patterns of recurring accidents (e.g.: the nature of accidents or specific locations or activities) which might require further investigation.

22.2.1 The Health and Safety Committee report to the Buildings and Infrastructure Committee of the Governing Board.

22.2.2 All the monitoring steps will feed into the (at least) annual First Aid Risk Assessment. The information may help identify training or other needs and be useful for investigation or other purposes.

Governors' Committee Normally reviewing	Buildings and Infrastructure Committee
Effective from	April 2024
Date of next review	April 2025
Person responsible for Implementation and Monitoring	Bursar
Related Policies and Procedures	Child Protection and Safeguarding Policy Health and Safety Policy Risk Assessment Policy Educational Visits Policy

Appendix 1 Minibus First Aid contents list

Part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078)

First aid leaflet

Resuscitation face shield

10 cleaning wipes

1 conforming bandage (not less than 7.5cm wide)

2 Triangular bandages

30 assorted adhesive dressings (including 2 medium sized wound dressings

2 large sized wound dressings)

3 large ambulance dressings

2 sterile eye pads

12 safety pins

1 pair blunt-ended scissors

Disposable gloves – 3 pairs

2 x foil blankets

Yellow bag for contaminated waste

Appendix 2 Contents of First aid kit

(In school)

First aid leaflet

Face Shield

20 plasters

2 medium sized wound dressings

2 large sized wound dressings

12 cleaning wipes

2 bandages

6 safety pins

1 sling

6 sterile water pods

2 Sterile gauze packs

Disposable gloves – 3 pairs

Travelling First aid kit contents list

First aid leaflet & Rescue breaths face shield

20 plasters

2 medium sized wound dressings

2 large sized wound dressings

12 cleaning wipes

2 ambulance dressings

6 safety pins

1 sling

6 sterile water pods

2 sterile gauze packs²

cold packs

Foil blanket

Disposable gloves – 3 pairs

Yellow bags for contaminated waste

Appendix 3 Location of First Aid Kits and Eye Wash Stations

PREP

Basement - Science Prep Room + Eye wash
Basement – Chemistry room + eye wash
Basement – Food tech
Basement - DT
Basement - Art Room
Ground floor - Reception + Anaphylaxis/ Asthma/ Meds
Ground floor - School Kitchen
Mezzanine – laundry room
Middle floor – Boy’s boarding
Middle floor – Photocopying room
Top floor – Photocopier area
LOWER SCHOOL – Reception area
Sports Hall – Cupboard off main hall
Swimming Pool

PRE PREP

Nursery – cupboard above sink
Reception desk - & asthma/Meds
Outdoor trip cupboard
Outdoor play bag
Kitchen
Forest school

RIVER HOUSE

Meds cupboard

OTHER

Compound + Eye wash
Minibus CV10 KLP
Minibus CV10 NTX
Minibus GV61 HHR
Minibus YB57 FBA
Minibus WV07 VO

Appendix 4 Guidance and protocols for specific medical conditions

- a) Anaphylaxis
 Source: <http://www.nhs.uk/conditions/Anaphylaxis/Pages/Introduction.aspx>
 - b) Asthma
 Source: <http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspx>
 - c) Diabetes
 Source: <http://www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx>
 - d) Epilepsy etc.
 - e) Source: <http://www.nhs.uk/Conditions/epilepsy/Pages/treatment.aspx>.
 - f) [Automated External Defibrillators \(AEDs\) Guidance for schools
\(publishing.service.gov.uk\)](http://publishing.service.gov.uk)
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Appendix 5:

First Aid at Work – 3 day course

Paediatric First Aid – 12 hour course

First aid for schools (FAS) – 6 hour course includes paediatric basic life support

Emergency First Response(EFA) – 3 hour course includes paediatric basic life support

First Aid at Work (3 day)

Cathy Sperring	15/09/2024
Nick Farrow	22/01/2027

Paediatric First Aid (2 day)

Name	Date Due for renewal
Holly Spowart	04/27
Kate Jackson	04/27
Chrissie Bevan	05/01/27
Ciara Munnelly	04/27
Dawn Nightingale	04/27
Sophie Brace	04/27
Lianne HS	05/01/27
Sandy Dakakni	05/01/25
Natalie Cook	05/01/25
Sam Harvey	05/01/25
Anna Taylor	05/01/25
Jenny Larroude	05/01/25
Becky Shenton	05/01/27
Alison Genovese	04/27
Chloe Emmerson	05/01/27
Jo Jones	16/05/25
Lucy Macdonald	06/01/25
Cariad Cowley	05/01/25
Jonny Spowart	05/01/25
Patrick Nightingale	05/01/25
Bethany Cutmore	05/01/25
Doug Kimberley	05/01/25
Michelle Collingwood	24/01/26
Elizabeth McAllister	01/26
Caitlin Rump	05/01/27
Danielle Merry	05/01/27
Tracey Gawthorne	05/01/27
Bethany Fisher	05/01/27
Haris Sullivan	05/01/27
Kerry Adams	05/01/27
Carlton Ferrett	05/01/27
Michelle Sturgess	05/01/27

Jo Prior	04/27
Elaine Jones	04/27
Sophie Meister	04/27
Ryan Stevenson	04/27
Jessica Taylor	03/25
Wendy Couldridge	04/27
Clarissa Schilling	04/27
Chloe Bungey	04/27
Frances Paxman	04/27
Charlie Preston	12/25
Lauren Arnold	01/25

First Aid for Schools HSE compliant/Emergency Paediatric first aid (6 hours)

Mike Naylor	6 hour Paeds 04/01/26
Bronya Brown	03/09/24 EPFA
Joe Elliot	03/09/24 EPFA
Jessica Alsford	14/4/26 EPFA
Lisa Beskeen	03/09/24 EPFA
Michelle Green	03/09/24 EPFA
John Russell	03/09/24 EPFA
Katie Strickland	03/09/24 EPFA
Liz Hammond	05/01/25 EPFA
Mike Dawes	6 hour Paeds 04/01/26
Ed Bowden	6 hour Paeds 04/01/26
Nicola Butt	6 hour Paeds 04/01/26
Holly Brigden	14/04/26 EPFA
Zoe Hollington	14/04/26 EPFA
Juliette Mayne	14/04/26 EPFA
Isabel Heard	14/04/26 EPFA
Annette Sheffield	14/04/26 EPFA
Lee Beskeen	6 hour Paeds 04/01/26
Rebecca Archer	6 hour Paeds 04/01/26
Rachel Godman	6 hour Paeds 04/01/26
Quintin Armstrong	6 hour Paeds 04/01/26
Leanne Rewcastle	6 hour Paeds 04/01/26
Hannah Tyrell	05/01/25 EPFA
Rebecca Stacey	20/04/24 EPFA
Nikki Macciochi	04/01/27 EPFA
Jane Parfitt	04/01/27 EPFA
Robert Fisher	6 hour Paeds 04/01/26
Lotte Clapp	6 hour Paeds 04/01/26

EFA (2.5 hours)

Chau-Ling Chan	07/09/25
Tracey Brown	07/09/25
Lizzy Dowton	04/25
Lou Cook	04/25
Sarah Caplan	04/25
Victoria Steward	04/25
Lyndsey Horncastle	09/25
Ellie Catt	09/25
Caroline Morter	07/09/25
Ricky Tsigarides	04/25
Rachael Harris	07/09/25
Tania Phipps	07/09/25
Adelaide Fiddes	04/26
Leigh Allan	07/09/25
Jo Morgan	07/07/25
Catherine Handysides	07/09/25
Joan Bell	07/09/25
Helen Baxter-Shelton	09/25
Kalin Margetts	07/09/25
Barbara Panico	07/09/25
Sydney Gregson	07/09/25
Caroline Edwards	07/09/25
Jonathan Brown	04/25
Libby Morter	04/25
Dan Mustone	04/25
Chris Thorpe	04/25
Sarah Mann	04/25
Natasha Greenidge	09/25
Fiona Clark	14/04/26
Alison Downes	14/04/26
Ciara Saw	14/04/26 = FAS 6 hour theory
Nick Batchelor	14/04/26
Claire Phillips	14/04/26
Phillipa Beck-Evans	14/04/26
Jo Crane	14/04/26
Karen Stewart	14/04/26
Kelly Boulton	14/04/26 + 6 Hours FAS theory
Jay Pickles	14/04/26
Kryisia Neau	14/04/26 + 6 hour FAS theory
Linda Dennis	14/04/26
Nicola Scatchard	14/04/26
Kate Harrison	14/04/26
Jane Desborough	14/04/26
Emily Cooper	14/04/26
Alison Wood	14/04/26
Tania Durrant	14/04/26
Jake Marston	14/04/26 + 6 Hours FAS theory
Vicky Roos	14/04/26 + 6 hours FAS theory
Paulo Blanco Soto	04/25
Rebecca Pryor	04/25
Chris Gillam	01/27 6 hour FAS theory online.
Alex Smith	01/26 6 hour FAS theory online

Appendix 6: Information for parents and families regarding infection control at Heath Mount School

Based on *guidelines by GOV.UK Health protection in schools and other childcare facilities*
 All children become ill from time to time. To make sure that our pupils in all sections of the School remain as healthy as possible while at school it is sometimes necessary for us to ask you to keep your child away from school if they become ill with certain conditions. Please see the table below. The School Nurse/Occupational therapist will be happy to discuss any concerns you have.

Condition	Recommended period to be kept away from school	Comments
Diarrhoea and Vomiting Illness	48 hours from last episode of diarrhoea or vomiting	
'Flu' (Influenza)	Until recovered	Please alert the school
Chicken Pox	Until all vesicles have crusted over	Please alert the school
Hand foot and mouth	None	If large numbers are reported, it may be necessary for those effected to stay off school
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Molluscum Contagiosum	None	Keep areas covered with clothes as much as possible, wear a waterproof dressing for swimming
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	Please alert the school
Warts and Verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Conjunctivitis	None	
Head lice	None	See separate leaflet for diagnosis and treatment details
Scarlet fever	Children can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child