



Heath Mount School

First Aid Policy

Heath Mount School, Hertfordshire

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

February 2020

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1 **Aims**

- 1.1 This is the first aid policy of Heath Mount School Trust Ltd (**the School**).
- 1.2 The aims of this policy are as follows:
 - 1.2.1 to provide a culture of safety, equality and protection;
 - 1.2.2 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;
 - 1.2.3 to ensure that all Staff and pupils are aware of the procedures in the event of any illness, accident or injury.

2 **Scope and application**

- 2.1 This policy applies to the whole School including the Early Years Foundation Stage (**EYFS**).
- 2.2 The policy has been prepared in accordance with DfE Guidance on First Aid in Schools. It is designed to comply with the common law and the Health and Safety at Work etc. Act 1974 and subsequent regulations and guidance to include 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 employees in the event of illness or accident.
- 2.3 This policy also aims to comply with the School's duties to pupils and visitors.
- 2.4 This policy applies at all times when the pupil is in or under the care of the School, that is:
 - 2.4.1 in or at school including in boarding houses;
 - 2.4.2 on School-organised trips;
 - 2.4.3 at a School sporting event.
- 2.5 This policy shall also apply to pupils at all times and places in circumstances where failing to apply this policy may:
 - 2.5.1 affect the health, safety or well-being of a member of the School community or a member of the public; or
 - 2.5.2 have repercussions for the orderly running of the School.
- 2.6 **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.**

3 **Regulatory framework**

- 3.1 This policy has been prepared to meet the School's responsibilities under: Education (Independent School Standards) Regulations 2014;
 - 3.1.1 *Boarding schools: national minimum standards* (Department for Education (**DfE**), April 2015);
 - 3.1.2 *Statutory framework for the Early Years Foundation Stage* (DfE, March 2017);

- 3.1.3 Education and Skills Act 2008;
 - 3.1.4 Children Act 1989;
 - 3.1.5 Childcare Act 2006;
 - 3.1.6 Equality Act 2010;
 - 3.1.7 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013;
 - 3.1.8 Data Protection Act 2018 and General Data Protection Regulation (**GDPR**);
 - 3.1.9 Health and Safety at Work etc. Act 1974;
 - 3.1.10 Health and Safety (First-Aid) Regulations 1981.
- 3.2 This policy has regard to the following guidance and advice:
- 3.2.1 Health and Safety: responsibilities and duties for schools (2018);
 - 3.2.2 Automated external defibrillators (AEDs): a guide for schools (DfE, September 2018);
 - 3.2.3 Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, March 2015);
 - 3.2.4 Guidance on the use of adrenaline auto-injectors in schools (NHS Choices);
 - 3.2.5 Guidance on first aid for schools (DfE, February 2018);
 - 3.2.6 Incident reporting in schools (accidents, diseases and dangerous occurrences): guidance for employers (Health and Safety Executive (HSE) EDIS1 (revision 3), October 2013);
 - 3.2.7 First aid at work: the Health and Safety (First-Aid) Regulations 1981 guidance on Regulations (2013);
 - 3.2.8 Workplace first aid kits. Specification for the contents of workplace first aid kits, BS 8599-1:2011, (2011).
- 3.3 The following School policies, procedures and resource materials are relevant to this policy:
- 3.3.1 data retention;
 - 3.3.2 procedures for pupils with medical conditions such as asthma, epilepsy, diabetes etc.;
 - 3.3.3 procedure in the event of illness;
 - 3.3.4 procedures in the events of an accident or injury;
 - 3.3.5 hygiene and infection control.

4 Publication and availability

- 4.1 This policy is published on the School website and is available in hard copy on request.
- 4.2 It is also available to all staff via the policies file on the staff drive and on the noticeboards of the staff rooms.

- 4.3 A copy of the policy is available for inspection from the Medical Centre during the School day.

5 Definitions

- 5.1 Where the following words or phrases are used in this policy:

- 5.1.1 References to the **Proprietor** are references to the Board of Governors;
- 5.1.2 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;
- 5.1.3 References to **FAW** means First Aid at Work. References to **FAS** means First Aid for Schools, References to **EFA** means Emergency First Aid.
- 5.1.4 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. For the avoidance of doubt, First Aid does not 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.
- 5.1.5 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.
- 5.1.6 References to **First Aid Guidance** is the guidance identified at paragraph 3.2.
- 5.1.7 References to **First Aid Personnel** means First Aiders or Appointed Persons or both.
- 5.1.8 References to **PFAW** means Paediatric First Aid at Work.
- 5.1.9 References to **RIDDOR** are to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471).
- 5.1.10 References to **Staff** means any person employed by the School, volunteers at the School and self-employed people working on School premises.
- 5.1.11 References to **School Doctor** means a Doctor who is contracted to provide medical services to pupils at the School and who is / are responsible for medical supervision.
- 5.1.12 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.
- 5.1.13 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.

6 Responsibility statement and allocation of tasks

- 6.1 The Proprietor has overall responsibility for all matters which are the subject of this policy.
- 6.2 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	Gina Cornish / Jo Jones / Rachael Harris	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	Gina Cornish / Jo Jones	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	Gina Cornish / Jo Jones	As required, and at least termly
Formal annual review	Governing Body	Annually

- 6.3 The Bursar has oversight of the administration of First Aid within the School, including:
- 6.3.1 ensuring that there is adequate First Aid equipment, facilities and First Aid Personnel available to the School and on site at all times;
 - 6.3.2 ensuring 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;
 - 6.3.3 ensuring that the medical information and consent forms and up to date medical information for each pupil is collated and that the forms and information are accessible to staff as necessary;
 - 6.3.4 monitoring and carrying 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.
- 6.4 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.

7 First Aid provision in the School

- 7.1 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.
- 7.2 There will be at least one First Aider on each school site 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 outings including children from the EYFS there must be at least one person who has a current paediatric First Aid certificate.
- 7.3 An up to date list of First Aiders including those who hold paediatric First Aid certificates can be found in each staff room and on each reception desk.
- 7.4 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. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the school medical team.
- 7.5 First Aiders will undergo updated training at least every three years to maintain their qualification.
- 7.6 All Staff should 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. All Staff will use their best endeavours, at all times, to secure the well-being and welfare of the pupils.

8 First Aid Provision: boarding

- 8.1 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:
- 8.2 Arrangements for boarders who are unwell. Matron or the House parents will determine whether a boarder should remain in the boarding house or be moved to the boarding sick bay. If necessary, they will inform parents. This step is determined on an individual basis.
- 8.3 Any boarders with a medical condition or disability will be 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.
- 8.4 Boarding staff follow the School's medication management guide. Emergency medication will be accessible at all times 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.
- 8.5 Any medication administered will be recorded on the School's MIS and parents informed.
- 8.6 Boarders are regularly reminded via handbooks, notices and discussions with boarding staff of who they can turn to if they need someone to talk to.
- 8.7 If deemed necessary for infection control, both boarding houses can accommodate unwell boarders in suitable accommodation with separate toilet and washing facilities.
- 8.8 Boarders also have access to medical or other specialist services as necessary.

9 Risk assessment

- 9.1 The Bursar has overall responsibility for ensuring that the School's first aid needs are adequately risk assessed and for ensuring that the relevant findings are implemented, monitored and evaluated.
- 9.2 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.
- 9.3 Factors which may be taken into account in assessments may include:
 - 9.3.1 required First aid provision for Staff, pupils and others;
 - 9.3.2 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;
 - 9.3.3 the hazards and risks associated with the School's operations and activities;
 - 9.3.4 any changes to the School's activities or operations;
 - 9.3.5 any relevant history of accidents;
 - 9.3.6 the remoteness of the School site from emergency medical services;
 - 9.3.7 annual leave and other absences of First aiders.

10 First Aid boxes

- 10.1 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 Kit.
- 10.2 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.
- 10.3 If First Aid boxes are used, they should be taken to the School Medical team who will ensure that the First Aid box is properly re-stocked. The medical team will examine the First Aid box(es) at this point and otherwise regularly in order to dispose of items safely once they have reached their expiry date.
- 10.4 All requirements for the First Aid kits are supplied by the Health Centre and are regularly stocked at the request of individual departments.
- 10.5 The School also has an emergency anaphylaxis kit which contains adrenaline auto-injectors (**AAIs**) and emergency asthma kits which contain spare inhalers which are located at the following locations:
 - 10.5.1 Emergency anaphylaxis kit: Main Reception. In addition, pupils in Years 3-8 who have an AAI, keep one with them and their spare AAI at the main school Reception. All Pre-prep children have two AAI's with them at all times. Staff are advised of this during training and reminded at regular intervals.
 - 10.5.2 Emergency Asthma Kit: Pre prep reception, Lower school reception, Main reception and Medical Centre. Additionally, there are a number of emergency asthma kits in the Travelling first aid kits that are used primarily away matches.
- 10.6 Eye wash stations are positioned in locations where there may be increased risk of injury to the eye. 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.

- 10.7 **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.

11 **Off-site activities**

- 11.1 First Aid boxes for any off-site activities are kept in the Medical Centre.
- 11.2 School minibuses contain first aid kits as set out at 10.6 above.
- 11.3 When 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. Where differing risks are to be encountered (e.g.: trips abroad) then additional advice may need to be sought. For further information, see the School's Education Visits and Risk Assessment Policies.

12 **Information on pupils**

- 12.1 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.
- 12.2 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 and First Aiders on a "need-to-know" basis. This information should be kept confidential but may be disclosed on a need-to-know basis where necessary to safeguard or promote the pupil's welfare or to avert a perceived risk of serious harm to pupils or to other persons at the School.

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

- 13.1 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.
- 13.2 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
- 13.3 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.

- 13.4 The School has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma, epilepsy and diabetes. Copies of the guidance and protocols are available from the School medical team.
- 13.5 **Asthma:** the School adopts the inhalers guidance in respect of the use of emergency salbutamol inhalers and holds stock salbutamol inhalers which can be used when a pupil is not able to access his or her own inhaler.
- 13.6 **Anaphylaxis:** The School adopts 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.
- 14 Procedure in the event of illness**
- 14.1 Pupils 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, then they should consult 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 see the School Medical team in the Medical Centre. The School Medical team will provide the First Aid as required and decide on the next course of action.
- 14.2 Staff may visit the School Medical team as and when necessary, but appropriate cover must be arranged.
- 14.3 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.
- 14.4 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 of First Aider until their collection.
- 14.5 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.
- 14.6 The School follows the government guidelines for health protection in schools to ensure that pupils in all sections of the schools 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 Schools newsletters and others communications. Details can be found at Appendix 6.
- 15 Administration of Medicines**
- 15.1 On entry to the School, all parents are given the opportunity to 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'.
- 15.2 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.

- 15.3 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 it to then Pre-Prep to be stored appropriately. Prep School pupils may attend the Medical Centre for it to be administered.
- 15.4 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 trips.
- 16 Procedure in the event of an accident or injury**
- 16.1 If an accident 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, the School Medical Team should be called as soon as is 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.
- 16.2 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.
- 16.3 **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.
- 16.4 Staff should always call an ambulance when there is a medical emergency and / or serious injury.
- 16.5 Examples of medical emergencies may include:
- 16.5.1 a significant head injury;
 - 16.5.2 fitting, unconsciousness or concussion;
 - 16.5.3 difficulty in breathing and / or chest pains;
 - 16.5.4 exhaustion, collapse and / or other signs of an asthma attack;
 - 16.5.5 a severe allergic reaction;
 - 16.5.6 a severe loss of blood;
 - 16.5.7 severe burns or scalds;
 - 16.5.8 the possibility of a serious fracture.
- 16.6 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.
- 17 Hygiene and infection control**
- 17.1 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.

- 17.2 All Staff should take precautions to avoid infection and to follow basic hygiene procedures (such as regular hand washing).
- 17.3 The First Aider should take the following precautions to avoid risk of infection:
 - 17.3.1 cover any cuts and grazes on their own skin with a waterproof dressing;
 - 17.3.2 wear suitable single use disposable gloves when dealing with blood or other bodily fluids;
 - 17.3.3 use suitable eye protection and a disposable apron where splashing may occur;
 - 17.3.4 use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
 - 17.3.5 wash hands after every procedure.
- 17.4 If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:
 - 17.4.1 wash splashes off skin with soap and running water;
 - 17.4.2 wash splashes out of eyes with tap water or an eye wash bottle;
 - 17.4.3 wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
 - 17.4.4 record details of the contamination;
 - 17.4.5 report the incident to the School Medical Team and take medical advice if appropriate.

18 **First Aid in the physical education department**

- 18.1 **Location of first aid equipment:** The department is responsible for providing First Aid boxes and bags for the relevant sporting areas within the School. The fixed positions are as follows:
 - 18.1.1 Sports Hall – Store cupboard off main hall
 - 18.1.2 Travelling bags available in Medical Centre
- 18.2 There are 6 bags which can be used by Staff and team managers for home and away fixtures.
- 18.3 An emergency stretcher and blankets are available in the Swimming Pool Cupboard.
- 18.4 **Sports fixtures and training:**
 - 18.4.1 A member of the School Medical Team will be available for matches and training that occurs within the school day.
 - 18.4.2 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.

19 Reporting

- 19.1 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 Management Information System.
- 19.2 All moderate injuries, accidents and illnesses must be reported to the School Medical Team. There is an accident book in the Medical Centre for use. Copies of which are sent to the Bursar. Health and Safety Executive (**HSE**) are kept informed as necessary. Minor injuries can be dealt with by the First aider and he /she is responsible for ensuring that the accident is appropriately documented.
- 19.3 Where the accident, injury or illness could give rise to potential safeguarding concerns, the School's child protection and safeguarding policies and procedures will be followed as appropriate. Staff are particularly reminded to be alert to indicators of sexual violence and female genital mutilation where in each case there are specific reporting procedures under the School's safeguarding and child protection policy.
- 19.4 **Reporting to Parents:** 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.
- 19.5 **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.
- 19.6 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.
- 19.7 **Reporting to HSE:** Schools are legally required under RIDDOR to report the following to the HSE:

19.7.1 Accidents involving Staff

- (a) 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); or
- (b) work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or
- (c) cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
- (d) certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

19.7.2 Accidents involving pupils or visitors

- (a) 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:
 - (i) any School activity (on or off the premises);

- (ii) the way a School activity has been organised or managed (e.g. the supervision of a field trip);
- (iii) equipment, machinery or substances; and / or
- (iv) the design or condition of the premises.

19.7.3 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>.

19.7.4 Reporting to others

- (a) 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.

20 **Automated external defibrillators (AEDs)** The School's AED is located on the lower school wall, outside of the PAC.

- 20.1 The AED should only be used where a person is in cardiac arrest.
- 20.2 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.
- 20.3 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.

21 Training

- 21.1 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.
- 21.2 The level and frequency of training depends on role of the individual member of staff.
- 21.3 The School maintains written records of all staff training.
- 21.4 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.
- 21.5 Where there are specific training programmes in place, these are set out below:
 - 21.5.1 First aiders will undergo updated training at least every three years to maintain their qualification.
 - 21.5.2 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.

22 Record keeping

22.1 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.

22.2 Where there are specific record keeping requirements under this policy, these are set out below:

22.2.1 **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 illness book. The date, time and place of the event or illness must be noted with the personal details of those involved with 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.

22.2.2 **Accident report form:** The School Medical Team will fill in an accident report form for every serious or significant accident that occurs on or off the School site if in connection with the School's activities. The School will keep a written record of **all** accidents or injuries and First Aid treatment provided. Accident report forms will be kept by the School Medical Team with the School accident book. Records will be retained in accordance with the School's normal practices. Where there is a risk of 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.

22.2.3 **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.

22.3 The records created in accordance with this policy may contain personal data. 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. This includes the School's data protection policy and information security policy.

23 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:

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

22.2.2 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.

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

22.2.4 All of 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 investigate or other purposes.

Governors' Committee Normally reviewing	Buildings and Infrastructure Committee
Effective from	Feb 2020
Date last formally approved	24 February 2020
Date of next review	Feb 2021
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

24 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

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 packs.

2 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
Compound + Eye wash
Minibus CV10 KLP
Minibus CV10 NTX
Minibus GV61 HHR
Minibus YB57 FBA
Minibus WV07 VOF
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

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.

Source: <http://www.nhs.uk/Conditions/epilepsy/Pages/treatment.aspx>.

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) – 2.5-hour course includes paediatric basic life support

First Aid at Work (3 day)

Cathy Sperring	16/11/2021
Chris Thorpe	16/11/2021
Nick Farrow	25/04/2021

Paediatric First Aid (2 day)

Name	Date Due for renewal
Mandy Bastin	(14/12/20)
Holly Spowart	(14/12/20)
Kate Jackson	(14/12/20)
Chrissie Bevan	(14/12/20)
Caroline Morter	(14/12/20)
Dawn Nightingale	(14/12/20)
Sophie Brace	(14/12/20)
Sam Irons	(14/12/20)
Claire Conquest	(14/12/20)
Lianne HS	(14/12/20)
Cathy Sperring	(14/12/20)
Sandy Dakakni	(10/01/22)
Maria Gibilaro	(10/01/22)
Natalie Cook	(10/01/22)
Karen Dunn	(10/01/22)
Sam Harvey	(10/01/22)
Anna Taylor	(10/01/22)
Jenny Larroude	(10/01/22)
Georgina Bullen	(03/02/20)
Becky Shenton	(21/10/20)

First Aid for Schools HSE compliant (6 hour)

Rebecca. S	(20/4/20)
Chloe. E	(20/4/20)
Kerry. D	(20/4/20)
Jane. P	(20/4/20)
Alison. W	(20/4/20)
Linda. C	(20/4/20)
Jonathan. B	(20/4/20)
Patrick. N	(20/4/20)
Mike Naylor	(10/12/21)
Bronya Brown	(10/12/21)
Frances Paxman	(10/12/21)
Joe Elliot	(10/12/21)
Jordan Boyingdon	(10/12/21)
Michelle Green	(10/12/21)
John Russell	(10/12/21)
Sara Stitchbury	(10/12/21)
Jo Prior	(10/12/21)
Liz Hammond	(29/03/22)
Michelle Kent	(29/03/22)
Chau- Ling Chan	(29/03/22)
Tracey Brown	(29/03/22)
Chloe Harvey	(29/03/22)
Michelle Sturgess	(29/03/22)
Simon Pay	(29/03/22)
Adrienne Ferguson	(29/03/22)
Graham Dill	(29/03/22)
Nikki Macciocchi (Emerg Paed first aid)	(31/10/20)
Mike Dawes	(03/09/22)
Hannah Scott	(03/09/22)
Ed Bowden	(03/09/22)
Nicola Butt	(03/09/22)
Julia Skrebels	(03/09/22)
Michelle Greer	(03/09/22)
Cassie White	(03/09/22)
Lee Beskeen	(03/09/22)
Quintin Armstrong	(03/09/22)
Leanne Rewcastle	(03/09/22)

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