



Heath Mount School

First Aid Policy

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1. Introduction

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. This policy applies to the whole School including the Early Years Foundation Stage (EYFS).

2. Aims

- to provide a culture of safety, equality, and protection;
- 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;
- to ensure that all Staff and pupils are aware of the procedures in the event of any illness, accident, or injury;
- To provide a framework for responding to an incident and recording and reporting the outcomes; and
- to comply with the School's duties to pupils and visitors.

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. Definitions

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 **School Medical Team** is made up of 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.

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.

4. First Aid provision in the School

First Aiders The School medical Team and the Bursar, are responsible for ensuring that the School has the minimum number of First Aid trained staff. This includes at least one first aider in each area of the school when children are present. In addition, at least one member of staff with a Paediatric First Aid Certificate must be on site when EYFS children are present. A list of these staff is held and maintained by the school nursing team and displayed throughout the school.

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 their First Aid certificates are kept up to date through liaison with the school Medical Team.

First Aiders will undergo updated training at least every three years to maintain their qualification.

The school medical team, the Bursar and HR will decide what type of first aid training staff require; Emergency First Aid at Work (EFAW), Paediatric Emergency First Aid (EPFA), Paediatric First Aid, Emergency First Aid (EFA) or Emergency First Aid at Work - Sports (EFAW Sports)

5. First Aid Provision: boarding

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:

- 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 in the Medical Centre 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.
- 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.
- 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.
- Ensuring any medication administered is recorded on the School's Management Information System (MIS) and parents informed.

- Reminding boarders via handbooks, notices, and discussions with boarding staff of who they can turn to if they need someone to talk to.
- Providing boarders with access to medical or other specialist services as necessary.

6. Risk Assessment

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.

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.

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.

Factors which may be taken into account in assessments may include:

- required First Aid provision for Staff, pupils, and others;
- 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;
- the nature of the activities taking place onsite;
- previous accident records;
- the likely response time of emergency services;
- annual leave and other absences of First Aiders; and
- off-site activities.

7. First Aid boxes and equipment

First Aid boxes are marked with a white cross on a green background and are located in convenient positions around the school site including the School's minibuses (see appendix 1-3). Certain areas also have eye wash stations.

First Aid boxes are supplied and maintained by the Medical Team and are regularly stocked at the request of individual departments.

Emergency anaphylaxis kit: The school keeps an emergency anaphylaxis kit in main reception with a consent list of those students whose parents have consented to its use should their child require it. The emergency adrenaline pens inside the kit can be used for the purposes of saving a life and can be used in exceptional circumstances on anyone presenting with anaphylaxis, for example someone presenting with anaphylaxis for the first time to an unknown allergen.

Emergency Asthma Kit: these are kept at Pre-Prep Reception, Head of Lower School's office, 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.

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. The code for the AED is circulated to staff regularly.

- The AED should only be used where a person is in cardiac arrest or if emergency call handler instructs the caller to use it;
- If a person is suffering from cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR.

A second person should be sent to collect the AED

Off-site activities

Consideration of first aid requirements for trips is included in the trip risk assessment which will take into account specific pupil medical requirements.

8. Information on pupils

The School encourages ongoing communication with parents to ensure that the specific needs of pupils in its care are known and met.

Parents are requested to provide written consent for the administration of First Aid, medical treatment, and medication when their child starts at the school. A record of this is kept on the School's MIS system (ISAMS). 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.

The School Medical Team is responsible for reviewing pupils' confidential medical records and providing essential medical information to staff. Relevant medical information is also given to staff who are running a trip and taking children off site. This also forms part of their trip risk assessment.

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

A record of those children who require access to asthma inhalers, adrenaline pens or similar is maintained by the school medical team. Notices of those children are displayed on noticeboards in the staff rooms. 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.

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, Pre-Prep reception or Lower School reception.

10. Procedure in the event of illness

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.

Staff may visit the School Medical Team as and when necessary, but appropriate cover must be arranged.

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 5.

11. Administration of medicines

On entry to the School, all parents are given the opportunity to give consent for their child to receive appropriate First Aid/emergency treatment and be given medication from a list of commonly required medications, known as 'homely remedies'.

The Medical Team or a competent member of staff (as determined by the medical team) are the only staff permitted to administer medication to pupils.

If a child requires medication on a short term basis during school hours, the medication should be signed in using 'Parental consent form to give medication' form at one of the school's reception points or the medical centre. The receptionist will then liaise with the school medical team about administration.

12. Procedure in the event of an accident or injury:

The medical team should be informed as soon as possible. First aiders can also be summoned if necessary and should be called if a member of the medical team is unavailable.

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 or 'What Three Words' should be provided, and arrangements should be made for the ambulance to be met.

Staff should always call an ambulance in the following circumstances:

- a significant head injury;
- fitting or unconsciousness,
- difficulty in breathing /chest pains, including an asthma attack;
- a severe allergic reaction;
- a severe loss of blood;
- severe burns;
- the possibility of a serious fracture.
- if a member of the School's medical team or the First Aider deems it necessary:

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.

13. Hygiene and infection control

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.

The First Aider should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing;
- wear suitable single use disposable gloves when dealing with blood or other bodily fluids;
- use suitable eye protection and a disposable apron where splashing may occur;
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- wash hands after every procedure.

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:

- wash splashes off skin with soap and running water;
- wash splashes out of eyes with tap water or an eye wash bottle;
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- record details of the contamination;
- report incident to the School Medical Team and take medical advice if appropriate.

14. Mental Health

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.

15. Reporting

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.

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.

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.

Reporting to Parents

Whilst all visits to the Medical Centre are recorded on Isams, Pre-Prep parents are always 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.

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.

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.

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

Accidents involving Staff

- 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);

- work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days;
- 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);
- certain dangerous occurrences ('near misses') that do not result in an injury but could have done. Examples of near-miss events include, but are not limited to:
 - (a) the collapse or failure of load-bearing parts of lifts and lifting equipment;
 - (b) the accidental release or escape of any substance that may cause a serious injury or damage to health;
 - (c) an electrical short circuit or overload causing a fire or explosion.

Accidents involving pupils or visitors

The following are examples of reportable accidents:

- 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.

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>.

16. Safeguarding

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.

17. Training

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.

18. Monitoring and Review

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

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

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

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

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	January 2026
Date of next review	January 2027
Person responsible for Implementation and Monitoring	Bursar / School Nurse
Related Policies and Procedures	Child Protection and Safeguarding Policy Health and Safety Policy Risk Assessment Policy Educational Visits Policy Allergy 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

25 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 large and 2 medium 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 Breath Face Shield
20 plasters	2 large and 2 medium sized wound dressings
12 cleaning wipes	2 ambulance dressings
6 safety pins	1 sling
6 sterile water pods	2 Sterile gauze packs
Disposable gloves – 3 pairs	2 cold Packs
Foil blanket	Yellow bags for contaminated waste

Appendix 3 Location of First Aid Kits and Eye Wash Stations

Main School

Basement - Science Prep Room + Eye wash

Basement – Chemistry room + eye wash

Basement – Food tech

Basement - Textiles

Basement - DT

Basement - Art Room + eye wash

Ground floor - Reception (asthma/medset) and Kitchen

Middle floor – Boy’s boarding and Photocopying room

Top floor – Photocopying room

Performing Arts Centre –bar area

LOWER SCHOOL – Reception Area

Compound

Compound + Eye wash

Compound Workshop – first aid kit and critical incident kit

Sports Hall

Main entrance and Gym

Swimming Pool

PRE-PREP

Nursery above the sink

Nursery – travelling bum bag

Rising 3s room

Pre-Prep Reception desk (asthma/meds)

Breaktime supervisor's kit

Kitchen

Forest school

River House – meds cupboard

All Breaktime supervisor's bags

Appendix 4 Guidance and protocols for specific medical conditions

➤ Anaphylaxis

Source: [Anaphylaxis - NHS](#)

➤ Asthma

Source: [Asthma - NHS](#)

➤ Diabetes

Source: [Diabetes - NHS](#)

➤ Epilepsy etc.

Source: [Epilepsy - NHS](#)

➤ Defibrillators

Source: [Automated external defibrillators - guidance for schools](#)

Appendix 5: 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