

NOTRE DAME SCHOOL FIRST AID AND MEDICINES MANAGEMENT POLICY

NOTRE
DAME
SCHOOL



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[This policy is applicable to all pupils, including those in the EYFS, staff and visitors](#)

1. Introduction

1.1. This policy has been written with regard to the guidance given in the DfE document 'First Aid in Schools' and is authorised by the Governors of Notre Dame School ("School"). School staff should ensure that they have read and understood the contents of this Policy so that they are able to act effectively in a first aid situation.

1.2. The arrangements within this policy (for example the number of First Aiders, Appointed Persons and First Aid boxes and contents of First Aid boxes) are based on the results of suitable and sufficient risk assessments carried out by the School in regards to all staff, pupils and visitors. Risk Assessments are reviewed as part of a separate exercise which may lead to changes to the Policy, but are not attached to this document.

1.3. This policy complies with s3(6) of the Independent School Standards, Part 3 paragraph 13 of the ISSRs, the Health and Safety at Work Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981, and the Approved Code of Practice and Guidance (ACOP L74).

1.4. When pupils are present at School, there will always be a trained first aider on site.

2. Aims of this Policy

2.1. 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.

2.2. To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.

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

3. Definitions

3.1. **"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.

3.2. **"First Aiders"** are members of staff who have completed a HSE approved First Aid course and hold a valid certificate of competence in Emergency First Aid at Work (EFAW). The School may require these members of staff to undertake additional training from time to time.

3.3. **"Paediatric First Aiders"** are members of staff who have completed a paediatric first aid course. This course meets the requirements of the Early Years foundation stage statutory framework and enables them to deal with accidents involving small children.

3.4. **"First Aid Guidance"** means the Approved Code of Practice and Guidance (ACOP L74) for the Health and Safety (First Aid) Regulations 1981.

3.5. **"Appointed Persons"** are members of staff who are not qualified first aiders who are responsible for looking after the first aid equipment and facilities, and for calling the emergency services if required. At Notre Dame the responsibility for ensuring that first aid equipment and facilities are up to date is the School Nurse and the Medical Room Assistant.

3.6. **"Staff"** means any person employed by the School, any person who volunteers at the School and any self-employed people working on the premises.

3.7. The **"School Nurse"** is supported by the **Medical Room Assistant**. The School Nurse is primarily located in the School's Medical room. Both are paediatric first aid trained and one will be on site between 9.30am and 4.15pm, during term time.

3.8. The **Medical Room** is located centrally on the site in a purpose-equipped setting. It is used for the provision of medical treatment, including first aid, when required. The medical room has essential first aid facilities and resuscitation equipment including an Automated External Defibrillator (AED).

3.9. For the purpose of this policy the term **"EpiPen"** will be used, but this will refer to all brands of adrenaline auto-injector (AAI) devices.

4.0 The **"Grab Boxes"** hold emergency lifesaving medication such as EpiPens. Inhalers are also contained for children who hold an EpiPen and require an inhaler as well, however all other inhalers for asthma are stored in the inhalers cupboard in the medical room kitchen and in the Sports Staff First aid kits. There is an emergency inhaler in the lobby entrance to the Medical Room and in the Sports Staff First aid kits. This can be used to prevent delay in treatment if the pupil has been prescribed an inhaler. There is an emergency adrenaline kit in the entrance to the medical room.

4. Management of the First Aid Policy & Procedure

4.1. The Governors

The Governors of Notre Dame School, as the employer, have overall responsibility for ensuring that there are adequate arrangements in place to provide appropriate first aid equipment, facilities and First Aid personnel and for ensuring that the correct first aid procedures are followed.

4.2. Head teachers

The Heads of both Prep and Senior Schools delegate to the School Nurse the day to day responsibility for ensuring that there are adequate and appropriate first aid equipment, facilities and appropriately qualified first aid personnel available to the School. The School Nurse will regularly carry out an accident review and review the School's first aid needs to ensure that the School's first aid provision is adequate.

The Heads are responsible for ensuring that all staff and pupils (including those with reading and language difficulties) are aware of, and have access to, this Policy.

The Heads delegate to the School Nurse the responsibility for collating medical consent forms and important medical information for each pupil and ensuring the forms and information are kept secure and are accessible to staff as necessary.

The Heads are responsible for ensuring that staff have the appropriate and necessary first aid training as required and that they have sufficient understanding, confidence and expertise in relation to first aid and administration of medicine such as inhalers and EpiPens.

4.3. First Aiders

The Heads are responsible for ensuring that the School has the minimum number of first aid personnel (First Aiders and/or Appointed Persons). There will be at least one Paediatric First Aider on the school site when EYFS children are present. During regular school hours there is a suitable number of First Aiders on site. For more information please see <http://www.hse.gov.uk/simple-health-safety/firstaid/index.htm>.

A list of staff who have completed a HSE approved First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) is available on Smartlog or provided by the School Nurse.

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 Heads.

The First Aiders will undergo update training at least every three years or in accordance with current legislation.

4.4. All staff

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, including EpiPens and inhalers. All staff will use their best endeavours, at all times, to secure the welfare of the pupils.

4.5. Reasonable Care

Any person on School premises is expected to take reasonable care for their own and others' safety.

5. First Aid Boxes

First Aid boxes are marked with a white cross on a green background and are stocked in accordance with the suggested guidelines in Guidance Note 37 of the First Aid Guidance. For more information please see <http://www.hse.gov.uk/firstaid/legislation.htm>.

5.1. First Aid Box locations

First Aid boxes are located at these positions around the School site and are as near to hand washing facilities as is practicable:

- Swimming pool
- Senior gym
- Fitness suite
- Food Tech room
- 6th Form block
- Textiles Room
- Montaigne Theatre
- Biology Prep Room (first floor science block)
- Chemistry Prep Room
- Chemistry Class's Eye wash stations x2
- Biology Class's Eye wash stations x2
- Physics Class's Eye wash stations x2
- 1st floor of 3 storey block (senior)
- Kitchens
- Maintenance Hut
- Garden Shed
- Pool Plant room
- Den
- Medical Room
- Prep Loggia
- Prep Reception
- Prep Sports Hall
- Prep Sports teachers
- Senior Sports teachers individual bags x 9
- EYFS Office and in each class in the building
- EYFS Terapin
- Prep Playground: first aid kits are carried by playground supervisors and stored on the Loggia wall when not in use.
- School Transport
- The Hive
- Forest School
- Innovation preparation room
- Front office
- Entrance to the Medical room
- Art Technician

All requirements for the first aid kits are supplied by the medical room and are regularly re-stocked. See [Appendix Three](#) for contents.

5.2. School minibuses

Each School minibus has 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 Regulation 43 which is set out in [Appendix Three](#).

If supplies are used from them, it is the user's responsibility to notify the School Nurse in order that they be restocked.

5.3. Off-site activities

An appropriate number of adults should be designated as first-aiders for the duration of the visit and should ensure they have access to a first aid kit and a basic knowledge of first aid procedures. The appropriate number of adults will be considered on a case by case basis taking into account relevant factors (including, but not limited to) the number and age of the children. Reasonable adjustments should be made to allow students with medical conditions to participate in school trips subject to insurance and a risk assessment.

A First Aid Kit and Health Check Request Form should be completed to help the medical room create a suitable First Aid Kit for the trip and to pass on relevant medical details. Buckets with sick bags, disposable gloves etc. are available from the medical room for use on coach journeys. A Medication Kit can also be provided for residential visits. The kit needs to be collected from the nurse by a member of staff going on the trip, who is then responsible for the safe keeping of the kit. Any medication given during the trip must be documented on specific forms which are included in the kit. Before departure ensure that pupils identified as using epi pens or inhalers are carrying them or staff have been provided with them from home. On returning from the trip, the kit and all completed forms must be returned in person to the nurse. It is the responsibility of the trip lead to ensure all medication is returned to the parent at the end of the trip.

Details of accidents, injuries and treatment should be recorded while on the trip on Medical Tracker.

5.4. Fixtures (home and away)

Prep – Prep staff take a first aid kit with them to fixtures. The prep staff have individual first aid bags. They hold a spare emergency inhaler which is taken for fixtures. Prep staff will take the pupils individual AAI grab bag from the grab box if they do not have spares from home with them. This is signed in and out using the AAI logbook in the entrance to the medical room. If first aid is administered, the Nurse should be informed as soon as possible after the event so the kit can be replenished. Pre-prep have a separate grab box which is taken with the class when attending PE, swimming or forest School. The class teacher ensures the box is handed to the PE teacher. The PE teacher then ensures the box is returned to the central location.

Senior – Senior pupils should carry their AAI and/or inhalers with them to fixtures. PE staff should check the list of pupils for those who hold such medication and must ensure the medication is prescribed before administering an AAI or inhaler. A spare inhaler and AAI are provided in the first aid kits and can be used if prescribed, in an emergency.

If a member of staff administers an AAI this must be documented as an incident on Medical Tracker and inform the Nurse without delay to ensure more can be ordered.

6. Information on Pupils

6.1 Parental Consent

Parents are requested to provide written consent for the administration of First Aid and medical treatment before pupils are admitted to the School.

6.2 School Nurse

The School Nurse 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 Heads, class teachers and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the School community.

6.3 Supporting pupils at school with medical conditions

Individual care plans are written for pupils with medical conditions that may impact on how they are managed within the school setting. A copy of the care plan remains in the pupil's medical file and a copy will be given to the classroom teacher (if prep) only if the medical condition affects how the child is managed during the school day. Teaching staff are only informed of medical conditions, on a need to know basis. This does not include any already listed in 6.4 below as all members of staff need to know about those conditions. However, care plans are always sent with the pupils on any school trips. They are compiled by the school nurse and are checked and signed by the parents. The care plans will be reviewed annually unless anything changes, where it is the parent's responsibility to inform the school nurse of these.

6.4 Use of asthma inhalers, EpiPens/AAls, injections or similar

The information held by the medical room will include a record of pupils who need to have access to asthma inhalers, EpiPens/AAls, injections or similar and this information should be circulated to teachers and First Aiders. Senior pupils have the responsibility of keeping AAls and inhalers on them during the School day, at sports fixtures and during their journey to and from School. An additional AAI will be provided by the parents for these pupils and will be kept, suitably labelled, in the entrance to the medical room.

If required at alternative locations, equipment must be signed out using the log book, located in the entrance to the medical room. Class teachers, group leader or PE teachers must sign in and sign out the equipment. There is an emergency inhaler in the lobby to the Medical Room. This can be used to prevent delay in treatment if the pupil has been prescribed an inhaler.

Where appropriate, Prep 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, in the entrance to the medical room. Access to this area is not restricted.

For Nursery pupils Any pupil who has been prescribed an inhaler will have access to this at all times. The inhaler is kept in an individual labelled bag on a shelf near the first aid kit and will be taken with the child to all activities away from the EYFS building. A spare Inhaler will be stored in the green emergency medication box in the Nursery office. This can be administered in an emergency to a pupil who has been prescribed an inhaler. There is a list of these pupils in the box.

Additional arrangements are included at [Appendix Three](#).

Medicine that needs to be administered in School must be in the original packaging with the child's name and clear instructions. In addition to this, a 'Medication Required in School' consent form must be completed on Firefly. Medication should be sent to the medical room, via the school receptionists. Pupils are not permitted to carry medication on them in school or during school trips, including pain relief. Pupils have access to pain relief in school from the medical room. Medication can only be administered if we have consent to provide this.

A spare inhaler for Nursery and Reception children will also be stored in the grab box in the Nursery office.

For pupils in EYFS, medication is managed by designated staff.

PLEASE NOTE: Children who are prescribed antibiotics for any condition should have a minimum of 24 hours at home and let the School know.

Rationale:-

- A reaction to an antibiotic is likely to happen within the first 24 hours.
- With at least 24 hours of antibiotics in the child's system, it is giving protection to the affected child and reducing the risk of spreading infection (if caused by bacteria).

6.5 Other Medicines

Any medicines other than in 6.3 and 6.4 should be taken immediately to the School Nurse.

7. Procedure in the event of illness

7.1. Parents

Parents are requested to keep their child at home if s/he is ill or infectious, and to phone the relevant reception on the first day that s/he is ill. If the child is ill due to diarrhoea and/or vomiting, they must refrain from coming to school for 48hrs from the last episode of diarrhoea and/or vomiting (set by Health Protection Agency).

7.2. Pupils

Pupils may visit the medical room during break or lunch. If a pupil 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. The pupil will, accompanied as necessary, be told to go to the medical room. The School Nurse will decide on the next course of action and provide the First Aid as required.

If a pupil becomes unwell during the day we will keep parent/carer updated. If a pupil develops a high temperature over 38 we will discuss treatment with the parent/carer. If we are unable to manage the temperature in Nursery/School the parent/carer will be called to collect their child. If a pupil is displaying symptoms of being too unwell to remain in the setting we will call the parent/carer to collect. These symptoms may include but not limited to:

- obvious pain,
- irritability,
- decrease in fluid intake,
- loss of appetite.

7.3. Staff

Staff may visit the medical room as and when necessary, but appropriate cover must be arranged.

8. Procedure in the event of an accident or injury

8.1 Minor injuries

Appointed Persons or First Aiders should be called for if necessary and should be called if the School Nurse is not available immediately. However, minor the injury, the School Nurse should always be informed, if not called for. If the Staff member/First Aider feels they cannot deal with the presenting condition then they should arrange for the injured person to access appropriate medical treatment without delay from the medical room, or by calling for an ambulance, see below and Appendix Two.

8.2. Major injuries

If someone at the School has an accident which results in a major injury, medical help should be summoned immediately. All staff are informed in their induction training that if the School Nurse is unavailable, they should summon an ambulance themselves. The person who summons the ambulance should ensure that clear instructions are given as to which entrance the ambulance staff should use to access the site and to whom they should report; and make sure this on-site person is aware of this. The person calling for the ambulance should also ensure that that ambulance staff have clear access to the accident site/injured person(s). A member of staff will always accompany a student in the ambulance and will stay with a child in hospital until their parents have been contacted. [See Appendix Two, Procedure for calling for an Ambulance for further details].

9. Procedure in the event of contact with blood or other bodily fluids

If a spillage of blood or other bodily fluids occurs, the caretaker must be informed. The caretaker will then arrange for the proper containment, clear up and cleansing of the spillage site. Chemsorb spillage treatment is to be used; directions as specified on the bottle. User to wear gloves, and dispose of spillage and gloves in clinical waste bin (in the medical room). Hands must then be thoroughly cleaned.

9.1. The First Aider/Caretaker 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 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 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 the incident to the School Nurse and take medical advice if appropriate.
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10. Use of a Defibrillator

The defibrillator (Defib) is located just inside the medical room waiting area on the left-hand side of the wall.

Defibrillators are designed for anyone to use with clear verbal instructions every step of the way. If someone collapses and isn't breathing, normally:

- Check their breathing
- Start CPR
- Tell someone to call 999 and get the defibrillator
- When the Defib arrives:
 - Get someone to carry on doing CPR while you use it
 - The lid is designed to go under the patient's shoulder to help keep the airway open
 - Apply the pads to the patient's bare chest
 - If necessary, plug the wire from the pads into the AED (usually next to a flashing light)
 - Allow the AED to analyse the heart rhythm
 - If a shock is indicated by the AED, push the shock button when instructed
 - If a shock is recommended (sometimes it is not) make certain everyone 'stands clear' and does not touch the patient
 - If the patient is still not breathing, start CPR. Give 30 chest compressions and then two rescue breaths and continue this cycle until the AED gives further instructions or the patient starts breathing.

11. Administration of Controlled Drugs

The following must be followed if a controlled drug is brought into the School:

- The controlled drug is brought into school in the original packaging with patient's name clearly labelled and prescribed dose stated on the box.
- The drug is signed into the controlled drug register book by two members of staff in red pen - the child's name, drug name, date drug brought in and strength of the drug is recorded and signed by two members of staff, including a running total of how much stock of the drug there is, the drug is witnessed being placed and locked into the container each time.
- When the student comes to have the medicine, two members of staff are present to witness and double check the administration.
- The amount of stock of the drug is counted by two members of staff.
- The child's name, name of drug and strength is checked against the medication and the controlled drugs book.
- The child's name, date, time, dose and two signatures from the two members of staff is documented in the controlled drug book, the remaining stock of drug is counted back in and locked in the container by the two members of staff, this is then locked into the controlled drugs cupboard each time.
- The two members of staff witness the child taking the drug.
- Any out of date stock should be returned to the parent and documented in the controlled drugs register.
- See Trips Policy for storage of controlled drugs during School trips.

12. Reporting

12.1. Complete Accident Report

An accident report should be completed by the first attendee as soon as practicable after the accident using the Medical Tracker system which will be reviewed online by the Nurse. The School Nurse will complete an online accident report form for every serious or significant accident that occurs on or off the School site if in connection with the School. Records should be stored for at least three (3) years or if the person injured is a minor (under 18), until they are 21.

12.2. Report to School Nurse

All injuries, accidents and illnesses, however minor, must be reported to the School Nurse via Medical Tracker. The School Nurse is responsible for ensuring that parents and Bursar are kept informed as necessary.

12.3. School Accident and Illness Records

Major injuries accidents, illnesses and dangerous occurrences (unless very minor in the view of the School Nurse) must be recorded in the pupil notes or Medical Tracker as appropriate.

The following information should be included:

- The date, time and place of the event or illness
- The name (and class) of the injured/ill person
- A brief description of the nature of the event or illness
- What happened to the injured or ill person immediately afterwards
- Name of the first aider or person dealing with the accident/injury

12.4. Reporting to Parents

In the event of an all but minor accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide in consultation with the School Nurse and the Heads if necessary, how and when this information should be communicated.

12.5. Reporting to the Health & Safety Committee

The School Nurse compiles a report on all accidents, incidents and near misses and submits this to the Health & Safety Committee on a termly basis.

12.6. Reporting to HSE

The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to report the following to the HSE (during term time, this is done by the Bursar and outside term time this should be reported through a member of SLT via:

<http://www.hse.gov.uk/riddor/report.htm>. Accidents reportable under RIDDOR are investigated by the School Nurse and reported by the Bursar. For more information on how and what to report to the HSE, please see <http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link.

Accidents involving Staff

- **Accidents (including injuries as a result of physical violence) which result in death or major injury must be reported without delay by telephone** (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs). This should be followed up within fifteen (15) days with a written report on Form 2508;
- **Accidents which prevent the injured person from continuing her/his normal work for more than seven (7) days** must be reported within fifteen (15) days on a Form 2508;
- **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);
- **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).

Accidents involving pupils or visitors must be reported without delay by telephone and followed up within ten (10) days with a written report on Form 2508:

- Accidents where the **person is killed** or is **taken from the site of the accident to hospital**
- **The accident arises out of or in connection with the work activity:**
 - Any school activity, both on or off the premises
 - The way a school activity has been organised and managed: e.g. the supervision of a field trip
 - Plant or substances: e.g. machinery, experiments etc.
 - The design or condition of the premises

12.7. Personal Protective Equipment (PPE)

The School is strict in ensuring that pupils always wear the recommended protective equipment both in curriculum activities and organised sport.

Staff are supplied with all the safety equipment needed for their work. Their induction makes it clear that failure to wear the equipment can be treated as a disciplinary issue.

13. Early Years Foundations Stage

A first aider or paediatric trained nurse is available on site at all times as required by the regulations. A paediatric first aider will always attend outings with EYFS pupils. All EYFS staff and EYFS teaching assistants undertake paediatric training provided by Surrey First. This qualification is valid for three years. Staff are scheduled for refresher training by the School Nurse.

Parents must alert the School if an EYFS child contracts a notifiable disease.

Parents of children in EYFS will be informed of the time that any medicines were administered and informed of any accidents or first aider given, as soon as reasonably practical.

Nursery and reception AAI grab bags are stored in the classroom on the shelf near the first aid kit. The class teacher takes responsibility to ensure the grab bag is taken to activities with the child when leaving the classroom.

AAI Medication Procedure –

Reception Class Primary Grab Bag:

Location – kept in the Reception classroom

Contents – Antihistamine, 1x EpiPen, Care plan

Usage – taken with pupil when moving around the School

Secondary Grab Bag:

Location – entrance to the Medical Room

Contents – identical to the Primary Grab Bag (antihistamine, EpiPen, care plan)

Purpose – to **prevent delay in treatment** by ensuring quick access from multiple locations

After School club procedure:

In an emergency, **call for someone to bring the EpiPen** from the **nearest location**:

- Reception classroom
- Entrance to Medical Room

Nursery and reception inhalers are stored in the classroom.

14. Monitoring

The Accident Reports recorded on Medical Tracker are reported at each Health and Safety Committee meeting in order to take note of trends and areas for improvement. The information may help identify training or other needs and be useful for investigative or insurance purposes.

In addition, the Heads will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

Approved by Health and Safety Committee

Appendix One: Procedure for Calling an Ambulance

Staff Member

If a member of staff considers that they are dealing with a medical emergency, then help should be sought immediately. Where possible, do not leave the patient. If you are alone, shout for help.

If help is available:

- Ask a helper (pupil or staff) to go straight to the office and ask for the nurse, detailing what has happened. Then to return to you with a first aid kit, (and Defib if necessary) and to inform you that help is on its way
- Stay with the patient and wait for help and first aid kit. Administer basic first aid as required.
- On arrival of nurse / first aider; hand over what has happened and care of patient
- Disband any pupils / on lookers
- Complete an incident report on Medical Tracker
- *If no help is available:*
- Assess airway and breathing.
- If breathing; place an unconscious casualty in recovery position; run for help / call 999, fetch first aid kit. Then return to casualty directly and continue first aid
- If the casualty is a child and not breathing; administer five (5) rescue breaths, then administer 1 minute of CPR (2 breaths to 30 compressions)
- If the casualty is an adult, then apply 30 chest compressions first, then two (2) rescue breaths.
- Place casualty in the recovery position. Call for help and request the Defib, call 999 and then return to casualty directly, reassess and continue first aid
- If the casualty is an adult and not breathing: call for help or run for help and call 999 and then return to casualty directly, reassess and continue first aid / commence CPR if required
- If you are alone with the patient; stay calm. They are better off with you there, than if they were alone. Await ambulance and accompany to hospital
- Complete an incident report on Medical Tracker to document your actions and give to the School Nurse

The Office

- Call the School Nurse; convey relevant information
- If the School Nurse is not able to attend; contact first aider. Check sims / medic alert chart for relevant medical information; inform first aider
- If attending the incident yourself, hand over office tasks
- If requested by School Nurse contact emergency supporter / call ambulance
- Inform a member of SLT that an ambulance has been called, and update as necessary
- Inform ambulance supporter to be ready to accompany pupil
- If the parent arrives, contact the nurse

In the event that the nurse is already attending an emergency staff should check SIMS for any details of known illnesses, medical conditions or concerns such as (but not limited to) restrictions on medicines, allergies and medical alerts.

In the event that an ambulance is called, inform the Headteacher or another member of SLT (either Prep or Senior depending which year the child is in).

School Nurse

- Nurse to assess; if back up required, radio office and request ambulance protocol be commenced / for 'emergency supporter' to be contacted

- On arrival of designated attendee; nurse or designated attendee to contact ambulance from site (use mobile phone if not in medical room)
- Nurse to contact parents
- Nurse to remain with patient and administer care
- Hand over to ambulance crew
- Provide appropriate documentation / medical history to the hospital. 'Emergency supporter' to assist (photocopying etc.). Hand over care to ambulance crew
- Remind all concerned to switch radios back to own channels
- Document

First Aider

- First aider to attend, assess and follow procedure listed for nurse

Emergency Supporter

- Collect mobile phone and radio
- Radio nurse
- Attend incident, with supplies if requested
- Call ambulance / stay with patient as requested by nurse
- Check Sims / medic alert chart for relevant info if supporting first aider
- Contact the Caretaker on channel 4 or channel 1 and inform them, specifying location
- Contact office; inform ambulance enroute
- On arrival of ambulance; contact office and inform whether ambulance supporter is required
- Email or phone Head teacher of relevant School

Ambulance Supporter

- Be ready to leave school and accompany pupil
- Take a mobile phone and taxi money
- Await further instruction
- If sent with pupil in ambulance; stay at hospital until parent arrives

Caretaker

- Ascertain location of incident
- Meet ambulance in the lane and direct to school entrance nearest to incident
- Accompany ambulance to the site of the incident
- In the event a fast responder vehicle arrives; wait to see if a further ambulance is en route / required
- If a second vehicle is coming; go back to lane to direct and escort to location
- Leave and inform the office that the ambulance has arrived

Cancellation of ambulance / patient not taken to hospital:

If an ambulance is cancelled or the crew decide not to take the child to hospital, the parent may still be asked to come into school to take the child home.

Appendix Two: First Aid Equipment – Location and contents

Standard Kit Check List

- Resus face shield x 1
- First aid leaflet
- Thermal blanket
- Cleansing wipes
- Sterile gauze
- Non adhesive dressings
- Gloves
- Ice packs
- Micropore
- Plasters**
- Slings x 2
- Eye pad x 1
- Gauze on a bandage (1 x small, medium and large)

Prep playground and EYFS first aid bags contain plasters and a list of pupils who have allergies to plasters.

All first aid kits listed in 5.1 contain the above

School Minibus x 7 + Maintenance van (x 8 kits)

complies with Part II Schedule 7 of Road Vehicles (Construction and Use) Regulations 1986

- Resus face shield x 1
- Thermal blanket
- Cleansing wipes x 10
- Assorted plasters x 24
- Triangular bandages
- Conforming bandage x1
- Large ambulance dressings
- Eyepads
- Gloves

First Aid Travel Kit – for external trips/activities

1. First Aid Bag
 - Resus face shield x 1
 - First aid advice
 - Dextrose tablets
 - Alco-wipes x 10
 - Sterile gauze x 3
 - Gloves
 - Ice packs
 - Micropore x 1
 - Foil blanket
 - Plasters (assorted & all hypoallergenic)
 - Large adhesive wound dressing x 1
 - Slings
 - Eye pad x 1

- Gauze on a bandage (1 x medium and 1 x large)
 - Finger bandage x 1
 - Tampax x 2
 - Sanitary towels x 2
 - Normal saline for irrigation x 2
2. Bucket containing:
- Bottle of water
 - Plastic cups

First Aid Kit Locations

In addition to the below, each Senior PE teacher will be allocated a First Aid kit containing an epipen and inhaler.

SWIMMING POOL

- Face mask; on wall by entrance to pool (next to staff room).
- First aid box; wall mounted, by shallow end.
- Blanket in a box; wall mounted, by shallow end.

SENIOR GYM

- First aid box; on wall, near double doors

FITNESS SUITE

- First aid box; on wall

PREP PE

- Stored in PE office with a spare inhaler in the PE grab box

PAVILION

- In the cupboard near the sink

FOOD TECH ROOM

- First aid box (burns)

6th FORM BLOCK

- First aid box in kitchen area

6th FORM ART ROOM (room 50)

- First aid box – on top of grey materials cupboard

TEXTILES ROOM (room 42)

- First aid box at rear of class by fire door

TEXTILES ROOM (room 53)

- First aid box – on top of grey materials cupboard

ART TECH ROOM (room 51)

- First aid box – by fire exit door

MONTAIGNE THEATRE

- First aid kit on wall on ground floor near WC
- First aid kit on wall in scene dock
- Eye wash station on wall in scene dock
- First aid kit on wall in Theatre Manager's office

BIOLOGY PREP ROOM (1ST Floor Science block Innovation Centre)

- First aid box, on wall to the left

CHEMISTRY PREP ROOM (2nd floor Innovation Centre)

- First aid box – On the wall to the left as you enter

CHEMISTRY 1 & 2 LABS

- Eye wash stations above sinks

BIOLOGY 1 & 2 LABS

- Eye wash stations above sinks

PHYSICS 1 & 2 LABS

- Eye wash stations above sinks

1st FLOOR MATHS BLOCK

- First aid box on wall near girls' lockers

KITCHENS

- First aid box; on wall by Mandy's office
- Eye wash station; on wall by Mandy's office

MAINTENANCE HUT

- First aid box; on wall on left.
- Eye wash station; on wall on left.

GARDEN SHED

- First aid box on wall

POOL PLANT ROOM

- Eye wash station; on wall on right as enter.

MINIBUSES & VANS

- First aid kit in each vehicle (8)

MEDICAL ROOM

- First aid grab bag for school events/emergencies – on hook behind the door
- School trip first aid bags – on the top shelf of the medical cabinet

OUTSIDE MEDICAL ROOM

- First aid kit
- **All EpiPen grab boxes (apart from Nursery and change in process for Reception AAI, and Senior PE First Aid bags – these EpiPens and inhalers are kept in the classrooms/with PE staff)**

- Diabetic response kit
- AED
- Emergency spare AAI box

PREP LOGGIA

- First aid box; on wall in loggia.

PREP PLAYGROUND

- First aid kits carried by playground supervisors (stored on Loggia wall when not in use)

PREP SPORTS HALL

- Face mask; on wall by entrance to office.
- First aid cupboard; wall mounted in office (extra supplies and field kit)
- First aid box – on wall by window in the sports hall

EYFS THERAPY

- First aid kit for cuts and grazes; in classroom (hanging on pegs by door nearest infant block).

EYFS

- Nursery office
- Caterpillar class – shelf near first aid kit
- Butterflies class – shelf near first aid kit
- Reception class – shelf near first aid kit

HIVE

- HOY office, top shelf

SCHOOL RECEPTION

- Cupboard behind the desk, back wall

FOREST SCHOOL

- Carried by Forest School leader

Appendix Three: Arrangements for pupils and staff with medical conditions (e.g. asthma, epilepsy, diabetes)

Guidance taken from St John's Ambulance First Aid Reference Guide 2012

A. What to do in the event of an Anaphylactic attack

1. Keep calm and assess the situation.
2. If pupil is known to have an EpiPen, call for grab bag (**All EpiPens grab boxes are kept in the Medical Room lobby apart from Nursery and Reception, and Senior PE first aid bags – these will be stored in the grab box, in the nursery office**) and call for School Nurse. Pupils in the senior school will carry one device on them. A spare device for senior pupils is stored in the grab box in the entrance to the medical room. If a staff member has been prescribed an EpiPen, they must ensure they take responsibility to ensure they have access to it at all times.
There is an emergency EpiPen stored in the emergency adrenaline pen box. This is for use in an emergency and can only be given to pupils in the senior school who are on the AAI list. These pupils have all been prescribed a EpiPen and we have consent to administer the spare AAI.
3. Help pupil to use the EpiPen.
4. If pupil/staff is conscious, sit in a position that helps them breathe.
5. If the pupil/staff is unconscious and breathing, place in recovery position.
6. If not breathing, commence CPR
7. DO NOT LEAVE PATIENT UNATTENDED.

Signs and Symptoms could be all of these or just one or two

- Red blotchy skin eruptions
- Impaired breathing
- Swelling of the tongue and throat
- Anxiety.

B. What to do in the event of an Asthma Attack (becomes breathless, wheezy or coughs continually)

In School

1. Keep calm. It is treatable.
2. Let the pupil/staff sit in the position he/she finds most comfortable. Do not make the pupil lie down.
3. Let the pupil/staff use his/her usual reliever treatment, e.g. 2 puffs of their Ventolin/Salbutamol (Blue) inhaler.
4. Encourage pupil/staff to breathe slowly and deeply.
5. Call for school nurse

Outside School - Away Sports Fixtures etc

1. Keep calm. It is treatable.
2. Let the pupil/staff sit in the position they find most comfortable. Do not make them lie down. Encourage the child to sit up and slightly forward.
3. Let the pupil/staff use their usual reliever treatment, e.g. 2 puffs of their Ventolin/Salbutamol (blue) inhaler. If not available, there is an emergency inhaler in the lobby entrance to the medical room. If the pupil is on the list in the emergency inhaler box they are allowed to use the inhaler.
4. If symptoms disappear/improve* no further immediate action is necessary, but the pupil should be observed and sent to medical room on return if necessary. If involved in sport at time of attack pupil should take no further part.
5. If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
6. Stay calm and reassure the child. Stay with the child until they feel better.
7. If normal medication has no effect – dial 999.

8. Note: usual reliever inhaler can be used up to four times every 5 - 10 minutes in an emergency.

Signs and Symptoms of Severe Asthma Attack

- Difficulty breathing and/or talking
- Wheezing
- Persistent cough (when at rest)
- Nasal flaring
- Distress and anxiety
- Coughing
- Grey-blue skin (cyanosis)
- In a severe attack, exhaustion, unconsciousness and the casualty may stop breathing.

C. What to do in the event of a Diabetic attack – two possibilities

Hypoglycaemia – low blood sugar

1. Keep calm. It is treatable.

2. Always follow the individual's care plan

Give pupil something sugary for example:

- a drink of Lucozade or
- other sports drink or Coca-Cola or
- the Pupil's own glucose tablets x 3 or 4 sweets e.g. jelly babies, starburst
- the Pupil's own GlucoGel

3 Call for school nurse

4. Transfer to medical room as soon as possible.

5. IF UNCONSCIOUS put into recovery position and contact the Medical Room. DO NOT LEAVE UNATTENDED.

Signs & Symptoms of Hypoglycaemia

- Weakness, faintness or hunger
- Palpitations or muscle tremors
- Strange actions or behaviour; confused, belligerent or even violent
- Sweating
- Pale cold and clammy skin

Hyperglycaemia- high blood sugar

1. Call for school nurse

2. Pupil may feel confident enough to give him/herself an insulin injection.

3. Transfer to medical room for further monitoring.

Signs & Symptoms of Hyperglycaemia

- Warm dry red skin
- Deep and sighing breathing
- Sweet smell on breath (pear drops)
- Restless, drowsy or lethargic behaviour

D. What to do in the event of an Epileptic attack

1. Keep calm. Continually reassure the patient

2. Note the time of the start of the attack

3. Call for school nurse

4. Clear space around the casualty

5. If possible, protect pupil's head from the floor with a cushion or similar item.

6. Loosen tight clothing around neck, chest and waist. DO NOT PUT ANYTHING INTO THE CASUALTY'S MOUTH
7. Place in recovery position when the seizure has ceased.
8. If not breathing, perform CPR

Signs & Symptoms

- Loss of consciousness, body stiffens and falls to the floor
- Jerking movements
- Lips can become grey/blue and face may become red or puffy
- Loss of bladder and /or bowel control may occur
- Clenched jaw, and noisy breathing

Appendix Four: Out of hours activities

- The Office is staffed until 6:00pm and should know the timings, venue and year groups involved in the activity (staff leading the activity must either check it is on SOCS)
- For any activity beyond 6.30 in the evening or at weekends or holiday time, 2 members of school staff must be on site at all times
- Know where the first aid kits and grab bags are kept, and know what to do should the fire alarm sound. Follow the [Fire Procedures](#). The primary muster point is located on the rear field adjacent to the statue.
- Take a register at the start of the activity.
- Remain in charge of all the pupils in your activity and supervise them at all times, including breaks
- For any activity starting after 6.30pm on a school day, pupils must either be off site between end of school and the start of the activity, or must be under the supervision of a specific member of school staff
- After the activity staff must remain on site supervising the pupils until the last student has been either collected or taken to aftercare
- In the event of a minor injury/accident the member of staff present should assess whether first aid is required and locate a trained first aider (if they are not one themselves). The parent should be informed at the earliest opportunity.
- If the injury is life threatening then an ambulance should be called immediately. The person who summons the ambulance should ensure that clear instructions are given as to which entrance the ambulance staff should use to access the site and to whom they should report; and make sure this on-site person is aware of this. The person calling for the ambulance should also ensure that that ambulance staff have clear access to the accident site/injured person(s). A member of staff will always accompany a student in the ambulance and will stay with a child in hospital until their parents have been contacted.