



HEREWARD HOUSE SCHOOL

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First Aid Policy

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Hereward House School: First Aid Policy

Our School's Aims

At Hereward House we aim to provide a warm, welcoming and safe atmosphere in which every child can thrive and feel comfortable. Whilst embracing the highest academic aspirations for our pupils, we strive to create a stimulating, purposeful and happy community, where every child feels valued and secure. Promoting the well-being of all pupils is at the heart of what we aim to do. For us the most important outcome is for all pupils to be kind, considerate and confident whilst looking out for every member of the school community. We aim to be a school where pupils will be encouraged and assisted to develop academically, morally, emotionally and culturally. It is our belief each pupil should enjoy their school days and reflect upon them with pride, pleasure and affection. We are preparing pupils not just for senior school, but for life.

Introduction

Hereward House School is committed to keeping its pupils in a safe and secure environment where they can thrive and feel confident. The aim of this policy is to outline First Aid care provided by the school to pupils and staff who injure themselves or become ill whilst attending school, including on outings and residential trips.

First aid can save lives and prevent minor injuries becoming major ones, and under health and safety legislation (including the Health and Safety at Work etc. Act 1974) employers have to ensure that there is adequate and appropriate equipment for providing first aid in the workplace. The school is committed to administering first aid in a timely and competent manner.

This policy has regard to DfE Guidance on First Aid, the Early Years Foundation Stage Statutory Framework, and relevant Health and Safety legislation. **This policy covers the whole school, including EYFS.**

First Aiders and Training

The school's **Appointed Person** is **Alexander Jenne**.

The school's lead first aiders are **Jeremy Jones, Nathan Demetrius-Franklin, Lee Strzelecki (Lead first aider for Sport), Alexander Jenne, Paul Cheetham and Katie Thomas**.

The main task of the Lead First Aiders is to take charge of the situation in the event of serious injury or illness, to ensure that an ambulance is summoned and that a responsible person is sent to direct the ambulance crew to the casualty. Such a person should also direct pupils away from the area, find out from the crew where the casualty is being taken and subsequently ensure that parents are notified and that appropriate accident reporting procedures are put in place.

Hereward House School: First Aid Policy

The Lead First Aiders take the appropriate First Aid at Work Course and receive updated training every 3 years. At least one qualified first aider will be on site at all times when pupils are present.

Rosie Batchelor, Sophie Haines, Florentina Chetroiu, Oscar Polo and Lee Strzelecki are qualified in paediatric first aid. At least one will always be on site when our EYFS class is present. The training is updated on a 3 year rolling basis. A staff member with valid PFA training will always be in the lunch room while Junior School children are eating.

First aid INSETS are run on a rolling 3-year basis. The majority of staff have 'Emergency First Aid at work' training. Pupils on any of the school sites will always be accompanied by a qualified first-aider.

A log of all first aid training, including renewal dates, is maintained by the Bursar.

All staff receive ongoing first aid instruction through INSET, specifically covering anaphylaxis, asthma and head injuries

Mental Health First Aid

The School recognises that supporting pupils' mental health and emotional wellbeing is an important part of its wider duty of care. Staff should be alert to changes in a pupil's behaviour or wellbeing and raise any concerns through the School's appropriate pastoral or safeguarding channels.

Nathan Demetrius-Franklin is the School's trained Mental Health First Aider. His role is to provide an initial point of support where a pupil may be experiencing emotional distress or difficulties with their mental health, and to help identify when further pastoral, safeguarding or professional support may be appropriate.

The School maintains a confidential Mental Health List of pupils who have identified mental health or emotional wellbeing needs, or for whom additional monitoring or support is considered appropriate. This enables relevant staff to be aware of pupils who may require additional support and to work together to promote and improve their wellbeing. Information contained on the Mental Health List is treated as special category personal data and is handled in accordance with the School's Data Protection Policy.

Where concerns about a pupil's mental health indicate a safeguarding risk, including a risk of harm to themselves or others, the School's safeguarding procedures must be followed without delay.

Practical Arrangement at Point of Need

Hereward House School: First Aid Policy

If the member of staff present at an incident judges it to be an emergency and that an ambulance should be called, they should do so immediately. In other severe cases the school's appointed first aider will see to the casualty and decide what action to take.

An ambulance (999) should always be called in the following circumstances:

- In the event of serious injury or illness
- In the event of a significant head injury
- Whenever there is the possibility of serious fracture or dislocation
- In the event of a period of unconsciousness

NHS 111 should be contacted for urgent medical advice where the situation is not an emergency, including where the First Aider attending is unsure of the appropriate treatment or considers that further medical advice is required.

If the injury requires hospital treatment, parents will be notified as soon as possible. For less serious injuries, parents may take the pupil to hospital themselves. Where a pupil is taken to hospital by ambulance, a member of staff will accompany the pupil and remain with them until a parent or carer arrives.

In the event of a **minor** accident or injury the pupil should be taken to the office for assessment. Where treatment is provided (including use of an icepack), the member of staff who administers the first aid or the office should enter the details on Medical Tracker.

It may be that the injured or ill person needs to spend time in the designated Sick Bay. When required the Sick Bay is designated as in the Second Office. It is located on the Ground Floor near to the toilets, and equipped with a water source. A supervising staff member is responsible for monitoring the pupil at all times.

In the event of an accident or injury off-site, the trip's designated first aider should assess the pupil and administer first aid as appropriate. Where the venue has a more appropriately qualified or specialist first aider, they may take responsibility for providing first aid, with the School's staff continuing to support and supervise the pupil.

Head Injuries

A head injury is any trauma to the head other than superficial injuries to the face. A head injury could happen in any area of School life. During sport activities (both contact sports and non-contact sports) the risk of head injuries happening is higher, but they can occur in another context. The following guidance should be used in all areas of school life.

All head injuries, however minor, should be brought to the office for assessment.

Hereward House School: First Aid Policy

The welfare of pupils is of central importance. Any person to whom this policy applies should adopt a cautious approach if they are in any doubt as to whether a head injury has occurred and/or whether the head injury has caused a concussion.

Where a pupil has a suspected head injury or concussion, the person supervising the activity should immediately remove the pupil from the area if it is safe to do and seek appropriate advice from a Lead First Aider. In practice this will mean removing the pupil to either the School Office on site or the Lead First Aider at our Games venue off site. The Lead First Aider will make a decision as to how to provide first aid to the injury and if additional help is required.

Those individuals to whom this policy applies should be aware of the symptoms of a concussion. The British Medical Journal has published a one page 'Pocket Concussion Recognition Tool' to help identify concussion in children, youth and adults. The tool is available for download (here: <https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf>)

The School Office has the responsibility of ensuring that the pupil's parents are notified of the head injury as soon as reasonably possible, and in any case on the same day of the incident.

Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents of the pupil concerned should promptly provide **the school office** with sufficient details of the incident, and keep the School updated of any developments thereafter. This would apply, for example, if a pupil suffers a concussion playing rugby for an external rugby club or if a pupil sustains a head injury while taking part in an informal game of sport, for example in the local park.

The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, considering whether a return to play plan should be established.

Access to First Aid kits

The main First Aid provision is based in the School Office. Limited supplies (plasters, wipes, ice packs) are available in the Science Lab and Art Room for immediate minor injuries only, with pupils then being sent to the School Office for appropriate follow-up.

EYFS maintains a separate, dedicated first aid kit, as it is generally more appropriate for children to be treated in situ within the classroom environment. Both EYFS staff members hold current PFA certification. They administer first aid as required and record all incidents on Medical Tracker.

Spare first aid bags for outings are kept in the school office.

Hereward House School: First Aid Policy

If the contents of these boxes become low the office is to be informed so they can be restocked. Boxes are stocked with the recommended supplies according to St John's Ambulance Services. Nathan Demetrius-Franklin is responsible for checking all first aid kits on a quarterly basis and arranging for any required items to be replenished or replaced. Staff should report any items requiring replacement between these checks to the School Office.

The office checks the levels of first aid supplies and keeps all first aid bags stocked. It is the responsibility of staff to report to the office if any single-use first aid equipment is used.

School Trips

All off-site trips must be equipped with a fully stocked first aid kit, a list of emergency contact numbers, and copies of any individual care plans for pupils with medical needs. These can be accessed through Medical Tracker. Pupils who have been prescribed adrenaline auto-injectors must have two devices available on the trip, and pupils with asthma must have their prescribed inhaler available, as applicable.

At least one member of staff accompanying the trip must hold a valid First Aid qualification (minimum: Emergency First Aid at Work, 1-day course). For EYFS outings, at least one member of staff present must hold a current Paediatric First Aid qualification.

Any individual medication stored in the School Office must be collected and taken on the trip by the designated member of staff responsible. All medication must be returned to the School Office immediately upon return.

Recording, Reporting and responsibilities under RIDDOR

A record of all injuries to pupils, staff and visitors that happen on the premises or as a result of a School activity is stored on Medical Tracker. Accident records are reviewed regularly by the Bursar and the Health and Safety Committee to identify any patterns or trends. Significant incidents and relevant accident trends are reported to Governors as part of the School's health and safety reporting arrangements.

Accident and RIDDOR records are retained for at least the statutory minimum period and, where appropriate, for longer in accordance with the School's Data Retention Policy and any relevant insurance requirements.

All staff must ensure that any injury to a pupil, member of staff or visitor is recorded on Medical Tracker. Injuries should be recorded on the same day as the incident, or as soon as reasonably practicable thereafter.

Any injury recorded on Medical Tracker will be saved and sent home to parents. Parents and carers should also be notified by telephone or in-person on the same day about: -

Hereward House School: First Aid Policy

- Any head injury (a telephone call should be made at the time of treating the injury)
- Any injury to a pupil who is in our EYFS setting that requires first aid treatment.

Accident records reviewed regularly give an accurate indication of where the main problem areas of a school lie and allow decisions about expenditure on safety to be made on an informed basis.

Records will be needed in the event of subsequent claims for compensation and to assist in the management of the school.

Injuries to pupils occurring on school-sponsored or controlled activities away from the school (e.g. field trips, holidays, sporting activities) must be reported if the accident arose out of, or in connection with, such activities. The teacher should record the incident on Medical Tracker using the school phone and send the report to parents as soon as possible.

Serious accidents or injuries should also be reported to the Headmaster and the Bursar.

As an employer, Hereward House has duties under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Certain work-related deaths, injuries, occupational diseases and specified dangerous occurrences must be reported to the relevant enforcing authority. In relation to pupils and other people who are not at work, an incident is reportable where it arises out of or in connection with a work activity and results in death, or in the person being taken directly from the scene to hospital for treatment.

The Bursar, in consultation with the Headmaster, is responsible for determining whether an incident is reportable and for making any required RIDDOR report within the applicable statutory timescale. RIDDOR records are retained in accordance with the School's health and safety and data retention arrangements.

Examples of reportable major accidents, diseases and dangerous occurrences are listed at <http://www.hse.gov.uk/riddor/reportable-incidents.htm>.

Infection control

If pupils report sick to the School Office, their parents should be contacted and they should be collected as soon as reasonably practicable. In line with UKHSA guidance, Health protection in children and young people settings, including education, pupils are normally required to remain away from School until 48 hours after their last episode of diarrhoea or vomiting.

School follows current UKHSA guidance for infectious disease outbreaks.

Hygiene procedures for dealing with spillage of body fluids

Hereward House School: First Aid Policy

The housekeeper deals with spillages of bodily fluids. Disposable non-latex gloves (e.g. nitrile) must be worn when dealing with any such spillages. Appropriate cleaning products are stored in the downstairs maintenance cupboards.

All first aid kits include disposable non-latex gloves.

All soiled material must be placed in a clinical waste bin.

Arrangements for Existing Medical Conditions *(Also see Medicines Policy)*

Parents of any pupil who requires long-term or emergency administration of medication during the School day must agree an Individual Healthcare Plan with the School before the pupil is admitted, or as soon as reasonably practicable after a medical condition becomes known. The plan records relevant information about the pupil's condition and treatment, including medication, dosage and frequency of administration, and includes a photograph of the pupil.

Each pupil's medication is kept in an individually labelled pack, with a copy of their Individual Healthcare Plan held in the designated folder alongside the medication cupboard.

Medical forms for every pupil are kept in the School Office. A list of medical conditions is compiled each year and updated as necessary. A copy is stored on Medical Tracker and the Staff SharePoint Drive. Health information is treated as special category personal data and is handled in accordance with the School's Data Protection Policy.

Pupils who require short term administration of medicine during the School Day or on trips will need written permission from parents or carers, clearly stating timings and dosage in line with the Medicines Policy. There is a pro-forma for this available from the office.

Parents are responsible for their son's medication and to ensure it is within the expiry date. The office will inform parents when their son's medication is due to expire. Parents are responsible for providing a replacement before the expiry date.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

The School takes an allergy-aware approach and, as part of this, operates a **nut and sesame-free policy**. Food containing nuts or sesame as an ingredient, including sesame seeds, must not be brought onto the School site. However, anaphylaxis can be caused by many different allergens, including other foods, insect stings, medication and latex.

Hereward House School: First Aid Policy

The School maintains a register of pupils with diagnosed allergies. Pupils whose allergies require active management by the School have an Individual Care Plan (ICP), together with an Allergy Action Plan where appropriate. Prescribed adrenaline auto-injectors and other relevant allergy medication are stored centrally in the School Office, where they are clearly identified and readily accessible to staff in an emergency. The School also holds spare adrenaline auto-injectors in pairs, which are clearly identified and readily accessible in an unlocked location.

Full arrangements for the prevention and management of allergic reactions, including catering, food brought into School, Individual Care Plans, medication, educational visits, staff training and the storage and use of adrenaline devices, are set out in the School's **Allergy Safety Policy**.

Recognising anaphylaxis

Anaphylaxis may develop rapidly. Signs may include:

- persistent cough or a hoarse voice;
- difficulty swallowing or a swollen tongue;
- difficult or noisy breathing, wheezing or coughing;
- persistent dizziness;
- becoming pale, floppy or unusually sleepy; or
- collapse or unconsciousness.

Emergency response

If anaphylaxis is suspected, administer adrenaline without delay.

- Treat the pupil where they are and bring the medication to them rather than moving them unnecessarily.
- Administer the pupil's prescribed adrenaline device in accordance with their Allergy Action Plan. The School's spare adrenaline device may be used where appropriate.
- The pupil should normally lie down with their legs raised. If they are having difficulty breathing, they may sit with their legs outstretched. They must not be allowed to stand or walk.
- Note the time at which adrenaline is administered.
- Call **999** for an ambulance and state that adrenaline has been given for suspected anaphylaxis.
- Stay with the pupil and contact their parent or guardian.
- If the pupil's condition has not improved, or symptoms worsen, administer a second dose of adrenaline after **five minutes**, using a second device, and update the ambulance service.
- Commence CPR if necessary.
- Anyone who has had suspected anaphylaxis and received adrenaline must be taken to hospital, even if they appear to have recovered. A member of staff should accompany the pupil in the ambulance until a parent or guardian arrives.

Hereward House School: First Aid Policy

Staff should refer to the pupil's Allergy Action Plan and the School's **Allergy Safety Policy** for the School's full procedures for managing allergic reactions and anaphylaxis.

Asthma

Boys who suffer from asthma must have their prescribed inhaler available in School at all times. Inhalers must also accompany pupils on outings and sports afternoons. Depending on the pupil's age, the inhaler may be carried by the pupil or by the accompanying member of staff. The School does not hold emergency salbutamol inhalers; pupils therefore rely on their own prescribed inhalers being available.

Parents are encouraged to hand in spare inhalers to the office. Management of a pupil suffering from an asthma attack will be in line with their individual care plan.

The following is general guidance. If a pupil is having an asthma attack, the person in charge should prompt the pupil to use his reliever inhaler if he is not already doing so. It is also good practice to reassure and comfort the pupil whilst, at the same time, encouraging him to breathe slowly and deeply.

If still no improvement or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then an ambulance must be called.

Where a pupil has a known allergy and develops sudden breathing difficulties, staff should also consider anaphylaxis. If anaphylaxis is suspected, adrenaline should be administered without delay in accordance with the pupil's Allergy Action Plan and the School's anaphylaxis procedures above.