



## First Aid Policy

<b>Person responsible</b>	<b>Director of Finance and Operations (DFO)</b>
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## 1. Introduction and Aims

This Policy has been drawn up with reference to the Department for Education's First Aid in Schools (2022) guidance, the Health and Safety (First Aid) Regulations 1981, and the HSE publication L74 (2024 edition). It is applicable equally to the School and Reception (EYFS).

The purpose of this Policy is to ensure that every pupil, member of staff and visitor is well looked after in the event of any illness, accident or injury. It aims also to ensure that all staff and pupils are aware of the procedures to follow in the event of any illness, accident or injury and to provide a whole School culture of openness, safety, equality and protection. It also recognises that first aid trained staff are responsible for triage and only trained to provide immediate response, stabilise and prepare a casualty for the appropriate emergency services. In cases of serious injury, the first aid trained member of staff will carry out any treatment under specific instructions provided by the emergency services via 999 or authorised emergency response team.

At all times, the School aims to ensure that arrangements for first aid provision are adequate to cope with all foreseeable major incidents, whether the pupils are on the School's premises, on a School trip or at a sports fixture event.

## 2. Key Roles

The DFO is responsible for the overseeing of First Aid, but management is the responsibility of the Senior First Aider, Susan Neary (Tuesday to Friday), or Emma Albrecht (Monday).

Day-to-day duties are carried out by the Duty First Aider (Susan Neary) and Office Manager (Emma Albrecht).

The DFO is responsible for ensuring that there is a sufficient number of trained First Aiders and that their qualifications are kept up to date.

The Educational Visits Coordinator (EVC) is responsible for risk assessments for offsite visits and educational trips, including sports fixtures.

## 3. Definitions

**First Aid** is the first and immediate assistance given to any person with either a minor or serious illness or injury, with care provided to preserve life, to prevent the condition from worsening, or to promote recovery. It includes initial intervention in a serious situation prior to professional medical help being available or, while waiting for an ambulance, as well as the treatment of minor conditions, such as applying a plaster to a cut.

**Medical Room** is the room located opposite the Admissions office, sometimes known as the First Aid Room.

**First Aider** is someone who has undertaken training appropriate to the circumstance.

The number of certified First Aiders will not, at any time, be less than the number required by law and a First Aider will be on site from when the building opens to when the building closes. They undertake updated training every three years. This includes training on action necessary if a pupil suffers an epileptic seizure or an asthma attack. As of the date of this document the First Aiders are:

Tricia Duke	Milly Behrooz	Cat Smith	Liam Byrne
Phoebe Neighbour	Ana Ferreira	Kevin Neary	Lucy Webb
Fiona Maguire	Derick Elliston	Marcelle Price	Sian Bradshaw
Phillip Vessey	Tracey Lynn	Giles Puckle	Rachael Vaughan
Tom Casey	Sophie Marshall	Cara Thomas	Nicholas Bryant
Chris Mellon	Rebecca Kateley	Myrsini Psalidaki	Sarah Finch
Rose Peters	Karen Brewer	Anni Green	Felisha Ellington
Tatiana Hernandez	Lucy Hall	Ellen Yap	Claire Hanafin
Fizah Durani	Karen Feagan	Emma Albrecht	Sammy Behrooz
Susan Neary	Emily Webb	Rafaela Valle	Davida Deda
Gill Jesson	Gillian Groszewski	Runa Keating	Caroline Young
Vivienne McPherson	Ami Unadkat	Jacy Reid	

Supplies of first aid are kept locked in the medical room, and medications are locked in the medical cupboard. All First Aiders are aware of the location of the key to the cupboard.

## 4. EYFS

All of the above First Aiders hold paediatric First Aid qualifications required for EYFS. A member of staff from the above list must be on the premises and attend any trips the Reception class undertake.

At least one paediatric First Aider will always be on site during term time, and on any School trip. The training will be renewed every three years. This includes a PFA-qualified staff member being present at all times children are eating meals or snacks, in addition to existing supervision requirements. Trainees and apprentices with valid PFA training may count towards staff ratios where appropriately supervised, in line with the EYFS 2025 update.

In the event of any accident or injury, a specific report is to be made as outlined later in this Policy.

The School has significantly above the ratio of First Aiders required for the number of pupils in School, and there is sufficient extra capacity should one of the First Aiders be absent for any reason.

## 5. Training

The School uses an experienced, accredited First Aid trainer to provide First Aid courses onsite in School.

Refresher training is provided annually, and full requalification is undertaken every three years in line with HSE L74 (2024). The term 'life-threatening bleeding' replaces the previous phrase 'catastrophic bleeding'. Mental health first aid awareness sessions are offered annually to all staff as part of the School's Wellbeing programme.

Other staff are given training in first aid techniques to achieve a basic, minimum level of competence commensurate with an Emergency Aid qualification in accordance with the Health and Safety (First Aid) Regulations 1981. The School aims to provide this training whenever the need for it becomes clear.

**Auto-injector (epipen) training** and monitoring is the responsibility of the Senior First Aider and is given to all staff regularly.

## 6. Hygiene and Infection Control

First Aiders are not required to wear a mask, visor, disposable gloves or an apron when dealing with First Aid. However, if the injury in question involves any bodily fluids, protective gloves must be worn, and pupils must not be allowed to touch the bodily fluids.

Any spillage of bodily fluids will be attended to by a member of the site team, wearing the appropriate PPE, and will be disposed of in the medical waste bin found in the Medical Room. Any contaminated clothing must be removed and kept in a secure plastic bag for later washing or washed immediately. The affected surface area will be subject to the appropriate sanitisation.

## 7. Offsite Activities and Educational Trips

Portable first aid kits are maintained, with any deficiencies made good without delay, and are taken out on all School trips, as well as inhalers, auto injectors (epipens) and other prescribed medication where necessary. These are kept in clear, sealed plastic wallets which are labelled along with the pupil's Individual Health Care Plan (IHCP). On return to School, the plastic wallets are returned to the locked cabinet in the Medical Room.

No medication will be taken on day trips and outings unless prescribed for a specific pupil by a doctor. It is the responsibility of the Trip Leader to assess what First Aid provision is necessary for each outing or trip.

Non-prescribed medications are also taken in the First Aid boxes on residential trips

(see Appendix 5 for list of medicines and the consent form parents must sign before each trip).

## 8. First Aid Boxes

Green First Aid Boxes are positioned in the following locations:

<u>Location</u>	<u>Owner</u>
Art and Design Room	Head of Creative Arts
Hall	School Administrator
Kitchen	Chef Manager
Caretakers Office	Senior Caretaker
First Aid Room & Safe Space	Senior First Aider
SPGS Netball Courts	Director of Sports and Activities
Playground	Lunchtime Supervisors
Reception Classroom / EYFS	Reception Class Teacher
Science Laboratory	Head of Science
Food Technology Room	Head of Creative Arts

Each First Aid box is checked termly by the owner and any deficiencies made good. It is the responsibility of the Senior First Aider to stock and restock the boxes in accordance with *Workplace first aid kits, Specification for the contents of workplace first aid kits*, BS 8599-1:2019 - see Appendix 3.

All First Aid boxes are marked with a white cross on a green background.

## 9. Defibrillator

In line with the commitment to ensuring the safety and wellbeing of all pupils, staff, and visitors, the School maintains an Automated External Defibrillator (AED) on site (which is also registered with the local authority and can be used by the community as authorised by the emergency services), located in the Medical Room. It is checked weekly by the Senior First Aider and serviced in accordance with the manufacturer's schedule. All staff receive annual familiarisation training. In an emergency, any person may use the AED, following the automated instructions provided by the device and must follow the voice prompted instructions. The DFO is responsible for ensuring ongoing compliance and maintenance records. While the likelihood of such incidents in a preparatory school setting is low, having a defibrillator available can be lifesaving, as early defibrillation significantly increases survival rates.

## 10. Reporting

All first aid incidents are recorded in the medical events record when any pupil receives first aid treatment either on the School premises or as part of a school-related activity. **Serious accidents or injuries are reported to the Head, the Senior Deputy Head and the DFO immediately.**

Parents will be informed via a telephone call from the Senior First Aider or Office Manager if their daughter has a serious injury or cut, or for any head injury. Parents of pupils in Reception are informed of any First Aid treatment given via the 'Reception Class Accident Form'.

Staff are informed via staff meetings or individual briefings for appropriate significant illnesses and/or conditions of pupils, for risk assessment purposes. Photographs of pupils with allergies/other serious conditions are displayed in the Medical Room, Kitchen, Hall and the Food Technology Room.

When a **serious** accident or injury occurs, the Head, Senior Deputy Head and DFO must be informed and they will determine who should report the incident to the parents. Parents should be asked to collect their child as soon as possible. In the event of the incident requiring an ambulance, details should be recorded meticulously and passed on to the parents, including details of hospital/A&E department and the ambulance team - see Appendix 4.

The person who witnessed the accident should enter details in the official accident book, which is kept in the medical cupboard. Every accident, however minor, must be reported to the Senior First Aider, and recorded on the Medical Events spreadsheet.

Some accidents need reporting to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995). Such incidents will be notified to the HSE via their online portal (<https://www.hse.gov.uk/riddor/>). The former RIDDOR phone line (0845 300 9923) has now been retired. The DFO is responsible for maintaining records and reporting these - see Appendix 4.

For EYFS, whenever there is an incident and the First Aider is involved, a record of the incident and treatment is made in triplicate on a Reception Class Accident Form. One copy is filed by the Senior First Aider in the Reception Class Accident Book at the front reception desk, a second copy is given to the Reception Form Teacher, and the third copy is handed over to the pupil's parent when they collect the pupil from School.

## 11. First Aid Procedure

If an accident occurs, the member of staff in charge should be consulted and they will assess the situation and decide on the best course of action. In a serious accident, this may involve immediately calling for an ambulance, but normally they will call for the Senior First Aider - see Appendix 1.

For minor accidents, or if a pupil is ill during the day, they should be sent with another pupil or taken by a member of staff to the First Aider on duty in the School office - see Appendix 2.

An ambulance should be called in cases of: difficulty breathing, suspected broken limbs, serious blows to the head, suspected concussion, loss of consciousness, severe bleeding, life-threatening bleeding, suspected heart problems, severe allergic reactions, or when the First Aider considers that they cannot adequately deal with the situation. Parents will be informed promptly by telephone in all cases of serious injury or head trauma.

Protective gloves must always be worn where there is a risk of contact with bodily fluids. PPE (e.g. gloves, masks, aprons) is provided and must be used where necessary. Spills of bodily fluids must be cleaned using approved disinfectant solutions (minimum 10% bleach or equivalent). Any contaminated materials are to be sealed and disposed of safely in the designated medical waste container.

Pupils who have a specific, chronic medical condition (asthma, epilepsy, diabetes, anaphylaxis or other consultant-managed condition) will have an Individual Health Care Plan and Allergy Action Plan (where appropriate) which must be kept on their file and a copy with their medication. A list of all pupils with specific medical conditions is provided with a photo of each pupil for each classroom and in the catering office.

Details of any known triggers and symptoms must be shared with Form Teachers at the beginning of each year or when the condition is notified. Medications will be held centrally and covered by the Administration of Medications Policy (see separate Policy).

Staff will be given annual anaphylaxis awareness and auto-injector training.

The Medical Events spreadsheet is updated by the Senior First Aider or Duty First Aider immediately after an incident - see Reporting.

The School Office will inform parents via a phone call if a pupil receives a serious bump to the head, and also for any serious injury or cut. The Form Teacher and PE staff (where necessary) should also be informed by the Duty First Aider in the School Office. PE staff will inform the Duty First Aider if a pupil receives a bump to the head, or if a pupil is hit by a ball on the head or face during a PE lesson, and the School Office will inform parents via a phone call, if deemed necessary.

In the event that none of the parents can be reached by phone, a message will be left providing details, asking them to contact the School Office. Where it is not possible to leave a voicemail, an email may be sent to parents providing details of the injury or bump, with a request to call the School Office.

Parents should notify the School if their child has an infectious disease. In cases of diarrhoea and vomiting, pupils should be kept away from school for 48 hours from the last episode.

In cases of other infectious diseases, the Senior First Aider will consult with the pupil's parents with reference to the *Guidance on Infection Control in Schools and other Childcare Settings*, Public Health England, April 2017 (updated September 2024). Where possible, guidance will also be sought from the School's Medical Governor. Once this consultation has taken place and the exclusion period has been agreed, other parents will be informed if appropriate.



## 12. Mental Health

Ellen Yap (Assistant Head, Pastoral Care and Deputy DSL) works closely with the DSL, Phase Leaders, School Counsellor and Senior First Aider to facilitate the identification of and support for pupils who may be experiencing a mental health issue. Staff are trained to recognise signs of emotional distress and to seek assistance from the Assistant Head, Pastoral. Mental health incidents are recorded confidentially in line with the Safeguarding Policy. Mental Health is addressed with pupils through the Wellbeing Programme (including RSE) and pastoral systems, as outlined in Wellbeing, RSE and Health Education and Safeguarding Policies.

## 13. Administering Medications in School

See separate Administration of Medications Policy. This also gives details of the procedures for any pupil with a specific medical condition such as asthma, epilepsy, allergy and/or diabetes. Necessary medication will be kept under the control of the Senior First Aider. These must also always be taken on outings, and this **must be checked by the Trip Leader before leaving the School.** All staff are trained on the use of auto-injectors (epipens).

## 14. Staff Taking Medication

If staff are taking medication which might affect their ability to care for pupils, they should seek medical advice and inform their line manager. Staff medication on the premises must be securely stored, and always be out of reach of pupils. Please see the Administration of Medications Policy and the Staff Handbook.

## 15. General Safety

Every member of staff should be constantly on the look-out for hazards around the School and in the grounds. If they see anything dangerous that they cannot put right themselves, they should report it immediately to the DFO. In addition, there is an agenda item for Health and Safety at staff meetings, and a medical events item on the termly Health and Safety Committee meeting.

## 16. Risk Assessment

The DFO is responsible for the overall risk management however, the Director of People & Development is responsible for ensuring there are sufficient trained First Aiders and for monitoring the expiry dates of their training. The Educational Visits Coordinator must check Risk Assessment(s) have been completed for offsite events.

## 17. Safeguarding Children (see separate Policy)

## **18. Physical Contact with Pupils**

Members of staff need to be careful not to initiate or encourage physical contact with pupils, including touching the head. Even in the case of a pupil in great distress, where the natural reaction is to comfort the pupil with a hug, great caution must be exercised. It is wise for staff to ensure they are in a public place with another adult in attendance if this type of contact is needed. Any member of staff requiring a private discussion with one child should ensure that the door of the room is left open, and another adult is nearby. Staff should consult the Staff Behaviour Policy.

## **19. Sharing Information**

The School recognises that it owes a duty of confidentiality to the pupil and will only share information with the pupil's parents and medical professionals or external agencies for the purposes of safeguarding the pupil or promoting the pupil's welfare. These may include Health & Safety Executive (HSE) under Reporting of Injuries, Diseases & Occurrences Regulations (RIDDOR), insurers, the Charity Commission, local child protection agencies or any other regulatory bodies as appropriate.

Medical information about a pupil will be maintained for a period of six years after the pupil has left the School.

## **20. Monitoring and Review**

The DFO will regularly monitor and evaluate the effectiveness of this Policy. It will be subject to review at least annually (or more frequently if changes to legislation, regulation or statutory guidance so require) by the DFO and the Governing Body. The date of the next review is shown on the front page.

## Appendix 1

# BUTE HOUSE PREPARATORY SCHOOL EMERGENCY CALL PROCEDURE

If anyone on the site sustains an injury which is considered to be serious, an ambulance will be called.

### **Request an Ambulance**

Dial **9 999** or **9 112** and ask for ambulance. Be ready with the following information:

Your telephone number: **0207 603 7381**

Your Location: **Bute House Preparatory School**

**Luxemburg Gardens, London W6 7EA**

Exact location of School: Behind St Paul's Girls' School Swimming Pool, off Brook Green, Hammersmith

Use What3Words App for exact location: Main Entrance

<https://what3words.com/jolly.pitch.stress>

Your Name:

Brief description of symptoms:

Age of Patient:

Speak slowly and clearly and be ready to repeat the information if requested.

Inform Ambulance Control of best entrance to use and that the crew will be met.

## Appendix 2

### BUTE HOUSE PREPARATORY SCHOOL ON SITE FIRST AID PROCEDURE

1. If anyone is injured or unwell in School, if possible, they should be taken or sent to the Senior First Aider in the Reception Area.

#### **But**

- a. If the casualty is believed to be having an allergic reaction, they must not be moved, and someone should be sent immediately to collect their auto-injector and Allergy Action Plan.
  - b. If it is not possible to move the casualty, someone should be sent to the reception office to get the Senior First Aider or Duty First Aider.
2. The Senior First Aider/Duty First Aider should go quickly to the casualty and take a mobile phone with them.
  3. An ambulance should be called in cases of difficulty in breathing, suspected broken bones, serious blows to the head, suspected concussion, loss of consciousness, severe bleeding, suspected heart problems and allergic reactions.
  4. The injured person should be taken to the Medical Room if they can move/be moved safely.
  5. The injuries should be assessed and treated accordingly.
  6. The injured person should then return to class or to their duties or should be sent home as appropriate.
  7. All injuries and illnesses must be logged in the Medical Events Spreadsheet.
  8. If the injured person is a Reception child, the 'EYFS Accident Form' must be completed.
  9. If a pupil has had a head injury or any injury requiring further medical assessment, the parents must be informed.

## Appendix 3

### **BUTE HOUSE PREPARATORY SCHOOL FIRST AID BOX PROCEDURE**

1. First Aid Boxes are to be checked each term by the owner of each box.
2. The contents should be checked against the First Aid Box Contents Checklist (located in each box).
3. Any missing or expired items should be reported to the Senior First Aider who will supply replacements immediately.
4. When the contents of the First Aid Box are complete, the box owner should sign and date the Contents Checklist and should inform the Senior First Aider that the box is complete and checked.
5. When items are used, the Senior First Aider must be advised in order to arrange replacements.
6. The Senior First Aider should monitor that all boxes are checked termly and chase any that have not been checked.

## Appendix 4

# **BUTE HOUSE PREPARATORY SCHOOL**

## **PROCEDURE FOR LOGGING SERIOUS INCIDENTS IN THE ACCIDENT BOOK**

Any moderate to serious injury resulting in a major wound, broken bone, head injury or anything where further medical opinion is sought (i.e. sent to hospital, optician, doctor etc.) must be recorded in the Accident Book kept in the DFO's office.

1. As soon as possible after the incident, complete all relevant sections of the form.
2. Ensure the DFO and Head are aware of the incident.
3. The DFO will inform Health & Safety Executive (HSE) if:
  21. the person involved is killed or taken from the School to hospital
  22. the person has a major injury (see below)
  23. the accident arises out of or in connection with work
  24. the accident prevents the injured person from doing their normal work for more than seven days
4. Parents must always be informed if a serious incident has occurred.

An example of reportable major injuries are listed below, however, the Senior First Aider, in consultation with the Head and DFO should be consulted where there is any ambiguity:

- fracture, other than to fingers, thumbs and toes
- amputation
- dislocation of the shoulder, hip, knee or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating eye injury
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation, or admittance to hospital for more than 24 hours
- any other injury leading to hypothermia, heat-induced illness or unconsciousness or requiring admittance to hospital for more than 24 hours
- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent
- acute illness requiring medical treatment

## Appendix 5

This form is provided to parents of pupils going on residential trips

### CONTENTS OF FIRST AID KIT FOR RESIDENTIAL TRIPS

The School's First Aid kit contains the following items. If you do not wish any item to be used for your daughter, please delete it from the list. If you wish to offer an alternative product, please list it below and detail when and how it should be used (only if full instructions are not provided on the product). Please give any alternative medicines or prescriptions to the First Aider, who will return anything unused at the end of the event.

#### Internal medications

Paracetamol 500mg caplets

Nurofen for children

Calpol 6+ fastmelts

Antihistamine tablets

Travel sickness tablets

Dioralyte

#### External treatments

Savlon antiseptic cream

Factor 30 sun protection

After Sun

Vaseline

Anthisan allergy cream

Dry ice packs

#### Dressings

Plasters

Blister Plasters

Crepe bandages

Triangular bandages

Sanitary towels

Sterile dressing pads

Micropore surgical tape

#### Miscellaneous

Tweezers

Scissors

Forehead Thermometer

Latex gloves (for use by First Aider)

Safety pins

Tissues

### **PLEASE READ CAREFULLY BEFORE SIGNING BELOW**

I give permission for my daughter to be treated with any of the products named in the First Aid kit while she is on the trip. I will be told if she has experienced any medical problems and will be given details of any treatment that has been given. I understand that where branded products have been named, these may be replaced with local equivalents should the need arise.

I authorise one of the members of staff accompanying the Bute House party to give permission for my daughter to be given any anaesthetic / hospital treatment necessary for medical / dental treatment during the period of the trip, *if parents cannot be contacted.*

**Signed:**

**Date:**