



SLINDON
COLLEGE

FIRST AID, MEDICINES AND SUPPORTING THOSE WITH MEDICAL NEEDS POLICY

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Next review:	August 2024
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Approved by:	Governing Body
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Rationale

Major and minor incidents can take many forms and can happen without warning. No plan can provide for every eventuality. This policy outlines the responses and responsibilities required for the day to day running of the school and aims to ensure that adequate and suitable equipment, facilities and procedures are in place to provide timely and appropriate First Aid. First Aid is the immediate assistance or treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance or qualified Medical Expert. It may involve improvising with facilities and materials available at the time.

Within this policy, the term First Aider applies to any employee with an Emergency First Aid at Work (1 day) or First Aid at Work qualification (3 days).

Slindon College recognises that First Aiders:

- should act always within the guidance given in their training.
- are all expected to administer First Aid treatment to pupils, staff and visitors within the scope of their skills, learning and confidence.
- are expected to recognise the limitations of their roles, to ensure that appropriate medical intervention is sought where necessary.
- are expected to accurately record details of injuries, conditions or incidents that require treatment or any form of first aid intervention in the school's medical log.

A First Aid Needs Assessment (Appendix 4) is carried out to ensure the College has adequate and appropriate equipment, facilities and qualified first aid personnel (allowing for annual leave, absences, time off site) in consideration to the site requirements. The assessment is reviewed annually or after any significant changes by the Bursar and the Appointed Person.

Illness

Minor illnesses that arise of a short duration and first aid are dealt with by Matron. Parents/guardians are notified when it is felt necessary and the details recorded on the Engage Portal.

In the event of more serious illness, parents/guardians are notified and asked to take their child home.

If a pupil has vomited or has diarrhoea, parents are asked not to return the child to school until 48hours after the last occurrence.

Sporting Activities

Whilst we endeavour to place a first aider on any trip or offsite activity, staffing and First Aid training mean this is not always an option. However, all trips have a first aid kit, designated mobile phone and staff are aware of how to get medical help in the case of an emergency. If a pupil is to go on a trip that has a known significant medical condition that may well require immediate care, then a suitably trained person would always accompany them.

Summoning an Ambulance

Anyone can and should, if necessary, phone (9) 999 to summon emergency help. You do not need to wait for either Matron or a first aider, but they should also be summoned. Any incident that requires the emergency services to be called will be reported to the Headteacher, as soon as possible. If an ambulance is summoned, a member of staff will need to be dispatched either

to the front or the rear of the school to advise on entry. If advised by ambulance staff, a member of school staff should travel with the pupil to hospital. If not, a member of staff should follow in a car and meet the pupil in the hospital.

After such an incident, staff involved will need to write a report indicating what has happened and this will go to the Headteacher or his deputy.

Advice for staff and first aiders on dealing with emergencies until help arrives is available on the Engage Portal.

Informing Parents

Matron informs staff of pupils who have attended The Surgery via the school Portal system. In all cases of a pupil being unwell or injured and needing to go home or to their boarding rooms, parents will be informed by Matron, usually by phone. Should follow-up care such as dressings or in the case of a head injury, Matron will give specific advice to the parents or the boarding staff. See Appendix 1.

First Aid and Care in Boarding

There is always at least one first aid trained member of staff on duty in the house. Boarders who are staying overnight are aware who is on duty and how to contact them for help. Any first aid given will be reported in the medical log and if necessary, reported to the parents.

Should a pupil require supervision, observation or other support overnight, there is a separate bedroom with adjoining bathroom available within The Surgery. The Surgery itself has a sofa bed so a member of staff can be nearby should this need arise.

Care will follow the Care of Boarders who fall ill during term time procedures.

Bodily Fluids

In the event of any bodily fluids (blood, faeces, urine and vomit) needing to be dealt with immediately, an Infection Control Kit is available in The Surgery. Gloves, aprons and face shields/masks are provided in the Infection Control Kit and should be used when dealing with bodily fluids (and all first aid procedures). All items should be placed in clinical waste plastic bag and disposed of in the clinical waste bin located in The Surgery. Matron will arrange for the safe collection of clinical waste.

Past Medical History, Care Planning and Consent

A Pupil Medical Form outlining medical problems, both past and present, including known allergies and prescribed/non-prescribed medication taken are completed by every pupil's parent/guardian prior to the pupil being admitted to the College. Consent for first aid, administration of prescribed drugs and for administration of over-the-counter homely remedies is also signed and retained.

Should a pupil be attending school for a 'taster' period, the Pupil Medical Form is completed by the parents or guardians before the pupil is left at the school.

Should a pupil have a significant medical condition that may either affect their College day or may require medical/treatment intervention, then Matron will produce an Individual Healthcare Plan (IHP) for that issue. Such plans are kept within the medical file in The Surgery but are made known to all staff by way of the Engage Portal. Some IHP's are written in conjunction with external

medical professionals, to ensure the College's response and care is appropriate for the specific needs. Conditions such as epilepsy, asthma and diabetes are example of conditions that will have IHP's.

The confidentiality and rights of pupils as patients are appropriately respected by the school. This includes the right of a pupil deemed to be "Gillick Competent" to give or withhold consent for his own treatment. Gillick Competence is used in medical law to decide whether a pupil (16 years or younger) is able to consent to his own medical treatment, without the need for parental permission or knowledge. A pupil will be Gillick Competent if he has sufficient understanding and intelligence to understand fully what is proposed. Should a pupil be considered Gillick Competent then their right to consent to or refuse first aid, medical or dental treatment will be acknowledged. The Doctor, Dentist or Matron proposing treatment will judge whether or not a pupil understands the nature of the treatment, as well as the consequences of refusal, and whether he can thus be deemed competent. Parents of any pupil under 16 years will be informed if their son refuses any medical or dental treatment suggested by the school medical officer or Matron.

School Medical Officer

The school's medical officer is Dr Rose who is part of the Croft Medical Practice at Eastergate, 4 miles from Slindon College. Out of hours advice can be obtained by calling 111 or, in an emergency, 999. Pupils are taken to the medical centre for appointments and the school Matron, or Houseparent, will also take pupils to the local Accident and Emergency Hospital at St Richard's Hospital, Chichester, 9 miles from the school, if necessary or Bognor War Memorial Hospital, Bognor Regis, 8 miles from the school.

All boarders are encouraged to become registered with the school medical practice. Not all boarding pupils are registered with the school doctor for the provision of general medical services, but can be seen by the doctor at any time. It is probable that day pupils living within the locality will already be registered with a general practitioner, although treatment will always be provided by the school medical centre during school hours. It is expected that for routine medical matters their usual GP will be consulted.

Additional to GP support for boarders, access is provided to other medical, dental, optometric and other specialist services as the need arises.

Health and Wellbeing

Health advice for pupils will always be available from the school Medical Officer and Matron. Staff and parents are welcome to seek the advice of the Matron but will need to make an appointment to see their own GP rather than the school Medical Officer. Health promotions will be provided both informally and in a more structured way from the Matron, school assemblies and the PSHE Programme.

Storage and Administration of Prescribed Medicines

Matron is responsible for writing up the medicine charts for all prescribed medication (including controlled drugs and supplements, such as vitamins). She is also responsible for getting repeat prescriptions as necessary for the boarders, receiving medication from parents/guardians and ensuring they are safely and appropriately stored. All medicines received from either parents or from pharmacy or hospital will only be dispensed if they comply with the following:

- Medication is in the original container in which it was dispensed
- The original dispensing label must be intact and all necessary instructions clearly visible
- The name of the individual for whom the medication was prescribed is clearly displayed on the label
- The dosage and frequency of the medication is clearly displayed on the label
- The route of administration is clearly displayed on the label
- The expiry date is clearly displayed on the label

Pupils should not carry medication in school unless for emergency use. We do not allow pupils to administer their own medication, unless it is with the written authority of the parents and the agreement of the Headteacher. All prescribed medication is locked in the appropriate cupboard or kept in the small fridge in the locked Surgery.

Only staff identified in the front of the medicine log may administer medication. These staff have been trained in the safe storage and administration of medication. All staff that are trained to give medication are expected to check that they are giving:

- The right drug
- At the right dose
- To the right person
- At the right time
- By the right route

They then sign to acknowledge that this has been done. The pupil additionally signs as second signatory. This is dependent upon the type of medication being given, if the staff member is still in induction or occasionally as a random check by Matron or a senior member of staff.

The times and dosage of prescribed drugs are written against the pupil's name on the drug log and it is initialled each time it is administered. If the pupil is not present or they refuse the medication, this is indicated in the medicine log. All prescribed and regular medication to be given will be dispensed from the meds box by Matron. There is to be no deviation from the prescription without medical and/or parental advice. Should a student refuse to take his prescribed medication then Matron will inform the parents.

If a pupil has been prescribed an Adrenalin Auto Injector (an Epi Pen or Jext Pen) a pre-loaded device containing a measured amount of adrenalin, this will be located in The Surgery, where possible another will be kept in the front office, and with the pupil (either kept by class teacher, in classroom or if sufficiently responsible, personally).

Pupils with Asthma need to have immediate access to their reliever inhaler when they need it, and should be encouraged to carry it in their bag/pocket. If needed a spare prescribed inhaler can be kept in The Surgery.

Controlled drugs (CDs) are medications that have been prescribed by a medical professional for the use of a named individual and which, under the Misuse of Drugs Regulations (2001), must be locked away appropriately and strictly monitored and recorded in a dedicated book as it is used. The prescription will determine dosage, frequency and method of administration. A

list of controlled drugs commonly prescribed is available in Appendix 3.

Controlled Drugs should be brought to Matron by the parent/guardian and rather than by the pupil, unless otherwise agreed. The receipt of Controlled Drugs is recorded and checked in by Matron and another member of staff. These are then kept in a lockable cupboard within The Surgery.

Staff administering these medicines sign a dedicated Medical Administration Record (MAR) to witness the date, time and dosage of medicine and also that the pupil has taken the medicine. It is also entered into the controlled drug record book and again signed for as dispensed or received. The Controlled Medication book is additionally signed by the pupil as second witness/signatory.

The administration and storage of Controlled Drugs is closely monitored by a member of SLT or the boarding governor.

Storage and Administration of Over the Counter (OTC) Medicines (also known as homely remedies/non-prescription medication)

Only staff identified in the front of medicine log may administer medication. These staff have been trained in the safe storage and administration of medication. The range of over-the-counter medication available is decided by Matron with guidance. The dosage, timings and type of medication are governed by the advice given on the packet (see Appendix 2). OTC medication is recorded in the medicine log. In the case of paracetamol and ibuprofen, the stock record must be entered, expiry date checked and recorded, and initialled after being given out.

Parents/guardians are asked to sign consent for OTC medication (including antihistamines) to be given and to identify if the pupil is allergic to any medication. Prior to giving any OTC medication the pupil is required to acknowledge his name, state that he doesn't have any allergies and when he may have had a previous medication. The member of staff giving the medication checks in the medicine log to ensure that OTC medication hadn't been given within the recommended time. Matron will check with parents to ensure that no medication has been given at home if it is before 12pm.

OTC medication must only be given from original packaging, e.g. original boxes/bottles with the manufacturer's label and are kept in a locked cupboard to ensure they are not accessible to pupils/pupils. Staff who require OTC medication, in an emergency, may request them from Matron or a first aider, but the dose must be written in the stock balance for Ibuprofen or paracetamol.

Both prescribed and OTC medication stocks are checked termly by Matron and checked by a member of SLT or boarding governor.

Disposal of Medicines

All medicines stored in The Surgery will normally be returned to parents at the end of term. On no account will Controlled Drugs be returned to the pupil. Any controlled drugs left at the end of term will be returned to the parent who will sign the Controlled Medication book to acknowledge receipt. Parents are to ensure that they have adequate supplies at home to administer medication over weekends and half term holidays, thus leaving the school stock in situ.

Any medication remaining in the house at the end of term will be taken to the local pharmacy for disposal. Sharps boxes are available on prescription for those pupils who need them for the safe disposal of needles. The Matron will arrange for the safe collection of used sharps boxes.

Head Injuries

Head injuries may occur in any area of school life and are not exclusive to contact sports. When a person suffers an impact to the head, it is vital that all members of staff manage the injury in a consistent way regardless of the circumstances. The health and wellbeing is at all times of paramount importance and if any member of staff is in any doubt as to whether or not an injury has occurred, or injury suffered, they should exercise caution in the best interests of the individual.

When it is considered that a blow to the head has happened they will always need to be assessed for a head injury, so call for Matron or a first aider. Anyone who has had a blow to the head, however minor, will have head injury instructions issued and in the case of a pupil will have their parents phoned. Should the blow cause bleeding then pressure must be applied. Any bleeding from nose or ears after a blow to the head is very serious and 999 must be called immediately.

Persons who are considered to have signs and/or symptoms of concussion should always seek medical attention swiftly by reporting to their local Accident and Emergency or NHS Walk In Centre (it is unlikely that a GP will be able to see promptly enough).

Fractures

Fractures are difficult to establish therefore if in doubt, treat the injury as a suspected fracture to avoid aggravating any injury. Symptoms that may be present include pain/swelling/limited movement/bruising/deformity.

Action

- Ensure they are comfortable
- Reassure and try to reduce their movement
- Call for Matron or first aider, or 999 for an ambulance.

Even if you are not a trained first aider prompt action can save the day. Matron, first aiders and the emergency services would rather you were safe than sorry, so...

If in doubt call out

When you have acted to support someone, it is best to write it down, as a report is likely to be required at some point.

Appendix 1 - NHS Advice - Head injury observation instructions for parents and guardians

Following a head injury, you should keep the young person under adult supervision for the next 24 hours. If any concern arises that he is developing a problem, please seek advice from the Accident and Emergency Department or, if necessary, make arrangements to bring him back to hospital.

The signs that you should look out for are:

- If the young person becomes unusually sleepy or is hard to wake up
- Headaches all the time, despite painkillers.
- Repeated vomiting
- Weakness of arms or legs, e.g. unable to hold things
- Difficulty in seeing, walking, or acts clumsy and uncoordinated.
- Confusion (not knowing where he/she is, getting things muddled up).
- Fluid or blood coming from ear or nose.
- Fits (convulsions or seizures)
- Any other abnormal behaviour.

The young person should be allowed to sleep as normal. Please arrange to observe him/her on a couple of occasions overnight to check:

- Does he appear to be breathing normally?
- Is he sleeping in a normal posture?
- Does he make the expected response when you rouse him gently? (e.g. pulling up sheets, cuddling teddy-bear)
- If you cannot satisfy yourself that the young person is sleeping normally, he should be wakened fully to be checked.

Slindon College - Head Injury Information Note

_____ had an accident / incident today and sustained an injury to their head.

Date of Injury:

Time of Injury:

Place of Injury:

Brief Details:

:

He has been checked by:

Registered Firstaider: Yes No

NHS Head Injury Information Note is on the reverse of this

He returned to his lessons at:
effects.

(*time*) and has shown no ill

Treatment offered:

We suggest you seek medical advice if at all concerned

Signed _____ Print Name: _____

Appendix 2 – Protocol for the administration of OTC medication

Medication	INDICATION	CONTRA-INDICATION	DOSE	SIDE EFFECTS
paracetamol 500mg tablets	mild to moderate pain pyrexia	kidney impairment liver impairment alcohol dependency	Adults and Pupil –max 4 doses in 24 hours; leave at least 4 hrs between doses: Adults & Pupil 16+ 500mg-1g every 4-6 hours. Pupil: 12-16 yrs: 500-750mg 10-12 yrs: 500-500mg	RARE: Rashes, thrombocytopenia, leucopenia
paracetamol suspension 250mg/5mls	“	“	Pupil: max 4 doses in 24 hours; leave at least 4 hrs between doses: 6-8 yrs: 250mg (5mls) 8-10yrs:375mg (7.5mls) 10-12yrs:500mg (10mls) 12-16 yrs: 500-750mg (10-15mls)	“
piriton tablets 4mg	allergy	urinary retention, angle-closure glaucoma prostatic hypertrophy pyloralduodenal obstruction renal disease epilepsy pupils under 6 yrs.	Max. no more than 4 doses in 24hrs. Pupil 6-12 years: ½ tablet every 4-6 hours. Over 12 and adults: 1 tablet every 4-6 hours.	Tiredness and dizziness. Loss of appetite, indigestion, abdominal pain, liver inflammation, Headache, dry mouth, palpitations, chest tightness.
ibuprofen 200mg tablets	pain, fever, swelling	peptic ulcer, asthma, renal, hepatic or cardiac impairment. heart failure hypertension	Adults & Pupil over 12: 200-400mg every 4-6hrs PRN	GI Upset, haemorrhage, rash, thrombocytopenia.
simple linctus	cough/sore throat	do not use if allergic to ingredients	Pupil over 12 and adults: 5mls 3-4 times daily.	Not expected

honey, glycerin and lemon	cough/sore throat	do not use if allergic to ingredients	Pupil over 12 and adults: 5mls 3-4 times daily.	Not expected
pholcodeine linctus	cough suppression	liver disease	Pupil: 6-12yrs: 2.5mls-10mls 3-4 times daily Over 12 yrs: 5-10mls 3-4 times daily	Constipation Respiratory depression
throat lozenges	cough/sore throat	diabetes	1 lozenge prn	Not expected
anthisan bite & sting cream	all stings		2-3 times a day for up to 3 days.	Skin sensitivity – stop using.
savlon	minor wounds	avoid contact with eyes and ears	Spray or rub onto affected area	Not expected.
olbas oil	congestion	do not use if allergic to ingredients	Inhale vapours	Not expected.
arnica	for mild bruising	do not use if allergic to ingredients	Apply topically PRN	Not expected.
vaseline	dry skin conditions	do not use if allergic to ingredients	Apply topically	Not expected.
hydrocortisone 1%	dry skin conditions	do not use if allergic to ingredients	Apply topically sparingly 2 or 3 times daily	Not expected.

Appendix 3 – List of Controlled Drugs

List of drugs which need to be stored in a Controlled Drug (CD) cupboard and recorded in the CD register

This includes a few CDs that legally are exempt from this requirement but a local decision has been made to include them to make the management of CDs easier. Examples of branded drugs in brackets.

ANTICONVULSANTS

- Midazolam – oromucosal solution (Buccolam[®]) and injection (Hypnovel[®])
- Phenobarbital – tablets, elixir and injection

HYPNOTICS

- Temazepam – tablets and oral solution

OPIATES AND OPIOIDS

- Buprenorphine – patches (BuTrans[®], Transtec[®]), or tablets (Temgesic[®], Subutex[®]), with naloxone, (Suboxone[®])
- Codeine – injection only
- Diamorphine {heroin} – injection or tablets
- Dihydrocodeine – injection
- Dipipanone – tablets
- Fentanyl – tablets (Abstral[®], Effentora[®]), lozenges (Actiq[®]), patches (Durogesic DTrans[®]) and nasal spray (Instanyl[®], PecFent[®])
- Hydromorphone – capsules
- Oxycodone – tablets (OxyContin[®], Targinact[®]), capsules (Oxynorm[®]) solution and suppositories
- Methadone – tablets, solution (Metharose[®], Physeptone[®], Methadose[®]), linctus and injection
- Morphine salts – tablets (Sevredol[®], Filnarine[®], Morphgesic[®], MST Continus[®]), capsules (Zomorph[®], MXL[®]), solutions (Oramorph[®]), injections and suppositories.
- Papaveretum – injection
- Pentazocine – tablets, capsules and injection
- Pethidine – tablets and injection
- Tapentadol – tablets (Palexia[®])
- Tramadol – all 14 brands including Tramacet[®] (paracetamol & tramadol)

STIMULANTS

- Methylphenidate – tablets (Ritalin[®], Equasym XL[®], Concerta[®], Medikinet XL[®])
- Dexamfetamine – tablets (Dexedrine[®])
- Lisdexamfetamine – tablets (Elvanse[®])

APPENDIX 4 - FIRST AID NEEDS ASSESSMENT

Introduction

The Governing Body is responsible for ensuring that the College complies with the requirements of health and safety legislation namely The Health and Safety (First-Aid) Regulations 1981 (third edition 2013) in relation to first aid provision. The Governors have delegated the responsibility for management on a day to day basis to the Appointed Person. The College has appointed WorkNest as its external H&S Consultants.

This assessment has been carried out to ensure the College has adequate and appropriate equipment, facilities and qualified first aid personnel (allowing for annual leave, absences, time off site) in consideration to the site requirements. The assessment is reviewed annually or after any significant changes by the Bursar and Appointed Person.

Slindon College is a day and boarding school for boys aged 8-18 set in a remote rural location (Ordnance Survey Grid Reference SU 96003 08490) seven miles from the nearest 24 hour A&E at St Richard's Hospital, Spitalfield Lane, Chichester, West Sussex PO19 6SE.

The College has a mix of staff (employees, agency and contractors), pupils, visitors and premises contractors who attend site and may require first aid.

During **term time office hours** 8am-5pm numbers of staff, pupils and visitors can be a maximum of **150**.

During **term time out of hours** 5pm-8am numbers of staff, boarding pupils and live in staff can be a maximum of **20**.

During **holiday time office hours** 9am-4pm numbers of staff and visitors can be a maximum of **30**.

During **holiday time out of hours** 4pm-9am numbers of live in staff can be a maximum of **8**.

The College premises can be hired on occasion for weddings and private events. All such lettings are attended by a first aid qualified member of staff.

Schools generally fall into the lower risk category but some areas are deemed medium risk due to the practical subjects that are undertaken and their associated risks.

The main building is set over three floors and there are multiple outbuildings some of which contain locations where higher risk practical subjects are undertaken:

DT Block including the practical subject locations of DT, Motor Mechanics, Land Based Studies plus the location of The Farm and the Maintenance Workshop.

Science Block including the practical subject locations of two Science Classrooms/Laboratories, Science Tech Room, Food Tech Classroom.

Art/English Block including the practical subject locations of Art and Graphics

Sports Halls

Primary Department

Swimming Pool Area

Outdoor Activity Centre

Additionally there are various outdoor facilities used for breaks and practical subjects including multiple sports fields, sensory garden, a Multi-Use Games Area and woodland containing the mountain bike track and forest school activity area.

Pupils attending the College have additional learning needs such as autism, ADHD and therefore some do have special health needs in relation to controlled drugs or

individual health care plans.

The Accident Records are kept by the Appointed Person in The Surgery. Records include name, year (if pupil), description of accident, first aid given, what happened immediately after the incident, name and signature of first aider. Accident Records are kept for a minimum of three years. All accidents are reviewed at the termly H&S Committee Meeting with consideration to statistics indicating common injuries, times, locations and activities. First aid treatment given and medicines administered is recorded on the College MIS Engage which communicates the treatment with all personnel. The Appointed Person is responsible for reporting to the HSE RIDDOR reportable accidents such as fatal and major injuries, and dangerous occurrences without delay. The Appointed person holds records of RIDDOR reportable accidents and a copy is held in the Bursars Office.

First Aid Personnel

All staff complete an Induction prior to starting their role. As part of their Induction staff are required to complete the Educare Online Training Course 'First Aid Essentials'.

Specific training by an external provider is provided to staff designated as First Aiders. The College has selected St Johns Ambulance, an HSE recognised provider, for the First Aid at Work (3 day) and Emergency First Aid at Work (1 day) courses. Training takes place every three years.

The College has a designated Mental Health Lead. Specific training by an external provider is provided to staff designated as Mental Health First Aiders. The College has selected MHFA England as its provider. Training takes place every three years.

A list of first aid and mental health first aid personnel is displayed on the H&S Notice Board in the Headteacher's corridor and on the HR Noticeboard in the Staff Room. The first aid personnel are clearly identified to pupils across the College by our 'See It + Say It = Stop It!' posters which are sited in House Rooms, the Boarding House and other prominent locations.

There are always personnel trained in First Aid on site when pupils are present.

Appointed Person – Matron

An appointed person is someone who:

- takes charge when someone is injured or becomes ill;
- looks after the first-aid equipment e.g. restocking the first-aid container;
- ensures that an ambulance or other professional medical help is summoned when appropriate.

Slindon College's Appointed Person is Paediatric First Aid Trained.

Other medical related training the Appointed Person has received:

BSA – Essentials for new school Nurses

OPUS – Asthma Awareness Course

OPUS – Medicine Awareness for Schools (Foundation) Course

EduCare – Mental Wellbeing in Children & Young People Level 2

EduCare – Infection Prevention and Control Level 2

EduCare – Concussion Awareness Level 2

EduCare – Administration of Medicine in Schools Level 2

MHFA England – Mental Health First Aider

First Aiders

The main duties of a first aider are to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- when necessary, ensure that an ambulance or other professional medical help is called.

The Primary Department First Aider is Paediatric First Aid Trained.

Member of Staff	Qualification	Location	Hours	Renewal Date
Mrs Bouyi (AP)	Paediatric First Aid	The Surgery	FT/AY	25 May 2024
Mr Belcher	Emergency First Aid at Work First Aid for Sport, Exercise & Fitness	Science Block	FT/TT	24 Jan 2026
Mr Burbidge	Emergency First Aid at Work	DT Block	FT/TT	26 Aug 2024
Mre Emily Lipscombe	First Aid at Work	Boarding	FT/TT	10 Aug 2028
Mr Dickinson	Paediatric First Aid	Primary	FT/TT	25 May 2024
Mr Highfield	First Aid at Work	Boarding	FT/TT	17 May 2024
Miss Dixon	First Aid at Work	Boarding	FT/TT	10 Jan 2026
Mrs Draper	First Aid at Work	Science/LBS	PT/TT	11 Aug 2024
Mrs Stephenson	Emergency First Aid at Work	Maths	FT/TT	31 Jul 2024
Mr Kyle Lipscombe	First Aid at Work	Site Wide	FT/AY	01 Oct 2024
MrWoodburn	Activity First Aid (RGF)	Site Wide	PT/AY	3 Jul 2025

First Aid Room

The Surgery is the dedicated first aid room manned by the Appointed Person.

During term time The Surgery is open and manned by the Appointed Person from 7am-3.30pm. If the Appointed Person has been called away from The Surgery the initial point of contact for First Aid is the Front Office. Front Office staff will contact an available First Aider, have a standard first aid kit in situ and have a dedicated key to access The Surgery should the need arise. The Surgery is then manned by the Houseparent's on duty, who are all First Aid at Work Trained, as required until 7am.

During the holidays the Appointed Person works office hours and in their absence is covered on site by another first aid trained personnel.

The Surgery has handwashing facilities and a separate bedroom with en-suite with basin, toilet and shower for patients.

The Surgery has a large first aid kit plus storage for further medical supplies including over the counter medicines and creams. Controlled medications are securely stored and administered from The Surgery.

The Surgery additionally contains:

- Emergency Adrenaline Pen (2 x child doses equal to an adult dose)
- Emergency Asthma Inhaler Kit
- Eye Wash Station
- Infection Control Kit for use in the event of cleaning up bodily fluids such as vomit, blood, faeces and urine. The contents includes gloves (latex free), aprons, masks, visors, absorbent pads, granules for gelling liquids, antibacterial wipes, spray and hand gel and "tiger" bin liners.
- Sharps and Medical Waste Disposal
- Stretcher
- Portable First Aid Kit for use on trips

First Aid Container Locations

Location of first aid containers have been designated in regard to the location, number of people and activity.

Containers are sited in easily accessible locations near to handwashing facilities where possible. Containers are clearly identified with a white cross on a green background.

First aid containers are checked for stock and expiry dates termly by the Appointed Person using the minimum provision checklist below. Back up stock is kept in The

Surgery.

Following HSE guidance the large first aid container in The Surgery has a minimum first aid provision of:

- a leaflet giving general advice on first aid;
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sized (approx. 12cmx12cm) individually wrapped sterile unmedicated wound dressings;
- two large (approx. 18cmx18cm) sterile individually wrapped unmedicated wound dressings;
- three pairs of disposable gloves (latex free).

Other First Aid boxes have a condensed version of the minimum first aid provisions.

Where a special risk is identified in an area additional provisions are made risk dependent as follows:

- Sterile Burn and Wound Dressing
- Blue Plasters
- Ice Packs
- Eye Wash Station

The Road Vehicles (Construction and Use) Regulations 1986 (for minibuses) and/or the Public Service Vehicle (Conditions of Fitness, Equipment, Use and Certification) Regulations 1981 advise that all minibuses have on board a clearly marked first aid container with the following items:

- ten antiseptic wipes, foil packaged;
- one conforming disposable bandage (not less than 7.5cms wide);
- two triangular bandages;
- one packet of 24 assorted adhesive dressings;
- three large sterile unmedicated ambulance dressings (not less than 15 cmx20 cm);
- two sterile eye pads, with attachments;
- twelve assorted safety pins;
- one pair of rustless blunt-ended scissors.

This first-aid container shall be:

- maintained in a good condition;
- suitable for the purpose of keeping the items referred to above in good condition;
- readily available for use; and
- prominently marked as a first-aid container.

Before undertaking any off-site activities, a risk assessment via the Evolve system is undertaken and the level of first-aid provision required will be determined. The HSE recommend that, where there is no special risk identified, a minimum stock of first-aid items for travelling first-aid containers is:

- a leaflet giving general advice on first aid.
- six individually wrapped sterile adhesive dressings;
- one large sterile unmedicated wound dressing approximately 18cmx18cm;
- two triangular bandages;
- two safety pins;
- individually wrapped moist cleansing wipes;
- one pair of disposable gloves (latex free).

Additionally to first aid containers an Automated External Defibrillator (AED) is on site located by the Fire Panel in the Main Building. The AED tests itself, daily, weekly and monthly and if it detects a problem, it will flash a warning light. Staff are trained in the AED's use annually at the September INSET as part of the H&S Briefing.

Location	First Aid Container	Additional Provisions
The Surgery Main Building	Large	As detailed under First Aid Room section
Front Office Main Building	Standard - Fixed	
Cookery Room (Room 2) Science Block Practical Subject Risk from hazardous substances Risk from dangerous tools & machinery Risk of burns	Catering Specific - Fixed	Sterile Burn and Wound Dressing Blue Plasters
Science Classroom (Room 3) Science Block Interconnected with Room 4 Practical Subject Risk from hazardous substances Risk from dangerous tools & machinery Risk of burns	Standard – Portable For use in farm area and sensory garden during Land Based Studies	Eye Wash Station
Science Classroom (Room 4) Science Block Interconnected with Room 3 Practical Subject Risk from hazardous substances Risk from dangerous tools & machinery Risk of burns	Science Specific - Fixed	Sterile Burn and Wound Dressing
PE Classroom (Room 5) Science Block Practical Subject Risk of sporting injuries	Sports Specific – Portable For use on sports fields, MUGA, woodland, outdoor activity centre, swimming pool.	Ice Packs
Graphics Classroom (Room 8) Art/English Block Interconnected with Art Practical Subject Risk from hazardous substances Risk from dangerous tools & machinery	Standard - Fixed	Eye Wash Station
DT Classroom DT Block Practical Subject Risk from hazardous substances Risk from dangerous tools & machinery	Standard - Fixed	Eye Wash Station
Motor Mechanics DT Block Practical Subject Risk from hazardous substances Risk from dangerous tools & machinery	Standard - Fixed	Eye Wash Station
Maintenance Workshop Adjoining DT Block Risk from hazardous substances Risk from dangerous tools & machinery	Standard - Fixed	Eye Wash Station
Prep Classroom (Room 2) Primary Dept Risk of burns.	Standard – Portable For use in woodland during Forest School	Sterile Burn and Wound Dressing
Sports Halls Practical Subject Risk of sporting injuries	Standard - Fixed	Additional Ice Packs
Kitchen Main Building	Catering Specific - Fixed	Sterile Burn and Wound Dressing

Risk from hazardous substances Risk from dangerous tools & machinery Risk of burns		Blue Plasters
Minibus	Standard as per Transport Regulations	
Portable The Surgery – Main Building	Standard – Portable For use on trips	Pending Risk Assessment for trip risk specific items can be added
Portable Boarding Office – Main Building	Standard – Portable For use on boarding activities/ trips	Pending Risk Assessment for boarding activity/trip risk specific items can be added