



First Aid Policy
September 2026



FIRST AID POLICY

I. INTRODUCTION

I.1 It is the responsibility of the governing body of King's College School and **Wimbledon Common Prep School** (the school) to ensure appropriate first aid provision is made available. The Health and Safety (First Aid) Regulations 1981 place a duty on employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. The Health and Safety Executive (HSE) strongly recommends that schools include non-employees such as pupils and visitors in their assessment of first aid needs and make provision for them. Furthermore, this policy has regard to the School Premises (England) Regulations 2012, the Education (Independent School Standards) Regulations 2014, and the DfE Guidance First Aid in Schools, Early Years and Further Education 2022.

I.2 To ensure adequate first aid provision for staff, pupils and visitors when there are people on the school premises and for staff and pupils off-site during visits and activities, it is the school policy that:

- enough personnel are qualified to administer first aid, and they, and appropriate equipment, are always available whenever there are people on the school site;
- appropriate first aid arrangements are made whenever staff and pupils are engaged in off-site activities and visits.
- A senior first aider has completed a 3-day approved course and holds a valid certificate of competence. This training is updated every 3 years.
- Every staff member has completed a 12-hour paediatric first aid course.

I.3 The school medical room is located on the ground floor next to reception. King's College School medical staff will be present, on site, from 1000/1100 and 1400/1430 Monday to Friday. Outside of these hours, onsite WCPS qualified first aiders are available or the KCS medical team can be contacted. A regularly updated list of all staff who are qualified first aiders can be found at the end of this policy. Additionally, KCS porters are on duty whenever anyone is still on site and are all first aid trained. Organisers of activities held on site outside of normal school hours are also responsible for carrying out a risk assessment as appropriate and ensuring that there is adequate first aid cover among those members of staff helping run the activity.

I.4 A **Medical Room Handbook** is also available to staff from the medical room, which sets out in further detail the school's medical and first aid procedures and gives detailed guidance on the management of accidents, illnesses and medical conditions. This policy sets out guidance for staff on how to deal with several emergency situations before a school medical practitioner or a first aider arrives, in particular:



- Asthma (Appendix 1)
- Anaphylaxis (Appendix 2)
- Basic life support (Appendix 3)
- Diabetes (Appendix 4)
- Epilepsy (Appendix 5)
- Head injuries/concussion (Appendix 6)
- Fractures (Appendix 7)
- Severe bleeding (Appendix 8)
- Fainting and dizziness (Appendix 9)

2. AIMS

- 2.1 To ensure that the school has adequate and effective first aid provision for every pupil, member of staff and visitor to be provided with the best possible care in the event of any illness, accident or injury.
- 2.2 To ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury and when to call the emergency services.
- 2.3 To highlight reporting and review procedures.
- 2.4 To promote effective infection control in school.

3. RESPONSIBILITIES

3.1 Health & Safety Committee

- 3.1.1 The Health & Safety Committee reports to the Governing Body on health and safety issues. It comprises:

Bursar - Chair
Deputy Head (Pastoral)
JS Asst Head (Co-curricular)
Head of Estates
Deputy Bursar & fire officer
Co-ord of External Visits
Dir of Sports
Science Department Rep
D&E Department Rep
SS Teacher
Compliance Officer

WCPS Representative
Maintenance Manager
Site Manager
Catering Manager
Head Porter
Director of IT
Head Groundsman
School medical practitioner
KCS Enterprises Rep
Bursary PA - Secretary
JS Teacher



3.1.2 The main responsibilities of the Health and Safety Committee are:

- to ensure that the school has appropriate policies to meet the needs of pupils, staff and visitors.
- to monitor the production, review and recommendations of general risk assessments.
- to monitor the production, review and recommendations of fire risk assessments.
- to review accident reports and accident trends and highlight any areas of concern.
- to review training to ensure it is appropriate to the needs of pupils and staff.
- to review site security practices.
- to make recommendations for improving health and safety.
- if necessary, to highlight issues to the Management Board.
- to communicate health and safety matters to the rest of the school as required.
- to highlight any generic child protection issues.

A smaller WCPS site specific Health and Safety Committee meets twice a term and reports to the overall KCS HSC and to the Pre-Prep management board.

3.2 The school practitioner or senior first aider are responsible for:

- ensuring that appropriate first aid cover is available;
- informing parents/guardians of injuries or illness that cause concern;
- organising the safe transfer of injured/unwell pupils to hospital when required;
- liaising with the Health and Safety Committee on first aid issues;
- organising provision and regular replenishment of first aid equipment;
- maintaining records of pupil injuries/illness;
- helping to prevent the spread of infection in school and working closely with The UK Health Security Agency and Office for Health Improvement and Disparities and/or the local environmental health department as appropriate;
- providing support and maintaining medical records for pupils with ongoing and specific medical conditions. The school practitioner will ensure that any arrangements necessary are in place for the pupils.
- overseeing all pupil prescribed, over the counter and emergency medication needs. Due to the age of the pupils, a pupil is not permitted to carry any medication in school. Auto injectors and inhalers are kept in each child specific classroom. These are taken by the pupil's class teacher to and from Orchard Hall for lunch and will hang outside the head's office when the pupil is at an afternoon extra-curricular activity. During PE these remain the child's classroom.

The appropriate sharing of information between the medical room and school staff is an essential part of ensuring pupil wellbeing and safety. The school practitioners



are responsible for informing staff of those pupils who have medical conditions when required and for updating all relevant medical information on the school database.

3.3 Qualified first aiders are responsible for:

- responding promptly to calls for assistance;
- providing first aid support within their level of training and summoning medical help as necessary;
- recording details of treatment given or reporting details to the medical room to be documented.

3.4 Sports teachers or trip organisers are responsible for:

- ensuring that first aid kits are taken to all events as required;
- being aware of all pupils' medical conditions and passing the information on to a staff substitute if relevant;
- ensuring the safe transfer of injured pupils from pitch into the care of the parent/guardian or further medical care;
- informing the medical team of any injury that occurs.

3.5 All staff in charge of pupils are expected to secure the welfare and wellbeing of the pupils at the school in the same way that parents might be expected to act towards their children (in loco parentis). They are expected to:

- know how to contact the medical room;
- be familiar with the location of first aid boxes and defibrillator;
- be familiar with school guidance on the *Pupils' Hospitalisation Procedure* (see Appendix 10) which includes guidance on when to call an ambulance and emergency treatment);
- accurately submit all accidents on SIM or via the accident report book.
- carry out risk assessments for any off-site trips and ensure adequate first aid provisions are taken;
- discuss any medical concerns with the school practitioner and familiarise themselves with pupil's medical condition and their care, if appropriate.

4. TRAINING

4.1 A **first aider** is qualified to give immediate help to casualties with common injuries and illnesses and those arising from specific hazards in school and must:

- complete a 3-day "First Aid at Work" (FAW) training course or "Emergency First Aid at Work" (EFAW) training course, and
- hold a valid certificate of competence.
- Hold a paediatric first aid qualification

4.2 The school also has a number of trained mental health first aiders. Mental health support is also provided by the school counsellors who can be contacted at counsellor@kcs.org.uk



4.3 An appointed person:

- is not a first aider but, in the absence of the first aider/medical practitioner, can take charge of an injured person until a first aider arrives and takes responsibility
- must complete a 4-hour training course in basic first aid.

4.3 **First aid training** includes information specific to the school and emergency treatment for asthma, anaphylaxis, diabetes and epilepsy. The school practitioner invites all new and existing staff to volunteer to become a *first aider* or an *appointed person*.

4.4 All courses are generally arranged and delivered on site

4.5 Members of staff who agree to become first aiders/appointed persons do so on a voluntary basis unless the provision of first aid cover is part of their contract of employment.

4.6 All first aiders/appointed persons are fully indemnified by King's College School against claims for negligence if they are suitably trained and are acting within the scope of their employment and within the school's guidelines.

4.7 A list of qualified first aiders/appointed persons is regularly updated and located at the end of this policy.

5. FIRST AID BOXES AND LOCATIONS:

5.1 The school practitioner is responsible for stocking and checking the boxes on a regular basis.

5.2 First aid boxes are sited at the locations shown in Appendix II (*First Aid Boxes and Locations*) in this policy.

5.3 Catastrophic bleed kits are located in key areas within the school and these are also recorded in Appendix I I. Catastrophic bleed kits are located in areas where such a trauma is considered more likely than other parts of the school. They are also on site as part of the school's security and protection protocols.

5.4 Contents of first aid boxes:

- Finger dressings
- Medium dressings
- Large Dressings
- Triangular bandages
- Waterproof hypoallergenic sterile plasters
- Antiseptic wipes
- Normal saline
- Ice packs
- Vomit bags
- Resus shield



- Bio bags
- Gloves
- Tear tape
- Hand sanitizer
- Tissues
- Rescue blanket
- Gauze

5.4.1 Ice packs are available in the medical room fridge or the fridge in the staffroom.

6. AUTOMATED EXTERNAL DEFIBRILLATORS (AED) AT WCPS & KING'S

6.1 The *Resuscitation Council (UK) 2023* guidelines state that an AED can be used safely and effectively without previous training. Therefore, the use of an AED should not be restricted to trained staff. However, they do recommend that training should be encouraged to help improve the time to shock delivery and correct pad placement, and this is included in all the school's in-house first aid training courses for staff.

6.2 Public access AEDs are widely found in public places such as airports and supermarkets. They are intended to be used by the layperson.

6.3 AEDs are in locations that are immediately accessible when the school is open. A standardised AED sign will highlight the location of the AED in the following WCPS location is on the wall outside the head's office. This is located on the ground floor and is clearly sign posted.

6.4 In addition, KCS AEDs are located:

- Porters' Lodge
- Old Porter's Lodge by lunch card window
- Cricket Pavilion
- Sports building reception
- Squash courts
- Bursary car park (publicly available)
- Medical Room

6.5 They are subject to weekly checks, during term time and at the beginning of each new term/half term.



7. FIRST AID FOR ACCIDENTAL SPILLAGES TO EYES

7.1 Eye wash stations, specifically for emergency eye irrigation, are available in the WCPS medical room. These are clearly identified by *Eye Wash Irrigation* posters.

7.2 If an accidental spillage occurs to the eye, eye irrigation must be carried out immediately for at least twenty minutes and the medical room notified. Posters on *emergency treatment for chemical spills and eye care* are posted in the medical room.

8. SCHOOL TRIPS AND OFFSITE ACTIVITIES

8.1 A risk assessment is carried out by the teacher in charge, prior to a school trip if pupils are going offsite, to ensure that appropriate first aid arrangements are in place and that adequate provision is made for the needs of individual pupils (e.g. ensuring that if a pupil is an adrenaline auto-injector holder, that the member of staff has had training in dealing with anaphylaxis)

8.2 The risk assessment will address:

- provision of adequate health insurance;

8.3 Staff should refer to the sections concerning *School Visits*, *Offsite Activities* and *Expeditions* in the medical room handbook available from the medical room for more details.

8.4 The teacher in charge is responsible for collecting the first aid bag and emergency medication required by individual pupils (adrenaline auto-injectors/inhalers, etc.) from the medical room before all school trips.



9. EVENTS HELD OUTSIDE NORMAL SCHOOL HOURS

- 9.1 The event organiser must ensure that appropriate first aid arrangements are in place, including that a qualified First Aider is available.

10. SCHOOL HOLIDAYS

- 10.1 During the school holidays the medical room is closed. First aid trained porters are on duty at KCS whenever anyone is on site. However, organisers of activities held on site during the school holidays, including external organisations who have booked use of the school premises through KCS Enterprises, are responsible for carrying out a risk assessment as appropriate and ensuring that they provide adequate first aid cover for everyone taking part in the activity.

11. THE CLEANING AND HYGIENE PROCEDURE FOR SPILLAGES OF BODY FLUID

- 11.1 The aim of this policy is to decrease the exposure risk to blood-borne and body fluid pathogens.
- 11.2 Adherence to this policy is the responsibility of all staff that may encounter spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection.
- 11.3 Staff must ensure that if they have cuts or abrasions these are covered with waterproof or other suitable dressings before administering first aid.
- 11.4 Staff should wear disposable gloves when dealing with wounds or bodily fluids, which are provided in all first aid boxes. Plastic aprons are also available from the cupboard in the ground floor staff bathrooms.
- 11.5 Clinical waste bins (with yellow bags) are found in the medical room for the disposal of all waste (other than laundry) contaminated with bodily fluids. These are located in the ground floor staff bathroom.
- 11.6 Yellow 'sharps' bins are also in the medical room for the disposal of sharp implements including medical needles, which have been contaminated with blood.
- 11.7 All spillages must be cleared up as soon as possible. The cleaning supervisor must be informed immediately of any spillages of bodily fluids or other biohazards so that the area can be closed off until cleaning has taken place. The office will contact the KCS cleaning crew.



12. NEEDLE STICK INJURY

Emergency treatment of needle stick injury

- 12.1.1 If a pupil or member of staff pierces or punctures their skin with a used needle, the following first aid advice must be followed **immediately**:
- encourage the wound to bleed, ideally by holding it under running water;
 - wash the wound using running water and plenty of soap;
 - do not scrub the wound while you are washing it;
 - do not allow the pupil/staff member to suck the wound;
 - dry the wound and cover it with a waterproof plaster or dressing.
- 12.1.2 You should also **seek urgent medical advice**: go to the nearest Accident and Emergency department.
- 12.1.3 Please refer to the *Biohazard Spill Policy* in the *Medical Room Handbook* available from the medical room.

13. ACCIDENT REPORTING, GENERAL DOCUMENTATION AND INFORMING PARENTS

Reporting of accidents to the school health and safety officer

- 13.1.1 All significant accidents that occur during any school activity are submitted via accident form to the school health & safety officer and school medical room practitioners.
- 13.1.2 If the incident occurs in the classroom, the class teacher will make an initial assessment as to whether the senior first aider on duty is required.
- 13.1.3 The forms are submitted by the member of staff in charge of the activity. If an injury occurs when a pupil is unsupervised the report is completed by the first person to give treatment, the school practitioner or the first aider on duty.
- 13.1.4 If an injury occurs during school trips, a completed **Accident Form** must be submitted by the appropriate member of staff.
- 13.1.5 In the event of a major injury the most appropriate member of staff (normally the Head of Department of the injured person) must immediately notify the bursar, as well as the deputy heads and head. In all other cases of a member of staff sustaining



an injury, it is the responsibility of each employee to complete an accident report if they are involved in an accident at the school. The accident report form is available on the SharePoint dashboard.

- 13.1.6 Where an accident involves any person who is not a pupil or member of staff, the most immediate member of staff present when the incident occurred is responsible for completing the accident reports.
- 13.1.7 The school health and safety officer must be informed if an accident occurs because of unsafe or faulty equipment.
- 13.1.8 All emergency contact numbers for parents/guardians and other designated contact numbers are available on SIM/SchoolBase. All serious/significant injuries or head injuries are reported to the parents at the earliest opportunity. If unable to contact parent/guardian, the designated emergency contact number will be used.
- 13.1.9 All information is confidential. Information is shared with staff on a need-to-know basis only in compliance with the *Data Protection Act 2018*.
- 13.1.10 All accidents (near misses, potential hazards, and damage) will be investigated by the school health & safety officer who will be responsible for ensuring that corrective action is taken, where appropriate, to prevent a recurrence and if appropriate to report the accident under RIDDOR.

RIDDOR

- 13.1.11 The Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) require the school to report to the Health and Safety Executive certain accidents, diseases and dangerous occurrences arising out of or in connection with work. In particular:

- For employees or contractors this includes accidents or physical violence resulting in death or a specified injury; an injury resulting in the employee or contractor being incapacitated for more than 7 days; or certain occupational diseases.
- For pupils and other non-employees, for example visitors, this includes death or an injury arising out of, or in connection with, a work activity and resulting in the individual being taken directly from the scene of the accident to hospital for treatment. This applies to accidents on the school site or off-site at an activity organised by the school.

Dangerous occurrences (near-miss events) are reportable if they are specifically listed under RIDDOR. Please see <https://www.hse.gov.uk/riddor/> for more information.

- 13.1.12 Injuries to pupils and other non-employees will generally be considered to “arise out of, or in connection with, a work activity” if they are caused by:



- a failure in the way the work was organised (for example inadequate supervision of a school trip);
- the way equipment or substances were used (for example machinery, experiments etc); and/or
- the condition of the premises (for example poorly maintained equipment or slippery floors).

13.1.13 All RIDDOR reports will be made by the director of support services (deputy bursar) within the prescribed timeframe and records kept for a period of at least three years.

Additional reporting

13.1.14 The school practitioner will record a report of the injury in the **Treatment Area** on SchoolBase. If the accident occurs off site, the teacher-in-charge will inform the school practitioner at the earliest opportunity. If a pupil sustains an injury outside of a school activity, then parents must inform the school at the earliest opportunity. If a pupil or member of staff sustains an injury that requires crutches to mobilise around the school the school practitioner should be informed and will then complete a **Personal Emergency Evacuation Plan (PEEP)** for safe evacuation in case of a fire and forward to the relevant staff.

13.1.15 All pupils' visits to the medical room are recorded in the **Treatment Area** on SchoolBase. Access to this information is limited to the school practitioner. Information about staff visits to the medical room is recorded by hand and stored securely in a locked filing cupboard.

14. MONITORING ILLNESS IN SCHOOL

- 14.1 The school will contact parents as appropriate to collect a pupil who is deemed too unwell to stay in school.
- 14.2 If the school practitioner is aware of any increase in illness or any concerns about infections, then they will liaise with The UK Health Security Agency and will keep staff and parents informed as directed by them. Many infectious diseases are most transmissible just before symptoms are present.
- 14.3 Parents are advised to keep ill pupils at home until they are fully recovered. The UK Health Security Agency recommends that those presenting with diarrhoea or vomiting should remain at home for a period of 48 hours after the resolution of symptoms.
- 14.4 In the event of an outbreak of an infectious disease a practitioner may liaise with the UK Health Security Agency and will advise staff to be diligent in reminding pupils of the importance of hand washing with soap and water.



- 14.5 Further information on the recommended period that pupils should be kept away from school following gastrointestinal illness, respiratory infections, rashes, skin infections and other contagious or notifiable illnesses that we follow to help reduce the risk of cross-infection and transmission of communicable diseases control of as advised by the UK Health Security Agency can be found on their website [here](#). Posters on *Guidance on Infection Control in Schools and other Childcare Settings* are posted in prominent positions around the school.

15. THE MEDICAL ROOM AND THE SCHOOL PRACTITIONER

15.1 Location and hours

- 15.1.1 The school practitioners are on site, based in the medical room situated on the ground floor. Current hours are 1000/1100 and 1400/1430.
- 15.1.2 The school practitioner is a registered health care professional and is either a paramedic or a nurse.
- 15.1.3 KCS has two medical practitioners on duty from **08.00 - 17.30 Monday to Friday** and varying times throughout the weekend depending on sports fixtures and can be contacted on **extension 333** or the **Kingsway mobile 07593 133508**.

15.2 Medical cover in the absence of the school practitioner

- 15.2.1 In the unlikely event that WCPS medical room cannot be staffed during planned hours, the head teacher will be notified in advance.

15.3 Responsibilities

- 15.3.1 The school practitioner along with staff who work with pupils, in particular, the Designated Safeguarding Leads and Deputy Designated Safeguarding Leads, are responsible for safeguarding pupils in their care. The Department for Education's statutory guidance *Keeping Children Safe in Education (September 2025)* defines safeguarding and promoting the welfare of children as:
- providing help and support to meet the needs of children as soon as problems emerge;
 - protecting children from maltreatment, whether that is within or outside the home, including online;
 - preventing the impairment of children's mental and physical health or development;



- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

15.3.2 The school adopts a wider interpretation of its safeguarding responsibilities so that these apply to all pupils regardless of age.

15.4 **Screenings**

15.4.1 The admissions department ask all parents of new pupils to complete a medical health questionnaire giving details of their child's medical history, allergies, immunisations, emergency medication. The results of this screening will be recorded on pupil medical files and the school will only contact parents if there are any concerns.

15.5 **Vaccinations**

15.5.1 The school offers the following vaccinations:

- Flu vaccinations for all pupils

15.6 **Visiting the medical room**

15.6.1 Pupils and staff who are ill can visit the medical room during the planned hours. Outside of these hours, the WCPS first aid qualified staff are available. If additional assistance is required, contact the KCS medical room.

15.6.2 Pupils' consent will always be requested before providing any medical treatment. All information shared with a practitioner by a pupil is managed carefully and when required as confidential. If the practitioner feels it is in the pupil's best interest to breach their confidentiality they must consider informing the pupil prior to disclosing any confidential information to the designated safeguarding lead. Due to the age of the pupils at WCPS prior consent had been obtained from parents when joining the school. Nonetheless pupil wishes will be followed where appropriate.

15.6.3 All visits to the medical room are recorded in *Treatment* area on SchoolBase; which is confidential, and access is limited. The preserving and destroying of pupil's health records are based on the *Department of Health (1999) Guidance HC 1999/053*.

15.7 **Calling the medical room/medical practitioner**

15.7.1 If the pupil shows more serious symptoms or any other condition that causes concern, then the KCS school practitioner (if WCPS practitioner is not on site) must be called immediately to attend to the pupil. Until the medical practitioner arrives, staff should follow the relevant guidance in the appendices to this policy, for example:



- unresponsive or not breathing (follow guidance on basic life support in Appendix 3)
- shortness of breath (follow guidance on Asthma in Appendix 1)
- dizziness or feeling faint (follow guidance in Appendix 9),
- suspected hypoglycaemic attack, due to diabetes (follow guidance in Appendix 4)
- seizures (follow guidance on epilepsy in Appendix 5)
- severe bleeding (follow guidance in Appendix 8 – this also includes guidance on nosebleeds)
- choking (follow guidance on basic life support in Appendix 3)

or presents with

- an allergic reaction (follow guidance on anaphylaxis in Appendix 2)
- a neck or spinal injury (DO NOT move a patient with a suspected neck or spinal injury unless they are in danger. Movement can cause further injury)
- a suspected fracture (follow guidance in Appendix 7)
- head injury (follow guidance on head injuries/concussion in Appendix 6)

15.7.2 Pupils who have visited the medical room and need to go home because of their condition, should be accompanied by a parent or guardian. A risk assessment can be conducted by the practitioner if a parent or guardian cannot collect them.

16. SUPPORT FOR PUPILS WITH ONGOING AND SPECIFIC MEDICAL CONDITIONS

- 16.1 It is the parents' responsibility to let the school know as soon as possible of any special medical conditions that affect their child.
- 16.2 Spare inhalers/auto injectors /insulin and other emergency medication will be stored in the medical room.
- 16.3 If a pupil needs short term medication to be given in school, it should be discussed with school practitioners, and they will forward a medication permission form to the parent to be completed. Alternatively completed permission forms and medication can be handed to the member of staff on duty at the door. This will then be handed to the school practitioners via the senior first aider.
- 16.4 The school practitioner will provide support with medication to pupils with long term medical conditions to help them manage their condition and keep well.
- 16.5 Pupils may also require monitoring and intervention in managing emergency medical circumstances. All pupils with long-term medical conditions will be seen by a practitioner and advised on the use of emergency medication.
- 16.6 Whenever a pupil needs their emergency medication, due to the age of the pupils this will be administered by an appropriately trained adult. This includes auto injectors, inhalers or insulin pens.



- 16.7 Due to the age of the pupils, pupil's spare emergency medication will be quickly and easily accessible in their specifically dedicated carry bags. These are kept in the pupil's classroom. They are taken to lunch by an adult and stored outside the head's office during extra-curricular activities.
- 16.8 Staff should please refer further to the **Medical Room Handbook** available from the medical room for further guidance.

17. STAFF MEDICATION

- 17.1 Staff must seek medical advice if they are taking medication which may affect their ability to care for pupils.
- 17.2 Staff bringing medication into school for their own use must ensure that all personal medication is:
- clearly labelled
 - stored securely (apart from emergency medication they keep on their person) staff medication must be stored in the dedicated cabinet on the wall outside Oak Classroom
 - not accessible by nor falls into the hands of the pupils.

18. Allergy aware school

- 18.1 WCPS aims to be an allergen aware school environment. We recognise that this cannot be absolutely guaranteed but aim to set out all measures to reduce the risk to those children and adults who may suffer an anaphylactic reaction if exposed to an allergen. Whilst the school aims to protect children who have allergies to nuts and other allergens, we will also help them to take responsibility for the foods they can eat and to be aware of where they may be put at risk. We do not have nuts or food containing nuts in school in any form. This is made clear to our lunch provider (LunchMunch4Kids) and parents are told clearly that they must not put any nut products in their child's lunch box. Other allergens are also omitted from Lunch Munch meals and are clearly labelled when parent requests are made.

19. REVIEW AND MONITORING OF FIRST AID PROVISION

- 19.1 First aid arrangements are reviewed annually by the head of the medical room and by the Health and Safety committee.





APPENDIX I

ASTHMA - Emergency Procedure

THE SIGNS OF AN ASTHMA ATTACK ARE:

- Persistent cough (when at rest)
- Difficulty breathing (the pupil could be breathing fast and with effort, finding it hard to exhale, reporting they are feeling wheezy)
- Unable to talk or complete sentences. Some pupils will go very quiet.
- May try to tell you that their chest 'feels tight' (younger pupils may express this as tummy ache)

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the pupil to be sent home from school or to need urgent medical attention. However, an asthma attack requires an immediate response.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- If possible, send for the school medical practitioner immediately.
- Reassure the casualty and help them to take their usual dose of their reliever inhaler (usually blue), if they have it with them. Ask them to breathe slowly and deeply.
- If they have a spacer available, help them to use it with their inhaler. The inhaler is more effective with a spacer, especially when being used for young children.
- If they have no inhaler, stay with them until the school medical practitioner arrives.
- If an inhaler is available, please ensure the casualty is sitting down in a comfortable position.
- A mild attack will normally ease after a few minutes. However, if they don't improve within a few minutes, it may be a severe attack. Ask them to take a puff every 30 to 60 seconds, until they have had 10 puffs. Help the casualty to use their inhaler if they need assistance.
- If the attack is severe, and they are getting worse, becoming exhausted, or if this is their first attack, call 999 for emergency help.
- Monitor their breathing and level of response. If the ambulance hasn't arrived within 15 minutes, assist the casualty to take a puff of the inhaler every 30 to 60 seconds, until they have had 10 puffs.
- If they become unresponsive at any point, prepare to give CPR (see Appendix 3).
- If their symptoms improve and you do not need to call 999, advise the patient to get an urgent same-day appointment to see their GP or asthma nurse.

For an instruction video and more information, please see [here](#).



APPENDIX 2

ANAPHYLAXIS - Emergency Procedure

1. **Anaphylaxis** is a severe allergic reaction at the extreme end of the allergic spectrum, affecting the entire body, and can occur within minutes of exposure. The main causes are attributed to nuts, seeds and seafood (see the school's allergens policy on SharePoint for further information about the school's measures to manage the risks of allergic reactions).

2. **Symptoms** (*usually occurs within minutes but **can be hours after exposure***)

- Nettle rash (hives) anywhere on the body.
- Swelling of lips, tongue, mouth or throat.
- Wheezing, difficulty in breathing, clearing throat or complaining of the sensation of something stuck in their throat.
- Increased pulse rate and low blood pressure.
- Vomiting and/or diarrhoea.
- Light-headedness, fainting to unconsciousness or collapse.

3. **Treatment** for severe allergic reaction:

- Administer the AAI (e.g. EpiPen, Jext or Emerade) or EURneffy - which releases adrenaline to target the systemic response caused in anaphylaxis – and call **999**
- If symptoms persist, administer a second pen 5 minutes after the first and phone **999** again (if not still on the phone to them) and tell them a second dose has been given
- An ambulance should be called as soon as the first AAI has been administered because reactions can continue up to **72 hours** after the first presentation of symptoms and more than two doses of adrenaline should only be administered with medical guidance
- When calling the emergency services on **999**, please state “anaphylaxis”. The call operator will then prompt the caller for more information which may include:
 - Name, location address with postcode,
 - Type of allergic reaction (e.g. bee sting, peanut ingestion), and
 - Time AAI/s or EURneffy/s were used and dosage given.
- The staff member should stay with the student until a parent/guardian arrives at the hospital.

4. **Aftercare**

An updated copy of the pupil's BSACI Allergy Treatment Plan should be obtained by the parent from the Paediatric Allergy Department and provided to the school to be added to their pupil record.

5. **Further information**

- <https://www.anaphylaxis.org.uk/>
- <https://www.nhs.uk/conditions/anaphylaxis/>
- <https://www.allergyuk.org/>

6. **Additional Training**

Free training courses for schools are available at: [Allergywise Training](#).



APPENDIX 3

BASIC LIFE SUPPORT- Emergency Procedure

The following Basic Life Support advice is taken from [St John Ambulance](#), a charity endorsed by the [Resuscitation Council](#)(UK).

Choking Child

If a child appears to be choking, ask them “are you choking?”. If the child cannot speak, cry, cough or breathe, they could be choking. In that scenario you should follow these steps:

1. **Cough it out** - encourage the child to cough
2. **Slap it out** - if the child is unable to cough, bend them forward and use the heel of your hand to give up to five back blows between the shoulder blades. Check their mouth to see if the object has dislodged and ask the child to pick it out of their mouth
3. **Squeeze it out** - if the back blows do not work, try up to five abdominal thrusts:
 - Stand behind the child and bend them forward;
 - Link your hands between their tummy button and the bottom of their chest (your lower hand should be clenched in a fist);
 - Pull sharply inwards and upwards.

If the child continues to choke, call 999 for an ambulance. Then, **continue steps 2 and 3 alternately until you have cleared the obstruction, help arrives or the child becomes unresponsive**. See instructions for CPR (cardiopulmonary resuscitation) (6.3 and 6.4) below.

Choking Adult

If an adult appears to be choking, ask them “are you choking?”. If they can speak, cry, cough or breathe, encourage them to cough the obstruction out. If they cannot cough or make any noise, please follow these steps:

1. **Cough it out** - encourage the adult to cough, assist them by supporting their upper body and leaning them forward
2. **Slap it out** - if coughing does not help, encourage them to bend forward and use the heel of your hand to give up to five back blows between the shoulder blades. Check their mouth to see if the object has dislodged and ask them to pick it out of their mouth
3. **Squeeze it out** - if the back blows do not work, try up to five abdominal thrusts:
 - Stand behind the adult;
 - Link your hands between their tummy button and the bottom of their chest (your lower hand should be clenched in a fist);
 - Pull sharply inwards and upwards.

If the adult continues to choke, call 999 for an ambulance. Then, **continue steps 2 and 3 alternately until you have cleared the obstruction, help arrives or the adult**



becomes unresponsive. See instructions for CPR (cardiopulmonary resuscitation) (6.3 and 6.4) below.

Unresponsive and not breathing - Child:

Please check the safety of the surrounding area before you approach a child in difficulty.

If the child is not responding and you think they are unresponsive, ask them loudly “what’s happened?” or say to them “open your eyes!”. If safe to do so, place one hand on their shoulder and tap gently. If they still do not respond, it’s likely that they are unresponsive.

Open their airway (tilt the child’s head back gently with one hand on their forehead and two fingers under their chin) and check, for 10 seconds, to see if they are breathing normally by looking for chest movement, listening for the sounds of normal breathing and seeing if you can feel their breaths on your cheek.

If they are not breathing, you need to start CPR (cardiopulmonary resuscitation – a combination of chest compressions and rescue breaths) straight away. If you are with someone, ask them to call an ambulance immediately.

CPR on a child - FIVE RESCUE BREATHS FIRST:

1. Ensure airway is open.
2. Pinch nose firmly closed.
3. Take a deep breath and seal your lips around their mouth, then blow steadily into their mouth until the chest rises.
4. Remove your mouth and allow the chest to fall, repeat four more times, then give 15 chest compressions using the heel of one hand pressed towards the end of the breastbone in the centre of the chest, ensuring your fingers are not touching the chest. Depending on the age and size of the child, you may need to use two hands.
5. Lean over the child with your arm straight and press down vertically on the breastbone to at least one third of its depth, release the pressure allowing the chest to come back up but do not remove your hand from the child’s chest, repeat the movement 30 times at a rate of 2 per second. Give two rescue breaths (see above).
6. Repeat this process of **15 compressions and 2 rescue breaths** until help arrives or until you are no longer able to continue.
7. If the child starts breathing, put them in the recovery position ([example here](#)).

NB: If you are alone, you should start CPR and continue for about a minute before stopping to call for an ambulance or for help. Continue CPR as quickly as possible.

For instruction video, please click [here](#).

Unresponsive and not breathing - Adult

Please check the safety of the surrounding area before you approach an adult in difficulty.

If the adult is not responding and you think they are unresponsive, ask them loudly “what’s happened?” or say to them “open your eyes!”. If safe to do so, pinch their earlobe or gently shake their shoulders. If they still do not respond, it’s likely that they are unresponsive.

Open their airway (tilt their head back and lift their chin) and check, for 10 seconds, to see if they are breathing normally by looking for chest movement, listening for the sounds of normal breathing and seeing if you can feel their breaths on your cheek.



If they are not breathing, you need to start CPR (cardiopulmonary resuscitation – a combination of chest compressions and rescue breaths) straight away. Call an ambulance immediately or ask someone else to do so.

CPR on an adult - 30 COMPRESSIONS FIRST:

1. Kneel next to the adult's chest and lean over them. With your arms straight, place the heel of one hand towards the end of the breastbone and in the centre of the chest. Place the heel of the other hand on top of the first and interlock your fingers making sure your fingers do not touch the chest. Press down vertically to a depth of 5-6 cms. Release the pressure and allow the chest to rise again, do not remove your hands from the casualty. Repeat the movement 30 times at a rate of 2 per second. Give two rescue breaths (see steps 1-3 in section above on CPR on a child).
2. Repeat this process of 30 compressions and 2 rescue breaths until help arrives or until you are no longer able to continue.
3. If the adult starts breathing, put them in the recovery position ([example here](#)).
For instruction video, please click [here](#).



APPENDIX 4

DIABETES - Emergency Procedure

1. Hypoglycemia Awareness Recognising a Diabetic Emergency

Hypoglycaemia may occur if a diabetic person's blood sugar level falls too low below 4 mmol/l. This can be caused by the following:

- Administering too much insulin
- Not eating enough carbohydrate food
- Over-exerting themselves

3. Symptoms of hypoglycemia:

- Feeling shaky
- Sweaty, clammy pale skin
- Hunger and faintness
- Tiredness
- Blurred vision
- Lack of concentration
- Headaches
- Feeling tearful, stropky or moody
- Going pale

3. Treating hypoglycemia

It is important that you do not leave the person alone during hypoglycemia.

IF THE PERSON IS CONSCIOUS

- Stay calm and ask them to sit down, check their blood sugar (if possible) and give them a sugary drink or glucose tablets or fruit juice. This will raise their blood sugar levels.
- After 10 - 15 minutes, check their blood glucose level. If it is still low continue offering sugary drinks or food until they have recovered
- Check the blood glucose levels again in 20 - 30 minutes to make sure it has returned to normal.

IF THE PERSON IS UNCONSCIOUS

- **Do not attempt to give an unconscious person any sugary drinks or foods as you could block their airway.**
- Check the airway is clear and, if the person is breathing, place them into the recovery position.
- If they are not breathing, perform CPR (cardiopulmonary resuscitation), rescue breaths followed by chest compressions.
- Remain calm and CALL 999 stating clearly: Name, location address with postcode, and state 'hypoglycaemic episode'.
- **Please note: if the person is a known diabetic, they may be carrying an emergency kit containing a glucagon injection. Please inform the 999 operator if you can locate this kit and they can guide you through safe use on the injection.**

To understand more about diabetes and how best you can support someone living with the condition, go to: [Diabetes in Schools](#)



APPENDIX 5

EPILEPSY - Emergency Procedure

A seizure is usually a short event and can look different from person to person, there may be a jerking of the body, confused behaviour or a blank moment and not everyone who has the condition will fall to the ground. They may appear vacant and wander around instead, so it is important for you to help someone having a seizure by staying calm and giving gentle reassurance, keeping the person safe until they recover. Epilepsy is widely misunderstood, so increased knowledge and awareness will help all of us to improve and enhance the lives of children and adults living with the condition.

To learn more and gain further information go to: www.epilepsysociety.org.uk

If someone is having a seizure:

- Move close objects or furniture away.
- Cushion the person's head to reduce any further injury.
- Check for an Epilepsy Identity Card or Medic Alert Bracelet stating "Epileptic".
- Make a note of the time.

After the convulsions have stopped, put the person into the recovery position, checking that the airway is clear and try to protect their privacy.

Stay with the person until they are breathing normally again.

- If the person is injured, having any trouble breathing or the seizure is continuing for more than 5 minutes or you are in doubt call 999 state the following clearly and calmly: name, location address with postcode, length of time seizure has lasted and any rescue medication that was used.

To understand more about epilepsy and how best you can support someone living with the condition, go to: [Epilepsy First Aid](#)



HEAD INJURIES/CONCUSSION - Emergency Procedure

Steps to be taken immediately after a suspected or possible head injury occurs

1. If the suspected or possible head injury has been sustained while playing sport, the pupil should be immediately removed from the field of play. If a neck injury is suspected, the pupil or player should only be moved by a healthcare professional with appropriate training.
2. If any 'red flag' symptoms are reported or observed then the pupil should receive urgent medical assessment from an appropriate healthcare professional onsite or in a hospital A&E department dialling 999 and using emergency ambulance transfer if necessary. 'Red flags' are:
 - Any loss of consciousness because of the injury
 - Deteriorating consciousness (more drowsy)
 - Amnesia (no memory) for events before or after the injury
 - Increasing confusion or irritability
 - Unusual behaviour change
 - Any new neurological deficit (e.g. difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; weakness; or double vision)
 - Seizure/convulsion or limb twitching or lying rigid/ motionless due to muscle spasm
 - Severe or increasing headache
 - Repeated vomiting
 - Severe neck pain
 - Any suspicion of a skull fracture (e.g. cut, bruise, swelling, severe pain at site of injury)
 - Previous history of brain surgery or bleeding disorder
 - Current 'blood-thinning' therapy
3. Any pupils with suspected concussion but no 'red flag' symptoms and who have not seen a school medical practitioner should be assessed by an appropriate health care professional or access the NHS by calling their GP or 111 within 24 hours of the injury.
4. All staff at King's are required to refer pupils to the medical room post head injury or suspected head injury for an assessment by the medical practitioner. This includes situations where they may not have seen an injury occur but were told about it after the event.
5. Please see the school's *Head injury and concussion policy* in the staff handbook on SharePoint for full details of the management of head injuries and concussion, including the Graduated Return to Activity and Sport (GRAS)



6. programme which all pupils with concussion or suspected concussion must be entered onto and follow.

APPENDIX 7

FRACTURES - Emergency Procedure

Steps to be taken immediately after a suspected or possible fracture occurs

A break or crack in a bone is called a fracture. In the case of an open fracture, it will present as an open wound or break in the skin near the site of a broken bone. But in a closed fracture the skin around the fracture is intact. However, broken bones may be unstable causing internal bleeding and the casualty may develop shock.

Signs and symptoms

Look for:

- deformity, swelling and bruising around the fracture.
- pain and/or difficulty moving the area.
- a limb may look shorter, twisted or bent .
- a grating noise or feeling from the ends of the broken bones.
- difficulty or being unable to move the limb normally. Don't ask the patient to attempt movement if they are unable to.
- a wound over the fracture when the bone is not visible or a wound where you can see the bone sticking out (known as an open fracture).
- signs of shock, particularly with a fracture of a thigh bone, hip or pelvis.

What to do:

1. Open fractures and long bones - these patients need immediate transfer to A&E by calling 999.
2. Suspected broken back, neck or pelvis - these patients need immediate transfer to A&E by calling 999.
3. Smaller/other bones - these patients will need transfer to A&E or an Urgent Treatment Centre, but is less urgent. If safe and possible, the patient can make their own way to hospital via a family member, friend or public transport as appropriate.
4. Remove any rings, watches or anything that wraps around the limb as soon as possible.
5. If it is an open fracture, or there is a visible wound, cover the wound with a sterile dressing or a clean non-fluffy cloth. Apply pressure around the wound and not over the protruding bone or suspected fracture site, to control any bleeding. Then secure the dressing with a bandage.
6. Advise the casualty to keep still while you support the injured part to stop it from moving. Do this by holding the joint above and below the injured area.
7. Place padding around the injury for extra support.



8. Ask the patient if they have any changes in the sensation of the affected bone/site:
 - a. feels normal
 - b. pins and needles
 - c. feels hot or cold
 - d. Can't feel anything or numb
9. If you have not called 999 for emergency help, do this now.
10. Do not move the casualty until the injured part is secured, unless they are in immediate danger. You can secure an upper limb fracture with a sling and a lower limb fracture with broad fold bandages.
11. If necessary, treat for shock. Treat them for this by helping them to lie down on a rug or blanket. Raise and support their legs, so they are above the level of their heart (**NB: do not raise the legs if either are suspected to be broken or there is injury to the pelvis or a hip**). You should then loosen any tight clothing around their neck, chest and waist and cover the casualty with a blanket to keep them warm. Monitor until help arrives.



APPENDIX 8

SEVERE BLEEDING AND MANAGEMENT OF NOSEBLEEDS – emergency procedure

Steps to be taken immediately in the case of severe bleeding

If severe bleeding isn't controlled quickly, it is possible for someone to lose a lot of blood, develop shock and potentially become unresponsive. Shock is a life-threatening emergency condition, caused when the body cannot effectively supply oxygen to the vital organs and can be because of a lack of circulating blood volume.

Your priority is to stop the bleeding.

What to do

1. With open wounds, there's a risk of infection, so wear protective first aid gloves (if available) to help prevent any infection passing between you both. However, you should prioritise stopping the bleeding.
2. Apply direct firm pressure to the wound using a sterile dressing if possible or a clean non-fluffy cloth, to stop the bleeding.
 - If you don't have a dressing you can ask the casualty to do this themselves.
 - If the wound is covered by the casualty's clothing, remove or cut the clothes to uncover the wound.
 - If there's an object in the wound, don't pull it out. It may be acting as a plug to reduce the bleeding. Instead apply pressure on either side of the object to push the edges together.
3. Ask a helper to call 999 or 112 for emergency help and give Ambulance Control details of where the wound is and the extent of the bleeding. If you are on your own, use the hands-free speaker on a phone so that you can treat while speaking.
4. Firmly secure the dressing with a bandage to maintain pressure on the wound. Make it firm enough to maintain pressure but not so tight that it restricts their circulation.
5. Check their circulation beyond the bandage. Press one of the nails or the skin beyond the bandage for five seconds until it turns pale, then release the pressure. If the colour does not return within two seconds, the bandage is too tight. If necessary, loosen and reapply the bandage.
6. The loss of blood could cause the casualty to develop shock. Treat them for this by helping them to lie down on a rug or blanket. Raise and support their legs, so they are above the level of their heart. You should then loosen any tight clothing around their neck, chest and waist and cover the casualty with a blanket to keep them warm.



7. If blood comes through the dressing, reapply pressure with a new dressing or pad to control the bleeding. Once the bleed is under control, secure in place with the bandage, tying the knot over the wound to keep the pressure on.
8. Support the injured part with a sling or bandage and keep checking the circulation beyond the bandage every 10 minutes.
9. Keep monitoring their level of response until help arrives. If they become unresponsive at any point, prepare to start CPR.
10. If the bleed is not controlled with pressure, it is possible that the call handler will ask you to improvise a tourniquet if you do not have one or are not trained. They may ask you to use items such as a triangular bandage, belt or tie and instruct you what to do.

MANAGEMENT OF NOSEBLEEDS

What to do

1. If someone is having a nosebleed, ask them to sit down and lean with their head tilted forward. Do not tell them to lean their head back as this could cause the blood to trickle down the back of their throat and block the airway.
2. Ask them to breathe through their mouth and help them to pinch the soft part of their nose. Give them a clean tissue to catch any blood.
3. After 10 minutes they can release the pressure on their nose. Help them to pinch their nose again if the bleeding has not stopped. They should help them do this for two further periods of 10 minutes.
4. Once the bleeding has stopped, ask them to keep leaning forwards while you clean around their nose with lukewarm water. Once clean, advise them to rest, avoid exertion or blowing their nose to prevent disturbing the clots.
5. If the bleeding is severe, or if it lasts more than 30 minutes, call 999 for emergency help.



APPENDIX 9

FAINTING AND DIZZINESS – emergency procedures

What is fainting and what causes it?

Fainting is when someone briefly becomes unresponsive, often causing them to fall to the ground. It happens because for a moment, there is not enough blood flowing to the brain. People often faint as a reaction to pain, exhaustion, hunger, or emotional stress. It is also common for people to faint after they have been standing or sitting still for a long period of time, especially if they're feeling hot.

Things you can do to prevent fainting

If someone reports they are feeling dizzy or faint, or is looking pale and sweating, advise them to:

- lie down with their legs raised – or if they cannot do this then they should sit with their head lowered between their knees
- drink some water
- eat something
- take some deep breaths

What to do if someone faints

- usually the person who has fainted will wake up within 20 seconds
- advise them to lie down if they are not already doing so
- if possible, elevate their legs slightly
- make sure they get plenty of fresh air and ask other people to stand back
- reassure them and help them sit up slowly over a few minutes when they feel better
- if they stay unresponsive check their breathing and prepare to treat as someone who is unresponsive (see Appendix 3)



APPENDIX 10

Medical Policy – Pupils' Hospitalisation Procedure at WCPS

Wimbledon Common Preparatory School, Wimbledon

Parents agree by signing the school registration form to enable the school to act in loco parentis and for the school to authorise medical treatment in an emergency. This enables the Headteacher, or any member of staff so authorised, to give permission for medical emergency treatment for their child in the event of a major accident, incident or illness occurring during the school day.

If the need for hospitalisation occurs, responsibility must be immediately assumed by whichever member of staff is present until the medical practitioner on duty has arrived, at which point the practitioner will become responsible.

1. The first action must be to assess the situation - do not put yourself in danger: make the area safe;
2. Assess all casualties; if more than one, attend first to any unconscious casualties. Provide emergency medical attention if necessary.
3. Call an ambulance without delay. Dial 999 and give the following information:
 - a) nature of injury and age of injured person/s.
 - b) clear instructions as to where the ambulance is to arrive, **INCLUDING THE CORRECT POSTCODE:**
 - c) **SW19 4TA**
WCPS,
113 Ridgeway, unction Edge Hill

The following action should be carried out by the person assuming responsibility:

1. If calling an ambulance - send a member of staff to wait at the appropriate gate and tell the Ambulance Service, you will do so.
2. Attempt to contact a parent on discussion with the medical practitioner attending. Do not assume which hospital until the ambulance crew has confirmed.
3. Arrange for the pupil to be accompanied by an adult. If a parent is not present, a member of staff must travel with the casualty. The head teacher will be included in all discussions.
4. The member of staff will consent to medical treatment being given provided parental consent has been obtained via the registration form.
5. Once a parent reaches the hospital, the school's direct responsibility ceases.



Steps to be taken after

admission:

- I. Follow up, secure notes as required and relevant staff made aware.

Staff list at WCPS who are Paediatric First aid trained:

Mr A Forbes
Mrs A Thomson
Mrs K Wallace-Spencer
Mr A Morrison (**HOLDS AN EMERGENCY IN THE WORKFORCE FIRST AID CERTIFICATE**)
Mrs A Phillipps
Mrs E Arnott
Miss L Ashton
Mrs J Ashton
Mrs M Bah
Mrs L Bnidar
Mrs Lea Burgess
Mrs L Collins
Mrs L Connolly
Mr A Foster
Mrs J Gannon
Mrs V Germond
Mrs H Greener
Miss E Gordon
Miss S Hague
Mrs S Hawa
Ms C Liu
Mrs S Lisk (**HOLDS A 3-DAY HSE APPROVED FIRST AID CERTIFICATE**)
Mrs C Martin
Miss P Marshall
Mrs C McKeon
Mrs N McDougal
Miss R Oldroyd
Mrs T Pienaar
Mrs L Picotto
Mrs J Salibi
Mrs D Steel
Mrs G Thomson
Mrs M-E Wilson