

Queen's College, London

Queen's College Preparatory School

First Aid Policy



Next review date summer term 2024

First Aid Policy

This is the First Aid policy of Queen's College, London which comprises of Queen's College ("the College"), operating at 43-49 Harley Street, [for pupils aged 11 to 18 years] and Queen's College Preparatory School ("the Preparatory School") operating at 59-61 Portland Place [for pupils aged 4-11], collectively referred to in this policy as the School unless otherwise stated.

Introduction

This policy is addressed to all staff and is available to parents on request.

This policy is drafted in accordance with regulation 13 of the Education (Independent School Standards) Regulations 2014 (SI 2014/3283), the Health and Safety at Work etc. Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917), the First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance. The policy also takes note of the guidance in the DfE [Health and Safety: responsibilities and duties for schools](#) (2018).

This policy should be read in conjunction with the Health and Safety Policy, the Out of School Visits and Trips policy, the Medical Conditions at School Policy, and the Administration of Medicine Policy and aims to ensure that the School remains a safe environment for all pupils, staff and visitors.

Aims of this Policy

To ensure:

- the timely and competent administration of First Aid;
- that the School has adequate, safe and effective First Aid provision in order for every pupil, staff and visitors to be well looked after in the event of any illness, accident or injury;
- that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.

Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency.

Definitions

First Aid: This means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse, as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt,

First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack.

College Nurse: The College Nurse will ensure that the list of First Aiders within the school is kept up to date at all times, and available in the Front Office. The College Nurse is responsible for restocking first aid boxes and displaying a log of contents with each box at the College. At the Preparatory School, this duty is assigned to the School Office Manager. An up-to-date list of qualified first aiders within the school is attached in Appendix 1. The Bursar and College Nurse regularly review the current number of First Aiders on both sites and check they are all trained to meet the standards required.

First Aiders: These are members of staff who have completed an approved First Aid course and hold a valid certificate of competence in Emergency First Aid at Work ('EFAW') or First Aid at Work ('FAW') or an approved alternative qualification which has been identified in place of FAW or EFAW, which meets the requirements of the First Aid Guidance. All EYFS teaching staff, including assistants have been trained in Paediatric First Aid. The School will ensure that there are adequate and appropriate First Aid equipment, facilities and First Aid Personnel on each site. There will always be at least one first aider on each site where there are pupils present. In the case of EYFS children this person will be trained in Paediatric First Aid. All first aiders receive update training at least every 3 years. The names of all qualified first aiders appears in Appendix 1.

Role of First Aiders : The role of the first aider is to administer timely and competent First Aid after an accident or injury including preserving life, minimising further damage and making the patient as comfortable as possible until professional medical or nursing help is available. All first aiders are fully indemnified by the School against claims for negligence, provided that they are suitably trained and are acting within the scope of their employment and within the school's guidelines for the administration of First Aid.

Access to First Aid Kits

The College

First Aid boxes are kept in the following locations:

- Front Office
- Nurse's room
- Preparation rooms of the laboratories
- Art department
- Kitchen

- PE department

First aid boxes are provided by the College Nurse. Items used should be reported to the College Nurse by email so that she can then replenish stocks. Boxes are checked on an termly basis and restocked as requested.

Owing to specific potential dangers within the Science department, the Head of Department ensures that Science staff have received training to deal with potential accidents with chemicals, fire and the less usual circumstances where staff/pupils may be injured. This is reviewed annually.

The Preparatory School

First Aid kits are available in every classroom , and in the following locations:

- Dining Room
- Medical Room
- School Office
- Library
- Gym
- Music Room
- Staff Room

Ice-packs are stored in the Prep School Medical Room and in the Prep School Front Office. The Prep School Front Office staff are responsible for ensuring the kits are well stocked at the beginning of each term. Staff are expected to replenish items used from the First Aid kits over the course of the term, using the supplies available in the Medical Room. Staff should advise the Prep School Front Office team should they notice that any of the items need to be replenished.

Out-of-School Educational Visits

First Aid Kits, suitable and sufficient for the number of pupils and the type of activity planned, are taken on every school outing or sports venue.

Medical contact and information forms are sent annually to all parents asking them to supply detailed information on their child's medical conditions. Staff in charge ensure that they have up-to-date medical information for every pupil they are taking on a trip, including details of any specific conditions or medications of which they should be aware.

When at the premises of a third party where first aid arrangements are assessed to be adequate to cover the School's needs, e.g. a sports fixture at another school, those members of staff concerned should obtain details of the first aid arrangements in advance and familiarise themselves with them on arrival at the premises.

Specific Medical Conditions

The College

At the start of each academic year, the College Nurse will collate medical information for all pupils, and enter all pupils' known medical conditions on to a secure part of the school management system (SchoolBase). For pupils with significant medical conditions, the College Nurse will also develop an individual healthcare plan (IHP) in conjunction with the parent and pupil where appropriate. Any member of staff requiring medical information for trips and outings can obtain that via a list from the College Nurse (or a deputy in her absence) as teaching staff do not have access to the secure areas of the school management system.

The College Nurse will record on a secure part of SchoolBase up-to-date medical consent for pupils (once provided by parents) and ensure that this information is readily available for staff responsible for College trips and outings.

Staff have access to a list of pupils who are subject to severe allergic reactions or other potentially life-threatening conditions (asthma, epilepsy, diabetes) on the staff room noticeboard and in the Front Office.

Appendix 4 details some common specific medical conditions and key actions to be taken.

The Preparatory School

The Admissions Assistant at the Preparatory School will inform the College Nurse of any new pupil at the Preparatory School who has a medical condition. The College Nurse will contact the parent and develop an IHP with the parent if required. The College Nurse will share the IHP with the School Office Manager and Deputy Head (Pastoral) at the Preparatory School, who will ensure that relevant staff are made aware of the IHP and that it is stored on a secure part of SchoolBase.

Appendix 4 details some common specific medical conditions and key actions to be taken.

As at the College, the Preparatory School staff have access to a list of pupils who are subject to severe allergic reactions or other potentially life-threatening conditions (asthma, epilepsy, diabetes) on the staff room noticeboard and in the Front Office.

Action in the Event of Illness

The College

During term time, any pupils or staff members who have minor injuries or feels generally unwell should go to the Medical Room. The College Nurse is available to see pupils from 8am until 8.40am and during break and lunchtimes for routine

consultations; outside of these times she is available for emergency appointments only.

The College Nurse (or First Aider covering for the Nurse) will decide on action to be taken.

The Preparatory School

A pupil who reports that they feel unwell should be accompanied to the School Office for assessment, at the discretion of the member of staff.

Pupils who are unwell or require medical treatment will be taken to the Medical Room where a member of the Office Staff (both qualified emergency first aiders with training in the care of children under 5) will remain with them.

If a child is obviously ill, does not get better, or it seems likely that they have something infectious, parents are contacted, by telephone and email, and asked to collect their child.

The Office Staff will inform the Form Teacher if the decision has been made to send an unwell pupil home.

Action in the Event of Injuries and Accidents

If an accident occurs, then the member of staff on duty will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If the injury is minor, then the person should be treated by an appropriately qualified first aider. In the event of an accident, a casualty should not be moved (unless in immediate danger) until he/she has been assessed by a qualified first aider. If necessary, the Nurse should be called as soon as is possible.

If the injury is severe then an ambulance should be called (see Appendix 2). Emergency aid should be started or simple airway measures instigated, if appropriate.

The member of staff should stay with the casualty until they are handed over to the care of a doctor, paramedic, hospital accident and emergency unit personnel or other appropriate person.

Any casualty who has sustained a significant head injury should be taken to hospital and parents informed.

Any pupil sent to hospital by ambulance should be accompanied in the ambulance by a member of staff to act in Loco Parentis and if possible, met at hospital by a relative.

Parents will be informed of any head injury or any accident sustained by a pupil which requires significant First Aid. Parents will be told about any First Aid given on the day of the incident or as soon as reasonably practicable afterwards.

All accidents and injuries will be reported in the appropriate way (see Appendix 5).

Automated External Defibrillator

The School has two Automated External Defibrillators (AEDs). One is located in the Front Office of the College; the other is behind the main reception desk of the Preparatory School. Detailed instructions for AED use are given in Appendix 3.

Appendix 1: List of Qualified First Aiders and Location of First Aid Kits

Advanced First Aiders

Libby Dowling expires 25th August 2023

Lianne Stileman - expires 7th July 2023

Susannah Abbott - expires June 2024

Schools first aid course

Rebecca Edwards – expires 28th November 2025

Rescue Emergency First Aid and AED training course

Derry-Anne Hammond – expires March 2024

First aid at work

Ali Welsh – expires 28th April 2025

Sean Godly –

Philip Lacey – 23rd February 2026

Emergency life saver course undertaken 6th January 2022

Abdurrahman Pérez	Eric Wilkins	Louise Phillimore	Rebecca Stewart
Annabel Johns	Freya Mallard	Lucy MacPhee	Richard Tillett
Annette Rogerson	Geoff Marks	Lydia Hansell	Roisin Archer
		Maria Grazia	Rosalind
Balvinder Puar	George Wheeler	Valiani	Thomson
	Gracia Chinchilla-		
Barbara Porter	Aragón	Natalie Young	Sally Perry
Brendan Benson	India D'Arcy	Nicholas Allan	Sam MacLannan
		Nicholas	
Caroline Curtis	Isobel Stonham	Thompson	Sandy Tran
Crispin Morton	Jake Gowler	Nicola Hanger	Sara McGeever
David Willows	Joanna Seecharan	Nicola Teh	Sarah Atkins
Deanna MacKercher	Jonathan Toby	Nithya Murugan	Sarah Bottaioli
			Sayako
Derry-Anne Hammond	Josephine Baker	Paul Davies	Sugawara
Dorothee Fabers			
Gumpert	Katalin Fazekas	Philip Chaves	Sean Jeffrey
Elizabeth Dowling	Katie Shapiro	Phillip Lacey	Sheena Patel
Elizabeth Thonemann	Kieran Hughes	Rebecca Blacknell	Susannah Abbott
Emilie Sitlani	Lauren Mitchell	Rebecca Bor	Timothy Gerig
Emily Halstead	Lauren Robinson	Rebecca Edwards	Zahra Dharsi
Emma Croker	Lianne Stileman	Rebecca Mills	Zak Tahiri

First aid kits are located in:

Nurse's room

Front office

Defibrillator is located in:

Front Office

PE department
 Art Department
 Science Department
 Dining Hall

QCPS First Aid Provision

Provider: St John's Ambulance

<u>Staff Member</u>	<u>Course</u>	<u>Start Date</u>	<u>End Date</u>
Chetna Lad-Odedra	Paediatric First Aid	28 th Feb 2020	27 th Feb 2023
Kat Fragkou	Paediatric First Aid	30 th September 2022	29 th September 2025
Kate Longson	Paediatric First Aid	9 th October 2020	8 th October 2023
Kinga Kukulak	Paediatric First Aid	5 th October 2020	4 th October 2023
Anita Burden	Paediatric First Aid	30 th April 2021	29 th April 2024
Nicola Such	Paediatric First Aid	23 rd April 2021	22 nd April 2024
Hattie Taylor	Paediatric First Aid	26 th April 2021	25 th April 2024
Rani Winthrop	Paediatric First Aid	21 st January 2020	20 th January 2023
Juliette Lavender	Paediatric First Aid	13 th October 2020	12 th October 2023
Juliette Lavender	Emergency First Aid at Work	22 th June 2021	21 st June 2024
8/8/Mouna Lee-Posner	Paediatric First Aid	6 th October 2021	5 th October 2024
Elina Dina	Educare – First Aid Essentials	28/1/22	28/1/23
Nelly Campbell	Paediatric First Aid	27 th April 2022	26 April 2025
Anna Booth-Clibborn	Paediatric First Aid	10 th October 2022	9 th October 2025

Appendix 2. Guidance on Calling an Ambulance

When illness or injuries to any casualty are life threatening e.g. cardiac arrest, spinal injuries, severe hemorrhage, or when illness or injuries are such that they cannot be treated on site, an ambulance is to be called. The School Office staff must be informed to coordinate with the ambulance crew on arrival and direct them to the casualty. Health professionals are responsible for any decisions on medical treatment when parents are not available. Staff should never take children to hospital in their own car. It is safer to call an ambulance.

Note:

- Casualties with suspected serious fractures, or back or neck injuries, must not be moved unless ambulance personnel are present. For the patient's safety and insurance reasons, they must NOT be moved on the instructions of ANY bystander.
- If the casualty is unconscious their airway is at risk, and they should be placed in the recovery position, regardless of suspected spinal injury.

In an emergency:

- a. Dial 999 for the emergency services. Give as exact a location as possible, and send someone to the front door of the College or Preparatory School to direct the ambulance when it arrives.
- b. Emergency aid should be started or simple airway measures instigated, if appropriate.
- c. Stay with the casualty until they are handed over to the care of a doctor, paramedic, hospital accident and emergency unit personnel or other appropriate person. A member of the school staff should accompany a child taken to hospital in an ambulance and remain with them until a parent arrives.
- d. Once the above steps have been completed, contact the College Nurse on the number below. Should she not be available, contact a member of the Senior Leadership Team.

Contact Numbers:

College Nurse: 020 7291 7075

Deputy Head (Pastoral) of the College and Senior Tutor:
020 7291 7010

Deputy Head (Pastoral) of the Preparatory School:
020 7291 0673

Headmistress of the Preparatory School: 020 7291 0660

Principal of the College: 020 7291 7001

At all times:

- a. Send or take anyone with a serious injury directly to hospital.
- b. Any casualty who has sustained a significant head injury should be taken to hospital. Parents or next of kin are to be informed about all head injuries promptly.
- c. Any pupil sent to hospital by ambulance should be accompanied in the ambulance by a member of staff to act in Loco Parentis, and if possible met at hospital by a relative.
- d. Report all accidents and injuries in the appropriate way.

Appendix 3. Use of the Automated External Defibrillator

The School has two Automated External Defibrillators (AED). One is located in the Front Office of the College, where it is immediately accessible. The second is located behind the desk at main reception of the Preparatory School.

AEDs are not stored in locked cabinets, as this may delay deployment. They are marked with the standardised UK sign to highlight its location. Any member of staff who has questions about the AEDs should ask the College Nurse or Premises Manager.

Procedure

The Resuscitation Council (UK) sets the standard for resuscitation training for both the general public as well as the Health Care Professionals. Therefore, the following guidelines issued by them will be followed.

- Administer good quality CPR until the AED is brought to the scene and is available for use. If you are trained to do so, give 2 rescue breaths after each 30 compressions. If you are not, provide continuous chest compressions.
- As soon as the AED arrives, or if one is already available at the site of the cardiac arrest, switch it on.
- Attach the electrode pads to the person's (who has sustained cardiac arrest) bare chest according to the position shown on the AED or on the pads.
- If more than one rescuer is present, continue CPR whilst the pads are being attached.
- Follow the spoken (and/or visual) prompts from the AED.
- Ensure that nobody is touching the person whilst the AED is analysing the heart rhythm.
- If a shock is indicated, ensure that nobody is touching the person. Push the shock button as prompted, then immediately restart CPR. If no shock is indicated, immediately restart CPR .
- In either case, continue with CPR as prompted by the AED. There will be a period of CPR (commonly 2 minutes) before the AED prompts for a further pause in CPR for rhythm analysis.
- Continue CPR until an AED (or other type of defibrillator) arrives on site and is switched on and attached to the person.
- Do not delay defibrillation to provide additional CPR once the defibrillator is ready.
- An AED can be used on pregnant women and children over the age of one. Ideally for children 1-8 years, paediatric paddles should be used, but if these are not available, adult pads should be used.

- An AED can be used in the rain/if the casualty is wet, but it is advisable to dry the chest to ensure the pads stick securely

Training

AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the AED at the time of use. The School will provide regular general awareness sessions to staff covering CPR and use of the AED. The manufacturer's instructions will be made available for all staff.

Liability

Queen's College Employee Liability Insurance will cover any member of staff, visitor or member of public who, in the line of duty, acts reasonably to resuscitate a casualty.

College Nurse's Responsibility

The College Nurse will:

- update this policy annually
- check the AED monthly keep up to date with current practice.

Following use of the AED

Assisting an individual who has suffered a cardiac arrest can be a stressful experience. Should an individual need support after an incident, the College Nurse is available for a debrief. Alternatively, individuals can seek help from their GP. The School will ensure that the AED is ready for use again by replacing pads and other consumables as required and ensure that it is not displaying any warning lights or messages.

Where a cardiac arrest has occurred as a result of an accident or physical violence arising out of, or in connection with, work, this may constitute a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The School will report the incident as required.

Appendix 4. Specific Medical Conditions

Asthma

Signs of an asthma attack include:

- Persistent cough (when at rest)
- Wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- Shortness of breath at rest
- Feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue

If a pupil is displaying the above signs of an asthma attack, the asthma attack procedure below should be followed:

- CALL 999 FOR AN AMBULANCE
- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while inhaler and spacer are brought to them
- Immediately help the child to take one puff of the salbutamol via the spacer (see Appendix 4)
- If there is no immediate improvement, continue to give one puff every 30-60 seconds up to a maximum of 10 puffs. The inhaler should be shaken between puffs
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- Contact the pupil's parent once the ambulance has been called
- Make sure an adult stays with the child
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent arrives

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- **Appears exhausted**
- **Has a blue/white tinge around lips**
- **Is going blue**
- **Has collapsed**

Refer to Emergency salbutamol inhaler policy for more detail, including how to administer salbutamol via an inhaler .

Type 1 diabetes

Low Blood Sugar (hypoglycaemia or hypo) usually comes on within minutes.

Symptoms of mild hypoglycaemia include:

- Shakiness
- Going pale
- Sweating
- Dizziness or light-headedness
- Anxiety, agitation or tearfulness
- Headache

Signs of a more severe hypoglycaemia include:

- Sleepiness
- Confusion
- Slurred speech
- Disorientation

If untreated, a hypo can lead to unconsciousness or fitting. If a pupil is suffering from mild hypoglycaemia:

- Provide the student with something sugary – eg non-diet coke, Ribena, juice or glucose tablets to bring blood glucose levels up. The amount will be detailed in the pupil's individual healthcare plan (IHP).
- Check blood sugar level after 15 minutes. If it remains low, repeat the treatment .
- The pupil may need a snack (e.g. fruit or biscuits) once blood sugar levels have returned to normal. This is generally not needed for pupils who use an insulin pump. This will be recorded in the pupil's IHP.

Do not leave the pupil unsupervised. Hypo treatment must be brought to the pupil, they should not be sent to get it even if accompanied.

If a pupil is suffering from a more severe hypo :

- If the pupil cannot take sugary food or drink, but is still conscious, Call the College Nurse (or other trained person) who will administer GlucoGel
- If the pupil is unconscious, dial 999 for an ambulance and call the College Nurse (or other trained person) who will administer a Glucogen injection
- Inform the pupil's parents

High Blood Sugar

Hyperglycaemia, or hyper, is usually slow in onset over a few hours, although it may be quicker in pupils who use an insulin pump.

Signs and Symptoms

- Feeling excessively thirsty
- Excessive urination
- Tiredness and lethargy
- Blurred vision
- Feeling generally unwell

Action

- i. Assist pupil to check blood glucose level
- ii. Assist them to administer insulin in line with their IHP
- iii. Do not leave the pupil unsupervised

If untreated, high blood glucose may result in ketoacidosis. This is a serious condition resulting from a lack of insulin. This causes the body to become progressively acidotic, which can be fatal if not treated quickly.

Symptoms of ketoacidosis

- Vomiting
- Hot dry skin
- Drowsiness
- Smell of acetone (like pear drops) on the breath
- Collapse or coma

Action

- i. Assist pupil to check blood glucose level
- ii. Assist them to administer insulin in line with their individual healthcare plan
- iii. Dial 999 for an ambulance
- iv. Contact parents
- v. Do not leave the pupil unsupervised.

Epilepsy

Epileptic seizures are caused by an electrical disturbance of the brain. Seizures can last from one to three minutes.

Symptoms of a major fit (Tonic clonic)

- A 'cry' as air is forced through the vocal chords
- Falling to ground and lying rigid for some seconds
- Blue tinge around the lips
- Jerking, spasmodic muscle movement

Biting down on the tongue

- Possible loss control of bladder and/or bowels

How to respond to an epileptic seizure:

During Seizure

- Do NOT try to restrain the person
- Do NOT push anything in the mouth
- Protect person from obvious injury – move furniture etc
- Place something under head and shoulders

After Seizure

- Place in recovery position
- Manage all injuries
- DO NOT disturb if casualty falls asleep but continue to check airway, breathing and circulation

Phone an ambulance if the seizure continues for more than 5 minutes (unless their IHP suggests otherwise.)

Allergy and Anaphylaxis

Signs of a mild-moderate allergic reaction include:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Locate adrenaline auto injector (AAI, e.g. EpiPen)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

Airway:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, swollen tongue

Breathing:

- Difficult or noisy breathing
- Wheeze or persistent cough

Consciousness:

- Persistent dizziness
- Becoming pale or floppy
- Suddenly sleepy
- Collapse
- Unconsciousness

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
2. Use AAI without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving AAI:

1. Stay with child until ambulance arrives
2. Do NOT stand child up, and keep them as still as possible
3. Commence CPR if there are no signs of life
4. Phone parent/emergency contact
5. If no improvement after five minutes, give a further dose of adrenaline using another AAI, if available.

Anaphylaxis may occur without initial mild signs:

ALWAYS use AAI FIRST in someone with known allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Refer to Emergency AAI policy for more detail, including how to administer adrenaline.

Appendix 5. Recording Medical Incidents

Recording of Injuries or Accidents

The College

A report should be completed after any accident, dangerous occurrence, or sudden illness requiring immediate resuscitation or occasion of reportable illness by the person involved, or - if they are unable to complete it themselves - then by an adult witness or the first person reported to. The person themselves, adult witness or first person reported to should fill out an electronic accident report form on SchoolBase. This will detail the date, time and place of the incident, personal details of the person(s) involved and a brief description of the incident. The record will contain details of any First Aid given and what happened to the person immediately afterwards (went home, remained in the medical room, resumed classes etc.)

If the person involved needs First Aid or medical attention, details of any treatment given are also recorded the pupil's medical file on SchoolBase (if a pupil). 'Near misses' are also recorded in an electronic accident report form.

Reports of incidents which are Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 reportable are forwarded to the Bursar who reports these to the HSE as and when required according to RIDDOR regulations (see Appendix 6).

The Preparatory School

In the event of an accident to a pupil, the member of staff originally charged with the supervision of the pupil at the time of the accident should fill out an electronic accident report form on SchoolBase. Minor accidents to members of staff may be recorded by the member of staff suffering the injury.

The electronic Accident Book is available through SchoolBase, and the Headmistress receives electronic notification whenever an accident is reported. It is essential that the forms are completed as soon as possible after an accident, to enable the School to conform to its statutory obligations under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, which must be done within certain timescales. The Bursar will undertake the reporting obligation to the Health and Safety Executive.

In the case of EYFS pupils, OFSTED must also be notified of any serious accident, illness or injury to, or death of any child whilst in our care, and of the action taken as soon as is reasonably practicable and always within 14

days of the incident occurring. ISI and local child protection agencies must also be notified within this time.

Advice from these agencies must be acted upon. Completed forms are also compiled and scrutinised by the Health & Safety Committee periodically.

An injury to a pupil must also be reported to the pupil's Form Teacher by the person who completes the Accident Report. The Form Teacher should consider the need to inform either the pupil's parents and / or the Deputy Head (Pastoral) as required. Head injuries should always be reported to the pupil's parents and the Deputy Head (Pastoral).

Informing Parents

The College

Parents or Guardians of pupils will normally be informed of any significant incident by the College Nurse or another member of staff unless the pupils are Gillick competent and expressly ask that the matter is kept confidential.

The Preparatory School

Head injuries should always be reported to the pupil's parents, and the Form Teacher should consider the need to inform them of any other injury.

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)

The School has a legal duty under RIDDOR to report and record major work-related accidents. This includes dangerous occurrences where something happens that does not result in an injury, but could have done. RIDDOR applies to all work activities but not all incidents are reportable.

The Principal will take advice when unsure as to whether the accident is reportable. The Incident Contact Centre (ICC) on 0845 300 99 23.

Appendix 6. Hygiene Procedures

Guidance on dealing with spillage of body fluids

Spillages of blood, vomit, urine and excreta should be cleaned up promptly. The following general actions must be taken by the person dealing with the spill:

- Clear the immediate area of people. Hazard signs and cordoning may be necessary, according to the circumstances.
- Disposable personal protective equipment (PPE), including gloves (latex or nitrile) or equivalent and a disposable plastic apron must be worn.
- Any spilt blood or other body fluids should be cleaned up, with disposable absorbent paper towels. Then dispose of absorbent towels and latex gloves in a clinical waste bin.
- Ensure the area is cleansed with a suitable antiseptic solution; this is undertaken by the contracted day cleaners.

Appendix 7. Process for Managing Self Harm Behaviour in School

A Pupil discloses self-harm of themselves (on site, that day)	B Pupil discloses self harm of a friend (on site, that day)	C Staff member suspects a pupil has self harmed
Reassure the pupil. If the pupil is making a disclosure, do not interrupt them unless they need immediate first aid. If the latter is the case take them to the nurse/first aider immediately.	Get as many details as possible, reassure the pupil they have done the right thing telling you.	Immediately inform HoY/HofS/DSL. In all cases the DSL must be made aware of the incident. .
Check that the pupil does not have an implement with them. If they do, calmly ask them to put it on the desk / table. If they won't, tell them they need to hand it to someone else and ask who they would like to give it to. The implement should be passed to the DSL. If the pupil refuses inform the DLS who will consider what action to take. Depending on the implement, the behaviour policy may need to be followed.	Inform DSL of disclosure.	If the pupil is visibly injured / bleeding take them to the nurse/first aider. Follow pathway A.
Explain confidentiality and inform the DSL if not already in the loop	Pastoral team will locate the student and refer to the guidance in pathway A	
Once the pupil has finished any disclosure, take them to the nurse. If the nurse is not there, take the pupil to the front office (Lianne Stileman is first aid trained). Lianne will stay with the pupil and contact a member of the Pastoral Team.		
A member of the Pastoral Team will contact home/their responsible adult and the pupil should be collected from school or an ambulance will be called if the injuries are serious / life threatening. Pupil is to be kept under constant supervision until they have left the site or are deemed de-escalated enough to go to lessons. This decision is to be made by DSL or in their absence the Deputy DSL.		
Moving forward discussions will be held with school counsellors, the pupil, parents and DSL and a safety plan / risk assessment drawn up. Possible recommendation to visit GP and CAMHS referral.		

Always record the details on Secure Notes after the key members of staff have been informed and it has been passed on