READING BLUE COAT

First Aid Policy

Introduction

Reading Blue Coat has drawn up this policy mindful of the Health and Safety (First Aid) Regulations 1981 which require adequate arrangements to be made for the administration of first aid to staff taking account of staff numbers, the nature of the undertaking and the size and location of the establishment. The Regulations do not place a legal duty on employers to make first-aid provision for non-employees such as the public or children in schools. However, we have clear safeguarding and welfare responsibilities for students and the Health and Safety Executive strongly recommends that non-employees are included in an assessment of first aid needs and that provision is made for them. In addition the School must comply with The Education (Independent School Standards) Regulations 2014 which states that the School must "ensure first aid is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy." In order to ensure adequate first aid provision, it is our policy that:

- There are sufficient numbers of trained personnel together with appropriate equipment available to ensure that someone competent in basic first aid techniques can rapidly attend an incident at all times when the School is occupied.
- A qualified first aider is always available during normal school hours (see below for hours of work and definition of "qualified first aider").
- Appropriate first aid arrangements are made whenever staff and students are engaged in offsite activities and visits.

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1. Responsibilities under the First Aid Policy

The Health and Safety Committee of Reading Blue Coat, on behalf of the Board of Governors, monitors first aid needs, which will take into account:

- Numbers of students, staff and visitors on site
- Layout and location of buildings and grounds
- Specific hazards
- Special needs
- Hours of work
- Out-of-hours and off-site arrangements
- Arrangements to provide adequate numbers of first aiders, to provide cover in the absence of first aiders, and adequate training
- First aid equipment needed
- Location of first aid equipment

Designated personnel and their responsibilities under the First Aid Policy are:

The Bursar:

- Under the title of Health and Safety Coordinator for the School, the Bursar will ensure that this policy is accurate and kept up to date and reviewed at least annually.

The Wellbeing Centre team, led by the Nurse Manager:

- Organising, provision and replenishment of first aid equipment in school.
- Advising the School on training resources needed for students with special medical needs.
- Liaising with the Deputy Head (Pastoral) to cascade information to staff on students with medical needs.
- Maintaining accurate records of first aid treatment given.
- Completing accident report forms on all injuries sustained in school and submitting the forms to the Senior Deputy and Health and Safety Manager for them to record, report and investigate as necessary.
- Informing the H&S manager and/or the Bursar immediately if a staff or student injury is significant enough to require immediate hospital admission.
- Arranging and delivering in house training for administering student medication
- Providing emergency first aid cover when in school.
- Reviewing list of first aid qualified staff every term to identify which teaching staff should be prioritised to attend first aid training, either for the first time or as a re-qualification. We always ensure that the following staff hold a first aid qualification:
    - Art teachers
    - Design Technology teachers
    - Drama teachers
    - PE & Sports teachers (including casual sports coaches)
    - Science teachers
    - Property Team
    - Grounds Team
    - Enterprise Manager
    - Director of Adventure Education
    - CCF Contingent Commander
    - Head of DofE
    - Duty SLT staff
- Work with the H&S Manager to ensure the First Aid Needs assessment is up to date.
- Hold and review the First Aid training budget annually.
- Maintain a record of all first aid trained school staff. This is available to view on the Staff Intranet.
- Ensuring there is a first aider on the School site when the School is occupied.

The Health and Safety Manager:

- Is responsible for accident recording and investigation, and notification to the enforcing authority at the HSE incident contact centre, including RIDDOR reporting.
- Liaise with the Head of Department and Operations team on receipt of Accident Report Forms (ARF), to "make safe" the area of incident and ensuring trends are investigated.
- Maintaining records of Accident Report Forms .
- Presenting accident statistics to the Health and Safety Committee at their termly meetings.

The Deputy Head Co-Curricular (Educational Visits Coordinator):

- Ensure the First Aid competence/qualifications of the trip leader and other staff is sufficient for each trip.

The Director of Sport:

- Ensuring appropriate first aid cover is available at all sport/PE activities.
- Ensuring that guidance supplied by sport's governing bodies (RFU, English Schools' Football Association, etc) regarding levels of first aid trained staff are adhered to.
- Liaise with the Nurse Manager if a sports teacher requires first aid training. The Nurse Manager will arrange this.

The Science Department Staff:

- Ensuring that they are aware of first aid kits near their laboratories.
- Ensuring that risk assessments are completed for any practical work taking place in their laboratories.
- Ensuring that eye irrigation tubes are set up in each lab.

The Art, DT and Drama Staff:

- Ensuring risk assessments are in place for times when they are incorporating practical work into their lessons for example, the use of saws and other potentially higher risk equipment and machinery
- Ensuring that they are aware of the location of the first aid kits in their area

The Director of Adventure Education/CCF Contingent Commander/Head of DofE:

- Teaching basic first aid to students who are involved in activities where they are expected to be "far from help", such as the Duke of Edinburgh award scheme.

All staff

All staff have a duty of care towards the students and should respond accordingly when first aid situations arise. All staff are aware they should inform the Wellbeing Centre team when they have administered first aid. New staff are briefed about the School's Wellbeing Centre and where to find information and help. All staff should be aware of the specific medical needs of students within the School community. Those with serious medical needs have a care plan drawn up by the Wellbeing Centre team. These include students with Adrenaline Auto-Injectors (AAIs, e.g. Epi-Pens), diabetes, epilepsy and students with medical needs that might require first aid to be administered. A list is available on the Staff Intranet.

2. Hours of work

We have a nurse/first aider in attendance in the Wellbeing Centre from 8:00 until 17:00 Monday to Friday, term-time only. If they are absent, adequate first aid cover will be put in place by the Bursar. A list of all of term time and all year-round First Aid Trained Staff is available in Reception, in the Staff Common Room, in the Wellbeing Centre and in the Bursary.

3. Out-of-hours and off-site activities

Many school activities take place outside of normal school hours and/or off-site. A minimum of one member of staff who meets the requirement for 'emergency first aid at work' is always available outside of normal school hours (see above) and when people are on the School site. Appropriate first aid cover is put in place for out of hours school events and the Educational Visits Coordinator ensures that there is adequate first aid provision on school trips and visits. All relevant staff should attend a one day first aid refresher course every three years to ensure provision of basic emergency first aid at all times. PE staff require additional training due to the number and nature of out-of-hours activities for which they are responsible. In school holidays there should be a qualified first aider available during working hours.

4. Off-site activities and visits

Off-site activities and visits are overseen by the Deputy Head (Co-Curricular) who is the Educational Visits Coordinator and the School Office team.

For residential visits and exchanges, please see the trips procedure provided by the Deputy Head (Co-Curricular). Parents will be sent a trips consent form by the School Office. Parents will be asked to consent to the residential trip, to provide all up-to-date medical information on their child, including details of medication they anticipate being sent on the trip. They will also be asked to consent to paracetamol being given. The School Office will give the trip leader the up-to-date information provided by the parents. This information will be taken on the trip by the trip leader and will include:

- Contact details for parents/guardians
- Details of any medical conditions
- Details of medication currently taken
- Details of conditions such as asthma, potential anaphylaxis which require specific equipment to be carried
- Details of allergies
- Details of dietary requirements
- Any other relevant information of help to a health professional in case of emergency

For day trips, a similar document will be drawn up by the School Office and given to the trip leader.

First aid kits are provided by the Wellbeing Centre team and are to be taken to all off site activities. It is the responsibility of the trip leader to identify students with care plans and notify the Wellbeing Centre team of these students to ensure there is time to prepare the care plans for collection. To do this, the trip leader should complete a "Trip Medical Request Form," which can be found on the Staff Intranet, and email the request to the Wellbeing Centre team. The trip leader is responsible for collecting first aid bag/s, relevant care plans and relevant students own spare AAIs from the Wellbeing Centre before departure and delivering them back to the Wellbeing Centre on return.

5. First aid personnel

The Wellbeing Centre, based next to Reception, is managed by a Nurse Manager who is a Registered Nurse (NMC – Nursing and Midwifery Council) and staffed by two Wellbeing Centre practitioners. The Wellbeing Centre is open 8:00 until 17:00, Monday to Friday, term-time only and is fully equipped to deal with everyday accidents and injuries. In the Wellbeing Centre, there is an AED, emergency generic AAI, all students own spare AAIs, emergency asthma equipment, emergency diabetic equipment and emergency antihistamines. If the Wellbeing Centre team have to leave the department temporarily for any reason, they will take the emergency phone with them, and a notice will be displayed at the entrance to the Wellbeing Centre diverting students to report to reception. Reception can contact the Wellbeing Centre team on the emergency phone or radio if necessary.

6. First aid equipment

First aid kits are clearly labelled with a white cross on a green background in accordance with health and safety regulations Safety Signs Regulations 1980 (SI 1980 No 1471). The contents of first aid kits may vary depending on the particular needs in each location (e.g. blue detectable plasters must be

used in food areas). The Wellbeing Centre team are responsible for supplying and replenishing first aid kits as appropriate. Staff are aware they should inform the Wellbeing Centre team when they have used an item from the first aid kit.

First aid boxes are located in the following areas:

1. Reception
2. Science Block Ground Floor
3. Science Centre First Floor
4. Cricket Pavilion
5. Sports centre Ground Floor
6. Sports Centre First Floor (Fitness Suite)
7. Maintenance and Grounds
8. Maintenance Vehicle
9. Grounds Mobile Bag
10. Boat Vehicle
11. Boat House
12. Cleaners Shed
13. Headmaster's PA
14. Library
15. Kitchen
16. Sixth Form Centre
17. Music centre
18. Way Hall Foyer
19. Drama Studio
20. Swimming Pool
21. RAB Ground Floor
22. RAB First Floor
23. Messer Lobby
24. DT
25. Minibuses 1-5
26. Nurses Grab Bag
27. Rifle Range

A games first aid kit is to be taken to all game's lessons, practices and matches. These bags are released in bulk, to the sports staff at the start of every term. Sports staff know to return the bag to us for replenishing if used. Otherwise, all bags are collected at the end of term for checking and replenishing by the Wellbeing Centre team.

AEDs are located in the following areas:

- The Wellbeing Centre
- Outside the Sports Centre entrance
- Next to the Head's office
- Next to the swimming pool
- In the Boathouse

Eyewashes are located in the following areas:

- Art department
- Swimming pool plant room
- Grounds, Maintenance & Activities Centre
- DT 1,2 and 3
- Boathouse

7. Emergency procedures

Depending on the severity of the injury or illness students should attend the Wellbeing Centre at the next appropriate opportunity, e.g. break or lunchtime, or go immediately to see the Wellbeing Centre team. The student will alert their teacher of the need for them to go to the Wellbeing Centre. They should be accompanied by a responsible friend if appropriate.

In the event of severe illness or injury, the first person attending should summon help and ensure that someone calls an ambulance if required and contacts the Wellbeing Centre team by sending a runner and/or calling the Wellbeing Centre on extension 814, by Radio or via the emergency mobile number on 07713405080.

When calling an ambulance, the information given should include telephone number, address, the exact location in the School, description of the signs and symptoms, particularly for anaphylactic shock. The ambulance should be directed to follow signs to Reception, where they will be met by a runner.

If the Wellbeing Centre team are not available, for example, out of hours or in holiday time, the receptionist should contact the Bursar to find out who the duty first aider is. The receptionist will then contact the first aider for help.

Someone should always remain with the casualty until help arrives.

Parents/next of kin of the casualty will be notified directly (i.e. not by leaving a voice message) once the ambulance crew have established the condition and the destination hospital. A responsible adult should accompany the casualty to hospital.

The Wellbeing Centre team or first aider will inform parents if their child has suffered a head injury or other serious injuries.

If a student has to be taken directly to A&E, the student should be accompanied by a member of staff. Parents should be notified directly and informed to meet the staff member at the hospital.

Procedures for dealing with specific medical conditions are given in this policy at Appendix 1.

8. Dealing with biohazards

The aim of this procedure is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence to this procedure is the responsibility of all staff who may come into contact with spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection.

Disinfection aims to reduce the number of microorganisms to a safe level. Whilst a variety of chemical disinfectants is available, high concentration chlorine-releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

Legal position

The School has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and Oral Secretions
- Vomit
- Faeces
- Urine
- Wound Drainage
- Gastric Aspiration

Personal protective equipment

All staff dealing with a biohazard spill are to ensure that they:

- Wear a plastic disposable apron
- Wear disposable gloves
- Use the biohazard spill kits provided by the School (not "just a cloth or mop"). The urine and vomit spill kit can be found in the storage cupboard in the Wellbeing Centre and in the cleaners' storage cupboard
- Always dispose of personal protective equipment and contaminated waste in a sealed (yellow) disposable bag

Procedure

All staff dealing with a biohazard spill are to:

- Take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular avoid blood or body fluids reaching the eyes or the areas inside the mouth and nose
- Wear appropriate personal protective equipment
- Use the biohazard spill kits provided by the School
- Place all soiled paper towel and gloves in a sealed (yellow) disposable bag to be disposed of in the large clinical waste bin situated outside the Wellbeing Centre. Housekeeping and medical staff have the key to this locked bin. A waste disposal company is employed by the School to regularly dispose of clinical waste from this bin along with sharps bins.
- Immediately after every clean-up of blood or body fluid, hands including arms to the elbow must be washed with warm water and soap. This should be performed even if gloves have been worn
- Wash all areas that have come into contact with blood
- Soiled clothing should be placed in a plastic bag and given to the adult collecting the child.

9. Reporting and record keeping

A record must be kept of any first aid treatment given and should include:

- Date, time and place of incident
- Name of casualty
- Details of the injury/illness
- Treatment and/or advice given
- Details of the medication administered
- Destination of the casualty after treatment (e.g. sent home, back to class, taken to hospital, etc.)
- Name and signature of first aider or person dealing with the incident.

A record must be kept of all accidents and the first aid treatment given. An electronic copy of all ARFs will be sent to the Compliance & Procurement Manager, Health and Safety Manager and Second Master, as previously outlined. Details of the incident will be documented on the student's medical file.

It is the Health and Safety Manager's responsibility to notify the enforcing authority at HSE Incident Contact Centre and/or RIDDOR. It is the Health and Safety Manager's responsibility to liaise with the Compliance & Procurement Manager on receipt of ARFs, to "make safe" the area of incident, keep a record of ARFs and ensure trends are investigated.

10. Monitoring and review of the policy

The Wellbeing Centre team continually monitors first aid arrangements. This is under continual review following any significant changes in structure, such as new buildings, relocations, or changes in staffing and/or student numbers and major incidents. Any concerns regarding first aid should be reported without delay to the Compliance & Procurement Manager, Health and Safety Manager and Second Master.

Author(s):	Sheridan Buchanan (Nurse Manager) Carly Macey (H&S Manager)
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Next Review Date:	June 2027
Associated Policies:	• Asthma Policy • Administration of Medication Policy • Smoking Policy
Agreed by:	 Mike Rumbelow (Health & Safety Governor) *on behalf of the Full Governing Board*
Date of Agreement:	June 2026

Appendix 1

Procedures for management of specific medical conditions

1. Anaphylactic shock
2. Asthma
3. Diabetes
4. Epilepsy
5. Using an Automated-External Defibrillator (AED)
6. Head Injury
7. Fever
8. Vomiting and diarrhoea
9. Seizures
10. Suspected fracture
11. Dental problems
12. Lower limb disorders/Use of Crutches

1. Severe allergic reaction – anaphylaxis

Anaphylaxis is a severe allergic reaction requiring immediate medical attention. The reaction usually occurs within minutes of exposure to the "trigger" substance although in some cases the reaction may be delayed for as much as a few hours. Common trigger substances include peanuts, tree nuts, eggs, shellfish, insect stings and drugs such as penicillin and aspirin. This procedure complies with the requirements of Benedict's Law. For further information refer to the Allergy Policy.

Signs and symptoms

The signs and symptoms of anaphylaxis vary from one person to another and may include some or all of the following.

The early symptoms of allergy

- Itchy, urticarial rash anywhere on the body
- Runny nose and watery eyes
- Nausea and vomiting
- Dizziness

The danger signs of anaphylaxis are

- Swelling of lips, tongue and throat
- Cough, wheeze, tightness of chest or shortness of breath
- Sudden collapse or unconsciousness

Treatment

Treatment depends on the severity of the reaction and may require emergency injection of adrenaline.

For mild symptoms

Antihistamine/inhaler may be given, by any member of staff who has completed the TES Educare Managing Anaphylaxis Module and has attended anaphylaxis training in the School.

The child should be monitored to ensure their medical condition doesn't worsen.

For severe symptoms

Adrenaline is administered via an auto-injector (AAI) device (Epipen/Jext/Emerade) into the thigh muscle and may be given through clothing. The adrenaline quickly reverses the effects of the allergic reaction but it is short-acting. If necessary a second AAI can be used if there is no signs of improvement after 5 minutes. The child must go to hospital by ambulance if the AAI is used even if they appear well afterwards.

Emergency procedure

If a child shows signs of symptoms of a severe allergic reaction, the Wellbeing Centre team or attending adult will be informed immediately.

Call an ambulance without delay, stating "child with anaphylaxis" (follow procedure for calling an ambulance).

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allowed all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use. The School's spare AAI can be used for anyone experiencing signs of anaphylaxis.

Students will carry two of their prescribed AAIs with them at all times.

Emergency generic AAIs are located in the Wellbeing Centre, the Boat House, the Dining Hall, the RAB, School House, and the Sports Centre.

If the Wellbeing Centre team not available for any reason, follow these procedures:

- Administer the students own AAI that they keep on their person and ask a staff member to call 999
- Remove all packaging and pull off safety cap
- Place tip on the upper outer thigh midway knee to hip at right angles to the skin
- Inject using a quick motion; the auto-injector mechanism functions with an audible click and works through clothing if necessary. Avoid clothing seams. Hold for approximately 10 seconds. Massage area for 10 seconds afterwards. Do not move the student. The student should lie down with their legs raised. If breathing is difficult, allow the student to sit.
- Ensure the student's parents/guardians or next of kin are contacted immediately.
- Monitor the student's condition carefully; a second dose of adrenaline may be needed after 5 minutes, if help has not arrived and the child's condition is no better
- Give all used AAIs to the ambulance crew for safe disposal
- A member of staff must accompany the child to hospital and remain with them until the parents arrive
- The Staff Member will record the incident on an accident report form and the Medical Team will record in the student's individual health file
- Parents will replace medication as necessary.

Collapse

Assess for cardio-pulmonary resuscitation (see CPR procedure).

Management in School

- Parents/guardians should inform us of their child's allergy in the medical history forms they complete when the student joins RBC. If the condition develops later, the parents should notify us as soon as possible.
- The Wellbeing Centre team will write an Individual Health care Plan that will be agreed with the Parent/Guardian.
- Parents should teach their child about management of their own allergy including avoiding trigger substances and how and when to alert an adult.
- It is the parents'/guardians' responsibility to ensure that their child carries their own in-date AAIs and antihistamine (if required) at all times.
- The Wellbeing Centre team will devise a care plan for all students with severe allergic reactions. The list of all students requiring care plans can be found on the staff intranet and staff are expected to be familiar with this list.

- The Wellbeing Centre team advises the Catering office of any food allergies and photographs of all students with Severe Allergies are found on the Staff Intranet Site.
- Training will be available to all staff in the recognition and treatment of anaphylaxis and allergy including use of AAI's and how to summon help from an emergency first aider.
- Catering staff will take all reasonable steps to ensure suitable food is available and will advise students on ingredients and appropriate food choices as required. The catering staff receive directly from the admissions office all dietary joining forms. Catering staff can contact the parents/guardians directly via the Wellbeing Centre if they require clarification from any parents/guardians concerning their child.
- A student should carry their two in-date AAIs with them at all times at school together with any other emergency medication. Should this not happen, they will not be permitted to be in school or allowed to attend any school trips.
- Teaching staff should contact parents of students with severe allergies when lessons include food-related activities.
- Parents that are hosting children on exchange visits in other countries need to be informed of the child's medical condition. The parent/guardian of the affected child will need to contact the family of the hosting child to ensure they are prepared to administer an AAI if necessary.
- Anyone can administer an AAI in an emergency. The Wellbeing Centre team train and update staff on an annual basis.

2. Asthma

This School recognises that asthma is a widespread, serious but controllable condition affecting many students at the School. The School welcomes all students with asthma and encourages students with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, and students. Supply teachers and new staff are also made aware of the policy..

Introduction

1 in 11 (Asthma UK) children and young people have asthma in the UK. Over the age of 14 years the prevalence is greater in girls. Asthma is one of the most frequent causes for absence and the most common reason for a student to take medication in school time.

Description

Asthma affects the airways – the tubes carrying air in and out of the lungs. With asthma the airways are more sensitive to irritants; they become narrower and may produce more mucus. This makes it difficult to breathe.

Asthma cannot be cured but it can be controlled by medicines, usually in the form of inhalers; relievers that open the airways and make it easier to breathe, and preventers that make the airways less sensitive to the irritants. Most people with asthma, who receive the correct treatment and take the medication correctly, will lead normal lives with no restriction of activity.

Symptoms and Signs

Asthma varies in severity and in presentation according to the individual. Some will have symptoms continuously; others will have symptoms intermittently.

Triggers

- A viral illness
- Exercise
- Cold weather
- Irritants – smoke, dust, fumes
- Emotion
- Pollution
- Allergens – such as pollen, cat hair

Severe symptoms may include:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty in speaking in full sentences

Management of asthma in School

Record keeping

When a child joins the School, parents/carers are asked if their child has any medical conditions including asthma on their health history form.

An Asthma Register is drawn up and maintained; this is available to all on the Staff Intranet, clearly labelled under Asthma Register.

All parents/carers of children with asthma are requested to update the Wellbeing Centre team annually regarding any changes and giving consent to use the emergency inhaler in school if necessary.

Asthma medicines

Salbutamol is relatively a safe medication, particularly if inhaled but all medicines can have some side effects.

Those of inhaled salbutamol are mild and temporary. The child might feel shaky or may tremble or they may say their heart is beating faster.

Immediate access to reliever medicines is essential. Students with asthma are requested to carry their reliever inhaler during the School day, on all school trips and sports fixtures. Failure to do so may exclude them from participating in these activities.

Emergency reliever inhalers are also available in the Wellbeing Centre foyer *(this can be accessed via the key box outside the Wellbeing Centre)* and at the Boat House. The Wellbeing Centre team are responsible for the storing and checking of the emergency reliever inhalers in their areas.

In the normal course of events, students would be expected to administer their own asthma medication. In an emergency and when a students feels unable to treat themselves, assistance may be required from a staff member. See "what to do in the event of an asthma attack".

Parental support

After use of an emergency salbutamol inhaler parents should be notified by the Wellbeing Centre team and advised to see their asthma Nurse/GP.

Parents/guardians are expected to label their child's inhaler to prevent cross contamination and to aid the return of the inhaler if it becomes mislaid.

Asthmatic children should not be given ibuprofen.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all students. All staff are asked to regularly check the Asthma Register to ensure they know which students in their class have asthma. This can be found by accessing the Asthma Register on the Staff Intranet.

Students with asthma are encouraged to participate fully in all activities. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson.

During sports, games and activities, there is a risk that the student may be separated from their inhaler. We recommend that the student hands their inhaler to their teacher before participating to ensure there is no delay in treatment. They must ensure their inhaler is labelled before doing this to reduce the risk of cross contamination.

If a student needs to use their inhaler during a lesson, they will be encouraged to do so.

Classroom teachers follow the same principles as described for games and activities involving physical activity.

Out-of-hours sport. The health benefits of exercise are well documented and this is also true for children and young people with asthma. The School will not discriminate against students with asthma and enable them whenever appropriate, to be involved in PE and Sport.

PE & sport teachers, classroom teachers and out-of-hours school sports coaches are aware of the potential triggers for students with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

School environment. The School does all that it can to ensure the School environment is favourable to students with asthma. The School ensures that furry or feathery animals are maintained in controlled conditions with due regard to asthma and allergy management, and has a definitive no-smoking policy (refer *Smoking Policy*). The laboratories are equipped with fume cupboards. Students with asthma are encouraged to leave the room and go and sit in the Wellbeing Centre if particular fumes trigger their asthma.

When asthma is affecting a student's education. The School are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on their academic performance, and they are unable to take part in all activities – they are tired during the day, or falling behind in lessons - there will be discussion between parents/guardians, the Wellbeing Centre team, Head of Year and Head of Learning Support. It will be suggested they make an appointment with their asthma nurse/doctor. It may simply be that the student needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the School recognises that students with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Asthma attacks. All staff who come into contact with students with asthma will have an Asthma Care plan to advise what to do in the event of an asthma attack.

Management of an acute asthma attack. How to recognize an asthma attack (Guidance on the Emergency use of salbutamol inhalers in school, 2014)

The Child may present with the following symptoms indicating poor control of their symptoms:

- Persistent cough when at rest
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk in complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as stomachache).

Severe symptoms may include:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty in speaking in full sentences

Call an ambulance immediately and commence the Asthma attack procedure without delay if the child:

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

What to do in the event of an asthma attack:

- 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 the inhaler and spacer are brought to them
- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips with a good seal
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)
- Send a runner to the Wellbeing Centre to gather the emergency inhaler kit, which contains instructions on how to use an inhaler and spacer
- If there is no improvement, repeat these steps* up to a maximum of 10 puffs, waiting 30 seconds between each puff
- Stay calm and reassure the child. Stay with the child until they feel better. The child should see the Wellbeing Centre team review after an asthma attack
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/guardians.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent/guardian arrives
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/guardians and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more of Salbutamol in 4 hours, the parents should be made aware and should be advised to see a nurse/GP.

3. Diabetes

RBC welcomes and supports students with medical conditions, including diabetes mellitus, who currently attend and may attend in the future. We will help to ensure that they are healthy; stay safe; enjoy school; achieve; make a positive contribution; and participate in all school activities. We endeavour that parents/guardians of students with medical conditions feel secure in the care their children receive at the School. The School ensures that all staff understand their duty of care to the student in the event of an emergency and are confident in knowing what to do in an emergency.

Management in School. When the student joins the School, the parents will declare it on their Health Record for the School Medical Team form and the Wellbeing Centre team will write an Individual Healthcare Plan.. This will include details of triggers for an event such as a hypoglycaemic attack (due to low blood sugar) and the emergency medication that is to be used. It will also include instructions as to when to call the emergency services.

Diabetic students will be added to the list of students with care plans, which can be found on the Staff Intranet. This also contains a photo of the child.

Medicine. The student will know how to administer their medication. However, the School will support the student and the Wellbeing Centre team will discuss with the parent/guardian all aspects of the medication and its administration. The Wellbeing Centre team will ensure that the information is available to all staff. The School will provide, as necessary, facilities for the safe disposal of needles or the recharging of insulin pumps. If it is necessary to keep

medication on the School site the advice for storage will be followed. Refer to *Administration of Medication Policy*.

The need for regular eating times is recognised by the School and the appropriate considerations will be made after discussion with the student, parent, specialist and health coordinator. If it is necessary for special allowances to be made regarding eating during examinations, for instance, it may be that other students will have to be told, though this would be done after discussion with the student.

Diabetes management outside school will be the responsibility of a specialist centre and the School will keep in close touch with them regarding changes in medication.

School visits. Diabetic students will not be excluded from school visits. All staff will be advised of the necessary precautions and the emergency procedures. Risk assessments will be carried out and copied to parents/guardians before the visit.

A meeting will be held with the parents/guardians, Wellbeing Centre team, trip leader and diabetic specialist nurse if required before all residential trips.

School visits and residential and overnight visits.

Day visits. The student needs to carry their medication and monitoring kit as usual.

The staff will collect the student's first aid kit with a copy of the healthcare plan and emergency procedures, for use in the event of a hypoglycaemic attack. They will be aware of the possible need for extra carbohydrate intake.

Residential and overnight visits. The parent/ guardian confirms a detailed medical history form prior to departure which will include the details of medication with current dosage and frequency. A meeting will be held with the parents/guardians, Wellbeing Centre team, trip leader and diabetic specialist nurse if required, before all residential trips.

In the event of loss or damage to the insulin, it will be the parents' responsibility to provide extra medication with full storage details. The teacher organising the trip will aim to ensure that there are available relevant storage facilities for the medication.

It is important that the student is confident in the management of her diabetes with regard to dosage, administration, monitoring control and adjustment of dosage. If they are not then the School will discuss with the parent/guardian the requirement for a trained healthcare professional to be supplied for the trip.

A copy of the healthcare plan and emergency procedures will be taken on the trip. For trips abroad Diabetes UK publishes country guides.

Exercise and physical activity. The School will ensure that staff will be aware of the precautions necessary for a student with diabetes to take part in sporting activities and on the emergency procedures.

Background. Diabetes is a long-term medical condition.

The carbohydrate in food (bread, rice, potato, chapattis, yams, sweet foods) is digested and absorbed into the blood stream as glucose. Insulin is the pancreatic hormone that helps move the glucose from the blood into the body's cells where it used for energy. In Diabetes either the pancreas does not make any/enough insulin, or the insulin does not work properly; or a combination of both.

There are two main types of diabetes:

Type I cannot be prevented and occurs usually in young children and young adults, when the pancreas does not produce insulin. Treatment is insulin taken either by injections or via a pump.

Type II is far more common than type 1 and occurs in older people but there is a trend for overweight young adults and teenagers to develop this form. The pancreas can make some insulin but not enough, or the insulin produced does not work very well. Treatment is by diet, weight loss and oral medication.

Signs and symptoms

- Passing urine frequently due to the high blood glucose levels leaking into the urine.
- Thirst due to high blood glucose levels and loss for fluid from passing a lot of urine.
- Weight loss due to the body breaking down fat and protein stores in an attempt to increase the glucose apparently needed for energy and through loss of fluid.
- Tiredness, confusion, and coma due to the chemical effects of the above processes on the body.

If you are concerned that a student without a diabetes diagnosis seems to presenting these symptoms, please contact the Wellbeing Centre team without delay.

Medication and treatments

Type I. Insulin cannot be given orally as it will be digested. It is administered as a rule by either an:

a) Insulin pens and injection (either pre-filled and disposable or with a replaceable cartridge). Insulin may be administered several times a day so the student may carry their pen and blood testing kit with them. Spare insulin may be kept in a labelled box in the fridge, in the Wellbeing Centre. It will be the responsibility of the student to be aware of their dosage of insulin. If there is a query during the School day the parents/guardians will be contacted.

b) Insulin pump – this will continually infuse insulin into the subcutaneous tissue and is worn attached to the student. It helps maintain a more even blood sugar level and as it is easy to vary the dose, gives students more freedom with diet and activity.

Each student who uses the pump must learn to set the insulin dose themselves according to their diet activity and blood glucose levels; and how to test their blood glucose and adjust the pump's speed of delivery.

Staff and first aiders will not be required to know how to calculate dosage or administer insulin, by whatever mechanism.

Type II. Usually treated with lifestyle changes such as diet, weight loss and increased physical activity. However, it is also managed with tablets and sometimes insulin injection.

The student will be responsible for taking the tablets herself.

Complications

Hypoglycemia (hypo). This occurs when the level of glucose falls too low so affecting the brain function (the brain can only use glucose for energy)

It can be caused by:

- Too much insulin
- Too many antidiabetic tablets
- A missed or delayed snack/meal
- Not enough food especially carbohydrate
- Strenuous or unplanned exercise

Watch out for:

- Hunger, trembling, shaking
- Sweating, anxiety or irritability
- Fast pulse or palpitations
- Tingling, glazed eyes and pallor
- Mood change, aggressiveness
- Lack of concentration, vagueness, drowsiness

What to do. If patient is conscious:

- Give sugary drink/jelly babies/ glucose tablets (The student will carry their own snacks, but some are also kept in the Wellbeing Centre).

- Take the child to a safe place until recovered, when she can be given more starchy food (roll, a couple of biscuits etc).

If patient is unconscious:

- Call 999
- Do not give anything to eat or drink
- Contact Wellbeing Centre team
- Contact parents

Hyperglycemia. This is when the blood glucose levels rise above the normal range. If the levels stay high the student may become very unwell but this does not happen immediately.

It is caused by:

- Too little insulin
- Too much food
- Stress
- Less exercise than usual
- Infection or fever

Common symptoms:

- Thirst
- Frequent urination
- Tiredness
- Nausea
- Blurred vision
- Dry skin

What to do:

- Call parents for advice and to inform them of the hyperglycaemia
- Discuss with student – they could take their glucose level and may feel confident to give themselves extra insulin
- Call 999 if:
    - Confused/impaired consciousness
    - Deep and rapid breathing
    - Vomiting
    - Breath smelling of acetone (like pear drops, nail polish remover)

4. Epilepsy

RBC recognises that epilepsy is a common condition affecting many children and young people and welcomes all students with epilepsy.

We believe that every child with epilepsy has the right to participate fully in the curriculum and life of the School, including all outdoor activities and residential trips; assuming health and safety considerations are met. The School will endeavour to meet all the educational needs of the child, which should be discussed with the medical team.

We keep a record of all the medical details of children with epilepsy and keeps parents updated with any issues it feels may affect the student.

RBC ensures that all students and staff in the School understand epilepsy and do not discriminate against any children with the condition.

We ensure that at least one member of staff trained to administer emergency medication is in the School at all times. Advice about this condition is available to all staff.

This School will work together with children, parents/guardians, staff, governors, and other educational and healthcare professionals to implement and maintain this policy.

Epilepsy background. Epilepsy is the most common serious neurological condition. It is estimated to be 50 per 100,000 per year or 5-10 cases per 1000 (NICE 2012) Epilepsy occurs when the electrical activity of the brain stops working in harmony. It can be due to a head trauma, secondary to drugs or toxins, or for no known cause – idiopathic.

There are many types of seizures but the main differentiations are those that affect the whole of the brain (generalized seizures) or only part of the brain (partial seizures). Generalised seizures usually result in a loss of consciousness, which may last seconds or several minutes. Partial seizures only partly affect consciousness.

The main types of seizure that occur in School-aged children

Tonic clonic. This seizure happens in two stages. First, the child will lose consciousness, fall to the ground and their body goes stiff. The second clonic stage happens when limbs jerk. This is caused by muscles contracting and relaxing in quick succession. It isn't possible to stop the seizure. During the second phase a person may bite their tongue and cheeks. Afterwards they will regain consciousness and may seem confused and may not be able to remember anything at first. They can be left with a headache and aching limbs that can last for hours or days.

Absence seizure. Often known as petit-mal, the child briefly loses consciousness but not muscle tone or collapse; they may appear to be distracted or daydreaming and can occur many hundreds of times a day. The child's performance in school may deteriorate and they may appear inattentive.

Complex partial seizures. During these seizures the child will have impaired consciousness and may do repetitive actions such as swallowing, scratching or looking for something. They may be interpreted as bad behaviour. It is important not to restrain the child, as this may frighten them, but it is necessary to keep them safe, e.g. guide them from busy roads. When the seizure ends the child may be confused and will require reassurance and monitoring until fully conscious.

Triggers. These may cause a seizure to occur:

- Emotion – stress, excitement
- Tiredness
- Illness and fever.
- Flickering lights (1 in 20 cases)

Management in School

Record keeping and medicines. If a child has a diagnosis of epilepsy made prior to joining the School, the parents will declare it on the "Health Record for the School Medical Team" and the Wellbeing Centre team will write a healthcare plan. This will include details of triggers for a seizure that are particular to that child, symptoms and the emergency medication that is to be used. It will also include instructions as to when to call the emergency services.

The healthcare plan, including a photo of the student, is available on the care plan list which can be found on the Staff Intranet.

The staff will be informed of any special requirements, such as the position for classroom teaching. As epilepsy is a registered disability and may affect the student's learning, the Head of Learning Support will ensure that the student's name is included in the SEND register.

Whilst confidentiality is maintained, in the situation where there is a potential risk to the child and to others it is necessary to advise the staff of the medical diagnosis.

First aid for a seizure. First aid for the student's seizure type will be included on their healthcare plan. Staff will be advised on basic first aid procedures and the School has a team of qualified first aiders.

There are several types of seizure but in most cases the sufferer falls to the ground and twitches.

- Make sure the area is clear, so they don't hurt themselves if they are thrashing around. Loosen tight clothing around their neck.
- Do not move them unless they are in danger.
- Note the time of the seizure starting.
- If possible, place a jumper or something soft under the head.
- DO NOT put anything into the mouth or restrain them.

After the seizure

- Check breathing.
- Make sure the airway is clear. It may be necessary to carry out CPR.
- If breathing, place in the recovery position.
- Monitor and record vital signs pulse, rate of breathing level of response.
- Note the length of time of the seizure.
- After a seizure the patient may be confused and disorientated; reassure and make arrangements for them to have somewhere safe to sleep.
- The patient may also have been incontinent, in which case cover to avoid potential embarrassment. The procedure outlined in dealing with biohazards (see above) should be followed in this instance.

Call an ambulance

- If the seizure lasts for more than 5 minutes
- Patient is unconscious for more than 10 minutes
- You are having to carry out CPR
- Repeated seizures
- You are worried and need assistance.

School environment

RBC recognises the importance of having a school environment that supports the needs of children with epilepsy. A medical room is kept available in case a student needs supervised rest following a seizure. We have a wheelchair for moving students around the School in safety.

The above epilepsy policy applies equally within the School and at any activities off the School site and organised by the School. Any concerns held by the student, parent, or member of staff or the medical team will be addressed prior to the activity.

5. Automated-External Defibrillator (AEDs)

There are five sets of AEDs in school:

- Boathouse
- Swimming pool area
- School House
- Entrance to Sports Centre
- Wellbeing Centre foyer *(this can be accessed via the key box outside the Wellbeing Centre)*

Clear instructions in how to use the equipment is contained inside each case.

When Should an Automated External Defibrillator Be Used?

Using an automated external defibrillator (AED) on a person who is having sudden cardiac arrest (SCA) may save the person's life.

The most common cause of SCA is an arrhythmia called ventricular fibrillation (v-fib). In v-fib, the ventricles (the heart's lower chambers) don't beat normally. Instead, they quiver very rapidly and irregularly.

Another arrhythmia that can lead to SCA is ventricular tachycardia. This is a fast, regular beating of the ventricles that may last for a few seconds or much longer.

In people who have either of these arrhythmias, an electric shock from an AED can restore the heart's normal rhythm (if done within minutes of the onset of SCA).

What Are the Signs of Sudden Cardiac Arrest?

If someone is having SCA, you may see him or her suddenly collapse and lose consciousness. Or, you may find the person unconscious and unable to respond when you call or shake him or her.

The person may not be breathing, or he or she may have an abnormal breathing pattern. If you check, you usually can't find a pulse. The person's skin also may become dark or blue from lack of oxygen. Also, the person may not move, or his or her movements may look like a seizure (spasms).

An AED can check the person's heart rhythm and determine whether an electric shock is needed to try to restore a normal rhythm.

Call for help/ Send a runner to get the nearest AED and phone for an ambulance. Dial 999.

Ask a member of staff to contact the Next of kin as soon as possible.

Contact Wellbeing Centre team via Radio or ext 814.

How to use the AED

- Switch on the AED immediately and follow the voice prompts:
- Attach the leads to the AED if necessary and attach the pads to the victim's bare chest
- You may need to towel dry or to shave the chest, so the pads stick properly. Only shave excessive hair and don't delay defibrillation if a razor is not immediately available.
- Peel the backing from one pad at a time and place firmly in position, following the instructions on the pads.
- Place one pad below the victim's right collar bone.
- Place the other pad on the victim's left side, over the lower ribs.
- DO NOT remove the pads if you have placed them the wrong way round – the AED will still work.
- Whilst the AED analyses the rhythm – stop CPR and ensure that no one touches the casualty.

If shock is advised:

- Ensure that nobody touches the casualty (check from top to toe and shout "Stand clear!")
- Push the shock button as directed.
- Continue as directed by the voice prompts.
- Minimize, as far as possible, interruptions in chest compressions.

If shock is not advised

- Immediately resume CPR using a ratio of 30 chest compressions to 2 rescue breaths.
- Continue as directed by the voice/visual prompts.
- Continue until ambulance arrives.

Anyone can use an AED by following the automated instructions provided by the machine.

6. Head Injury:

The Wellbeing Centre team informs the parent/guardian and provides them with a Head Injury Advice sheet. Parents should follow these instructions implicitly. Students who obtain a head injury should refrain from sports for 48 hours. Parents are asked to submit an update via the Parent Portal after 48 hours to confirm that their child has not experienced concussion symptoms in that time. This is received by the Wellbeing Centre team. If this is the case, the student will be allowed to return to sport. If not, the graduated return to play procedure will commence and the student will be added to

the School's Concussion Register found on the Staff Intranet. All this information is outlined on the Head Injury Advice sheet. The Sports Therapist will keep the Director of Sport updated on all head injury cases.

7. Fever (temperature greater 37.5 degrees):

All students suffering with a temperature of greater than 37.5 degrees should not attend school and arrangements will be made by the Wellbeing Centre team for parents/guardian to collect their child if this temperature occurs during the day. Students should have 48 hours clear of a temperature before returning to school.

8. Vomiting and diarrhoea:

Any student who has suffered with diarrhoea and/or vomiting must not attend school until they are 48 hours clear of symptoms. If these symptoms develop whilst at school, arrangement will be made by the School for parents/guardian to collect their child.

9. Seizures:

The first aider will check if the patient (student or staff) is a known epileptic. In the event of a seizure the patient should be cared for in a safe space on the floor, lying in the recovery position. The patient should not be left whilst the seizure is occurring. For those with no history of epilepsy, an ambulance must be called immediately. Details on when to call 999 for a patient who is a known epileptic will be on their care plan; sometimes this may be immediately, however some epileptics would be permitted to rest once the seizure is over without the need for an ambulance. Space is provided in the Wellbeing Centre for this purpose. Once rested, an assessment will be made as to whether the patient should go home or if they are able to return to activities. Parents/guardians will be informed at all stages. All students with epilepsy have care plans.

10. Suspected fractures and minor injuries:

For suspected fractures and minor injuries, parents will be advised to collect their child from the Wellbeing Centre and attend Minor Injury Units at Royal Berkshire Hospital, RG1 5AN, Townlands Memorial Hospital, RG9 2EB or their nearest medical facility.

Parents are requested to update Wellbeing Centre staff on the outcome of any hospital visits. Wellbeing Centre staff can then ensure that support for the student can be put in place on their return to school.

11. Dental pain/dental injuries:

A&E departments do not provide dental treatment so parents/guardians will be advised to contact their child's own dentist for emergency treatment for a dental injury. However, if there are accompanying facial injuries, these will need to be investigated in A&E. Parents/guardians will be advised that if they are unsure of where to go, they should contact NHS 111. This information is outlined in RBC's dental advice sheet. For dental pain, students will be administered analgesia by the Nurse and parents/guardians will be informed and advised to make a dental appointment. If the pain persists and the child is unable to continue with school, arrangements will be made for them to be collected by a parent/guardian.

This list is not exhaustive and the Wellbeing Centre team may contact parents/guardians in any other instance where necessary.

12. Lower Limb Disorders /Crutch Use:

Students and staff on site may experience lower limb disorders requiring the use of crutches. Medical Centre cannot prescribe or hand out crutches, nor can they remove crutches assigned by medical professionals or Parents. The crutch procedure is as follows:

1. Before a student attends school using crutches, parents mustfill in a 'Crutches Competency' form on the parent portal, confirming injury, duration of crutch use, whether provided by a medical practitioner and confirm that parents have ensured pupil is competent and safe moving

around the site on crutches, safe on the stairs. The parent will also confirm that they will make the pupil aware of main risks of slips/trips/falls using crutches and that they must visit the Wellbeing Centre at the start of theirfirst day on site..

2. Pupil will visit site for visual crutch assessment by a member of the Wellbeing Team to confirm RBC feel the student is safe to use crutches on site, includingon stairs, and be reminded of safe crutch use on stairs.
3. Wellbeing Team will conduct a PEEP (Personal Emergency Evacuation Plan) assessment.
4. The PEEP assessment will determine if the pupil needs a lift key, a buddy, early lunch pass etc.
5. Pupils using the lift will be taken through how to activate, use, and deactivate the lift, emergency procedures and reminded that they must have a buddy outside the lift at all times and will not use it during an evacuation.
6. Pupils will be informed that if they are unable to use stairs (slowly or by sitting and moving down step by step) that they must wait at the top of the stairs in the refuge zone for a member of staff or the Emergency Services to use the Evac Chair to rescue them.

Appendix 2

First Aid Needs Assessment Overview

See current first aid needs assessment report for current data/assessment

School Information and first aid trained staff	
No of students	~825
No of staff	200 approx.
No of FAW	19 (increase of 8)
No of EFAW	109 (increase of 26)
No of Pitchside First Aiders	2
No of ICP trained staff	0
No of REC (Remote Emergency Care) Level 2	1
No of FREC3	2
Outdoor Pursuits (16hr)	5
No of Mental Health First Aiders	40

First Aid Provision	Required Yes / No	Number Required	Current Levels	Sufficient?
Appointed Person	Yes	1	Medical Centre Staff minimum of 2 per day	Y
EFAW First Aider	Yes	20	<109	Y
FAW First Aider	Yes	11	19	Y
Immediate Care practitioner Level	Yes (Rugby)	1	Externally sourced MediRek or other	Y
First Aid Equipment and Facilities				
First Aid Boxes	Yes	Multiple	Fully equipped medical centre 24 across site 1 x each minibus 9 x Adventure Education Additional kits prepared as required for trips	Y
Additional First Aid Equipment	**Defibrillators**	As assessed	5 across site Medical Centre, Sports Centre, School House, Boat house, Swimming Pool	Y
	Adrenaline Pens	Within 2.5 mins walk	6 across site Medical Centre, Sports Centre, Dining Hall, School House, Boat House, RAB Pupils & Staff carry own	Y
	Asthma Inhaler	As assessed	2 across site Medical Centre, Boat House Pupils/ Staff carry own	Y
	Blood Control Kit	As needed	3 across site Medical Centre, Rifle Range, GMAC	Y
	Burns Kit	As needed	2 across site Medical Centre, Kitchen	Y
	Diabetic Kit	As assessed	1 on site Medical Centre	Y
First Aid Room	Yes		Fully equipped medical centre, comprising: - Counselling room - Wellbeing room - 3 x treatment rooms - 2 accessible toilets	
Shower	Yes		Showers in Wellbeing Centre, changing rooms, Swimming Pool, GMAC	
Mental Health First Aiders	Yes		40 staff trained	

Audit and Measurement Criteria		
This policy will be reviewed biennially in line with updated legislation and revised as required.		
No	**Action**	**Frequency**
1	Regular review of trained 1 day Emergency and 3-day First Aid at Work personnel	Termly
2	Review of incident metrics by H&S Committee to ensure first aid cover and needs assessment is suitable and sufficient	Termly
3	Review of Policy	Annually

Document Consultees	
Name	**Title**
Alexandra West	Bursar (School Transport Manager)
Carly Macey	Health & Safety Manager (Minibus, Driver & Policy Compliance)
Sheridan Buchanan	Nurse Manager (First Aid Lead)

Associated/Linked/Related Documents			
Ref.	**Name**	**Type**	**Location/Link**
	First Aiders List	Digital Sheet	First aider list 25-26.xlsx (SharePoint > Medical > First Aiders List)
	Incident Report Form (iProtectU) ARF – Accident Report Form	Digital Form	https://rbcs.iprotectu.co.uk/report/combined
	Incident Report Database	Database	https://rbcs.iprotectu.co.uk/incident/reviewSU
	Student Medical Data	Database	

Document History				
Version	**Updates**	**Approver**	**Author**	**Date**
1.	Original Policy	A West	S Buchanen	June 2025
2.	• Annual review and update of formatting • Consultation key policy stakeholders • Addition of Policy Audit criteria • Addition of crutches procedure in appendix 1 • Addition of First Aid Needs Assessment Overview	A West	C Macey S Buchanen	June 2026