RUPERT HOUSE SCHOOL
WHOLE SCHOOL, INCLUDING EYFS
FIRST AID POLICY

Responsible role	**Deputy Head Pastoral**
Last review date	
December 2025	**Updates**
January 2026	**Updates to training details**
September 2026	**Staffing and procedure updates**

AIM

To ensure that any illness or injury involving a pupil, an employee of the school or anyone visiting our school site is treated quickly and effectively.

Where this policy refers to the school, this includes the EYFS, the Pre-Prep and Prep parts of the school. There is an additional policy document for the EYFS with specific guidance for Foundation Stage pupils.

OBJECTIVES

- To train nominated staff to an appropriate level of competency when dealing with first aid incidents.
- To ensure that any first aid intervention is appropriate and effective.
- To ensure that appropriate materials and equipment are available at well-sited points throughout the premises and when on an off-site visit.
- To produce up-to-date risk assessment of activities and areas both in and around school and for outings to keep the need for first aid interventions to a minimum.
- To include first aid information in the induction for new staff.
- To have clear communications throughout school and quick access to emergency contact numbers relating to all pupils and staff.
- To keep detailed records of any incident and illnesses.
- To ensure that accidents are reported to HSE according to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.
- To ensure that we obtain professional medical advice if required.

TRAINING

Every 3 years, a number of RHS employees receive first aid training from a recognised organisation (e.g. Tigerlilly, St John's Ambulance, Red Cross etc). Records of staff training including dates and names of courses are held by the Bursary. This takes the form of one-day training or an online training requirement followed by a day's face-to-face training.

Staff also access regular training via The Key training platform with courses including Allergies and Anaphylaxis in Schools and Administering medication

Staff also receive regular First Aid refresher training at INSET and staff training days.

There will always be at least one qualified person on each school site (Pre-Prep, Prep and Playing Fields) when children are present. When children from the EYFS are on outings, they will always be accompanied by a paediatric first aider.

Paediatric First Aiders: There are 31 members of staff who hold current Paediatric First Aid certificates (as at September 2026).

The next scheduled Tigerlilly training session is Tuesday 5th January 2027 which will be attended by 12 members of staff.

FIRST AID BOXES

FIRST AID BOX LOCATIONS

- School kitchen (monitored by Chapter One Catering)
- Pre-Prep above sink outside Rupert Bears

- Pre-Prep in kitchen area
- Pre-Prep (mobile bag for playground use)
- Courtneys - Science Laboratory
- Courtneys – Art room
- Courtneys – DT room
- Courtneys – lower ground kitchenette
- Prep school – Staff room (mobile bag for playground use)
- Prep school – 1st floor staff toilet
- Prep school – 2nd floor Room 20 – Learning Enhancement / Library
- Hall
- Pavilion at playing fields

In addition:

- There is a Medical Corner in the staff room which displays the anaphylaxis kit with emergency Epipens, the emergency asthma kit containing spare inhalers, the choking kit and first aid supplies.
- Medical Room – this is located on the first floor in number 92 and contains a full supply and stocks of First Aid items, medical bags and trip buckets.
- Large portable first aid kits used by PE staff (Backpacks).
- Small portable first aid kits – throughout the school and spares in the medical room.
- School minibuses.

In addition, there are lockable medical cabinets in the following locations:

- Reception/ Front Office has a lockable medical cupboard containing pupils' own named medication to be administered during the school day.
- Bursary front office has a lockable medical cupboard which can be used if necessary.
- Staff room has a lockable medical cupboard.
- Pre-Prep kitchen has a locked medical cupboard containing Calpol and pupils' own named medication to be administered during the day.

EACH FIRST AID BOX CONTAINS (MINIMUM...)

Guidance leaflet	2 medium wound dressings
Sterile plasters	2 large wound dressings
Eye pads	Alcohol free cleaning wipes individually wrapped
2 triangular bandages	Disposable gloves
Safety pins	Single use ice packs

NB: Disposable gloves - must always be used when treating any accident involving bodily wastes. These are located either in or by the First Aid Boxes

Further single use ice packs are located in or by the First Aid Boxes. Access to further first aid items are available throughout the school site and in the Medical Room including aprons and other PPE, sterile eye wash solution, burn treatment pads, foil blankets, resuss mouth guards, hazard cleaning equipment and disposal items, sickness bags/buckets.

SPECIAL BAGS FOR OUTINGS

A first aid bag and bucket are taken on any outing and would normally contain:

Resusci face shield	Paper towels	Disposable gloves
Emergency foil blanket	Sterile water	Triangular bandages
Assorted wound dressings	Eye pads	Alcohol-free cleaning wipes
2 sachets of age appropriate Calpol	Accident book	Assorted plasters
Baby wipes	Absorbent spillage powder sachets	Disposable vomit bags or bowls
Bite and sting relief spray (if needed)	Single use ice packs	

A more extensive range of medications are taken on residential trips including: allergy relief syrup, sanitary towels, thermometer, sun cream and a small medical bag that can be taken out on day trips. Baby wipes and tissues are also taken.

An accident book and medication log is also taken on residential trips.

REPLENISHING FIRST AID BOXES

Any member of staff using supplies should always inform the bursary when any item of stock is running low. The first aid boxes/bags are regularly checked by Bursary administrative staff and records are maintained.

FIRST AID STATIONS

There are 4 first aid stations where walking wounded are taken

- Pre-Prep – kitchen
- Pre-Prep - just outside Pre-School class
- Prep – front office
- Pavilion – kitchen

Defibrillators:

1) outside No 92 door (access code C159) which is maintained by the local charity 'Millie's Dream' and
2) inside the pavilion, checked and maintained by school.

MEDICAL TRACKER – RECORDING AND REPORTING INCIDENCES

Rupert House School uses Medical Tracker to record accidents and illnesses for pupils, staff and visitors both in school and off-site. Medical Tracker is also used to record any medical conditions, medication required and medication use in school.

All relevant staff have log ins for the Medical Tracker system and are able to record incidences directly onto the pupil record and send direct notifications to parents on email about any accidents or medication use.

When an accident or injury occurs and Medical Tracker is not immediately accessible (e.g. when offsite or the appropriate device is not available to log in) staff will record all details of the incident and transfer

these to Medical Tracker at the earliest opportunity. The school will also retain paper accident books for these occasions.

Reports on Medical Tracker will be checked at regular intervals to look for any trends, identify hazards, and identify repetitive pupil concerns. Incidents recorded on Medical Tracker are visible to SMT and reviewed regularly to make health and safety improvements.

Any incident which requires hospital treatment should be recorded in detail and reported to the School Business Manager. In such cases, a follow-up report may be required, or the Business Manager may be required to report this to RIDDOR. Any incident where a child is taken to the hospital must be reported to the Governors with Health & Safety and Safeguarding oversight who will then report it through at the next Health & Safety meeting.

MEDICAL ROOM

Sick pupils can lie down in the Medical Room in no. 92 while waiting for collection. Sick pupils will be fully supervised whilst in this room.

STATUTORY REPORTING OF ACCIDENTS TO HSE

The School Business Manager is the nominated employee to contact HSE should it be required under RIDDOR.

PROCEDURES FOR DEALING WITH ACCIDENTAL INJURY REQUIRING FIRST AID

Procedures for accidents inside the classroom

- The class teacher will assess the situation and take appropriate action ensuring that the remainder of the pupils are kept safe;
- apply first aid if possible and appropriate;
- contact the Lead First Aider or the Head's PA, if necessary, to advise them if extra internal assistance is required or if the ambulance/hospital/doctor/parents need to be contacted;
- if an ambulance or hospital visit is required, a member of the SMT must be informed straight away;
- record the accident on Medical Tracker and update the notes on the incident as necessary when further information is available.

The member of staff reporting the incident will be kept informed of progress with regard to contacting parents or ambulance.

Procedures for accidents occurring outside during playtimes

In all situations, the member of staff on duty assesses the situation and takes appropriate action, calling for help and ensuring that the remainder of the pupils are kept safe. If in their opinion it is safe for the pupil to move, they will send the injured pupil into school with at least one other pupil. If the injury is deemed more serious, the pupil will be taken in by a member of staff on duty. If a child should not be moved, the member of staff on duty will send for help.

Pre-Prep playtimes

- The injured pupil is sent, accompanied by a fellow pupil where necessary, into the Pre-Prep building where there is a member of staff on duty.
- The member of staff will listen to what the children say has happened, assess the situation and treat the injured child appropriately.

- The member of staff will record the incident and treatment on Medical Tracker and detail how the accident happened, if known. This information will be updated at a later stage if it is appropriate.
- Where necessary, an injured child will be accompanied into school by an adult.

Prep School playtimes

- The injured pupil is sent to the Lead First aider in the front office, accompanied by a fellow pupil. If the Lead First Aider is not at their desk, the pupil will seek help from the Staff room
- Once help has been summoned and the pupil has received treatment this will be recorded on Medical Tracker.
- As in the case with Pre-Prep incidents, an injured child will be accompanied into school by an adult if it is thought to be necessary.

Serious Incidents

- Extra internal assistance will be summoned if, at any stage, the member of staff deems it necessary or to ask for the ambulance/hospital/doctor/parents to be contacted.
- If necessary, the pupil can be taken to hospital (this is normally done by the Lead First Aider or member of SMT, who will be accompanied by another adult). The child's medical information held at school, if available, must be taken along with any details of any first aid already administered.
- If an ambulance or hospital visit is required a member of the SMT must be informed straight away.
- The incident will be recorded in Medical Tracker and further information updated at a later stage if it is appropriate. The incident should be recorded in full detail including causes and outcomes and a notification sent to the parents and the School Business Manager as soon as practical
- The member of staff reporting the incident will be kept informed of progress with regard to contacting parents or ambulance.
- The member of staff should be offered further support/counselling if necessary.

Procedure for accidents outside school or on the games field

The person in charge will:

- assess the situation and take appropriate action to ensure that the remainder of the pupils are kept safe.
- treat the casualty and phone for assistance as appropriate.
- clear up and check if others need support.
- Record the incident and all details on Medical Tracker.

CONTACTING PARENTS

If a child has had first aid treatment during the school day, this will be recorded on Medical Tracker and an email notification will be sent via Medical Tracker to parents to inform them of the details. In the case of head injuries, parents are always telephoned. If a head injury results in a child becoming sleepy, dizzy or unwell parents will be contacted immediately. Staff are emailed to inform all parties to keep an eye on the injured child.

In the event of serious injury, as a matter of courtesy and a sign of our duty of care for our pupils, staff will contact the parents during the evening to enquire how the child is.

WHAT TO DO IN CASE OF AN EMERGENCY WHILST ON A VISIT

The following information is included in our Educational Visits Policy.

If an emergency occurs on a school visit, the teacher in charge should maintain (or resume) control of the group overall. The main tasks will be to:

- *establish the nature and extent of the emergency as quickly as possible*

- *ensure that all the group are safe and looked after*
- *establish the names of any casualties and obtain immediate medical attention*
- *ensure that a teacher accompanies any casualty to hospital with any relevant medical information and that the rest of the group are adequately supervised at all times and kept together. If necessary, the activities will have to be curtailed if it becomes unsafe to continue with the planned events with one fewer adult than originally thought*
- *notify the police – if relevant*
- *ensure that all group leaders who need to know are made aware of the situation*
- *inform the Head as soon as possible and keep school regularly informed thereafter about*
    - *nature of incident*
    - *time of incident*
    - *where happened*
    - *names of casualties or those involved*
    - *details of injuries*
    - *action taken so far*
    - *planned action yet to be taken*

The school will then normally:

- *notify the parents and provide them with as full an account as possible*
- *ascertain any phone numbers for future use*
- *notify Governance*
- *contact HSE (usually not until after you have returned to school) and complete an accident report and notify insurers*

DEALING WITH SPILLAGES AND HYGIENE

Spillages

Spillages of substances likely to result in the spread of infections will be dealt with rapidly and carefully. Blood, vomit, urine and faeces will be cleaned up immediately and disposed of safely and hygienically. Staff will wear disposable plastic gloves and an apron while using disinfectant solution, and they will wash themselves thoroughly afterwards. Children will be kept well clear while such substances are being dealt with.

First Aid and Hygiene

Further to the provisions set out in the Health and Safety Policy, the staff will be mindful of the need to observe the highest standards of personal hygiene when administering any treatment to children. As such, they will wash their hands thoroughly both before and after giving first aid, and ensure that any cuts, wounds or skin damage are covered by plasters or disposable gloves.

PROCEDURE FOR TAKING AN ILL/INJURED PUPIL TO HOSPITAL

- In the case of minor injuries, the child's parent(s) will always be telephoned and will be asked to come to school to take their child to hospital.
- In more serious cases, the paramedic/ambulance service will be called. The parent is contacted and asked to go directly to wherever the child has been taken.
- If a member of staff is taking an ill/injured child in their car, a second adult must accompany the driver to look after the casualty.
- The pupil's medical information sheet and address sheet will also be taken to the hospital, along with any details of first aid already administered.

GUIDANCE ON WHEN TO CALL AN AMBULANCE (ADVICE FROM ST JOHN AMBULANCE)

When managing a casualty, you may need to call for an ambulance. Follow the steps below:

- There are several numbers you can call in order to reach an ambulance. From all landlines phone 999, from a mobile phone 112 or medical advice from 111.
- They will ask you what service you require. Say ambulance.
- They will ask where you are located (main school site: RG9 2BN). Be as precise as possible, using 'What3words' app if available.
- They will ask you how many casualties. If one, say one.
- They will ask what is wrong with casualty. Tell them what only you are sure of, to avoid giving misinformation.
- They will ask if other services are required
- After you hang up you must wait with the casualty until the ambulance arrives.
- The School has a legal duty under RIDDOR to report and record major work-related accidents. but not all incidents are reportable. For guidance as to what must be reported and how it must be reported please refer to the HSE website: http://www.hse.gov.uk/pubns/edis1.htm

INSURANCE

Rupert House School has insurance which provides full cover for claims arising from the actions of staff acting within the scope of their employment. Pupils do not have personal cover for any accidental injury they incur whilst at School although some parents may take out their own cover for such circumstances.

SHORT AND LONG TERM MEDICAL NEEDS

Copies of individual Health Care plans (IHCPs) are kept on Medical Tracker and in a central location on Teams so that they are able to be accessed by staff but are not visible to visitors.

Information on medical needs and conditions, including allergies, dietary requirements, asthma and allergy plans and emergency consent forms are listed and stored on Medical Tracker along with any information about medication that pupils or staff require in school.

IHCPs are reviewed on an ongoing basis with parents and staff, overseen by the Deputy Head – Pastoral.

MANAGING MEDICATION IN SCHOOL

Parents must complete the appropriate form on MySchoolPortal for any medications which need to be administered by staff whilst their child is either at school or on a day or residential trip. Medications should be given to: the child's class teacher (Pre-Prep), or the Head's PA in the school office (Prep).

PROCEDURES FOR RESPONDING TO CHILDREN WHO ARE ILL OR INFECTIOUS

Prior to admission, staff will discuss the procedure of the school when responding to children who are ill or infectious.

We provide care for healthy children through working to prevent cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic substance.

The School is committed to the health and safety of all children and staff and it will sometimes be necessary to require an unwell child to be collected early from a session or be kept at home while they get better.

If a child appears unwell during the day – has a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the teacher or Lead First Aider will call the parents and ask them to collect the child or send a known carer to collect the child on their behalf.

In a case of an extremely high temperature, parents will be contacted, urgently, and possibly a paramedic service will be summoned.

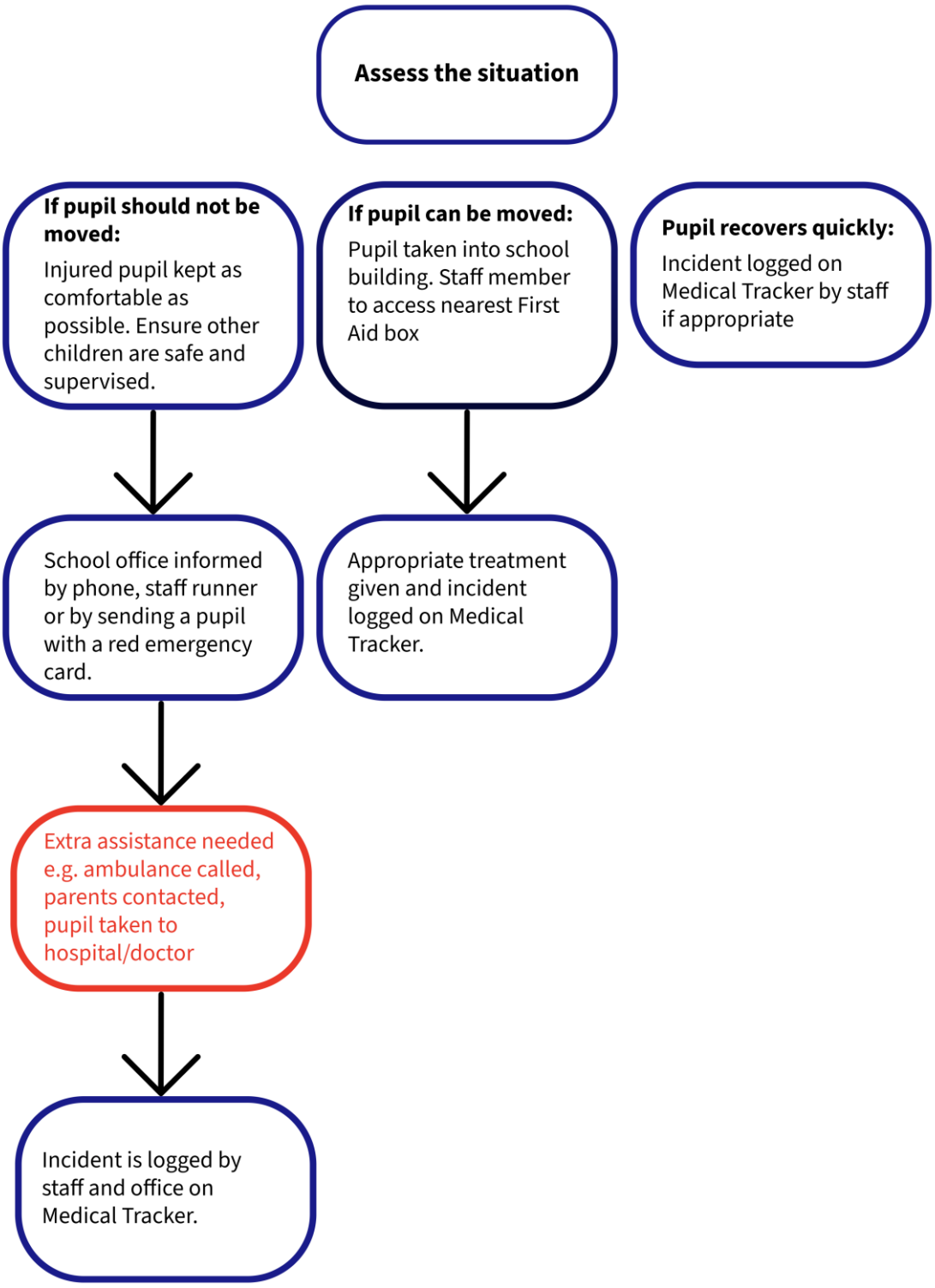
Parents may be asked to take their child to the doctor before returning them to school and school can refuse admittance to children who have a temperature, sickness and/or diarrhoea or a contagious infection or disease.

Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.

SICKNESS AND DIARRHOEA

A child or member of staff should not return to school until 48 hours after the last time they were sick or had diarrhoea.

PROCEDURE FOR ACCIDENTS IN THE PLAYGROUND



APPENDIX A: MEDICAL EMERGENCIES - GUIDANCE

Anaphylaxis

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. Latex can also be a precipitant of Anaphylaxis. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Signs and Symptoms

- Swelling and redness of the skin
- Itchy raised rash
- Swelling of the throat
- Wheezing and or coughing
- Rapid irregular pulse
- Nausea and vomiting
- Dizziness or unconsciousness

Management

- Call 999 from a land line, or 112 from a mobile phone, for an ambulance
- Observe and record pulse and breathing
- If casualty is carrying medicine for the allergy, assist casualty to use it if they are able to. In the case of very young children the medication will need to be administered by the adult.
- Help casualty to adopt the position that most relieves breathing difficulty
- Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen.

These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

If these symptoms appear in an affected child the EpiPen or Jext must be used and an ambulance called immediately. The pen is pre-loaded and should be injected into the fleshy part of the thigh. Most staff have received training in how to use the EpiPen, which is very simple, but it must be remembered that swift action is ESSENTIAL.

Asthma

If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should adopt a position that they find comfortable. Do **NOT** make the child lie down.

Assist with prompt administration of medication -

- Give 2 puffs of blue reliever.
- If no improvement after 4 minutes, give another 2 puffs
- If still no improvement or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then an ambulance must be called. Dial 999 from a land line or 112 from a mobile phone.

Other pupils' inhalers should not be used.

Choking

When a child is choking, their airway is partly or completely blocked, meaning that they may be unable to breathe properly. They might be able to clear it by coughing, but if they can't, you will need to help them straight away. All young children have a tendency to put small objects in their mouths, so staff should ensure relevant Risk Assessments are in place and supervision is appropriate.

In line with current EYFS requirements, staff must ensure pupils are both seen and heard at times of eating to ensure their safety against choking. In addition, the school and catering staff are aware of specific foods which may be a choking hazard (e.g. grapes) and these are cut in half).

Signs and symptoms

Look for:

- difficulty breathing, speaking or coughing
- signs of distress and they may point to their throat or grasp their neck.

What to do:

- If you think a child is choking, ask them 'Are you choking?'.
- If they can breathe, speak, or cough then they might be able to clear their own throat. If they cannot breathe, cough, or make any noise, then they need your help straight away.
- Cough it out. Encourage them to cough and remove any obvious obstruction from their mouth.
- If coughing fails to work, you need to give five sharp back blows. To do this, help them to lean forwards, supporting their upper body with one hand. With the heel of your other hand give them five sharp back blows between their shoulder blades.
- After each back blow, check their mouth and pick out any obvious obstruction. Do not sweep the mouth as this could push the object further down the throat.
- Squeeze it out. If back blows fail to clear the obstruction, give five abdominal thrusts. To do this, stand behind them and put your arms around the child's waist. Place one hand in a clenched fist between their belly button and the bottom of their chest. With your other hand, grasp your fist and pull sharply inwards and upwards up to five times.
- Check their mouth again, after every thrust.
- If the blockage has not cleared, call 999 or 112 for emergency help straight away. Repeat five back blows and five abdominal thrusts until help arrives, rechecking their mouth between every blow or thrust.
- If they become unresponsive at any point assess using Primary Survey DRABC and start child CPR if required.
- All children who have received abdominal thrusts should be seen in hospital, even if the obstruction has cleared.

A choking kit is also available for use in the staff room.

Diabetes

Signs and Symptoms

High blood sugar (normally slow onset of symptoms)

- Excessive thirst
- Frequent need to urinate
- Acetone smell on breath
- Drowsiness
- Hot dry skin

Low blood sugar (normally quick onset of symptoms)

- Feel dizzy, weak and hungry
- Profuse sweating
- Pale and have rapid pulse
- Numb around lips and fingers
- Aggressive behaviour

Action

- For a person with low blood sugar give sugar, glucose or a sweet drink e.g. coke, squash
- For a person with high blood sugar allow casualty to self-administer insulin. Do **NOT** give it yourself but help if necessary.
- If unsure if person is suffering high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will be vital!

Epileptic Seizures

Epileptic seizures are caused by a disturbance of the brain.

Seizures can last from 1 to 3 minutes

Signs and symptoms:

- A 'cry' as air is forced through the vocal chords
- Casualty falls to ground and lies rigid for some seconds
- Congested, blue face and neck
- Jerking, spasmodic muscle movement
- Froth from mouth
- Possible loss of bladder and bowel movement
- Staff should also be aware of febrile convulsions – more common in Early Years children

Management:

During seizure

- Do **NOT** try to restrain the person
- Do **NOT** push anything in the mouth
- Protect person from obvious injury
- 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.

APPENDIX B: IHCP Template

Individual Health Care Plan (IHCP)

Name of Child:		(child's photo)
Year group:		
Date of birth:		
Child's Address		
Medical Condition/Diagnosis/Allergy		
Date of IHCP		
Review date:		

Family Contact Information

Mother Name:	Mobile: Home: Email:
Father Name:	Mobile: Home: Email:
Emergency Contact Name:	Mobile: Relationship to child:
Emergency Contact Name:	Mobile: Relationship to child:

GP and Clinic/Hospital Information

GP Name:	Address: Phone:
Hospital Clinic/Consultant name (if applicable):	Address: Phone:

Key Information

Who is responsible for providing support in school? E.g. teacher, support staff, named persons etc.
Enter details:

Please describe your child's medical needs including the following:

- details of your child's symptoms, triggers, signs, environmental issues
- details of your child's treatments, any specialist equipment or devices used

Enter details:

Please give details of the medication your child requires including the following information:

- name of medication, dosage required and times to be taken
- how the medicine is administered e.g. orally, using a spacer etc

Medicines will be administered by staff under supervision
Enter details:

Are there any specific daily care requirements?
Enter details:

Does your child require any specific support for their educational, social and emotional needs?
Enter details:

Are there any specific arrangements required for school visits/trips or extra-curricular offsite activities?
Enter details:

Additional information not covered above:
Enter details:

Please describe what constitutes an emergency and the action to take if this occurs:
Enter details:

Who is responsible in an emergency (state if different for off-site activities):
Enter details:

Plan developed with (e.g. any medical professionals, staff, child etc)
Enter details:

Any specific staff training needed (e.g. on specific devices/equipment)
Enter details:

Parent signature:	**Print Name:**	**Date:**
Signed on behalf of school:	**Print Name:**	**Date:**

For office use:

Form copied to/for the attention of:

Medication to be held in school? Yes / No

If yes, this should be provided to Penny Gibson in the school office.

Name of Medication	Expiry Date

Dietary requirements updated with catering provider: Yes/No/Not applicable

Allergy Lanyard required: Yes/No

<u>Instructions when calling 999</u>	Rupert House School – 90 Bell Street, Henley on Thames, RG9 2BN. Tel: 01491 574263 Grid Reference: 758834 Nearest place for Air Ambulance to land – Bell Street/Henley Rugby Club