Halliford School
SHEPPERTON

# First Aid Policy

# September 2025

*Approved by the Governing Body September 2025*
*To be reviewed September 2026*

## Contents

## Mission Statement

Halliford is a school based on strong family values where we know and respect every student as an individual. We encourage and support Hallifordians to flourish and become the best version of themselves that they can possibly be.

We aim for excellence by being academically ambitious but at the same time academically sensitive.

We inspire Hallifordians within a community that is founded on high quality teaching and learning, outstanding pastoral care and first-class sporting, cultural and co-curricular opportunities.

## Introduction

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981), the Governing Body is responsible for ensuring that there is adequate and appropriate First Aid provision at all times when there are people on the School premises and for staff and students during off-site visits and activities.

## Aims and objectives

To enable the provision of adequate and appropriate health care and first aid to students and staff, whilst on the School premises and during off-site visits and activities.

To facilitate the care of sick or injured students whilst in the care of the School, outlining the procedures to be followed and the support to be provided to those students.

This policy to be available to all students, staff and parents/guardians and to be reviewed annually and updated where necessary.

## Provision of first aid personnel and equipment

The School Matron's are Mrs Catherine Batt and Mrs Claire Marismari who are first aid trained (First Aid at Work Certificate) and have undertaken further training relevant to their position. Matron is on duty from 8.30am to 4.00pm five days a week and can be contacted directly on 01932 234928 or by email matron@hallifordschool.co.uk Matron will endeavour to return calls and emails as soon as possible, but will not be able to discuss medical matters if other students are present.

Matron is responsible for providing health care and first aid support to students during school hours and students and staff can access the room without accompaniment during the school day. The exception to this would be if there was a concern for their safety, for example if they had a head injury where they should be accompanied either by a member of staff or another student. It is the responsibility of Matron to inform parents/guardians of any significant illness or injury and maintain accurate records, including Accident/Incident Reports.

The School aims to have a minimum of ten qualified first aiders on the staff, in addition to Matron. A list of qualified first aiders is kept with Matron and is also kept on the staff notice board as well as on the student notice boards. It is the task of the Bursar to ensure that this target is met and that those qualified receive the appropriate continuation training in order to keep themselves up to date.

First Aiders are responsible for responding effectively to calls for assistance, providing appropriate treatment within their level of competency, summoning further help and keeping accurate records.

A list of current First Aid Trained members of staff is available in Appendix 1

Any student feeling unwell will be assessed by Matron prior to treatment or being sent home. If the injury requires hospital treatment then parents will be contacted or in cases of an emergency, an ambulance will be called. A record of medication given, and treatment is recorded in the medical section of the School database.

## Responsibilities

Matron is responsible for:

- Providing First Aid support during school hours
- Informing parents of any incident where significant injury or illness has occurred.
- Liaising with the SMT and Pastoral Committee on First Aid issues
- Organising provision and regular replenishment of First Aid equipment. All equipment is checked termly with the exception of Sport First Aid Bags which are replenished and checked weekly.
- Maintaining records of Accident Reports and reporting notifiable accidents to the Health & Safety Executive (RIDDOR)
- Providing First Aid equipment and specific medication for staff who are involved in day and residential trips.

The Bursar is responsible for:

- Risk assessments for contractors and external third-party providers
- Oversight of records of accident reports

Qualified First Aiders are responsible for:

- Responding promptly to calls for assistance
- Providing first aid support within their level of competence
- Summoning further medical help as necessary
- Recording details of treatment given on Accident Report Forms (ARF's) and reporting the incident to Matron within 24 hrs.
- Informing Matron of equipment used so that it may be replenished

The Director of Sport is responsible for:

- Ensuring appropriate First Aid cover is available at all sports and activities including Wednesday afternoon Games, after school sessions and weekend fixtures
- Ensuring First Aid kits are available for all practice sessions and matches
- Ensuring Sport first aid kits are kept well stocked
- Ensuring that students with health care plans who require emergency medication such as inhalers and adrenaline auto injectors have these with them prior to lessons or fixtures

The Educational Visits Coordinator is responsible for:

- Ensuring appropriate First Aid trained staff are allocated to residential and day trips
- Ensuring all residential trips have the appropriate level of First Aid provision available through the staffing for the trip. This must be noted in the trip risk assessment.

All staff are responsible for:

- Acting in capacity of responsible adult in the event of an emergency
- Accurately recording all accidents in the Accident Form and reporting the incident to Matron within 24 hours

- Carrying out risk assessments for any off-site trips and ensuring adequate First Aid provisions are taken. (First Aid kits for trips are available from Matron).
- Ensuring that students with health care plans who require emergency medication such as inhalers and adrenaline auto injectors have these with them prior to lessons or fixtures

## Medical Room and First Aid Equipment

The School has a Medical Room located in the Cottage which is well equipped to provide care for sick or injured students.

If Matron is not available, details of how to access medical assistance will be displayed on the door, or a student must go to Reception who also hold a list of qualified First Aiders to be called in such circumstances.

## First Aid Kits

The correct equipment to enable first aid to be administered to an injured person is vital. It is therefore essential that adequate first aid provisions are in place. The school follows the BSI (British Standards Institute) advice regarding the contents of workplace first aid kits. The new standards (BS 8599-1:2019) came into effect on 10 January 2019 and school first aid kits conform to this standard.

We have 18 large First Aid Kits on site which contain the following items:-

Eye wash cartridges x 5
Guidance leaflet x 1
Contents Label x 1
Medium 12 x 12cm dressing x 2
Large 18 x 18cm dressing x 2
Triangular bandage x 2
No.16 eye pad and bandage x 2
Assorted washproof plasters x 40
Moist cleansing wipes x 20
Microporous tape 2.5cm x 10m x 1
Nitrile gloves (Pairs) x 6
Finger dressing 3.5cm x 3.5cm x 2
Resusciade x 1
Foil blanket x 1
Burn dressing 10cm x 10cm x 1
Heavy duty clothing Shears x 1
Conforming bandage 7.5cm x 4m x 1

They are located in the following places:-

<u>Main House</u>
Matron's Office
Staff Room

<u>The John Crook Theatre Building</u>
Theatre Downstairs (Backstage)
Kitchen

<u>Baker Building</u>
Science Prep Room

<u>The Wendy Simmons Building</u>
Fitness Suite

<u>Premises</u>
Caretakers Workshop

<u>The Phillip Cottam Centre</u>
Sixth Form Café
Sixth Form Tutors Office
Art Room
Music Room

DT Workshop
DT Prep Room

Woodward Building
LRC
English Office

Peter Jones Centre
Geography Office

Vehicles
Minibuses x 3

We have 13 smaller First Aid Kits on site which contain the following items:-

Eye wash cartridges x 2
Guidance leaflet x 1
Adhesive 10 x 9cm dressing x 1
Medium 12 x 12cm dressing x 1
Large 18 x 18cm dressing x 1
Triangular bandage x 1
No.16 eye pad and bandage x 1
Assorted washproof plasters x 10
Moist cleansing wipes x 10
Nitrile gloves (Pairs) x 1

They are located in the following places:-

Main House
Reception
Bursary

The John Crook Theatre Building
Theatre Upstairs (by Sound Room)

Baker Building
Science 1 Physics
Science 2 Biology
Science 3 KS3
Science 4 Chemistry
Science 5 Chemistry
Science 6 Biology / Physics
Cleaner Cupboard (GF)

The Wendy Simmons Building
Games Dept Office

The Phillip Cottam Centre
Ceramics Room
Cleaners Cupboard (GF)

There are 8 First Aid bags suitable for sporting events.

It is the responsibility of Matron to ensure that the First Aid Kits meet statutory requirements, are checked against a stock list and replenished once a term as necessary.

## Burn Kits

We have 7 Burn Kits in the following places:-

Main House
Matron's Office

The John Crook Theatre Building
Kitchen

Baker Building
Science Prep Room

Premises
Caretakers Workshop

The Phillip Cottam Centre
Sixth Form Café
Ceramics Room

DT Workshop
DT Prep Room

## Eye Wash Stations

We also have 4 Eye Wash Stations in the following places:-

Main House
Matron's Office

Baker Building
Science Prep Room

Premises
Caretakers Workshop

DT Workshop
DT Prep Room

## Defibrillator

The School has a defibrillator to treat cardiac emergencies. It is located to the left of the outer door by the School Reception window at the rear of the House on the terrace behind Reception. It is housed in a heated cabinet and shows a flashing light after dark. It is the responsibility of Matron to check the defibrillator once a term.

All first aiders have been trained on how to use a defibrillator.

Defibrillators are designed to be used by any responsible person in an emergency. The machine will give guidance once opened and switched on.

## Training

In addition to arranging the training needed to qualify and keep in date the qualified first aiders, the School will run general first aid training for all staff at least every three years. Online training on anaphylaxis and allergies, medication awareness and first aid appointed person is also provided for key members of staff as appropriate.

## Adrenaline Auto-Injector (AAI) Training

In addition, the School will also arrange targeted training for the use of Adrenaline Auto-Injectors (AAI) and other essential equipment on a more regular basis. It is the duty of Matron to keep a log of such training. To supplement this training and refresh staff on the use of Adrenaline Auto-Injectors (AAI) they are advised to follow the link below.

https://www.youtube.com/watch?v=_9mk5GrFAdc

## Actions in the event of incidents

**Actions in the Event of an Incident on School Premises**

The following instructions are intended to provide general guidance. They are neither exhaustive nor rigidly prescriptive. Members of staff are expected to make use of their judgement and experience.

**a. Minor Sickness and Injury in a Classroom**

- If the individual is able to walk unescorted, they should be sent to report to Matron.
- If the individual appears in any way unsteady, they must be escorted to Matron.
- On arrival, it is the task of Matron to decide what action needs to be taken.

**b. Serious Sickness and Injury in a Classroom:** In the event of serious injury/sickness the individual should be immobilised and made as comfortable as possible while the help of Matron and/or a qualified First Aider is sought. It will be the task of Matron and/or the qualified First Aider to decide on the follow up action to be taken.

**c. Sickness and Injury outside the Classroom:** In the event of minor injury/sickness outside the classroom the member of staff concerned is to follow the same basic procedures as for sickness/injury in the classroom.

In the event of serious injury or sickness, the victim is to be immobilised and made comfortable. Matron and/or a First Aider should be summoned immediately. In the event of a potentially serious injury, particularly neck, head or back injuries the casualty must **not** be moved. If it is clear that hospital treatment will be required, the South East Coast Ambulance Service should be called immediately, and the Headmaster informed. If the case is less clear the decision to call the ambulance service should be left for Matron, the First Aider or the Headmaster once they have made an informed assessment. **In all instances, the Headmaster must be informed that the ambulance has been called or if a student has been sent to hospital.**

The School recognises that Staff acting as First Aiders can only give the amount of treatment that each individual feels competent to give. An ambulance should be called when there is not sufficient expertise or equipment to control a medical situation and it is not appropriate to move the patient. This could be due to any injury or illness.

In all cases of concussion, the RFU guidelines are followed and all incidents are reported via the Return2Play system. Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP). If any student has been diagnosed with concussion playing for a club or team outside of school **it is the parents' responsibility to inform the School** with full details of the incident, so that the GRTP can be followed before they are allowed to play for the School.

**d. Movement to Hospital:** In the event that anyone has to be taken to hospital they are to be accompanied by their parent or Matron or, in her absence, by a suitably trained member of staff.

**e. Communication with Parents/Guardians:** The relevant parents/guardians are to be informed as to what has happened as soon as possible. This will usually be done by Matron but in her absence it is the responsibility of the School Reception. In the event of a serious incident or injury, The Headmaster or a senior member of staff is to make the contact.

**f. Accident Report Form to be completed.** This is to be completed by the attending member of staff and these details must then be sent to Matron within 24 hours. If the student has to be sent to hospital for treatment a RIDDOR report may need to be submitted.

**Actions in the Event of an Incident not on School Premises**

The following instructions are intended to provide general guidance. They are neither exhaustive nor rigidly prescriptive. Members of staff are expected to make use of their judgement and experience.

**a. Day Trip**: Day trip covers educational and other visits to places such as museums, galleries, concerts, conferences and sites of interest. Staff are to note the following:

- Check that all attending are well before departure
- Ensure they are aware of those students with any allergies or other medical conditions
- Be aware of the medical support available at the location being visited and how to access this support
- Use local first aid at the visit site for minor injury and illness
- In the event of a serious illness or injury, contact the emergency services
- Always inform the School of the details so that parents/guardians can be contacted

**b. Multi-day Trips:** Multi-day trips include such things as sports tours, ski trips, adventure training, and cultural visits.

- Part of the preparation of the trip is to include an assessment of the medical facilities available
- First aid cover should usually be included within the composition of the party
- Minor incidents should be handled within the resources of the party
- Major incidents will involve the use of the local emergency services
- Always inform the School of the details so that parents/guardians can be contacted

All staff are responsible for carrying out risk assessments for any off-site trips and taking adequate First Aid provision. Any incidents on trips should be accurately recorded and reported to Matron. Matron will provide medical details and First Aid kits for each trip. The Educational Visits Co-Ordinator is responsible for ensuring the appropriate level of First Aid trained staff are allocated to trips and visits.

## Emergency medical parental consent

The current parents' terms and conditions allow the Headmaster or his appointed staff to take any necessary action or provide any necessary medical permission to a hospital if the parents/guardians cannot be contacted. The Headmaster must be informed if at all possible to make this judgement and if he is not available then the Bursar / Deputy Heads must be contacted.

The Governing body indemnifies all staff against claims for any alleged negligence or error, providing they are acting within their conditions of service and following school guidelines and policies.

## Ambulances

To call an ambulance from the School dial '999' for the emergency services.

If an ambulance is called, then the First Aider or Emergency First Aider should make arrangements for the ambulance to have access to the location of the injured person. For the avoidance of doubt the First Aider should provide the address and /or location and should arrange for the ambulance to be met.

Arrangements should then be made to ensure that any student is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the parents in time.

Staff should **always** call an ambulance in the following circumstances:

- In the event of a serious injury or illness
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a serious fracture or dislocation
- In the event that the Matron or First Aider considers that he/she cannot deal adequately with the presenting condition by the administration of First Aid or if he/she is unsure of the correct treatment.
- In all instances, the Headmaster must be informed that the ambulance has been called or that a student has been sent to hospital.

Postcode / What2words locations are as follows:

School - TW17 9HX - merit. holly. either

Church Road Playing Field - TW17 9JS - shiny. sage. Quiet

# Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

It is a legal requirement to report certain accidents and ill health at work to the Health and Safety Executive in certain circumstances, such as death, major injuries, accidents resulting in over 7 days absence due to injury, diseases, dangerous occurrences, gas incidents and where any non-staff (including students, visitors, parents and contractors) are taken directly to hospital from the school site.

Accidents and major incidents are recorded on School Accident Report Forms by the member of staff who witness the accident or who first responds to the incident and should be submitted to Matron within 24 hours. The completed form is circulated to the Headmaster and Head of Pastoral Care for information and comment. Matron will determine whether there is a requirement to report an incident under RIDDOR.

## 1. RIDDOR Reporting requirements for employees of Halliford School: -

**Fatality** – caused by accident / injury at work (suicides or death due to illness isn't reportable)

**Specified Injuries** – caused by work activity and regardless of whether they went to hospital
Fracture (not finger, thumb or toe)
Amputation
Injury likely to cause reduction in sight / blindness
Crush to torso
Serious burn (>10% of body or damage to eyes / respiratory system)
Scalping
Loss of consciousness (from head injury / asphyxia)
Working in confined spaces leading to hypothermia / hospital admission

**Over 7 days incapacity** of worker (unable to do normal work for 7 days including weekends)

**Physical violence** that results in death / specified injury / over 7-day incapacity

**Reportable Occupational Diseases** including: -
Carpal Tunnel Syndrome
Severe cramp of hand / forearm
Occupational Dermatitis (especially catering / cleaning / science etc)
Hand-Arm vibration syndrome
Occupational Asthma (eg wood dust / soldering)
Tendonitis of hand / forearm
Occupational Cancer
Any disease attributable to occupational exposure to a biological agent
Note that stress is not reportable under RIDDOR

## 2. RIDDOR Reporting requirements for students, visitors, contractors, parents etc -

**Accidents** that result in death or an injury to a person who is taken straight to hospital (not doctors / dentist) for treatment (e.g. stitches / glue / dressing / cast / surgery). If the person is just taken as precaution or just has examination / tests / x-ray and no treatment then no need to report. For pupils

most injuries are likely to be collisions, slips, trips or falls which aren't normally reportable unless the pupil goes straight to hospital, receives treatment and the accident could be connected to a 'work activity' (so can be connected to the school or the way the school is managed eg quality of equipment / inadequate supervision / slippery floor / poorly maintained grounds). An example that they gave was a sports clash between 2 pupils (not reportable) vs a clash by a pupil onto rugby post where padding was moved / insufficient (reportable if they go straight to hospital and need treatment eg stitches / glue / dressing)

**Anaphylaxis** – potentially reportable if a student / visitor with a known allergy is given the wrong meal and taken to hospital for treatment (if given Epi-pen at school and then go to hospital but no treatment needed at hospital then not reportable

**3. RIDDOR Reporting dangerous occurrences -** Specified near-miss events – in schools these typically include: -

Collapse / failure of lifts
Accidental release of biological agent / any substance that may cause illness or damage to health
Electrical short circuit or overload causing fire or explosion

A collated list of accidents is circulated at the Governors' Health and Safety committee.

**Sporting Activities:** It is the duty of the PE staff to ensure that any member of staff involved in the games programme receives the briefing and/or training needed to enable them to handle any first aid related incidents with confidence and efficiency. In principle, staff should follow the same procedures as those set out above. Clearly, in the case of incidents at away fixtures, the procedures will have to be modified to meet the particular circumstances. Trained first aid cover is always available during the school day and also on all match days, including Saturday mornings.

## First Aiders

A qualified first aider is someone who holds a valid certificate of competence in either First Aid at Work (FAAW) or Emergency First Aid at Work (EFAW). The certificate must be issued by an organisation approved by the Health and Safety Executive, or other regulated body. A substantial number of staff are first aid trained, having completed one of the above training courses and the Matrons will arrange for staff to attend re-qualification courses as required.

See the following guidelines for HSE guidelines on training providers:
http://www.hse.gov.uk/pubns/geis3.pdf

Appendix 1 contains a list of all First Aiders at the School.

## Arrangements for students with specific medical conditions

Individual treatment plans are drawn up for students with specific medical conditions, for example epilepsy, anaphylaxis, asthma and diabetes, with instructions about care and emergency procedures. Treatment plans are drawn up and agreed and signed by the parents and the GP allocated to the student. Staff are updated about specific cases at the start of each academic year, and at other times as necessary. Staff must ensure that they are aware of the individual medical needs for any students they come across, whether in the classroom, in activities or on school trips. Organisers of trips and activities must consider what, if any, reasonable adjustments they might make to enable students with particular medical conditions to participate fully and safely in all aspects of school life, including visits and activities.

**Epilepsy**

An epileptic seizure can happen to anyone at any time, and it can take a number of different forms e.g. cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. The most common triggers for seizures are tiredness, lack of sleep, lack of food, stress, photosensitivity. If a student experiences a seizure in school, the details will be recorded and communicated to parents. During a seizure it is important to make sure that: - the student is in a safe position - the student's movements are not restricted - the seizure is allowed to take its course and the duration noted if possible in a convulsive seizure something soft should be put under the student's head to help protect it. Nothing must ever be placed in the mouth. After a convulsive seizure has stopped, the student must be placed in the recovery position and accompanied, until he/she is fully recovered. An ambulance must always be called and the Headmaster must always be informed.

More information may be found at:

http://www.epilepsysociety.org.uk/

**Anaphylaxis (summary information only)**

Please see the Allergy Policy for further information.

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Please refer to the Allergy and Anaphylaxis Policy for further information.

Common causes include foods such as:

- peanuts
- tree nuts (e.g. almonds, walnuts, cashews, brazil nuts)
- sesame
- eggs
- cow's milk
- fish
- shellfish
- and certain fruits such as kiwi fruit.

Non-food causes include:

- penicillin or any other drug or injection
- latex (rubber)
- the venom of stinging insects (such as bees, wasps or hornets).

In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors.

Most common symptoms include the following: -

- nettle rash (hives) anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure).

Even where only mild symptoms are present, the student must be watched carefully. They may be indicating the start of a more serious reaction. With severe allergic reactions, the adrenaline injection using the student's own Adrenaline Auto-Injector, must be administered by the student or by a trained person into the muscle of the upper outer thigh. **An ambulance must always be called**. Students must carry their Adrenaline Auto-Injector with them at all times, and a spare one is stored in the Medical Room. It is vital that students take their Adrenaline Auto-Injector on all trips. The School holds a generic Adrenaline Auto-Injector which can be used in the case of an emergency following consultation with the parents and a Treatment Plan, signed by the parents and the GP is received by the School.

More information may be found at:
http://www.anaphylaxis.org.uk/information/schools/information-forschools.aspx/

**Diabetes**

Diabetes is a condition in which the body does not produce enough, or properly respond to, insulin. Students with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. It may be necessary to make special lunchtime arrangements for students with diabetes. If a meal or snack is missed, or after strenuous activity, a hypoglycaemic episode (a hypo) may occur. The symptoms include: - hunger - sweating - drowsiness - pallor - glazed eyes - shaking or trembling - lack of concentration - irritability - headache - mood changes, especially angry or aggressive behaviour. If these symptoms are ignored the student will rapidly progress to loss of consciousness and a hypoglycaemic coma. If a student has a 'hypo', it is very important that they are not left alone and that a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is given immediately.

**An ambulance must be called if:** recovery takes longer than 10 -15minutes or the student becomes unconscious.

**Hyperglycaemia** (high glucose level) may also be experienced by some students. It is usually slow to develop. Treatment is the administration of insulin. Symptoms include: - a dry skin - a sweet or fruity smell on the breath rather like pear drops or acetone - excessive thirst, hunger or the passing of urine - deep breathing - fatigue. The diabetes of the majority of students is controlled by injections of insulin each day. Older students may be on multiple injections and others may be controlled on an insulin pump. Students manage their own injections, but may need a suitable, private place to administer them. More information may be found, for example from:

http://www.diabetes.org.uk/

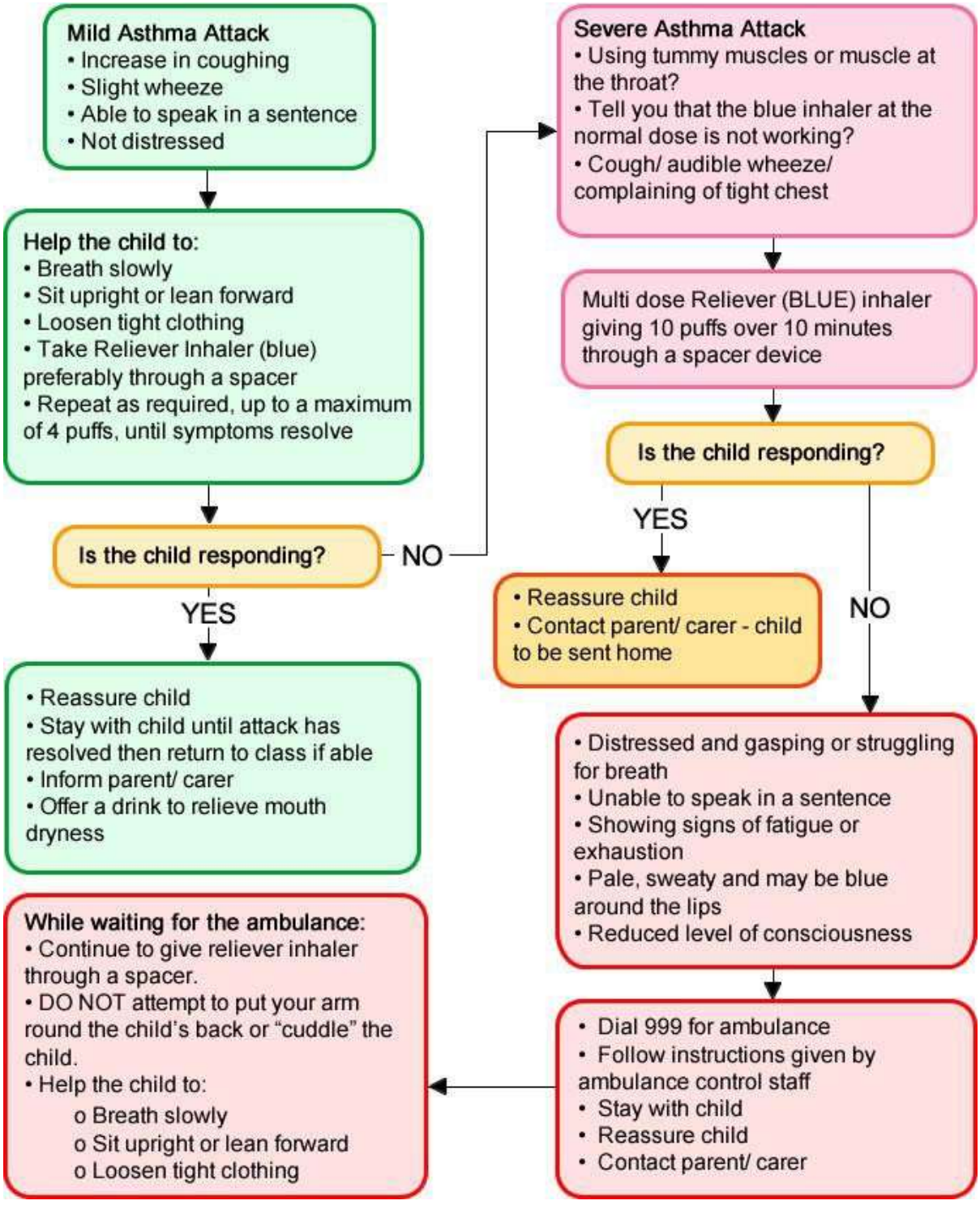
**Asthma**

Asthma is a common medical condition which affects the airways causing breathing difficulties. It may be mild and infrequent lasting for only an hour or so, or it may be very severe, with attacks, in extreme cases, lasting for several days. Childhood deaths from asthma are rare but do occur. It is known that some individuals are allergic to certain substances including house dust, pollen and certain foods. Triggers can include viral infections (common colds), allergies, exercise, cold weather or strong winds, excitement or prolonged laughter, sudden temperature changes, fumes from glue, paint, aerosol deodorants, vehicle exhausts or tobacco smoke. The signs of an asthma attack include: - coughing; - being short of breath; - wheezy breathing; - feeling of tight chest; - being unusually quiet. A student having an asthma attack must never be left alone and must be told to use their inhaler immediately.

**An ambulance must be called if:** - the symptoms do not improve sufficiently in 5-10 minutes - the student is too breathless to speak - the student is becoming exhausted - the student looks blue.

Students with asthma must have immediate access to their reliever inhalers when they need them. Inhalers must always be available during physical exercise and educational visits. All staff must be aware of the implications, know that the student could have an attack at any time and know what to do. School now has an inhaler which is available in an emergency and can be used provided consent from parents or guardians has been obtained.

**Asthma Flow Chart**




More information includes the following:

http://www.asthma.org.uk/

**Infection Control**

**Procedure for Dealing with Needlestick, Splash and Sharp Object Injuries:** The purpose of this procedure is to prevent infection in the event of a needlestick, splash or sharp object injury occurring.

**a. Specific Types of Injury**

- Inoculation of blood/body fluids by a needle or other sharp object
- Contamination of broken skin with blood/body fluid
- Blood/body fluid splashes in the eyes
- Contamination with blood/body fluid to such a degree a clothing change is needed
- Contamination of oral mucosa with blood/body fluid

**b. Action to be Taken**

- If skin or mucous membranes are broken wash the affected area under running water and encourage bleeding
- Do not suck the wound
- Wash the wound with running water and soap
- Dry the wound and cover it with a dressing
- Irrigate eye/mouth splashes with copious amounts of water. Do not swallow the water.
- Report the incident to Matron, the Deputy Head Pastoral or the Headmaster
- Report for further advice as quickly as possible from a doctor or the local A & E

**Spillage Procedure**

- In the event of blood loss or vomiting Matron must be informed immediately to provide the appropriate treatment to the affected person.
- The area of the incident should be made safe by the first member of staff at the scene using disposable paper towels if appropriate and keeping other students out of the area.
- The cleaning staff/Premise Manager should be notified.
- The spillage must be cleared at the earliest opportunity, using appropriate disinfectant cleaning products. Spillage kits can be found in the Medical Room and with the Premise Manager.
- Any materials used i.e., paper towels should be sealed in a plastic bag and disposed of appropriately.

**It is essential that staff make sure that they are fully aware of the medical and other issues which affect those that they teach and/or tutor.**

## Monitoring and Review

First aid arrangements are continually monitored by the Bursar and the Headmaster with the Matrons and are formally reviewed annually to ensure the provision is adequate and effective. Further reviews take place following any significant changes in structure, such as new buildings, relocation or changes in staffing and/or student numbers. Any concerns regarding first aid should be reported without delay to the Bursar / Headmaster



*Approved by the Governing Body September 2025*
*To be reviewed September 2026*

## Appendix 1 - Members of staff who are first aid trained

| QUALIFIED FIRST AIDERS SEPT 2025 | | | | | |
|---|---|---|---|---|---|
| **MATRON Catherine Batt** | **FAAW** | **Mar-27** | | | |
| **MATRON Claire Marismari** | **FAAW** | **Oct-28** | Darren Howard | EFAAW | Jan-26 |
| Miles Aarons | EFAAW | Jan-26 | Tiffany Howkins | EFAAW | Jan-26 |
| Melanie Alder | EFAAW | Jan-26 | Natalie Kritzinger | EFAAW | Jan-26 |
| Danielle Armstrong | EFAAW | Jan-26 | Sarah Luterbacher | EFAAW | Jan-26 |
| Igor Arriandiaga | EFAAW | Jan-26 | Tony Lyons | EFAAW | Jan-26 |
| Jessica Aung | EFAAW | Jan-26 | Darren Macefield | EFAAW | Apr-27 |
| Scott Baker | EFAAW | Jan-26 | Neelam Makkar | EFAAW | Jan-26 |
| Jenny Barnes | EFAAW | Sep-28 | Donna Mitchelmore | EFAAW | Jan-26 |
| Joanne Blackmore | EFAAW | Apr-27 | Holly Mobbs | EFAAW | Jan-26 |
| Simon Brooks | EFAAW | Jan-27 | **David Morriss** | **FAAW** | **Mar-27** |
| Guy Boyes | EFAAW | Apr-28 | Chloe Moore | First Aid | May-27 |
| Andy Carroll | EFAAW | Jan-26 | Steve Parker | EFAAW | Oct-27 |
| **Harry Churchill** | **FAAW** | **Mar-28** | Dev Patel | EFAAW | Sep-28 |
| Steve Clements | EFAAW | Nov-27 | Hazel Pears | EFAAW | Jan-26 |
| **Richard Cook** | **FAAW** | **Aug-27** | Jack Perks | EFAAW | Jun-27 |
| Laura Cosgrave | EFAAW | Apr-27 | Jennifer Piddock | EFAAW | Jan-26 |
| Helen Crosbie | EFAAW | Jan-26 | Alex Rooke | EFAAW | Jan-26 |
| Lance Cupido | EFAAW | Jan-26 | Andy Sessions | EFAAW | Apr-27 |
| **James Davies** | **FAAW** | **Apr-27** | Nicola Sessions | EFAAW | Jan-26 |
| Johnny Davies | EFAAW | Sep-28 | Matthew Shales | EFAAW | Jan-26 |
| Charlotte Dubost-Lamy | EFAAW | Jan-26 | Sean Slocock | EFAAW | Jan-26 |
| Gitana Eidukiene | EFAAW | Jan-26 | Michelle Turner Smith | EFAAW | Jan-26 |
| **Matthew Fieldhouse** | **FAAW** | **Jun-26** | Anna Wain | EFAAW | Jan-26 |
| Helen Foster | EFAAW | Jan-26 | Samuel Watson | EFAAW | Jan-26 |
| Richard Fulford | EFAAW | Jan-26 | Hannah Weeks | EFAAW | Jan-26 |
| Kathryn Gammage | EFAAW | Apr-27 | Emma Whitticase | EFAAW | Jan-26 |
| Michael Gruner | EFAAW | Jan-26 | Fenella Wibraham | EFAAW | Jan-26 |
| Katrina Head | EFAAW | Jan-26 | Alastair Wright | EFAAW | Jan-26 |
| Tamarind Hetherington | EFAAW | Jan-26 | William Wheler | EFAAW | Sep-28 |
| Jessica Holder | EFAAW | Apr-27 | Margaret Yacoot | EFAAW | Jan-26 |
| Dean Hewitt | EFAAW | Jan-26 | | | |
| James Hoare | EFAAW | Jan-26 | | | |

## Appendix 2 - Location of first aid boxes

### LOCATION OF FIRST AID BOXES

**Main House**

Matron's Office
Reception
Staff Room
Bursary

**The John Crook Theatre Building**

Theatre Upstairs (by Sound Room)
Theatre Downstairs (Backstage)

Kitchen

**Baker Building**

Science Prep Room
Science 1 Physics
Science 2 Biology
Science 3 KS3
Science 4 Chemistry
Science 5 Chemistry
Science 6
Biology/Physics
Cleaner Cupboard (GF)

**The Wendy Simmons Building**

Games Dept Office
Fitness Suite

**Premises**

Caretakers Workshop

**The Phillip Cottam Centre**

Sixth Form Café
Sixth Form Tutors' Office
Ceramics Room
Art Room
Music Room
Cleaners cupboard (GF)

**Woodward Building**

LRC
English Office

**Peter Jones Centre**

Geography Office

**DT Workshop**

CDT Prep Room

**Vehicles**

Minibuses x 3

### LOCATION OF BURN KITS

**The John Crook Theatre Building**

Kitchen

**Main House**

Matron's Office

**Baker Building**

Science Prep Room

**Premises**

Caretakers Workshop

**The Phillip Cottam Centre**

Sixth Form Café
Ceramics Room

**DT Workshop**

CDT Prep Room

### LOCATION OF EYE WASH STATIONS

**Baker Building**

Science Prep Room

**Premises**

Caretakers Workshop

**DT Workshop**

CDT Prep Room

**Main House**

Matron's Office

## Appendix 3 – Head Injury Policy

The intention of this document is to inform individuals of symptoms and appropriate treatments for head injuries which may occur in the school day-to-day environment.

A head injury is often minor and common. It must nevertheless be taken seriously as symptoms may not develop for several hours or days.

All head injuries are potentially dangerous and require proper assessment and management. If a student sustains a head injury, even if thought to be minor, they must not be left alone and must always be assessed by a qualified first aid member of staff.

Staff can take the decision to call for an ambulance if they suspect the injury is serious but Matron and a member of the SMT must be informed if this is to be the case.

If the person is unconscious, has lost consciousness (even momentarily) or a neck or spine injury is suspected they should be sent to A&E by ambulance with an adult escort as a matter of urgency and without delay. The person must not be moved and neck immobilisation started if the member of staff is trained to provide this.

**Head Injuries with potential C-spine injury**
With any head injury consider the possibility of a spinal injury. Attempt and maintain full cervical spine immobilisation (if appropriately trained) for patients who have sustained a head injury and present with any of the following risk factors unless other factors prevent this:

- Neck pain or tenderness
- Focal neurological deficit (weakness in a certain part of the body e.g left side face, right arm)
- Paraesthesia in the extremities (tingling/numbness)
- Any other suspicion of cervical spine injury

If no trained member of staff is available, the student must not be moved under any circumstances until a trained first aider or a member of the ambulance team is able to attend.

An ambulance must be called to ensure C-spine immobilisation on transport to hospital.

**<u>Management of Head injuries:</u>**

As good practice a student's parent/equivalent ***must*** always be informed if a student has sustained any type of head injury, not matter how minor.

An accident report form ***must*** always be completed after the event and then recorded on the Return2Play dashboard so that appropriate medical advice can be offered.

**Symptoms of head injuries:**

**High risk head injuries:**

**- Fallen from a height of a meter or above**

**- Has been unconcious for any amout of time**

**- Sleepy and having difficulty staying awake**

**- Fits or convulses**

**- Neck pain**

**- Difficulty interacting with an idividual**

**- Loss of balance/weakness in arms or legs**

**- Loss of memory**

**- Bddily fluid leaked from the nose or ears**

**- Excessive bouts of vomiting**

**Intermediate Risk Head Injuries:**

- The individual has vominted
- A continuous headache is present
- Irritation or unusual behaviour demonstrated
- Loss of memory

**Low Risk Head injuries:**

- If the individual is alert and interacting with you
- The individual has remained conscious
- There is minor bruising , swelling or a cut

**Treatments of Head injuries (colours correspond to above):**

**Low Risk**

**Remove/Sit out of practical lesson/training session/fixture.**

**Call parent and inform that an injury has been sustained.**

**Clean, Ice, apply pressure to minor head wounds as appropriate if first aid trained or locate the nearest first aider.**

**Observe the child whilst in your care and recommend this takes place at home, call 111/999 as appropriate if symptoms worsen.**

**Fill out an accident report form.**

**Intermediate Risk**

**Remove/Sit out of practical lesson/training session/fixture.**

**Call parent and inform that an injury has been sustained and explain symptoms.**

**Question the student, check alertness/memory/responsiveness.**

**Do not let the child travel home alone, ask the parents to pick up, if not possible.**

**Seek medical assistance in the form of a school nurse/recognised first aider.**

**Observe the individual, if symptoms worsen call 999 or recommend parent takes the student to walk in centre/Accident and emergency.**

**Fill out an accident report form.**

**High Risk**

**Remove/Sit out of practical lesson/training session/fixture.**

**Call parent and inform that an injury has been sustained and medical assistance is required.**

**Call 999 – while waiting, sit with the student and keep them responsive, ask questions, take note of symptoms to pass on to medical services as they arrive.**

**Fill out an accident report form.**

**Questions to ask students to assess their alertness and responsiveness:**

*Where are we today?*

*What is the score in the match?*

*What is your address?*

*Do you have any siblings?*

*Did your team win the last game?*

*What day of the week is it? Etc*

**Concussion**

Concussions occur in everyday life and not just in sport. Rugby as a contact sport does involve frequent body impacts and therefore a risk of accidental head impacts, and thus a significant potential risk of concussion.

A range of signs and symptoms are typically seen, affecting the player's thinking, memory, mood, behaviour, level of consciousness, and various physical effects. Clear loss of consciousness occurs in less than 10% of cases.

Recovery typically follows a sequential course over a period of days or weeks, although in some cases symptoms may be prolonged.

Halliford School uses the specialist services of Return2Play to provide specific specialist medical advice relating to Head Injuries and Concussion. We also adhere to a protocol that incorporates the guidance from the Rugby Football Union and FA.

All sport staff have completed eLearning from the RFU in particular the Headcase Training which is completed annually to assist with recognising concussion.

This uses the word 'player'; however it applies to any staff member/pupil with head injuries from any cause.

**Summary Principles**

1. Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of players
2. Players suspected of having concussion must be removed from play and must not resume play in the match
3. Players suspected of having concussion must be medically assessed through Return2Play.
4. Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP) under the advice of Return2Play.
5. Players must receive medical clearance from Return2Play before returning to participate in school sport.

**Common Early Signs and Symptoms of Concussion**

| **Indicator** | **Evidence** |
|---|---|
| **Symptoms** | Headache, dizziness, 'feeling in a fog' |
| **Physical Signs** | Loss of consciousness, vacant expression, vomiting, inappropriate playing behaviour, unsteady on legs, slowed reactions, visual disturbances such as blurred or 'fuzzy' vision |
| **Behavioural changes** | Inappropriate emotions, irritability, feeling nervous or anxious |
| **Cognitive impairment** | Slowed reaction times, confusion/disorientation, poor attention and concentration, loss or memory for events up to and/or after the concussion |
| **Sleep disturbance** | Drowsiness |

**Onset of Symptoms**

It should be noted that the symptoms of concussion can first present at any time (but typically in the first 24-48hrs) after the incident that caused the suspected concussion.

If a player does not show immediate signs or symptoms of a concussion but the force of the injury is such that a concussion is a possibility, s/he should be observed for at least 30 minutes before s/he is allowed to resume what they were doing. "When in doubt, sit them out."

**Concussion on the Sports Field**

The identification of a concussed player on the pitch may be difficult; the condition should be suspected if one or more of the visible clues, signs, symptoms or errors in memory questions are present using the Concussion Recognition Tool.

# CONCUSSION RECOGNITION TOOL 5 ©

**To help identify concussion in children, adolescents and adults**

Supported by

## RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

### STEP 1: RED FLAGS — CALL AN AMBULANCE

**If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:**

- **Neck pain or tenderness**
- **Double vision**
- **Weakness or tingling/ burning in arms or legs**
- **Severe or increasing headache**
- **Seizure or convulsion**
- **Loss of consciousness**
- **Deteriorating conscious state**
- **Vomiting**
- **Increasingly restless, agitated or combative**

**Remember:**

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove a helmet or any other equipment unless trained to do so safely.

**If there are no Red Flags, identification of possible concussion should proceed to the following steps:**

### STEP 2: OBSERVABLE SIGNS

**Visual clues that suggest possible concussion include:**

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma



### STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

### STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

**Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:**

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

### Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.



**ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE**

The player must then be removed from play and referred to a medical professional through Return2Play for diagnosis and guidance. They must not be left alone at any time. Parents should be notified in all cases of head injury as they need to monitor their child following such an incident and if concerned advised to see a doctor immediately.

If a pupil presents with the symptoms listed in the Red Flag section call 999 and request an ambulance, Return2Play may also be contacted.

**RED FLAGS**

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Player complains of neck pain - Deteriorating conscious state
- Increasing confusion or irritability - Severe or increasing headache
- Repeated vomiting - Unusual behaviour change
- Seizure or convulsion - Double vision
- Weakness or tingling / burning in arms or legs

**Management of Graduated Return to Play (GRTP)**

This process will be conducted in consultation with Return2Play and their medical guidance. At all times the advice offered by Return2Play will be followed before the student may commence a programme of GRTP.

**Measures to reduce risk of Head Injury/Concussion**

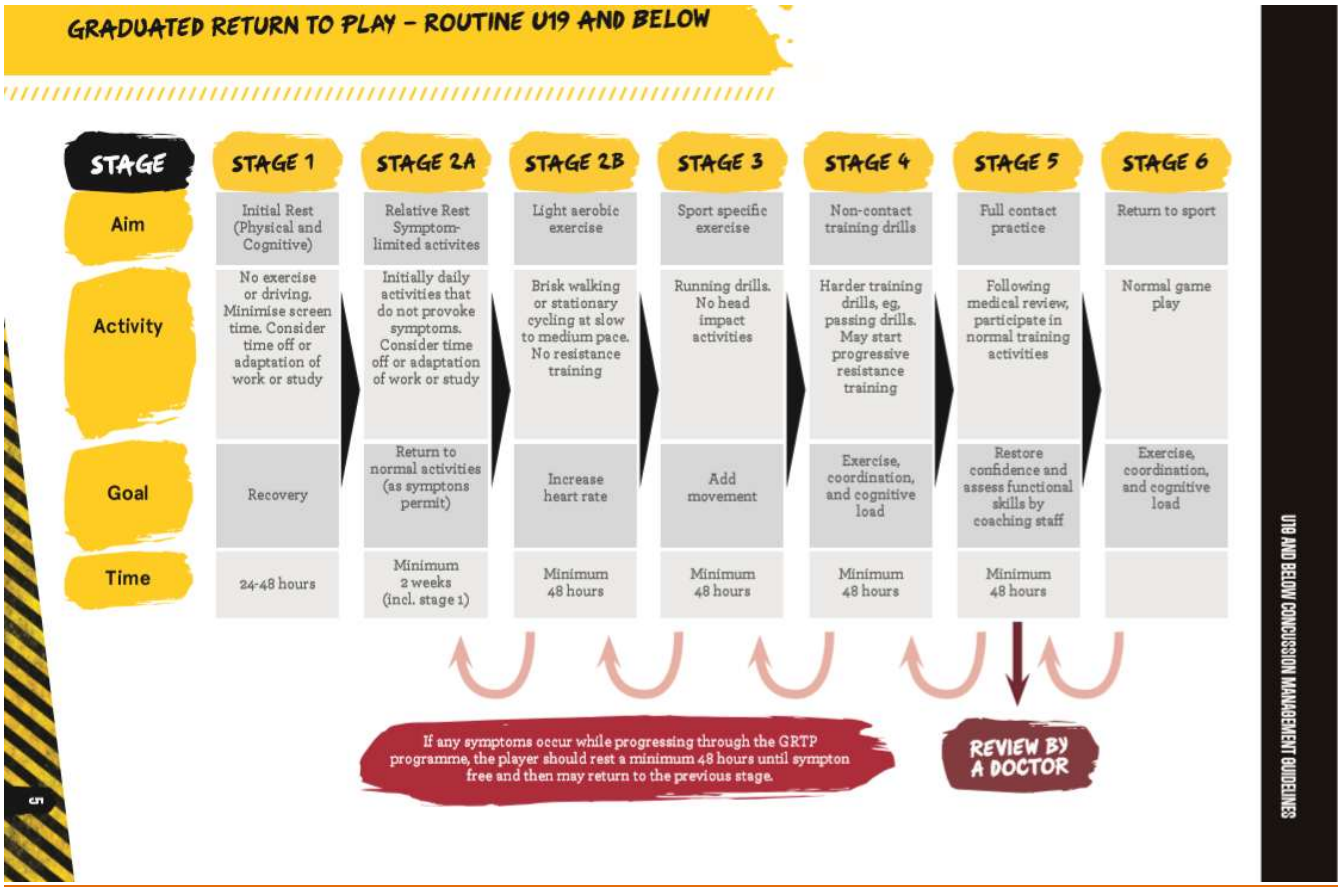
The Health & Safety Committee will ensure the school environment is inspected regularly to minimise the risks for sustaining head injuries.

Staff are encouraged to take the following steps to minimise the risk of any potential head injuries:

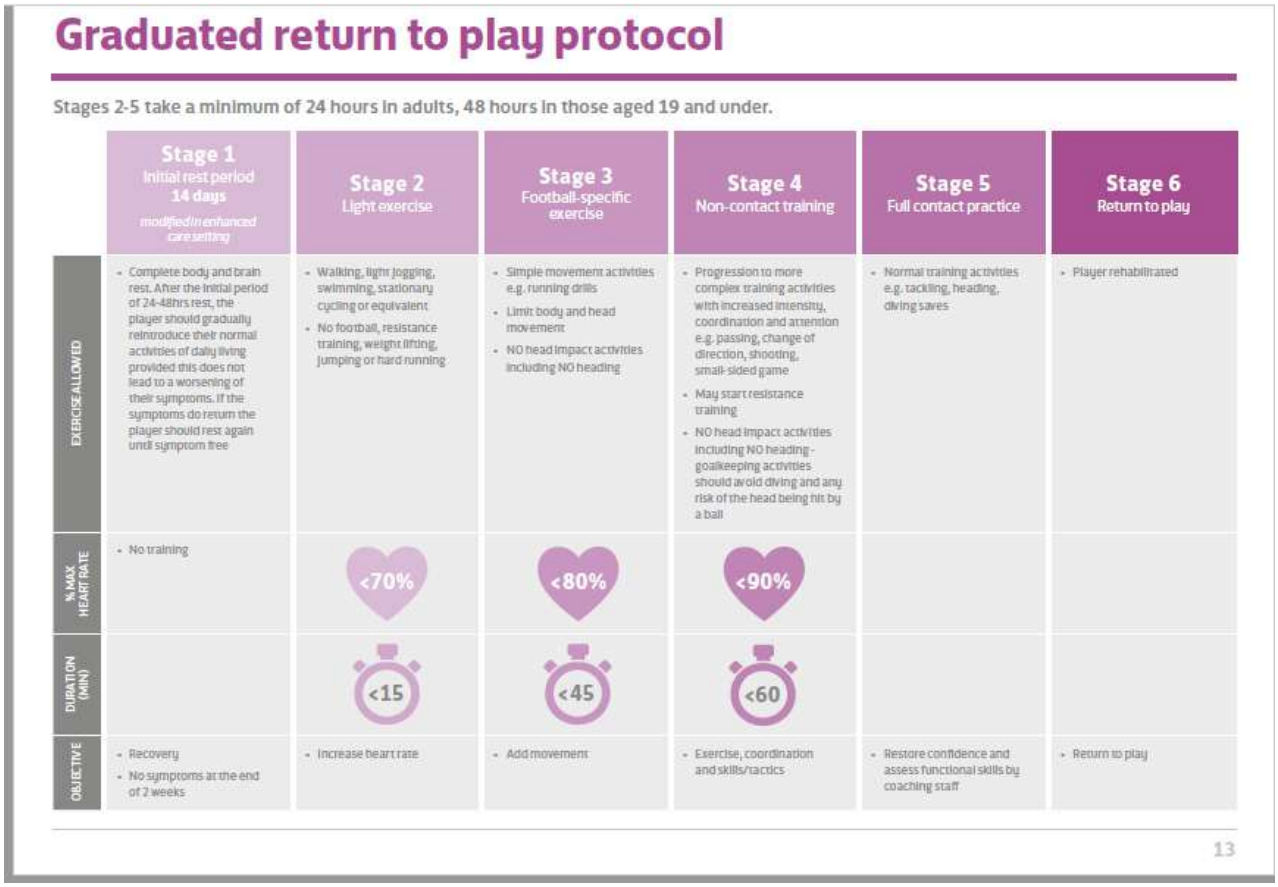
- Students should be healthy and fit for sport
- Students are taught safe playing techniques and expected to follow rules of play
- Students should display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally
- Students always wear the right equipment such as scrum-caps, shin-pads and
- Mouth guards. Equipment should be in good condition and worn correctly.
- Inform and reinforce to the players the dangers and consequences of playing whilst injured or with suspected concussion.

- Qualified first aiders are present at all matches and practices on Halliford School grounds, in accordance with the first aid policy. Qualified First Aider will be present on site and are able to summon immediate medical assistance.
- Accident/Incident forms are completed promptly and with sufficient detail.
- Every concussion is taken seriously and will be logged and assessed by specialist trained medical advisors via Return2Play.
- At all times advice from Return2Play is strictly adhered to.

**RFU Rugby specific concussion guidelines**



**FA Specific concussion guidelines**



## Graduated return to play protocol

Stages 2-5 take a minimum of 24 hours in adults, 48 hours in those aged 19 and under.

| | Stage 1<br>Initial rest period<br>14 days<br>*modified in enhanced care setting* | Stage 2<br>Light exercise | Stage 3<br>Football-specific exercise | Stage 4<br>Non-contact training | Stage 5<br>Full contact practice | Stage 6<br>Return to play |
|---|---|---|---|---|---|---|
| EXERCISE ALLOWED | • Complete body and brain rest. After the initial period of 24-48hrs rest, the player should gradually reintroduce their normal activities of daily living provided this does not lead to a worsening of their symptoms. If the symptoms do return the player should rest again until symptom free | • Walking, light jogging, swimming, stationary cycling or equivalent<br>• No football, resistance training, weight lifting, jumping or hard running | • Simple movement activities e.g. running drills<br>• Limit body and head movement<br>• NO head impact activities including NO heading | • Progression to more complex training activities with increased intensity, coordination and attention e.g. passing, change of direction, shooting, small-sided game<br>• May start resistance training<br>• NO head impact activities including NO heading - goalkeeping activities should avoid diving and any risk of the head being hit by a ball | • Normal training activities e.g. tackling, heading, diving saves | • Player rehabilitated |
| % MAX HEART RATE | • No training | <70% | <80% | <90% | | |
| DURATION (MIN) | | <15 | <45 | <60 | | |
| OBJECTIVE | • Recovery<br>• No symptoms at the end of 2 weeks | • Increase heart rate | • Add movement | • Exercise, coordination and skills/tactics | • Restore confidence and assess functional skills by coaching staff | • Return to play |

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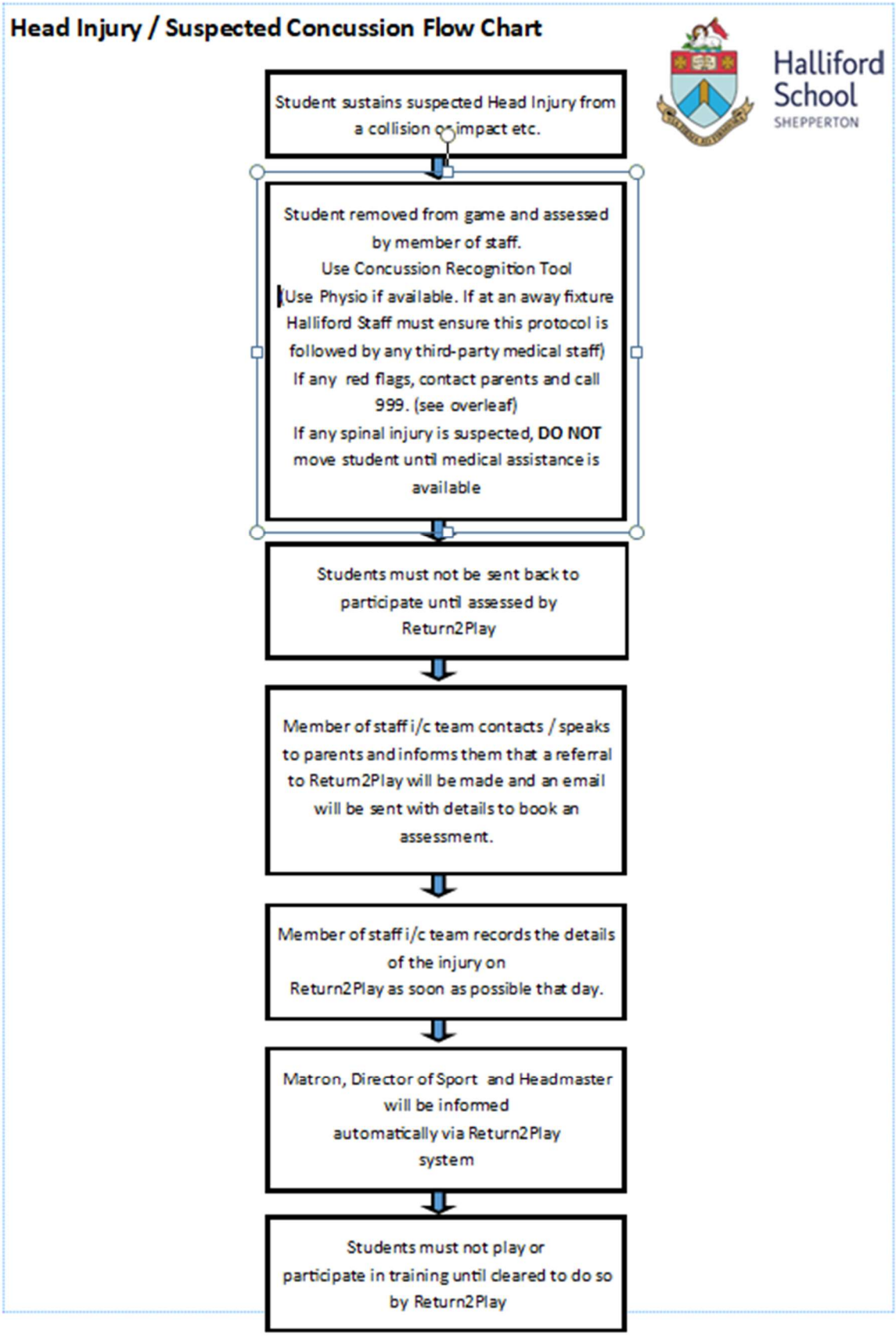
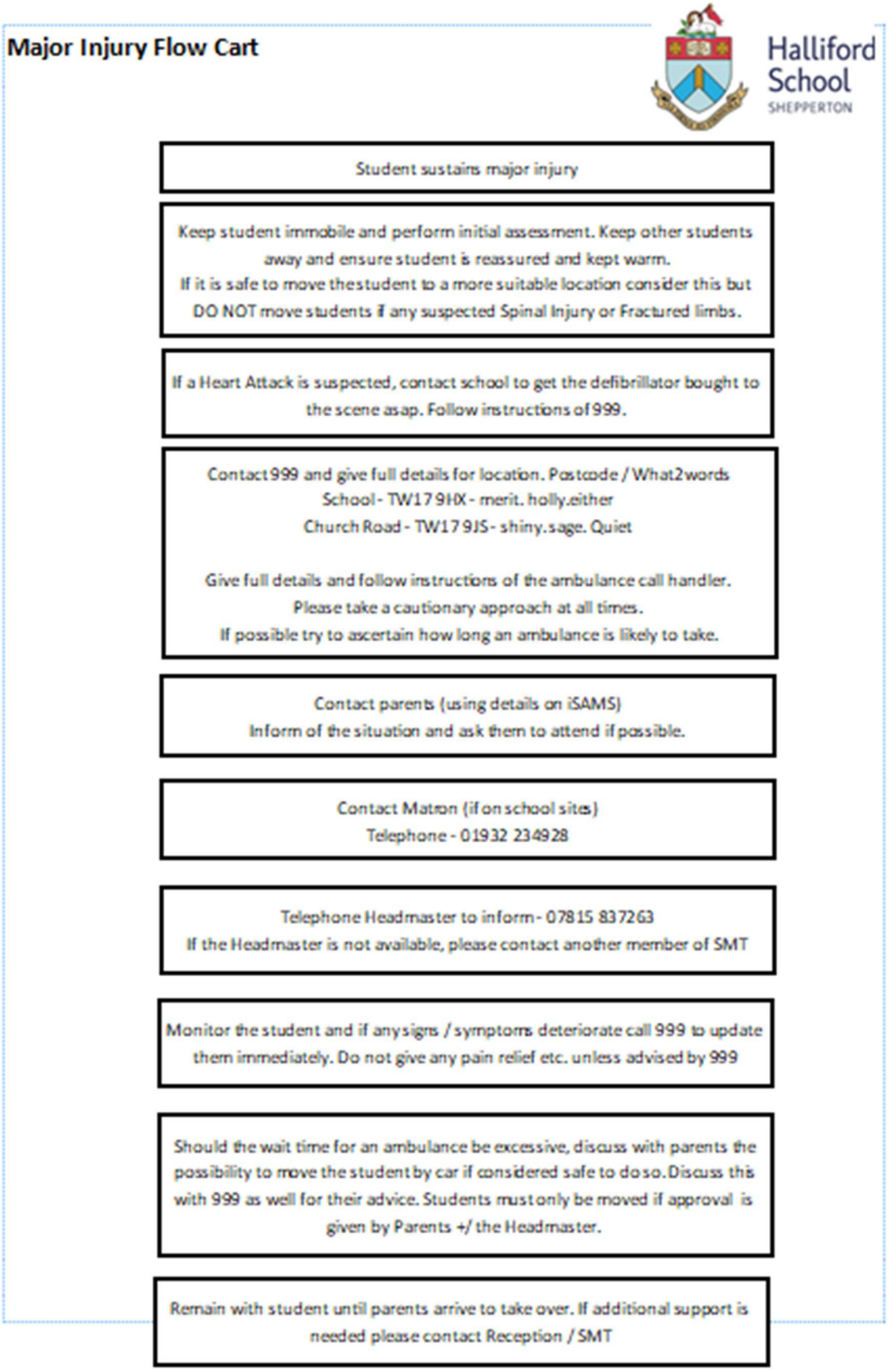
## Appendix 4 – Head Injury / Suspected Concussion Flow Chart



## Appendix 5 – Major Injury Flow Chart



## Appendix 6 – Emergency First Aid Advice

St John Ambulance

# EMERGENCY FIRST AID ADVICE

**If you find yourself in an emergency situation, try to stay calm and do what you can until emergency help arrives.**

### Assess the situation

- Is it safe to approach the casualty?
- Don't put yourself in danger

### Stay calm

- Try to think clearly
- Comfort and reassure the casualty

### Give emergency help

- Prioritise the most life threatening conditions
- Try to treat any casualties where you find them
- Ask bystanders to help you if they can
- Call 999/112 for emergency help

### The Primary Survey

- Use DR ABC to identify life threatening conditions
- Remember the unresponsive casualties are at greatest risk.

### Remember

**D**anger
**R**esponse
**A**irway
**B**reathing
**C**irculation

### WHAT TO DO IF SOMEONE IS UNRESPONSIVE

1. **Open their airway**
2. **Tilt head**



3. **Check for normal breathing for up to 10 seconds**



4. **If they're breathing normally:**
   - Put them in the recovery position
   - Then call 999/112 for emergency help

**If they're not breathing**

- Call 999/112 for emergency help
- Start CPR.