Devonshire House Preparatory School

Medical Care and First Aid Policy

Last review date	*October 2025*
Next review date	*July 2026*
Lead reviewer	*Ruby Batterham Hughes*

Serving North London Families

Devonshire House is a co-educational prep school, offering unparalleled preparation for senior school and life thereafter. Our unwavering emphasis on individual growth, within an inclusive community, balances traditional values and modern practice to inspire fearless life-long learning.

Our school values are:

- **Growth** – we reach high
- **Courage** – we learn fearlessly
- **Wonder** – we are inspired to find our spark
- **Belonging** – we care and come together

Medical Care and First Aid at Devonshire House

The care and first aid for our children should be seen as everyone's responsibility at Devonshire House. In accordance with the **Government's First Aid in Schools Guidance** (2022), 'any member of staff may be asked to undertake first aid tasks, but they can't be required to do so. Staff working with children are expected to use their best endeavours at all times to secure the welfare of all pupils… in the same way that parents might be expected to act towards their children.'

First Aid Qualified Staff

The Senior Leadership team are responsible for ensuring there are an adequate number of teachers with first aid training on each school site. The Deputy Head Pupil Welfare maintains a live list of staff with First Aid qualifications including expiry dates. A pdf version with school telephone extensions is available to all staff on SharePoint, so that they can contact a first aider if required. The office team are all first aid trained and should be the first port of call if assistance is required.

Basic first aid can be applied by any staff members with First Aid qualifications. Basic first aid generally includes the treatment of small grazes, bumps or cuts, nose bleeds and feelings of

nausea and headaches. The qualified member of staff can carry out the preliminary assessment of a child's injury or complaint before deciding if it requires basic first aid or constitutes a significant injury or concern.

Significant Injuries or Concerns

For more significant injuries or health concerns, contact any member of SLT to assess the child's injury or concern and identify if further specialist care is required, and what communication should be made to parents, key staff and first aiders.

Lucy Peacock, Laurie Mulready and Danica Belzer are all highly experienced first aiders and can be called for a second opinion if needed.

Operational Staff

Our operational team all have First Aid qualifications which enables them to confidently administer first aid and medication to our children. Our operational team will be responsible for:

- Assisting our DH for Pupil Welfare in the maintenance of fully stocked first aid equipment and kits.
- Being the first point of contact for children on each school site who are complaining of feeling unwell or needing first aid.
- Liaising directly with the SLT in the event of significant injuries or concerns.
- Communicating with parents over medical issues as required.

First Aid Equipment

First aid equipment and kits are in the following locations:

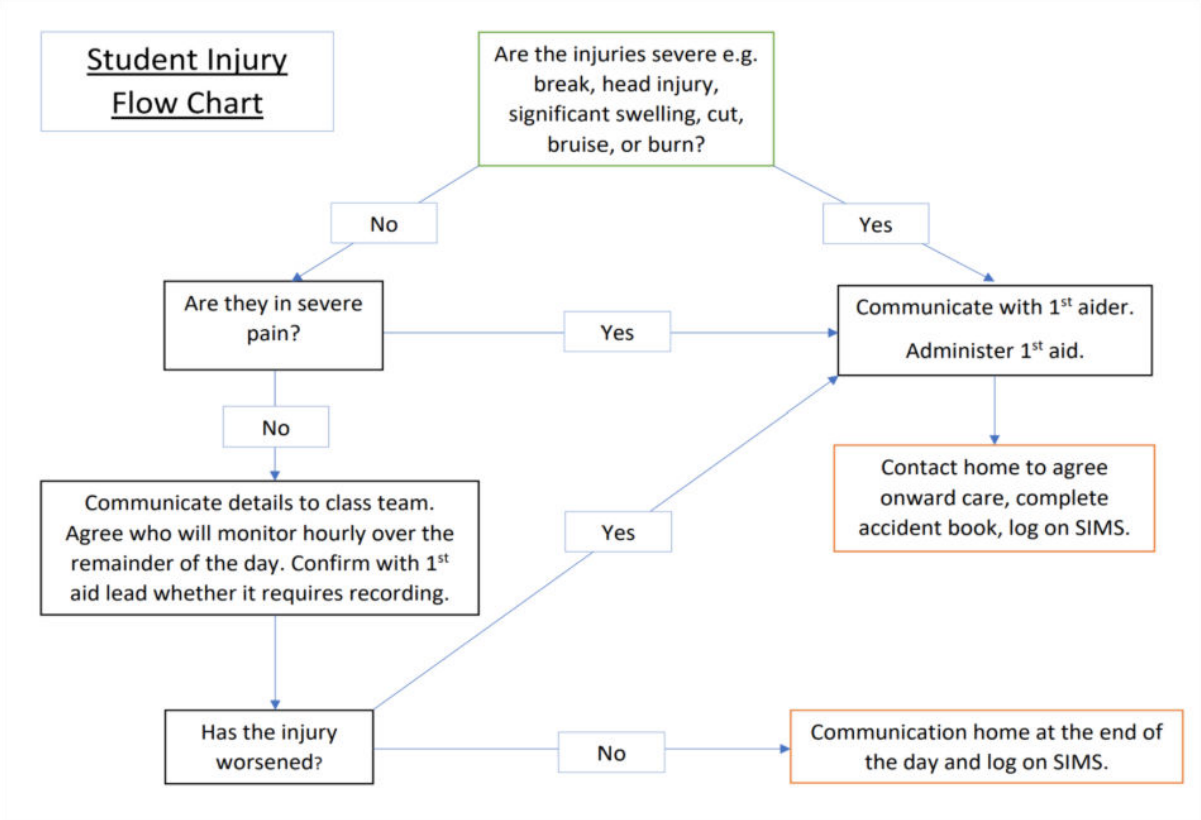
- Nursery: central cupboard in No. 6
- Lower School: school office
- Middle School: medical room adjacent to playground and school office
- Upper School: school office and medical office (through the PE & Games office)

The Deputy Head for Pupil Welfare, with assistance from the School Administrator for Medical and the Finance department will hold the overall responsibility for ensuring our first aid resources, kits and bags remain fully stocked and that orders are made in good time across all three sites. Stock shortages should be reported to these three people as soon as possible.

The First Aid Flow Chart

We follow the student injury flow chart when making decisions around the first aid of our children.

Devonshire House Preparatory School



Accident Book = Online Accident Form on Firefly: https://dhps.fireflycloud.net/health-and-safety/accident-form-2025-26

SIMS = ISAMS

REPORTING ACCIDENTS

All accidents must be recorded as follows:

Children

- The accident form must be completed on Firefly by the person attending the incident.
- The person should review the record following the incident to ensure it has been completed accurately and fully and that they have signed it.

Minor incident

- Parents are to be informed of minor incidences at the end of the school day or, where appropriate, by the class teacher.

Serious Accident

- In the event of a serious accident, the Head is to be informed immediately.
- Parents will be contacted by a member of SLT.

Bump to the Head

- In the event of a child suffering a bump to the head, the accident form sent home will inform parents about the signs and symptoms for concussion to watch out for & act upon should they develop. For EY, a head bump wristband is put on the child, with the time and date of the incident written on so staff and parents are aware.

Staff

- Staff who injure themselves at school are required to fill in the Staff Accident Form on Firefly.
- The Head is to be informed of the injury and retains a copy of the accident form.
- The DPA Accident Book identifies which incidents are reportable under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995).

Visitors

- Visitors must sign in the Signing In Book and make themselves known to the School Secretary. Visitors with specific requirements would be advised to notify the school and an assessment can be made as to assigning them a responsible person.
- Visitors who injure themselves at school are required to fill in the DPA Accident Book.
- The Head is to be informed of the injury.
- The DPA Accident Book identifies which incidents are reportable under RIDDOR (The Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995).

INFORMING PARENTS

Parents are immediately informed of serious injuries and given advice accordingly. Parents should be informed of minor injuries, including scrapes and bumps, at the end of the School Day. Parents of children who are taken ill during the school day should be contacted and asked to collect their child from the First Aid room.

Should a serious accident or injury be sustained by a child, a member of SLT will inform the Parents immediately. On the sports ground the Head of Games will contact the ambulance and then school so that parents can be contacted immediately. All sports staff carry a mobile phone which is not used unless in emergency.

Should a child be absent from School on the day following an injury, the class teacher should inform the School Office. The School Secretary or the Deputy Head of that Department will give the family a courtesy call to check on the child's wellbeing.

NHS Guide to Administering First Aid

Please refer to the following link if in any doubt of how to administer first aid in a certain situation: **https://www.nhs.uk/conditions/first-aid/**

NHS Guide to Administering First Aid

Please click the link below to access this useful checklist before administering first aid to a child:

First Aid at Work Guide

Ongoing Medical and Dietary Conditions

Up to date Medical and Dietary Lists are available to all staff on SharePoint in the Medical and Dietary Needs Folder.

These lists are 'live' and kept current by the SA for Medical, with oversight by the DH for Pupil Welfare. The admissions team also communicate any needs of new pupils joining the school. Students' needs are also recorded on iSams by the people above. If teachers receive any communication from parents about a pupil's medical or dietary needs, this should be passed on to the SA for Medical and the DH for Pupil Welfare to keep records up to date.

Medication Storage and Administration

Each office stores most of the medication required for all our children.

- 'Light' medicine such as Calpol, Ibuprofen and Piriton lives in easily accessible storage in each school office.
- This type of medicine can be administered by all staff, irrespective of first aid qualification, as long as the parents have completed the medication consent form, which can be found here:

  https://dhps.fireflycloud.net/illness-and-medication-consent/medication-consent-form-202526

- Once a child has been given this medication, it must be recorded it here:

  Administered Medication Record

Individual Medication

A list of children who require individual medication is also available to all staff on SharePoint in the Medical and Dietary Needs Folder.

- Any member of staff taking children off-site is responsible for ensuring they take the required individual medications with them.
- Any member of staff can administer an EpiPen in the case of a child suffering an anaphylactic attack.
- EpiPens and children's other individual medication is stored in the office at the Lower School, in the Medical Room at the Middle and Upper Schools. There must always be two, in date, EpiPen's on each school site for each child that requires them.
- A spare, generic EpiPen is available next to the individual medications and can be used for any child in the event of an emergency. These EpiPens are required to stay on-site, with the exception of an occasion when all children will be off-site of if a child's individual prescribed EpiPen could not be located.

Allergy management

Our aim is minimise the risk of any child or member of staff suffering an allergic reaction whilst at school.
The parents or carers of all new starters to the school are required to complete a medical questionnaire on which the details of any food intolerances or allergies and their management should be described. Members of staff are also expected to complete a medical questionnaire as

part of the induction process. If there are any changes to student or staff members' medical needs it is the parents or employee's responsibility to ensure that the school is made aware.
Our catering team provides lunch menus to parents/carers via firefly located: Resources> parent area> lunch menu. Here you will find our 4 week lunch menu that changes every term. The lunch menu will label any foods that have any potential allergens. See list below:

- celery **CE**
- cereals containing gluten - including wheat, rye, barley and oats **G**
- crustaceans - including prawns, crab and lobster **Cr**
- eggs **E**
- fish **F**
- lupin **L**
- milk **Mk**
- molluscs - including squid, mussels, cockles, whelks and snails **Mo**
- mustard **Mu**
- nuts **N**
- peanuts **P**
- sesame seeds **Se**
- soya beans **So**
- sulphur dioxide or sulphites at levels above 10mg per kilogram or per litre **Su**

Students with allergies in early years will have a lunchmat which will have their name and allergy which be used at lunchtimes. In the nursery department children have yellow plates as well as lunchmats, to reduce the risk of students coming into contact with their specific allergen.

Communicable Diseases

Parents are asked to inform the School should their child have a communicable disease, e.g. chicken pox. A Firefly message will be sent out to inform parents. If necessary the school will contact RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), (telephone 0845 300 99 23).

Head lice

If parents notify the school that a pupil has head lice or nits the use of a Firefly message is sent to all those in the same year group. If staff suspect or are told that a pupil has head lice or nits – frantic, continuous scratching of the head is the most obvious sign – they should arrange for a First Aider to inspect the pupil's hair. Kindness and discretion must be exercised to both the child and the parent.

HYGIENE PROCEDURES

Staff and pupils are expected to follow good hygiene and clean and sanitise their hands regularly.
Single-use disposable gloves must be worn when treatment involves blood or other bodily fluids. Care should be taken when disposing of dressings or equipment. Staff are issued with anti-bacterial hand gel, and should also ensure that normal hand washing routines are followed regularly.

HYGIENE PROCEDURES FOR THE SPILLAGE OF BODY FLUIDS

No child should be allowed to remain in the vicinity of a spillage of bodily fluids.

If possible all adults and children should be removed from the area; however, if a child is injured and it may be unsafe to move him/her then an adult will need to be with them.

The adult should ensure that both s/he and the child are protected from the body fluids. The school caretaker should be called for and he will deal with the spillage appropriately wearing protective clothing as necessary.

Soiled items, used gloves, dressings etc are disposed of in yellow biohazard bags and put in a designated bin for disposal.

WHEN TO CALL AN AMBULANCE

The number to dial for an ambulance is 999, or the EU emergency number 112. The nearest hospital to the School is The Royal Free Hospital, Pond Street, London, NW3 2QG; Tel: 020 7794 0500

Call an ambulance;

- after administering First Aid and you feel there is a need for a hospital check up
- after placing in the recovery position if the casualty is breathing, but unconscious
- after an epipen has been administered for anaphylactic shock, after a severe asthmatic attack, after a diabetic coma, for an epileptic fit where the seizure lasts more than five minutes or if the victim is harmed in the seizure
- if the casualty is not breathing
- if you are in doubt as to the condition of the casualty

ADMINISTERING MEDICATION DURING SCHOOL HOURS

For the whole school including EYFS

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Although there is no legal duty that requires school staff to administer medicines, the school has a clear duty of care to the children and follows good practice by supporting children with health needs as part of their accessibility planning duties.

a) Parental responsibilities in respect of their child's medical needs

Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents complete and sign a medical form when their children join the school. This states that parents must keep the School informed should the medical needs of their child change as they grow up.

They must also complete and sign medication consent forms in the event that any medication needs to be administered during school hours e.g. if it has to be given four times daily even when the pupil is well enough to attend school (see Appendix 1).

b) Children with specific medical conditions

Children with specific medical conditions who either regularly take medicine in order to keep themselves well (e.g. epileptics), or who may need to take prescribed medicine as a matter of urgency (e.g. asthmatics and those with allergies) have a Care Plan. This care plan is written in consultation with the parent and the child's medical practitioner. Details of the medication are on the Care Plan.

The Care Plan should include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

For children with food allergies or other dietary needs, special attention should be paid when treats by parents are brought to School. Children who are unable to eat cake or sweets should be given an alternative (previously arranged in consultation with child's parents).

Staff with specific medical conditions should be honest about this and will also have a care plan. It is in their own interests that their condition and what to do in an emergency is known by all their colleagues.

c) Roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines

In general, the school office has the responsibility of administering medicine as they can store the medicine safely away from children, and have ready access to the telephone should they need to get further information from the parent or from the medical practitioner who prescribed the medicine. For children that regularly need medicine to keep themselves well it may be that the Form Teacher has the responsibility to administer medicine.

Before administering any medicine, staff must check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and immediately telephone the parents. For a child with a Care Plan, the procedures to then follow should be recorded. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

If in doubt about any procedure staff should not administer the medicines but check with the parents or the prescribing doctor before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the Head who will then discuss it with the parent.

d) Procedures for managing prescription medicines which need to be taken during the school day
The Medical Consent form should be handed into the School Office together with the medicine. The parent should give the School Office written details of how the medicine is to be given and when. This should be checked against the prescriber's instructions on the medicine.

Medicines will only be accepted that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (for exceptions see non-prescription medicines below). Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

At EYFS medicines containing aspirin will only be administered with a doctor's prescription.
The School must never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

The School Office will inform the child's Form Teacher of the time the medicine needs to be given and the Form Teacher will arrange for the child to go to the office at that time. For children in the EYFS the Form Teacher will bring the child in person or administer it themselves.

e) Procedures for managing prescription medicines on educational visits and to off-site games
If a child is finishing a course of antibiotics following an illness, it is preferable that they do not join their colleagues on educational visits or to off-site games but stay at home, in order to recover fully from their ailment.

For children with specific medical conditions, the care plan and the necessary medicines must be taken on educational visits and to off-site games. These are the responsibility of the Form Teacher on Educational Visits and a nominated member of the games staff for off-site games. They should always check that the medicine is in date.

A medical list accompanies all Educational Visits and goes with the games staff to off - site games. Children with medical conditions are listed with brief details of their medication. Staff should be alert at certain times of year for children with asthma or environmentally triggered allergies.

Sometimes additional safety measures may need to be taken for outside visits. It may be that a parent or another volunteer might be needed to accompany a particular child.

f) Non-prescription medicines
Parents may request at times that children are given non-prescription medicine, for example Calpol if recovering from a cold. If a child is so unwell that s/he needs non-prescription medicine then s/he is not well enough to be in school and parents must be asked to keep him/her at home.

There are some possible exceptions, for example painkillers for a child that has had an injury. In such cases, the DH Pupil Welfare will make the decision after discussion with the parents and then the same procedure must be followed for obtaining a medical consent form from the parent and signed by the Head.

Some children are sensitive to the sun, and sun cream may be administered by Form staff for younger children until they are old enough to do this themselves (see Slap, Wrap and Hat

campaign). Although sun cream is not strictly a medicine, the medical consent form should be signed in order for it to be clear that the teacher has parental permission.

g) Children carrying and taking their medicines themselves
Children in Year 6 and below should not be allowed to carry or take their medicine themselves. However, it is important that older children, particularly those with specific medical conditions, should learn to manage their own medication.

Children with a Care Plan, on entering Year 7, will have a consultative session with their parent(s), the Head, their Form Teacher and a representative from the School Office. If necessary, their prescribing Health Professional should also be present, or this meeting may take place at their surgery. At this meeting, the child's medical needs will be discussed, the best way of managing this in School and the administration of any medicine. The Head will be responsible for the amendment of the Medical Consent Form allowing the child to carry and administer medicine, if this has been agreed by all parties.

This will not be an option for children on controlled drugs, e.g. Ritalin.

h) Record keeping
Each time medicine is given the School, including the Early Years, **must** keep written records.

Good records help demonstrate that staff have exercised a duty of care. In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult and the record signed accordingly.

An official Register for Pupil Medications must be maintained and must contain a record of all occasions when medication is given to a pupil.

i) Emergency Inhalers
These are kept in the Medical Room & the Welfare Room to be used for children who have asthma and whose parents have given written consent for the use of one if their child's Ventolin inhaler expires, damaged or empty.
A list of children is made known to staff who can then ensure that the emergency inhalers are taken offsite for Games/PE lessons & on school trips/visits

j) Automated External Defibrillators (AED)
The school has two on site one in the medical room and another in the Welfare room.
In the case of a collapse they will be taken to the patient in case it is required. When it is turned on it will guide the user to its use.

In effect, the documentation referred to in (a) above represents an agreement among the parties as to the arrangements made in respect of the medication.

In addition:

k) Lists of children with allergies and other medical conditions will be issued at the beginning of each term. The medication that they have in School is noted on this list.
l) All food allergies and intolerances are displayed in the relevant staff rooms and younger children have mats which are used each day in the dining rooms.
m) Photographs of children who require an Epipen or have other severe allergies are on SharePoint.
n) Staff with medical conditions or allergies are recorded with notes of relevant procedure, which is kept by HR.

o) Management Procedures and Risk assessment

The School has Employers Liability Insurance to provide cover for injury to staff acting within the scope of their employment and this provides full cover in respect of actions which could be taken by staff in the course of their employment.

The School (i.e. the School Governance and the Head) will support staff to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Head is responsible for ensuring that this policy is understood by all staff and that the procedures and record keeping are correctly followed.

The Head, with the Senior Management Team, will regularly review this policy and make amendments as necessary. A risk assessment will form part of this review.

REPORTING TO RIDDOR

Schools are required to report serious incidents to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), (telephone 0845 300 99 23). Employers must report:

- deaths;
- major injuries;
- over-seven-day injuries;
- an accident causing injury to pupils, members of the public or other people not at work;
- a specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

The school nurse is responsible for reporting and recording any notifiable accident that occurs on school premises to a pupil, member of staff, parent, visitor or contractor to the headand to the HSE in accordance with the reporting of injuries, diseases and dangerous occurring parents regulations (RIDDoR). All notifiable accidents and near misses are reviewed by the school's health and safety committee with a view to assessing whether any measures need to be taken to prevent recurrence.

Medical Emergencies

A member of staff who is present when a medical emergency takes place should always call for help from another adult and find the nearest First Aider. However, there are some emergencies where prompt action by the adult at the scene can save lives and all staff should be aware of these procedures.

ALLERGIES – Anaphylactic shock

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. 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, (Epi – Pen) depending on the severity of the reaction.

Signs and Symptoms – these will normally occur within seconds or minutes of exposure to the allergen

- Swelling and redness of the skin, flushed complexion
- Itchy raised rash
- Swelling of the throat
- Wheezing and or coughing or difficulty breathing
- Rapid irregular pulse
- Nauseousness and vomiting
- Dizziness or unconsciousness

Management

If these symptoms appear in an affected child the epipen 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. Some children have two or more epipens. If after 5-10 minutes there is no improvement or their condition worsens then the second epipen should be administered.
- A second person must summon a First Aider and inform the School Office for that building. The School Office will then inform the Head/Deputy Head who will in turn immediately summon an ambulance and inform the child's parents. There should be no delay in calling for an ambulance, should it be impossible to contact the School Office or the Head/Deputy then the member of staff at the scene should make the call.
- The school Nurse or other first aider will tell the paramedic that the epipen has been used and give the used epipen to the paramedic. The School Nurse will have details of expiry dates of epipens and ensure they are replaced by the parents on or before the expiration.
- If the child is conscious and having breathing difficulties treat as you would an asthmatic by sitting the child upright and loosen any tight clothing.
- If the reaction advances and the child becomes unconscious and is breathing treat as you would the unconscious patient by putting them in the recovery position and monitor closely.
- If the child has an inhaler this can be administered
- If the child is unconscious and not breathing, a First Aider must commence cardio-pulmonary resuscitation.
- Give all relevant information to paramedics i.e. sequence of events, known drug/food allergies and any medication/treatment given.

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 sit rather than lie down.

- Assist with prompt administration of medication - give 4 puffs of blue reliever.
- If no improvement after 4 minutes give another 4 puffs

A second person must summon a First Aider and inform the School Office for that building. The School Office will then inform the School Nurse who will in turn immediately summon an ambulance and inform the child's parents. There should be no delay in calling for an ambulance,

should it be impossible to contact the School Nurse then the member of staff at the scene should make the call. The Head should then be informed.

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 behavior

Action
For person with Low blood sugar give sugar, glucose or a sweet drink e.g. coke, squash
For 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!

Epilepsy
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

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 if seizure continues for more than 5 minutes.