

# SHS H01: First Aid Policy

## Background

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981 and the amended regulations 2009), it is the responsibility of the governing body to ensure adequate and appropriate first aid provision is provided where there are people on the school premises and for the staff and children during off site visits and activities.

Consent to administer first aid and authorisation for the school to allow hospital treatment, for a sick or injured child is obtained from parents on admission to the school and recorded on iSAMS.

Head Nurse: Mrs Fiona Lines, RGN

## AIMS OF FIRST AID CARE

- Preserve life
- Alleviate suffering
- Prevent Condition from Worsening
- Promote Recovery
- To provide First Aid as necessary
- To promote health and safety awareness in children and adults.

## FIRST AID PROVISION

- The Deputy Head of Operations in consultation with the Head Nurse is responsible for ensuring that there is an adequate number of qualified first aiders including arrangements for the EYFS department, where at least one person with a paediatric first aid qualification must always be present, and at least one paediatric first aid trained member of staff must accompany all outings.
- Portable first aid kits are taken on educational and sports visits, available from the medical centre.
- The medical centre will ensure the maintenance of the first aid boxes and other supplies.  
The Medical Centre will maintain a register of first aid training and associated refresher dates to ensure that qualifications are maintained.

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- A list of first aiders is available from the medical centre staff. First aiders are required to attend refresher training within 3 years of their qualified term.
- The school has a medical centre that is staffed by one nurse and one Medical Assistant. The Medical centre is manned from 08.00-17.30 each day, Monday to Friday. At all other times there are qualified first aiders on site.
- During these hours, the Medical Centre staff take the lead in administering first aid. Most clubs and activities coincide with these timings.
- The Nurse and Medical centre staff will be on site for sports fixtures and sports days.
- All staff will be regularly trained on basic procedures of First Aid by completing on-line training. Training will be provided for staff for the administration of medicine (including administering inhalers for asthma, adrenaline auto injectors and diabetic care).
- Spillage kits for bodily fluids are located within the school.
- All staff will ensure that they have read the school's first aid policy and familiarise themselves on location of adrenaline auto injectors, emergency asthma kits, defibrillator and first aid boxes.

All medical centre staff hold a current First aid at Work certificate. In addition, the following employees also hold a valid first aid certificate: **See Appendix 1 for Qualified First Aiders**

### **FIRST AID BOXES**

First aid boxes are in the following places in the school.

**(See Map for Reference on School Web site)**

- Sports pavilion
- Day room
- Pre prep Building held in the Kitchen.
- Cottage nursery Kitchen
- Middle school staff room
- Upper school staff Room - on the shelves next to the kitchen
- Cookery room
- Science In the prep room
- Sports Hall
- Design technology room
- Estate's office - on the wall
- School minibuses –under the driver's seat.

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- Boarding House
- Library
- Pavilion
- Swimming pool

Pre prep and nursery have further miniature kits which are taken out at playtime.

- Pre-Prep In staff room: to be taken outside at playtimes.
- Cottage Nursery - Hanging on wall by the children's sinks in main room.
- Kitchen First Aid box in the main kitchen
- First Aid Boxes are checked twice termly. All checks recorded and dated.
- First Aid bags are taken to away matches and any school trips. First Aid bags checked and restocked on return.

**Adrenaline Auto Injectors held in medical centre are on the shelf to the left of the door as you enter. These are clearly labelled with the child's name. Spare adult and child auto injectors are on this shelf too.**

### **Contents of First Aid Box:**

First aid boxes are green with a white cross.

First aid boxes should contain individually wrapped sterile hypoallergenic dressings (assorted sized plasters) an appropriate number of assorted wound dressings /bandages, disposable gloves, eye pads, triangular bandage. First aid Leaflet.

No medicine or tablets are kept in the first aid boxes.

**Appendix 2 indicates where all the First Aid boxes are located.**

### **Defibrillators**

- Located outside Medical Centre on wall.
- In the Cricket Pavilion
- On the wall between the deputy heads offices, opposite the sports hall

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### **Duties of a First Aider**

- Respond promptly to calls for assistance.
- Give immediate assistance to casualties with injuries and illness.
- Any significant injury should be assessed by staff from the medical centre.
- Ensure that an ambulance or professional medical help is summoned as appropriate.
- An ambulance should be called for injuries which are below the waist or possible spinal injury. Parents/guardians of the walking wounded will be encouraged to make their own way to A+E/Minor injuries unit.
- Ensure emergency services are given the full postal address of St Hugh's school SN7 8PT and if required a what 3 words location ///rural.destroyer.makes
- All serious incidents must be reported to the Headmaster or SLT member (if Headmaster not available) and the Medical Centre informed.
- Headmaster or a member of the SLT to inform parents of the accident and that an ambulance has been summoned.
- Accident forms and other appropriate administration to be completed.

### **Procedures**

#### **In School**

- Accident or medical incidents should all be reported to the staff in the medical centre.
- In the event of a significant accident, an appropriate member of staff will accompany the child to hospital and parents will be asked to go to the hospital immediately.
- If staff are concerned about the welfare of a child – or identify injuries which may not be accidental, they should follow the procedure set out in the schools safeguarding policy and procedures.

#### **Calling an ambulance from the medical centre**

In most circumstances an ambulance will be called by the medical centre staff. There may be times e.g., anaphylactic shock, where an ambulance needs to be called immediately. If an ambulance is required dial 999 or 112, state you require the ambulance service, answer any questions concerning the incident as briefly as possible, the school address is:

**St Hugh's School, Carswell Manor, Carswell, Faringdon SN7 8PT**

#### **Immediately after an ambulance has been called.**

Contact the Reception desk who will set the following into action.

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1. Call for other medical centre staff to assist.
2. Contact the Estates Manager or his deputy, to assign staff to meet and guide the ambulance.
3. Contact Heads PA to inform Headmaster/appropriate SLT member.

The reception desk will be the main point of contact if required.

### **Out of School Excursions**

- Educational visits: The Deputy head of Operations has responsibility for ensuring staff adhere to the educational visits policy when organising a visit.
- First aid should form part of the risk trip assessment, and one member of staff must be assigned as the person in charge of first aid arrangements.
- A risk assessment will need to be carried out as part of the preparation for an educational visit. The medical centre will require prior knowledge of trips, so the first aider can be informed of pupils with any medical conditions.
- A fully charged mobile telephone must be taken on visits and to offsite activities.
- A qualified paediatric first aider must escort trips when children in EYFS are away from the school premises.
- First aid kits must be taken to all outside fixtures/trips.
- First aider will assess situation and once the extent of the injury has been identified, if necessary, dial 999 or 112 for further medical assistance.
- All incidents should be reported to Headmaster or SLT member and the medical centre.
- Headmaster or SLT member to inform parents of a child that ambulance has been summoned.
- The first aider must record accurate details of accident and treatment given to the pupil and complete an accident form when returning to school.
- First aid bags are sent on sports fixtures, residential and non-residential trips in the UK and abroad. Specific medical kits are provided for all residential trips.
- The Medical Centre should be informed, of any illnesses or accidents so that information can be recorded on the child's Isam's record.
- The First aider will delegate a member of staff to attend hospital with an ill child, and they will remain with the school party should this occasion arise.

### **Accidents and Illness Procedure**

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All significant accidents to a child, member of staff, visitor or a contractor should be reported and assessed by the medical Centre staff. The staff member who witnesses occurrence of an accident must record the incident on an accident report form for the casualty. The medical centre staff will then record the treatment given on the accident form and report as necessary to Health and Safety Committee.

**Dealing with Accidents involving Bleeding, and Body Fluid Spillage**

All blood and body fluid spillages should be regarded as potentially infectious, and the same precautions applied to each incident. A spill kit available to all staff to use is in a labelled cupboard in the Day Room.

All body fluid spillages should be cleaned up immediately.

Precautions:

- Before contact with blood or body fluids any skin lesions – disposable gloves must be worn.
- Splashes of blood or body fluid onto the skin should be washed off immediately with soap and water.
- Ensure all contaminated items are disposed of in clinical waste bag provided by Attack Hygiene Company.

**Cleaning Procedure**

1. Wear disposable gloves and apron.
2. Never use mops to clear up body fluid or blood but absorb spillage with paper towels/absorbent powder.
3. Contact Estates Manager and refer to Infection Control Policy

**RIDDOR**

(RIDDOR means the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 which came into force on 1 April 1996)

These regulations require the reporting of work-related accidents diseases and dangerous occurrences, should an employee have an accident at work which results in:

- over seven days absence from work because of sickness

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- A major injury or condition
- A fractured limb
- A fatality, the Bursar should be contacted immediately.

If a non–employee has an accident and requires hospital treatment, this too should be reported to the Bursar.

Accident record sheet is available online - Microsoft Teams: All Staff: Welfare: Medical: Accident Form

All EYFS accidents/injuries and first aid treatment given should be reported to the parent on the same day. A treatment advice sheet must be completed and given to parents.

Designated Safeguarding lead (DSL) will be notified of any serious injuries of a child whilst in the care of the school.

### **Guidance on Managing Diabetes within the school.**

We currently have no children with diabetes in school.

Parents are responsible for:

- Providing diabetes equipment for their child in school.
- Providing a detailed health care plan that will be drawn up for the child in conjunction with the paediatric diabetes specialist nurse and the John Radcliffe Hospital/Great Western Hospital team, describing daily routines for the child's management of glycaemic control (hypo/hyperglycaemia, including signs and symptoms).

### **Staff are responsible for:**

- Attending diabetes training sessions and updates.
- Gaining knowledge on signs and symptoms of hypoglycaemia / hyperglycaemia
- Being knowledgeable on treatment decisions.
- Being alert to signs and symptoms of a hypoglycaemic/hyperglycaemic episodes and managing this as per the child's care plan and knowing when to get further help and assistance.
- Calling the school nurse immediately if there are any concerns about the child.
- The teacher on lunch time duty is responsible for overseeing the child during lunch and reporting to the medical centre if lunch is not finished by the pupil.

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Allocated members of staff will be responsible for pre-meal blood glucose levels and monitoring what the child has eaten and informing the medical centre.

For children with Type 1 diabetes, specific school staff will be trained to supervise premeal blood sugars readings, and insulin delivery, in accordance with the child's care plan Hypoglycaemia (Low blood glucose level)

**Signs and symptoms:**

- Deteriorating levels of behaviour or response
- Sweaty, cold or clammy skin
- Feeling hungry
- Weakness or faintness
- Pallor, sweating or clammy skin
- Drowsiness or confusion
- Nausea
- Shallow breathing
- Irritable or aggressive behaviour

**Treatment of Hypoglycaemia:**

- Aim is to raise the blood glucose levels as soon as possible
- Wash hands with soap and water and dry well.
- Blood glucose readings should be supervised or be taken and recorded by a trained member of staff.

**Treatment of Mild Hypoglycaemia:**

- If the child is alert and conscious then liquid glucose or glycojuice will be given, according to their care plan.
- Blood glucose level should be checked after 10 - 15 minutes (after the child has washed their hand or cleaned their finger) or scanned

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**Treatment of Moderate Hypoglycaemia:**

• If the child is drowsy then Glucogel will be instilled into the inside of both cheeks in accordance with their care plan.

**Treatment of Severe Hypoglycaemia (Unconscious or fitting):**

- Stay calm
- Place child in the recovery position
- Maintain child’s airway
- Stay with the child
- Call 999 state “child having a severe Hypoglycaemia”
- Call the medical centre - the nurse will administer Glycogen which is stored in medical fridge

**Hyperglycaemia (High blood glucose level)**

**Signs and symptoms:**

- Thirst
- Greater need to go to the toilet
- Tiredness and weight loss.

**Treatment of Hyperglycaemia:**

- The child should attend the medical centre
- If the child is unwell, vomiting, or giving off a smell of acetone the child needs urgent medical attention.
- The member of staff assisting the child should inform parents.

**Epilepsy**

We currently have no pupils in school with Epilepsy.

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Parents would be responsible for:

- Providing a detailed health care plan that will be drawn up for the child in conjunction with the paediatric epileptic specialist nurse from their designated hospital, detailing their daily routines for the child’s management of their Epilepsy.

**Boarders becoming ill in the night**

The following guidance refers to a pupil who becomes unwell from 17.30 to 08.00 hours.

If unwell, boarders are instructed to use the intercom system to contact a member of the resident staff team. Pupils will be assessed by them. If necessary, out of hours service (111) will be contacted. If a serious illness/accident occurs, then an ambulance (999) will be called, and the headmaster will be informed in such a case parents will be contacted immediately.

In the case of an illness the following steps should be taken:

- If the illness will continue to hinder the sleep of others in the same dormitory, a member of staff will take the child from the dormitory to the sick bay.
- A member of the residential team will explain the intercom system so that the pupil can call for assistance, if he/she requires.
- The pupil will be provided with food and drink as required.

**Arrangements for pupils with medical conditions on site.**

Every child with a diagnosed medical condition that potentially requires care within the school setting has a care plan that is written in consultation with their parents.

It is the parent’s responsibility to inform the school if their child has a new medical condition.

Prescription medications are kept separately in the medical centre and handed over to residential staff team at 5.30pm when the medical centre is closed.

It is the parent's responsibility to inform the medical centre of any medication required in school, and to complete the necessary consent forms.

**Recording of Incidents**

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All incidents where first aid has been administered should be recorded on Isam's.

The following incidents should be reported to parents to ensure that they are aware of an incident and any actions or follow up that are required. These may include:

- Head injuries – sport and non-sport
- Significant Bone, joint and muscle injuries
- Severe bleeds
- Vomiting and diarrhoea
- Asthma attack
- Anaphylactic shock
- Foreign object in eye, nose, or ear
- Seizure
- Hypoglycaemic attack

### Administering Medicines to pupils including those in EYFS (in school or on trips including residential)

#### Aims

- To ensure the safe storage and administration of prescribed and non-prescribed medication to pupils given by the nurse and other named trained members of staff.
- To ensure correct procedures are followed when administering medication to children.
- To protect all pupils from potential misuse of medications.

#### Procedures

- Check pupil's identity and consent status on iSAMS or on the trip list.
- No medication to be given without written consent of parent/guardian.
- Check the pupil is not allergic to any medication and has not had a previous adverse reaction associated with the drug which is to be given.
- Ensure the pupil has not been given any of the medication earlier that day or if appropriate within the last 24 hours.
- Check medication guidelines on prescription label, packet or data sheet.
- Prescribed medication must never be given to another pupil only to named pupil.

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- Medication must always be written in English, remain in the original container it was dispensed in, with original label and data sheet.
- Check expiry/use by date/on medication.
- Check medication is age appropriate for the pupil, unless prescribed by a doctor and consented by the parents/guardians.
- Medication must always be taken in front of the member of staff dispensing it.
- Record all details immediately on iSAM's or the drug book/sheet for trips.
- Alert bracelet to be attached to pupil's wrist with the following details of analgesia given e.g. Paracetamol 250mg/5ml 10mls @ 13.00hrs 5.7.21
- If a pupil refuses to take a prescribed medication, the parent/guardian will be informed, and this will be recorded on iSAM'S.
- If a pupil is given an overdose of medication the parent/guardian will be informed. The Head Nurse will be informed. This will be recorded on iSAMS. An Accident form must be completed.

### Record on iSAMS

- Reason for administration
- Record who administered the medication
- Medication given - full name of medication.
- Dose given - record number of mls given e.g. 10mls
- In notes section, record amount given, e.g. 2 x 5ml given orally with alert bracelet
- Each medication administered must be recorded individually.

All medication at school will be kept in the locked medication cupboard or locked drug fridge in the medical centre. Medication will be stored in locked cabinets in the boarding house.

A spread sheet with expiry dates, batch numbers and location of medications is recorded on Teams.

Stock medication that has expired will be taken to a pharmacy for disposal. Any pupil's own medication will be returned to the parent/guardian.

All medication brought to the medical centre or boarding house must be checked by the medical centre staff and consent obtained before being administered to a child.

A signature record sheet and training log will be kept of all staff authorised to administer medication.

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Any drug errors or adverse reactions must be reported to the head nurse if the child is on the school site or lead teacher/emergency services if the pupil is off site. The child's parent/guardian should be informed of the error or adverse reaction and recorded on iSAMS.

If specific specialised treatment is required appropriate training and advice will be given to the relevant staff

Appropriate training and advice would be sought for relevant staff if the administration of specific specialised treatment is required.

All EYFS pupils must have written records of medication administered and parents must be informed on the same day or as soon as reasonably practicable. The statutory retention period for early years records is two years.

LINK: [Managing School Medication Policy for Boarding and Residentials.](#)

### Self-Medicating Pupils

All pupils who Self-medicate will be assessed by the Nurse prior to self-medicating. A record of this assessment is kept on file and on iSAMS.

### Medication for Residential Trips

- The named first aider must take full responsibility to oversee safe storage and administration of all medication.
- The medical centre will give full instruction as to the dispensing of medication. This must be adhered to.
- All parents have signed to give their consent or non-consent for school stocked medication when starting at St Hugh's. This information is recorded on iSAMS, and supplied to the school trip first aider who will be made aware of these consents.

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If a pupil arrives for a trip with medication that staff have not been made aware of previously by the medical centre staff, the trip lead and first aider should request the following information:

1. The reason the medication has been prescribed.
2. The dose and frequency it should be administered.
3. Check medication is written in English and is in original box/bottle/container and has been dispensed and prescribed for the child.
4. Check the medication has not expired and is age appropriate unless prescribed by a doctor and consented by the parents/guardians.
5. Ensure a consent form for medication administration is signed.
6. Nurses will contact parents and ask for email consent if the trip has already left the school. No medication can be administered until the consent is received. This will be forwarded to the trip leader/first aider. This must be recorded on iSAMS.

### **EYES**

- A qualified paediatric first aider must be always with children.
- All accidents or injuries/illness's and the first aid applied will be reported to parents the same day or as soon as is reasonably practical.
- All administration of medicines will be reported to parent the same day or as soon as is reasonably practicable.
- Parents should not bring children to school ill and should inform the school of any significant infection (see Returning to School after illness policy).

### **SAFE STORAGE AND ADMINISTRATION OF CONTROLLED DRUGS POLICY**

When issuing controlled medication, the following procedure must be followed:

- All controlled drugs will be identified to house staff of boarders when prescribed to a child in their care.

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- All controlled drugs will be locked in a separate lockable box inside the medicine cupboard. In the Day room medicine cupboard No 4 with the key in medicine cupboard 2.
- All controlled drugs will be stored in their original container with name of drug, dose, and name of child and expiry date.
- All controlled drugs will be recorded in the controlled drugs book and on iSAMS.
- All staff administering the medication must give sample signatures recorded in controlled drug book.
- A written letter should be provided for the school by the child’s consultant who has prescribed the controlled drug for a child.
- All children on controlled drugs should have a care plan specific to their needs.

The following details must always be recorded in black ink when a drug is administered.

- Name of child
- Date and time of administration
- Medication and dose
- Quantity left in container.
- 1st and when possible, 2nd signature of staff member.

**Signing medication in and out of school**

- The quantity must always be signed in or out in the controlled drug book. The quantity should be counted, and the amount recorded and signed by two people both when signing the medication in and out of school.
- All controlled drugs that are out of date or are no longer required should be safely disposed of. Consent to do this must be given by parent/guardian. If disposed of by pharmacy, a record of receipt signed by the pharmacist should be obtained and retained by the medical centre.

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**Appendix 1: List of Qualified First Aid July 2025**

First Aid training expiry dates-Subject to change as training is ongoing					
Name	3-Day FAW	2-Day Paediatric	1-day EFAW	RLSS IQL Level 3	Forest school 16 hr
Fiona Lines	15/01/2027				
Denise Pargeter	03/03/2028				
Robert Farrow	18/09/2026				
Matthew Hobbs	18/09/2026				
Elizabeth Dickens	11/09/2026				
Freddie Auld	23/07/2027				
Rachel Auld	07/08/2027				
Jaime Johnson					29/05/2027
Harriet Flower		11/09/2026			
Helen McCully		18/09/2026			
Netty Lings		19/09/2026			
Jessica Blythe		18/09/2026			
Sharon Wingrove		20/05/2028			
Melinda Csavas		20/05/2028			
Lisa Botsford		20/05/2028			
Kirstie Beckett		20/05/2028			
Anna-Marie Hiscock		20/05/2028			
John Grierson		20/05/2028			
Kate Habberley			14/04/2027		
Daniel Maitland			14/05/2027		
Beth Dupee			15/04/2027		
Euan Kennedy			15/04/2027		
David Smith			15/04/2027		
Phil Leafe			15/04/2027		
Karen Bolt			15/04/2027		

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Lucy Macpherson			15/04/2027		
Katie Clarke			15/04/2027		
Sarah Hams			15/04/2027		
Ellie Smith			15/04/2027		
Tabitha Huxley			15/04/2027		
Virginia Thomasson			15/04/2027		
Sarah Treadgold			17/04/2026		
Jamie Pollard			05/07/2025		
Meghan Costello			09/03/2026		
Catherine Boyd			17/04/2026		
Glenn Davies			17/04/2026		
Taysie Gujral			20/08/2026		
Sally Ewins			17/04/2026		
Monika Lepisova			17/04/2026		
Jeremy Kennard			17/04/2026		
Chris McCully			17/04/2026		
Ben Rogers			17/04/2026		
Jim Towers			17/04/2026		
Helen Swainston			15/04/2027		
Kate Ricks			14/04/2027		
Aimee Surman				02/08/2026	
Ben Cuthbert				24/07/2026	
Benjamin Ferguson				09/04/2027	
Christopher Adams				09/04/2027	
Edison Wardle				01/11/2026	
Edward Morgan				09/04/2027	

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Emilia Brundrett				27/10/2025	
Emily Walton				01/11/2026	
Heidi Fletcher				16/02/2026	
Naomi Fletcher				01/11/2026	
Russell Paul				15/02/2026	

**Appendix 2:- location of First Aid kits**



Floorplans\_february 2024.pdf

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