



ST PHILIP'S SCHOOL

FIRST AID POLICY

Author/reviewer responsible:	AT	Last amended:	Sep 2024
Reviewed by:	SMT	Date of authorisation:	Nov 2024
Authorisation by resolution of:	Governors	Date of next review:	Sep 2025

This policy outlines the School's provision of First Aid for its employees and pupils. The arrangements for first aid provision will be adequate to cope with all foreseeable major incidents, including EYFS.

Requirements of this policy

This policy is compliant with paragraph 13 of Part 3 (Welfare, health and safety of pupils) of the [Education \(Independent School Standards\) Regulations 2014](#) that the School 'ensures that first aid is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy'. It has regard to the DfE document [Guidance on First Aid for Schools](#).

The number of certified first-aiders will not be less than the number required by law and all permanent staff will undergo basic first-aid training. All first-aid training will be regularly updated.

Supplies of first-aid material will be held in the First Aid Room, Staff Room and Science Lab.

Adequate and appropriate first aid provision will form part of the arrangements for all out-of-school activities.

A record will be made of each occasion any member of staff, pupil or other person receives first aid treatment either on the school premises or as part of a school-related activity. All first aid treatment is recorded by the members of staff in medical books kept in the staff room. There is also an accident book to log the occurrence of any significant accident that occurs on site.

Major injuries

Whenever a major injury occurs to a member of staff or boy, the Head Master reviews the School's procedures to minimise any risk of recurrence. Under the [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), the School is required to report the following to the Health and Safety Executive (HSE): fatalities, major injuries (such as fractures), reportable (over 7 day) injuries, reportable diseases, and reportable dangerous occurrences.

Guidance on how RIDDOR applies to schools can be found [here](#).

Injuries can be reported to the HSE [here](#).

Induction of new pupils and staff

As part of their induction into the School, all new boys and staff are told where and from whom to find first aid and medical care.

Personnel and Procedures

The Registrar and School Office Manager are the persons responsible for:

- Anyone who is injured or becomes ill;
- Stocking and maintaining all First Aid equipment (including liaising with the Games Department regarding First Aid equipment for Games First Aid kits);
- Ensuring that an ambulance or other medical help is summoned when appropriate;
- Contacting parents/dependents to provide appropriate information;
- Recording details in the Medical Book and contacting the authorities if required;
- Passing on information about any serious injuries to the DSL for recording where a RIDDOR report is required.

Fully stocked First Aid containers are kept in:-

- The SEN Office / First Aid Room;
- Staff Room;
- The School Office;
- The Science Lab.

The EYFS lead is the designated First Aider for EYFS, but all staff are qualified to provide First Aid to EYFS children via regular paediatric First Aid training.

Mr Walters is the designated First Aider for Games and should be contacted first in the event of First Aid being required during Games.

The Director of Games will ensure that the appropriate first aid kits and a mobile telephone are taken to the sports ground. On school outings, the same procedures will operate with the designated leader being responsible for the appropriate action to be taken. A first aid kit and mobile telephone must always be taken.

Between 8.00am and 5.00pm the Head Master (Deputy Head Pastoral in his absence) will take responsibility for anyone on the school premises, should either the appointed person or the first aider be absent. This will involve their operating the procedures described in paragraphs above.

This will also apply at other times when the school is being used for school business, parents' evenings, after-school clubs, etc. If the Head Master or Deputy Head Pastoral is absent, then they will delegate to an appropriate member of the school's staff.

When the school is let out to other organisations, the location of first aid kits and first aid information notices will be given to those in charge. Otherwise, the health, safety and welfare of those taking part in activities arranged by such organisations on the school premises, is the responsibility of the hirers and not the School. This will be made clear to the hirers.

Distribution of Medication

Parental consent is required before medication is given and the School does not allow boys to self-administer medication, except for asthma and allergy sufferers (eczema, etc.) who have permission from their doctors to do so. The School requests that parents update medical records annually. This is co-ordinated by the School Office.

Any medication brought to school for a pupil must be handed in on arrival to a member of staff, who will store it in the School Office. The medication must be accompanied by a letter, giving relevant details of dosage and when the medication should be administered. A contact telephone number should also be given if different from school records. Once the required medication has been given, the transaction is to be recorded by the person responsible in the medical log book (date, time, child's name, medication given) and counter-signed by a colleague. The parent's letter is to be given to the School Office and kept with the child's records.

Cases of Illness

If a boy complains of feeling ill, he is to be taken to the School Office. The Registrar or School Office Manager will try to ascertain whether his symptoms are genuine by checking his medical form for allergies, etc., questioning him and taking his temperature. If she is satisfied that he is too ill to continue at school, then his parents will be contacted by telephone and asked to collect him. The Head Master will be informed and he this information will be disseminated to the relevant members of staff. No medication of any type will be given to a child unless a parent/guardian specifically requests it by signing the General Consent and Medical Health Form. The Medication will be administered by the first aider, who will record this in the medical book.

Allergies

It is the parents' responsibility to inform the school in writing of any allergy that their child may have. All parents are asked to complete the relevant information in the General Consent and Medical Health form supplied on the boy's arrival at the school, and to update this information annually.

A list, which is regularly updated, of boys who suffer from allergies, with appropriate information, is displayed on the noticeboards in the Staff Room, in School Office, in the medical kits, and in the risk assessment folder on the staff intranet. All teaching staff are responsible for being aware of allergies of pupils in their care on school trips, where food may be consumed, and taking reasonable precautions to guard against boys suffering allergic reactions.

In the case of extreme allergies which could be life-threatening, it is the parents' responsibility to supply a properly equipped "medi-pac" with clear instructions and a contact telephone number. Parents should check that ampules, etc., are in date. The medi-pac will be kept in the portable medical bags in the Staff Room in the trip leader or Head of Games, as appropriate, will ensure that:

- a) it is taken on any school trip, and
- b) the appointed leaders of the school party is made aware of the action necessary in an emergency.

The School will already have entered into an appropriate signed agreement of action to take in an emergency with the child's parents.

Asthmatics

It is the parents' responsibility to inform the school if their child suffers from asthma, and to ensure that he brings the required inhalers to school. The Deputy Head must be informed. A list, which is regularly updated, of boys who are on medication for asthma, with appropriate information, is displayed on the notice boards in the Staff Room and School Office.

Except in special circumstances, boys are responsible for their own inhalers, but should be reminded by staff to have them when leaving on school trips (e.g. sports fixtures).

Specific medical conditions

Whenever a member of staff takes a pupil with a specific medical condition off-site – e.g. for a fixture or trip – that member of staff is responsible for taking any medication or equipment that is needed. For specific guidance on the most common specific medical conditions – allergies, diabetes, asthma and epilepsy – see First Aid Advice, below.

Procedure if a boy needs emergency treatment

If a child needs urgent medical treatment then an ambulance is called immediately. His parents are to be contacted and informed of which hospital their son has been taken to, so that they can make their own way to the casualty department there.

If deemed appropriate, a member of the school staff will travel with the boy in the ambulance. The Head Master must be promptly informed of any boy who needs hospital treatment. He will arrange for a written report of the circumstances and action taken by the staff concerned at the earliest opportunity.

FIRST AID ADVICE

INFORMATION re:

- ANAPHYLACTIC SHOCK
- ACCIDENTS / FIRST AID ADVICE
- HEAD INJURIES
- NECK INJURIES
- SPILLAGES

Anaphylaxis

Anaphylaxis or anaphylactic shock, is the name given to a massive allergic reaction within the body. In serious cases, this reaction can be life-threatening. An acute reaction can occur within a few seconds or a few minutes of:

- the injection of a particular drug
- sting of a particular insect
- ingestion of a particular food.

As a general rule, the sooner a reaction takes place, the more severe it will be. The reaction causes substances to be released into the blood that dilate blood vessels and constrict air passages. Blood pressure falls dramatically and breathing becomes difficult. The following symptoms may develop:

- pallor, limpness and impaired breathing are the commonest signs in children
- anxiety
- rapid pulse
- swelling of face and neck
- widespread intensely itchy weals (red, raised edges with pale, blanched centres)
- impaired breathing, ranging from tight chest to severe difficulty: the casualty
- may wheeze and gasp for air.

Treatment

Your aim is to arrange urgent removal to hospital:

- 1) Dial 999 for an ambulance
- 2) Lie the patient on the left side, head tilted back, right hand under cheek supports head.
- 3) Give adrenalin by injection (0.5 ml for a child of 6 – 10 years) unless there is a strong central pulse, and the patient's condition is good.
- 4) If the patient becomes unconscious, check breathing and pulse and be prepared to resuscitate if necessary.
- 5) Never leave the patient alone.
- 6) If there is no improvement in the patient's condition in ten minutes, repeat the dose of adrenaline up to a maximum of three doses.

Action in case of accidents and First Aid advice

When an accident occurs, ensure that the boy is escorted by a member of staff to the School Office. First Aid should be administered immediately by a member of staff appropriately trained.

Location of First Aid equipment

- Staff room
- Science laboratory
- School Office
- Reception classroom

No boy may have access to a First Aid box. It must be fetched and used by a member of staff.

All staff must wear disposable gloves when treating any pupil who has a spillage of blood or an open wound. Gloves are in the First Aid boxes.

Spillage Policy

Spillage may be:

- non-infectious, such as food and water; wash with hot water and detergent.
- potentially infectious, such as blood and body fluids
- overtly hazardous, such as blood and sharps;
- large (i.e. greater than 30 ml) or small.

RISK ASSESSMENT FOR COSHH

All blood and body fluids are potentially infectious. Although the degree of risk is small, protective clothing, i.e. disposable gloves and plastic apron, must be worn for dealing with potentially infectious and hazardous spillage.

Small spillages of blood

- 1) Cover spill with absorbent paper towel
- 2) Clear up using disinfectant
- 3) Wash area with hot water and detergent.

General sickness

Parents are told to keep boys at home for a minimum of 48 hours in the event of vomiting or diarrhoea.

Head Lice

If a child is found to have head lice, all other parents will be contacted by letter, and requested to treat their sons' head appropriately if required.

Contagious diseases

If a boy contracts chicken pox, measles, mumps, rubella or some other contagious disease in term time, then all parents will be promptly contacted by letter, in which details of the incubation period will be given.

Facilities

The School Office serves as the medical room. It has medical equipment (in locked cupboards), a phone, a bed and ready access to a sink and toilet, with toilet facilities directly adjacent. Additional medical supplies are stored in the in locked cupboards.

Important contacts

Head Master

Mr Alexander Thomas

Email a.thomas@stpschool.co.uk

Tel 07477 333 909

Deputy Head Pastoral

Miss Cecilia Bidie

Email c.bidie@stpschool.co.uk

Tel 07855 118344

Registrar & Head Master's PA

Mrs Fiona Kaye

Email f.kaye@stpschool.co.uk

Tel 0207 373 3944 (108)

School Office Manager

Miss Elsa Stanley-Evans

Email office@stpschool.co.uk

Tel 0207 373 3944 (101)

NHS Direct

Tel 0845 4647

Accident and emergency

Chelsea & Westminster Hospital

369 Fulham Road

London SW10 9NH

To call an ambulance

Dial 999 and ask for an ambulance

APPENDIX 1: SPECIFIC MEDICAL CONDITIONS

Parents should write to the School Office Manager if their son is diagnosed with a specific medical condition, such as asthma or epilepsy. The School Office Manager will notify all medical, teaching staff or other staff (such as lunch providers), and provide them with any information or training that they need. Whenever a member of staff takes a pupil with a specific medical condition off-site – e.g. for a fixture or School trip – he is responsible for taking any medication or equipment that is needed. Guidance on the most common specific medical conditions – allergies, diabetes, asthma and epilepsy – follows below.

Common specific medical conditions

i) Allergies

An allergy is when the body reacts to foreign substances called allergens, which trigger an exaggerated response from the immune system. An allergic reaction can occur following exposure to many things including food (nuts, fish, dairy products), animals (wasp and bee stings, animal hair), grasses, dust and drugs. The allergic reaction can range from mild to severe (anaphylaxis).

Where severe reactions are likely, emergency medication will be kept either on the person of the sufferer or nearby. **Epipens are kept in the staff room in a clearly identifiable medical kit. The boy's photo and details of his condition/s are on display in the staffroom nearby.** Teaching staff will receive epipen training regularly and should fully understand what procedures and protocols to follow.

The School Office will ensure that epipens and inhalers are clearly named and easily accessible. For severe allergy sufferers attending residential trips, the trip leader will liaise with the Deputy Head Co-curricular and/or the boy's parents to ascertain the correct management strategy, which will be included in the trip risk assessment.

ii) Diabetes

Those with diabetes are likely to suffer from hypoglycaemia (low blood sugar) (hypo), or hyperglycaemia (high blood sugar) (hyper). This can be determined by the sufferer taking a blood test which they may be capable of administering themselves with staff supervision. For a diabetic boy attending a residential trip, the trip leader will liaise with the School matron and/or the boy's parents to ascertain the correct management strategy, which will be included in the trip risk assessment.

'Hypos' are usually unexpected and sudden, and usually due to a lack of carbohydrate, strenuous exercise or not enough to eat. The sufferer may feel hungry, sweat, tremble, look pale and have difficulty concentrating. They should be encouraged to eat and drink high sugar content products, in the classroom if necessary.

'Hyper' symptoms appear slower and build up over a period of time. The sufferer may feel thirsty, tired and nauseous. They should be encouraged to rest and if the blood test indicates a high blood sugar level (15 and above) then administer an insulin injection under supervision.

If their son has diabetes, parents should write to the School in detail with the required level of care. The Deputy Head and doctor, if necessary, will then formulate a care plan and inform the staff.

iii) Asthma

Managing asthma in the School

Asthma is a physical disorder of the lungs in which the air passages become sensitive to a variety of common stimuli. It is not an infectious disease or psychological disease, although emotions can trigger symptoms.

Parents are responsible for sending their son to School with his required asthma medication. Boys with asthma should have a named reliever inhaler in School and be confident in self-administration. In consultation with the School, they may carry it personally. Younger boys may also have a spacer. Parents should also provide the Deputy Head with a spare inhaler. This will be given to the School Office and will be kept in the Staff Room in a clearly named box. Inhalers should be taken to games sessions and on educational trips; this is to be noted in the relevant risk assessment.

Asthma is generally a manageable condition and minor attacks should not interrupt the involvement of a boy with asthma in School; when they feel better they can return to School activities. However, the School will always inform parents when their son has had an asthma attack. If the attack is persistent or severe, an ambulance will be called and a member staff will accompany the boy to hospital; parents will be notified immediately.

How to treat an asthma attack

In the event of an asthma attack, first aiders should do the following:

- let the boy sit down in a position they find comfortable; DO NOT let them lie down;
- encourage slow deep breathing;
- loosen any tight clothing;
- ensure the blue reliever is taken promptly and properly (via a spacer, if possible).

A severe asthma attack is detectable by the following signs:

- the relief medication does not work;
- the boy is breathless enough to have difficulty in talking normally;
- there is blue tingeing around the mouth;
- the pulse rate is greater than 120 beats per minute;
- there are rapid breaths of 30 breaths per minute.

In the case of a severe asthma attack, first aiders should do the following:

- call the emergency services;
- stay with the boy;
- keep trying the relief inhaler every 5–10 minutes (do not worry about overdosing);
- inform the parents and matron immediately.

iv) Epilepsy

Managing epilepsy in the School

Epilepsy is a neurological condition characterised by recurrent seizures. There are many different types of seizure, the nature, frequency and severity of which vary greatly between individuals.

Parents must inform the School if their son has confirmed epilepsy and give the school details on any known triggers to epileptic seizures (e.g. flickering lights, video games, and computer graphics) so that these can be incorporated into risk assessments. If a boy with epilepsy joins a residential school trip, the trip leader will liaise with the School matron and/ or the boy's parents to ascertain the correct management strategy, which will be included in the trip risk assessment.

If the doctor prescribes rectal diazepam, the medication should be given to the Deputy Head and will be stored in the fridge in the Staff Room. All medication given, observations made by those administering it and details of action taken must be recorded in the boy's individual medical file.

Action for the care of someone with epilepsy

Epilepsy is normally controlled by daily medication taken at home. The following advice has been drawn up to give guidance should a seizure occur at School. The action during and after the seizure will depend on the seizure type.

Absence seizure: signs and symptoms

Symptoms are varied and individual to the student. They may include a lapse of awareness, a blank look or staring and/ or twitching or blinking:

- stay calm;
- guide the sufferer away from any danger;
- reassure the sufferer;
- make a note of what happened;
- inform matron and parents.

Tonic-clonic seizure: signs and symptoms

- Staring
- Stiffening of the body
- Possible blueness around the mouth
- Jerking movements of the body
- Strange sounds, dribble or incontinence

After a few minutes, the seizure usually slows down or stops.

Symptoms afterwards include drowsiness, confusion, headaches and a desire to sleep.

Most seizures happen without warning, last only a short time and stop without any special treatment. Most sufferers do not come to any harm in a seizure and do not usually need to go to hospital or see a doctor.

Initial action

- Stay calm.
- Get help by telephoning:
 - during school hours – School Office
 - school trips – trip leader
- Prevent others from crowding around.
- Put something soft under the person's head to prevent injury.
- Only move them if there is a risk of injury; e.g. in a road, on the top of stairs.
- Move things away from them that may cause injury.
- Do **not** attempt to restrain the convulsive movements, allow the seizure to take its course.
- Do **not** put anything in the person's mouth.

Further action to be taken by first aiders/person-in-charge

- Allow the seizure to stop. Roll the person, if possible, onto their side into the recovery position.
- Wipe away any excess saliva and if breathing is laboured check that nothing is blocking the throat such as food.
- Do all you can to minimise embarrassment. If the person has been incontinent, deal with this as privately as possible.
- Stay with the person, giving reassurance until they have fully recovered.

An ambulance should be called if the following occurs

- A sufferer has trouble breathing after a seizure.
- One seizure immediately follows another or the seizure lasts more than 5 minutes and you do not know how long they usually last.
- The seizure continues for longer than is usual for that person.

Further action to be taken by first aiders/person-in-charge

- Place sufferer in recovery position.
- Call an ambulance. When an ambulance is called, a responsible adult should accompany the sufferer and the parent should be informed.
- Monitor the sufferer closely until paramedic help arrives.
- The first aiders/person-in-charge should give a detailed hand over to the paramedics/parents.
- A de-briefing session should be offered afterwards to everyone involved.

This should ensure that appropriate care is given to any adult or any boy who experiences an epileptic seizure while under the care of the School.

TRAINED FIRST AIDERS

The following members of staff are qualified first aiders and have training refreshed at least every three years.

Staff member	Qualification	Date of qualification	Date of renewal
C Bidie	Emergency Paediatric First Aid	September 2024	September 2027
A Etemadi	Emergency Paediatric First Aid	September 2024	September 2027
E Forman	Emergency Paediatric First Aid	September 2024	September 2027
J Gardiner	Emergency Paediatric First Aid	September 2024	September 2027
M Gilfeather	Emergency Paediatric First Aid	September 2024	September 2027
F Kaye	Emergency Paediatric First Aid	September 2024	September 2027
R Mannering	Emergency Paediatric First Aid	September 2024	September 2027
C Oldfield	Emergency Paediatric First Aid	September 2024	September 2027
F Schirone	Emergency Paediatric First Aid	September 2024	September 2027
H Skelly	Emergency Paediatric First Aid	September 2024	September 2027
E Stanley-Evans	Emergency Paediatric First Aid	September 2024	September 2027
P Sullivan	Emergency Paediatric First Aid	September 2024	September 2027
I Tanna	Emergency Paediatric First Aid	September 2024	September 2027
A Thomas	Emergency Paediatric First Aid	September 2024	September 2027
T Vogiatzis	Emergency Paediatric First Aid	September 2024	September 2027
M Walters	Emergency Paediatric First Aid	September 2024	September 2027
P Whittock	Emergency Paediatric First Aid	September 2024	September 2027