FIRST AID POLICY

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Authorisation by resolution of:	Governors	Date of next review:	May 2027

This policy outlines the School's provision of First Aid for its employees and pupils.

Facilities in the Pre-Prep School
There is a first aid kit located in the visitor's reception in addition to a phone and space for a boy to lie down if required. There are toilet facilities directly adjacent to the visitor's reception.

Facilities in the Prep School
The School medical room is located on the third floor in the boarding house. It is accessible via the lift. It has medical equipment (in locked cupboards), phone and a bed. There are toilet facilities directly adjacent to the medical room. Additional medical supplies are stored in the adjacent boarding staff room (in locked cupboards). There is a separate office, used by the School Counsellor, to provide for boys' therapy needs.

Important contacts

Head of Pre-Prep Juliet Rodger **Email** jrodger@choirschool.com **Tel** 07905 178 327 **Deputy Head (Pastoral)** Emily Auger **Email** eauger@choirschool.com **Tel** 07908 481 710 **School matrons** Tiffany Bogle **Email** tbogle@choirschool.com **Tel** 07961 579 840 Zusanna Klaus **Email** zklaus@choirschool.com **Tel** 07961 579 840	**School doctor** Dr Ash Thakore / Dr James Thaxtor Victoria Medical Centre **Tel** 020 7834 2298 **NHS Direct** **Tel** 0845 4647 **Accident and emergency** St Thomas' Hospital Westminster Bridge Road London SE1 7EH **To call an ambulance** Dial 999 and ask for an ambulance. An ambulance should be called if a staff member deems the situation potentially life-threatening (for example anaphylactic shock or a serious neck injury) and/or if moving the casualty may cause further damage, or the injury to worsen

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 ISI regulatory handbook paragraphs 159-162 and the DfE document *Guidance on First Aid for Schools*.

Management of first aid
The School has two 'matrons', one of whom will always be available between Sunday at 9.45am and Friday at 6.45 pm, with access to the medical room. In addition, the School has a number of academic staff who are fully first aid trained to ensure that there are first aiders to hand whenever staff or boys are at School or on trips. First aid provision is part of health and safety and is therefore managed on a day-to-day basis by the Deputy Head (Pastoral). The School has close contact with the Victoria Medical Centre.

Early Years Foundation Stage
At WCCS, boys in Reception (aged 4&5 years) are categorised as being in the Early Years Foundation Stage (EYFS). In accordance with the EYFS Statutory framework, three members of staff are trained in paediatric first aid (PFA), one of whom is always on the School premises and available at all times, and one of whom will accompany Reception boys on outings.

Prescription medicines are not administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist, and medicines containing aspirin will only be given to a boy in Reception if prescribed by a doctor.

The School's duty of care and extent of training
The School has a responsibility to provide first aid to its employees and the pupils of the School. First aiders at the School have all received the full first aid at work (3 day course) qualification from the St John Ambulance. This training comprises the following:

The role of the first aider
Managing an emergency
Communication and casualty care
Asthma
Bleeding (minor and severe)
Bone, muscle and joint injuries
Burns and scalds
Chest pains (including heart attack)
Choking (adult)
Eye injuries
Fainting
Head injuries
Health and safety (first aid) regulations
Low blood sugar
Poisoning
Resuscitation (adult CPR)
Seizures (adult)
Severe allergic reaction
Shock
Spinal injuries
Stroke
Unconscious casualty

Staff who have received further medical training and full details of current training can be found in Appendix 2.

First aid kits
First aid kits should contain the following items:[1]

- a first aid information leaflet;
- 20 individually-wrapped sterile adhesive dressings (i.e. plasters);

[1] See First aid in schools, early years and further education - GOV.UK

- two sterile eye pads;
- four individually-wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sizes (approximately (12 cm × 12cm) individually-wrapped sterile unmedicated wound dressings);
- two large (approximated 18 cm × 18 cm) sterile individually-wrapped unmedicated wound dressings;
- one pair of disposable gloves.

First aid kits can be found in strategic locations in the School: see Appendix 3. First aid kits are always taken when boys go off-site for fixtures, trips, etc.

The School doctor
The School doctor is Dr Ash Thakore, registered GP at the Victoria Medical Centre.

Tel 020 7834 2298

The School doctor visits on a fortnightly basis to assess the health and well-being of the boarding choristers.

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.

Record keeping in the Pre-Prep School
Written records of all treated accidents and injuries are kept in the medical diary in the visitors' reception, including any visits to hospital. The School keeps a written record each time a medicine is administered to any pupil.

Record keeping in the Prep School
Written records of all treated accidents and injuries are kept in the medical diary in the medical room. In the case of injuries requiring hospital treatment, records are kept in the green accident book in the medical room. The School keeps a written record each time a medicine is administered to any pupil.

Major injuries
Whenever a major injury occurs to a member of staff or boy, the Deputy Head (Pastoral) 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.

The reporting of information to the HSE is the responsibility of the Deputy Head (Pastoral).

Informing parents

A Matron, or the Pre-Prep Receptionist, will inform parents and/or carers of any accident or injury sustained by a boy on the same day as, or as soon as reasonably practicable after, and of any first aid treatment or medicine given.

Parents will be informed of any significant injury, illness or concerns about a boy's health. One of the boy's parents will be informed immediately of any head injuries requiring treatment, regardless of the severity.

Parents can contact the School matron at any time:

Tel 07961 579 840

Parents in the Pre-Prep School can contact the Receptionist between 9.00 am – 5.00pm

Tel 0203 196 4920

Administration of medication and parental permission/medical records in the Pre-Prep School:
All medication for pupils should be given by parents to the Class Teacher with full written instructions for its administration. Medication is kept in the staff room, which is out-of-bounds to boys. Written parental consent is required before medication is given. The School does not allow the boys in the Pre-Prep to self-administer medication. The School requests that parents update medical records annually.

Administration of medication and parental permission/medical records in the Prep School:
All medication for pupils should be given by parents to the School matron with full instructions for its administration. Medication is kept locked in the medical room, which is also locked when not in use. Parental consent is required before medication is given. The School does not allow the 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.

Specific medical conditions
Parents should write to the Head of Pre-Prep or Deputy Head (Pastoral) if their son is diagnosed with a specific medical condition, such as asthma or epilepsy. The Head of Pre-Prep or Deputy Head (Pastoral) will notify all medical staff, teaching staff or other staff (e.g. in the School kitchen), 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. For specific guidance on the most common specific medical conditions – allergies, diabetes, asthma and epilepsy – see Appendix 4.

Body fluids spillage and waste disposal
Any spillage of body fluids must be cleaned up immediately. The domestic staff are well-practised in handling such situations and academic staff should inform them as soon as a spill occurs during the School day. The Boarding Staff, particularly those on overnight duty will, from time to time, also need to address such a situation. When addressing bodily fluids spillage and waste disposal all staff must wear appropriate personal protective equipment: disposable gloves at all times (and disposable apron, face masks and over-shoes if necessary). Bodily fluids spillage and waste disposal kits are located under the sink in the medical room. The quantity of medical waste from the School

is very small – therefore it is acceptable for this waste to be bagged and disposed of with the normal waste. There is a sharps bin located in the medical room.

APPENDIX 1

FIRST AIDER ON DUTY: ROLES AND RESPONSIBILITIES

Coming on duty

- Obtain the matron mobile phone and medical room keys.
- Complete handover with off-going matron/first aider, checking:
  - any convalescents in medical room/boarding house;
  - any boys awaiting collection;
  - any current incidents of the same day or preceding night of note.
- Read the medical book to gain a detailed overview of recent events.

Whilst on duty

- Remain on site at all times.
- Always answer the matron mobile when it rings, however inconvenient.
- Treat people as necessary, using the School first aid kits (for locations, see Appendix 3).
- Record all injuries (minor and major) in the medical diary as soon as possible after treatment.
- Keep the medical cupboards locked when not in use.
- Keep the medical room door locked when not in use.
- If you have treated a boy, especially if it is a significant illness/injury, phone the parents/ guardian personally; do not delegate this.
- Always notify the parents of a boy who has sustained a significant injury *before he leaves School.*

Hospital treatment

- If you think there is even a slight need for the boy to see a doctor or requires a visit to a hospital, then err on the side of caution and arrange for this to happen. (The Director of Studies, or, in his absence, the Deputy Head (Academic) will arrange cover for you).
- If you think a visit to the doctor is necessary but not urgent, contact the parents and liaise with them:
  - a day boy may/may not need early collection;
  - a boarder may need an appointment at the Victoria Medical Centre (020 7834 2298).

Going off duty

- Hand the matron mobile (making sure it is charged) and keys to on-coming matron/ first aider on duty – this should be done **in person.**
- Brief the first aider coming on duty of any current medical issues.
- Ensure all written records have been made (e.g. prescribed medicines, treated injuries or illnesses).

APPENDIX 2: QUALIFIED FIRST AIDERS

Staff member	Expiry date	Type of course
Tiffany Bogle	3rd June 2027	Paediatric first aid
Ivo MacGreevy	28th August 2028	First Aid for Teachers
Robert O'Brien	29th August 2027	First Aid for Teachers
Jon Jenkins	29th August 2026	First Aid for Teachers
Juliet Rodger	29th August 2026	First Aid for Teachers
Trini Woolley	29th August 2026	First Aid for Teachers
Zoe de Quintal	29th August 2026	First Aid for Teachers
Zusanna Klaus	3rd June 2027	Paediatric first aid
Dominic Hudson	28th August 2028	First Aid for Teachers
Emily Auger	28th August 2028	First Aid for Teachers
Elle Keen	28th August 2028	Paediatric first aid
Hannah Vernon	28th August 2028	First Aid for Teachers
Sophie O'Regan	29th August 2027	First Aid for Teachers
Declan Amphlett	28th August 2028	First Aid for Teachers
Thomas Auger	30th August 2028	First Aid for Teachers
Polly Sykes	30th August 2028	Paediatric first aid
Javarilo Scott	30th August 2028	First Aid for Teachers
Miranda Marvin	28th August 2028	Paediatric first aid
Joe Deery	29th August 2027	First Aid for Teachers
Thomas Roberts	29th August 2027	First Aid for Teachers
Emma Restall	30th August 2028	First Aid for Teachers
Arabella Reeve-Tucker	16th January 2029	Paediatric First Aid
Anna Rippe	29th August 2027	First Aid for Teachers

Luke Huelin	29th August 2027	First Aid for Teachers
Mark Pratt	29th August 2027	First Aid for Teachers
Zoe Ashton	16th January 2029	Paediatric First Aid
Ethan Nandlal	1st April 2029	Paediatric First Aid
Archer Delany	1st April 2029	Paediatric First Aid

APPENDIX 3: LOCATION OF FIRST AID KITS

- Deputy Head (Pastoral)'s office
- Staff room
- Kitchen
- Art room (Room 1)
- Boarding house medical room
- Science laboratory (Room 11)
- Visitor's reception (Pre-prep)

In addition, four first aid kits, reserved for off-site activities (two large ones for games activities and several smaller ones for low-risk off-site trips) are stored in the staff room.

APPENDIX 4: SPECIFIC MEDICAL CONDITIONS

Parents should write to the Head of Pre-Prep or Deputy Head (Pastoral) if their son is diagnosed with a specific medical condition, such as asthma or epilepsy. The Head of Pre-Prep or Deputy Head (Pastoral) will notify all medical, teaching staff or other staff (e.g. in the School kitchen), 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 identified box that includes the boy's photo and details of his condition**. Teaching staff will receive epipen training annually and should fully understand what procedures and protocols to follow.

The receptionist (Pre-Prep) and School matron (Prep) 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 School matron 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 Head of Pre-Prep or Deputy Head (Pastoral), with the School matron (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 School matron with a spare inhaler, which 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 there 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 will be stored by matron in the medical fridge in the Medical 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 or, in the case of boarders, under the supervision of matron or resident first aider on duty. 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 – matron
    - after School hours – matron or, in matron's absence, house master
    - 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.

v) Irregular heart condition

Part A: hypertrophic cardiomyopathy: signs and symptoms

The main symptoms associated with hypertrophic cardiomyopathy (HC) are as follows:

- chest pain;
- breathlessness;
- fatigue;
- dizziness;
- palpitations;
- fainting attacks (most commonly during exercise).

General precautions

Close supervision is required at all times during games/PE activities, including swimming.

Should the boy with HC become tired while exercising, he should be allowed to stop as often as necessary. He should not play outside for long periods during the cold weather, and should be encouraged to wear a tracksuit when playing sports outside in general, and to wear his black coat when outside during cold weather.

A boy with HC must remain well-hydrated, especially during hot weather. If he experiences any of the symptoms above, he should rest, be assessed and parents contacted for advice.

EMERGENCY – AS ADVISED BY GREAT ORMOND STREET HOSPITAL

- If the pupil collapses, but quickly recovers consciousness, medical advice should be sought – he will need medical assessment.
- If he does not recover consciousness, an ambulance should be called and he should be treated like any other pupil – breathing and pulse felt for and if present and regular he should be put into the recovery position.
- If a pulse is not present or breathing impaired and no signs of life are present, basic life support should be administered
- If in any doubt, call an ambulance.

Part B: Long QT syndrome: signs and symptoms

The main symptoms associated with Long QT syndrome are (most commonly during exercise):

- chest pain;
- breathlessness;
- fatigue;
- dizziness;
- palpitations;
- fainting attacks.

General precautions

Close supervision of a pupil with Long QT syndrome is required at all times during PE activities, including swimming. Should he become tired while exercising, he should be allowed to stop as often as necessary. He should be discouraged from excitable situations (such as competition).

If he experiences any of the symptoms indicated above, he should rest, be assessed and his parents contacted for advice. Coca-Cola is a good source of potassium salts and can be given to the boy to drink.

EMERGENCY

- If he collapses but quickly recovers consciousness medical advice should be sought – he will need medical assessment.
- If he does not recover consciousness, an ambulance should be called and he should be treated like any other pupil – breathing and pulse felt for and if present and regular he should be put into the recovery position.
- If a pulse is not present or breathing impaired and no signs of life are present, basic life support should be administered – NB: the current boy with this condition at the School is fitted with an internal defribulator, which ought to prevent this scenario.

If in any doubt, call an ambulance.