



## **WESTMINSTER ABBEY CHOIR SCHOOL**

### **S08 POLICY DOCUMENT**

#### **FIRST AID & MEDICAL CARE**

The Health and Safety (First Aid) Regulations 1981 and the Approved Code of Practice 2009 state that employers have a legal obligation to make adequate and appropriate first aid provision for staff and other workers. The Governors accept this responsibility and, in accordance with other statutory requirements, also make provision for pupils and visitors in the school's first aid arrangements. The Governors also recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (amended 2013) (RIDDOR), which apply to accidents or incidents that occur at work. This policy has regard to DfE guidance: First Aid in Schools (Feb 2014)

The school employs a qualified nurse (Matron) and an Assistant Matron to provide medical cover. A first aid qualification is not part of a nurse's training, but it is our policy that both Matrons should have undertaken a relevant first aid course and to have a number of qualified first aiders in and around the Abbey who can be called on in an emergency. In addition, most staff members are first aid trained. The Matrons are responsible for first aid arrangements and will normally take charge when someone is injured and will ensure that a doctor or an ambulance is called as appropriate.

The Education (School Premises) Regulations 2012 require every school to have a suitable room that can be used for medical treatment and for the care of pupils; it must be appropriate for first aid purposes and have a washbasin and easy access to a toilet. The school's surgery and sickbay meet this requirement and some first aid supplies are kept there. In addition, first aid kits are kept in the staff room, office and the linen room to ensure ready availability in case of need, and a kit is kept in the school minibus. It is Matron's responsibility to check the first aid supplies termly and to restock them as necessary.

Under RIDDOR the school has a duty to report any of the following if they result from accidents sustained in connection with school activities or events:

- deaths
- major injuries (including those that result from physical violence)  
(see below for definition of major injuries)
- injuries that result in an employee or a self-employed worker being away from work or unable to perform his/her normal work duties for more than 7 consecutive days
- injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital
- some work-related diseases
- dangerous occurrences: where something happens that does not result in an injury but could have done.

All major accidents and dangerous incidents must be reported immediately by the quickest practicable means to the Health and Safety Executive's Incident Contact Centre. Notifiable diseases must be reported as soon as a doctor has confirmed the disease. These and other reportable accidents must be the subject of a written report (on Form 2508) within 10 days. The Abbey's Head of Human Resources will be responsible for deciding what should be reported and for making these reports.

All accidents to pupils, employees and visitors must be recorded in the Accident Book held in the School Office and must be reported to the Headmaster and the Accountable Person for Health & Safety. One copy of the report is sent to the Abbey's Head of HR and the other copy is logged by the school's Accountable person for Health & Safety. Any first aid treatment given must be documented. The report should include:

- the date, time and location of the incident
- the name of the patient
- details of the injury and the treatment given
- the name of the person who dealt with the incident.

This information will help identify accident trends and areas for improvement in the control of health and safety risks, will act as a reference for the assessment of future first aid needs and may be useful for insurance investigation purposes.

An accident must be reported in the Accident Book if it relates to any school activity, on or off the premises, or to the way in which the activity has been organised or managed. Parents must be advised as soon as possible in the event of an accident.

Accidents in relation to curriculum sports activities on or off the premises resulting in admission to hospital must be reported to the Health and Safety Executive's Incident Contact Centre.

All members of staff will be informed of

- the school's first aid policy
- the arrangements for first aid
- the names of first aiders
- the location of first aid kits
- the policy for reporting and recording accidents.

Major injuries are defined as follows:

- fracture, other than to fingers, thumbs and toes
- amputation
- dislocation of the shoulder, hip, knee or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- any other injury leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation or requiring admittance to hospital for more than 24 hours
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent
- acute illness requiring medical treatment or loss of consciousness arising from

- absorption of any substance by inhalation, ingestion or through the skin
- acute illness requiring medical treatment where there is reason to believe that it resulted from exposure to a biological agent or its toxins or infected material.

Procedures for the administration of First Aid are set out at Annex A; the school's medicines policy at Annex B and general Medical Care at Annex C

See also The Abbey's Accident and Incident Reporting Procedure as detailed on AbbeyNet

## Annex A

### PROCEDURES FOR THE ADMINISTRATION OF 1<sup>ST</sup> AID

#### 1<sup>st</sup> Aiders

The following staff have had 1<sup>st</sup> Aid training:

| Name                       | Date of last training |
|----------------------------|-----------------------|
| Mair Hill (Matron)         | April 2022            |
| Julia Hewitt (Ass. Matron) | April 2022            |
| Chlöe Marais               | April 2022            |
| Mark Mitchell              | April 2022            |
| Alexander Voice            | April 2022            |
| Claire Davies              | April 2022            |
| James Lark                 | April 2022            |
| Ella H-Johnson             | April 2022            |
| Michael Riley              | April 2022            |
| Graça Gama                 | April 2022            |
| Lidia Dias                 | April 2022            |
| Stephen Jackson            | April 2022            |
| Jennifer Benjamin          | October 2022          |

Training is renewed at least every three years.

#### Procedure

In the event of an accident or sudden illness the following procedure is to be followed:

- Attend immediately to the injured person but **call, or get someone else to call Matron or her assistant**. The emergency shortcut number 6205 from any Abbey or school phone will divert immediately to Matron's mobile phone which she or her assistant carries 24 hours a day, 7 days a week.
- Matron or her assistant will normally take charge of the situation.
- In an emergency, if Matron cannot be raised, staff should call the school office for assistance.
- In the event of a serious accident call 999 immediately.
- In any case, if a boy is unconscious, unable to walk or a head, neck or back injury is suspected start first aid and call an ambulance immediately. Do not move

Matron/Assistant Matron will normally treat the injured person using facilities in school. If it is necessary for the casualty to go to hospital they will advise. We normally use St. Thomas' Hospital which is less than half a mile away.

### **1<sup>st</sup> Aid Kits**

Matron keeps the primary 1<sup>st</sup> Aid kit in the Linen Room, with supplies on hand in the Surgery. Other kits for general staff use are maintained in:

- The staff room
- The minibus
- The school science lab
- The Abbey (Great West Door) (maintained by the Abbey)
- The Song School
- The kitchen (maintained by Holroyd Howe Catering)
- The school office

Matron maintains all the kits not otherwise indicated to the contrary above.

Other first aid kits and defibrillators are located within the Abbey precincts

### **Arrangements for reporting accidents**

See above and in particular the reference to RIDDOR. Please note the contact details for the Health & Safety Executive: telephone 0845 300 99 23. A guide to reporting accidents and incidents at work may be found [here](#).

All accidents and associated first aid must be recorded in the accident book kept in the school office.

### **Arrangements for those with particular medical needs**

In the event of pupils (or staff) with particular medical needs, Matron will advise all staff on procedures to be followed and particular medication required. She will, in any case, brief all staff at the beginning of each term.

### **Hygiene procedures for dealing with the spillage of body fluids:**

Normally Matron will advise. She has equipment to facilitate treatment and disposal of spilt body fluids. Staff should wear adequate protection (gloves and disposable apron).

## **Annex B**

### **MEDICINES PROCEDURES**

The matron at the school is a qualified nurse registered with the NMC (Nursing and Midwifery Council) and is a member of the RCN (Royal College of Nursing). She is responsible for the overall management of medicines in the school. These duties include checking that all the medicines are the correct ones, the dosages are correct and that all medicines are in date. These checks are carried out on a monthly basis. When matron is off duty, the assistant matron is delegated to give medicines following instruction from matron.

#### **Prescription Medicines**

These medicines **must** be prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and will only be given under those circumstances. They **must** always be kept in their original container as dispensed and must have the prescriber's instructions for administration. If a prescribed medicine is brought from home it too must be in the original container. No changes will be made to dosages on parental instruction. No medicine prescribed for one boy will be given to another.

#### **Non-prescription medicines**

Parents are asked to sign a consent form giving the school permission to administer non-prescription medicines such as Calpol or cough medicines. Every administration of a medicine will be documented and if a boy is seen to be having a medicine such as Calpol fairly frequently, the parents will be notified and he will be referred to the school's medical officer.

**Following guidelines from The Department of Health (Managing Medicines in Schools and Early Years Settings) none of the boys will be given any medicines containing Aspirin or Ibuprofen unless prescribed by a doctor or parental consent has been given.**

#### **Administering Medicines**

No medicine is given without prior consent from parents. When giving medicine the following should be checked:

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

If there is any doubt about any of the above then the medicine will not be given until further information is obtained from a doctor or parent.

#### **Self-management**

Following a suitable risk assessment, boys who are considered responsible enough will be encouraged to manage some of their own medicines such as inhalers or skin creams. Inhalers should be easily available at all times to the boys who need them. If a child has an asthma attack, he needs his inhaler immediately. Skin creams may be managed by the boys if adjudged responsible enough but will be supervised and monitored regularly to ensure that the treatment is carried out correctly.

#### **Refusing Medicine**

If a boy refuses to take medicine, he should not be forced to take it. His refusal must be documented and the school's medical officer, Dr Lynn Chukuezi, and his parents informed.

### **Long Term Medical Needs**

The matron and school staff must be informed of any specific health problems **before** the child starts at the school. The school must be notified of any specific dietary needs such as food allergies, vegetarian diet etc so that the catering staff can make adequate provision.

### **Record Keeping**

A daily record will be kept of all medicines given – prescription and non-prescription. The record will include:

- name of child
- name of medicine
- dosage
- date and time
- the name of the person giving the medicine.

### **Management of Medicine**

**Safety.** All medicines may be harmful to anyone for whom they are not appropriate and all medicines will be kept in locked cupboards.

#### **Storing medicines.**

- Medicines must be stored in accordance with product instructions – e.g. do they need to be refrigerated?
- Medicines must be kept in their original packaging and clearly marked with the child's name.
- Medicines are currently kept in a locked cupboard in the linen room. Matron and the Assistant Matron both have keys. Extra medicines not currently being used are kept in a locked cupboard in the surgery, which is also locked.
- Emergency medicines such as Epi-pens are easily accessible.
- Medicines which must be refrigerated, are kept securely by matron or her assistant.
- Medicines are checked regularly and documented in a log book kept in the surgery by Matron to ensure that they are in date
- Administration of controlled drugs is documented and witnessed in the Controlled Drugs Record Book which is kept in a locked cupboard in the surgery.

#### **Disposal of medicines**

Any out of date or unused medicines will be returned to the pharmacist for safe disposal.

#### **Hygiene and infection control**

There are protective gloves and aprons available and should be used when dealing with spillages of body fluids and disposing of dressings. Hand hygiene procedures are actively encouraged.

# **Annex C**

## **HEALTHCARE:**

### **GENERAL INFORMATION AND SPECIFIC MEDICAL CONDITIONS**

#### **GENERAL INFORMATION**

##### **Facilities**

The School medical room is located on the top floor in the school. It has medical equipment (in locked cupboards), phone and an examination couch. There are toilet facilities directly adjacent to the medical room and a sick bay equipped with three beds, a basin and recreational facilities for boys recovering from illness. Additional medical supplies are stored in a locked cupboard in the linen room.

##### **On-duty Matron**

While there are several qualified first aiders at hand, there is always a designated matron on duty 24 hours a day. Normally this will be the senior Matron who has overall responsibility for all medical care within the school. She is a qualified nurse and she carries the medical phone and the keys to the surgery and the various cupboards containing medicines. She is responsible for dealing with all medical issues, taking appropriate measures and keeping the required records, though where first aid is needed it will be normally be given immediately by the nearest qualified person.

When she is off duty her role is delegated to her assistant.

##### **The School Medical Officer**

The school medical officer is Dr Lynn Chukuezi, registered GP at the Victoria Medical Centre. Tel: 020 7834 2298. All boys are registered at the Medical Centre on their arrival at the school.

The school medical officer, or a doctor within her team, usually visits on a fortnightly basis or has a telephone discussion with Matron to conduct a clinic at the school for the benefit of the pupils. Matron is additionally able to organise appointments at short notice should the need arise.

##### **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 both during the day and at night.

##### **Record keeping**

Written records of all medical care are kept in the medical file in the surgery.

##### **Specific medical conditions**

Parents are required to write to the headmaster if their son is diagnosed with a specific medical condition, such as asthma or epilepsy. He will notify the matrons, teaching staff and any other relevant staff (e.g. in the School kitchen), and Matron will 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/she 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 below).



**Hospital treatment**

If Matron, or in her absence any member of staff, believes that there is even a slight need for the boy to see a doctor or that he requires a visit to a hospital, they are encouraged to err on the side of caution and arrange for this to happen. Matron arranges all routine contact with the doctor but any member of staff should feel able to refer a boy to A & E especially if Matron is not present. Normally they will inform the headmaster or his deputy who will make arrangements for the boy to be taken to St. Thomas' Hospital (or indeed the nearest A & E department) and his parents to be informed at the earliest opportunity. A file of essential information to be taken with a boy as he goes to hospital is kept in the top drawer of the filing cabinet in the school office for ease of access.

**Mental health and emotional well-being**

Besides the nurture that can be given within school, Matron is also able to refer any concerns to specialists through the GP. We have access to a counselling service and referrals can also be made to specialists in mental health. Staff are encouraged to make use of this system and express any concerns at an early stage through the weekly welfare meeting.

## SPECIFIC MEDICAL CONDITIONS

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### 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.** Teaching staff will receive epipen training regularly and should fully understand what procedures and protocols to follow.

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

#### Anaphylaxis procedure

A guide to recognising and treating an incident of anaphylactic shock

#### Recognising Anaphylactic shock

Some of the signs to look out for are:

- Difficulty in breathing or swallowing
- A sudden weariness or floppiness
- A steady deterioration
- \*a weak, fast pulse **or** a very slow pulse\*
- Stridor due to swelling of the throat and tongue
- An audible wheeze

\*A fainting child will have a strong carotid pulse, unlike a child in anaphylactic shock\*

#### Initial treatment

Any of the above symptoms are serious and adrenaline (Epi-Pen) must be administered immediately and an ambulance called for. Watch the child closely for any signs of deterioration. There should be a rapid improvement following the administration of adrenaline. If this is not the case, a second injection may be given within 5 – 10 minutes.

**Do not** allow the patient to stand up, or move to a sitting position too quickly as this can be very dangerous. Lie the patient down and raise his legs. If he shows signs of nausea or vomiting, lie

him on his side. A common symptom in children is difficulty in breathing. If this is the case, help him gently to sit up – no sudden movements. If he is feeling weak and floppy, let him lie down flat and raise his legs. Monitor his breathing while he is in this position. Keep the child calm and give reassurance while waiting for the ambulance.

Anyone suffering an anaphylactic shock must be taken to hospital by ambulance.

## **ii) Diabetes**

Those with diabetes are likely to suffer from **hypoglycaemia** (low blood sugar) or **hyperglycaemia**. This can be determined by the patient taking a simple blood test which they may be capable of doing themselves with staff supervision.

For tours or off-site trips, a management strategy will be put in place beforehand and this will be included in the risk assessment.

**Hypos** are unexpected and sudden episodes probably brought on by not eating enough, lack of carbohydrates or strenuous exercise.

The patient may be pale, sweaty, shivery, look pale, feel hungry and have difficulty concentrating.

They should be encouraged to eat and drink and drink high sugar products.

**Hyper** symptoms appear more slowly and build up over time. The patient may feel thirsty, tired and nauseous. He/she should be encouraged to rest and if the blood test shows a high blood sugar level (15 and over) an insulin injection may be administered under supervision.

## **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 Matron with a spare inhaler, which will be kept in the linen room in a clearly named box. Inhalers should be taken to games sessions and on educational trips.

The school:

- recognises that asthma is a serious but controllable condition
- welcomes pupils with asthma and encourages them to achieve their potential in all aspects of school life including singing in the choir, PE, visits and field trips
- keeps a record of all boys with asthma and their medication
- ensures that all staff know what to do if a boy has an asthma attack
- will work in partnership with parents, doctors and asthma nurses to ensure that the policy is implemented and maintained successfully.

Boys with asthma are encouraged to participate fully in games lessons. They will be reminded to use their inhalers before the lesson. Inhalers should be taken to the lesson.

The school management does all it can to ensure a safe environment for all pupils. There are no furry and feathery animals and there is a strict no-smoking policy. As far as possible, chemicals that could be a trigger to a reaction are not used in science or art lessons. If there is a reaction, boys are encouraged to leave the room

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 should be able to 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.

### **Procedure for dealing with an asthma attack**

When an asthma attack occurs, the boy should use his blue inhaler and matron will be called

The signs of an asthma attack include:

- coughing
- shortness of breath
- wheeziness
- a tight feeling in the chest
- being unusually quiet

### **How to treat an asthma attack**

- let the boy sit (not lie) in a comfortable position
- encourage him to breathe slowly and lower his shoulders
- loosen tight clothing
- give blue spacer immediately with a spacer if used and if readily available. This can be repeated every 5-10 minutes without fear of overdosing

An asthma attack should be deemed severe if:

- the relief medication does not work
- the boy is too breathless to speak normally
- there is a blue tinge around the mouth
- there is a rapid pulse (over 120 beats per minute)
- breathing is rapid (30 breaths per minute)

In the case of a severe asthma attack:

- Call the emergency services
- Stay with the boy and keep him calm
- Inform the parents (and Matron) immediately

#### **iv) Epilepsy**

The school

- recognises that epilepsy is a common condition affecting children
- welcomes pupils who have epilepsy and encourages them to fulfil their full potential in all aspects of school life
- will be aware of how his epilepsy may affect the school life of the pupil
  
- All members of staff are aware of first aid issues
- Medicine will be administered by Matron (delegated to the Assistant matron in Matron's absence) and stored in a locked cupboard
- Spare medicines will be stored in a locked cupboard in the surgery

Pupils with epilepsy are encouraged to participate fully in games lessons.

The school recognises the importance of a supportive school environment for children with epilepsy. There are beds available in Sick Bay where the child can have supervised rest following an episode.

Matron has overall responsibility for monitoring the care of boys with epilepsy.

All members of staff have a responsibility to make themselves aware of the school epilepsy policy.

This policy applies equally within the school or when the child is involved in any activity organised by the school – including field trips and tours. Any concerns that are held by anyone involved, including the child will be addressed beforehand.

The most common types and symptoms of seizure are:

##### **Absence seizure**

Symptoms might include

- Losing awareness of surroundings
- Staring
- Swallowing repeatedly
- Chewing
- Fidgeting with clothing
- Flickering eyelids

##### **Tonic-clonic seizure**

Symptoms might include

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

## **In the event of a seizure:**

### **DO...**

- Guide the child away from danger
- Stay with the child until recovery is complete
- Be calm and reassuring
- Explain everything that he might have missed
- Cover him with a blanket to avoid potential embarrassment (he may be incontinent during a seizure)
- Put something soft under his head
- Prevent others from crowding around

### **DON'T....**

- Restrain the child
- Attempt to put anything in his mouth
- Act in a way that might frighten him (abrupt movement or loud noise)
- Assume that the child is aware of what is happening
- Give anything to eat or drink until he is fully recovered
- Attempt to bring him round

### **CALL FOR AN AMBULANCE IF....**

- You know it is his first seizure
- The seizure continues for more than five minutes
- One seizure follows another
- The child is injured during the seizure
- You believe that the child need urgent medical attention
- If he has difficulty breathing and you suspect that there is an obstruction to his airway