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## FIRST AID POLICY

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This policy relates to all sections and activities of the school e.g. Senior School, Junior School (including EYFS), Wrap around Care, Offsite Activities and School run Holiday Activities or Clubs.

This policy should be read in conjunction with the following School policies:

- Administration of Medicines in School
- Intimate Care (Junior School)
- Medical Conditions
- Wellbeing and Positive Mental Health

This policy has regard to the DfE Guidance on First Aid for Schools (2000 – last updated 14 February 2022).

### **1 AIMS**

#### **1.1** The aims of First Aid:

- To preserve life.
- To limit the effects of the condition.
- To promote recovery.

### **2 DEFINITION**

#### **2.1** First Aid is the initial assistance and treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance, doctor or other qualified person.

### **3 RESPONSIBILITIES**

#### **3.1 The Board of Governors**

The responsibility for Health and Safety, which includes First Aid, rests with the Board of Governors. Based on a risk assessment of the School this includes:

- The number of first aiders/appointed persons.
- Numbers and locations of first aid containers.
- Arrangements for off-site activities/trips.
- Out of school hour's arrangements, e.g. lettings, Parent-Teacher Consultation Evenings, etc.
- Insurance arrangements which provide full cover for staff acting within the scope of their employment.

#### **3.2 The Head**

The Head is responsible for putting the Board of Governor's policy into practice and for developing detailed procedures.

#### **3.3 Teachers and other school staff**

Teachers and other staff in charge of pupils are expected to use their 'best endeavours' at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

#### **3.4 First Aiders**

First Aiders must complete a training course approved by the Health and Safety Executive (HSE). Emergency First Aid qualifications, Asthma and Anaphylaxis Training are refreshed every three years, Paediatric First Aid and three-day HSE First Aid at Work qualifications are valid for three years.

The main duties of a first aider are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.

#### **3.5 Appointed Person**

**3.5.1** An appointed person is someone who:

- Takes charge when someone is injured or becomes ill.
- Looks after first aid equipment e.g. restocking the first-aid container.
- Ensures that an ambulance or other professional help is summoned when appropriate.

**3.5.2** The appointed person at the Senior School is Linda Ward, Senior School Secretary, and at the Junior School is Jodie Mason, Junior School Secretary. Both have been trained in first aid and hold the Three-Day Emergency First Aid qualification.

## **4 IMPLEMENTATION**

### **4.1 Staffing**

In line with guidance provided by the Health and Safety Commission (HSC), the number of staff with a first aid qualification should be greater than one per 100 staff and pupils on each site. Those staff who undertake training to become first-aiders do so on a voluntary basis.

**4.2** A qualified first-aider is present on each site when children are present. This includes the provision of first aid cover as part of wrap around care and at lunchtimes and breaks. In the Junior School at least one person with a paediatric first aid qualification will be present and available at all times when children are on the premises.

**4.3** Signs indicating those staff with first aid qualifications are displayed in various locations throughout the school.

**4.4** First Aid provision will be provided, where possible, on all off-site activities. Where this is not possible members of staff accompanying the activity will carry mobile phones in order that assistance can be summoned or advice sought, if necessary, from the emergency services or qualified medical staff. A qualified paediatric first aider will accompany all off-site activities involving Early Years Foundation Stage (EYFS) children.

**4.5** Those staff with current first aid qualifications, including paediatric first aid, are listed in Appendix 1.

### **4.6 Accidents on School Premises**

In the event of a serious injury or illness contact the School Office who will send a qualified First Aider to come and assess the injuries. A list of First Aid trained staff is held in both the School Offices and included in Appendix 1.

**4.7** In the unlikely event of a First Aid trained staff member being unavailable, then the member of staff responsible for the ill or injured person must personally carry out the 'General Procedure for All Accidents' (below).

### **4.8 Accidents off School Premises**

This section applies to all off-site activities including excursions, expeditions and all sporting activities which take place off site. In planning and participating in outings and trips, staff should follow the Health and Safety – School Trips Policy.

**4.9** Where the accident occurs off-site, the member of staff responsible for the ill or injured person must personally carry out the 'General Procedure for All Accidents' (below).

**4.10** A referee in solo charge of a practice should stop the match/training and look after the injured player.

**4.11** During expeditions, camps etc. staff must ensure that they know the locations and telephone numbers of the nearest hospital/surgery. All staff should be briefed on the actions to take in the event of an accident. Accident Report Forms (see Appendix A of the Health and Safety Policy) should be submitted to School via email.

### **4.12 General Procedure for All Accidents**

If the injury is serious an ambulance should be called immediately and it is important that the parents are contacted. In the case of a serious injury, this contact is best made by a senior member of staff, who will need to be informed of the injured pupil's name, the hospital to which admitted and details of the accident and injuries. If the parents cannot be contacted then the pupil's emergency number should be telephoned. If the parents (or their representative) can still not be contacted, a member of staff must accompany the pupil to hospital and remain there until a parent or other responsible adult arrives.

**4.13** Any injuries to EYFS pupils which result in a hospital visit must be reported to First Contact by the School's Designated Safeguarding Lead (DSL) or the Deputy Designated Safeguarding Lead (DDSL), current contact information can be found in the Child Protection (Safeguarding) Policy, and advice will be given from First Contact as to whether further action is required.

**4.14** In cases where serious injury or death of a child occurs the incident must be reported to the Local Area Designated Officer (LADO) by the School's Designated Safeguarding Lead (DSL).

- 4.15** For a less serious injury, but one which requires hospital treatment or it is considered inadvisable that the pupil should travel home by public transport, the parents should be contacted and asked to come and collect their child. If the parents cannot be contacted the emergency contact number should be phoned. A member of staff must remain with the pupil at all times until the parent or the child's emergency contact person is present.
- 4.16** For a minor injury, but one about which the member of staff feels the parents should be informed, the pupil should go home by the usual method. Pupils at the Junior School take with them a standard school form signed by the member of staff concerned. Alternatively, and always at the Senior School, the member of staff should contact the parents by telephone or via email.
- 4.17** All minor injuries in the Junior School must be reported to parents. A copy of the form sent to parents must be kept on file. All first aid administered at the Senior School must be recorded on the medical sheets.
- 4.18** Only qualified members of staff should administer necessary First Aid and should not act outside their range of competence.
- 4.19** At all times members of staff are expected to use their own professional judgment and to err on the side of caution.

## **5 FIRST AID EQUIPMENT**

**5.1** First Aid cabinets are situated in the School Office on both sites. The cabinets are marked with a white cross on a green background.

**5.2** First aid containers are situated:

### **Senior School**

Kitchen Pantry  
Science Prep Room  
Design Technology Room  
Art Room  
Reception desk in Entrance Hall  
Music School  
Sports Hall

### **Junior School**

Kitchen  
Medical Room

- 5.3** In addition all minibuses contain First Aid containers and portable containers are available for PE staff and other off-site activities. A first aid container must be taken by members of staff when working with pupils off-site. All first aid containers are marked with a white cross on a green or orange background. For off-site visits these are carried within other bags.
- 5.4** First aid containers are called in at the end of every term for checking and re-stocking by the appointed persons. Those that are received in the Senior School office are checked, re-stocked and returned to the staffroom for collection. (If staff request supplies during the term, these supplies are given out as soon as possible). It is the responsibility of the appointed person to restock first aid cabinets and first aid containers as soon as possible after use. First aid containers must not contain medications including those used for pain relief e.g. paracetamol.
- 5.5** Stretchers are available in the Sports Hall and boys changing room on the Senior School site and in the Barn at the Junior School. These are visually checked annually by the appointed persons.

## **6 HYGIENE PROTOCOLS WHEN DEALING WITH BODILY FLUIDS**

- 6.1** All staff should take precautions to avoid cross infection and follow basic hygiene procedures. Staff have access to appropriate Personal Protective Equipment (PPE) including waterproof aprons and single-use disposable gloves. Staff dealing with an incident must ensure that their own cuts and grazes are covered.
- 6.2** Care must be taken when dealing with blood or other body fluids and disposing of dressings or equipment. Containers containing absorbent powder, antibacterial sprays and disposable scrapers along with PPE are available in both School Offices to mop up spillages of body fluids e.g. urine and vomit. All contaminated waste must be disposed of appropriately.

## **7 WHEN TO CALL AN AMBULANCE**

**7.1** An ambulance should be called, by dialing 999, in the following circumstances:

- Where an injury cannot be controlled e.g. uncontrolled bleeding from an external wound or from a body cavity (e.g. mouth, nose, ear, rectum or vagina).
- Signs of stroke (face drooped, arm limp, speech slurred) or heart attack (pain in chest, pain in jaw or left arm).
- Signs of poisoning or drug overdose.
- Where someone is trapped, unconscious or has severe back pain.
- Sign of attempted suicide.
- Injury caused by electric shock.

- Drowning.
- Extreme hypothermia.

**7.2** Where a child has sustained an injury that requires them to be taken to hospital then the parents should be contacted to take them where practicable. No child should travel alone to hospital. Where a parent is unable to accompany a child, then a member of staff must accompany the child to hospital.

## **8 RECORDING AND REPORTING INCIDENTS**

**8.1** Any occurrence requiring first aid is regarded as an incident. The school keeps a record of any first aid that is given to a pupil. This includes:

- The date, time and place of the incident.
- The name and class/form of the injured person.
- Details of the injury/illness and what first aid was given.
- What happened to the person afterwards (e.g. returned to class, resumed normal duties, went home, and went to hospital).
- Name and signature of first aider.

**8.2** Junior School parents are given a copy of this information on the same day, when they collect their child at the end of School/Session 6.

**8.3** Incident sheets are kept in the Senior School and Junior School Offices and incident books by the PE & Games, Science, Art and Design Technology departments.

**8.4** In the case of head injuries, parents must be informed immediately, by phone, and invited to assess for themselves the condition of their child. All children who have received a head injury will be issued with a card outlining symptoms which, if observed, should be reported immediately to the Office and the child taken to an A&E department by parents. In addition, Junior School children are also identified by a sticker. On both sites, parents will be issued with information concerning the symptoms which, if observed, indicate urgent medical intervention is necessary.

**8.5** Full details of accidents which may need reporting to the HSE under RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) can be found in the Health and Safety Policy.

## **9 ARRANGEMENTS FOR PUPILS WITH PARTICULAR MEDICAL CONDITIONS**

**9.1** Parents are asked to specify if their child has any particular medical conditions (e.g. asthma, epilepsy, diabetes) on entry to school through interview and on the registration form. Parents are expected to notify the school if their child develops a particular medical condition.

**9.2** Children identified with a particular medical condition are included on ISAMS. Copies of the list are kept in staffrooms and the School Offices. The list is updated termly.

**9.3** Where a child has a long-term or complex medical need the school will draw up a health care plan in consultation with parents and relevant health professionals, if required.

**9.4** Parents of children who need to carry medication with them must complete the 'Request for child to carry his/her medicine' Form (please refer to the appendix of the Administration of Medicines in School policy).

**9.5** Children who carry Epipens are identified by means of a photo in the staffrooms and kitchens on both sites.

**9.6** Epipens and inhalers may be carried by children at the Senior School. Extra Epipens and inhalers are kept in the School Office. In the Junior School, Epipens and Inhalers are kept by the class teacher in the classroom. Spare Epipens and Inhalers are kept in the School Office. Epipens and Inhalers must be taken on any off-site visit including sports fixtures.

**9.7** Staff who have training in the administration of Epipens are listed in Appendix 1.

Reviewed by: Dr R Ashcroft, Miss L Ward and Mr S Haywood  
November 2024

Ratified by: The Health & Safety Committee of the Board of Governors  
November 2024

## APPENDIX 1 - LIST OF AUTHORISED FIRST AIDERS

Roles of staff present (e.g teaching/support/pastoral)	Additional information if applicable	Date	Summary of content	Provider
<b>First Aid related courses</b>				
Marie Sweeney Lynzey Spencer-Crabb Clare Fraser Ian Palmer Paul Heaton Janet Smart Rebecca Ashcroft Sam Lindsay-Symington Julie Turnbull Marie Lithgo Claire Thompson Heidi Garrett Tom Thorogood	teaching/ support/ pastoral	10/21 11/21 12/21 2/22 7/22 9/22 9/22 11/22 11/22 3/23 3/23 10/23 9/24	Emergency First Aid at Work – 1-day course	Langtons/HELP! v v v v v v v v v v v v British Red Cross HELP !
Ian Barnbrook McKay Claire Reily Jill Kears Lisa Simpson Lucy Waldock Cheryl Ford Jane Jackson Rosie Farrell Sam Heap Nicola Cooper Tracy Watson Rachel Dring Alexandra Cummings Kate Mochnacz	Support/ teaching	1/24 4/24 5/24 6/24 12/21 2/22 4/22 10/22 11/22 3/23 5/23 3/23 5/23 11/23	2-day paediatric First Aid	Langtons/HELP! v v v v v v v St John's Ambulance Langtons/HELP! v v v v
Linda Ward Sophie Williamson Simon Haywood Jodie Mason	Support/ teaching	26/1/22 26/1/22 9/3/22 24/1/24	3-day First Aid at Work	Langtons v v HELP!
Ann Morton Lisa Simpson Linda Ward Ian Barnbrook McKay Julie McGuire Rebecca Ashcroft Jodie Mason	Support/ teaching	9/24 10/24 4/24 08/24 6/24 4/24 2/24	Administration of Medication in an Educational Setting	SSSLearning
Rachel Dring Lara Roberts Colette Fryer Heidi Garrett Steven Kears Victoria McGuire Emma Pailor Eileen Auty Claire Bellerby Nicola Ashton Graeme Butterfield Celia Gaunt Ann Morton Julie Gresswell Sarah Tomlinson Craig Johnson Stephen Heron Sara Storm Ian Maude Julie McGuire Vicky Smith	Support/ teaching	2/23 5/23 5/23 4/23 4/23 5/23 5/23 5/23 5/23 5/23 5/23 5/23 5/23 5/23 5/23 4/23 4/23 7/23 5/23 9/22 5/23 1/24	First Aid Basics (2 years)	SSSLearning

## **ASTHMA**

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### **1 INTRODUCTION**

**1.1** This policy relates to all sections and activities of the school e.g. the Senior School, the Junior School (including EYFS), Wrap around Care, Offsite Activities and School run Holiday Activities or Clubs.

Red House recognises that many pupils suffer from asthma and that it is a widespread, serious but controllable condition. All pupils with asthma are welcome at School and encouraged to achieve their potential in all aspects of school life.

### **2 RECORD KEEPING**

**2.1** When a child joins the School, parents are asked if their child has any medical concerns, including asthma. This information is recorded on iSAMS.

**2.2** All children with asthma are recorded on an asthma register which is in the staffroom and is available to all staff.

**2.3** Parents are asked to complete the Health Care Plan within the Medical Conditions Policy, which details dose/timings for medication, parental permission to administer inhalers as necessary and parental responsibilities.

**2.4** At the Junior School a log is kept of all medication taken.

### **3 EXERCISE AND PE**

**3.1** Taking part in sports, games and activities is an essential part of school life for all pupils. Pupils with asthma are encouraged to participate fully in all sporting activities. Teachers must be aware of children from their class who have asthma.

**3.2** Children must be reminded to take their reliever inhalers (blue) with them to PE lessons, sports practices and competitions / matches. First aid kits used by PE staff contain emergency inhalers.

**3.3** Some children need to take their blue reliever inhaler about 15 minutes before any activity or exercise.

### **4 CO-CURRICULAR ACTIVITIES**

**4.1** All teachers/coaches must be aware of children who have asthma in their groups. Teachers/coaches must be aware of what to do in the event of an asthma attack.

### **5 SCHOOL ENVIRONMENT**

**5.1** A no smoking policy is in operation throughout the school buildings and its grounds. As far as possible the school uses no chemicals in science/art/DT which could be potential triggers. Pupils would be encouraged to leave a room if particular fumes trigger their asthma, e.g. aerosol.

### **6 PUPILS FALLING BEHIND IN LESSONS**

**6.1** If a pupil is missing a lot of time at school, or is particularly tired because of disturbed sleep, the class teacher / form tutor should:

- Contact the child's parent discuss strategies to avoid the child falling behind.
- Discuss the position with the child's asthma nurse.
- Raise the child's medical condition in pupil progress meetings.

### **7 TRAINING**

**7.1** Staff are given regular training on asthma from the asthma specialist nurse.

### **8 ASTHMA MEDICINES/RELIEVER INHALER (USUALLY BLUE)**

**8.1** Ensure the pupil takes his/her reliever inhaler (blue) immediately when needed for symptoms of cough, wheeze or breathlessness.

**8.2** Emergency inhalers and a spacer are available in the Senior School and the Junior School Offices. These are only to be used on pupils that have been prescribed an inhaler but do not have their inhaler with them or a spare in the Office.

**8.3** Encourage the pupil to sit up and tell them to take slow steady breaths and ensure any tight clothing is loosened – discourage them from lying down. If there is no immediate improvement and the child's symptoms are getting worse, encourage the pupil to continue to take one puff of his/her inhaler with every five breaths or until symptoms improve (up to 10 puffs in total).

**8.4** If the symptoms do not improve in 10-15 minutes – or you are in doubt – call 999 or a doctor urgently.

The pupil should continue to use the blue inhaler until the ambulance arrives.

## **9 WHAT TO DO IF A CHILD HAS AN ASTHMA ATTACK – RECOMMENDED STEPS**

**9.1** The following guidelines are suitable for both children and adults and are the recommended steps to follow in an asthma attack:

- Staff need to stay calm and talk to the child calmly.
- Call for assistance.
- Ensure the child takes the reliever inhaler (usually blue) immediately.
- Encourage slow breathing.
- Encourage the child to sit upright and ensure that any tight clothing is loosened.
- Encourage the child to take one puff of the reliever inhaler in a spacer with 5 slow breaths or one puff and 30 seconds with mask on and continue the process until symptoms improve. Children can take up to 10 puffs.
- If the symptoms do not improve in 10-15 minutes – or you are in doubt – call 999.
- Encourage the child to repeat the above treatment, one puff of the reliever inhaler with 5 slow breaths, until help arrives.

## **10 RESPONSIBILITIES OF SCHOOL STAFF**

**10.1** All school staff have a responsibility to:

- Understand the school asthma policy.
- Know which pupils, they come into contact with, have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Tell parents if their child has had an asthma attack.
- Tell parents if their child is using more reliever inhaler than they usually would.
- Ensure pupils have their asthma medicines with them when they go on a school trip or off the school premises.
- Ensure pupils who have been unwell catch up on missed school work.
- Be aware that a pupil may be tired because of night-time symptoms.
- Liaise with parents if a child is falling behind with their work because of their asthma.

**10.2** During PE/Games/swimming lessons, teachers have a responsibility to:

- Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled.
- Remind pupils to have their reliever inhaler with them during every activity/exercise/ sports practice/ match/ competition and are allowed to take it when needed.
- If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait/rest at least five minutes.)
- Remind pupils with asthma, whose symptoms are triggered by exercise, to use their reliever inhaler approximately 15 minutes before warming up.
- Ensure all pupils, including those with asthma, always warm up and down thoroughly.

## **11 ASTHMA SPECIALIST NURSE**

**11.1** They may be able to:

- Help and offer support to staff about children with asthma in school.
- Provide training & updates on the management of asthma within school

## **12 PARENTS**

**12.1** Parents have a responsibility to inform school of their child's medical condition and complete a healthcare plan and any changes to conditions/medication.