



# ST. JOSEPH'S COLLEGE

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## First Aid and Illness Policy

This policy relates to all sections of St Joseph's College, including the Early Years Foundation Stage

### General

The Health and Safety (First Aid) Regulations 1981 require an employer to provide an adequate number of first aiders, trained or qualified in accordance with arrangements approved by the Health and Safety Executive and the provision of first aid equipment and facilities in order to render first aid to employees. College policy is that such provision should also be made for pupils.

This Policy should be read in conjunction with the Health and Safety General Policy, the COVID 19 Risk Assessment and the COVID 19 Outbreak Management Plan.

College policy is that there should be a minimum of four trained first aiders, covering all areas of the College and that there should ideally be sufficient trained staff to:

- Provide cover throughout the school day;
- Ensure cover in the event of sickness or absence;
- Meet the needs for nearby support in hazardous areas, such as laboratories;
- Ensure that first aid provision is available for activities off the College site, such as journeys and visits.
- Provide cover at all times when children are present, including before and after school and when the Holiday Club is operating in the Acorn Centre. EYFS Staff will be qualified in Paediatric first aid.

The College Senior Administrator is responsible for ensuring that adequate stocks of first aid equipment and consumable items are maintained in the College, and the Prep Secretary is responsible in the Prep School. First Aid Kits are located in the areas noted in Annex A.

The list of qualified First Aiders is kept by the HR Administrator who maintains the Training Log. Training for First Aiders is to be updated every 3 years.

### Accident procedure

The following procedure should be followed by all staff in the event of a serious accident or injury:

- Send for help and a designated first aider immediately.
- Render first aid as far as knowledge and skill permit. Do not move the patient unless it is necessary to remove him/her from a continuing hazard.
- Inform the Receptionist and a senior member of staff who will, in the case of a pupil, ensure that the parent is informed.
- A decision to call an ambulance is normally to be taken by a designated first aider or senior member of staff. In the absence of either, any member of staff may call an ambulance. Staff must detail the rationale behind their decision as to whether to call an ambulance (or not) on the subsequent accident report.
- Remain with the patient until duty of care can be transferred to a parent/guardian or alternate appropriate staff member.



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- Where appropriate ascertain to which hospital the patient is being taken by the ambulance and inform the Receptionist. The first aider or another member of staff will accompany the patient and will stay (in the case of a pupil) until a parent arrives and duty of care can be transferred.
- Immediately after the incident, write down the facts as observed, recording the date and time. This will be of assistance when completing the electronic accident/illness report available on the College Home Page. The Bursar is responsible for reporting any notifiable Accidents and Incidents via the Reporting of Accidents and Incidents at Work Regulations 2013 (RIDDOR) Online system to the Health and Safety Executive. The Bursar is responsible for ensuring that accidents are correctly recorded in the electronic accident book and that these are reviewed by the H&S Committee each term.
- Where possible, parental consent to surgery or medical treatment should be obtained at the time that the parent is informed of the accident. The ambulance is not to be delayed until the parent has arrived at school, nor is the decision to call an ambulance to be delayed until the parent has arrived.
- A student sustaining any form of injury to the eye (whether or not it has been possible to give First Aid treatment) should be immediately referred to a doctor either locally or at the nearest hospital casualty department for immediate advice regarding the appropriate treatment.
- All head and neck injuries are to be treated as serious until a competent first aid assessment has been carried out or medical attention sought. In all instances of head injuries, a Head Injury form should be raised and sent home with the student.
- When an accident takes place at an away fixture or trip the above procedure should be followed although the first aid may be provided by the 'Home' school or staff at the location of the trip. All documentation must be completed by their staff and a copy taken for school records. If the injury sustained allows the child to be transported back to school, they should only be released to travel home independently after speaking to a parent or guardian and gaining their consent. Best practice would be for the transfer of duty of care to be done in person.

Parents will be asked to complete a form as soon as possible after the admission to the school, giving information on where they can be contacted in an emergency. Tutors/Class teachers are to inform the Registrar of any notified change to parents' contact details.

It is essential if any member of staff suspects that there has been a non-accidental injury to a student that they report this immediately to the College Deputy Head (Senior)/ College Deputy Head (Prep), who will inform the Head.

All staff should be aware of the general principles of First Aid in case of asthma, anaphylaxis or epileptic attack, separate guidelines for each of which are contained in the Staff Handbook.

## **Illness**



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## **Cardiac Arrest**

In case of suspected Cardiac Arrest, 2x automatic Defibrillator packs are located in Prep Reception for use in the Prep and Acorn Centre. A further Defibrillator pack is located in the Senior School Reception for use in the Senior School.

**Minor illness and injury.** Pupils found to be ill in the College or ailing in such a way as to interfere with their work should be sent home, provided that it is known there is a responsible person there to look after them. Otherwise, they should be rested in the school sick rooms until they can be safely sent home. Pupils sent home with sickness or diarrhoea should not return to school until 24 hours after the last incidence of sickness or diarrhoea. Pupils with slight cuts, scratches, and bruises, who need more than the first aid that can be given at the College, should be referred to their family doctor unless the need for treatment is sufficiently urgent to justify a direct referral to a hospital casualty department. Similarly, pupils with conditions such as skin diseases and discharging ears should be referred as above. All these incidents are to be recorded by the College Senior Administrator /Prep Secretary.

**Spillages of Bodily Fluids.** In instances of spillages of bodily fluids, the Estates Bursar should be alerted immediately to arrange clearance, utilising specialist absorbent crystals which are to be disposed of as medical waste. Staff managing spillages of bodily fluids must wear disposable gloves to minimise the spread of infection.

**Giving medicines at the College.** There are occasional circumstances in which children may be prescribed or recommended medicine to be taken during the school day even though a doctor regards them as fit to attend school. The College must be informed in writing of all pupils who are required to take medication for a prescribed time in college, which must include the need for it (doctor's prescription or recommendation) and other factors (storage, safety risk etc.). Parents must provide, when sending medicine into the College, suitable non-breakable containers which are labelled with the name of the student and the name of the drug and the required dosage. Arrangements will be made depending on the age and medical requirements involved. All medication must be kept in receptions in either the Prep or Senior School, with the members of staff who are responsible for first aid provision. The College Senior Administrator and Prep Secretary are responsible for holding all medicines brought to the College.

Certain pupils, such as those with asthma, diabetes or severe allergies, may need to have medication (e.g. inhalers, Auto injectors) readily available to hand in case they suffer an attack. Such pupils, or their teachers in the case of very young children, will retain their medicines, provided this has been agreed with the parents. Heads of Year/Heads of Section, or Tutors/Class teachers should alert other staff of any pupils with medical problems which may require special treatment in emergencies. It is the pupil's responsibility to carry his/her own asthma inhaler and emergency medicines e.g. Epipens on them at all times and a second set is kept in the Prep School Medical Room and the Senior School staff room. It is the responsibility of the parent/ carer to ensure that the medication is in date and is replaced when necessary.

Please see Policies 2.11 and 2.12 for specific guidance on Asthma and Epipen Use. Any issue of medicine to a pupil by the College Senior Administrator or Prep Secretary is to be recorded on Schoolbase.

**Pain-relieving drugs.** Pain relieving drugs may only be administered with express parental permission, each issue being recorded on SchoolBase. Under no circumstance



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should any pupil be in possession of any pain-relieving drug whilst on the College premises or for any College activity off the premises such as an educational visit.

**Pupils with known medical conditions.** Parents are asked if there are any known medical conditions at the time of the pupil's admission. College Deputy Head (Senior)/College Deputy Head (Prep) are responsible for ensuring that relevant members of staff are informed, and are aware of any particular requirements and that these are recorded on SchoolBase. Parents are asked to log in to SchoolBase and check that their medical information is up-to-date at the beginning of each academic year.

## EYFS

There must always be a member of staff with current paediatric first aid training on site when EYFS children are present. A member of staff with current paediatric first aid training must accompany EYFS children on any trip or outing off site. Written permission must be obtained for any medication administered to an EYFS child, and their parent must be informed of the timing the same day it is administered or as soon as reasonably practicable. Any accident or injury to an EYFS child and the first aid they have received must be reported to their parent the same day or as soon as reasonably practicable.

## Substance Misuse

All staff should be alert for any behavioural symptoms or other clues which might indicate solvent or other substance abuse by a pupil. If suspicions are aroused, the relevant College Deputy Head should be informed. The pupil should not be informed of the suspicions. See also the College's Substance Misuse Policy.

## Notifiable Diseases

Parents are required to inform the College should their child contract any notifiable diseases under the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010.

## References:

1. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
2. Incident Reporting in Schools (accidents, diseases and dangerous occurrences) EDIS(rev2) HSE 2012 [www.hse.gov.uk/pubns/edis1.htm](http://www.hse.gov.uk/pubns/edis1.htm)

## Annexes:

- A. Location of First Aid Kits
- B. Contents of First Aid Kits

## Appendices:

1. Policy on Asthma
2. Policy on Use of Epipen



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ANNEX A

Location of First Aid Boxes St Joseph's College		
Location		First Aid Box
<b>Senior School</b>		
College Deputy Head (Senior!) Office	Ground Floor	Small Box
Bursary	Ground Floor	Various
Senior Reception	Ground Floor	Defibrillator
College Hall	Ground Floor	Large Kit Box
Science Prep Room	Ground Floor	None
Science Prep Room	First Floor	Large Kit Box
Biology Lab	Ground Floor	Large Kit Box
Junior Lab	First Floor	None
Chemistry Lab	First Floor	None
Physics Lab	First Floor	None
Technology	Second Floor	small kit
Art	First Floor	small kit
Textiles	First Floor	small kit
P.E. Office	Ground Floor	small kit
College Gym	Ground Floor	Wooden Box
Food Tech	Ground Floor	Wooden Box (Blue Plasters)
Music	First Floor	Small Box
Maintenance	Workshop	small kit
Kitchen	Kitchen	Thomas Franks supplies & checks
Staff Room	Ground Floor	Large Kit Box
Staff Room	School Trips	small kit
Chalk Hills	Changing Room	Small Box
Swimming Pool	Corridor	Wooden Box
MINI BUS (Red) <sup>4</sup>		Soft Bag
MINI BUS (Silver) <sup>2</sup>		Soft Bag
MINI BUS (Black) <sup>3</sup>		Soft Bag
<b>Prep School</b>		
Prep Medical Room	Prep School	2 x Small Boxes
The Acorn Centre	Prep School	Large Kit Box
Prep Reception		Defibrillator
Prep Reception		Defibrillator



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**ANNEX B**

<b>Contents of First Aid Boxes</b>				
<b>LARGE</b>	<b>SMALL</b>	<b>Description</b>	<b>Notes</b>	<b>Stock</b>
1	1	First Aid At Work leaflet	Guidance card - noting the most important emergency procedures	OK
40	*20	Individually wrapped sterile adhesive dressings	for small cuts	
10	5	Primapore		
5	2	Sterile eye pads	with bandage attached	OK
1	4	triangular bandages	Sterile - can be used as a pad to stop bleeding, large injuries or as a bandage	OK
1	1	pack of safety pins		OK
12	6	Medium wound dressings	Sterile unmedicated dressing pad with bandage attached to it	OK
5	2	Large wound dressings	Sterile unmedicated dressing pad with bandage attached to it	OK
10	5	pairs of disposable gloves	non allergenic, not latex	OK
5	2	clinical waste bags		OK
1	1	CPR barrier protection		
16	8	antiseptic wipes		OK
		<b>Extra items</b>		
2	2	sick bags		OK
1	1	Tubi grip		OK
1	1	roll of micropore		OK
5	0	sanitary towels		OK
2	0	Tampax		OK
5	3	asthma bags		OK
<b>Additional items for:</b>				
School trips		paracetamol, sun cream, sanitary items		
*Kitchen		Blue plasters, eye wash solution, burns spray, body fluid spillage kit		
Maintenance		Blue plasters		



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## Appendix 1

### POLICY ON ASTHMA

Asthma is on the increase. At least 10% of school age children have asthma. From puberty onwards, boys and girls are equally affected. Many teenagers with asthma are reluctant to admit they have asthma and may not use their inhalers as often or as well as they should.

Inhalers are used for two main reasons: to relieve an acute asthma attack, eg Salbutamol (Ventolin) or Terbutaline or to prevent an asthma attack from coming on, eg sodium chromogylcate (Intal) or inhaled steroids - Becotide, Pulmicort and Flixotide.

Asthmatic children must have immediate access to the first type of inhaler if they become wheezy or tight-chested. Exercise makes many asthmatic children cough or wheeze; they should use their inhaler BEFORE exercise, repeating as necessary during exercise. They should be encouraged to join in all sports but to do "warming up" exercises first. Given the right treatment nearly all asthmatics can lead full and normal lives.

The pupil should keep their inhaler with them at all times. We will try to ascertain from parents a pro-forma with details of the inhaler dose and GP and parents' telephone number. If possible, a second inhaler should be kept at school in case the pupil forgets to bring their own.

In the Prep School some children may have their inhalers held at in the Medical Room depending on the age of the child and parental wishes. All children will have their inhalers for activities such as Physical Education.

### Guidelines

- If a pupil has an attack they should use their inhaler
- They should be found somewhere quiet to sit, outside the classroom, the corridor if appropriate, but someone should be in attendance
- A member of staff should send for assistance from a first aider or a senior member of staff if there seems to be no improvement in the pupil.

### When to call for medical help

- Call a doctor immediately if the child is no better 15 minutes after repeating the normal relieving inhaler treatment
- If the pupil is distressed and unable to put words together
- Is getting exhausted
- Has a pulse rate faster than 120 beats per minute

If a doctor cannot be reached quickly call an ambulance.





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## Appendix 2

### POLICY ON USE OF EPIPEN

Once a child or adult potentially at risk of severe allergic reaction (SAR) has been identified there must be liaison between the following to co-ordinate the management of emergency treatment: College; Parent/adult with parental responsibility; pupil if of an appropriate age and understanding; Community School Nurse; Allergy Consultant/GP where appropriate.

#### The College will:

Liaise with key personnel; complete internal paperwork and maintain up-to-date records; keep a register of pupils or staff with SAR; ensure there is an appropriate number of trained staff; complete risk assessments for off-site educational visits; have trained first aiders; store spare Auto Injectors safely and appropriately; provide photographs of SAR pupils/staff for staff room display.

#### The Parents will:

Provide auto-injector for use in school; ensure their child takes responsibility and carries own auto-injector (Senior School age); Prep School pupils have their auto-injectors carried by a member of staff until they are judged old enough to do so themselves; make available Emergency Treatment Plan if appropriate.

#### Meeting the Needs of Individual Pupils/ staff

All pupils/staff will vary in their reactions and each pupils'/staff needs should be discussed individually to ascertain their specific symptoms. Some symptoms necessitate the immediate administration of Auto-Injector by injection; resuscitation may also be required. Additional, generic spare Auto-Injectors are held in the Bursary for emergencies.

#### General Description of Anaphylaxis

This is typically a sudden event taking place seconds or minutes after exposure to a substance to which the individual is allergic, but the reaction can be delayed. Typical signs and symptoms should be treated even if there is a delay following exposure. Signs and symptoms are only very rarely delayed in onset for over an hour.

#### Signs and Symptoms which require immediate treatment:

##### Respiratory Difficulties

- Difficulty breathing due to severe asthma or throat swelling
- Swelling of throat and mouth, choking



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- Difficulty in swallowing or speaking, hoarseness
- Lips may turn blue

## **Hypotension (Low blood pressure)**

- A feeling of faintness or dizziness
- Sense of impending doom
- Tingling and swelling of the lips, tongue, mouth or face
- Burning sensation in and around the mouth
- Generalised skin irritation with the production of hives (nettle rash)
- Abdominal cramps, nausea, vomiting and diarrhoea may occur
- Collapse and unconsciousness

**If there is marked difficulty in breathing or swallowing and/or a sudden weakness or floppiness, regard these as serious symptoms requiring immediate treatment.**

## **Emergency Action:**

- Calm the child/adult and place them in a comfortable position
- Assess Airway and Breathing: commence full resuscitation if required
- Pupil/adult may be able to self administer the Auto-Injector if they are carrying it. Note time.
- Send for SAR pack and trained help/First Aider if available however, any competent adult is permitted to administer this life saving treatment under the Human Medicines Regulations 2012.
- Check you have correct SAR pack for the child/adult and the Auto-Injector expiry date
- Send for ambulance (999 call) and give details that a pupil/member of staff has had a severe allergic reaction and has been given Adrenaline (Epinephrine)

## **Follow Individual Care Plan if available**

If no Individual Treatment Plan:

- Check if pupil/adult has administered own Auto-Injector and note time
- If Auto-Injector has not been given, administer first Auto-Injector from the pack following instructions and note time it was given
- Administer the adrenaline by injecting it through the clothing directly into the thigh
- **Visual Directions for using an Auto-Injector are displayed in the staff room/Prep Medical Room**
- If no improvement after 10 minutes, or if pupil's/staff condition improves and then deteriorates, administer 2nd Auto-Injector if available and note time given
- The Auto-Injector should be placed in a bag and taken to the hospital with the child/adult



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- If pupil/adult is breathless allow to sit up. If asthmatic administer reliever inhaler
- If feeling faint/dizzy lie the pupil/adult down with legs raised
- If collapsed/unconscious place in recovery position. Commence cardio-pulmonary resuscitation if necessary.
- Do not leave the child/adult but send someone to inform the Bursary immediately
- Keep pupil/adult warm until ambulance arrives. Inform the ambulance crew of the times (s) the Auto-Injector(s) was/were administered and give them the Auto-Injectors for safe disposal.
- Inform parents/next of kin as soon as possible.
- Anyone who has had Adrenalin (Epinephrine) must be taken by ambulance to hospital, accompanied by an adult.
- School staff should record the incident in the school accident book giving details of what has occurred, the time the injection was given, the name of the person who administered the adrenaline and the amount given
- Ensure parent/staff member replaces Auto-Injector before the pupil/staff member returns to school