



S08 FIRST AID AND MEDICAL CARE **POLICY**

Reviewed: Full Governing Body
Approved: Full Governing Body

Approved Date: February 2025
Next Review Date: February 2026 by F&GP with recommendation to FGB

INTRODUCTION

This policy is based on advice from the Department for Education (DfE) on [first aid in schools](#) and [health and safety in schools](#), and guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel.
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to assess the risks to the health and safety of their employees.
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, implement necessary measures, and arrange for appropriate information and training.
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE) and set out the timeframe for this and how long records of such accidents must be kept.
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records.
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils.

AIMS

The aims of our First Aid and Medical Care Policy are to:

- Ensure the health and safety of all staff, pupils and visitors.
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

ROLES AND RESPONSIBILITIES

Appointed persons and first aiders

The school's appointed persons are the Matron and Assistant Matron (the "Matrons") whose main role is to provide medical cover. It is our policy that both Matrons must have undertaken a relevant first aid course and to have an additional number of designated 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:

- Taking charge when someone is injured or becomes ill.
- Ensuring there is an adequate supply of medical materials in first aid kits and replenishing the contents of these kits.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Maintaining records of administration of medication and monitoring stock levels and expiry dates of pupil medication, ensuring more is ordered as needed.
- Liaising with the doctor and organising appointments to see pupils as needed.
- Liaising with parents and sending pupils home to recover, where necessary.

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Filling in an accident report form on the same day as, or as soon as is reasonably practicable, after an incident.

Our school's first aiders are listed in Appendix 1. Their names will also be displayed in the Staff Room, Linen Room, School Office, School Kitchen and Surgery.

The Board of Governors

The Board of Governors has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

The Headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place to address pupils' individual medical needs when planning an event or activity.
- Ensuring that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents to the HSE when necessary (see page 7).

In practice, the Headteacher delegates the day-to-day oversight of these requirements to the School Business Manager.

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders and appointed persons in school are.
- Completing accident reports for all incidents they attend to where a first aider is not called or where they were the only staff member who witnessed the incident.
- Informing the headteacher of any specific health conditions or first aid needs.

FIRST AID PROCEDURES

In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a designated First Aider, most usually a Matron, as the Appointed Person, if appropriate, who will provide the required first aid treatment. Most staff hold a first aid qualification and can deal with a minor injury, such as providing a plaster or an ice pack, without seeking further assistance.
- The Matron or first aider will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives.
- The Matron or first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the Matron or first aider judges that a pupil is too unwell to remain in lessons, they may be taken to the sick bay and monitored away from their peers. If a pupil is moved to sick bay and is likely to be there for more than a short time, parents/carers will be contacted and offered the opportunity to collect their child. On their arrival, the Matron or first aider will recommend next steps to the parents/carers.
- If emergency services are called, the Matrons, Headteacher or Deputy Head will contact parents/carers immediately.
- The Matron or first aider will complete an accident report form on Medical Tracker on the same day or as soon as is reasonably practical after an incident resulting in an injury.
- School staff are responsible for completing accident report forms on Medical Tracker for all incidents they attend where a Matron or first aider is not called. They should also complete a form if they have additional detail about the cause of the incident which other staff may not have witnessed.
- All accident reports forms are monitored by the Matron immediately following completion for recording purposes and consideration of follow up actions. The Matron will liaise with the School Business Manager for cases of RIDDOR or when adjustments to the facilities may need to be considered. RIDDOR is the law that requires employers, and other people in charge of work premises to report and keep records of all workplace injuries, fatalities, reportable occupational diseases and certain dangerous occurrences.

- Trends in accidents and incidents are reported termly to Governors in the School Business Manager's report.

Song School procedures

Choir practice takes place every day in Song School which is in the confines of Westminster Abbey.

In the event of an accident resulting in injury or a pupil becoming unwell, Song School staff will alert the school straight away, for the urgent attendance of a Matron or First Aider and will refer to the closest first aider on site in an emergency. This may be a member of the beadle team for example.

Abbey procedures

Choristers sing in the Abbey on most days. When pupils are practising, rehearsing or performing in the Abbey, two members of school staff are always in attendance, or one in attendance and one on call, one of which will be a Matron or First Aider.

The in-school procedures for first aid are followed when responding to incidents in the Abbey by school staff.

Sporting Venue procedures

PE/Sport sessions are held off-site at specialist sporting activity venues. When pupils are engaged in activities at these venues, two members of school staff are always in attendance, at least one of which will be a member of first aid trained staff. The school obtains the necessary risk assessments and insurances from the venues.

The lead teacher will take charge in the event of an accident resulting in injury to ensure:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of the first aider, who will provide the required first aid treatment.
- The Matron or first aider will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives.
- The Matron or first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If emergency services are called, the school is alerted to the situation and the Matron, Headteacher or Deputy Head will contact parents/carers immediately.
- If necessary, the Matron or first aider will accompany the injured pupil to hospital.
- The second member of school staff takes the lead on supervision of the rest of the pupils and will accompany them back to school.

- The Matron or first aider will complete an accident report form on Medical Tracker on the same day or as soon as is reasonably practical after an incident resulting in an injury.
- All accident reports forms are monitored by the Matron immediately following completion for recording purposes and consideration of follow up actions. The Matron will liaise with the School Business Manager for cases of RIDDOR or when adjustments to the school facilities from lessons learned from respective reports may need to be considered.
- Trends in accidents and incidents are reported termly to Governors in the School Business Manager's report

Minibus procedures

The school uses a minibus to transport small groups of pupils to off-site activities. When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm x 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Off-site procedures

School trips are often arranged to museums, galleries, concerts, theatres and amusement parks. Risk assessments will be completed by the teacher responsible for taking the trip prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider on school trips and off-site visits.

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit (refer to FIRST AID EQUIPMENT section for a list of contents)
- Information about the specific medical needs of pupils
- Parent/carers' contact details
- A copy of the specific activity Risk Assessment
- Emergency asthma inhaler kit (for Games lessons and other strenuous activities)

The lead teacher will take charge in the event of an accident resulting in injury to ensure:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of the Matron or first aider, who will provide the required first aid treatment.
- The Matron or first aider will assess the injury and decide if further assistance is needed from a colleague, the venue first aid service (where present) or the emergency services. They will remain on the scene until help arrives.
- The Matron or first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If emergency services are called, the Matrons, Headteacher or Deputy Head will contact parents/carers immediately.
- The Matron or first aider will accompany the injured pupil to hospital.
- The second member of school staff takes the lead on supervision of the rest of the pupils and will accompany them back to school.
- The Matron or first aider will complete an accident report form on Medical Tracker on the same day or as soon as is reasonably practical after an incident resulting in an injury.

FIRST AID EQUIPMENT

A typical first aid kit for use in school, off-site activities and the Abbey will include the following:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

Additional first aid equipment will be in first aid kits in the Science Lab:

- 10 sterile eye wash pods
- 3 burns dressings
- 5 individual moist wipes

The Science Lab is also fitted with a wall mounted eye wash station.

No medication is kept in first aid kits.

First aid kits are identified by number and are stored in:

- Surgery (4th Floor) Number 1
- Science Lab (3rd Floor) 9
- Linen Room (2nd Floor) Number 2
- Library (1st Floor) Number 3
- Administration Office (Ground Floor) Number 4
- Staff Room (Lower Ground Floor) Number 5
- School Kitchen (Lower Ground Floor) 10

- Large portable First Aid Kit for off-site activities kept in Staff Room (Lower Ground Floor) Number 7
- Small portable First Aid for Abbey use kept in Staff Room (Lower Ground Floor) Number 6
- School Minibus Number 8
- Song School Number 11

A defibrillator is in Number 1 Dean's Yard. Access to this and support for using it should be requested from the beadle team if needed, although all staff receive AED training as part of the EFAW qualification training.

RECORD-KEEPING AND REPORTING

First aid and accident record

- An accident form will be completed by the Matron, Assistant Matron or first aider on the same day or as soon as possible after an incident resulting in an injury using Medical Tracker.
- As much detail as possible should be supplied when reporting an accident, including all the information requested in the accident form. If the Matron or Assistant Matron were not present at the time of injury, but another member of staff was, they will request a report from the member of staff involved to ensure all appropriate detail is known.
- Records held in the first aid and accident book (prior to January 2025) and on Medical Tracker (from January 2025) will be retained by the school for a minimum of 3 years, (but from January 2025 will be retained for a minimum of 5 years as standard), in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Reporting to the HSE

The School Business Manager will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Abbey Health and Safety Advisor will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. immediately by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes

- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Abbey Health and Safety Advisor will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

Notifying parents and carers

The Matrons, or in their absence a senior member of staff, will inform parents/carers of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents/carers will also be informed if emergency services are called.

TRAINING

All school staff can undertake first aid training if they would like to.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3).

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

MONITORING ARRANGEMENTS

This policy will be reviewed by the Matron and the School Business Manager every year.

At every review, the policy will be approved by the Headteacher and reviewed by the Finance and General Purposes Committee and the Full Governing Body.

Links with other policies

This first aid policy is linked to the:

- Health and Safety and Risk Assessment Policy

ANNEX A: MEDICINES PROCEDURES

The Matron and Assistant Matron are qualified First Aiders. The Matron 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 monthly. When the Matron is off duty, the Assistant Matron, Deputy Head and Headteacher are 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 and a parent or carer must complete a form outlining the instructions for administration. No changes will be made to dosages on parental instruction. No medicine prescribed for one pupil 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 or any other medication which has been prescribed by a medical professional other than the School GP. Every administration of a medicine will be documented and if a pupil 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 GP.

Following guidelines from The Department of Education [Supporting pupils at school with medical conditions](#) none of the pupils will be given any medicines containing Aspirin unless prescribed by a doctor and 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 pupil'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, pupils 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 pupils who need them. If a pupil has an asthma attack, he needs his inhaler immediately. Skin creams may be managed by the pupils if adjudged responsible enough but will be supervised and monitored regularly to ensure that the treatment is carried out correctly.

Refusing Medicine

If a pupil refuses to take medicine, he should not be forced to take it. His refusal must be documented and the School's GP 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 pupil
- 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 pupil's name.
- Medicines are currently kept in a locked cupboard in the Linen Room or in the Staff Room. Extra medicines not currently being used are kept in a locked cupboard in the surgery.
- Matron, the Assistant Matron and the Deputy Head have keys to the medicine cupboard in the Linen Room; the Matron and Assistant Matron have keys to the medicine cupboard in the surgery; and the Matron, Assistant Matron, Deputy Head and Headteacher know the code for access to the medicine cupboard in the Staff Room. Pupils do not have unsupervised access to these areas.
- Emergency medicines such as Epi-pens are easily accessible.
- Medicines which must be refrigerated, are kept securely in a dedicated locked container in the fridge located in the Staff Room.

- Medicines are checked regularly and documented in a log book kept in the surgery by Matron to ensure that they are in date. From January 2025, these records will be moved onto Medical Tracker.
- Administration of controlled drugs is documented and witnessed in the Controlled Drugs Record Book which is kept in a locked cupboard in the Linen Room.

Disposal of medicines

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

Hygiene and infection control

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. Spillage kits are available for blood spills. All body fluid waste is double bagged before disposal in the general waste.

ANNEX B: HEALTHCARE, GENERAL INFORMATION AND SPECIFIC MEDICAL CONDITIONS

GENERAL INFORMATION

Facilities

The School surgery (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 pupils 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 usually a designated Matron on duty 24 hours a day. The Matron on duty carries the medical phone and the keys to the surgery and the various cupboards containing medicines. They are responsible for dealing with all medical issues, taking appropriate measures and keeping the required records, though where first aid is needed it will normally be given immediately by the nearest qualified person.

When the Matron is off duty, their role is delegated to the Assistant Matron or the Deputy Head.

The School GP

Unless there is a compelling reason to the contrary, for example, a long history of care for a specific medical need, all pupils at the Choir School are registered with Victoria Medical Centre, 29 Upper Tachbrook Street, London, SW1V 1SN, telephone 020 7834 2298. Our school GP is Dr Emily Auld.

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

Medical visits during school holidays

Should families need to consult with an alternative GP during the school holidays, this should be by using a temporary services GMS3 form. The GMS3 form, which is available from GP surgeries allows treatment to be obtained whilst maintaining continuity of care at Victoria Medical Centre. If medical advice has been given to a pupil during the school holidays, families are asked to inform the school Matron upon the pupil's return to school so that the school can update the pupil record and be aware of any additional support needs.

Induction of new pupils and staff

As part of their induction into the School, all new pupils 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 on Medical Tracker or in the Controlled Drugs book.

Hospital treatment

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

Mental health and emotional well-being

Besides the nurture that can be given within school, the 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 staff meeting.

SPECIFIC MEDICAL CONDITIONS

Parents are required to write to the Headteacher if their son is diagnosed with any specific medical condition. They will notify the matrons, teaching staff and any other relevant staff (e.g. in the School Catering Team), and the 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 – they are 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).

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, individual prescribed emergency medication will be kept either on the person of the affected pupil or nearby and the individual pupil will have a clear Individual Plan. A generic emergency Epi-pen is kept in a grab box in the staff room and another in Song School, but they should only be used under the guidance of a medical professional following a telephone call to 999. Teaching staff will receive Epi-pen training annually and should fully understand what procedures and protocols to follow.

The Matron will ensure that Epi-pens 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 pupil'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 in the case of a known anaphylactic child with their own Epi-pen, the adrenaline (Epi-Pen) must be administered immediately and an ambulance called for. Watch the child closely for any signs of deterioration.

If suspected anaphylaxis has occurred, call 999 and follow the instructions of the call operator in relation to using the school's emergency Epi-pen.

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. Pupils 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 pupils 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. Individual inhalers should must be taken to games sessions and on educational trips.

The School has an emergency inhaler kit which should be taken on school trips and to Games lessons.

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 pupils with asthma and their medication
- ensures that all staff know what to do if a pupil has an asthma attack
- will work in partnership with parents, doctors and asthma nurses to ensure that the policy is implemented and maintained successfully.

Pupils 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 is a strict no-smoking policy and the school dog is considered to be hypoallergenic. 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, pupils will be take out of the room.

Asthma is generally a manageable condition and minor attacks should not interrupt the involvement of a pupil 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 pupil to hospital; parents will be notified immediately.

Procedure for dealing with an asthma attack

When an asthma attack occurs, the pupil should use their 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 pupil sit (not lie) in a comfortable position
- encourage them 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 pupil 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 pupil and keep them 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 the Matron (delegated to the Assistant Matron or Deputy Head 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 pupil can have supervised rest following an episode.

The Matron has overall responsibility for monitoring the care of pupils 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 pupil is involved in any activity organised by the school – including field trips and tours. Any concerns that are held by anyone involved, including the pupil 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 pupil away from danger
- Stay with the pupil until recovery is complete
- Be calm and reassuring
- Explain everything that he might have missed
- Cover them with a blanket to avoid potential embarrassment (for example they may be incontinent during a seizure)
- Put something soft under their head
- Prevent others from crowding around

DON'T....

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

CALL FOR AN AMBULANCE IF....

- You know it is their first seizure
- The seizure continues for more than five minutes
- One seizure follows another
- The pupil is injured during the seizure
- You believe that the pupil needs urgent medical attention
- If they have difficulty breathing and you suspect that there is an obstruction to their airway

Appendix 1: LIST OF APPOINTED PERSON(S) FOR FIRST AID AND TRAINED FIRST AIDERS

Appointed Persons

STAFF MEMBER'S NAME	ROLE	QUALIFICATION	RENEWAL DATE
Kelsey Adcock	Activities Co-ordinator and Assistant Matron	St John Ambulance Education and Care First Aid (Australia)	18/07/2027 (Resuscitation Element - 18/07/2025)
Aysha Sharpe	Temporary Day Matron and Housekeeper	Paediatric First Aid	13/01/2026

First Aiders

STAFF MEMBER'S NAME	ROLE	QUALIFICATION	RENEWAL DATE
Dr Emma Margrett	Headteacher	Paediatric First Aid & Emergency First Aid at Work Level 3 (RQF)	06/02/2028
Chloe McNeely	Deputy Headteacher	Paediatric First Aid & Emergency First Aid at Work Level 3 (RQF)	21/01/2028

The staff below have completed an Emergency First Aid at Work Qualification

STAFF MEMBER'S NAME	ROLE	QUALIFICATION	RENEWAL DATE
Stephen Jackson	Premises Officer	Emergency First Aid at Work Level 3 (RQF)	21/04/2025
James Lark	Resident Teacher	Emergency First Aid at Work Level 3 (RQF)	21/04/2025
Chloe Marais	Resident Teacher	Emergency First Aid at Work Level 3 (RQF)	21/04/2025
Mark Mitchell	Resident Teacher	Emergency First Aid at Work Level 3 (RQF)	21/04/2025
Alex Voice	Resident Teacher	Emergency First Aid at Work Level 3 (RQF)	21/04/2025
Claire Weir	Teacher	Emergency First Aid at Work Level 3 (RQF)	21/04/2025

The staff below have completed a First Aid at Work Qualification

STAFF MEMBER'S NAME	ROLE	QUALIFICATION	RENEWAL DATE
Jennifer Benjamin	Headteacher's PA and Admissions Officer	First Aid at Work Level 3 (RQF)	20/10/2025

We require all staff to complete a First Aid Essentials online course in addition to the above.

The following staff have completed an Administration of Medication Course:

STAFF MEMBER'S NAME	ROLE	QUALIFICATION	QUALIFICATION DATE
Kelsey Adcock	Activities Co-ordinator and Assistant Matron	TES Educare Administration of Medication in Schools	17/09/2024
Dr Emma Margrett	Headteacher	TES Educare Administration of Medication in Schools	15/09/2024
Chloe McNeely	Deputy Headteacher	TES Educare Administration of Medication in Schools	15/09/2024
Aysha Sharpe	Temporary Day Matron and Housekeeper	TES Educare Administration of Medication in Schools	18/12/2024

Whilst there is not a requirement for this qualification to be updated, to ensure good practice, relevant Choir School staff will update this qualification every two years.

APPENDIX 2: PARENTAL AGREEMENT FOR ADMINISTRATION OF MEDICATION



Parental Agreement for Westminster Abbey Choir School to Administer Medicine which has been prescribed in consultation with parents or over the counter medication

Westminster Abbey Choir School will not give your child medicine prescribed in a consultation with parents or over the counter medication unless you complete and sign this form. The school has a policy that the staff can also administer medicine which has been prescribed directly to the School Matron by the School GP or a variety of school purchased over the counter medications.

Today's Date:	
Date for review to be initiated by:	
Name of child:	
Date of birth:	
Form:	
Medical condition or illness:	
Medicine:	
Name/type of medicine (as described on the container):	
Expiry date:	
Dosage and method:	

Timing:	
Special precautions/other instructions:	
Are there any side effects that the school needs to know about?:	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy

Parent/ Carer Contact Details

Name:	
Daytime telephone number:	
Relationship to child:	
Address	

I understand that I must deliver the medicine personally to the Matron, the Assistant Matron or the Deputy Head.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that I need to use this form if medication has been prescribed in a consultation to someone other than the school nurse, even if it is from the school doctor. I will use this for over the counter medication also.

Signature(s) _____ Date _____

APPENDIX 3: BUMP TO HEAD, HEAD INJURY & CONCUSSION PROTOCOLS

School staff need to be able to assess signs and symptoms, know how to recognise an emergency and how and when to summon assistance. The duty of care that school staff have also extends to acting as any prudent parent would in the event of illness or injury.

These protocols will be used by staff assessing and treating all head injuries in school on and off site. It will be used to determine the course of action to take depending on the circumstances and symptoms displayed.

Bump To Head

A bump to the head is common in children. If a child is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, confusion, nausea or vomiting and the child appears well then the incident will be treated as a 'bump' rather than a 'head injury'.

There is a scale known as the AVPU scale, which should be used to determine the severity of the head injury in school first aid.

- ALERT
- VOICE
- PAIN
- UNRESPONSIVE

Bump to Head Protocol:

Pupil to be assessed by a First Aider using the Head Injury Checklist

- If sending a student to the Matron, ensure they have another person with them who can inform the Matron that they have had a head bump.
- First Aider to observe for a minimum of 15 minutes. If pupil begins to display head injury symptoms they will be sent to the Matron (if not already there) for further assessment, if no change during observation, then pupil can return to normal lessons.
- First Aider to record head bump on Medical Tracker.
- All staff will receive an automatic alert from Medical Tracker if a pupil has received a head bump or head injury.

Minor Head Injury

A minor head injury often just causes lumps or bruises on the exterior of the head. Other symptoms include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

Minor Head Injury Protocol:

Child to be assessed by a Matron or another first aider using the Head Injury Checklist.

- If sending a student to the Matron ensure they have another person with them who can inform the Matron that they have had a head bump.
- Contact parent to notify of head injury and communicate plan of action.
- Rest.
- Observation – complete observation checklist and repeat every 15 minutes until the child feels better or is collected by a parent/carer.
- If the pupil's symptoms subside they may return to class.
- Parent or carer informed that the child has received a head bump.
- Matron or First Aider to record head injury on Medical Tracker, which will automatically alert all staff that the pupil has been the recipient of a head injury.
- If, at any point, the pupil's condition deteriorates and shows any of the symptoms of a severe head injury, follow the protocol in the severe head injury section.

Severe Head Injury

A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion (Rule out signs of confusion by asking them the date, where they are, what tutor group they are in)
- Balance problems
- Loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain

These are signs of a severe head injury – follow the Severe Head Injury protocol.

Also if the pupil has either of the conditions below, follow the Severe Head injury protocol:

- If the pupil has had brain surgery in the past
- If the pupil has a blood clotting disorder

Severe Head Injury Protocol:

- If unconscious, you should suspect a neck injury and do not move the student.
- **CALL 999 FOR AMBULANCE**
- Notify parent or carer asap (call all telephone numbers and leave a message). Repeat every hour.
- If the ambulance service assesses the pupil over the phone and determine that no ambulance is required, pupil is to be sent to sick bay and monitored by a Matron. Parents will be given the opportunity to take their child home if they prefer.
- Parent informed.
- Matron or First Aider to record the episode on Medical Tracker. Matron to request an accident report from member of staff present at the time of the incident.
- On return to school/ lessons, staff and parents to determine the nature of PE activities to be allowed. For all severe head injuries, not limited to rugby injuries. Matron to liaise with Games staff.

Concussion (Post-Concussion Syndrome)

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common but least serious type of brain injury and can occur up to 3 days after the initial injury. The cumulative effects of having more than one concussion can be permanently damaging. Concussion must be taken extremely seriously to safeguard the long-term welfare of the person.

Symptoms include:

- Headache
- Dizziness
- Feeling in a fog
- May or may not have lost consciousness
- Vacant expression
- Vomiting
- Unsteady on legs
- Slow reactions
- Inappropriate or abnormal emotions – irritability/nervous/anxious
- Confused/disorientated
- Loss of memory of events leading up to and after the concussion

If you notice any of these symptoms in a pupil who has previously sustained a head injury they may be suffering from post-concussion syndrome and should be referred to Matron immediately.

If any of the above symptoms occur, the pupil must be seen by a medical professional in A&E, minor injuries or the GP surgery.

UK Government guidance to be followed from '[If In Doubt, Sit Them Out](#)'. This gives clear guidance on students returning to academic studies and sport following a concussion.

If the school becomes aware of a concussion relating to an incident in school that had not previously been assessed as a serious head injury, the school Matron will request an accident report from the member of staff present at the time of the incident.

APPENDIX 4: HEAD INJURY CHECKLIST FOR FIRST AIDERS

Minor head injury symptoms - assess the pupil for signs of the following:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

These are signs of a minor head injury. If witnessed, follow the **Minor Head Injury** protocol.

If no symptoms – follow **Bump to Head** protocol.

Severe Head Injury symptoms - assess the pupil for signs of the following:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion (rule out signs of confusion by asking them the date, where they are, who their form teacher is)
- Balance problems or loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain

These are signs of a severe head injury, if witnessed, follow the **Severe Head Injury** protocol.

If the pupil has either of the following, treat the injury with the **Severe Head Injury** protocol and call 999 immediately:

- If the pupil has had brain surgery in the past
- If the pupil has a blood clotting disorder