



Portland Place School

First Aid Policy

Policy reviewed by: Vicki Bromley

Review date: June 2021

Next review date: June 2022

Reviewers' Signatures: Vicki Bromley

Head Teacher's Signature: David Bradbury

Circulation: This policy is addressed to all members of staff and volunteers in our school and is available to parents on request. It applies wherever staff or volunteers are working with pupils.

Please note: 'School' refers to Portland Place School; 'parents' refers to parents, guardians and carers.

1. Introduction

Everyone in the School has access to the medical facilities. At each site there are first aid trained staff who are responsible for any medical care or first aid that students, staff or visitors may require during the school day.

The nominated people to administer First Aid at each site are listed in the section below including staff trained to administer BUCCOLAM to treat Epilepsy seizure –

Surname	First Name	Certificate Awarded	Certificate Issue Date	Certificate Expiry Date	Main building	Epilepsy Trained
Baig	Ambreen				GPS	Trained 01-Nov-18
Boyce	Caroline	EFA	24-Feb-20	23-Feb-23	PPS/Sport	
Boyle	Christina	EFA	06-Jul-20	05-Jul-23	PPS	
Brazier	Gary	FFAW	29-Oct-20	28-Oct-23	PPS	Trained 01-Nov-18
Brittain	William	EFA	22-Oct-21	21-Oct-24	GPS	
Buranathai	Gail	FFAW	29-Oct-20	28-Oct-23	GPS	
Chivers	David	EFA	19-Oct-20	18-Oct-23	GPS	
Coates	Ewa	EFA	20-Jul-20	05-Jul-23	PPS	
Dellali	Ahmed	EFA	22-Oct-21	21-Oct-24	GPS	
El-Mouden	Jay	EFA	22-Oct-21	21-Oct-24	All sites	
Florea	Daciana	EFA	19-Oct-20	18-Oct-23	PPS	
Himana	John	EFA	22-Oct-21	21-Oct-24	All sites	
Judd	Alexa	EFA	19-Oct-20	18-Oct-23	GPS	
Kubik	Joe	EFA	28-Sep-20	27-Sep-23	PPS/Sport	
Kilby	Trish	FFAW	29-Oct-20	28-Oct-23	PPS	
Lalande	Thomas	EFA	22-Oct-21	21-Oct-24	PPS	
Lewis	Phoebe				PPS/GPS	Trained 01-Nov-18
Magniez	Charlotte	EFA	06-Jul-20	05-Jul-23	PPS	
Noyes	Alex	FFAW	29-Oct-20	28-Oct-23	PPS	
Pieri	Patricia	EFA	22-Oct-21	21-Oct-24	PPS	
Rider	Scott	Pitch Side Sports First Aid Course with AED/ITC Level 3 EFA	20-Jun-19	20-Jun-22	PPS/Sport	
Segerstrom	Sarah				PPS/GPS	Trained 01-Nov-18
Singh Athwal	Jasbir	EFA	19-Oct-20	18-Oct-23	PPS	
Steward	Lewys	EFA	29-Sep-20	28-Sep-23	PPS/Sport	
Thorne	Melanie				GPS	Trained 01-Nov-18
Van Der Wal	Laura	EFA	19-Oct-20	18-Oct-23	PPS	
Wild	Ashleigh	EFA	06-Jul-20	05-Jul-23	PPS	
Wood	David	FFAW	12-Feb-21	11-Feb-2024	PPS	
Zalesny	Paulina	EFA	19-Oct-20	18-Oct-23	PPS	

First Aid Boxes and Locations

All first aid boxes are easily identifiable and are well signposted. All staff have been informed, either by email or during new staff induction, of the location of the first aid boxes.

Students are also made aware of how to obtain first aid support and the location of the nominated first aiders during their induction period.

Name	Location
PP Reception	Portland Place Reception Desk
PP Staff Room	Portland Place Staff room cupboard
GPS Reception	Reception Desk
D/T Workshop	D/T Cupboard
Trips	Mobile (PPS Office)

Contents of the first aid boxes' contents accumulated should total the guidance given in **Appendix 1: Contents of First Aid Box**

List of First aid stations:

Name	Location
Science eye wash station	Science lab 1 – GPS 3rd floor
Science eye wash station	Science lab 2 – GPS 3rd floor
Science eye wash station	Science lab – GPS 2nd floor
Science, chemical spill kit	Prep room – GPS 2nd Floor

First Aid boxes are placed in all the areas of the school where an accident is considered possible or likely. Based on this risk assessment the first aid boxes have been located at:

143 – 149 Great Portland Street, first Aid boxes can be located - in all science laboratories, in the Art and Design room at ground floor reception and 3rd floor staff room.

56-58 Portland Place, First Aid boxes can be located at main reception and staff room, also located in the main reception is the First Aid trip bag, we also have First Aid box located in the D/T room.

A First Aid box is always taken when groups of pupils go out of school on organised trips or to participate in sporting events.

It is the responsibility of the First Aider to ensure that all first aid supplies used from the first aid box in the treatment of their casualty are replaced.

The first aid boxes are checked by the Head of Science (all laboratories) and D/T staff, and a general monthly check is completed by a senior first aider of all general boxes.

1. MINOR ACCIDENTS

Minor Accidents to a student

If a minor accident occurs the procedure is as follows:

- The student is taken to reception by another student in the class or member of staff if one is free.
- The injury is assessed by a First Aider and, if necessary, the Headmaster or Person in Charge, if the Head is not available, is called.
- The First Aider treats the injury. All First Aiders and their telephone extensions are listed on the School's telephone extension list.
- Once treated, the student is resettled in to their classroom and observed.
- Staff should use protective medical gloves when clearing any spilled bodily fluids. These are available in the receptions of all three buildings.
- The accident is logged onto the accident reporting book by the teacher who witnessed the accident.
- Copies of the Accident Report form are stored in the premises folder and can be accessed by the Premises Manager and/or Operations Manager - [Accident Reports](#).
- Where an incident involves harmful chemicals a member of the science staff will find the CLEAPPS hazard card and relay this information to the First Aider.
- Blank Accident Report Forms are held in each Reception Area

If a student is sent home for any reason this must be recorded in SIMS and the time of leaving recorded with admission staff.

Reporting Minor Injuries to Parents and Staff

Communicating with parents regarding minor injuries is done as follows:

- Via a duplicate of the accident report form being sent home or
- Via personal contact with the parent or carer when the child is collected at the end of the school day (where this has not proved possible the parent should be telephoned at home or work).

Communicating with staff regarding minor injuries is done as follows:

- For any head injury, or an injury that the staff members deems necessary for, the supervising staff member must email all staff to inform them of the accident so that all staff are aware of the injury and can monitor the child throughout the day.

Minor Accidents to Adults

Minor accidents will follow the same procedures as outlined above for students.

2. Major Accidents

Major Accidents to students

If a major accident occurs the procedure is as follows:

- If able to be moved, the student is taken to the nearest First Aid Room and the First Aider is requested to meet there.
- The Headmaster must be contacted immediately, or a member of SMT in his absence.
- The Headmaster, or member of SMT, will assess the situation with the First Aider and decide whether the student needs immediate hospital attention or whether the student can wait for the parent/s to come.
- If the student needs to go straight to hospital either an ambulance will be called or the student will be taken by taxi. The parent/carer will be called and arrangements will be made to meet the parent/carer at the hospital. The Headmaster or a member of SMT will accompany the boy to hospital and stay with them until the parent/carer arrives.
- If the student can wait for the parent/carer to come, then the parent/carer will be contacted and the student is made as comfortable as possible. A member of staff must be with the student at all times until the parent/carer arrives, this will be dictated by the Headmaster or member of SMT.
- It will then be the parent/carer's decision whether or not to take the student to hospital.
- As soon as possible after the accident an 'Internal Accident Form' is completed by the Headmaster and Deputy Head and filed. The Headmaster will sign the report and a copy will be given to the parent /carer and the original in the students file.
- If the student cannot be moved, then the same procedure will still be followed but it will take place at the point of injury. If this is a classroom, then a student will be sent to find an unoccupied teacher who will look after the remainder of the class in another room until the casualty is treated.
- Once the accident has been dealt with the staff member who witnessed the accident will complete an Accident Report Form.
- Where an incident involves harmful chemicals a member of the science staff will find the CLEAPPS hazard card and relay this information to the First Aider.
- Staff should use protective medical gloves when clearing any spilled bodily fluids. These are available in the receptions of all three buildings.

Reporting Major Injuries to Staff

Communicating with staff regarding major injuries is done as follows:

- The First Aider/admissions will amend the SIMS registers to note that the child is out of school on medical grounds.
- The staff member who witnesses the accident will email the child's tutor and Head of Year to inform them of the situation.

Parents must be informed, by phone, of any injury that their son/daughter receives to their head. The School Office will contact the parent or carer concerned. If the head injury is severe parents will be asked collect their son/daughter to seek medical advice.

The nearest A + E hospitals are:

UCH	WESTMORELAND STREET	020 3456 7890
ST MARY'S	PRAED STREET	020 3312 6666

Dial 999 if immediate assistance is needed for a serious accident or incident

Major Accidents to Adults

- The Person in Charge is notified who will with another First Aider assess the situation and decide whether the adult needs immediate hospital attention or whether the situation can be dealt with by the adult concerned
- If the adult needs to go straight to hospital an ambulance will be called or he/she will be sent by taxi with another member of staff
- The adult emergency contact or a person of their choosing will be telephoned and if possible arrangements made for them to meet the adult at the hospital
- An Internal Accident Investigation will be completed and a report given to the adult concerned
- The Headmaster or member of SMT must decide if the matter is reported to Alpha Plus Head Office

3. Near Miss Incidents

At Portland Place School we are aware that some accidents could potentially have been more serious had a child been injured. This would be described as a near miss incident. As a school we believe that all near miss incidents should be followed up.

If a near miss incident occurs the procedure is as follows:

- All near miss incidents must be reported to the Headmaster or member of SMT, in his absence
- An 'Internal Near Miss Incident Report' will be completed
- The Headmaster or, in his absence, a member of SMT will sign the form
- Alpha Plus Head Office will be contacted
- This must be reported and recorded as soon as possible after the event

4. Accidents Reportable To RIDDOR

Certain accidents arising out of or in connection with work are reportable to the Health and Safety Executive (HSE) and Alpha Plus Head Office. Portland Place School we seek advice from Law at Work before any accident is reported to the HSE.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) places a legal duty on employers to notify and report some work related accidents, diseases and dangerous occurrences to the relevant enforcing authority for their work activity. Should an accident be reportable to RIDDOR this can be done via the RIDDOR Incident Contact Centre (ICC). Before this stage, Law at Work will have been contacted for advice.

RIDDOR Duty Officer: Please refer to the www.hse.gov.uk website for local duty officers or Westminster Council.

The following must be reported:

- Death
- Major injuries
- Over three-day-injuries
- An accident causing injury to pupils, members of the public, or other people not at work
- A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Please refer to: Alpha Plus Health and Safety System for more information about RIDDOR.

Pupil Accidents

Fatal and major injuries to students on school premises during school hours must be reported immediately to the Headmaster and Alpha Plus Head Office. Law at Work will be contacted for advice and if necessary the ICC will be contacted. However, injuries during play activities in playgrounds arising from collision, slips and falls and sporting injuries are not reportable unless they are attributable to:

- The conditions of the premises (e.g. potholes, ice, damaged or worn steps etc.)
- Plant or equipment on the school premises
- The lack of proper supervision

Fatal and major injuries to pupils occurring on school sponsored or controlled activities off the school site (such as field trips, sporting events or holidays in the UK) must be reported if the accident arises out of or in connection with those activities.

Portland Place School will also notify the Westminster Child Protection Agency of any serious accident or serious injury to, or the death of, any pupil whilst at school and act on any advice given.

Employee Accidents

Any accidents to an employee resulting in a fatal or major injury must be reported immediately to the Headmaster and Alpha Plus Head Office. If the accident does not result in a fatal or major injury, but the employee is incapacitated and unable to work for more than three days (excluding the day of the accident) there is still a requirement to contact the HSE.

The Headmaster or Health and Safety Representative, in his absence, will report any accidents that are reportable to the HSE via the RIDDOR Incident Contact Centre. This can be done via telephone or by completing an on-line form. Copies of these can be found in the School Office in the Accident Folder.

Treating Visitors/Students

Asthma Attacks

Advice for staff to help understand and support students who have asthma

Symptoms of asthma

- Coughing
- Wheezing
- Shortness of breath
- Tightness in the chest

Coping with an asthma attack

Recommended steps to follow in the event of an asthma attack (for both children and adults):
Use their reliever inhaler (usually blue) immediately.

Sit the person down and ensure that any tight clothing is loosened. Do not allow the person to lie down.

If no immediate improvement during an attack, the affected person should continue to take one puff of their reliever inhaler every minute for five minutes or until symptoms improve.

If symptoms do not improve in five minutes, or you are in doubt, call 999 and call an ambulance.

Give the pupil's name and inform them that he/she is suffering an asthma attack

Call the pupil's parents and inform them that an ambulance has been called.

The affected person should continue to take one puff of their reliever inhaler every minute until help arrives.

Helping students manage asthma at school

Medication

Students are responsible for taking their own medication properly and in good time to prevent an attack when they feel symptoms occurring. Students are responsible for carrying their own medication with them at all times including on any school trips. Parents and students should ensure that staff are aware of their condition when they book to go on the school trip so that special considerations and planning can take place for this student.

Students should be aware that that can have a discreet place to take their medication if they wish. This can be either at the reception area of the school building in which they are present or with a teacher. If for any reason a student does not have their medication an emergency inhaler is kept on school premises at the main reception. The student should make a member of staff aware of the need to access this medication.

In an emergency situation where a student is unable to take their own medication for asthma a member of staff who is experienced will help the student in any way that they can to take their medication until help arrives.

Triggers

Students should make the school aware of any triggers of their asthma for the medical register and should take care to avoid them.

Communication

Any student who is feeling worried that he/she may be experiencing the symptoms of an asthma attack should talk to their Form Tutor or Head of Year who will offer appropriate support. Students who are absent from school because of an asthma related illness should let the school know that this has been the case upon their return and any new information/medication that has been issued during this time. This will then be updated on the medical register and circulated as appropriate.

More Information

For advice on any asthma related issue please call 0300 222 5800 (asthma.org) or see any of the following related websites:

http://www.wellatschool.org/index.php?option=com_weblinks&view=category&id=160&Itemid=263

<http://www.asthma.org.uk/advice>

<https://www.asthma.org.uk/advice/understanding-asthma/symptoms/>

General sickness

A pupil reporting that he/she feels unwell should be escorted to the school office in the relevant building. Parents should be contacted as soon as possible. The attending First Aider should discuss and confirm with the parent the action to be taken (remain at school, collection etc.). Whilst waiting to be collected, the pupil normally waits in the reception area of each office under the care of the receptionist. Under no circumstances will a pupil be sent home unaccompanied without the School receptionist first receiving permission from the pupil's parent/guardian and confirmation that there will be someone at home to receive the pupil when he/she arrives.

Existing medical conditions

Parents are required to inform the school of any existing medical conditions (where they may impact on the pupil at school) including allergies, asthma, epilepsy and diabetes). This information is requested on enrolment via the Consent and Contact form. It is updated annually and Heads of Years note the information for dissemination to staff at full staff meetings.

Allergic reaction to nuts - *Portland Place School is a nut-free environment*

All Epipens/ventilators are kept in a safe place accompanied by instructions from the parents stating exactly when and how they are to be administered. Designated first aiders are trained in this. Parents will be contacted when items are out of date and need to be replaced.

All medicines are stored strictly in accordance with the product instructions. This will either be in the office in the locked first aid cabinet or in the fridge in the main school office. All medicines will be administered only by trained staff. Students should not carry medicines in school bags or in their pockets.

Procedure in the event of a serious anaphylactic reaction

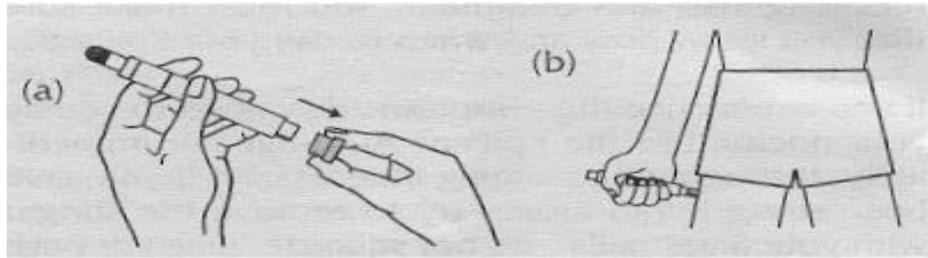
- Ask someone to instruct the office staff to dial 999 and call an ambulance.
- Give the pupil's name and inform them that he/she is suffering an Anaphylactic Reaction.
- Call the pupil's parents and inform them.
- While awaiting the medical assistance, staff will administer the EpiPen.
- A second dosage will be given after ten minutes if the ambulance has not arrived and his/her condition has not improved.

The Automatic Injector TREATMENT – INJECTABLE ADRENALINE

Directions for use are:

- Pull the end of i.e. the grey cap
- Hold onto the muscle at the top of the leg i.e. thigh
- Aim the pen - It must be placed on the outer mid-thigh muscle and can be administered through a single layer of clothing.

See Diagram



- Press down on the top of the pen - this will click which in turn will push the needle into the leg
- Count slowly to ten: this allows the adrenaline to be absorbed.
- Withdraw needle i.e. pull the EpiPen away.
- Look for a positive response. **YOU MAY INJECT A SECOND DOSAGE AFTER TEN MINUTES IF REQUIRED.**
- Confirm that an ambulance has been called.

Head Injuries

A minor head injury is a frequent occurrence in the school and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children do suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is done depends on the force and speed of the blow.

This guidance, which is based on guidelines from the National Institute of Health and Care Excellence, is to help staff to treat head injuries when they happen and recognise signs which mean that a child requires further medical assessment or hospital treatment following a head injury.

Head Injuries That Occur During Sports

Any injury involving the head that occurs during sporting activities requires the child to cease play immediately and sit out for the rest of that lesson or the duration of the match. Staff should consider whether referral to a medical practitioner is required using the information in this document.

Return To Play After Concussion

Concussion must be taken seriously to safeguard the short and long term health and welfare of young players. The majority of concussions will resolve in 7-10 days although a longer period of time is recommended for children. During this recovery time the brain is vulnerable to further injury. If a player returns to play too early then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders. During the recovery time a further episode of concussion can be fatal due to severe brain swelling (second impact syndrome). Graduated return to play should be undertaken on an individual basis and with the full cooperation of the player and their parents / guardians. If symptoms return, then the child must stop play immediately and be seen by a doctor or attend A&E the same day.

Before they can return to graduated play the child **MUST**:

- Have had two weeks' rest

- Be symptom free
- Have returned to normal academic performance
- Be cleared by a doctor (it is the parent's responsibility to obtain medical clearance)

NB: Earliest return to play after concussion in a child under 19 years of age is 23 days. If any symptoms occur while progressing through the 'Graduated Return to Play' protocol then the player must stop for a minimum period of 48 hours rest and during this time they must seek further medical advice. When they are symptom free they can return to the previous stage and attempt to progress again after 48 hours if they continue to be symptom free.

SUMMARY OF GRADUATED RETURN TO PLAY

<u>Stage</u>	<u>Rehabilitation stage</u>	<u>Exercises Allowed</u>	<u>Objective</u>
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming <70% maximum predicted heart rate. No resistance training	Increase heart rate and assess recovery
3	Sport Specific Exercise	Running drills, no head impact activity	Add movement and assess recovery
4	Non – Contact training drills	Progression to more complex training drills. E.G Passing drills. May start progressive resistance training.	Add Exercise and coordination and cognitive load. Assess recovery
5	Full contact practise	Normal training activities	Restore confidence and access functional skills by coaching staff. Assess recovery
6	Return to play	Player rehabilitated	Safe return to play once fully recovered

Before a player can commence the exercise elements of the GRTP (Stage 2) they must be symptom free for a period of 48 hours. The player can then progress through each stage as long as no symptoms or signs of concussion return. The player would normally proceed taking 2 days for each stage.

In rare cases there may be a serious head injury and staff should look out for the following danger signs:

SIGNS THAT MEAN AN AMBULANCE SHOULD BE CALLED (DIAL 999)

- **Unconsciousness or lack of consciousness (for example problems keeping eyes open)**
- **Problems with understanding, speaking, reading or writing**
- **Numbness or loss of feeling in part of body**
- **Problems with balance or walking**
- **General weakness**
- **Any changes in eyesight**
- **Any clear fluid running from either or both of the ears or nose**

- **Bleeding from one or both ears**
- **New deafness in one or both ears**
- **A black eye with no associated damage around the eye**
- **Any evidence of scalp or skull damage, especially if the skull has been penetrated**
- **A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a diving accident, a fall of less than 1 metre or a fall down any number of stairs)**
- **Any convulsions or having a fit**

If the child does not have any of the problems listed above, but has one or more of the problems in the following list, there is the possibility of complications and the child should be taken by a responsible adult to the Accident and Emergency department straight away. It is ok to transport the child in a car or using a taxi but if in doubt or there is a delay then call an ambulance.

SIGNS THAT A CHILD SHOULD BE TAKEN TO AN A&E DEPARTMENT STRAIGHT AWAY

- **Any loss of consciousness (being 'knocked out') from which the child has now recovered**
- **Any problems with memory**
- **A headache that won't go away**
- **Any vomiting or sickness**
- **Previous brain surgery**
- **A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)**
- **Irritability or altered behaviour such as being easily distracted, not themselves, no concentration or no interest in things around them, particularly in infants and young children (younger than 5 years)**

Parents must be informed, by phone, of any injury that their son receives to his head. The school office will contact the parent or carer concerned. If the head injury is severe, parents will be asked collect their son to seek medical advice.

BEFORE ANY REPORT TO THE HSE IS MADE, LAW AT WORK MUST BE CONTACTED FOR ADVICE

Appendix 1: Contents of First Aid Box

Contents of First Aid Boxes

Item	Numbers of Employees				
	1-5	6-10	11-50	51-100	101-150
Guidance card/First Aid Leaflet	1	1	1	1	1
Individually wrapped sterile adhesive dressings	10	20	40	40	40
Sterile eye pads, with attachment	1	2	4	6	8
Triangular bandages	1	2	4	6	8
Sterile coverings for serious wounds (where applicable)	1	2	4	6	8
Safety pins	6	6	12	12	12
Medium sized sterile un-medicated dressings	3	6	8	10	12
Large sterile un-medicated dressings	1	2	4	6	10
Extra-large sterile un-medicated dressings	1	2	4	6	8
Sterile water or saline in disposable containers (where tap water is not readily available)	1	1	3	6	6