



**ST JAMES**

Preparatory School

**FIRST AID (INCLUDING PROVISION FOR EYFS) POLICY**

**2025-2026**

## Version Control

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Signed: Annabel Lubikowski	Date: 05.11.2025
<b>Authorised by the Board of Trustees</b>	

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Every effort is made to care for the pupils' physical and mental development whilst they are at St. James. To that end a pupil's medical needs during the school day are met by the Prep School Matron, who is a fully qualified nurse.

One qualified first aider will be on the site whenever pupils are present, or accompany pupils when they are off site.

In accordance with EYFS regulations, all early years' staff including those who have completed a Level 2 or Level 3 qualification have a full emergency or paediatric first aid certificate. There will also be at least one person with a current paediatric first aid certificate on the premises or accompanying pupils off site.

The Preparatory School First Aid policy has been written with due regard to the DfE 'Guidance on First Aid' document.

### **Medical Information about Pupils**

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- Medical enquiry forms are completed before entry to school. A copy of this is kept on the pupil's record file in the School Office, and in the medical room. Care is taken to ensure access to confidential and sensitive information is restricted.
- Parental consent forms are completed for consent to first aid treatment during school hours and for treatment with 'Over the Counter Medications & Homely Remedies\*'. Appendix 5.
- Specific medical conditions of pupils are made known to relevant staff, with the consent of the pupils, parents, and Headmistress.
- All medical records are kept in a filing cabinet in the Medical Room, which is kept locked. There is also a keypad lock for entry on the medical room door.
- Records are passed to the senior school on request or otherwise kept until the pupil's 25<sup>th</sup> birthday.

*\*Note: 'Over the Counter Medications and Remedies' are those that can be purchased in any pharmacy without a prescription.*

### **Staffing and Trained First Aiders**

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- The principal person to administer First Aid on the school premises for the Prep School is the School Matron who is appointed for duty in the School Medical Room during school hours. In addition there are staff who have undergone Three day First Aid training, or Early Years Paediatric First Aid Training, and staff who have received 1 day first aid training. Retraining is offered to all: Three day and paediatric trained staff every three years; all 1 day trained staff are retrained every other year.
- The School Matron is employed to provide day-to-day first aid and treatment of minor illness and to care for a pupil before they are taken home they are more seriously ill, or accompany them to hospital when necessary.
- Three day trained first aiders accompany all residential visits and hazardous activities.
- All pre-school or after-school activities, whether on or off-site have an appropriately trained first aider running them. There are one or two exceptions and in these cases a first aider has been added to be available to cover that activity.
- For full list of First Aid Trained Staff details see Appendix 5 below and on staff server (Staff Drive/Medical)
- The Medical Room access is situated beside the Reception Desk on the ground floor (Room G34)

## When a Pupil Is Unwell or Has an Accident

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- If a pupil is unwell in class or has an accident, he/she can be sent by a staff member to see the School Matron with an escort of another pupil or member of staff, depending on age of child and the severity of the accident.
- The School Matron will assess the pupil and decide on the course of management. This may include: allowing the pupil to rest for a short time; giving some simple treatment e.g.: applying a bandage/plaster, administering an Over the Counter medicine in an age-specific dose.
- In consultation with the Class Teacher and/or Deputy Head where appropriate, parents will be informed of a pupil's condition if they stay in the medical room for longer than an hour.
- Other courses of management will include telephoning for an emergency ambulance if a pupil is seriously unwell or injured.
- The School Matron will document each visit and treatment given, noting details of time of attendance, the name of the pupil and his/her class, the presenting complaint and how it is managed (these notes are locked away outside school hours). The Matron will also communicate with the pupil's class teacher and keep them informed of the pupil's condition and outcome, if appropriate. Similarly, if appropriate, the Headmistress will be informed.
- The School Matron if necessary will attend an accident at any location on the School Premises and administer first aid as necessary. When out of her room the Matron can be contacted by radio via the Receptionist (Radio Channel 1).
- On occasions where the Prep School Matron is unavailable, the Senior School Nurse is able to provide cover.
- All staff are asked where possible to avoid sending pupils to matron between registration at 8.15 and 10.00, and again between 2.30 and 4.00; however urgent cases will always be attended to if needed.
- Emergency Ambulances have access to the courtyard. Appendix 7: Ambulance protocol-how to call an ambulance. Risk assessment for off- site activities include postcode and directions for nearest access to the site if known.
- A foldable emergency evacuation chair is available in the Medical Room mounted beside the sink, G34.
- The School Matron will always follow current first aid principles.

## **Informing Parents**

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- In the case of a head injury, where a pupil has hit his/her head or has been hit on the head, the pupil's parents will be telephoned and informed as soon as possible. Parents need to be informed (whether there are any signs of injury or not) about the nature of the accident, and any medication or treatment that might have been administered. A head injury advice form will also be given to the class teacher to ensure it is given to the parent or guardian collecting the child when he/she leaves the school premises.
  - A pupil's parents will be contacted by telephone whenever a pupil attends the medical room for anything other than a minor complaint or accident. The School Matron will convey the nature of the pupil's illness and its severity to the parent/guardian and, if necessary, will ask the parent/guardian to collect their child as soon as possible. The class teacher is also informed about the accident or illness.
  - For EYFS pupils, even in the case of a minor complaint, a note is sent home in the pupil's homework folder to inform the parent of their visit to see Matron.
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## **Accident Forms**

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- The school will keep records according to Health and Safety Regulations.
- There is an in-house system for recording accidents, or near-miss accidents.

### **Accidents to pupils**

- An accident form is to be completed by the member of staff who is responsible at the time of the accident, and also by the School Matron if she is involved in the subsequent care and treatment of the pupil. Accident forms are to be found on the staff shared drives.
- If an accident occurs away from the School premises the member of staff responsible should record the injury as soon as possible after the accident, ideally starting an Accident Form, or if one is not available, making notes. On returning to School formal documentation should be completed in accordance with the school policy.

### **Accidents to staff and other adults**

- If the injured person is a member of staff, or a visiting adult, they are responsible themselves for recording the injury.

### **Distributing completed accident forms**

- All accident forms should go to the H & S coordinator as soon as the preliminary stages are completed; he/she will initiate any further review and once this is done ensure that copies are sent to: the Head Teacher; Bursar; Matron; Office; other staff as needed.
- This system ensures that action is taken to improve the safety of the School environment.

## First Aid for Events outside the School Premises

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- For P.E. lessons and school trips or lessons off the school premises, there will be a designated teacher in charge of first aid or ensuring that first aid facilities are available.
- Risk Assessments for School Trips and off-site sporting fixtures must specify the responsible person for First Aid.
- In accordance with EYFS regulations where the outing involves one or more Reception classes, a paediatric trained first aider will accompany the classes.
- First aid trained staff will always be available for sporting activities off the school premises.
- All P.E. teachers are qualified first aiders.
- It is the responsibility of the teacher in charge or designated first aider to carry a first aid bag.

## First Aid Bags and Boxes on School Premises

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- It is the responsibility of the School Matron to check the contents of each first aid bag, whenever it is brought back from a school trip and before one is given to a teacher for a school trip. It is the responsibility of the First Aider to inform Matron if First Aid treatment has been given and if items need to be replaced on return to School.

The first aid bag taken to Games is similarly checked regularly. It is replenished whenever anything from it is used. It is the responsibility of the Games Teachers to bring the first aid bags used at games to the School Matron for replenishment whenever anything from it is used.

- The first aid boxes for the minibuses are similarly checked. It is the responsibility of the minibus managers to bring the boxes to the School Matron for replenishment.
- The contents of first aid bags are in accordance with health and safety guidelines and specifically do not include any medicines or topical treatments.
- It is the duty of the School Matron to make regular checks (at least twice a term) of the first aid boxes situated in the school building. (For the location of these first aid boxes see appendix 8)
- If required and when the Medical room is locked, there is also a first aid box located on the corridor wall outside the Medical room (G34).
- After School hours, the Senior Nurse's and Junior Matron's medical rooms are locked.
- Across the school site, there are three designated First Aid points, on the Ground Floor, First Floor and Second floor. At each point there is a First Aid Kit, an Emergency Adrenaline Kit (which contains both Junior and Adult doses of Adrenal Auto Injector - AAI), an Emergency Asthma Inhaler Kit. A Diabetic Kit is also located at the Ground Floor First Aid point.
- There are two Automated External Defibrillator AED on the school site which are located on the Ground Floor and Second Floor First Aid points.

## Pupils with Special Medical Needs / 'At Risk' Pupils

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- An "At-Risk Register" of pupils with Medical Conditions/Allergies is compiled, and regularly updated. All members of staff have access to this register and it is consulted prior to all school trips. The Register is made available in the staff room and school office.
- The Catering manager is informed of all food related allergies and special dietary needs.
- A copy of the At Risk Medical Conditions/Allergies Register and the procedures in place for all pupils/Staff are accompanied in the At Risk Procedures File that accompanies this policy. All staff are expected to be acquainted with this register and be aware of every child with serious or potentially serious medical conditions.
- Individual protocols are set up for pupils with serious illnesses or at risk of serious illness. These include pupils with allergies or anaphylaxis risk, asthma, diabetes, epilepsy and heart disease. Parents are expected to regularly update the School Matron and Class Teacher with information regarding their child's condition, what treatment is required and when.
- Pupil treatment plans are kept with pupils' emergency medication, and the "At Risk" file in matron's room. The class teacher has a pupil treatment plan for each pupil together with emergency medication in their classroom.
- Teachers are responsible for the safe storage of medicines in the classroom for the emergency treatment of 'at risk' pupils in their care whilst on and off the school site.

## Staff or Parents/ Volunteers with Medical Conditions

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- It is important that the School Matron is informed of any significant medical conditions that affect anyone teaching/helping within the school, and that might require assistance e.g. epilepsy, anaphylaxis, diabetes etc.
- Leaders of outings and residential visits must check with staff /parents/volunteers when writing the risk assessment, if there are circumstances they may have to take into consideration.

## Allergies

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- Staff are informed of children with allergies, as are the catering staff, so that they may avoid contact with foods to which they are allergic. There is a list in the Staff room, Catering office, and the School office of pupils who have severe food allergies, accompanied by photographs and details of how to respond to the reaction. A copy of the list is also located in each Emergency AAI Kits.
- Nuts in any form are not given to any pupils at all at school mealtimes or break times. The site is considered to be 'nut free'. Staff receive training in how to recognise when a child is having an allergic reaction and how to deal with it. They also receive training in how and when to use an Adrenaline auto-injector (AAI), and Ventolin Inhaler. This training takes place at the beginning of the Autumn Term, and before the 'Class holiday' in the Summer term.
- Pupils who may require the use of an adrenaline auto-injector (AAI) for severe allergic reaction are required to have two AAI's provided for them while at school and off the premises at all times. These are kept available in the Medical room in a cupboard marked Pupil's own Emergency Medicine, Adrenaline Auto Injectors' & Inhalers. The medicine is given to the games teacher and is kept with the first aid bag which is taken to games. At games lessons P.E. Teachers have an Emergency Inhaler Kit.

- Parents of pupils with allergies are expected to keep the School Matron regularly updated as to their condition and it is the Parents responsibility to ensure that the medicines are within expiry date.
- **The teacher in charge** of any outing away from the School Premises **has the responsibility** of being acquainted with any specific medical needs of the pupils in their care, including having a knowledge of, for example, pupils with asthma, and their need for inhalers, and pupils with allergies, at risk of anaphylaxis.
- Fully completed risk assessments identify pupils at risk on each trip. The risk assessment should identify which member of staff checks that pupil's medication is available and that it is in date. **Pupils must remain in school if they do not have their medication with them.**
- Where pupils attend residential visits, parental consent forms must include details of the required medication and indicate clearly whether the parents gives consent for staff to administer the medication or not. The designated First Aider must check medical forms and consent details before departure.

### When to Call an Ambulance

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- The School Matron would make the decision to call an ambulance. In the case of a First Aider dealing with an incident, their training informs them of the point at which to call an ambulance.
- All staff are advised to call an ambulance immediately when a pupil or member of staff has any difficulty breathing; suffers significant blood loss quickly; loses consciousness - other than fainting; uses an AAI due to an anaphylactic reaction; sustains a suspected major fracture; or if serious head injury is suspected.

### Medication

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- The School matron is allowed to administer a small number of conventional medicines. The conventional medicines can all be purchased over the counter and are listed in every pupil's medical profile. Parents provide signed consent for the administration of these medicines to their children.
- The School Matron is able to administer pupil's prescribed medications, as prescribed by doctors providing they are clearly labelled, in their original containers, and the dose is clearly stated. The medicine should be taken to the School office where the Parent or legal guardian will be asked to sign a consent form for the administration of these medicines. For further information please read the Administration of Medicines and Supporting Pupils with Medical Conditions Policy.
- Pupil's own Inhalers for asthma or breathing difficulties are kept for use in the school medical room. It is important that the school nurse is informed about any child with asthma, including the severity and the need for medication.
- Pupils who have severe allergies should have two AAI's for use at school throughout the school day. They are kept by the School matron in the medical room for use in an emergency.
- All pupils with asthma or risk of anaphylaxis will have a labelled wallet with their emergency medication kept in the School medical room.

- The School also holds Generic Emergency AAI's and Emergency Salbutamol Inhalers for which a specific signed consent is required for use in an emergency in the event that the pupil's own prescribed medication has expired, is not working properly, or is unavailable. This does not in any way replace the need for the school to be provided with the required pupil's own emergency medication as stated. The Emergency AAI's and Emergency Salbutamol Inhaler Kits are located at First Aid points.

## **Confidentiality**

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In accordance with the Matron's professional obligations, medical information about pupils will remain confidential. However, in providing medical care for pupils, it is recognised that the matron may liaise with parents, the Headmistress, Deputy Head or other academic staff; that information, with the pupil's prior consent, will be passed on as appropriate.

## **Hygiene Procedures for Spillage of Blood or Body Fluids**

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The risk of infection through exposure when dealing with blood/bodily fluid spillage will be minimised by immediate, safe, and effective cleaning detailed in the following instructions:

- All staff should wear protective clothing: PPE -Personal protective equipment (disposable gloves and apron), and cover any open cuts.
- Apply contents of a biohazard spillage kit and clean as directed.
- Clear away and use fresh paper towels with water/detergent solution to clean.
- Clear all items used and dispose of appropriately (wrap in paper or plastic first)-place in yellow clinical waste disposal bag. Dispose in the designated clinical waste bin.
- Ensure area is safe after cleaning.
- Perform hand hygiene both before and afterwards.

N.B Splashing must be avoided and mops should NOT be used. One person should be primarily responsible for each area.

## **Health and Safety and Awareness of Hazards in Subject Teaching**

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Prevention of accidents is given ongoing consideration within the school. (See also Health and Safety Policy Document.)

Risk assessments are prepared before any outing, sporting activity or public performance, to ensure careful consideration has been given to the impact of any hazard on pupils, staff and the public. The Science, Art and Sports departments pay careful attention, through risk assessment and following their respective advisory guidelines to all activities e.g. BAALPE & COSHH etc. All departments follow a code of practice regarding safety and assessment of hazards. Completed risk assessments are kept electronically, in paper form by the Deputy Head and signed copies in the individual departments.

Particular attention is given to nutrition, and to general cleanliness and hygiene of washroom and changing areas.

## **RIDDOR**

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### **The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013**

#### **Who reports accidents / incidents within St James?**

The Preparatory School H & S coordinator is responsible for ensuring that the HSE has been informed. The Headmistress and Bursar should always be informed of any accident that could be reportable, as soon as possible.

Party Leaders, organising activities out of normal school hours off the school premises, should be clear about the School's responsibility to contact HSE within a given timescale, in the event of an accident.

All staff are responsible for filling out an Accident/Incident report where the accident/incident takes place to themselves, or to a pupil during an activity for which they are responsible.

Completion of RIDDOR 2508 forms must be authorised by the Prep School H & S coordinator.

### **What accidents/incidents need to be reported?**

- HSE must be notified of fatal and major injuries and dangerous occurrences without delay (e.g. by telephone on 0845 300 99 23). This must be followed up within 10 days with a written report on Form 2508.
- Other reportable accidents do not need immediate notification, but they must be reported to HSE within 10 days on Form 2508.
- This applies to pupils, staff, parents and members of the public, both on and off site, involved or affected by a school activity.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) the Health and Safety Executive must be notified as soon as possible by telephone or e-mail of:

- accidents to employees causing either death or major injury
- certain industry related diseases suffered by employees
- dangerous occurrences
- accidents to members of the public (remember the “public” includes pupils and visiting pupils) where any is killed or taken from the premises to a hospital. (Playground injuries etc. and sports injuries, unless caused by defective equipment, defective premises or defective supervision etc., are not notifiable.)

Accidents to employees which result in injury causing absence from work of more than seven days (incapacitation) not counting the day on which the accident happened must be notified within fifteen days of the accident occurring.

The notifiable major injuries, reportable dangerous occurrences and reportable diseases relevant to the employer are as follows:

### ***Reportable incidents:***

#### **Major injuries:**

- 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:
  - Cover more than 10% of the body; or
  - Cause 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.

Plus:

Accidents which prevent the injured person from doing their normal work for more than seven days (including acts of physical violence). Records are to be kept of an accident if the injured person has been incapacitated for more than three consecutive days.

Plus:

- Dangerous occurrences, e.g. explosion or fire causing suspension of normal work for over 24 hours;
- Accidental release of any substance which may damage health.

### **Reportable Occupational Diseases include**

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Reporting may be done in a number of ways: e.g. telephone: 0845 300 99 23; online; email; post - by completing form 2508.

Please see the HSE RIDDOR website for more detailed information on dangerous occurrences. Information and quotes have been taken from the HSE RIDDOR site and DfE First Aid in Schools.

### **EYFS and accident reporting**

In addition to contacting HSE, the school must notify local child protection agencies of any serious accident or serious injury to, or the death of, any child whilst under our care and act on any advice given.

### **Infections and Contagious Illnesses**

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Infectious diseases will occur in many pupils and staff, of all ages. They will obviously vary in type from mild, e.g. the common cold, to more severe. It is required of parents that they inform the school as soon as possible of any communicable disease their child may have, so that the School may take appropriate action. The School, through the Junior Matron will take appropriate action, informing parents, staff and health authorities where necessary.

Where a child in the Early Years Context (Reception class) is believed to be suffering from a notifiable disease identified as such in the Public Health (Infectious Diseases) Regulations 1988, Ofsted should be informed. The school will act on any advice given by the Health Protection Agency and inform Ofsted of any action taken.

In the event that it is necessary to isolate a pupil or member of staff due to illness, the Medical Room may be used.

## Head Lice

Where a child is found to have head lice, or a parent reports that their child has head lice, the policy is that all children in the relevant classes will take home letters to parents asking them to check their children for infestation and giving advice on management of infestation.

Where children are found to have head lice at school, the parents or guardians are contacted and asked to take the child home and treat the infestation, after which the child may return to school.

## Record Keeping

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It is essential that a record of any treatment that has been administered to a child is kept. Nominated first aiders have a notebook for such records. Such a record should include: name of child, date, time, treatment given, reason given, signature of staff and printed name. The parents should be informed of any treatment given when the child is returned to their parents care.

Treatment given by the School Matron is recorded on treatment form and stored in the medical room.

*See also 'Administration of Medicines and Supporting Pupils with Medical Conditions Policy' with regard to keeping records of any medication given.*

## Appendix 1      Asthma

### Guidance

#### What is Asthma?

- Asthma is a condition that affects the airways, the small tubes that carry air in and out of the lungs.
- When a pupil with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscle around the walls of the airways tightens so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell.
- All these reactions cause the airways to become narrower and irritated making it difficult to breathe and leading to symptoms of asthma.

#### Management of the Pupils' Asthma

- Control symptoms
- Prevent exacerbations
- Achieve best possible lung function
- Minimise side effects

#### Aim of this Guidance

The aim is to develop comprehensive guidance to improve the management of pupils with asthma on the school site, on school trips and at school events. Encouraging them to achieve their potential in aspects of school life,

#### Objectives

- To recognise that asthma is a condition affecting many school children and the school welcomes all pupils with asthma.
- To ensure pupils with asthma participate fully in all aspects of school life including P.E, & "Off Site" activities.
- To recognise that immediate access to reliever inhalers are vital.
- To ensure, whenever possible, that the school environment is favourable to pupils with asthma.
- To ensure that updates are given to all staff who come into contact with asthmatic pupils in order that they know what to do in the event of an asthma attack.
- To work in partnership with all parties involved with pupils including school staff, parents and school medical team to ensure the policy is implemented and maintained successfully.
- To teach pupils who have asthma about the disease and its management and encourage them to take care of their symptoms.
- To ensure that annual training is given to all staff attending asthmatic pupils.

## Actions

- a) For the School Matron to liaise with School Staff.
- b) For the School Matron to ensure that the Medical At Risk List is regularly updated and this list is available to all Staff - accessible on the Prep School Staff Shared Drive database and in the Staff room.
- c) School Staff may allow upper Junior pupils to administer their own medication under supervision when needed.
- d) Parents will be notified when inhalers become out of date by the School matron, to enable parents to replace aforementioned out of date inhaler. Parents are responsible for ensuring that the School is provided with an inhaler that is within the expiry date.

## School Trips

- Ensure trip leaders will request completion of trip list containing relevant medical information prior to the trip.
- Care plans will be issued to trip leaders with relevant medication and trip leader will be invited to see the School Matron to go through care plans and correct use of inhaler.
- All pupils with a diagnosis of asthma MUST have their asthma inhaler with them prior to setting off. The trip leader is responsible for ensuring this and must visualise the inhalers, with the named inhaler being kept with the designated first aider for the trip.
- If the School Matron has not been provided with a named spare inhaler, then the child will not be allowed to join the trip. If time allows, then the trip leader may wish to contact the pupil's parents and request them to bring an inhaler into school.

## Common Signs of an Asthma Attack:

- Coughing
- Shortness of breath
- Wheezing
- Tightness of the chest area
- Difficulty in speaking

## What to do if a pupil has an Asthma Attack

1. Ensure that the reliever inhaler is taken immediately - (1 puff followed by a further puff 1 minute apart, using a spacer device if normally used) this is usually the blue inhaler and opens up the narrowed airways.
2. Stay calm and reassure the pupil - attacks can be frightening, so stay calm. Listen carefully to what the pupil is saying. Do not put your arms around the child as this may restrict their breathing.
3. Help the pupil to breathe - encourage the pupil to breathe slowly and deeply. Most people find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Get someone to contact the School Matron to assess the pupil.
4. After the attack - minor attacks should not interrupt a pupil's involvement in school. As soon as the pupil feels better, a return to normal activities should be encouraged but the School Matron should be informed and the pupil checked before returning to lessons.

If there is no improvement within five minutes, continue to give the inhaler (1 puff followed by a further puff 1 minute apart, using a spacer device if normally used) until symptoms improve.

If the symptoms do not improve between 5 - 10 minutes, or if:

- the pupil is too breathless, distressed or exhausted to talk
- the pupil's lips are blue, chest tightness or wheezing
- OR YOU ARE IN DOUBT at all about the pupil's condition

Dial 999 or contact the School Matron and continue to give reliever medication every minute until help arrives.

N.B. A pupil should be taken to hospital in an ambulance. School staff should NOT take them in their car as the pupil's condition may deteriorate very quickly.

N.B Never give aspirin or ibuprofen (Nurofen) to anyone with asthma.

### **Asthma in P.E. and School Sports**

- P.E. staff must know which pupils have asthma, by referring to the At Risk list provided by the School Matron and encourage and support them.
- Remind pupils whose asthma is triggered by exercise to take a dose of reliever medication 15 minutes before they start the lesson/class.
- Encourage pupils with asthma to do a few short sprints over 5 minutes to warm up.
- Make sure pupils bring their reliever inhalers (blue) to all sports/PE/Gym events.
- Ensure that pupils who say they need their asthma medication, take their reliever inhaler and rest until they feel better. Speak to the School Matron if a pupil needs more reliever inhaler than usual or ask the pupil to be checked by the School Matron.
- Speak to the School Matron if Staff are concerned that a pupil has signs of undiagnosed asthma.

## Appendix 2 Diabetes

### Guidance Information

Diabetes (diabetes mellitus to give it its full name) is a life-long condition in which the amount of glucose (sugar) in the blood is too high because the body's way of converting glucose into energy is not working as it should.

Our bodies need glucose for energy. Glucose enters the bloodstream when you digest carbohydrate from various kinds of food and drink, including starchy foods (such as bread, rice, and potatoes), fruit, some dairy products, sugar and other sweet foods. Glucose is also produced by the liver.

In people without diabetes, a hormone (a chemical messenger) called insulin carefully controls the amount of glucose in the blood. Insulin is made by a gland called the pancreas, which lies just behind the stomach. It acts as the 'key' that 'unlocks' the body's cells to let the glucose in. The body's cells then convert the glucose into energy.

### Aim

- To identify pupils who may be at risk of developing diabetes.
- To optimise care of the disease.
- To identify and optimise care of co-existing conditions.
- To prevent complications of the disease.
- To promote pupil education and self-care.

### Procedure

The diabetic Pupil will be seen by the RGN who ideally has diabetes

training. The Health Professional will:

- Discuss weight, urine, blood pressure, foot care and diet intake, assessed by using evidence-based points system.
- Discuss blood monitoring and technique.
- Encourage maintenance of blood glucose monitoring record.
- Discuss lifestyle issues, give education and literature as necessary.
- Ensure pupil has HBA1c checked annually.
- Ensure pupil has regular follow ups with hospital paediatric department.
- Refer to GP if any abnormalities found.
- Liaise with paediatric diabetic nurse/diabetic team.

## Signs and Symptoms of Hypoglycaemia and Hyperglycaemia

**Hypo** (when blood glucose drops too low)

Common symptoms:

- sweating
- hunger
- tiredness
- blurred vision
- lack of concentration
- headaches
- feeling tearful, stroppy or moody
- going pale
- feeling

shaky Causes:

- too much insulin
- a delayed or missed meal or snack
- not enough carbohydrate food
- unplanned physical activity
- if they are old enough, drinking large quantities of alcohol or alcohol without food
- sometimes there just is no obvious cause.

Management:

- Get the child to stop what they are doing - ignoring a hypo means it will only get worse.
- If there is time, do a test just to make sure. If not, get them to eat first and test later.
- Make sure they eat or drink something sugary, such as glucose tablets, jelly babies or an ordinary (not diet) drink. This quick-acting carbohydrate will raise their blood glucose levels quickly. The amount needed will vary from child to child.
- Don't use chocolate - because of its fat content, it doesn't work quickly enough.
- Try to sit them down until they feel better.
- After about 10-15 minutes, check their blood glucose again.
- Many children will need a longer-acting carbohydrate, e.g. fruit, biscuit, small sandwich or their next meal (if it's due). This will prevent their blood glucose levels from dropping again. Again, the amount needed will vary.

**Hyper** (when blood glucose rises too

high) Common symptoms:

- increased thirst
- passing urine more frequently
- headaches
- lethargy
- abdominal

pain Causes:

- missed insulin dose
- too little insulin given

- eating too much sugary or starchy food
- over-treating a hypo
- stress
- being unwell with an infection

**Management:**

If the pupil's blood glucose level is high for just a short time, emergency treatment won't be necessary. But if it stays high you need to take action to prevent the pupil developing diabetic ketoacidosis. Contact the Health Professional/First Aider on duty.

- Check the pupil's blood or urine for ketones if their blood glucose level is 15mmol/l\* or more.
- If ketones are present it is likely that the pupil does not have enough insulin in their body, so you may need to increase their insulin or give an extra insulin dose. Talk to the Medical team about how to do this.
- Make sure the child drinks plenty of sugar-free fluids.
- If the child has ketones and is unwell, especially if they are vomiting, you must contact your Health Professional/First Aider/Parent/paediatric diabetes team for advice.

REF: Diabetes UK  
Preparatory School Medical Department

## Appendix 3 Epilepsy Guidance

### What to do

Knowing what to do - and what not to do - when someone has a seizure is vital. Help required during seizures depends on:

- The type and pattern of seizure
- How long the seizure lasts and how severe it is
- How the seizure affects the person's consciousness

Some seizures are brief. Most are self-righting. Some seizures may require first aid. Others may require emergency medical attention, e.g. serial seizures and status epilepticus (when seizures do not stop).

Reassurance and appropriate support are always helpful.

#### Do:

- Note the time the seizure starts
- Clear a space, support the person's head (use a cushion, a folded coat or support the head with your hands)
- Loosen any tight neckwear, belts, etc.

#### Don't:

- Move the person unless they are in danger, e.g. in water, close to a fire or heights
- Force any object between their teeth
- Restrain them - allow the seizure to take its course
- Give them drinks or medication.

#### Only call 999 for medical help if:

- The seizure lasts for more than 5 minutes, or 2 minutes longer than is normal for that person
- The person does not regain consciousness
- Further seizure(s) follow
- The person has an injury
- The person may have inhaled water
- Breathing difficulties continue

Ref: Preparatory School First Aid policy

## **Appendix 4 Sun Protection Guidance**

### **Background**

Skin cancer is one of the most common cancers in the UK. Malignant melanoma, the most serious type of skin cancer, has seen the largest increase in incidence rates in the last 25 years. Up to 80% of these cases can be prevented by taking adequate measures to protect ourselves from the sun.

Sunburn when young can double the risk of skin cancer later in life. Pupils/students are at school during the peak UV hours of 11-3, thus making sun protection at school vitally important.

### **Aim**

This guidance has been drawn up with the intention of enabling all who work at St James (pupils/students and staff) to enjoy the sun safely.

### **Education**

- Pupils will receive at least one lesson on sun safety during the science or PSHE programme.
- At the start of the summer term pupils will have an assembly on the importance of sun protection.
- Parents and guardians will be sent a letter explaining the school's guidance regarding sun protection and how they can help at the beginning of the summer term.
- Staff will be given advice on sun protection so that a whole school approach is achieved.
- We will invite the school nurse to discuss this issue when appropriate.

### **Protection**

- South facing windows have been fitted with shades.
- Shaded pagoda areas are provided.
- As part of the new development project and long term building plan we aim to increase the amount of shade available.
- Pupils are advised to apply SPF 15+ sunscreen when outside at break/lunchtime.

### **Timetabling**

- The timetabling of outdoor events will be adjusted to take into account spells of hot weather.

### **Outdoor activities/visits and PE lessons**

- Pupils are encouraged to apply factor 15+ sunscreen for all outdoor trips and activities, such as PE lessons.
- All teachers will encourage students/spectators to wear hats during outdoor activities/visits and sports day.
- Students should bring water bottles to avoid dehydration/ water to be supplied by school when necessary (sports day etc.).
- Extra shade will be supplied, in the form of gazebos, for sports day.

## Appendix 5 Over the Counter and Homely Remedies

Analgesic/Antipyretic -For moderate pain/ temperature 37.5 C or above.

*Paracetamol tablets 500mg*

*Infant Paracetamol suspension*

*Paracetamol suspension 6+*

Cold Preparations

*Buttercup syrup*

*Lemon, honey & glycerine lozenges*

*Blackcurrant, menthol and glycerine lozenges*

Antihistamine -For Allergic symptoms, Hayfever

*Cetirizine solution*

Stomach upset preparations

*Gaviscon suspension - for indigestion*

Inhalant/decongestant

*Olbas oil*

Topical Applications

*Savlon cream*

*Anthisan cream*

*Infant Bonjela*

*Diprobase ointment*

*E45 cream*

*Magnesium sulphate paste*

*Vaseline*

*Hypericum and Calendula cream*

*Arnica cream*

*Olive oil*

*Lavender oil*



## First Aiders List - 2025/26

First Aiders

Role

Certification Expiry

EMERGENCY FIRST AID AT WORK

Desiree Boyneberg	After school care	24/02/2027
Elena Jessup	Sanskrit Teacher	29/11/2026
Kairon Millington	Estates Team	02/09/2027

### EYFS PAEDIATRIC FIRST AID TRAINING

Kathryn Baillieux	Reception KB	07/03/2026
Celeste Boekkerink	Teaching Assistant	23/10/2026
Desiree Boyneberg	After school care	24/02/2027
Abigail Chetwin	Year 2C	08/11/2026
Keyla Comegys	After school care	20/11/2026
Daniella Fauche	Nursery Practitioner	21/11/2027
Carla Fortune	Reception TA	23/09/2027
Nataliia Kravchenco	Nursery Volunteer	27/02/2027
Naomi McCarthy	After school care	22/03/2027
Serena Robb	Nursery Head	27/08/2026
Sophie Thompson	Year 2T	29/11/2026
Katherine Winfield	Admin Assistant	05/11/2028
Zara Zafar	Nursery Manager	24/02/2027

### COMBINED EMERGENCY FAW and EMERGENCY PAEDIATRIC FIRST AID L3

Suzie Brown	Cookery	03/09/2027
Jessica Cook	Head of Drama	03/09/2027
Erik Edwards	Year 4E/ Pastoral Lead	03/09/2027
Alicia Vila-Gallen	Teaching Assistant	03/09/2027
Charlotte Llewellyn	SENCO	03/09/2027
Mary-Ann Parker-Wood	Year 3PW	03/09/2027
Rachael Simmons	Year 6S/ Academic Lead	03/09/2027
Catherine Toole	Teaching Assistant	03/09/2027

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## Appendix 7 Contacting the Emergency Services

### ***Request for an Ambulance***

***Dial 999, ask for ambulance and be ready with the following information***

**1. Your telephone number**

**Or School No. 0207 348 1777**

**2. Give your location as follows (insert school/setting address)**

**St James Schools, Earsby Street, W14 8SH**

**3. State that the post code is**

**W14 8SH**

**4. Give exact location in the school/setting (insert brief description)**

**E.g. .Gym, Playground, 1st Floor Refectory**

**5. Give your name**

**6. Give name of child and a brief description of the child's symptoms**

**7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to.....**

**Appendix 8 PREP SCHOOL & SENIOR GIRLS SCHOOL: LOCATION OF FIRST AID KITS, DEFIBRILLATORS- AEDS AND EMERGENCY ASTHMA AND ANAPHYLAXIS KITS**

AREA	LOCATION	KITS
<b>4 MAIN FIRST AID POINTS</b>		
<b>GROUND FLOOR</b>	<b>EXIT DOOR TO PLAYGROUND</b>	Defibrillator First Aid Kit-List of First Aiders Emergency Asthma Kit Emergency Automatic Adrenaline Injection Kit -AAI's for both Senior & Prep Pupils Diabetes Kit
<b>FIRST FLOOR</b>	<b>REFECTORY</b>	First Aid Kit -List of First Aiders Emergency Asthma Kit Emergency Automatic Adrenaline Injection Kit – AAI's for both Senior & Prep Pupils
<b>SECOND FLOOR</b>	<b>WALL NEXT TO LIFT</b>	Defibrillator First Aid Kit-List of First Aiders Emergency Asthma Kit Emergency Automatic Adrenaline Injection Kit – AAI's for both Senior & Prep Pupils
<b>6<sup>TH</sup> FORM BUILDING</b>	<b>RECEPTION</b>	First Aid Kit -List of First Aiders Emergency Asthma Kit Emergency Automatic Adrenaline Injection Kit
<b>GENERAL FIRST AID KITS</b>		
Kitchen – ground floor	Wall opposite entrance from refectory	First Aid Kit
Art of Hospitality – G12	Office – left of door, on shelf	First Aid Kit
Senior school office	Shelf to right of door	First Aid Kit
Reception Evacuation Kit	Behind Reception desk	First Aid Kit
Senior science offices	S4- on wall left of door S6 – on wall right of door	First Aid Kit Eye Wash Kit
Maintenance Office	Shelf straight ahead from door	First Aid Kit
Basement - maintenance	Desk	First Aid Kit
Senior Art Room – 2 <sup>nd</sup> Floor	On shelf to right of door on entry	First Aid Kit
Senior Art Room – 2 <sup>nd</sup> Floor	Supplies cupboard	First Aid Kit
Gym	Right of door on wall	First Aid Kit
Medical Centre – Ground Floor	Inside Medical Centre	First Aid Kit/ Eye Wash Station
Prep School Office	Just inside the door of the school office	First Aid Kit
Prep Sports office – F24 (1 <sup>st</sup> Floor)	To the right of the door on entry x2	First Aid Kit
<b>EYE WASH STATIONS</b>		
Medical Centre	On wall next to entrance to Medical Centre	
Science Room S6	Wall right of door	
<b>EVACUATION CHAIR</b>		
	On stairs.	
<b>DEFIBRILLATORS - AED</b>		
Ground Floor	Exit doors to playground	
2 <sup>nd</sup> Floor	Wall next to lift	

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## **Guidance on dealing with specific Medical Conditions**

### **Please follow the following links:**

*ASTHMA* - [www.asthma.org.uk/](http://www.asthma.org.uk/)

*SEVERE ALLERGIES/ANAPHYLAXIS* - [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

*EPILEPSY* - [www.epilepsy.org.uk/info](http://www.epilepsy.org.uk/info)

*DIABETES* - [www.diabetes.org.uk](http://www.diabetes.org.uk)

*MINOR HEAD INJURY* - [www.nhs.uk/conditions/minor-head-injury](http://www.nhs.uk/conditions/minor-head-injury)

*SEVERE HEAD INJURY* - [www.nhs.uk/conditions/severe-head-injury](http://www.nhs.uk/conditions/severe-head-injury)

*HEALTH CONDITIONS IN SCHOOLS ALLIANCE* [www.medicalconditionsatschool.org.uk/](http://www.medicalconditionsatschool.org.uk/)