

RODOLFUS CHORAL FOUNDATION

The Rodolfus Choral Foundation Limited

FIRST AID POLICY

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KEY TERMINOLOGY

Primary First Aiders are members of Staff who have at least completed an approved FAW or EFAW course, or a comparable three-day alternative qualification, and may have additional experience, and have been identified by the Head of Pastoral Care as a Primary First Aider.

FAW means First Aid at Work (three-day course). **EFAW** means Emergency First Aid at Work (one-day course).

The Foundation refers to **The Rodolfus Choral Foundation**

The OT refers to **The Operations Team**. This would usually comprise the General Manager, Course Operations Manager, Communications Manager, Access and Partnerships Manager and the Choir Team.

Staff refers to all those who work for or on behalf of The Foundation in any capacity whether paid or voluntary. All staff working for the foundation will be over the age of 18.

Parent refers to birth parents or other adults who are in a parenting role e.g guardians, stepparents or adoptive parents.

Child refers to all young people under the age of 18.

Young person/Student (here) refers to all people who may be participants in The Foundation's courses and choirs (excl. Adult Courses). This includes participants on Senior Courses or singers in the Rodolfus Choir who may be aged 18 – 23.

DSL refers to the **Designated Safeguarding Lead**

ToS refers to the **Trustee with oversight of Safeguarding**

CoBT refers to the **Chair of the Board of Trustees**

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1 POLICY AIMS

1.1 Philosophy Statement

- i. The safety and welfare of young people in the Foundation's care are paramount. Every adult who works with the Foundation is aware that they have a responsibility for helping to keep all pupils safe at all times.
- ii. Every care is taken to ensure that the young people are looked after and receive appropriate medical care in response to illness or injury.
- iii. First Aid means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack. A First Aider can assist an individual to take aspirin when an ambulance is en route.

1.2 Objectives

- i. This policy is linked to and should be read in conjunction with the Foundation's Safeguarding and Child Protection Policy.
- ii. This policy has been authorised by the Board of Trustees, is available on request and is published on the Foundation's website. It is reviewed bi-annually.
- iii. This policy aims to ensure that the Foundation provides adequate, safe and effective First Aid provision in order for every young person, staff member and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor;
- iv. This policy aims to provide awareness of the procedures in the event of any illness, accident or injury and to ensure that First Aid provision is appropriate.

2 RESPONSIBILITIES

2.1 Foundation and Course roles

- i. The Board of Trustees has ultimate responsibility for health and safety on activities arranged by the Foundation.
- ii. In order to help them discharge their duties, the Trustees have appointed the Operations Manager to oversee and supervise health and safety at the Foundation on their behalf and delegate full authority to the Operations Manager to do so. These duties include ensuring that:
 - there is adequate and appropriate First Aid equipment, facilities and qualified First-Aid Personnel on Foundation sites;

- the correct First Aid procedures are followed;
- suitable and sufficient risk assessments of the staff, young people and visitors to the Foundation's activities are carried out.

- iii. The Operations Manager delegates day-to-day health and First Aid arrangements on individual courses to the Course DSL and/or the Head of Pastoral Care. Some responsibilities may in turn be delegated to Primary First Aiders.
- iv. It is the responsibility of all staff to be aware of the First Aid procedures and know who to contact in the event of any illness, accident or injury. All Staff will use their best judgement at all times to secure the well-being and welfare of the young people.
- v. All staff including course assistants are required to know how to identify the locations of all the activities for which they are providing supervision, or to know how to access this information quickly, in order that an ambulance can be called, if necessary, without delay.
- vi. Course staff are also required to know how to use an Adrenaline Auto Injector and to know how to recognise an asthma attack, anaphylactic reaction, or any other illnesses as deemed relevant. Senior staff should also know how to care for a person suffering an epileptic seizure or suffering from a head injury. Information relating to these are included in Appendices to this policy and will be added to the Staff Handbook.

2.2 Primary First Aiders

- i. Primary First Aiders will be nominated prior to the start of each course. There will always be at least one on-call Primary First Aider at each residential course.
- ii. The Matron on Junior Courses will usually take the role of Primary First Aider.
- iii. The Primary First Aiders, all of whom will have undergone a 3-day First Aid at Work, Emergency First Aid at Work or Paediatric First Aid course, will be identified to all staff at the start of each course.

3 FIRST AID & MINOR MEDICAL CONCERNS

3.1 Resources

- i. It is the responsibility of the Course Manager and Primary First Aiders to ensure that First Aid provisions supplied are used and stored appropriately.
- ii. First Aid kits are also available to course staff, which include spillage kits and authorised medication.

3.2 Accessibility

- i. First aid kits are available in all locations used by the Foundation, whether kits owned by the Foundation or by trusted venues used by the Foundation; this includes all boarding residences used by the Foundation.
- ii. The House Parents and Primary First Aider will take responsibility for any individual medical requirements for young people in their charge, such as adrenaline auto-injectors and inhalers, where the young person is under 18.
- iii. Where various venues on one site are being utilised, staff should ensure that there are enough first aid kits between venues and that epi-pens, auto injectors and inhalers are carried regularly for the necessary young people.

3.3 Minor Ailments and Conditions

- i. Only the Matron, House Parents or Head of Pastoral Care are authorised to treat minor ailments as follows:
 - headaches or backaches with drinks of water and rest, with paracetamol (tablets or liquid) only as a last resort;
 - wasp stings and insect bites with over-the counter antihistamine cream;
 - hay fever, where there is no prescribed remedy, with over-the counter antihistamine;
 - cuts and scrapes with an antiseptic wipe and a plaster;
 - bruises with arnica cream and/or cold pads;
 - indigestion with over-the counter indigestion tablets.
- ii. Parents of children under 18, or young people over 18, may opt out of any of the above by indicating this in the medical section of the sign-up form.
- iii. Any dispensing of medication must be logged in the Pastoral Log with the category title 'Medical'. The Pastoral Log must be consulted prior to dispensing in order that the previous time of dispense can be checked, and that any opt-outs for any of the above medications can be checked.

4 MEDICAL INFORMATION (Students)

4.1 Parents are requested to provide written consent for the administration of First Aid, medical treatment and medication on the course Information Forms.

4.2 The House Parents, in conjunction with Matrons and Course Managers, will be responsible for reviewing confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a young person's functioning on the Foundation's courses to other staff on a 'need to know' basis.

4.3 This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of members of the Foundation's community.

5 PROCEDURES

5.1 Illness

- i. Young people will be instructed to visit the Matron or other member of staff at any time should they feel unwell. During residential courses, all young people will be made aware of the location of staff rooms overnight (in case of emergency).
- ii. The Matron or, if unavailable, the Head of Pastoral Care will assess the situation and decide on the next course of action. The Primary First Aider or, if unavailable, a First Aider will provide First Aid as required.
- iii. The Course Manager, in consultation with senior staff, will discuss with parents the procedures for young people who may become ill or infectious and take necessary steps to prevent the spread of infection and illnesses. Where a young person is aged 18 or older, these discussions will take place with them.
- iv. Specific scenarios may require a separate risk assessment.

5.2 Serious Injury or Medical Emergency

- i. If in doubt as to whether something is a medical emergency, it should be treated as such. The Course Manager and Head of Pastoral Care will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance.
- ii. All staff are trained in the use of Adrenaline Auto Injectors (AAI), but are authorised to use an AAI if necessary.
- iii. A First Aider, if not already present, should be called for. If the First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance.
- iv. Staff should not drive unwell young people in their own cars, and should always use a taxi, ambulance or another driver with appropriate insurance.
- v. Arrangements should be made to ensure that any young person under the age of 18 is accompanied in the ambulance or followed to hospital by two members of staff unless or until a parent/carer is present.
- vi. The Course Manager and Course DSL should always be informed as soon as practicable if an ambulance has been called.

6 INTIMATE CARE

Defined as the application of care or medical treatment other than to arms, face or legs below the knee, intimate care of a young person is not expected of the Foundation's staff; as such, the Foundation does not require a separate intimate care policy.

In the rare instance that such care may be necessary, permission must be sought from the young person, their parent/carer (where they are under 18), and the Course DSL.

The Safeguarding Policy must be followed at all times. A second adult should be present, and any intimate care administered must be reported in writing to the DSL.

Where intimate care is needed urgently, the requirements above should not prevent a willing member of staff administering intimate care to prevent harm to the young person. In this situation, the member of staff must make a full written report as soon as possible to the DSL.

7 RECORDING & REPORTING

All injuries, accidents, illnesses and dangerous occurrences (unless very minor) must be recorded in the Pastoral Log with category heading 'Medical'.

The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness.

Any First Aid treatment given should also be noted, with the name of the person dealing with the accident. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least three years.

All such events (unless very minor) should be reported to the parents of a young person involved where they are under 18. This would usually be undertaken by the Course DSL.

The Foundation's DSL and ToS should regularly review the systems and management of medical welfare including the Pastoral Log to take note of trends in accidents, injuries, and illnesses to identify whether a review or change in welfare practice is needed. The information may help identify training or other needs and be useful for investigative or insurance purposes.

APPENDIX A: Asthma Attacks

The signs are:

- worsening symptoms (cough, breathlessness, wheezing or tight chest);
- reliever (blue) inhaler is not helping;
- too breathless to speak, eat or sleep;
- breathing getting faster – unable to catch breath;
- unable to talk or complete sentences;
- tummy or chest ache, particularly in younger children.

Call 999 if the person:

- is worried that it is a severe attack (they may ask you to call 999);
- is not getting better after 10 puffs of their inhaler;
- appears exhausted;
- has collapsed.

Treatment:

1. Keep calm and sit up straight.
2. Take one puff of the reliever (blue) inhaler every 30 to 60 seconds, up to 10 puffs.
3. If the person feels worse at any point, or does not feel better after 10 puffs, call 999.
4. After 10 minutes, if the ambulance has not arrived, repeat step 2.

Any person experiencing an asthma attack should see a GP or asthma nurse, ideally on the same day if they do not need hospital treatment.

APPENDIX B: Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that happens very quickly. It can be caused by food, medicine or insect stings.

Call 999 and say 'anaphylaxis' if:

- the person's lips, mouth or tongue suddenly become swollen;
- they're breathing very fast or struggling to breathe (they may become very wheezy or feel like they're choking or gasping for air);
- their throat feels tight or they're struggling to swallow;
- their skin, tongue or lips turn blue, grey or pale (if they have black or brown skin, this may be easier to see on the palms of their hands or soles of their feet);
- they suddenly become very confused, drowsy or dizzy;

- someone faints and cannot be woken up;
- a child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face).

Procedure in the event of suspected anaphylaxis:

1. Use an adrenaline auto-injector (e.g EpiPen) if the person has one.
2. Call 999 and say 'anaphylaxis'.
3. Lie the person down and raise their legs. If they are struggling to breathe, you can raise their shoulders or sit them up slowly.
4. In the case of a sting, try to remove it if it is still in the skin.
5. After 5 minutes, use a second adrenaline auto-injector if symptoms have not improved.

Do not allow the person to stand or walk at any time, even if they feel better.

How to use an adrenaline auto-injector:

There are different types of adrenaline auto-injectors and each one is given differently.

- o Emerade instructions
<https://www.emerade.com/how-to-use>
- o EpiPen instructions
<https://www.epipen.co.uk/en-GB/patients/your-epipen/how-to-use-your-epi pen>
- o Jext for adults instructions
<https://patients.jext.co.uk/>
- o Jext for children instructions
<https://patients.jext.co.uk/>

An ambulance must always be called if an adrenaline auto-injector is used.

An adrenaline auto-injector must only be used for a person for whom that injector has been prescribed, except for 'generic' devices which can be held by schools.

APPENDIX C: Epilepsy and Seizures

If you see someone having a seizure or fit, there are some simple things you can do to help.

It might be scary to witness, but do not panic.

1. **Stay calm** – ask others to leave the area and summon additional adult assistance.
2. **Look around** – is the person in a dangerous place? If not, do not move them. Move objects such as furniture away from them.
3. **Note the time** the seizure starts.

4. **Stay with them.** If they do not collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
5. **Cushion their head** with something soft if they have collapsed to the ground.
6. **Do not hold them down** or restrain their limbs.
7. **Do not put anything in their mouth.**
8. **Check the time again.** If a convulsive (shaking) seizure does not stop after 5 minutes, call for an ambulance (dial 999).
9. **After the seizure has stopped**, put them into the recovery position and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking their airway such as food or vomit. If their breathing sounds difficult after the seizure has stopped, call for an ambulance.
10. **Stay with them until they are fully recovered.** The Course DSL should call the young person's parents if they are under 18 years old.

Call 999 if:

- The seizure does not stop after 5 minutes
- The person is having difficulty breathing or is seriously injured
- You are not aware that they have a history of seizures
- They have another seizure without recovering fully from the first seizure

APPENDIX D: Head Injuries

Most head injuries are not serious, but some symptoms require urgent medical help. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks. All head injuries must be reported and logged.

Call 999 if someone has hit their head and has:

- been knocked out and has not woken up;
- difficulty staying awake or keeping their eyes open;
- a fit (seizure);
- fallen from a height more than 1 metre or 5 stairs;
- problems with their vision or hearing;
- a black eye without direct injury to the eye;
- clear fluid coming from their ears or nose;
- bleeding from their ears or bruising behind their ears; numbness or weakness in part of their body;
- problems with walking, balance, understanding, speaking or writing;
- hit their head at speed, such as in a car crash, or being hit by a vehicle;
- a head wound with something inside it or a dent to the head.

Take the person to A&E if someone has hit their head and has:

- been knocked out but has now woken up;
- vomited (been sick) since the injury;
- a headache that does not go away with painkillers;
- a change in behaviour, like being more irritable or losing interest in things around them;
- been crying more than usual (especially in young children);
- problems with memory;
- been drinking alcohol or taking drugs just before the injury;
- a blood clotting disorder (like haemophilia) or they take medicine to thin their blood;
- had brain surgery in the past.

Caring for a minor head injury

If the person does not need to go to hospital, they can usually be looked after as follows:

- Hold an ice pack to the area regularly for short periods in the first few days to reduce swelling.
- Rest.
- Paracetamol to treat a slight headache.
- Monitoring by an adult.

In all instances of head injury to young people, a record should be made in the Pastoral Log and the Course DSL must be informed. Parents of children should also be informed in writing about the injury by the Course DSL or Course Manager.

APPENDIX E: Policy Updates and Review

This policy was created: 30th May 2025.

Date of next review: June 2027

The following updates were made since the previous review:

N/A