

PEPONI SCHOOLS

First Aid Policy

To be reviewed by:	Deputy Head Pastoral and Nurses
Date of Policy:	September 2026
Review Frequency:	Annually
Review Date:	September 2027

Introduction

Peponi Schools are mindful of the need to safeguard the wellbeing of all pupils, staff and visitors to their schools and will ensure, as far as is reasonably practicable, that First Aid arrangements will be managed in accordance with guidance of The School (Independent School Standards) (England) Regulations 2014 and all local procedures.

Provisions for First Aid

Each school site, is risk assessed to ensure appropriate levels of first aid provision. These risk assessments are carried out by a competent person (DHP) and reviewed annually and updated as necessary as a result of a statutory or other significant change.

As well as the minimum provision required, the risk assessments set out in detail any additional provision required specific to the School's needs.

The risk assessments identify needs for each of the sites, high risk areas and activities and (when required) individuals requiring specific or specialist provision. They also take into consideration out-of-hours activities and provision for those on site out of term time. Provision for first aid for expeditions is risk assessed separately by the Trip Leader.

Qualification and Training

The aim of training is to give staff sufficient understanding, confidence and expertise in first aid. Staff trained in first aid will respond to incidents that extend beyond initial welfare, such as might include cleaning a small wound or applying a basic dressing and there are no other signs of injury or distress.

Responsibilities

The role of the first aider is to provide care after an accident or injury including preserving life, minimizing further injury and making the patient as comfortable as possible until professional help is available. It is not to give treatment. This document sets out the procedures to be followed for

i. the provision of first aid when the schools are open, when holiday courses are running and when a school is open to staff and visitors during the holidays. It also gives general guidance for the provision of first aid for pupils and staff on sports fixtures and visits away from the school. There is always a trained first aider on duty during the school day situated around school.

The School Nurse

The School Nurse, is responsible for overseeing health promotion and can provide first aid advice on a variety of different areas for pupils. The School Nurse, when on duty, can be contacted to deal with first aid emergencies where practicable and give advice over the telephone. In the event of a serious first aid incident, contacting the nurse must not delay providing first aid. The school employs a nurse in addition to First Aiders. Such persons will have received formal training and maintain their registration with the Healthcare Board as a qualified nurse within Kenya and their duties include:

i. taking charge when someone becomes ill or is injured;
ii. looking after first aid equipment and provisions, e.g. restocking of supplies;
iii. ensuring that an ambulance or other professional medical help is called when appropriate; and

iv. reviewing pupil's confidential medical records and providing essential medical information regarding allergies, recent accidents or illness, or other medical conditions which may affect a pupil's functioning at the School to relevant staff on a need-to-know basis.
v. maintaining all records in relation to medicines and pupils medical records in the MIS and ensuring that all visits to the medical room and all medicines/treatment provided is recorded immediately on the school's MIS.
vi. Completing an incident reporting form for all accidents and incidents
vii. reviewing risk assessments in relation to first aid and medicines

First Aiders

Trained first aiders are responsible for:

i. Providing immediate care for common injuries or illnesses and those arising from specific hazards within the school and its undertakings.
ii. When a pupil or member of staff requires first aid when they are away from school, first aid should be provided by a trained first aider and professional medical help sought in the case of an emergency.
iii. Filling in an accident form on the same day, or as soon as is reasonably practicable, after an incident
iv. When necessary, First Aiders will be responsible for ensuring that an ambulance or other professional medical assistance (including the Nurse if appropriate) is contacted.
v. First Aiders must have completed a training course, and refresher training as required, and appropriate for the role.

Pediatric First Aiders

Pediatric First Aiders will have the relevant First Aid Qualification which enables them to provide first aid to those pupils who fall within the Early Years age group. We ensure that we meet the minimum required number of pediatric first aiders and we aim to train many teachers as possible. At least one person who has a current pediatric first aid certificate must be on the premises and available at all times when Early Years children are present.

Off-site procedures

When taking pupils off the school premises (sports fixtures or trips), staff will ensure they always have the following:

i. A mobile phone, fully charged, with relevant contact details stored.
ii. A portable first aid kit and where needed, a basic medicine box.
iii. Information about the specific medical needs of pupils and staff.
iv. Parents' contact details/staff next of kin information.

For trips, risk assessments will be completed by the Trip Leader with support from the appointed person prior to any educational visit that necessitates pupils being off school premises.

For away sports fixtures, a transport assessment is carried out and sports staff carry individual first aid kits, with most sports staff first aid trained. There is one first aider at away sports fixtures, on school trips and visits unless other arrangements are in place to provide first aid.

Anaphylaxis training for staff

All staff are required to have training on anaphylaxis on induction to the School and updated regularly which includes:

i. recognising the range of signs and symptoms of an allergic reaction;
ii. understanding the rapidity reaction, and that anaphylaxis may occur with prior mild symptoms;
iii. appreciating the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse;
iv. awareness of the anaphylaxis procedures;
v. how to check the allergies on the MIS;
vi. how to access the emergency AAIs;
vii. The nurse who has the responsibility for helping to administer an emergency AAI are, and the policy and procedures on how to access their help; and
viii. practical instruction in how to use the different AAI devices available.

Access to First Aid

Information concerning first aid arrangements will be given to all staff and pupils during induction training and lists of First Aiders and nurses will be displayed in hard copy in various locations around the school. The information displayed will be updated by the nurse each half term, as a minimum.

First Aid Equipment

The school has made provision at each School site for first aid rooms/areas to have a suitable room that can be used for medical treatment when required and for the care of pupils during school hours and for the care of boarders at all times.

There are First Aid Kits available throughout the school, including on school vehicles. All First Aid Kits will be clearly marked FIRST AID. School nurses will check first aid equipment such as First Aid Kits on a termly basis and replenish them as necessary. A First Aid Kit will be taken when pupils leave the school on organized trips or participate in sports activities, away from the main sites.

All medicines are stored and administered within guidelines laid out in the school Medicines Policy. The nurse will also ensure that any medicine held in school for pupils with medical conditions is available to appropriate members of staff for trips and that they are competent in administering this medicine.

Emergency First Aid Equipment

Automated External Defibrillator

i. At Peponi House the Automated External Defibrillators (AED) is located outside the medical room next to the swimming pool. The AED is tested by the nurse on a monthly basis and the results recorded.
ii. At Peponi School the AED is stationed in Control.

iii. All qualified First Aiders have also been trained in the use of AEDs.

Emergency salbutamol inhalers

The school has emergency salbutamol inhalers at the following school sites which are located as following:

i. Main Reception

ii. Medical Room

ii. Deputy Head Office

iii. Sports Department.

At Peponi School extra salbutamol inhalers are located in First Aid kits at:

i. Main Reception
ii. Medical Room
iii. Deputy Head Office iv. Sports Department.
v. In the buses
vi. Art Room.
vii. Swimming pool area.
viii. Kitchen
ix. Science Labs.
x. All Houses (in HSM Office
xi. House Medical Rooms/Clinics

In Peponi School we have extra salbutamol inhalers in all the first Aid kits in the buses in the Art Room, Science Labs, Kitchen and swimming pool area.

In the Boarding houses the first Aid rooms within the Boarding houses.

Please see the school's Emergency Adrenaline Auto Injectors Protocol in Annex 3 and Emergency Asthma Inhaler Protocol in Annex 4 of the school's Supporting Pupils with Medical Conditions policy for further information.

Guidance on when to call an ambulance or access urgent medical care services can be found at Annex 1 to this Policy below.

Mental Health First Aid

Following the School's first aid needs assessment, the decision was made that it will be beneficial to have personnel trained to identify and understand symptoms and be able to support pupils, pupils and staff who might be experiencing a mental health issue. Both adult and youth mental health first aiders are deployed across all schools of the school and there is a Senior Mental Health Lead for each school. Please refer to the Mental Health Policy.

Accident Reporting

All accidents and incidents requiring first aid should be reported and recorded in the MIS, on the Incident Report Form (IRF) where applicable, in the pupil's school diary and a notification sent to parents via Email and verbal call.

Incidents including those reportable under OSHA must also be logged through the management information system. Incidents reportable under OSHA also need to be reported through the IRF.

Medical Care

This policy is limited to the provision of first aid, but the school has arrangements in place for:

i. dealing with pupils who have special educational needs or particular medical conditions (for example asthma, epilepsy, allergies and diabetes); and
ii. dealing with medicines and treatments brought to school for pupils.

Related policies and procedures

Please also refer to the following School policies and procedures:

i. First Aid Procedures (Annex 2 to this policy)
ii. Head Injury/Concussion Procedures
iii. Ill Health Procedures
iv. Medicines Policy
v. Supporting Pupils with Medical Conditions Policy
vi. Mental Health Policy

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ANNEX 1

Guidance on when to access urgent and emergency care services

Call 0725 225225 AAR / 0700 395395 RED CROSS AMBULANCE in a medical emergency. Medical emergencies can include (but are not limited to) where staff reasonably suspect:

i. Unconsciousness
ii. Heart attack or chest pains
iii. Fitting or convulsions that are not stopping
iv. Persistent, severe chest pain
v. Unable to breathe
vi. Severe bleeding that cannot be stopped
vii. Severe allergic reactions, including anaphylaxis or suspected anaphylaxis
viii. Severe burns or scalds
ix. Choking
x. Serious traumatic injury including major blood loss or bone fractures

An ambulance must be called for any episode of anaphylaxis requiring treatment with an AAI, any asthma attack in which the initial use of the pupils' inhaler does not relieve the symptoms, any diabetic coma, any seizure or any medical emergency/injury requiring paramedic support (eg. Immobilization).

In the event of a pupil requiring treatment at a hospital a member of school staff or a nurse will accompany the pupil until a parent/carer, can reach the hospital.

ANNEX 2

Practical arrangements at point of need

Procedures

Accessing first aid

If you need to contact a first aider, please call:

Peponi Kabete Kindergarten

PHKK Office Ext 138

PHKK Heads Office Ext 137

Peponi House

Peponi House Medical Room	(Ext 116, Ext 141)
Peponi House Deputy Head Office	(Ext 106)
Peponi House Main Reception	(Ext 101, Ext 102)

Peponi School

Sr Agnes Kangethe	Ext 110	Mobile number 0722327989
Sr Sarah Thuo	Ext 111	Mobile number 0720385420
Sr Christine Karigicha	Ext 231.	Mobile number 0720385048

Pupil Illness

If a pupil feels unwell, it is the responsibility of the class teacher or member of staff on duty in the first instance to try to establish the cause. The member of staff (or a pupil if deemed appropriate) should escort the pupil to the medical room if safe to do so, and seek the assistance of a nurse. The nurse will decide whether to contact the child's parents and send the child home.

At Peponi School, If the pupil is unwell in class the teacher will send the pupil to the clinic with a Medical Absence Form and after the Nurse has attended to the pupil She may send the pupil back to class with completed Form or decide to observe the pupil in the sick bay for some time or will decide if the pupil needs to be taken to the hospital. Medical Absence Forms from class teachers are collected centrally every day. Parents will be informed and an email sent to the common room advising of the pupils absence from class/school, as appropriate.

The Nurse will also enter all the details in the daily log.

Spillage of Bodily Fluids

For any spillage of bodily fluids (eg bleeding, vomiting or other), the Cleaning Department is to be contacted immediately. They will arrange for the spillage to be cleaned up. Disposable gloves must be worn when dealing with such spillages.

Protecting from Blood-Borne Viruses

The school aims to prevent or control the risks to staff from blood-borne viruses (BBVs) that they may encounter during the course of their work, the main viruses of concern being human immunodeficiency virus (HIV, which causes AIDS), Hepatitis B virus and Hepatitis C virus. BBVs are carried in the blood of infected people (it is possible for a person to be infected but be unaware of it). They are also carried in other body fluids. Some bodily fluids such as saliva and urine may contain one or more of the viruses but are unlikely to be an infection risk unless they contain visible blood.

Risk Assessment and Control

Tasks where staff could be exposed to BBVs will be assessed and controls introduced to eliminate or reduce the risks to the lowest reasonably practicable level. The findings of these risk assessments will be communicated to the staff concerned and training in the use of the control measures will be provided. The procedures that should be followed if a member of staff is exposed to blood that may contain a BBV will also be explained.

i. Staff identified as being particularly at risk from Hepatitis B virus may be vaccinated.
ii. Where risks from BBVs cannot be reduced to acceptable levels by other means, staff will be provided with suitable personal protective equipment (PPE) and trained in its use.
iii. All potentially infected materials and equipment (e.g. clinical waste, soiled clothes, syringes and needles) will be identified and arrangements made for them to be handled and disposed of safely.
iv. All needle-stick injuries, puncture wounds and incidents involving exposure to blood or bodily fluids will be investigated by Management and the relevant risk assessments reviewed and, if necessary, amended.

All staff are responsible for using the control measures described in the risk assessments for tasks that they carry out.

Procedures

Where there is a risk of exposure to blood or bodily fluids, equipment or materials contaminated with these, the following precautions must be adopted: -

i. cover all cuts, sores, chapped skin or other open wounds with a waterproof dressing;
ii. when collecting abandoned sharps always wear gloves;
iii. wherever possible, use litter tongs to pick up rubbish and abandoned sharps;
iv. when litter picking, wear safety boots; place discarded sharps in a yellow sharps box. When threequarters full, yellow sharps boxes must be disposed of as contaminated waste by a licensed waste carrier;
v. do not use teeth when putting on/removing gloves;
vi. wear disposable gloves when administering first aid;
vii. pull off gloves so that they are inside out;
viii. hands must be washed with soap before and after applying dressings;
ix. hands and other parts of the body must be washed immediately with soap and water after contact with blood, other bodily fluids and after removing gloves;
x. blood and bodily fluids (except urine) should be cleaned up by using absorbent materials and a solution of on part bleach to ten parts water; N.B. DO NOT use bleach on urine spillages - use soap and water;
xi. when handling needles and other sharp equipment take care to avoid accidentally cutting or piercing the skin. Used needles must be placed immediately into a sharps container found in medical room and disposed of by incineration;
xii. if a needle stick injury or puncture wound occurs or you come into contact with blood or bodily fluids that may contain a BBV, please seek advice from the Nurse in the first instance.

Needle stick or Sharps Injury Protocol

If a needle stick injury or puncture wound occurs or you come into contact with blood or bodily fluids, the procedure below should be followed:

i. encourage cuts and wounds to bleed.
ii. wash the affected area thoroughly with soap and running water.
iii. after bleeding the wound and holding it under running water, if available, clean the affected area with a Mediswabs or medicated hand wash.
iv. if mucous membranes or eyes are affected, wash the affected area with copious quantities of running water.

Attend the nearest hospital Accident and Emergency Department immediately and advise the following information:

i. the date, time and location of the incident;
ii. a description of the incident.

As soon as possible report the incident following the Incident Reporting Procedure.