

## **THE KINGSLEY SCHOOL**

### **First Aid Policy**

The effectiveness of this policy will be monitored by the School Nurse and Governor's Welfare, Health and Safety Committee. It is reviewed annually.

**Written: September 2022**

**Review: September 2023**

**By School Nurse**

# FIRST AID PROCEDURES

The Health and Safety (First Aid) Regulations relate to employees, but those responsible for pupils also have a duty to them under common law under the 'In loco parentis' doctrine and these procedures apply to pupils as well as visitors and employees.

Specific treatment for most injuries is not included in these procedures as it would not be possible to include all treatments or to keep up to date with changes in recommended treatments.

First Aiders are re-trained regularly and have available to them the latest guidelines from the training body through which they received their training.

## FIRST AIDERS (see appendix 1 for list of qualified first aiders)

**Training A qualified first aider is someone who holds a valid certificate of competence in First Aid at Work. The certificate must be issued by an organisation approved by the Health and Safety Executive, or Ofqual regulated body.**

There must be at least one qualified person at each school site when children are present. In Early Years Foundation Stage (EYFS) the requirement is a Paediatric First Aid Qualification and this extends to accompanying children on all outings. The need to provide first aid cover throughout not only the pupils' day but also that of school staff has been taken into account.

The required number and distribution of First Aiders within the school has been assessed with the Health and Safety Advisor on the basis of the activities carried out in various departments, the geographical distribution of the school population, including after school care and school trips, and in line with statutory framework. Staff working in remote locations (e.g. P.E and Ground Staff), are advised to have a mobile phone with them in case of emergency.

Provision is made in the budget to train First Aiders and to re-test existing First Aiders as required, at present 3 yearly. At this moment there are approximately **38** qualified First Aiders, **6** holding the Paediatric First Aid certificate and a Registered Nurse, this fluctuates with staff changes, but up to date notices are with each first aid box, in the Main School and Preparatory School Offices and in all staffrooms giving details of First Aiders and their area of work.

All first aiders are trained in resuscitation in cardiac arrest and the safe and correct use an Automated External Defibrillator (AED). The AED is situated in the Hall Foyer in Senior School, and is checked regularly.

## FIRST AID ROOM

First aid rooms with basic medical facilities are located on the ground floor of the Senior School and Prep School. The School Nurse is based in the Senior School from 08.15 - 13.15 and 14.15 - 4.00pm. These times may vary due to service demand.

## FIRST AID BOXES

Boxes are found on all sites - see Appendix 2 for Location. All boxes are checked regularly by the School Nurse. First Aid boxes in the minibuses are checked by the appointed bus drivers, and annually by the School Nurse. Other school staff who have used first aid supplies, may obtain items from the School Nurse as contents of boxes should be replaced as soon as items are used.

First Aid supplies for school trips are available from the School Nurse.

## REPORTING HEALTH ISSUES TO PARENTS

All first aid is recorded in an accident report book and a copy is sent home. Treatment by the Nurse is recorded confidentially on iSAMS and emails are sent home to parents explaining treatment administered. Accident report books are in Senior and Preparatory school main offices, and in PE first aid bags. All parents are notified immediately by the school nurse, or first aider in her absence, for all but minor injuries.

## REPORTING ACCIDENTS TO SENIOR MANAGEMENT

Incidents (NB an incident is an event which had the potential to cause harm or did cause harm), should be reported to the Head following the procedures laid down in the school procedures for 'Reporting Incidents and Investigating Accidents'.

All first aid boxes have, next to them, copies of accident/incident report forms which **must** be completed each time an accident/incident or near miss occurs which involves a pupil. In the event of a member of staff or visitor sustaining an injury or involved in a near miss/incident the staff accident book which complies with the Data Protection Act must be completed. Copies of these can be found in all staff rooms, and the school offices.

The Head teacher, the Head of the Preparatory School (including Early Years and Foundation Stage) and the secretarial staff **MUST** be kept informed of the current situation in all circumstances where a more serious accident has occurred.

Prior to each Welfare, Health and Safety Committee Meeting notes are made, of all but the most trivial accidents reported, for discussion at the meeting. This information is used solely to pinpoint procedures and environmental conditions in need of improvement.

All accidents requiring first aid treatment are to be recorded with (at least) the following information:

- Name of injured person
- Name of the qualified/emergency/school/paediatric first aider or appointed person
- Date of the accident
- Time of the accident
- Type of accident (e.g. bump on head etc)
- Treatment provided and action taken
- A treatment slip will be given to a child where they have received First Aid.

## REPORTING INCIDENTS

Incidents (NB an incident is an event which had the potential to cause harm or did cause harm), other than trivial ones, should be reported to the Head following the procedures laid down in the school procedures for 'Reporting Incidents and Investigating Accidents'. A copy of all incident forms must be sent to the Head and the School Nurse.

## REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURENCES REGULATIONS (RIDDOR 2013)

RIDDOR is the law that requires employers, and other people in control of work premises, to report and keep records of:

- work-related accidents which cause death
- work-related accidents which cause certain serious injuries (reportable injuries)
- diagnosed cases of certain industrial diseases
- certain 'dangerous occurrences' (incidents with the potential to cause harm).

See Appendix 3 for incidents/accidents which must be reported to the HSE in accordance with the regulations, and Ofsted and Local Child Protection Agencies in line with EYFS guidelines.

### Recording requirements

A record of any accident, occupational disease or dangerous occurrence which requires reporting under RIDDOR; and any other occupational accident causing injuries that result in a worker being away from work or incapacitated for more than three consecutive days (not counting the day of

the accident but including any weekends or other rest days) is kept by the Head teacher and the School Nurse (see appendix 3)

## **STAFF WORKING AFTER HOURS**

Staff working after 4.00pm should contact a First Aider who can be found in the Main Office (Senior School) or Wraparound Care (Preparatory School). If a serious injury occurs an ambulance should be called immediately. Four administration/finance staff members and two site staff have first aid certificates and are available at various times during the holidays

## **STAFF WORKING WHEN NO FIRST AIDER IS PRESENT**

During the holidays all staff must sign in on the whiteboard by the Front Office. If a serious injury occurs an ambulance should be called immediately.

**ADMINISTERING FIRST AID AND TRANSMISSION OF DISEASES** - See Appendix 4  
Guidance for those administering First Aid

# ADMINISTRATION and SAFE STORAGE OF MEDICINES

The School Nurse alone or a member of staff trained and designated by her are the only staff able to administer medicines. Pupils with special medical needs, for example asthma and diabetes, may require **support in self-medicating** from other staff as directed by the nurse or parents and documented in their (Healthcare/Asthma/Allergy Action Plan) - see appendix 6 'Supporting Pupils with Special Medical Needs'.

All staff **MUST** be aware of the requirements contained in these procedures. See Educational Visits Policy for the administration of medicines in situations away from school.

All medicines should be in their original container and stored safely in accordance with the product instructions. Non-prescription medicine should not be administered without consent from parents and in the Preparatory School (including EYFS) that written consent should be for each and every medicine **before** it is administered. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

A child under 16 should never be given medicines containing Aspirin unless it has been prescribed for that child by a doctor.

All medicines given must be documented and parents informed in writing. Any accidents/incidents occurring with medicines should be documented, the Head and parents informed. In the case of a serious accident/incident occurring RIDDOR should be contacted and within Preparatory School (including EYFS) Ofsted and Local Child Protection Agencies should also be contacted.

## Controlled Drugs

CONTROLLED DRUGS (CD) are medications that have been prescribed by a medical professional for the use of a named individual and which, under the Misuse of Drugs Regulations (2001), must be securely stored in a non-portable container and only named staff, should have access. A CD must be strictly monitored and recorded in the Controlled Drug Register as it is used, noting the amount of drug remaining.

**Controlled Drugs must be brought to the School Nurse ONLY, by the parent/guardian and NOT by the pupil. The receipt of a CD is recorded in the CD register.**

## Emergency Asthma Inhaler

From 1<sup>st</sup> October 2014 the Human Medicines (Amendment (No.2) Regulations 2014 has allowed schools to hold a salbutamol inhaler, without a prescription for use in emergencies. **It is essential that the inhaler is only used by children who have asthma and/or have been prescribed a reliever inhaler, and for whom written parental consent has been given.**

## Staff Medication

Staff should only bring prescription medication on site if a current clinical need dictates, and all medicines should be stored safely. However, all EYFS staff medication, must be securely stored in the Prep School Office, and out of reach of children, at all times. Staff should seek advice from their medical practitioner or the school nurse to ensure that medication is unlikely to impair their ability to look after children properly.

As a registered nurse, the School Nurse is personally accountable for her practice, and answerable for her actions and omissions, regardless of advice or directions from another professional. In line with the NMC (Nursing and Midwifery Council) Code - Professional standards of practice and behaviour for nurses and midwives, the registered nurse must acknowledge the limits of her professional competence and only undertake practice and accept responsibilities for those activities in which she is competent.

## Documentation

- All pupil information is confidentially documented on iSAMS.
- A written record of all significant injuries or accidents both on and off the premises is kept in the 'Accident Records Book' and a Kingsley Accident/Injury form must be completed. This is available on Staff Shared Server or from the Medical room. Everyone must ensure that the Nurse, class tutor and, if necessary, a member of SLT, is informed of major injuries without delay.
- Storage is provided for the archive of medical forms, head bump reports, accident/injury forms, daily medication sheets and any relevant email correspondence that may need to be referred to in the future.
- A record is kept of any first aid treatment administered on iSAMS.
- Medical records are held until the pupil reaches their 30th Birthday, 12 years after the school leaving age.
- Kingsley medical forms are completed for each pupil by the parents on admission to Kingsley. This form documents any relevant medical or pastoral history, any relevant treatment, current medication and diagnosed conditions. All medical forms are confidential and are kept in a locked filing cabinet in the medical room.
- All relevant medical information is documented on the relevant pupil area on iSAMS.
- If a child needs any specific daily prescribed medication, a parent will complete a 'Permission to Medicate' form. The named medicine will be kept in a locked cupboard/fridge in the Medical Room. Any medication given will be recorded on iSAMS.
- All medicines are to be kept locked away. This includes refrigerated medicines which will be kept in a lockable fridge.
- Personal Adrenaline Auto-Injectors (AAI's) and Antihistamines will not be locked away as they need to be easily accessible. These will be kept in a high-level self. Each AAI is kept in a pouch in a box. The box has the child's picture attached to it, allergy information and Allergy Action Plan, parents' contact numbers and a care plan are kept with the box. The AAI will be taken with the child on any away fixtures, trips, or to the Forest School
- Inhalers are kept by the child, any spare ones are easily accessible in a container in the Medical Room. Inhalers will be taken with the child on any away fixtures, trips, or to the Forest school.

## IN CASE OF ACCIDENTS TO PERSONS ON THE PREMISES

School staff have the duty to act in 'loco parentis' to those pupils they are supervising. ('Loco parentis' = A standard of care that would reasonably be expected of a prudent parent).

## PUPILS VISITING THE SCHOOL NURSE

We adhere to the 'Guidance on Infection Control in Schools and other Health Care Settings' as suggested by Public Health England and parents are provided with paper copies and access to information via the school website.

All Preparatory (including EYFS) and Senior School pupils must get permission from their teacher or the member of staff on duty to visit the School Nurse.

Senior School pupils are required to sign out in the Front Office if the Nurse is in the Prep School. On their return to the Senior School they must also sign back in.

Pupils may **NOT** be left in the First Aid room if the School Nurse or a First Aider is not present. Pupils in EYFS should be escorted by an appropriate member of staff at all times.

**When an incident/accident resulting in an injury occurs the following procedures should be followed:**

**If two members of staff are present** - One should take charge of the injured person while the other, if possible, quietly removes any children from the area and reassures them.

**If one member of staff only is present** - A pupil should be sent with clear instructions to ask another member of staff for help.

Supervising staff should deal with **minor injuries** such as bumps, grazes and cuts to pupils where they feel confident to do so.

Injured persons who are able to walk may visit the School Nurse for treatment. Unless the injury is very minor, the injured person should be accompanied by one friend.

Bravery stickers are offered to all pupils and mandatory in any accident involving a bump to the head. This alerts staff to any changes in behaviour which may be indicative of a head injury.

#### **For more serious injury or conditions**

- injured persons who are able to walk may visit the School Nurse or First Aider for treatment if this is appropriate
- If the injured person is unable to walk, the School Nurse should be called to the accident or her advice sought. If the School Nurse is unavailable a First Aider should be called.
- A detailed record of the incident will be kept by the School Nurse (or First Aider)
- She/they will use their discretion as to whether to contact parents of injured pupils immediately, but an incident report slip will be sent home after any injury/illness
- She/they will use their discretion as to whether further treatment is required, and, if so put it into action

In case of **serious injury or life threatening conditions** including unconsciousness, severe burns, severe bleeding, broken limbs, anaphylactic shock, serious asthma attack etc.

- an ambulance should be called immediately
- the School Nurse or First Aider should be called to the patient urgently to render immediate aid
- parents/guardians of pupils or appropriate relatives of staff will be informed immediately
- the Head of Preparatory (including EYFS) and/or Senior School will be informed immediately
- the adult in charge (whether Nurse, First Aider or other staff) will remain with the patient and pass on to the ambulance staff, details of treatment given
- a member of staff will remain with the patient at the hospital (whether pupil, staff or visitor to school premises) until a relative arrives

## **IN THE EVENT OF THE SCHOOL NURSE'S ABSENCE**

**A first aider will be called upon. The first aider and/or appointed person will take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.**

### **1. Minor Injuries**

First-aiders deal with minor injuries, for example cuts and bruises, in the usual way.

### **2. Sickness**

If a pupil complains of feeling unwell they should be directed to their form tutor who will assess whether the pupil is able to remain in school. If the pupil is to go home, they should report to the office and ask for their parents to be called. Illness should be recorded in the Accident Report Book in the Front Office or Preparatory School Office and a copy sent home with the child to their parents.

### **3. Intermediate Injuries**

If the first-aiders/form tutor suspects that a pupil has sustained an injury which requires further investigation, but does NOT endanger life or limb, they should contact the pupil's parents and inform them of their concern. If the parent is not able to come to school, or lives a distance away, the pupil may need to be escorted to Accident and Emergency. Contact Deputy Head Pastoral Care for Senior School, Head of Sixth Form and Head of Preparatory School (including EYFS).

### **4. Major Injuries**

If the first aider/form tutor suspects that a pupil has sustained an injury which COULD endanger life or limb they should dial 999 and ask for an ambulance. Parents should be contacted and calmly advised of the situation. The pupil should be escorted in the ambulance by a member of staff.

AN INCIDENT FORM IS COMPLETED FOR ALL INJURIES WHICH OCCUR AND A DUPLICATE IS SENT TO THE HEADTEACHER AS WELL AS THE SCHOOL NURSE.

## **AFTER AN ACCIDENT – Recording details**

The member of staff dealing with an accident **MUST** record the details on an Incident Report Form or should be recorded in the Accident Report Book in the Front Office or Preparatory School Office and a copy sent home with the child to their parents.

The Head teacher should be informed - see school procedures on Reporting Incidents and Investigating Accidents. The Health and Safety Advisor should be contacted if further advice is required.

**EMERGENCIES ON SCHOOL TRIPS** - see Educational Visits Procedures which details action to be taken in case of emergencies occurring during school trips.

If a First Aider is present she/he should decide whether hospital treatment is required. The Trip Leader and First Aider should decide if and when parents/guardians and the school should be informed.

Staff in charge should be aware of any pre-existing medical conditions suffered by any member of the party and treatment required, if any. A member of staff must be trained to deal with conditions notified to the Trip Leader.

The Trip Leader should ensure that all incidents are recorded in detail for entry on to an Accident/Incident Report Form on return to school and are **entered in the Accident Report Book at the site where the accident occurred.**

If a serious incident occurs, as many details as possible should be recorded. **All evidence should be kept.**

The first aid arrangements for all school-managed and organised after school activities (parent's evenings, school fetes and sports activities) are considered in this policy. On occasions where there may be the need for additional provision the school will carry out a needs assessment for that activity.

Where the school have arrangements to let/hire out buildings to external organisations there need to be arrangements in place to co-ordinate the first aid arrangements with the hirer. This is managed by the site management team.

The first aid arrangements for school organised trips/visit are included in the risk assessment for each trip. These are reviewed for each trip/visit and the level of first-aid provision is reviewed to ensure adequate cover is provided for the trip/visit, and that sufficient cover is retained at the school to cover those who stay at school.

## **CLEANING OF BLOOD AND BODY FLUID SPILLAGES.** (see also Appendix 4)

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear Personal Protective Equipment).  
Never use mops for cleaning up blood and body fluid spillages - use disposable paper towels. A spillage kit is available for spillages from First Aid Rooms, and all Science Prep Rooms.

## **TREATMENT FOR ANAPHYLAXIS, ASTHMA, EPILEPSY, CHOKING AND BURNS** **- See Appendix 5**

Small posters containing this information are present in Staff Areas.

## Appendix 1

### Qualified First Aiders

		Expiry
<b>Senior School</b>		
Ahmed Katherine	Geography	25/04/25
Burcher Nicola	School Nurse	06/05/25
Hughes-O'Sullivan Karen	Food Tech/DT	13/06/25
Laubscher Liezl	Maths	24/05/24
Lihou Sue	Admin	13/09/25
Mason Chloe	P.E.	16/02/24
Macleod Karen	History	25/04/25
Lismore Natalie	Science Tech	20/03/24
Prosser Jo	Site Manager	13/09/25
Purdy Joanne	P.E.	25/04/25
Tudway Penelope	LRC	11/12/23
Vallance Angela	Performing Arts	25/04/25
Smith Emma	Teaching	25/04/25
<b>6<sup>th</sup> Form Centre</b>		
Partridge Carys	History	11/12/23
Bennett Mary	6 <sup>th</sup> Form	13/06/25
<b>Prep School</b>		
Acton Georgina*	Wraparound/catering	21/10/24
Bray Caroline *	Teaching	04/05/25
Domalipova Ivana	Lunch/Wraparound	13/09/25
Hayward Caroline *	TA/EYFS	16/07/23
Holmes Suzanne	Teaching	25/04/25
Lewis Kerrie *	Admin	20/04/24
Norris Amanda *	Teaching	24/09/24
Skinner Debbie*	Wraparound	22/11/23
Thomson Ellie	Lunch	09/12/24
Whittle Sarah	Teaching	25/04/25
Woollard Amelia	TA / EYFS*	04/05/25
<b>Site Staff</b>		
Birdi Narinderpal	Bus Driver	07/04/24
Brown Simon	Bus Driver	24/05/24

Gardner Catherine	Bus Driver	07/04/24
Glover Anthony	Bus Driver	07/04/24
Hale Kevin	Site Team/Driver	25/04/25
Lally Mohinder	Bus Driver	13/09/25
Maindonald Nigel	Bus Driver	13/09/25
Mather Maureen	Bus Driver	07/04/24
Miller Lesley	Bus Driver	13/09/25
Rizzo Salvatore	Bus Driver	15/06/24
Tregasis Ken	Bus Driver	13/09/25
Wyatt Robin	Site Team/Driver	25/04/25

\*Paediatric First aid qualification

## Appendix 2

### Location of First Aid Boxes -

#### Sixth Form:

##### Ground Floor

Food Technology + burns kit  
Science Lab + eye wash

Fitness Suite

##### First Floor

Staff Room

#### Senior School:

##### Ground Floor

Front Office  
Food Technology  
DT Room + eye wash  
Textiles  
Art Room eye wash  
Hall foyer  
Lower Lab

##### First Floor

Science Prep Room + eye wash

Staff Room (outside)

#### Preparatory School (including EYFS):

##### Ground Floor

Prep School Office  
Innovation Centre  
Kitchen + burns kit  
EYFS x 2 portable  
Wraparound care

##### Playing Field

Kitchen

**Minibuses (10)**

**Personal Boxes (1)**

**Sports Kits - (6)**

- further bags available from School Nurse for day trips and residential trips as required

# Appendix 3

## RIDDOR

### Types of reportable injury

#### Deaths

All deaths to workers and non-workers must be reported if they arise from a work related accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not result from a work-related accident.

#### Specified injuries to workers

- a fracture, other than to fingers, thumbs and toes;
- amputation of an arm, hand, finger, thumb, leg, foot or toe;
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- scalping (separation of skin from the head) which require hospital treatment;
- unconsciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space, which leads to
- hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

#### Over-seven-day injuries to workers

This is where an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).

#### Injuries to non-workers

Work-related accidents involving members of the public or people who are not at work must be reported if a person is injured, and is taken from the scene of the accident to hospital for treatment to that injury. There is no requirement to establish what hospital treatment was actually provided, and no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (see above).

#### Reportable occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. These diseases include (regulations 8 and 9):

- 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

#### Reportable dangerous occurrences

Dangerous occurrences are certain, specified 'near-miss' events (incidents with the potential to cause harm.) Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces. For example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment
- plant or equipment coming into contact with overhead power lines
- explosions or fires causing work to be stopped for more than 24 hours

### Recording requirements

Records of incidents covered by RIDDOR are also important. They ensure that you collect sufficient information to allow you to properly manage health and safety risks. This information is a valuable management tool that can be used as an aid to risk assessment, helping to develop solutions to potential risks. In this way, records also help to prevent injuries and ill health, and control costs from accidental loss.

You must keep a record of:

Any accident, occupational disease or dangerous occurrence which requires reporting under RIDDOR; and any other occupational accident causing injuries that result in a worker being away from work or incapacitated for more than three consecutive days (not counting the day of the accident but including any weekends or other rest days). You do not have to report over-three-day injuries, unless the incapacitation period goes on to exceed seven days.

**If you are an employer who has to keep an accident book, the record you make in this will be enough.**

You must produce RIDDOR records when asked by HSE, local authority or ORR inspectors.

**All incidents can be reported online but a telephone service remains for reporting fatal and specified injuries only. Call the Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm)**

### **GUIDANCE TO THOSE RENDERING FIRST AID**

NB an entry **MUST** be made in the Accident Report Book each time first aid is administered as this entry provides a record of treatment given.

**For their own protection and the protection of the patient the following precautions should be taken:**

- unless it cannot possible be avoided, no member of staff should administer first aid without a witness, who should, preferably be another member of staff

Owing to the possibility of patients being infected with HIV or Hepatitis, particular care must be taken when dealing with bleeding or other cases of spillage of bodily fluid.

- First Aiders should wash their hands before and after giving first aid
- First Aiders should wear disposable gloves if they have any cuts to their hands
- If disposable gloves are worn the hands should be washed after first aid is given, first with the gloves on and then again after the gloves are discarded
- Any splashes of blood from another person on the skin, eyes or mouth should be washed off with copious amounts of water

There is no reason not to give mouth to mouth resuscitation for fear of being infected with HIV but first aiders are equipped with a resuciatid.

First aid boxes contain a resuciad and disposable gloves.

### Treatment of Anaphylaxis, Asthma, Head Injury, Epilepsy, Diabetes, Choking and Scalding

**ANAPHALAXIS:** Named Pupil Auto Adrenalin Injectors (AAI), named antihistamine, and named Allergy Action Plans are stored in the shelf unit just inside the Nurse's office. Pupils also carry their own AAI.

#### Signs and Symptoms:

Pallor, sweating and limpness, breathing difficulty, grey/blue colour, nausea and vomiting, swelling to face and neck. Skin may develop itchy wheals.

Coma and death may follow in the most severe cases.

#### Action

- keep calm
- lie patient on side and loosen tight clothing
- if reaction severe, administer Adrenaline (AAI)
- send for ambulance immediately
- if heart stops beating and breathing stops commence Cardio-Pulmonary Resuscitation (CPR)

**ASTHMA:** Emergency salbutamol asthma Inhaler and pupil list is stored in the shelf unit just inside the Nurse's office and in PE first aid bags. In line with the Human Medicines (Amendment) (No.2) Regulations 2014 emergency salbutamol asthma inhalers are only to be used by children who have a diagnosis of asthma. Documentation is required for all usage.

#### Signs and Symptoms:

Cough (especially after exertion), breathing cold air, a cold, wheezing and tightness of chest

#### Acute Attack - Action

- keep calm
- use usual reliever inhaler
- if no improvement after five minutes get medical help
- continue giving puffs of inhaler until medical help arrives

# HEAD/FACIAL INJURIES

The school nurse must be contacted when a pupil sustains a bump to the head or face, due to the concerns around the hidden aspects of head injuries. The injury may not have seemed particularly severe at the time but symptoms can be delayed. The brain can be affected by a blow anywhere on the head, not only areas covered by hair.

If after a head injury a child is/remains unconscious or has a seizure, an ambulance should be called immediately and the parents contacted. If a child suffers from any of the following symptoms medical advice must be sought and should be taken to see either their GP or to A&E by the parents or by school staff.

- Loss of consciousness
- Vomiting
- Sleepiness
- Seizure or abnormal limb movements
- Persisting dizziness or difficulty walking
- Strange behaviour or confused speech

Children may appear well immediately after sustaining a head injury but show signs of complications later in the day. School staff must remain vigilant and take the appropriate action if the child develops a problem.

If a child sustains a head injury whilst at school, the following information should be recorded from any witness.

- Was the child behaving in an unusual way before the injury?
- What happened to cause the injury?
- If they fell, how far did they fall?
- What did they hit their head against?
- Did the child lose consciousness? If so, for how long?

# **EPILEPSY: Signs and Symptoms:**

**Tonic-Clonic seizures:** The person loses consciousness, the body stiffens, then falls to the ground, if standing. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may occur. After a minute or two the jerking movements should stop and consciousness may slowly return.

## **Action**

- Protect the person from injury - (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card or identity jewellery
- Aid breathing by gently placing them in the recovery position once the seizure has finished

## **Don't...**

- Restrain the person
- Put anything in the person's mouth
- Try to move the person unless they are in danger
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened

**Simple partial seizures:** Twitching, numbness, sweating, dizziness or nausea; disturbances to hearing, vision, smell or taste; a strong sense of déjà vu.

**Complex partial seizures:** Plucking at clothes, smacking lips, swallowing repeatedly or wandering around. The person is not aware of their surroundings or of what they are doing.

**Absence seizures:** The person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

## **Action**

- Guide the person from danger
- Look for an epilepsy identity card or identity jewellery
- Stay with the person until recovery is complete
- Be calmly reassuring
- Explain anything that they may have missed

## **Don't...**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round

## **Call for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures
- The person is injured during the seizure
- You believe the person needs urgent medical attention

# DIABETES

## **HYPERGLYCAEMIA: Signs and Symptoms:**

Warm, dry skin; rapid pulse and breathing. Fruity/sweet breath and excessive thirst. If untreated, drowsiness then unconsciousness. NB: Usually, the casualty will drift into this state over a few days.

**Action - DIAL 999 for URGENT REMOVAL OF THE CASUALTY TO HOSPITAL. Maintain airway**

## **HYPOGLYCAEMIA: Signs and Symptoms:**

Usually a history of diabetes and casualty may recognise the onset.

- Weakness, faintness, or hunger.
- Strange actions or behaviour; may seem confused.
- sweating and cold clammy skin.
- Deteriorating level of response.

### **Action -**

- Raise the sugar content of the blood by giving sugary drink, sugar lump, chocolate or other sweet food. **NB If consciousness is impaired DO NOT GIVE ANYTHING TO EAT OR DRINK**
- If response is quick give more food or drink and encourage to rest until feeling better.
- If consciousness is impaired Dial 999 for an ambulance. **Maintain airway**

## **CHOKING: Signs and Symptoms:**

Difficulty in speaking, difficulty in breathing, casualty may go red then blue in the face, casualty may point at or grasp their throat.

### **Action**

- reassure casualty
- remove any visible and easily grasped object from the mouth
- **DO NOT TRY TO REMOVE ANY OBJECT IF THERE IS ANY DANGER THAT IT MIGHT BE PUSHED DOWN THE THROAT**
- bend casualty forward with head lower than chest
- slap up to five times between the shoulder blades
- see if the obstruction can now be removed
- if not, try up to five abdominal thrusts:  
stand behind casualty, interlock hands below the rib cage  
pull sharply inward and upwards
- if this does not work dial 999 and continue sequence of back slaps and abdominal thrusts

# SCALDING

### **Action:**

- Reassure casualty
- Hold affected area under cold water for at least 10 minutes
- Remove jewellery, watches etc. as swelling may occur
- Cover area with sterile dressing or any clean non-fluffy material to prevent infection
- If the scald covers an area greater than the size of a ten pence piece, seek medical help

## **SUPPORTING PUPILS WITH MEDICAL NEEDS**

### **Pupils with medical needs fall into two groups**

- Those with short term needs e.g. finishing a course of antibiotics or those pupils requiring non-prescription medication.
- Those with long term needs e.g. Asthma, Diabetes, Epilepsy, Anaphylaxis

### ***SHORT TERM NEEDS***

- Parents are responsible for ensuring that their child is well enough to attend school within the guidance on Infection Control in Schools which they have received from the School Nurse.
- Parents are responsible for informing the school of the pupil's medical needs on the confidential medical form which is completed on admission. The school nurse will be kept updated of changes in health related information by parents through the year, and they will sign and return a health data collection form annually.
- Parents of pupils in Senior School are invited to give permission for the School Nurse to give prescription and non-prescription medication to their daughter.
- Doses of regular medication should be timed to avoid school time if possible. If this is not possible all medicines should be handed to the School Nurse. Medicines should be clearly labelled and in the container in which they were originally dispensed.
- A record will be kept of all medicines administered.
- Parents are responsible for ensuring that all medication is collected at the end of each term and disposed of correctly.

### ***LONG TERM NEEDS***

- Parents should provide sufficient information about the pupil's condition and care needed at school to enable an agreement to be made on how best to meet any specific medical needs.

## Appendix 7

### Health protection in schools and other childcare facilities

Schools are common sites of transmission of infection. Infections in children are common, due to a number of factors. Young children have a relatively immature immune system, have close contact with their friends at work and play, and may have poor hygiene habits. All these factors promote the spread of infections.

Our aim is to prevent, where possible, the transmission of infection by promoting good hand washing in staff and pupils, and by providing a clean environment. We also recognise the importance of collaboration with parents, pupils and staff by encouraging immunisation in line with the National Schedule. We also provide and encourage yearly Flu immunisation for staff.

Where a case of infection is known, we reduce the risk of spread by information and prompt exclusion of a case, in line with guidelines from Public Health England. In all cases of illness our School Nurse is available for advice as required.

An infection Control folder is held with the School nurse, Site Supervisor, and in all Staff rooms for reference, and a copy of the exclusion table is distributed to parents, staff and available on our website.

### Covid-19 Pandemic

During the global pandemic we are guided by the Government and Health England in regards to health protection in school. We have a rigorous risk assessment which can be accessed on our website, and we continually update parents as required.

All visitors are screened prior to entrance to the site and staff and parents, on their child's behalf, complete a Covid related questionnaire prior to the commencement of each half term and term.