FIRST AID POLICY
Available on the school website and upon request from the school office

Legal Status:

- Complies with Part 3, Paragraph 14 of the Education (Independent School Standards) (England) (Amended) Regulations 2014.
  - Complies with Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR)
  - Complies with the Guidance on First Aid for Schools Best Practise Document published by the DfE.
  - Complies with the Health and Safety (First Aid) Regulations 1981 (amended 1997)
  - The school is mindful of its duty to report to the Health and Safety Executive (0845 3009923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act 2013 (RIDDOR).
  - See ISI Note E334 re the requirement for paediatric first aid training.

The Gower School has an Appointed Person for the health and safety of the School's employees and anyone else on the premises. This includes all teaching and non-teaching staff, volunteers, children and visitors (including contractors). They must ensure that a risk assessment of the School is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place

Applies to:

- the whole school including the Early Years Foundation Stage (EYFS), out of school care, the breakfast club, the afterschool clubs, the holiday club and all other activities provided by the school, inclusive of those outside of the normal school hours;
- all staff (teaching and support staff), students on placement, the proprietor and volunteers working in the school.

Related documents:

- Welfare, Health and Safety Policy
- Administration of Medication Policy
- First Aid Treatment and Training Chart
- Special Medical Needs Policy

Monitoring and Review:

- This policy will be subject to continuous monitoring, refinement and audit by the Principal.
- The Principal will undertake a formal annual review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than October 2018, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Signed:

Date reviewed: October 2017
Date of next review: October 2018

Miss Emma Gowers
Principal and Proprietor

Introduction
This policy is designed to ensure that all children can attend school regularly and participate in activities.

This policy outlines the School's statutory responsibility to provide adequate and appropriate first aid to children, staff, parents and visitors and the procedures in place to meet that responsibility. The school complies with the Guidance on First Aid for Schools Best Practice Document published by the DfE. In order to comply with this best practise document the school has a requirement for a minimum of three trained First Aiders who have satisfied the requirements of the 'First Aid at Work' course. It is a requirement for at least two staff members on each floor at each school building to be trained in first aid. However, staff should NEVER perform any First Aid Procedures that they have not been adequately trained to do. Unless first-aid cover is part of a staff member's contractual duties, first-aiders are selected on a voluntary basis, except where there is a requirement for both employees and volunteers to have completed paediatric first aid training. First-aiders must complete a training course approved by the HSE. The School will ensure that there the appropriate number of first aiders on the school site at all times when children are present.

All companies are required by The Health and Safety (First Aid) Regulations 1981 (amended 1997) to provide trained first aid human resources and treatment for staff in the event of injury or ill health at work. Although the regulations only require the employer to provide cover for staff, it is the School's policy to extend this cover to children and visitors. First-aiders' main duties are to give immediate help to casualties with common injuries and those arising from specific hazards at school, and, when necessary, to ensure that an ambulance or other professional medical help is called.

The school will provide:

- Practical arrangements at the point of need;
- The names of those qualified in first aid and the requirement for updated training every three years;
- Having at least one qualified person on each school site when children are present. The Gower School have more that the recommended number of Paediatric First Aid trained staff and named first aiders in the building during nursery and school hours.
- Showing how accidents are to be recorded and parents informed;
- Access to first aid kits;
- Arrangements for children with particular medical conditions (for example asthma, epilepsy, diabetes).
- Hygiene procedures for dealing with the spillage of body fluids;
- Guidance on when to call an ambulance;
- Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 9923)

Methodology
This First Aid Needs Assessment will consider the following topics:

- The nature of the work, the hazards and the risks
- The new classification of first aiders
- The Nature of the workforce
- Schools history of accidents and illness
- Excursions/Sports Fixtures/Lone Workers
- The distribution of the workforce
- The remoteness of the site from emergency medical services
- The assessment of the number of first aiders required

Aims

- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.
- To provide First Aid treatment where appropriate for all users of the school (with particular reference to children and staff)
- To provide or seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements

First-aid arrangements
The employer or delegated manager (usually the Principal) must inform all staff of the first-aid arrangements, the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the school's first-aid needs. A simple method of keeping staff and children informed is by displaying first-aid notices in staff and common rooms. The information should be clear and easily understood. Notices must be displayed in a prominent place, preferably one in each building if the school is on

several sites. Including first-aid information in induction programmes will ensure that new staff and children are told about the first-aid arrangements. It is also good practice to include such information in a staff handbook.
Source: G*uidance on First Aid for Schools: A Good Practice Guide.*

Classification for first aiders.
There are now three levels of workplace first aider:

- Emergency First Aider at Work (EFAW) – 6 hour course
- Paediatric First Aider 2 day course paediatric course
- First Aider at Work (FAW) – 18 hour course.
  (Details of the type of training needed for EFAW and FAW are attached at Annex A)

The Nature of the Workforce
We have considered the needs and health of all employees, children, visitors/contractors. There will be one or more First Aider at Work (FAW) on duty. Any First Aid at Work training courses booked by the Principal. Before a child is accepted for a placement in the school with specific health problems/disability (such as heart conditions, asthma, diabetes etc a separate Risk Assessment will be completed by the Principal who must consider the training needs for the First Aiders within the school.

Miss Sandra Talton, is responsible for ensuring that there is adequate first aid cover available at all times, including when a first aider is on annual leave, a training course, a lunch break or other foreseeable absences.

It is not acceptable to provide an 'Emergency First Aider at Work' (6 hour course) to cover foreseeable absences of a First Aider at Work' (18 hour course). The evidence of the level of injury in our school is relatively low and really confined to child injuries, most of which are results from slips/trips and falls or occasioned on the sports field or in the sports hall or in the playgrounds. Again most of the injuries are minor and require minimal first aid attention.

When considering first-aiders, the Principal should take into account an individual's:

- reliability and communication skills
- aptitude and ability to absorb new knowledge and learn new skills
- ability to cope with stressful and physically demanding emergency procedures
- normal duties: a first-aider must be able to leave their usual post and go immediately to an emergency.

<u>Definitions</u>

First Aid
The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving of any tablets or medicine to treat illness.

Full First Aider
A person who has completed a course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

Full Paediatric First Aider
A person who has completed a full (2-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

Appointed Person
A person who has completed a 1-day course of emergency first aid from a competent trainer and holds a current certificate and who:

- takes charge when someone is injured or becomes ill
- looks after the first-aid equipment
- ensures that an ambulance or other professional medical help is summoned when appropriate.

The minimum requirement is that an appointed person must take charge of the first-aid arrangements. An appointed person is not a first aider and should not give first-aid treatment for which they have not been trained. Any member of staff may volunteer for duties as an appointed person.
There are no rules on the exact number of first-aid personnel. This will be a judgement based upon local circumstances and a suitable and sufficient risk assessment.
See *Guidance on First Aid for Schools: A Good Practice Guide* (sections 43 to 46) for guidance on numbers

Policy Statement
The Gower School will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for children, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. This policy should be reads in conjunction with The Gower School's Health and Safety policy and policy on Safeguarding children on school visits. It will be reviewed annually.

First Aid Facilities
The Principal must ensure that the appropriate number of first-aid containers are available according to the risk assessment of the site are available. See Health and Safety Executive (HSE) guidelines on recommended and mandatory contents.

- All first-aid containers must be marked with a white cross on a green background;

- First aid container always accompanies the children when using any specialist facilities and during any offsite activity/education visit. First aid containers must accompany Physical Education (PE) teachers off-site;
- Spare stock should be kept in school;
- Responsibility for checking and restocking the first-aid containers is that of the First Aider Officer. The First Aiders must notify to the offices or the First Aid officer any necessity of restocking of the First Aid boxes.

Training
The First Aid Officers is a Fully First Aid trained and have had specific instruction regarding some other health conditions. The list of staff with current First Aid Certificates are available at the nursery site 28 North Road, N7 9GG. All First Aid qualifications are updated every three years in accordance with regulations.

All our staff – teaching and support staff – are trained as paediatric first aiders.

Both a *full first aider* and at least one *paediatric first aid Certificate (PFA)* will always be on the premises and a *paediatric first aider* will always accompany the EYFS children when using any specialist facilities and during any offsite activity/education visit. First aid kits are available on the premises, and for educational visits and offsite activities. A full or emergency PFA certificate is now a requirement for level 2/3 EYFS workers who qualified on or after 30th June 2016 in order to be included in the ratios. The PFA course undertaken, which must be renewed every three years, must meet the standards set out in Annex A of the EYFS Framework – i.e. a full or emergency PFA course delivered by a competent provider of regulated qualifications such as St John Ambulance, the British Red Cross and Safe and Sound.

First Aiders' responsibilities
- To give first response treatment
- To summon an ambulance through the school office, when necessary.
- To inform the school office when children are too unwell to stay at school. The school office will contact parents to collect their child and, when required, inform them of the accident and the hospital to which their child is being taken.
- To keep a legible written record of attendances, with dates, times and treatment given.

Policy on First Aid in School
All staff, both teaching and non-teaching are responsible for dealing with minor incidents requiring first aid. During lesson time first aid is administered by the qualified class teacher, assistant, or nursery practitioner or one of the First Aid Officers. If an accident occurs in the playground and first aid is required, then one of the staff on duty in the playground, who is qualified, can assist call for a designated first aider. The First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Fully stocked First Aid kits are available in the Medical Room as well as in all areas of the nursery and school. Any action taken should be recorded. Accidents should be recorded on an accident report book, and if serious, parents should be informed by telephone. All parents will be informed if their child has a head injury via phone and they will be sent a concussion email. If an injury or illness involves spillage of body fluids gloves should be worn. If there is any concern about the first aid which should be administered, then the qualified first aiders must be consulted.

The arrangements for first-aid provision will be adequate to cope with all foreseeable incidents. The number of designated first-aiders will not, at any time, be less than the number required by law. This is determined by risk assessment (Local Authority guidance). Designated staff will be given such training in first-aid techniques as is required to give them an appropriate level of competence. The Principal is responsible for ensuring that a sufficient back-up stock is held on site. Notices will be displayed in prominent locations throughout the establishment identifying how to summon first aid in an emergency, who the first aiders are and their contact and location details. All first aid-signs and containers must be identified by a white cross on a green background. A written record will be kept of all first-aid administered either on the school premises or as a part of a school related activity. Any member of the school community who perceives that he or she is dealing with an emergency requiring the immediate calling of an ambulance, for example, the onset of a heart attack or stroke, should phone for an ambulance immediately rather than wait until the First Aid Officer or an appropriate deputy appears.

The First Aiders' procedure for dealing with sick or injured children:
1. Ascertain by inspection and discussion with child or staff member the nature of the child's injury or illness.
2. Comfort or advice as necessary. This may be sufficient and child can return to class or break. Inform staff member of nature of any concerns if appropriate.
3. Treat injury or illness if required. Clean wound with antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists.
4. Record action taken on accident report form.
5. If child is then well enough he/she will return to class.
6. If problem persists or there are doubts as to the seriousness of any injury, then parent(s) will be telephoned and asked what they would like to do. If he/she wishes to collect their child appropriate arrangements are made.
7. If a severe illness or injury is suspected, an ambulance will be called and the most appropriate member of staff will take the child to hospital. Administrative staff will contact the parents to inform them. No child will travel in an ambulance unaccompanied.
8. If any issue arises during treatment or discussion with the child that the First Aid Officer feels should be taken further, she/he will telephone or speak to the parents and/or the Designated Safeguarding Lead or most appropriate member of staff.

N.B. The First Aiders will have up to date Emergency First Aid training and some will have a full and current First Aid at Work Certificate. At least one staff working specifically in the EYFS department have Paediatric First Aid Training Certificates. They are not, however, medically qualified and hence cannot give medical advice.

Hygiene/Infection control/HIV Protection
Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand-washing facilities, which should be used when dealing with any blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc) are placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home.
Source: 'Guidance on First Aid for Schools: A Good Practice Guide' (adapted).

Supporting sick or injured children
With reference to sick children and medicine we:

- Make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues.
- Contact the school nurse for advice if we are unsure about a health problem.
- Isolate a child if we feel that other children or staff are at risk.
- Contact parents to take children home if they are feeling unwell/being sick/have diarrhoea/have had an accident/may have an infectious disease.
- Ring emergency contact numbers if the parent or carer cannot be reached.
- Make every effort to care for the child in a sympathetic, caring and sensitive manner.
- Respect the parents' right to confidentiality
- Keep other parents informed about any infectious diseases that occur.
- Expect parents to inform the office if their child is suffering from any illness or disease that may put others at risk.
- See policy on administration of medicines

Confidentiality
Information given by parents regarding their child's health will be treated in confidence and only shared with other staff when necessary or appropriate.

Monitoring
Accident report forms can be used to help the Principal/Health and Safety Officer to identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes. The Senior Children's Manager tracks the accident records on a weekly basis. This policy will be reviewed annually.

Record keeping
Statutory accident records: The Principal must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. The Principal must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:

- the date, time and place of incident
- the name (and class) of the injured or ill person
- details of their injury/illness and what first aid was given
- what happened to the person immediately afterwards
- name and signature of the first aider or person dealing with the incident.
- name and signature of parent to acknowledge their child has an accident
- head injury: the parent will be called and a concussion email will be sent to them
- RIDDOR to be completed where applicable

Reporting
All accidents and injuries should be reported on the accident form. It is the responsibility of the teacher, after school co-ordinator or the nursery practitioner to obtain the parents/carers signature. All details need to be filled in, including any treatment given. The accidents are tracked by the Senior Children's manager to ensure that accidents are not occurring in the same area. If so this will be addressed with the Principal and Head of Nursery.

Reporting to Parents: In the event of accident or injury parents must be informed on the same day. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Principal/Head of Nursery if necessary. Parents are always called if there is a head injury, no matter how apparently minor. A concussion email is sent.

Accidents involving Staff: Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs) to RIDDOR.

Work related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days. Cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer). Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Accidents involving children or visitors: Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- any School activity (on or off the premises)
- the way a School activity has been organised or managed (e.g. the supervision of a field trip)
- equipment, machinery or substances
- the design or condition of the premises.

Need to be reported without delay to HSE, followed by Form F2508.

For more information on how and what to report to the HSE, please see:
http://www.hse.gov.uk/riddor/index.htm. It is also possible to report online via this link.

Basic First Aid

If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999; contact the Duty First Aider.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

Unconsciousness

Bleeding

If the person is unconscious with no obvious sign of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.

Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.

Burns

For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.

Broken bones

Try to avoid as much movement as possible.

Embedded Objects and Splinters

An object embedded in a wound (other than a small splinter) should not be removed as it may be removed as it may be stemming bleeding, or further damage may result.
In principle leave splinter in place, carefully clean the area with warm soapy water; use sterile dressing to cover it, Report to parents, if the child is particularly uncomfortable contact parents.

Treatment Guidance

Bleed: Stop bleeding by applying pressure and elevating the limb/area losing blood (ie hold up leg/arm or for head injury sit the patient up).
Shock: Keep the child warm and quiet to minimise the shock. If the child feels faint and the injury is not to the upper torso, lay the child down and elevate her feet.
Find out all you can about what happened and whether the child is in pain. Always be encouraging: never discuss the extent of the injury.

One person must take charge who will:

- Send for the first aider.
- Arrange for the Principal to be notified.
- Make arrangements for the care of the child's property.
- Arrange for the child's parent/s to be contacted and check that this has been done.

If the child is taken to hospital he or she must be accompanied by an adult, who must be prepared to remain there with the child.

If a child is ill or injured on an offsite activity

Remember that when a child is ill or injured this changes the day's arrangements. Always ensure there is enough supervision for the other children on the trip, so that the sick or injured member of the group can be properly looked after. A first aider with a first aid kit must be on all off-site activities. For further advice please contact a first aider.

Head Injuries
If a child sustains a head injury at school, the parent will be informed and a concussion email sent. If there is cause for concern (i.e. the child feels dizzy/sick or has disturbed vision), it will be reported to the Principal/ Head of Nursery and the parents will be informed. The incident will be logged in the accident and medical book and an accident report will be completed if the child's injury requires further medical attention.

If a child appears to be badly injured or seriously ill (e.g. serious loss of blood, severe pain in abdomen, bone or joint, unconsciousness):
SEND FOR HELP AT ONCE. Do not move the child (except if heavy bleed or shock see above).

If a child is ill and needs to go home
The child should be taken to the medical room. The office will telephone home and ask a parent or responsible adult to collect the child. A record will be made in the sickness book. If children are not well enough to join in all school activities, they should not be in school. Parents should know that it is important that the school knows if any children are off school with diarrhoea and vomiting and the recommendation is that children see their General Practitioner during the period of absence. It is important that they should not return to school until free of symptoms for 24 hours.

Wounds and Bleeding
Staff are requested NEVER to perform any First Aid Procedures that they have not been adequately trained to do. The following is an aide-memoire only. The aims of First Aid for bleeding and wounds are to:

- Stop bleeding as quickly as possible, because severe loss of blood could have serious consequences.
- Prevent infection, by keeping germs out.

Treatment:

- Place the casualty in the appropriate position according to the injury (ie in the lying position unless the bleed is to the head or upper part of the body).
- If the casualty feels faint, raise their legs (unless the bleed is on the head or upper part of the body).
- Elevate injured part, unless a fracture is suspected, and loosen tight clothing.
- Expose wound, removing as little clothing as possible.
- Control bleeding by pressing sides of wound firmly together or by applying direct pressure to the part that is bleeding, over a clean dressing preferably, a clean towel, handkerchief or any other item of clean linen.
- Apply sterile dressing into the depth of the wound until it projects above the wound, cover with padding and bandage firmly.
- If foreign bodies are present in the wound, or bone is projected, use the 'tent' method to raise the dressing with rolled bandages either side of the wound, and cover the wound with a sterile dressing to secure the rolled dressings in place, avoiding pressure on projecting foreign body or bone.
- If bleeding continues through dressing, put another dressing over the previous dressing and bandage it firmly. Never remove dressings that are already in place – this disturbs the blood clot and can easily make bleeding worse.
- At all times reassure the patient and keep him/her relaxed and lying as still as possible; any unnecessary movement will tend to make bleeding more severe.
- Keep casualty warm with blankets.
- Except in cases of only slight injuries with small loss of blood, get the casualty as comfortably as possible.

Warning
Stab wounds and puncture wounds can cause injury and infection deep inside the body, even though the skin wound is only small. Therefore, such wounds should always be regarded as serious and the casualty sent to hospital.

Burns and Scalds

- Cool immediately. If a limb or extremity is affected, immerse in cold water or place under a gently running tap, for at least 10 minutes, until pain is reduced.
- Remove burnt clothing, only if absolutely necessary and is not stuck, after cooling has begun. Stuck clothing should be left alone.
- Do not break blisters; keep immersed in cold water if still painful.
- Remove anything of a constricted nature – e.g. rings, bangles, belts, boots – before swelling starts.
- Cover the burn with cling film. If this is not available use a non-fluffy dressing. Dressing should cover an area bigger than the burn. If necessary use several dressings.
- If burn is larger than the palm of the hand, send casualty to a hospital as quickly as possible and treat for shock.

Warning
DO NOT apply lotion, antiseptics or anything greasy to burns.
DO NOT use hairy or fluffy materials to cover a burn.

In the case of electrical burns, do not touch the casualty until you are certain that the electricity is switched off.

Specific Conditions - Asthma
First Aiders are aware of how to treat known conditions of children at The Gower School, for instance, asthma. Due to the number of children that suffer from this condition within the School, a brief outline of the condition and treatment has been included in this policy. Each year 2000 people die from asthma in the UK. It is thought that the majority of these deaths are preventable. Due to this fact it is essential that staff understand the causes that lead to an attack and how to deal with an attack when it happens.

All asthma sufferers have a care plan and instances of medication administered are recorded in the medicine record book in the rooms at the nursery and in the office at the school.

Annex B: Anaphylaxis

What is anaphylaxis?

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (eg dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (eg bees, wasps, hornets). In its most severe form the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No child would necessarily experience all of these symptoms at the same time.

Medication and control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an Epipen, a device which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual child must be kept in a cabinet which is readily accessible, in accordance with the School's health and safety policy. If a child has an Epipen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the child's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

It is important that key staff in the School are aware of the child's condition and of where the child's medication is kept, as it is likely to be needed urgently.

It is not possible to overdose using an Epipen as it only contains a single dose. In cases of doubt, it is better to give a child experiencing an allergic reaction an injection rather than hold back.

All children who have anaphylaxis will require a Care Plan which parents or guardians should complete prior to starting at Gower School. The Care Plan should give basic details and indicate whether in some circumstances the child should be allowed to carry medication on his/her person around the School. This will be kept with the child's file.

Following discussion with the child and his/her parents, individual decisions should be made as to whether to provide basic information on the child's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow children should also be advised not to share food or drink with a child who is likely to experience an anaphylactic reaction.

Managing children with anaphylaxis

- Staff should be aware of those children under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all children who have an epipen prescribed to them, have their medication accompanying them at all times; this is carried by a member of staff who remains in close vicinity of the child.
- Staff should ensure that they have some knowledge of what to do if a child has an anaphylactic reaction. (Staff to be given training. If a child feels unwell, the Duty First Aider should be contacted for advice.
- A child should always be accompanied to the hospital.

Away trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of the child's medication, if the child cannot carry it themselves
- Staff supervising the trip must be aware of the child's condition and of any relevant emergency procedures.

Issues which may affect learning

Children with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a child will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such children in the following circumstances and seek to minimize risk whenever possible.

What are the main symptoms?

- Itching or presence of a rash, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness

What to do if a child has an anaphylactic reaction

- Ensure that a paramedic ambulance has been called, stay calm and reassure the child, administer Epipen, summon assistance immediately from the Duty First Aider and liaise with the Duty First Aider about contacting parents.

Specific Conditions - Epilepsy

If a child joins the school with this condition, as with other specific conditions, specific instructions on immediate treatment or action will be gained from the parent(s) so that these can be followed in the event of an attack. We have experienced children with Childhood Absence Epilepsy and the teachers and other staff have been made aware of the small periods of time the child(s) will be unable to respond to what is going on around them. Staff will always send for a Paediatric First Aider if in doubt about a child showing unusual signs. However the following points outline how to recognise and act on a seizure:

Tonic-Clonic seizures

The person goes stiff, loses consciousness and then falls to the ground. 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 happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

Do...

- 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
- Stay with the person until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger
- Give them 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

Focal (partial) seizures

Sometimes the person is not aware of their surroundings or what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.

Do...

- Guide the person from danger
- 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
- The person is injured during the seizure
- You believe the person needs urgent medical attention

Asthma

What is Asthma?

Children with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The child may become distressed and anxious and in very severe attacks the child's skin and lips may turn blue.

Medication and control
Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. Most children with asthma will take charge of and use their inhaler from an early age and it is good practice to allow children to carry their inhalers with them at all times, particularly during PE lessons. If a child is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the child's name.

Children with asthma must have immediate access to their inhalers when they need them.
It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the child's name and stored in a locked cabinet in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. All asthmatic children will require a 'Crisis Sheet' which parents or guardians should complete prior to starting at Gower School. The Crisis Sheet should give the basic details and indicate whether in some circumstances the child should be allowed to carry medication on his/her person around the School. This will be kept with the child's file. Note that it is difficult to "overdose" on the use of an inhaler. If a child tries out another child's inhaler there are unlikely to be serious side effects, although clearly children should never take medication which has not been prescribed for their own personal use. Following discussion with the child and his/her parents individual decisions should be made as to whether to provide basic information on the child's condition to his/her peer group so that they are made aware of their classmate's needs.

Managing children with asthma
- Staff should be aware of those children under their supervision who have asthma.
- Games staff should ensure that all children with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a child has an asthma attack. (Staff to seek advice from Duty First Aider / Houseparent's)
- If a child feels unwell, the Duty First Aider should be contacted for advice.
- A child should always be accompanied to the Surgery if sent by a member of staff.

Away trips:
- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of children medication, if the children cannot carry it themselves (See Crisis Sheet). Staff supervising the trip must be aware of the child's condition and of any relevant emergency procedures.

When an Asthmatic joins the Class
- Ask parents about child's asthma and current treatment
- The child's medication will be stored in the medical room.
- If they require access to their medication to have with them during sport or off-site activities, this can be arranged through the office.

Sport and the Asthmatic Child
Exercise is a common trigger for an asthma attack but this should not be the reason for children not to participate in PE or Games. As far as possible, children should be encouraged to participate fully in all sporting events. Swimming is to be encouraged. Prolonged spells of exercise are more likely than short spells to induce asthma attacks. Teachers of Games should be particularly aware of children with asthma when working outside on cold, dry days or when there are strong winds.

Asthmatic children are commonly allergic to grass pollen so this should be considered, especially during the summer months. Teachers should beware of competitive situations when children with asthma may over exert themselves. Exercise triggered asthma will be helped if the teacher ensures that the child uses his/her inhaler before exercise begins and keeps it with them during the lesson. No child should be forced to continue games if they say they are too wheezy to continue.

How you can Help during an Attack
Children with asthma learn from their past experience of attacks; they usually know just what to do and should carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone.

However, the following guidelines may be helpful:
1. Ensure that the reliever medicine is taken promptly and properly. A reliever inhaler should quickly open up narrowed air passages: try to make sure it is inhaled correctly. It should be administered via a Spacer (breather unit with rubber section to go over nose & mouth). Due to the high speed release of an inhaler, it is difficult for even an adult patient to inhale at the right time to benefit from the medication, so it is recommended it is given in this way for maximum impact.

2. *Stay calm and reassure the child.*
   Attacks can be frightening, so stay calm and do things quietly and efficiently. Listen carefully to what the child is saying and what he or she wants: the child has probably been through it before. Try tactfully to take the child's mind off the attack. It is very comforting to have a hand to hold but don't put your arm around the child's shoulder as this is very restrictive.

3. *Help the child to breathe.*
   In an attack people tend to take quick and shallow breaths, so encourage the child to breathe slowly and deeply. Most people with asthma find it easier to sit fairly upright or leaning forwards slightly.
   They may want to rest their hands on their knees to support the chest. Leaning forwards on a cushion can be restful, but make sure that the child's stomach is not

squashed up into the chest. Lying flat on the back is not recommended.

In addition to these three steps loosen tight clothing around the neck and offer the child a drink of warm water because the mouth becomes very dry with rapid breathing.

How teachers can help

- Ensure all asthmatic children take any necessary treatment before sport or activities.
- Ensure relievers are readily available for use by asthmatic children when required.
- Check with child and parent that correct treatments and instructions are supplied for school outings.
- Be aware that materials brought into the classroom may trigger a child's asthma, and additional treatment may be necessary.
- Make a point of speaking to parents of children needing to use their inhaler for relief more often than usual.
- Act as an educator to children with asthma and their peers.
- Know what to do in an emergency.

Do's and Don'ts in Acute Asthma

- *Don't panic.*
- *Do be aware of procedure to follow if the child does not improve after medication.*
- *Don't lie the child down - keep her/him upright.*
- *Don't open a window - cold air might make the condition worse.*
- *Don't crowd the child - give space - not cuddles.*
- *Do give reliever medication - bronchodilators.*
- *Don't give inhaled steroids*
- *Do reassure the child.*
- *Do reassure the other children and keep them away.*

What are the main symptoms?

- Coughing, wheezing, inability to speak properly and difficulty in breathing out.

What to do if a child has an asthmatic attack

- Stay calm and reassure the child. Speak calmly and listen to what the child is saying.
- Summon assistance from the Duty First Aider. Try not to leave the child alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are use promptly and help the child to breathe by encouraging the child to breathe slowly and deeply and relax.
- Help the child to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call an ambulance on 999
- Liaise with the Duty First Aider / houseparent's about contacting the child's parents/guardians.

<u>Annex D: Diabetes</u> Specific Conditions - Diabetes

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Children with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a child may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a child may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

Diabetes is serious and will receive the proper treatment once diagnosed medically. People with diabetes should have access to good, regular healthcare and may also need to take diabetes medication or insulin, or a combination of the two. All diabetic adults and children are registered on the 'at risk' list and the teacher made aware of their condition. All diabetic children should be registered with the School Medical Service and the school office kept up to date with details of where parents can be contacted in an emergency, also telephone numbers of the child's doctor, hospital etc.

The child should always carry glucose or sugar in her pocket and may need to eat in class or before PE and games lessons. It is very important that diabetics eat meals at regular times and are allowed to eat small snacks at other times when they need extra food. The only major problem the diabetic child is likely to have in school will be an INSULIN REACTION (Hypoglycaemia). Some of the first signs may consist of confusion, poor work, poor handwriting. If any of these are noticed – sugar in any form is the correct treatment (sugar, sweets, sugary drinks). If reaction has not developed too far the child will return to normal, but SHOULD NEVER BE SENT OUT OF THE ROOM WITHOUT SUPERVISION.

Insulin reactions do not occur very frequently. They are usually brought on by more exercise than usual, delay in getting meals or inadequate meals or excessive Insulin dosage. If a reaction occurs at school, parents should be advised by telephone and in writing. If the child has developed an Insulin reaction or is unwilling to swallow sugar, this should be considered an EMERGENCY - AND THE CHILD TAKEN TO HOSPITAL. Every effort should be made to contact the parents as soon as possible.

Medication and control
Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All children with diabetes will require an Individual Child Risk Assessment. In most cases children will have their insulin injections before and after school but some children may require an injection at lunchtime. If a child needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the child may require privacy in which to administer the injection. Some children may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A child with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most children with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a child with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the child and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode. The issue of close communication between parents and the School is fundamental to the care of children with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date. All diabetic children will require a 'Crisis Sheet' which parents or guardians should complete prior to starting at Gower School. The Crisis Sheet should give the basic details and indicate whether in some circumstances the child should be allowed to carry medication on his/her person around the School. This will be kept with the child's file. Following discussion with the child and his/her parents individual decisions should be made as to whether to provide basic information on a child's condition to his/her peer group so that they are aware of their classmate's needs.

Managing children with diabetes
- Staff should be aware of those children under their supervision who have diabetes. The child may be wearing a Medic-Alert or Necklet which would identify the condition, if the teacher has not already been made aware of the child's Diabetic condition.
- Games staff should ensure that all children with diabetes have a snack with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a child has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from the Head of Boarding for training)
- If a child feels unwell, the Duty First Aider should be contacted for advice.
- A child should always be accompanied to the Surgery if sent by a member of staff.

Issues which may affect learning
Children with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a child with diabetes in maintaining an adequate blood glucose level: Encourage the child to eat or drink some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the child displays symptoms of hypoglycaemia, after the activity is concluded, encourage the child to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

What do in an emergency if a child has a hypoglycaemic (low blood sugar) episode?
Common causes:
A missed or delayed meal or snack, extra exercise, too much insulin during unstable periods, the child is unwell or the child has experienced an episode of vomiting.

Common symptoms are:
- Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration

i. Get someone to stay with the child - call for the Duty First Aider/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse.
ii. Give fast acting sugar immediately (the child should have this), eg:
Lucozade, fresh orange juice, sugary drink, e.g. Coke, Fanta, glucose tablets, honey or jam, 'Hypo Stop' (discuss with parents / houseparent's whether this should be taken on trips off site)
iii. Recovery usually takes ten to fifteen minutes.
iv. Upon recovery give the child some starchy food, eg couple of biscuits, a sandwich.
v. Inform the Duty First Aider, houseparent's and parents of the hypoglycaemic episode.
vi. In some instance it may be appropriate for the child to be taken home from school

NB. In the unlikely event of a child losing consciousness, call an ambulance (999) and the Duty First Aider.

A hyperglycaemic episode (high blood sugar)
Hyperglycaemic episodes occur when the blood glucose level is too high. Children may display the following symptoms:
- Excessive thirst, passing urine frequently, vomiting, abdominal pain
- A change of behaviour

Care of children in a hyperglycaemic episode

- Do not restrict fluid intake or access to the toilet
- Contact the Sanatorium and/or parents if concerned.

In both episodes, liaise with the Duty First Aider / houseparent's about contacting the children parents/guardians.

Annex E: Hemiplegia

What is hemiplegia?

Childhood hemiplegia (sometimes called hemiparesis) is a condition affecting one side of the body (Greek 'hemi' = half). We talk about a right or left hemiplegia, depending on the side affected. It is caused by damage to some part of the brain, which may happen before, during or soon after birth, when it is known as congenital hemiplegia, or later in childhood, in which case it is called acquired hemiplegia. Generally, injury to the left side of the brain will cause a right hemiplegia and injury to the right side a left hemiplegia. Childhood hemiplegia is a relatively common condition, affecting up to one child in 1,000. About 80% of cases are congenital, and 20% acquired

What are the effects of hemiplegia?

Hemiplegia affects each child differently. The most obvious result is a varying degree of weakness and lack of control in the affected side of the body, rather like the effects of a stroke. In one child this may be very obvious (he or she may have little use of one hand, may limp or have poor balance); in another child it will be so slight that it only shows when attempting specific physical activities.

Managing children with hemiplegia

It is essential to include the weaker side in play and everyday activities, to make the child as two-sided as he or she can be. As they get older, many children and young people with hemiplegia can be encouraged to develop better use of their weaker side through involvement in their chosen sports and hobbies. All diabetic children will require a 'Crisis Sheet' which parents or guardians should complete prior to starting at Gower School. The Crisis Sheet should give the basic details and indicate whether in some circumstances the child should be allowed to carry medication on his/her person around the School. This will be kept with the child's file. Staff should encourage children to take part in all activities. If a child feels unwell, the Duty First Aider should be contacted for advice. A child should always be accompanied to the Surgery if sent by a member of staff.

Away trips:

- Staff supervising the trip must be aware of the child's condition and of any relevant emergency procedures.

Annex F: Cleaning up body fluids from floor surfaces

All appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit, etc.
Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly.

- Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice.
- Remove all visible material from the most soiled areas, using paper towels.
- Put all used paper towel and cloths into a sealed bag for the bin.
- Non- carpeted areas: Sanitize the area with antibacterial solution, leaving on the affected area for a minimum of 10 minutes. A red mop and bucket are designated for this use.
- Carpeted areas: The area should be cleaned with antibacterial solution. The area should then be shampooed or steam cleaned within 24 hours.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water.
- Discard gloves, disposable apron. Finally wash your hands thoroughly using soap and water.

Annex G: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013)

Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (**RIDDOR**) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0345 300 9923):

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

The Gower School must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records. The following accidents must be reported to the HSE involving employees or self-employed people working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence)
- accidents which prevent the injured person from doing their normal work for more than three days
- accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work i.e. if it relates to;
- any school activity, both on or off the premises

- the way the school activity has been organised and managed
- equipment, machinery or substances
- the design or condition of the premises

HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Principal of Gower School Preparatory School is responsible for ensuring this happens, but may delegate the duty to the Health and Safety Officer. The Administrator will report the incident to HSE and also to our insurers.

The nature of the work, the hazards and the risks
The following table, compiled using information from the Health & Safety Executive, identifies some common workplace risks and the possible injuries that could occur:

Risk
Possible injuries requiring first aid
Assessed risk to employees, children and visitors/contractors
Remarks

Manual Handling
Fractures, lacerations, sprains and strains (mainly pertains to kitchen/cleaning and maintenance staff)
Low

Slip and trip hazards
Fractures, sprains and strains, lacerations. (mainly children)
Low

Machinery
Crush injuries, amputations, fractures, lacerations, eye injuries – there are very few machines within the school which are capable of causing amputations and fractures.
Low

Work at height
Head injury, loss of consciousness, spinal injury, fractures, sprains and strains – working at heights is restricted to adults, below one metre an adult can work alone; over one metre a full size ladder or scaffold tower is used with 2 or more people present at all times.
Low

Workplace transport
Crush injuries, fractures, sprains and strains, spinal injuries – it is unlikely that workplace transport injuries will occur as the minibus is only used for people carrying.
Low

Electricity
Electric shock, burns – all hardwiring is tested every 5 years and PA 100% every 3 years, there is also an annual visual H&S self-audit which should identify any shortcomings and these would then be rectified, couple to this is the appointment of H&S reps who are responsible for monitoring all H&S maters within their area of responsibility.
Low

Chemicals
Poisoning, loss of consciousness, burns, eye injuries – all chemicals are kept under lock and key and their issue and use is supervised by qualified adults/personnel
Low

Advice on seasonal flu:
- We do not currently envisage any situation where the Government would be advising large numbers of schools or Early Years and child care settings to close.
- Parents should keep children at home if they have flu symptoms. Schools and settings spotting such symptoms should ask parents to collect the child and take them home as soon as practicable.
- We would expect schools and settings to stay open even if some children are diagnosed with flu. Schools may wish to contact their local Health Protection Unit for advice if they are concerned by a large number of cases, or if their children may be particularly vulnerable – for example, special schools dealing with children with medical conditions. In some cases, the advice may be to close for a short period.
- Early Years and childcare settings may also wish to contact their local Health Protection Unit for advice if they have concerns.
- The greatest contribution that a school or setting can make is to promote and put in place good hygiene practices: basic common sense ideas like using tissues and washing hands. Such practices can help to prevent the spread of a range of viruses, not just flu.
- Those in vulnerable groups – people with certain medical conditions or pregnant women – should contact their GP for flu vaccination.