SNARESBROOK
PREPARATORY SCHOOL

aider

First Aid

[Policy #019]

This policy relates to the whole school, including Early Years Foundation Stage (EYFS) and all activities, including residential trips and all care arrangements.

Linked Policies:

- 001 Safeguarding / Protection of Children
- 018 Health & Safety
- 032 Handling and Storage of Medication
- 033 Children's Ill Health Procedure
- 049 Educational Visits

Legislation, Statutory and Non-statutory Guidance:

- Health & Safety (First Aid) at Work Regulations 1981
- HSE Guidance 2013
- First Aid in schools, early years and further education (updated 2022)

Approved by:	Head	**Last reviewed by:**	Head
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Contents (hyperlinks)

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1 Objectives

1.1 This policy outlines the school's responsibility to provide adequate and appropriate first aid to pupils, staff, parents, visitors and contractors and the procedures in place to meet that responsibility and has due regard to the DfE guidance "First Aid in schools".

1.2 This policy aims to identify effective systems for ensuring the provision of adequate and appropriate first aid equipment, facilities and personnel at Snaresbrook Prep School both on and off-site.

1.3 To identify the first aid needs of The School in line with the Health & Safety (First Aid) at Work Regulations 1981.

1.4 To ensure that first aid provision is available at all times whilst there people on site or during off-site visits.

1.5 To ensure that there are an appropriate number of suitably trained first aiders on site and maintain a training log.

1.6 To provide awareness and training to staff, students and visitors on First Aid arrangements within The School.

1.7 To keep records as appropriate and report accidents to the Health and Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. (RIDDOR, 2013).

1.8 To provide sufficient and appropriate resources and facilities.

1.9 To keep staff and parents informed of the School's First Aid arrangements.

1.10 To give clear structures and guidelines to all staff regarding first aid

2 Guidance

2.1 The School has in place procedures for:

- 2.1.1 carrying out first aid risk assessment;
- 2.1.2 training staff in first aid and refresher training prior to expiration dates (Every three years);
- 2.1.3 first aid equipment/supplies and stock management.

2.2 This policy should be read in conjunction with;

2.2.1 Children's Ill Health Procedures

2.2.2 Policy on the handling and storage of medication

2.2.3 Health and Safety Policy

2.2.4 Safeguarding and Child Protection Policy

2.2.5 HS004 Accident Management and RIDDOR

2.2.6 Educational Visits Policy

2.2.7 Health and Safety: responsibilities and duties for schools

2.3 Other documents referenced -

2.3.1 Public Health England - Health protection in schools and other childcare facilities - Sept 2017

2.3.2 DfE - Supporting pupils at school with medical conditions - Dec 2015

2.3.3 DoH - Guidance on the use of emergency salbutamol inhalers in schools - March 2015

2.3.4 DoH - Guidance on the use of adrenaline auto-injectors in schools - September 2017

3 Definition

3.1 First aid is defined as the immediate or initial treatment given to someone taken ill or injured prior to the arrival of other medical services.

4 Summary

4.1 Whilst on site or involved in a School activity the care of our pupils is paramount. With adequate information we endeavour to help our pupils to remain healthy, enabling them to continue to access their education without stigma or exclusion. In order for this to occur, parents, pupils and staff need to work closely together. The school gives the appropriate training to members of staff to cover the medical/health needs of the members of the School. This includes qualified first aiders, and paediatric first aiders.

4.2 At Snaresbrook Prep School and during related off-site activities, including sports, there are sufficient numbers of trained personnel, equipment and information available to ensure that someone competent in emergency first aid techniques can rapidly attend an incident.

5 References

5.1 Medical policies including the Administration of medicines policy, List of First Aiders, First Aid box locations. DfE Guidance for Infection Control in Schools.

6 Practical Arrangements

6.1 All members of staff will be made aware of the school's First Aid policy which covers:

6.1.1 The arrangements for First Aid;

6.1.2 The arrangements for recording and reporting accidents;

6.1.3 Those employees with qualifications in first Aid;

6.1.4 The location of First Aid kits.

6.2 In addition the school will ensure that signs are displayed throughout the school providing the following information:

6.2.1 names of employees with first aid qualifications and location of boxes. Click here for the up to date list

7 Training

7.1 Snaresbrook Prep School is dedicated to ensuring all staff have the opportunity to attend, refresh or update their first aid qualifications. Training is either provided internally or externally sourced at regular intervals during the year and upon request if it is deemed necessary. First aid qualifications expire three years from the date of the course taken. The current list of our First Aiders as per the link above is displayed around the school. A member of staff with a First Aid qualification will always be on site when children are present.

7.2 The individual member of staff, in conjunction with the Office Manager will monitor their qualifications so all staff may retake or complete a refresher course before the qualification expires.

7.3 The Office Manager will maintain a register of qualified members of staff. This register will contain details of members of staff currently qualified, date they qualified and when their certificate expires. This register also holds details of staff qualified in Paediatrics to cover the Ofsted requirements for EYFS.

7.4 All staff will have training that covers Anaphylaxis and how to treat in an emergency.

7.5 With FAW plus Paediatric First Aid certificates: Jackie Redrupp

7.6 With Paediatric First Aid certificates: Liz Chrysostomou, Jackie Cook, Charu Lal, Rosie Mathison & Belinda Togonu-Bickersteth

7.7 With FAW: Eleanor Redding, Katie Griffiths, Rebecca Martindale, Rebecca Bradley, Lauren King

7.8 With Emergency Playground First Aid: Steph Barber, Janet Barrett, Jane Colburn, Ralph Dalton, Jenna Fykin, Paula Hemmings, Kaleigh Jones, Josie Kehoe, Janet King, Ghazala Lone, Gill Milton, Liz Tsui, Grant Twist, Katie Wilkinson.

7.9 With First Aid Essentials - Catherine Hickinbotham

7.10 All staff working in the EYFS hold Paediatric First Aid Certificates.

8 Information on First Aid arrangements

8.1 The Office Manager or Operations Lead (KG/PR) or those covering these roles will:

8.1.1 Take charge when someone is injured or becomes ill.

8.1.2 Ensure that an ambulance or other professional medical help is summoned when appropriate.

8.2 *In addition to the above, First Aiders are required to follow the procedures outlined in this policy.*

8.3 Main Duties of a First Aider

8.4 To give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

8.5 When necessary, ensure that an ambulance or other professional medical help is called.

8.6 *In addition to the above, First Aiders are required to follow the procedures outlined in this policy.*

8.7 First Aid Equipment and Facilities

8.8 Mrs Eleanor Redding is the nominated person responsible for the stock in the school first aid boxes and the kits which go off site for Games lessons and visits.

8.9 All first aid boxes/kits/bags are marked with a white cross on a green background.

8.10 First aid boxes/kits/bags and equipment are taken on all school educational and sporting visits.

8.11 Basic hygiene procedures must be followed by staff administering first aid treatment.

8.12 Single-use disposable gloves must be worn when treatment involves blood or other body fluids. Disposable aprons are also available if needed.

8.13 First Aid boxes are located in the school office, at the main school's playground door, at the Nursery/Reception playground door, in the staff room, in the kitchen and in the hall kitchen. These are also signposted within school. Plaster, Wipes & Gloves only boxes are also available at the main school's playground door and the Nursery/Reception playground door,

8.14 Yellow buckets, mops and cloths are available to be used when cleaning up bodily fluids but paper towels should be used to clean the mess before it is cleaned up. Mops should not be used on this itself. These are stored on the balcony.

8.15 Bodily Fluid Crystals are available to be used on and vomit / other bodily fluids in the playground.

8.16 All paper towels & bodily fluid spill kits should be collected in a separate bag for disposal.

9 Information on all pupils (EYFS to Year 6)

9.1 The School will obtain up-to-date medical information on pupils as they join the school, and annually thereafter until they leave the school. This may include giving permission for certain over-the-counter medications, and for emergency medical treatment in the event that a parent cannot be contacted.

9.2 All staff will be given particular training for any child with a specific condition in their class e.g. Auto-injectors.

9.3 Written permission must be given by parents/careers for the administration of any medicine, particularly short-term medicine (e.g. antibiotics) this includes pupils in EYFS.

9.4 Parents will be informed the same day or as soon as reasonably practicable if their child is given any medication with details of the timing given. This is to avoid overdosing.

9.5 Parents will be informed the same day or as soon as reasonably practicable of any accident or injury, and the first aid treatment given.

9.6 Pupils including those of EYFS age must not be sent back to school for 48 hours after symptoms of vomiting or diarrhoea have ceased.

10 Responsibilities under the policy

10.1 The Office Manager is responsible for:

10.2 Monitoring the list of qualified first aider across site and arranging for training to be carried out within the three-year expiration period;

10.3 Risk assessing and reviewing the first aid provisions for the School;

10.4 Ensuring sufficient numbers of suitably trained first aiders are available during times that children/staff/visitors/contractors are on site;

10.5 Induction of new members of staff on first aid procedures and periodically review the first aid arrangements to staff;

10.6 Ensuring information on obtaining first aid is made available and is up-dated;

10.7 Ensuring that any training given (other than specific/tailored courses) meet the appropriate criteria;

10.8 Ensuring first aid needs within the school are assessed and addressed, including stock levels within their first aid boxes;

10.9 Ensuring appropriate first aid cover is available for field work and any additional sessions, events held on site out of hours.

10.10 Organising provision and replenishment of first aid supplies across the school;

10.11 Recording any accidents, incidents and informing the Compliance Sub-committee of any dangerous occurrences in lines with Procedure HS 004;

10.12 Liaising with the Head and the School's Compliance sub-committee on first aid/medical issues;

10.13 Attending the Compliance Committee Meeting and reporting on recent trends or updated procedures;

10.14 Keeping a list of pupils with particular medical conditions;

10.15 Keeping the individual care plans up to date;

10.16 Each term or when there is an amendment, notifying staff, by email, the list of pupils with specific medical needs.

10.17 Paediatric First Aiders and First Aiders are responsible for:

10.18 Responding promptly to calls for assistance within their area;

10.19 Providing minor first aid with the younger children and report via the accident reporting system;

10.20 Providing support within their competence and qualification for pupils, staff, visitors and contractors;

10.21 Summoning further help, if necessary;

10.22 Reporting details of treatment provided;

10.23 Ensuring first aid boxes are restocked.

10.24 The Educational Visit Coordinator is responsible for:

10.25 Ensuring that all educational visits are risk assessed, with specified focus upon first aid requirements, equipment and availability of trained staff to ensure the safety of staff and pupils including those with medical conditions.

11 Implementation of Policy

11.1 In order to ensure parents know what to do if a child is ill or infectious, this is included in the parent information sheets supplied at enrollment and within the Parent Portal.

12 First Aid Boxes/bag/kits

12.1 First Aid boxes/bags/kits are located in the office and high risk areas across the school decided by use of room and locations. First aid kits are designed to be used by first aiders only unless the treatment is minor and requires a simple plaster or temporary bandage. First aid boxes are stocked in reference to 'Basic advice on first aid at work" INDG 347.

12.2 It is the responsibility of the Office Manager to ensure first aid boxes and contents are in date and have sufficient stock. A competent member of staff

under the guidance of the Office Manager will conduct a termly check on all kits. The Office Manager also conducts regular inspections. A full list of locations can be found in Appendix B.

12.3 A Travel First Aid Bag will be taken on all School visits and sports fixtures off-site along with any emergency medication that may be required.

12.4 Parents are responsible for advising staff if their child will require medication on a School trip. No medication is to be carried by a pupil unless discussed with the teacher in charge.

12.5 The teacher in charge is responsible for informing the Office Manager of the trip and requesting the provision of the First Aid Bag, Auto-Injectors (two per pupil) and any medicines which are then to be returned to the office on completion of the trip by a member of staff.

13 General Hygiene

13.1 Spillage of blood and vomit should be cleared up as quickly as possible by using the bodily fluid kit available in the office. A granular chemical is used that absorbs and sanitises the area allowing the spillage to be swept up.

13.2 If paper towels are used, it is preferable to treat them as infected waste. Gloves and aprons should be discarded as infected waste.

13.3 Clothes and linen that are stained with blood or vomit should be washed in a washing machine at 95 degrees centigrade for 10 minutes or boiled before handwashing.

13.4 Crockery and cutlery can be cleaned by handwashing with hot soapy water or in a dishwasher or dish steriliser.

14 Staff Precautions

14.1 As a general policy, if staff who themselves have cuts or abrasions give physical care to children, these injuries should be covered with waterproof or other suitable dressings, disposable gloves etc.

14.2 Injuries should be covered with waterproof or other suitable dressings, disposable gloves etc.

14.3 Staff taking prescribed medicines, please refer to the School's Staff Code of Conduct.

15 Waste Disposal

15.1 Urine and faeces should be eliminated or discarded into the toilet in the normal manner. Disinfectant is not always necessary.

15.2 Soiled waste, including protective disposable gloves or aprons should be 'double bagged' in yellow plastic bags and effectively secured. Arrangements should be made with the responsible local authority for collection of this waste for incineration.

15.3 Non-infected waste is discarded into bin liners or dustbins. This should be collected and disposed of in the usual manner by the local authority cleansing department.

15.4 When work is completed, hands should be washed thoroughly using hot water and soap.

16 Reporting, accident/incident investigation

16.1 All accidents and incidents to pupils are recorded in the accident book by the person required to treat or by the first aider. All serious accidents that either were transported to hospital and/or potentially requiring investigation, are passed to the Office Manager.

16.2 Any accident or incident investigation will be tailored to the severity of the incident. This may involve witness statements, interviews, gaining evidence of testing or inspections, evidence of training records and level of competency and underlying causations.

16.3 Every term, a full report is issued by the Office Manager, for the Compliance Committee to discuss. The report should highlight any trends and investigate potential solutions to prevent accidents as far as reasonably practicable. Any investigation or near-miss will be reported by the Office Manager to the Compliance Committee.

17 Pupils with Particular Medical Conditions

17.1 Pupils with particular medical conditions such as asthma, epilepsy, diabetes will be included upon the medical conditions document issued by the Office Manager at the start of every year and updated where appropriate.

17.2 Specific information on medical conditions can be found within the Medical Policy on the staff intranet.

17.3 Pupils with particular medical conditions have individual care plans kept by the Office and is available on the drive. Members of staff will be notified by email with the list each term and when there is an amendment by the Office Manager.

17.4 Staff have access to pupil medical information that is appropriate to their role or responsibility to that child.

17.5 In an emergency staff can access this information.

18 Reporting – Educational Visits

18.1 Any injury/illness sustained by a pupil should be reported to the Office Manager on return from the visit. An accident form must be completed by the first aider /teacher in charge of any educational visit. The lead teacher must notify the parent of the incident and the treatment upon return at the latest.

18.2 A RIDDOR (Reporting of injuries, Diseases and Dangerous Occurrences Regulation) form is completed following the guidance provided (HSE Information Sheet No1).

19 Severity of Injury

19.1 Most injuries and illnesses will be dealt with by the nearest appropriately qualified first aider.

19.2 Notes should also be sent home if medication has been required and given.

19.3 The parents are contacted by telephone if the injury/illness requires further medical treatment or if the pupil would benefit from resting at home.

19.4 Parents are contacted if a pupil needs to go to Casualty, and are asked to transport them.

20 Pupil accidents involving a bump to the head

20.1 The school recognises that accidents involving the pupils' head can be problematic because the injury may not be evident and effects only become noticeable after a period of time. All bumps to the head will be reported to parents by phone along with the completed accident form. The phone call will be recorded on the "Calls home" file on the school Drive. If staff are in any doubt regarding the condition of a child following a bump to the head, medical advice should be sought be dialling 101 or an ambulance should be called by dialling 999.

21 Children taken ill during the school day

21.1 Any pupil taken unwell in school will be brought to the school office by the class teacher or another member of staff. The pupil may be allowed time to rest in the office at the Office Manager's / Deputy Head's discretion. This is a temporary measure until the pupil feels better or is collected by a parent. If the pupil needs to lay down, the sofa in the Head's office can be used or a bed can be put up. The Head's office has access to a sink and a toilet. A first aider will remain with the pupil until collected.

21.2 Any pupil not well enough to attend lessons should be collected as soon as possible by a parent. It is the responsibility of the office staff to call a parent.

21.3 If the condition of the child is such as to cause concern before the arrival of the parent, staff will seek medical advice by dialling 101 or 999 if an ambulance is required.

22 Emergency procedures – when to call an Ambulance

22.1 In the case of a severe accident or incident at the School, the first member of staff to arrive will call 999 if they can immediately see that an ambulance is required. The first aiders will then be called to deliver initial/immediate treatment. The School Office will be informed to expect an ambulance. The School Office will contact the parents. A member of staff will be sent to the front of School to meet the ambulance. The casualty will be accompanied to hospital by the Office Manager, member of staff or parent/guardian.

22.2 In the unlikely event that neither the parents nor the named emergency contact can be contacted, and where an ambulance is unavailable to transport a pupil to the hospital, the Office Manager will inform a member of the Leadership Team of a decision to be made and acted upon, which we believe to be in the best interests and welfare of the child. i.e. using their car to take the pupil to hospital or to leave the pupil on site and await further developments.

23 Infection Control - Whole School including EYFS

23.1 The aim of this Policy is to prevent communicable diseases and their spread whilst interfering as little as possible with the attendance of children at School. The following guidance deals with First Aid procedures, good hygiene practices, the safe disposal of clinical waste and pupils with an infectious disease. Because

infections can be passed on before a person is unwell, it is important that high standards of basic hygiene are always maintained.

23.2 All blood and body fluids should be treated as potentially infectious. Infections can be passed on even when a person looks and feels well. Reasonable steps should therefore be taken to protect against exposure to blood and body fluids at all times regardless of an individual's infection status. These will provide protection against those diseases where infection may be spread by direct or indirect contact e.g. on hands or contaminated objects.

23.3 These basic precautions include:

23.3.1 The use of proper handwashing procedures;

23.3.2 Safe treatment of soiling and spills;

23.3.3 The correct management of incidents involving blood or other body fluids;

23.3.4 The safe disposal of clinical waste and sharps (any sharp instrument like a needle).

24 First Aid Procedures

24.1 Under normal circumstances, disposable gloves should be worn for all tasks involving blood, vomit or urine.

24.2 Disposable plastic aprons may also be required in certain situations.

24.3 First Aiders should wash their hands before (if possible) and after giving First Aid. Any cuts, wounds, etc. must be covered with a waterproof plaster.

24.4 Disposable gloves are available in all First Aid Boxes.

24.5 After giving First Aid, the gloved hands should be washed with soap and water to remove all traces of blood, disposed of in a yellow bag and the hands washed again.

24.6 Any splashes of blood/body fluids to the eyes or mouth from another person should be washed out immediately with copious amounts of water. Splashes on the skin should be washed off with soap and water.

24.7 Human bites/accidental inoculation (where the skin has been pierced and there has been possible contact with blood from another person): encourage bleeding by gently squeezing the wound. Wash the area thoroughly with water and cover with a waterproof plaster.

24.8 All First Aid incidents must be reported either in person or in writing to the Office Manager. Any incident involving human bites/accidental inoculation or contamination by the blood of another person must be reported to the Office Manager immediately and an accident form completed.

24.9 Personal Hygiene

24.10 Good personal hygiene, including proper hand washing is essential.

24.11 Toilet facilities (including toilet paper) must be provided. Facilities for washing hands with soap and warm water, and drying hands must be available. Children should be encouraged to use them and supervised where necessary.

24.12 Hands should be thoroughly washed (using soap and water) and dried before meals, after using the toilet, after handling pets and whenever they become soiled.

24.13 Visits from travelling farms or visits to farms, will require a separate risk assessment to cover infection control looking at E-Coli, Cryptosporidium, Veils disease, etc.

24.14 Spillages of blood or body fluids

24.15 Again under normal circumstances, disposable gloves should be worn for all tasks involving blood, vomit, faeces or urine. Disposable plastic aprons may also be necessary in certain situations.

24.16 Spillages of blood, vomit, urine and faeces must be cleaned up as quickly as possible. Other persons should be kept away from the contamination until it is effectively dealt with.

24.17 Any spillages onto clothing, carpet or upholstery must have any excess mopped up with a disposable cloth or paper towels and then sponged with warm soapy water. Clothing should be washed as soon as possible using as high a temperature as possible or dry cleaned.

24.18 Any spillages onto a hard surface should have disinfectant (see below) poured onto the spill, covered with paper towels and be left for a short while. Any excess disinfectant should be mopped up with more paper towels and the area cleaned in the normal manner.

24.19 Disinfectant solution: Use Milton Fluid diluted 11ml / 600ml water. If required, this can be used neat, see back of canister for usage details. Should accidental contact with bleach occur flush with copious amounts of water. Always use

freshly diluted disinfectant. Bleach can corrode metal and damage fabric if used at the wrong concentration.

24.20 Safe disposal of clinical waste

24.21 Clinical waste is defined as any materials coming into contact with body fluids, including disposable gloves and aprons. All clinical waste should be disposed of into yellow plastic bags, clearly marked 'clinical waste'. Clinical waste must be sent for incineration and not included with general refuse.

25 Infectious Diseases

25.1 From time to time children and sometimes staff may develop an infectious disease. The majority are short lived but some may be long term and the individual may be a carrier of an infectious disease. Pathogens (micro-organisms that can cause disease) can be spread via a number of routes:

25.1.1 Direct contact with other people e.g. via hands or pathogens may be spread through direct contact with the body fluids of an infected individual.

25.1.2 Indirect contact and transfer:

25.1.2.1 Via Animals e.g. salmonella;

25.1.2.2 Water e.g. cholera

25.1.2.3 Inanimate objects e.g. respiratory equipment, contaminated surfaces

25.1.3 Airborne – pathogens only travel via airborne particles:

25.1.3.1 Respiratory droplets – coughing and sneezing e.g. influenza

25.1.3.2 Dust, which can contain skin cells and bacteria

25.1.3.3 Water – via aerosol e.g. Legionnaires disease

25.1.4 Arthropods – these include bugs, flies, fleas, midges, mites, mosquitoes, lice and ticks which can cause diseases such as scabies and malaria.

25.2 A child who has developed an infectious disease usually shows general signs of illness such as fever, headache, sore throat or general malaise before the development of a rash or other typical symptoms. They are usually infectious before a diagnosis has been made. Carriers of certain diseases may have no symptoms at all and may not be aware of their infectivity. Some parents, for

whatever reasons, may choose not to disclose information about their child's health. With this in mind, all blood and body fluids should be treated as potentially infectious and the precautions stated earlier followed.

25.3 Snaresbrook Prep School follows Redbridge guidelines on the control of infectious diseases. There are specific exclusion times for specific diseases. If a member of staff suspects an infectious disease, they should contact the School Office for further advice. If a parent informs the School that their child has an infectious disease, other pupils should be observed for similar symptoms. Parents with pupils returning to School after an infectious illness should be asked to see/contact the School Office.

25.4 The risk of an individual acquiring an infection is influenced by his or her susceptibility. This is determined by age (children have immature immune systems), physical wellbeing, medical interventions (certain drugs lower immunity) and natural immunity. If First Aid procedures and good hygiene practices are followed, the risk of transmission of infectious diseases is greatly reduced.

25.5 See DfE Guide for Schools on Infection Control :

https://www.gov.uk/government/publications/health-protection-in-schools-and other-childcare-facilities

26 Staff taking medicines

26.1 First Aiders are not in a position to offer medicines to staff during the school day. Staff taking prescribed medicines need to ensure they follow the instructions and do not place themselves or others at risk. If taking medicines impairs your ability to carry out your day to day tasks you must inform the Office Manager. All medication must be locked in a locker in the staff room during the day.

27 Known medical conditions

27.1 At the commencement of their child's time at Snaresbrook Prep School, parents are asked to complete a form giving details of any known medical conditions. If there is any information included in this form, the parents are asked to have a meeting with the Office Manager to complete a medical care plan sheet and if necessary a Personal Emergency Egress Plan (PEEP).

27.2 Periodically throughout the year, parents are reminded to ensure that this paperwork is always up to date and annually in September, parents are asked to complete update paperwork if necessary.

27.3 Pupils using crutches or with limited mobility

27.4 Parents should inform school of the nature of injury and anticipated duration of immobility and a Risk Assessment and Personal Emergency Egress Plan will be drawn up in conjunction with the family. All staff will be fully informed of the requirements of both these documents immediately and updates given at the weekly staff meeting.

28 Record Keeping and Reporting Accidents – Pupils

28.1 All injuries sustained and the treatment given are recorded and reported to parents. These accident reporting books are kept at the 2 Playground First Aid stations and in the After School Care box. Copies of these letters which are given to parents make up the school accident book which is held on file in the school office.

28.2 Our school accident books contain printed, duplicating forms.

28.3 For LFS & UFS children, a form is completed recording any accident and the treatment given. Parents / carers are asked to sign at the bottom of the form when the child is collected and the top copy is given to the parents on the same day as the accident. The bottom copy is also detached and filed in the school office.

28.4 The same forms are completed for the Y1 – Y6 children. The top copy is sent home with the child that evening and parents are asked to sign & return the tear off slip confirming receipt of the form. The bottom copy is detached and filed in the school office and the tear off slip is attached to it when returned.

28.5 The forms filed in the office are checked every half term to check for any similarities which could be avoided.

28.6 In the event of a medical emergency for which the school is unable to contact parents/carers then the Head acts in 'Locum Parentis'.

29 Record Keeping and Reporting Accidents – Staff

29.1 Any incident involving an injury to a member of staff must be recorded in the staff accident book held in the school office. When completed, the form must be detached from the book and filed in the safe.

30 Transport to hospital or home

30.1 If it is felt that emergency treatment may be necessary, an ambulance will be called and contact made with the parents. A member of staff would accompany the child to hospital if the parents were unable to get to school quickly and would stay with the child until a parent did arrive. The member of staff would take with them a copy of the child's emergency information.

30.2 Where hospital / medical treatment is required but it was not felt to be an emergency, then the school would contact the parents for them to take over responsibility for the child. If parents were unable to be contacted, school would attempt contact with the nominated alternative emergency contact. If this was also not possible, the Head would make a decision on whether or not to contact the child's GP.

31 Administering First Aid Off Site

31.1 First Aid provision must be available at all times including when off site on school visits or Games / Swimming lessons. The level of first aid provision for an off-site visit or activity will be based on risk assessment.

31.2 At least one first aider will accompany all off site visits and activities along with a suitably stocked First Aid box.

31.3 All staff must be aware of the contents of the First Aid box and its location at all times throughout the visit.

31.4 All adults present on the visit should be made aware of the arrangements for First Aid.

31.5 If any First Aid treatment is given the Group Leader will advise the school office, by mobile telephone if urgent, or on return so that the pupil's parents can be informed.

31.6 A copy of the children's emergency information will be taken on every off site activity.

31.7 When organising a trip, the Group Leader must nominate a member of staff with a current 1st Aid certificate to be in charge of 1st Aid and any necessary medications for the children attending the trip.

31.8 Further information can be found in the EVC Policy here.

32 Statutory requirements for Accident Reporting

32.1 The school is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety executive as it applies to employees:

32.1.1 An accident that involves an employee being incapacitated from work for more than seven consecutive days (not including the day the accident has occurred but including weekends);

32.1.2 An accident which requires admittance to hospital for in excess of 24 hours;

32.1.3 Death of an employee;

32.1.4 Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine.

32.2 For non-employees and pupils an accident will only be reported under RIDDOR:

32.2.1 Where it is related to work being carried out by an employee or contractor and the accident results in death or major injury, or;

32.2.2 It is an accident in school which requires immediate emergency treatment at hospital.

32.3 *See the link for additional guidance below:* **Reporting Accidents and Incidents at Work April 2012** http://www.hse.gov.uk/pubns/indg453.pdf

33 Use of the Defibrillator

The school has a Defibrillator which is situated on the forecourt on the front, left of the building (between the two office windows)

Staff have received training in the operation of a defibrillator, but if required, it would be used in conjunction with a call to 999 when the call handlers recommend its use.

The checks to ensure the upkeep of the defibrillator are included within the monthly Health & Safety checks

The defibrillator is also registered to THE CIRCUIT (the national defibrillator network). This means that 999 operators are able to direct any member of the public near by to collect and use it if needed.

34 Appendix A - Emergency Care Plans

34.1 Allergic reactions management

34.2 All school staff will be made aware of any child with allergies by shared doc on the google drive upon the child's entry to the school and at or before the beginning of EACH term by the School Office. However, allergies may not have previously been diagnosed and staff should be aware of the following:

34.3 Signs and symptoms of mild allergic reaction:

34.3.1 Rash;

34.3.2 Flushing of skin;

34.3.3 Itching or irritation.

34.4 Treatment:

34.4.1 Remove allergen if possible eg rinse skin, wash out mouth etc;

34.4.2 Administer prescribed antihistamine following procedure above;

34.4.3 Observe casualty closely for at least 30 minutes.

34.5 Anaphylaxis management

34.6 Rapid signs and symptoms of severe allergic reaction

34.7 Anaphylaxis is a rapid developing condition resulting in sudden collapse of the casualty within seconds/minutes:

34.7.1 Swollen lips, tongue, throat or face;

34.7.2 Nettle type rash;

34.7.3 Difficulty swallowing and/or feeling of lump in the throat;

34.7.4 Abdominal cramps, nausea and vomiting;

34.7.5 Generalised flushing of the skin;

34.7.6 Difficulty breathing, may be very noisy;

34.7.7 Difficulty speaking;

34.7.8 Sudden feeling of weakness caused by fall in blood pressure;

34.7.9 Collapse and unconsciousness.

34.8 If anaphylaxis is suspected prompt action is required as follows:

34.8.1 Remove antigen if possible;

34.8.2 Confirm identity of casualty;

34.8.3 Reassure casualty;

34.8.4 Send someone to ask Office staff to call 999 ambulance stating 'Anaphylactic shock' and to call casualty's parents/next of kin;

34.8.5 Remove Epipen from protective case and remove safety cap at top;

34.8.6 Holding Epipen in a fist like grip push firmly at right angles to outer thigh until auto injector mechanism functions. Hold in place for 10 seconds allowing injector to administer contents of syringe;

34.8.7 Remove Epipen from thigh and massage area;

34.8.8 Note time given;

34.8.9 If casualty has collapsed lay them on their side in the 'recovery position';

34.8.10 Monitor breathing (and pulse if trained to do so) Perform CPR if necessary;

34.8.11 Do not leave casualty;

34.8.12 An additional dose of Epipen may be required if no improvement after 5 minutes or if the casualty worsens;

34.8.13 Provide Paramedics with a full history of casualty and incident.

34.9 Epipens are not a substitute for medical attention. If an anaphylactic reaction occurs and an Epipen is administered the casualty must be taken to hospital.

34.10 Emergency Epi-Pen

34.11 Two Emergency Epi-Pens are available on the wall in the main office and for off site visits for use by children who have already been prescribed an Epi-Pen and whose parents have given permission.

34.12 Parents of all pupils who have been prescribed an Epi-Pen pump are invited to complete the Emergency Epi-Pen Consent Form. The Emergency Epi-PEns are only permitted to be used by pupils whose parents have completed and returned this form.

34.13 We hold 2 Emergency Epi-Pens with different dosages

34.13.1 One emergency pen is 150 micrograms and is for children under 6 yrs.

34.13.2 One is 300 micrograms and is for children between the ages of 6 yrs - 12yrs

34.14 These pumps will be used on the instruction of the emergency services if the initial pen does not work or a second shot of adrenaline is required

34.15 Staff manually check these pens, and all other medications held, for expiry date at the monthly Health & Safety checks. Medication expiry dates also flag from the MIS 6 weeks prior to expiry so parents have sufficient time to obtain replacements.

34.16 Asthma management

34.17 **All school staff will be made aware of any child with asthma by shared doc on the google drive upon the child's entry to the school and at or before the beginning of term by the School Office.**

34.18 Snaresbrook Prep School recognises that asthma is a serious condition which can be life threatening. We ensure that all pupils with asthma can and do fully participate safely in all aspects of school life including out of school activities.

34.19 Trigger factors for asthma may include: change in weather conditions, animal fur, viral or chest infection, exercise, pollen, chemicals, air pollutants, emotional situations and excitement.

34.20 Persons with asthma need immediate access to their reliever inhaler (usually blue). Younger pupils may need help/encouragement to administer their inhaler. It is the parent's responsibility to ensure that School is provided with a named, in date reliever inhaler which is always accessible to the pupil. All pupils may carry their own inhalers except Nursery pupils whose inhalers are kept in the school office.

34.21 Emergency Inhaler

34.22 An Emergency Inhaler is available on the wall in the main office and for off site visits for use by children who have already been prescribed an inhaler and whose parents have given permission.

34.23 Parents of all pupils who have been prescribed an Asthma pump are invited to complete the Emergency Pump Consent Form. The Emergency Pump is only permitted to be used by pupils whose parents have completed and returned this form.

34.24 One emergency pump is available in the school office for use if a child's pump is missing, broken or empty at the time of need.

34.25 A second Emergency Pump is also available to be taken offsite on trips / sports fixtures.

34.26 Children will use their own spacers if needed but single use spacers are also available in the Emergency Inhaler Kit box.

34.27 Staff will check these pumps annually at the same time as all other medications held in school.

34.28 **Pupils in Y1 - Y6** may carry their own inhaler with them. Parents will be asked to complete a permission form. Y3 - Y6 pupils are encouraged to remember their own inhaler when they go off site for Games lessons but staff will always ensure the necessary medication has been taken and returned to the office.

34.29 Recognising an asthma attack:

34.29.1 casualty unable to continue an activity or have difficulty with it

34.29.2 difficulty breathing

34.29.3 chest may feel tight

34.29.4 possible wheeze

34.29.5 difficulty speaking

34.29.6 increased anxiety

34.29.7 coughing, sometimes persistent

34.30 Action:

34.30.1 Ensure prescribed reliever is taken promptly

34.30.2 Reassure casualty

34.30.3 Encourage casualty to adopt a position which is best for them (usually sitting upright)

34.30.4 Wait 5 minutes if symptoms disappear pupil may resume activity.

34.30.5 If symptoms have improved but not disappeared, inform parents/next of kin and give another dose of the inhaler.

34.30.6 Loosen tight clothing

34.30.7 If there is no improvement in another 5-10 minutes allow casualty to take another dose of their inhaler every minute for five minutes or until symptoms improve.

34.30.8 Ask the Office to call an ambulance or if at the sports ground, the teacher in charge should call an ambulance.

34.30.9 Accompany the casualty to hospital and await the arrival of a parent/next of kin

34.31 Diabetes management

34.32 All school staff staff will be made aware of any child with diabetes by shared doc on the google drive upon the child's entry to the school and at or before the beginning of term by the School Office.

34.33 Signs and symptoms of low blood sugar level (hypoglycaemia)

34.34 Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment available. Symptoms include:

34.34.1 Pale;

34.34.2 Glazed eyes;

34.34.3 Blurred vision;

34.34.4 Confusion/incoherent;

34.34.5 Shaking;

34.34.6 Headache;

34.34.7 Change in normal behaviour-weepy/aggressive/quiet;

34.34.8 Agitated/drowsy/anxious;

34.34.9 Tingling lips;

34.34.10 Sweating;

34.34.11 Hunger;

34.34.12 Dizzy;

34.34.13 Leading to unconsciousness.

34.35 Action

34.35.1 Give fast acting glucose (lucozade drink or glucose tablets) - the casualty should have their own emergency supply in School Office. Most individuals carry glucose tablets in their pocket. This will raise the blood sugar level quickly;

34.35.2 After 5 - 10 minutes follow this up with 2 biscuits, a sandwich or a glass of milk. Do not leave the casualty unaccompanied at any time;

34.35.3 Allow access to regular snacks and check blood sugar level again and as necessary;

34.35.4 Inform parents as soon as possible.

34.36 Action to be taken if the pupil becomes unconscious

34.36.1 Place casualty in recovery position and call Office Manager;

34.36.2 Do not attempt to give glucose by mouth as this may cause choking;

34.36.3 Telephone 999;

34.36.4 Inform parents/next of kin as soon as possible;

34.36.5 Accompany casualty to hospital and await arrival of parent.

34.37 Signs and symptoms of high blood sugar level (hyperglycaemia)

34.38 This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal. Symptoms may include:

34.38.1 feeling tired and weak;

34.38.2 feeling thirsty;

34.38.3 passing urine more often;

34.38.4 nausea and vomiting;

34.38.5 drowsy;

34.38.6 breath smelling of acetone;

34.38.7 blurred vision;

34.38.8 unconsciousness.

34.39 **Action**

34.39.1 inform the school office;

34.39.2 inform parents/next of kin as soon as possible;

34.39.3 call 999 and accompany casualty, await arrival of parents/next of kin.

34.40 Epilepsy management

34.41 **All school staff will be made aware of any child with epilepsy by shared doc on the google drive upon the child's entry to the school and at or before the beginning of term by the School Office.**

34.42 How to recognise a seizure

34.43 There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

34.43.1 casualty may appear confused and fall to the ground;

34.43.2 slow noisy breathing;

34.43.3 possible blue colouring around the mouth, returning to normal as breathing returns to normal;

34.43.4 rigid muscle spasms;

34.43.5 twitching of one or more limbs and/or face;

34.43.6 possible incontinence.

34.44 Action

34.44.1 try to help casualty to floor if possible but do not put yourself at risk of injury;

34.44.2 move furniture etc away from casualty in order to prevent further injury;

34.44.3 place a cushion or something soft under the casualty's head;

34.44.4 clear the area of students;

34.44.5 cover casualty with a blanket as soon as possible in order to hide any incontinence;

34.44.6 stay with casualty throughout duration of the seizure;

34.44.7 as the seizure subsides place casualty into recovery position;

34.44.8 inform parents as soon as possible;

34.44.9 send for ambulance if this is the casualty's first seizure or, if a casualty known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. Casualty must be accompanied until parent/next of kin arrives;

34.44.10 casualty to rest for as long as necessary;

34.44.11 reassure other pupils and staff.

35 Appendix B: Covid-19 Pandemic

35.1 Reference document: Coronavirus (COVID-19): implementing protective measures in education and childcare settings

35.2 Due to the circumstances under which we are operating at this time, there are some necessary changes to our policies regarding the administration of medication in school and also our 1st Aid Policy.

35.3 Pupil sickness other than with Covid-19 symptoms

35.4 If a child is unwell with symptoms other than those listed below, parents are asked to please check with a doctor before bringing the child into school.

35.5 We will not be able to receive medication for children in school so we would ask that parents talk to their doctor and request that any medicine needed should be prescribed to be given around the school day. If this is not possible, we ask that the child is kept at home.

35.6 If a child is taken poorly during the school day with any symptoms other than those listed below, we will contact parents and ask that the child is collected. We have no additional staff in school at the current time who would be able to look after children who are unwell.

35.7 Covid-19 symptoms

35.8 The most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:

35.8.1 A new continuous cough

35.8.2 A high temperature

35.8.3 A loss of, or change in, your normal sense of taste or smell (anosmia)

35.9 Parents, carers and settings do not need to take children's temperatures every morning as routine testing of an individual's temperature is not a reliable method for identifying coronavirus.

35.10 Parents are asked to keep their children at home if the child or any member of the household is experiencing any of the recognised Covid-19 symptoms listed above.

35.11 Testing is available and parents should organise this before the child returns to school. NHS - Apply for a test

35.12 Parents are asked to inform the school immediately if there is a positive test for their child or anyone else within the household. Call the school number 020 8989 2394 or email parents@snaresbrookprep.org

35.13 If the child tests positive, he / she should remain off school for 7 days or longer if symptoms are still present.

35.14 If it is a member of the household with symptoms and they test positive, the child should remain off school for 14 days.

35.15 For further information, please see the COVID-19: guidance for households with possible coronavirus infection guidance

35.16 See below for what happens if there is a confirmed case of coronavirus in school?

35.17 What happens if a child becomes unwell while at school with Covid-19 symptoms?

35.18 If anyone becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste of smell (anosmia) whilst at school, they will be sent home and parents advised to follow the COVID-19: guidance for households with possible coronavirus infection guidance.

35.19 Children will await collection in the Hub. The windows and door will be opened and a member of staff will be in the corridor.

35.20 If any child needs to go to the bathroom while waiting to be collected, they will use the dedicated bathroom. This bathroom will be cleaned and disinfected using standard cleaning products before being used by anyone else.

35.21 PPE will be worn by any staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child). Gloves, aprons and face masks are available from the office. If the child is spitting when coughing or vomiting, face shields are also available in the office for use.

35.22 The following links give instructions on the safe putting on and removal of PPE:

35.22.1 PHE Guidance - Putting on PPE

35.22.2 PHE Guidance - Removing PPE

35.22.3 PHE Guidance - Use of PPE in aerosol generating procedures

35.23 If the child becomes seriously ill, or their life is at risk, we will call 999. We will not visit a GP, a pharmacy, urgent care centre or a hospital.

35.24 A member of staff who has helped someone with symptoms does not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive (see 'What happens if there is a confirmed case of coronavirus in a setting?' below).

35.25 Any staff who have had any contact with someone who is unwell should wash their hands thoroughly for 20 seconds. The Hub and the classroom area being used by the child will be cleaned with our disinfectant products. See the COVID-19: cleaning of non-healthcare settings guidance.

35.26 What happens if there is a confirmed case of coronavirus in school?

35.27 When a pupil or staff member develops symptoms compatible with coronavirus, they and the school will follow the latest government guidelines as published at the time.