



First Aid Policy

Policy Owner:	Principal
Formally Endorsed By:	Board of Trustees
Endorsement Date:	May 2024
Next Review Date:	May 2025

Human *Connection* in all we do

INTRODUCTION

First aid can save lives and prevent minor injuries becoming major ones. Under Health & Safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

Although there is no requirement to take account of persons who are not a member of staff, the purpose of this policy is to ensure that at the School there is appropriate first aid provision for staff, students and visitors at all times while people are on the School premises and whilst on off site visits.

This is consistent with the spirit of the regulations, guidance from the Health & Safety Executive and the DCSF and with the School's obligations to students as being *in loco parentis*. The policy is designed to ensure that all staff, students and visitors are aware that a system is in place, to provide awareness of health and safety issues within the School and for off-site learning and to prevent, where possible, potential dangers or accidents.

POLICY STATEMENT

The School takes seriously its responsibility to care for the interests of its staff and students in emergency situations. The School will provide awareness of Health & Safety issues on site and during off site learning, to prevent, where possible, potential dangers or accidents. However, where accidents do occur, it is essential that the School has qualified staff and clearly defined procedures that can be called upon immediately to treat injuries with the aim of reducing the impact of the accident and if necessary to save life.

To this end, the School will appoint the appropriate number of suitably trained persons as first aiders to meet the needs of the staff, students and visitors. It will provide relevant training and ensure there is monitoring of training needs. Sufficient and appropriate first aid resources and facilities are provided. Staff and parents/carers will be informed of the first aid arrangements. The School will keep accident records and will report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

ROLES AND RESPONSIBILITIES

Responsibility for Health & Safety rests with the Trustees. The Trustees have responsibility for Health & Safety matters within the School and during off site learning. The Senior Leadership Team (SLT) will be responsible for ensuring that the policy is put into practice and that parents/carers are aware of the School's Health & Safety Policy, including arrangements for first aid.

TEACHERS AND SUPPORT STAFF

Teachers and support staff are not required to give first aid as part of their conditions of employment unless they are First Aiders themselves. All staff are expected to secure the welfare of students whilst they are in their care. The consequences of taking no action are likely to be more serious than trying to assist in an emergency. All School staff should familiarise themselves with the first aid procedures and ensure that they know who the current first aiders are. Teaching staff should be aware from the School records of specific medical details of individual students they teach or mentor.

APPOINTED PERSON

The school's appointed person is our school nurse. She is responsible for ensuring the best medical care is available to both pupils and staff on a daily basis.

FIRST AIDERS

Staff who volunteer to be first aiders will be given adequate appropriate training. The SLT must ensure that there are sufficient trained staff to meet the statutory requirements and assess the needs for those on the School site.

A first aider is someone who has successfully completed an HSE accredited training course in first aid at work or an emergency first aid course and for students under six years of age a pediatric first aid course. Training must be refreshed periodically every 3 years.

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment.
- Inform the First Aid Room of the incident and request help if needed.
- Be familiar with the location of First Aid kits around the school. (Annex C)
- Record any incident, even minor interventions, in the daily accident record book.
- Filling in an incident/accident form if needed on the same day, or as soon as is reasonably practicable, after an incident and bring it to the school nurse.

NUMBER OF FIRST-AIDERS

The number of first aiders at the School depends on an assessment of risk. At the School we will have a minimum of four first aiders, but when the students are taken off site ie a school trip then additional first aiders may be required to maintain cover in school. All PE staff are first aid trained. All Kindergarten Teachers have a Full Pediatric First Aid Certificate.

An updated list of all First Aiders is kept in the School Nurse's office.

FIRST AID ROOM

The School has a designated First Aid Room, located in the Lower School Building ground floor. It contains a first aid supplies and a washbasin with washing and drying materials. A chair and a bed with a blanket is provided.

The First Aid Room is opened Monday to Friday from 8:15 to 13:15. After 13:15, the main First Aid provision is allocated in Reception until the end of the school day. If a pupil needs to use the quiet room to lay down and rest, the Receptionist will coordinate with the Wellbeing Team to accompany the pupil to the First Aid Room during the time needed and stay there.

All children's medication are located in their classroom cupboards, unless they are self-carrying and administering. The emergency medications are kept in a Red First Aid bag and is handed over to Reception by the school nurse at 13:25 so it is accessible at all times.

The School nurse will keep the first aid boxes stocked in accordance with the list above. First aid may be administered elsewhere in the School as appropriate using the nearest available first aid box but the First Aid Room is to be notified immediately. See location of First Aid Kits at Michael Hall in Annex

The main First Aid provision in the afternoons from 13:25 is located in Reception. If a First Aider is needed the receptionist will summon a First Aider from the list to attend Reception and deliver first aid. Reception has a small first aid station to accommodate pupils in need of First Aid.

For Kindergarten First Aid provision see annex A

SIGNS AND NOTICES

There are lists within all buildings and departments detailing the staff who are first aiders. The school nurse is responsible for updating them termly. See Annex B

FIRST AID MATERIALS, EQUIPMENT & FACILITIES

First aid boxes are placed around the School and contain only the items given in the table (See location of First Aid Kits in Annex C). No other items should be added to the box. They should always be adequately stocked. They should not contain medications of any kind. Travelling first aid kits are provided for out of the classroom learning ie walks through the grounds and school trips. There is a first aid box in each of the minibuses and school car.

CONTENTS OF FIRST AID BOXES AND MOBILE KITS	First aid boxes	Travelling first aid kits
Guidance card	1	1
Resuscitation face shield	1	1
Disposable heat retaining blanket	1	1
Individually wrapped triangular bandages (preferably sterile)	2	1
Pack sterile gauze swabs	2	1
Plasters (assorted sizes)	20	6
Melolin dressings	2 small	2 small
Sterile saline solution	2	1
Sterile eye pads	2	1
Medium sized individually wrapped sterile unmedicated wound dressings (approx. 12cm x 12cm)	2	1
Large sterile individually wrapped unmedicated wound dressings (approx 18 cm x 18 cm)	2	1

Individually wrapped moist cleaning wipes (non allergenic)	10	4
Pair of disposable gloves	3	1
Disposable ice packs	1	0
Role of tape	1	1

Where tap water is not readily available for eye irrigation, sterile water or sterile normal saline in sealed disposable containers (at least 300 ml) should be provided. First aid boxes and kit containers should protect the contents from damp and dust and should be clearly marked with a white cross on a green background. The School Nurse should check the contents of all first aid boxes on a termly basis and re-stock the boxes as appropriate. Note all first aid materials have expiry dates and should not be used after this date.

ILLNESS AND ACCIDENTS

In the event of a pupil becoming ill or having an accident the following procedures are to be followed:

Illness

- When a pupil feels ill at School, he should be escorted to the School Nurse or the Library if it's from 13:15, and it will be decided on what action should be taken.
- Staff with First Aid qualifications may be asked to administer aid but it is the School Nurse, or, in her absence, the first aider covering who is responsible for deciding whether the pupil should be allowed to go home or be sent to Hospital.
- If the illness is not severe and does not require treatment, the pupil may be invited to rest in the First Aid Room until he/she feels better.
- If the School Nurse decides that a pupil should go home, then a parent or guardian must be contacted to collect the pupil.
- If the pupil is not fit for lessons but can safely return home and there is no one available to collect him/her, they may be allowed home only if the parent gives written consent sending an email to first.aid@michaelhall.co.uk. In such cases the pupil is to be instructed to ring the School to confirm he has returned home safely.
- If the pupil requires medication, the School Nurse or First Aider in charge may administer it according to the guidelines within the school policy.

PROCEDURES REPORTING AN INCIDENT REQUIRING FIRST AID

All staff will:

- Never move a casualty until they have been assessed by a qualified first aider unless the casualty is in immediate danger;

- Send for help to the First Aid Room or nearest First Aider from the School First Aider list, as soon as possible either by person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained;
- Reassure, but never treat, a casualty unless they are in possession of current recognised first aid certificate;
- Send a student who has minor injuries and able to walk to the First Aid Room where a First Aider will see them, this student is to be accompanied by an adult if is from class 1 to 2, by another student for classes 3 onward.
- Send a student who feels generally 'unwell to the First Aid Room, if their deterioration seems uncharacteristic and is causing concern then send or call for help from the First Aid Room.

First Aid Room will:

- Call for a qualified first aider, unless they are one themselves, to treat any injured student or member of staff. This should be done by telephone in the case of minor injuries or in person;
- Support the first aiders in calling for an ambulance or contacting relatives in an emergency.

FIRST AID RECORDS

First aiders will record every case they treat as soon after the incident as is practicable. Dependent on how the accident / incident happened this dictate how it will be recorded.

Minor Injuries:

The following injuries are considered minor and capable of being dealt with by the first aid room and recorded in the daily accident book: grazes, small scratches, bumps and minor bruising.

Injuries requiring medical attention:

All other injuries, including those injuries sustained by School equipment or property will be also recorded on an Accident / Incident Form, held within the First Aid Room. Also the incident will be entered in CPOMS.

Each record will include:

- The date, time and place of incident
- The name and class of the injured or ill person
- Details of the injury/illness and what First Aid was given
- What happen to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital)
- Name and signature of the first aider or person dealing with the incident.

The pupil's accident/incident forms are kept centrally by the School Nurse in the First Aid Room, and are readily available. These records will be linked to the statutory accident records and the RIDDOR record for the reporting of injuries and will be kept for three years.

Records of training are kept of first aiders' certification dates, and the dates of additional, specific or refresher training.

COMMUNICATION WITH PARENTS/CARERS

Where a student has been treated, the School should report the treatment to the child's parent/carer. For minor injuries such as grazes, small scratches, small cuts, these are not reported but recorded in the daily record book.

Depending upon the nature of the incident this could be by telephone call before 'pick up time' and/or email as soon as reasonably practicable. Sometimes it may require immediate contact.

REPORTING TO OFSTED AND CHILD PROTECTION AGENCIES

The Principal will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The DSL will also notify local child protection agencies of any serious accident or injury to, or the death of, a pupil while in the school's care.

Organisation	Contact
Ofsted	0300 123 1231
Local authority children's social care team	01323 7474373
Local authority environmental health department	01273 471600
Health and Safety Executive	www.hse.gov.uk
RIDDOR report form	http://www.hse.gov.uk/riddor/report.htm

FIRST AID TREATMENTS

ALLERGY/ANAPHYLAXIS

The school nurse keeps a list of children with allergies and risk of anaphylaxis that is shared with all staff every time it's updated. That list is displayed in the medication cupboard in the First Aid Room.

The school has emergency spare adrenaline auto-injectors to use if needed. Refer to Supporting Pupils with medical conditions policy for more information.

In an Emergency

See Annex D Recognition and management of Allergy/Anaphylaxis

The spare AAI will be stored in the first aid red medication bag (First Aid in the mornings – from 13:25 in Reception), ensuring that it is protected from direct sunlight and extreme temperatures.

The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will consider taking the spare AAI in case of an emergency.

Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

ASTHMA

The school nurse keeps a list of children with asthma that is shared with all staff. That list is displayed in the medication cupboard in the First Aid Room.

In an Emergency

See annex E Recognition and Management of Asthma

Make sure the child takes the inhaler as directed in the School Asthma Card or Health Care Plan.

The school has emergency spare inhalers to use if needed. Refer to Supporting Pupils with medical conditions policy for more information.

The spare inhalers will be stored in the red first aid medication bag (First Aid in the mornings – from 13:25 in Reception), ensuring that it is protected from direct sunlight and extreme temperatures and can be used if the child's own inhaler is not working or unavailable.

PROTOCOL TO USE EMERGENCY AAIs AND EMERGENCY INHALER

The school nurse will:

- Arrange for the supply, storage, care and disposal of the inhaler, spacers and AAI.
- Have a register of children in the school that has been diagnosed with a medical condition like asthma, allergy or risk anaphylaxis, a copy of which should be kept with the emergency inhaler and the emergency AAI.
- Ensure that the emergency inhaler and emergency AAI is only used by children with asthma and risk of anaphylaxis and written parental consent has been obtained.
- Appropriate support and training for staff in the use of emergency inhaler and AAI's.
- Having at least two volunteers responsible for ensuring the protocol is followed.

BUMPS ON THE HEAD

Injuries to the head need to be treated with particular care. Any evidence of the following symptoms may indicate serious injury and an ambulance must be called.

- unconsciousness, or lack of full consciousness (i.e. difficulty keeping eyes open);
- confusion
- strange or unusual behavior – such as sudden aggression
- any problems with memory;
- persistent headache;
- disorientation, double vision, slurred speech or other malfunction of the senses;
- nausea and vomiting;
- unequal pupil size;
- pale yellow fluid or watery blood coming from ears or nose;
- bleeding from scalp that cannot quickly be stopped;
- loss of balance;
- loss of feeling in any part of body;
- general weakness;
- seizure or fit.

A qualified first aider will know the procedure for dealing with a student who has a bump to the head and in any serious case the student will be taken to hospital either by a member of staff or the parent carer. However, sometimes the effects only become noticeable after a period of time perhaps several hours.

The School has a system for monitoring the student and for informing the parent / carer. Any student who has had a head injury, no matter how apparently minor it appears should be given a 'bumped head' note to show each teacher for the remainder of the day. Each teacher whose lesson the student attends should be asked to keep a look out for signs of drowsiness or distress. The parents will be informed via head injury note completed by the First Aider, telephone call or email by the end of the school day.

See Annex F Head Injury Letter to parents

GASTROENTERITIS

If a student presents with vomiting and/or diarrhoea during school hours, parents will be contact immediately and the student will be sent home. The student will be allowed to return 48 hours after the last episode of vomiting and/or diarrhoea.

INFECTIOUS DISEASES

Guidance from the Public Health Agency on Infection control in schools it's used to establish exclusion periods for infectious disease like chicken pox, measles and others. The school nurse will send emails with information and advise to parents/carers when appropriate.

See Annex G

TICKS

If a tick is found, parents will be informed immediately and the school will advise to go to a GP or Minor Injuries Unit to be removed safely and professionally. If parental consent is obtained to remove it by a school staff member, parents MUST provide immediate written consent via email prior removing a tick. No tick MUST be removed without written parental consent.

PROTECTION FROM DISEASES CARRIED IN BODILY FLUIDS

There are a number of infectious diseases that can be transmitted by contact with blood and other body fluids. Many such diseases do not necessarily present symptoms in the person who is carrying the bacteria or virus that causes the disease. It is important that responsible hygiene procedures are always followed whenever any first aid is being given. Such procedures will include the use of single-use disposable gloves, plastic aprons, hand washing before and after giving treatment.

Blood and Body Fluid Spillages

It is important that spillages of blood, faeces, vomit or other body fluids are dealt with immediately as they pose a risk of transmission of infection and disease, e.g. blood borne viruses, diarrhoea and vomiting illnesses, such as norovirus.

Bio-hazard kits are available within the School to deal with blood and body fluid spillages. The person responsible for checking and replenishing the kits regularly is the Facilities Manager.

General principles of blood and body fluid spillage management:

Body fluid spillages should be dealt with as soon as possible with ventilation of the area. Anyone not involved with the cleaning of the spillage should be kept away from the area and protective clothing should be worn when dealing with the spillage such as gloves and aprons.

Spillage Procedure

Cordon off the area where the spillage has occurred.

Cuts and abrasions on any areas of the skin should be covered with a waterproof dressing. Use personal protective equipment and clothing to protect body and clothes: disposable gloves and apron must be worn which is supplied within each kit.

As with other all hazardous substances used in the School, disinfectants should be stored, handled and used in accordance with COSHH (Control of Substances Hazardous to Health Regulations 2002) and the manufacturer's instructions. Product data sheets and safe use instructions should be accessible, along with risk assessments and details of actions required in the event of accidental ingestion, inhalation or contact with skin or eyes.

All chemicals must be stored in their original containers, in a cool, dry, well-ventilated place that is lockable and inaccessible to unauthorised staff, students and visitors.

Appropriate protective clothing (e.g. gloves and aprons) are to be worn when handling chemical disinfectants. Contact with skin, eyes and mouth should be avoided.

DISPOSAL OF CLINICAL WASTE

Any blood or other body fluid waste produced within the School should be disposed of using yellow bio-hazard type disposable bags. Items that should be disposed of as clinical waste will include soiled nappies; disposable cloths used for cleaning vomit or faeces; any blooded waste. The bags should be collected on a regular basis.

EMERGENCY PROCEDURES

All staff will follow the normal emergency procedures, for example calling 999. All students IHPs will clearly set out what constitutes an emergency and will explain what to do.

If the pupil has to be taken to hospital, the First Aid Room staff, will arrange for one of the following methods of transport to be used, depending upon the urgency and nature of the circumstances:

- School minibus
- Parents transport
- Ambulance

If a student needs to be taken to hospital:

- The parents or guardian are to be informed immediately. If deemed to be a non-emergency, a parent or guardian should be asked to collect the pupil without delay and accompany him to a hospital of their choice.
- If it is deemed necessary to attend hospital without delay, staff will stay with the student until the parent / carer arrives or accompany the student to hospital by ambulance.
- Staff will wait with the pupil until a parent arrives and assumes responsibility for their son/daughter. In these circumstances, parents must make every effort to attend to the hospital as quickly as possible

Guidance on when to call for an Emergency Ambulance

An emergency 999 ambulance should be called when a qualified First Aider has assessed a casualty and deemed it necessary to do so based upon the knowledge acquired through their training. Usually this will be for casualties with the following problems:

- any instance in which it would be dangerous to approach and treat a casualty

- unconscious
- not breathing
- not breathing normally and this is not relieved by the casualty's own medication
- severe bleeding
- neck or spinal injury
- injury sustained after a fall from a height (higher than 2 metres)
- injury sustained from a sudden impact delivered with force (e.g. car knocking a person over)
- suspected fracture to a limb
- anaphylaxis (make sure to use this word when requesting an ambulance in this case)
- seizure activity that is not normal for the casualty, especially after emergency medication has been administered
- symptoms of a heart attack or stroke
- rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance

IF IN DOUBT, IT IS BETTER TO CALL FOR AN EMERGENCY AMBULANCE THAN NOT

If, for whatever reason, a qualified First Aider is not available, the above guidelines should be used to determine whether to call for an emergency ambulance.

How to call for an emergency ambulance

To be stored by the phone in the school office:

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- The telephone number: **01342822275**
- Your name.
- Your location as follows: Kidbrooke Park, Forest Row, East Sussex
- The satnav postcode: **RH18 5JA**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

Unobstructed and adequate access is provided at all times for ambulances.

DEFIBRILLATOR

The school has an automated external defibrillator (AED).

The AED is stored in a lockable outdoor cabinet on a central point of the school.

All staff members and pupils are aware of the AED's location and what to do in an emergency. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, all school first aiders are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used, or requires using. Maintenance checks will be undertaken on AEDs on a **weekly and monthly** basis by the **school nurse**, with a record of all checks and maintenance work being kept up-to-date.

There is an additional portable defibrillator located in the Kindergarten building, specifically for a child in Hazel Tree Room with a heart condition. Staff have received specific training on this equipment's use.

Following Stryker aftercare advice, our defibrillator will undergo strict safety checks every 3 months, these will be performed by the school nurse.

LIABILITY AND IDEMNITY

The Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the School's level of risk.

The details of the School's insurance policy are as follows:

Name: Ecclesiastical Insurance Office Plc

We will ensure that we are a member of the Department of Education's risk protection arrangement (RPA).

COMPLAINTS

Any complaint regarding a child's medical should be made through the School's complaints procedure.

Annex A: Early Years Pediatric First Aid

The Early Years Foundation Stage Statutory Framework states that, "at least one person who has a current **pediatric first aid certificate** must be on the premises at all times when children are present. There must be at least one person on outings who has a pediatric first aid certificate." This became a requirement from September 2008 and applies to all children aged 0-5. Refresher training required every 3 years. At Michael Hall, all Early Years Practitioners hold current pediatric first aid certificates.

Accidents and First Aid

At Michael Hall Kindergartens we aim to protect children at all times. We recognise that accidents or incidents may sometimes occur. We follow this policy and procedure to ensure all parties are supported and cared for when accidents or incidents happen; and that the circumstances of the accident or incident are reviewed with a view to minimising any future risks.

Accident Recording

The person responsible for reporting accidents, incidents or near misses is the member of staff who saw the incident or accident. They must record it on an Accident Form. Other staff who have witnessed the accident may also countersign the form and, in more serious cases, provide a statement. This should be done as soon as the accident is dealt with, whilst the details are still clearly remembered. Parents must be shown the Accident Report, informed of any first aid treatment given and asked to sign it as soon as they collect their child. In more serious cases, accidents and incidents are recorded on CPOMS. Accident records will be kept for a minimum of 3 years.

The Early Years Assistant Principal reviews the accident forms termly for patterns, e.g. one child having a repeated number of accidents, a particular area in the pre-school or a particular time of the day when most accidents happen. Any patterns will be investigated by the EYDSL/ Early Years Assistant Principal and all necessary steps to reduce risks are put in place.

The Early Years Assistant Principal will report serious accidents to the School Nurse for further action to be taken (i.e. a full risk assessment or report under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)).

Where medical attention is required, a senior member of staff will notify the parent(s) as soon as possible whilst caring for the child appropriately.

The pre-school manager will report any accidents of a serious nature to Ofsted and the local authority children’s social care team (as the local child protection agency), where necessary. Where relevant such accidents will also be reported to the local authority environmental health department or the Health and Safety Executive and their advice followed.

Organisation	Contact
Ofsted	0300 123 1231
Local authority children’s social care team	01323 7474373
Local authority environmental health department	01273 471600
Health and Safety Executive	www.hse.gov.uk
RIDDOR report form	http://www.hse.gov.uk/riddor/report.htm

In the case of an emergency:

Call for an ambulance immediately if the injury is severe. DO NOT attempt to transport the sick child in your own vehicle.

Whilst waiting for the ambulance, contact the parent(s)/ guardian and arrange to meet them at the hospital.

Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child’s comforter.

Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together.

Inform a member of the management team immediately.

Remain calm at all times. Children who witness an incident may well be affected by it and may need reassurance. Staff may also require additional support following the accident.

First Aid

The first aid kits are located in each kindergarten. These are accessible at all times with appropriate content for use with children.

The appointed person responsible for first aid, the School Nurse, checks the contents of the boxes regularly and replaces items that have been used or are out of date.

First aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981, such as sterile dressings, bandages and eye pads. No other medical items, such as paracetamol should be kept in them.

The appointed person(s) responsible for first aid is the School Nurse, Blanca Rey-Gutierrez.

All of the staff are trained in pediatric first aid and this training is updated every three years. A first aid box is taken on all outings.

Personal protective equipment (PPE)

The Kindergarten provides staff with PPE according to the need of the task or activity. Staff must wear PPE to protect themselves and the children during tasks that involve contact with bodily fluids. PPE is also provided for domestic tasks. Staff are consulted when choosing PPE to ensure all allergies and individual needs are supported and this is evaluated on an ongoing basis.

Dealing with blood

We may not be aware that any child attending the nursery has a condition that may be transmitted via blood. Any staff member dealing with blood must:

Always take precautions when cleaning wounds as some conditions such as hepatitis or the HIV virus can be transmitted via blood.

Wear disposable gloves and wipe up any blood spillage with disposable cloths, neat sterilizing fluid. Any clothes, gloves or tissue must be carefully disposed of immediately after use in a tied bag.

Needle punctures and sharps injury

We recognize that injuries from needles, broken glass and so on may result in blood-borne infections and that staff must take great care in the collection and disposal of this type of material. For the safety and well-being of the employees, any staff member dealing with needles, broken glass etc. must treat them as contaminated waste. If a needle is found the local authority must be contacted to deal with its disposal.

At Michael Hall we treat our responsibilities and obligations in respect of health and safety as a priority and we provide ongoing training to all members of staff which reflects best practice and is in line with current health and safety legislation.

Annex C

Location of First Aid Kits at Michael Hall

LOCATION	BUILDING
Maintenance Room	MAINTINANCE BUILDING
Woodwork Room	MAINTINANCE BUILDING
Buses x3	MAINTINANCE CAR PARK
School Car	MAINTINANCE CAR PARK
Tractor	MAINTINANCE CAR PARK
LS Cleaners	LOWER SCHOOL BUILDING
Kindergarten Office	KINDERGARTEN
Kindergarten teachers x3 bum bags	KINDERGARTEN
Kindergarten Afternoon Club x1 bum bag	KINDERGARTEN
Kindergarten Parent and Child x1 bum bag	APPELGARD BUILDING
Afternoon Club x1 bum bag	LOWER SCHOOL BUILDING
Science office x 1 box	SCIENCE BUILDING
Science lab x1 box	SCIENCE BUILDING
Science building x2 eye wash stations	SCIENCE BUILDING
Wellbeing Office	MANSION
Environmental building x2 bum bags	ENVIRONMENTAL BUILDING
Theatre x1 box	THEATRE
Sewing Room x1 box	THEATRE
GYM X1 big green bag	GYM OFFICE
GYM X1 bum bag	GYM OFFICE
GYM X2 box	GYM SHED IN FRONT OF THE MANSION
Woodwork x1 bum bag	WOODWORK ROOM
Woodwork building x1 eye wash stations	WOODWORK ROOM
Metalwork x1 bum bag	METALWORK ROOM
Metalwork building x1 eye wash stations	METALWORK ROOM
Joinery x1 bum bag	JOINERY ROOM
Joinery building x1 eye wash stations	JOINERY ROOM
Teachers Room Mansion x1 box	MANSION
Reception x1 box	MIDDLE SCHOOL
Kitchen x1 box	MANSION
Kitchen Burns Kit	MANSION
Pottery x 1 bum bag	POTTERY STUDIO
Pottery building x1 eye wash stations	POTTERY STUDIO
ART ROOM	CLOCK HOUSE

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:




- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- | | |
|-----------------------|---|
| AIRWAY: | Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue |
| BREATHING: | Difficult or noisy breathing
Wheeze or persistent cough |
| CONSCIOUSNESS: | Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious |

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Reference:

Guidance on the use of adrenaline auto-injectors in schools. September 2017. Department of Health:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Annex E

Asthma

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

**Appears exhausted
Has a blue/white tinge around lips
Is going blue
Has collapsed**

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Reference:

Guidance on the use of emergency salbutamol inhalers in schools. March 2015 Department of Health:

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

HEAD INJURY LETTER

Student's _____ Name:

Class: _____ Date:

Dear Parent/Carer:

Your child received a bump or blow to his/her head on the *(describe area of head)* _____ -

by (describe the cause or force of the head) _____

today at am/pm _____.

If your child experienced one or more of the Signs & Symptoms below, s/he should see a health care provider.

Signs and Symptoms of head injury can show up right after an injury or may not appear until hours or days after an injury. It is important to watch for changes in how your child is acting or feeling and if signs and symptoms are getting worse. If your child reports one or more of the symptoms listed below, or if you notice the symptoms yourself, seek immediate medical attention for your child.

HEAD INJURY SIGNS & SYMPTOMS OBSERVATION CHECKLIST	Staff Observation	
	YES	NO
Call 999 immediately for the following:		
Loss of consciousness – even briefly		
Not opening eyes, slow to respond, confused, repetitive questioning		
Weakness, paralysis, or numbness		
Seizures or convulsions		
Worsening of any other symptoms (below) during observation		
Significant bleeding from the scalp		
Neck pain		
Refer to health care provider for one or more of the following:		
Can't recall events prior to the hit, bump, or fall		
Can't recall events after the hit, bump, or fall		
Headache		
Vomiting more than once		
Balance problems or dizziness		
Blurry or double vision		
Sensitivity to light or noise		
Difficulty thinking clearly and/or shows confusion/dazed		
Change in behaviour (irritable, emotional, etc.)		
May need stitches		

Resolution:

No Signs and Symptoms

Yes, Signs and Symptoms present

<input type="checkbox"/> No symptoms observed	<input type="checkbox"/> Parent/Guardian notified (time/whom) _____/_____
<input type="checkbox"/> Student returned to class	<input type="checkbox"/> Emergency services activated (999)
<input type="checkbox"/> Copy of letter sent to Parent/Guardian/Teacher(s)	<input type="checkbox"/> Student sent home/referred to health care provider
	<input type="checkbox"/> School Nurse notified <input type="checkbox"/> Assistant Principal notified

Michael Hall School Illness Exclusion Period Policy

A basic guide to recommended periods of absence/exclusion for common childhood illnesses:

Diarrhea and/or vomiting

Exclude from school for a recommended 48 hours after the last episode of diarrhoea or vomiting before returning to the classroom.

Chicken pox

Exclude from school for five days from the onset of the rash. Please inform the school nurse because of risk to vulnerable children and pregnant staff.

Influenza / Flu

Exclude from school children with flu symptoms until they have recovered. However, we do not exclude children with only mild symptoms of a respiratory illness, such as a runny nose, sore throat, or mild cough, but who are otherwise well and fever free.

Measles

Exclude from school for four days from the onset of the rash. Please inform the ASL nurses because of risk to vulnerable children and pregnant staff.

German measles (rubella)

Exclude from school for six days from the onset of the rash. Please inform the ASL nurses because of risk to vulnerable children and pregnant staff.

Impetigo

Exclude from school for 48 hours after commencing antibiotic treatment or until lesions are crusted and healed.

Scarlet fever

Exclude from school for 24 hours after commencing antibiotic treatment or 3 weeks if antibiotic not used.

Mumps

Exclude from school for five days from the onset of swelling.

Conjunctivitis

No exclusion is required if the child is not uncomfortable and is able to maintain good personal hygiene.

Parvo virus (slapped cheek syndrome)

No exclusion is required if the child feels well. Please inform the school nurse because of risk to vulnerable children and pregnant staff.

Scabies

Exclude from school until after the first treatment is completed. Please inform the school nurse to enable her to manage and monitor any potential spread of infection.

Hand, foot and mouth

No exclusion is required. Please inform the school nurse to enable her to manage and monitor any potential spread of infection.

Head lice

No exclusion is required. Treatment is recommended. Please inform the school nurse to enable her to manage and monitor any potential spread of infection.

Fever

Exclude from school until fever symptoms have subsided and the child hasn't had high temperature in the last 24 hours without the use of medication.

Adapted from "Guidance on infection control in schools and other childcare setting," a publication of the Health Protection Agency (April 2017)

