

SINCLAIR HOUSE

FIRST AID AND MEDICATION POLICY

This policy, which applies to the whole school inclusive of the Early Years Foundation Stage, is in support of the health and safety policy and the individual health and safety assessments. This policy is publicly available on the school's website. On request a copy may be obtained from the school's office.

Legal Status:

- This policy is drawn up and implemented to comply with The Independent School Standards Regulations (2012), Part 3, Standard 14.
- Complies with Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR). The school is mindful of its duty to report to the Health and Safety Executive (0845 3009923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act 1995 (RIDDOR).
- Complies with the Guidance on First Aid for Schools Best Practise Document published by the Department for Education (DfE).
- Complies with the Health and Safety (First Aid) Regulations 1981 (amended 1997)

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

Applies to:

- the whole school including the Early Years Foundation Stage (EYFS), the out of school care and extra-curricular activities inclusive of those outside of the normal school hours;
- all staff (teaching and support staff), the proprietors and volunteers working in the school

Related documents:

- Welfare, Health and Safety Policy; Medication (giving and storage); First Aid Treatment

Availability

This policy is made available to parents, staff and pupils in the following ways: on request a copy may be obtained from the school office.

Monitoring and Review:

- This policy will be subject to continuous monitoring, refinement and audit by the Principal.
- The Proprietor (who is also the Principal) undertakes an annual review of this policy and of the efficiency with which the related duties have been discharged, by no later than **September 2020**, or earlier if changes in legislation, regulatory requirements or best practice guidelines so require.

Signed:

Date: 15th September 2019



Mrs. Carlotta T.M. O'Sullivan

Principal & Proprietor

Introduction

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

This policy outlines Sindair House School's statutory responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The school complies with the Guidance on First Aid for Schools Best Practice Document published by the DfE. In order to comply with this best practise document, the school has a requirement for a minimum of three trained First Aiders who have satisfied the requirements of the 'First Aid at Work' course. It is a requirement for at least two staff members on each floor at each school building to be trained in basic first aid. However, staff should NEVER perform any First Aid Procedures that they have not been adequately trained to do.

All companies are required by The Health and Safety (First Aid) Regulations 1981 (amended 1997) to provide trained first aid human resources and treatment for staff in the event of injury or ill health at work. Although the regulations only require the employer to provide cover for staff, it is the School's policy to extend this cover to children and visitors.

The school will provide:

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

Aims

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

Objectives

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

Definitions

• First Aid

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

- **Full First Aider**

A person who has completed a full (3-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

- **Appointed Person**

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

Policy Statement

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

Training

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

- All first-aid containers must be marked with a white cross on a green background;
- Each school bus must carry a first-aid container;
- First aid containers must accompany Physical Education (PE) teachers off-site;
- First aid containers should be kept near to hand washing facilities;
- Spare stock should be kept in school;
- Responsibility for checking and restocking the first-aid containers is that of the Health and Safety Officer and the First Aid co-ordinator.

Should a pupil feel unwell or be injured at school he/she will see a First Aid trained teacher who will respond in accordance with the standard procedure.

Both a *full first aider* and at least one *paediatric first aider* will always be on the premises and a *paediatric first aider* will always accompany the EYFS children when using any specialist facilities and during any offsite activity/education visit. First aid kits are available on the premises, in vehicles and for educational visits and offsite activities.

Hygiene/Infection control/HIV Protection

Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand-washing facilities, which should be used when dealing with any blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc) are placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home.

Source: 'Guidance on First Aid for Schools: A Good Practice Guide' (adapted).

Advice on seasonal flu:

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

Medication/Medical Treatment:

Policy on the Administration of Medicines during School Hours

Parents are responsible for the administration of medicine to their children. For casual ailments it is often possible for doses of medication to be given outside school hours. In principle if a child needs a dose of medicine at lunchtime, the child should return home for this or the parent should come to the school to administer the medicine. In reality this is not realistic and the administration of medicine in School falls within our remit for the Duty of Care for the children.

Generally, members of staff will administer medicine to children only at the request of individual parents and with precise instructions as to dosage. Medication may be administered at school provided a consent form has been completed by a person with parental or medical responsibility for the child and handed to the School Office. All medicines must be clearly labelled with the child's name and dosage required and handed to the office by the parent/carer. If it is unavoidable that a child has to take medicine in school for treatment for a long-term illness to be effective, then each individual case will be considered. Please note that teachers are not required to dispense medicines and any involvements would be purely on a voluntary basis. Therefore, no member of staff is required to administer medication unless willing to do so.

The normal procedure is for any necessary medication to be given by designated persons. However, sometimes arrangements are made (by agreement with the Principal for special circumstances to prevail - as in the administering of "Ritalin" for example. Staff giving medication need to be aware of any schedule requiring completion in the School Office. Where staff have indicated that they are willing to give a child Ritalin they need to be aware that there is a relating schedule for completion in the School Office. Where it is agreed that medication is kept at school, there are appropriate facilities (including a fridge) for the safe storage of medicines. Medicines must be clearly named. In the case of life saving treatment/medication a letter from the child's doctor (GP or Consultant) must be required to stating the child's condition and details of treatment/medication that the school may be required to administer.

For the school to agree to assist in long term medication:

- Parents must write to the school giving authorisation for medicines to be administered to their children. This needs to include instructions regarding the quantity and frequency of administration.
- The medicines must be brought into school in a properly labelled container which states: (a) The name of the medicine, (b) The dosage and (c) The time of administration.
- Where possible the medicine should be self-administered under the supervision of an adult. Medicines will be kept in a secure place by staff in accordance with safety requirements.

Where long term needs for emergency medication exist, the school will require specific guidance on the nature of the likely emergency and how to cope with it while awaiting paramedical assistance. Detailed written instructions should be sent to the school and the parent/guardian should liaise with their child's class teacher. If the emergency is likely to be of a serious nature, emergency contact numbers must be given where an adult is available at all times.

The teacher (who is qualified in first aid) will administer prescribed medicines in accordance with parental wishes. They will also administer proprietary medicines as required and in accordance with a signed prior agreement. School First Aiders are present at the school whenever pupils are in attendance.

Prescribed or preferred medicine should be brought to the School Office in the original container with the child's name and dosage instructions. If the medicine needs to be refrigerated the bottle should be placed in a plastic container labelled with the child's name.

With the exception of the First Aiders, staff will not administer medicine of any sort. The First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Fully stocked First Aid kits are available in the First Aid room as well as the Office. Any action taken should be recorded. Accidents of a more serious nature should be recorded on an accident report form and if serious, parents should be informed by telephone. If an injury or illness involves spillage of body fluids gloves should be worn.

Children who use asthma inhalers, EpiPens and diabetic pens may keep these in their classroom. Children are not permitted to carry medicines other than the above. All medicines brought to school must be handed to the School Office.

Medicines held by the School Office First Aid Officer, other than those refrigerated, will be held in a locked cabinet. The designated First Aid Officer will hold the key to the cabinet, but administration staff will be aware of the location of the spare key. Asthma inhalers, not held by the children, will not be locked away but labelled and available to the children concerned through consultation with the First Aid Officers.

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

The First Aid Officer is First Aid trained and has had specific instruction regarding some other health conditions. There are other staff in the school with current First Aid Certificates whose names are listed in the First Aid room and in the staff room. All First Aid qualifications are updated every three years in accordance with regulations.

Staff taking medicines or other substances

Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If a staff member is taking medication which may affect their ability to care for children, he / she should seek medical advice.

Providers must ensure that those staff only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly.

Staff medication on the premises must be securely stored, and out of reach of children, at all times.

Confidentiality

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

Policy on First Aid in School

All staff, both teaching and non-teaching are responsible for dealing with minor incidents requiring first aid. During lesson time first aid is administered by the class teacher or one of the First Aid Officers. If an accident occurs in the playground and first aid is required, then one of the staff on duty in the playground, who is qualified can assist, or if they are not qualified, they should come to the office and request the assistance of the child's class teacher or designated first aider.

If there is any concern about the first aid which should be administered, then the qualified first aiders must be consulted. All accidents must be recorded on an Accident Report form. A copy of this is kept in the Accident Report box, in the School Office. All details need to be filled in, including any treatment given.

The arrangements for first-aid provision will be adequate to cope with all foreseeable incidents. The number of designated first-aiders will not, at any time, be less than the number required by law. This is determined by risk assessment (Local Authority guidance). Designated staff will be given such training in first-aid techniques as is required to give them an appropriate level of competence. The Principal is responsible for ensuring that a sufficient back-up stock is held on site. Notices will be displayed in prominent locations throughout the establishment identifying how to summon first aid in an emergency, who the first aiders are and their contact and location details. All first aid-signs and containers must be identified by a white cross on a green background. A written record will be kept of all first-aid administered either on the school premises or as a part of a school related activity.

The First Aiders' procedure for dealing with sick or injured pupils:

1. Ascertain by inspection and discussion with child or staff member the nature of the child's injury or illness.
2. Comfort or advice as necessary. This may be sufficient, and child can return to class or break. Inform staff member of nature of any concerns if appropriate.
3. Treat injury or illness if required. Clean wound with antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists. If child is in pain and four hours have elapsed since last painkiller provided, another may be given. Parents will be informed if a painkiller is given after lunch.
4. Record action taken on accident report form.
5. If child is then well enough he/she will return to class.
6. If problem persists or there are doubts as to the seriousness of any injury then parent(s) will be telephoned and asked what they would like to do. If he/she wishes to collect their child appropriate arrangements are made.

7. If a severe illness or injury is suspected, then the First Aid Officer will take the child to hospital or the emergency services will be called and administrative staff will contact the parents to inform them. No child will travel in an ambulance unaccompanied.
8. If any issue arises during treatment or discussion with the child that the First Aid Officer feels should be taken further, she will telephone or speak to the parents and/or the Designated Safeguarding Officer or most appropriate member of staff.

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

Monitoring

Accident report forms can be used to help the Principal/Health and Safety Officer to identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes. The Principal regularly reviews the accident records. This policy will be reviewed annually.

Reporting to HSE

Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (SI 1995/3163) (**RIDDOR**) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23). The Principal must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

The following accidents must be reported to the HSE involving employees or self-employed people working on the premises:

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

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

Record keeping

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

- the date, time and place of incident
- the name (and class) of the injured or ill person
- details of their injury/illness and what first aid was given
- what happened to the person immediately afterwards
- name and signature of the first aider or person dealing with the incident.

The Principal must have in place procedures for ensuring that parents are informed of significant incidents.

Training and Assessment

Sindair House School staff listed as “first aid” qualified will follow a training programme, specifically addressing the Safe Administration of Children’s Medication. Training must be provided either by the relevant local health agency or an accredited training agency. No member of staff may administer children’s medication until they have joined the agreed training programme and successfully completed it. The first aid officer is to make spot checks during the administration process and of Files and Records.

Arrangements for Sports activities off site:

A copy of the risk assessment including pupil details and Group Leader contact details will be held on the school T-Drive. The Group Leader will have a school mobile phone, any medication and in an emergency will call 999 should they need to do so. All injuries, accidents, illnesses and dangerous occurrences must be recorded in the School Accident file. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least 3 years or if the person injured is a minor. This will be kept in the School Office. The school office, health and safety officer and the principal should be informed by calling 02077369182

Administration

This first aid information is a sub-section of the School’s Health and Safety Policy. Responsibility for health and safety rests with the bursar, who controls the first aid budget and has authority to purchase supplies.

First Aiders’ responsibilities

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

Reporting

The First Aider should complete an Accident Report Form, as set out in Appendix 2. All injuries, accidents and illnesses, however minor, must be reported to the School Office and they are responsible for ensuring that the accident procedures are filled in correctly and that parents and HSE are kept informed as necessary.

School Accident and Illness procedures: All injuries, accidents, illnesses and dangerous occurrences must be recorded in the School Accident file. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least 3 years or if the person injured is a minor. This will be kept in the School Office.

Incidents / Hazards / Near Miss Book: This should be used to record the unplanned or uncontrollable event. Assessment and review will be undertaken at regular intervals to consider further action.

Reporting to Parents: In the event of accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in

consultation with the Principal if necessary. Parents always receive a copy of the Accident Report form which goes into the Accident Report File. Parents are always called if there is a head injury, no matter how apparently minor.

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

Work related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days. Cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer).

Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

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

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

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

For more information on how and what to report to the HSE, please see:

<http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link.

Annex A:

Basic First Aid

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit, and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 9999 / 111 immediately; contact the Duty First Aider.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

Unconsciousness
If the person is unconscious with no obvious sign of life, call 9999 / 111 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.

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

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

Broken bones
Try to avoid as much movement as possible.

Embedded Objects and Splinters

An object embedded in a wound (other than a small splinter) should not be removed as it may be removed as it may stem bleeding, or further damage may result.

In principle leave splinter in place, carefully clean the area with warm soapy water; use sterile dressing to cover it, Report to parents, if the child is particularly uncomfortable contact parents.

Annex B: Anaphylaxis

What is anaphylaxis?

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

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

Medication and control

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

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

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

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

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

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

Managing pupils with anaphylaxis

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all pupils who have an EpiPen prescribed to them, have access to their medication at all times.

- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. (Staff to seek advice from Duty First Aider.)
- If a pupil feels unwell, the Duty First Aiders should be contacted for advice.
- A pupil should always be accompanied to the Surgery if sent by a member of staff.

Away trips:

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

Issues which may affect learning

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

What are the main symptoms?

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

What to do if a pupil has an anaphylactic reaction

- Ensure that a paramedic ambulance has been called, Stay calm and reassure the pupil, encourage the pupil to administer their own medication as taught, summon assistance immediately from the Duty First Aider and liaise with the Duty First Aider about contacting parents.

Annex C: Asthma

What is Asthma?

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

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

Medication and control

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

Pupils with asthma must have immediate access to their inhalers when they need them.

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

pupil and his/her parents individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

Managing pupils with asthma

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

Away trips:

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

Issues which may affect learning

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold.

However, they should not be forced to take part if they feel unwell.

What are the main symptoms?

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

What to do if a pupil has an asthmatic attack

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.
- Summon assistance from the Duty First Aider. Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are used promptly and help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax.
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance. 122 or 999

Liase with the Duty First Aider / houseparent's about contacting the pupil's parents/guardians.

Annex D: Diabetes

What is diabetes?

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

Medication and control

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too

high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an Individual Pupil Risk Assessment. In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

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

Managing pupils with diabetes

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that all pupils with diabetes have a Lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from the Head of Boarding for training)
- If a pupil feels unwell, the Duty First Aider should be contacted for advice.
- A pupil should always be accompanied to the Surgery if sent by a member of staff.

Away trips:

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

Issues which may affect learning

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

What do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode

Common causes:

A missed or delayed meal or snack, extra exercise, too much insulin during unstable periods, the pupil is unwell or the pupil has experienced an episode of vomiting.

Common symptoms are:

- Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration

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

NB. In the unlikely event of a pupil losing consciousness, call an ambulance (122 or 999) and the Duty First Aider.

A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst, passing urine frequently, vomiting, abdominal pain
- A change of behaviour

Care of pupils in a hyperglycaemic episode

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

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

Annex E: Hemiplegia

What is hemiplegia?

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

What are the effects of hemiplegia?

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

Managing pupils with hemiplegia

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

Away trips:

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

Annex F: Cleaning up body fluids from floor surfaces

All appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit, etc. Disposal of body fluids must be placed in the sharps yellow bins located in the two surgeries.

Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly. Blue bags (for soils) are available from the first aid room

- Put on gloves. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Sprinkle 'Bio999 absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
- Remove all visible material from the most soiled areas, using paper towel.
- Put all used paper towel and cloths into a sharps yellow bin for incineration.
- The remaining visible material should then be vacuumed. The vacuum cleaner bag MUST be changed after use, and the hose and pipe disinfected with an eco-disinfectant ie Dettol .
- Non- carpeted areas: Sanitize the area using Eco, leaving on the affected area for a minimum of 10 minutes. A red mop and bucket are designated for this use . (One in both surgeries and one in the sports hall)
- Carpeted areas: The area should be cleaned eco-disinfectant ie Dettol and should contact the affected area for at least ten minutes.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water and then rinse with Eco Force.
- Discard gloves into correct bin in which is kept in the first aid room. Finally wash your hands thoroughly using soap and water.

Annex G: RIDDOR

(Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1195)

All Schools are required to report to the Health and Safety Executive (Tel: 0845 300 99 23). Employers must report: Deaths, major Injuries, over three day injuries, accidents causing injury to pupils, accidents causing injury to members of the public or people not at work, specified dangerous occurrences where something happened which did not result in an injury but could have done. Refer to Health & Safety Handbook for full details

The nature of the work, the hazards and the risks

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

Risk	Possible injuries requiring first aid	Assessed risk to employees, pupils and visitors/contractors	Remarks
Manual Handling	Fractures, lacerations, sprains and strains (mainly pertains to kitchen/cleaning and maintenance staff)	Low	
Slip and trip hazards	Fractures, sprains and strains, lacerations. (mainly pupils)	Low	
Machinery	Crush injuries, amputations, fractures, lacerations, eye injuries – there are very few machines within the school which are capable	Low	

	of causing amputations and fractures.		
Work at height	Head injury, loss of consciousness, spinal injury, fractures, sprains and strains – working at heights is restricted to adults, below one metre an adult can work alone; over one metre a full size ladder or scaffold tower is used with 2 or more people present at all times.	Low	
Workplace transport	Crush injuries, fractures, sprains and strains, spinal injuries – it is unlikely that workplace transport injuries will occur as the minibus is only used for people carrying.	Low	
Electricity	Electric shock, burns – all hardwiring is tested every 5 years and PA 100% every 3 years, there is also an annual visual H&S self-audit which should identify any shortcomings and these would then be rectified, couple to this is the appointment of H&S reps who are responsible for monitoring all H&S matters within their area of responsibility.	Low	
Chemicals	Poisoning, loss of consciousness, burns, eye injuries – all chemicals are kept under lock and key and their issue and use is supervised by qualified adults/personnel	Low	

Annex H: First Aid Kit Contents

An easily identifiable box, with a white cross on a green background that contains as a minimum supply of in-date equipment, is held in a number of locations around school.

First Aid Box Contents:

There is no mandatory list of items that should be included in a first aid container. The Principal should decide what to include in the first-aid containers from information gathered during their assessment of first-aid needs. As a guide, *where no special risk arises in the workplace*, the HSE recommend a **minimum** stock of first-aid items would normally be:

- A leaflet giving general guidance on first aid (for example HSE leaflet 'Basic Advice on First Aid at Work')
- 20 individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the type of work (dressings may need to be of a detectable type for food handlers);
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile);
- Six safety pins
- Six medium sized individually wrapped sterile unmedicated wound dressings - approximately 12 cm x 12 cm
- Two large sterile individually wrapped unmedicated wound dressings - approximately 18 cm x 18 cm
- One pair of disposable gloves
- One pair blunt ended scissors
 - Where mains tap water is not readily available for eye irrigation, at least a litre of sterile water or sterile normal saline (0.9%) in sealed, disposable containers should be provided. Once the seal has been broken, the containers should not be kept for reuse.
 - Plasters, single and strip
 - Cotton wool
 - Sterile gauze

- Feverscan
- Face masks

This is only a suggested contents list. It is likely that greater quantities of the above will be required in a school environment to reduce the risk of not re-stocking quickly enough.

The assessment may conclude that there is a need for additional materials and equipment, for example a blanket, adhesive tape, disposable aprons, individually wrapped moist wipes. These should be kept in the first aid container if there is room, but may be stored separately as long as they are available for use if required.

Locations:

Prep School - School Office, Reception Changing Room, PE Office

Nursery – Nursery at 196, Activity Room at 159 Munster Road & Upstairs Hallway Cupboard

First Aid Qualifications

SINCLAIR HOUSE SCHOOL

First Aid Training – Prep School

NAME	COURSE	Completed	Renewal
Francesca Monti	First Aid at Work	Sept'17	Sept'20
Rowena Cowen	First Aid at Work	Sept'17	Sept'20
Julia Holloway	First Aid at Work	Sept'17	Sept'20
Karen Tomlinson	First Aid at Work	Sept'17	Sept'20
Amanda Goldsmith	First Aid at Work	Sept'17	Sept'20
Sasha Gibson	First Aid at Work	Sept'17	Sept'20
Jo Maile	First Aid at Work	Sept'17	Sept'20
Andy Symms	First Aid at Work	Sept'17	Sept'20
Shaila Uddin	First Aid at Work	Sept'17	Sept'20
Sarah Gorley	First Aid at Work	Sept'17	Sept'20
Francesca Paul	First Aid at Work	Sept'17	Sept'20
Charleen Oliver-Chapman	First Aid at Work	Sept'17	Sept'20
Donna Berry	First Aid at Work	Sept'17	Sept'20
Jo Dunbar	First Aid at Work & Paediatric	Sept'17	Sept'20
Laura McLoughlin	First Aid at Work	Sept'17	Sept'20
Terri-Louise Bevan	Paediatric First Aid	June'17	June'20
Sam Ferrara	Paediatric First Aid	Sept'17	Sept'20
Joseph Wharwood	First Aid at Work & Paediatric	Sept'18	Sept'21
Lisa Dawson	Paediatric First Aid	June 19	June 22
Natasha Dadds	Paediatric First Aid	June 19	June 22
Alice Powell	Paediatric First Aid	June 19	June 22
Joanna Cunningham	Paediatric First Aid	June 19	June 22
Arslan Anjum	Paediatric First Aid	June 19	June 22

SINCLAIR HOUSE SCHOOL

First Aid Training – Nursery

NAME	COURSE	Completed	Renewal
Hayley McCarthy	Paediatric First Aid	Apr'17	Apr'20
Morag Macpherson	Paediatric First Aid	Apr'17	Apr'20
Tamara Convey	Paediatric First Aid	June'17	June'20
Melissa Trott	Paediatric First Aid	Sept'19	Sept'22
Clare Wates	Paediatric First Aid	Sept'19	Sept'22
Iris Pedrero	Paediatric First Aid	Sept'19	Sept'22