

STANBOROUGH SCHOOL

First Aid Policy

Legal Status:

- Regulatory Requirements, Part 3, Paragraph 14 of the Education (Independent School Standards) (England) Regulations

Applies to:

- the whole school along with all activities provided by the school, including those outside of the normal school hours;
- all staff (teaching and non-teaching), the Governors and volunteers working in the school.

Related Documents:

- Educational Visits and Off-site Activities Policy
- Health and Safety Policy
- Health and Safety Manual

Availability

This policy is made available to parents, staff and pupils in the following ways: via the School website, within the Parents Policies Folder in the reception area, and 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 Head teacher.
- The Board of Governors undertake a formal biennial review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than two years from the date shown below, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Signed:

Date: 5th September 2016

Lorraine Dixon
Head teacher

Berton Samuel
Chair of Governors

Policy Statement:

Stanborough School will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for pupils, staff, parents and visitors. We will ensure that procedures are in place to meet that

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responsibility. This policy should be read in conjunction with Stanborough School's Health and Safety policy and policy on Safeguarding children on school visits. It will be reviewed annually.

Aims and Objectives:

- To identify the First Aid needs of Stanborough School in line with current legislation regarding the Management of Health and Safety at Work Regulations.
- To ensure that First Aid provision is available at all times whilst people are on the premises and on premises used by the school.
- To ensure that when recruiting staff, an appropriate number of successful candidates hold relevant First Aid qualifications and have been suitably trained, or are prepared to undertake training.
- To maintain a record of all First Aid training at Stanborough School and to review First Aid needs and procedures annually.
- To provide ongoing training and ensure monitoring of training needs.
- To provide sufficient appropriate resources and facilities.
- To provide awareness of Health and Safety issues within Stanborough School and on school trips to prevent, where possible, potential dangers or accidents.
- To inform staff, parents and pupils of the First Aid arrangements at Stanborough School.
- To report, record and where appropriate investigate all accidents.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation in force at the time.

First Aid Provision:

First Aid kits will be available in the following locations:

Reception

Some classrooms

All Science Laboratories

Boarding school office

Gym

Cafeteria

Medical rooms

Definitions

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.

Full Paediatric First Aider

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

Appointed Person

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

Policy Statement

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First Aid Facilities

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

- All first-aid containers must be marked with a white cross on a green background;
- First aid container always accompany the children when using any specialist facilities and during any offsite activity/educational visit. First aid containers must accompany Physical Education (PE) teachers off-site;
- All vehicles carry a first aid kit; this is the responsibility of the school travel providers. Sports staff will always carry first aid boxes to all activities off site.

First Aid Procedures & Health Issues – Medical Room

The member of staff in charge of first aid arrangements is Mrs J Davis (Deputy Alicea Anderson).

There is a dedicated sick room in the boarding school. The duties of this appointed person are:

- a) to ensure that the contents of the school's first aid boxes are maintained (see below)
- b) in the event of serious injury or illness, to ensure that an ambulance is summoned and that a responsible person is sent to open any gates and to direct the ambulance crew to the casualty.
- c) To ensure written details are completed and filed. The accident and emergencies record book is in reception. First Aid treatments given should be recorded.

First Aid Training: Mrs Davis (who is the First Aid Officer), is responsible for ensuring that there is an adequate number of qualified First Aiders/Appointed persons. The list of staff with current First Aid Certificates is available from Reception, the Staff Room and Medical Room. A list of First Aid qualifications is saved at the end of this policy. All First Aid qualifications are updated every three years in accordance with regulations. Support staff will receive Emergency First Aid training on an annual basis. Relevant members of staff will be trained annually in the use and administration of Epipens. A list of all pupils who may require this treatment will be held at Reception and the medical room and notified to all staff at the start of each academic year.

Recording First Aid Treatments

All First Aid treatment given by first aid staff or appointed persons must be recorded in **Accident and Emergencies Record Book** (located in the general office) immediately following treatment.

These records should include:-

- The date, time and place of the incident
- The name and class of the injured or ill person
- Details of the injury/sickness (not a diagnosis) and what first aid was given
- What happened to the student immediately afterwards (went home, resumed normal classes, went to hospital etc)
- Name and signature of the person who dealt with the incident

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 a qualified class teacher or support staff, or one of the First Aid Officers. If

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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 reception or the school office and request the assistance of the child's class teacher or first aid officer.

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 from reception and the Medical Room. Any action taken should be recorded. Accidents of a more serious nature should be recorded on an incident/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.

If there is any concern about the first aid which should be administered then the First Aid Officer must be consulted. The arrangements for first-aid provision will be adequate to cope with all foreseeable incidents. The number of designated first-aiders will not, at any time, be less than the number required by law. This is determined by risk assessment (Local Authority guidance). Designated staff will be given such training in first-aid techniques as is required to give them an appropriate level of competence. The Head teacher 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 number 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.

First Aid Boxes

First aid materials must be readily available to all employees. First aid boxes should be clearly marked with a white cross on a green background and may contain ONLY the following items (NB quantities shown are the minimum requirements):

ITEM	NUMBER OF STAFF		
	1-5	6-10	11-50
Guidance card	1	1	1
Individually wrapped sterile adhesive dressings	10	20	40
Sterile eye pads, with attachment	1	2	4
Triangular bandages	1	2	4
Sterile coverings for serious wounds (where applicable)	1	2	4
Safety pins	6	6	12
Medium sized sterile unmedicated dressings	3	6	8
Large sterile unmedicated dressings	1	2	4
Extra large sterile unmedicated dressings	1	2	4

Where mains tap water is not immediately available at least 900ml of sterile water, or sterile normal saline solution, should be kept near the first aid box.

First aid boxes must NOT contain drugs of any kind including Aspirin and Paracetamol.

Disposable plastic gloves should be stored near the first aid boxes. First aid kits must be available to groups taking part in outside activities. Drugs of any nature, even if brought in by the pupils, cannot be administered without written permission from the parent (see below).

First Aid Procedures

Emergency procedures

It is sometimes necessary to contact parents during the day if their child is taken ill. A file is kept in the office containing student cards with contact details of parents or guardians with telephone numbers of where they can be contacted during the day.

If a child informs you that he / she is feeling sick during lesson time another child should be sent out to bring a member of staff who is qualified to give first aid. The seriousness of the problem should be ascertained by asking the child how they are feeling and whether or not they have experienced similar problems before.

The first aid trained member should inform a member of the SLT who will:

- Call an ambulance (The closest Accident and Emergency Unit is located at Watford General Hospital).
- Photocopy the pupil file card showing contact details.
- Contact the parents to advise them of the situation.
- Accompany the child to the hospital in the ambulance (or arrange for another staff member to do so) and wait with the student until the parent arrives.

Note: The student should not be moved unless deemed necessary by a First Aid trained person, but arrangements should be made to provide privacy and to make the student comfortable. If the student wishes the bed located in the area near the Bursars office may be used to provide privacy and a place to sit or lie down until further medical help arrives. It is not part of a staff member's duties to administer any medication including pain killers etc.

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

- Ascertain by inspection and discussion with child or staff member the nature of the child's injury or illness.
- 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.
- 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.
- Record action taken in the Incident/Accident Form Book held in reception, if serious injury complete an accident record form and give a copy to the Head teacher to sign.
- If child is then well enough he/she will return to class.
- 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.
- If a severe illness or injury is suspected then the emergency services will be called and the support staff will contact the parents to inform them. No pupil will travel in an ambulance unaccompanied.
- If any issue arises during treatment or discussion with the pupil that the First Aid Officer feels should be taken further, she/he 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. They are not, however, medically qualified and hence cannot give medical advice.

First Aid and Accident Reporting procedures:

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Please refer to the school's separate First Aid Policy. A First Aid box is held at Reception and other key areas and 3 portable boxes are available from Reception for off site visits etc. The names of all qualified First Aiders will be circulated to all staff and a copy held at Reception. The person responsible for administering the accident reporting procedure, the notification of serious accidents causing death or major injury and dangerous occurrences is Lorraine Dixon or for minor injuries, the designated Receptionist. The incident/accident report book and report forms for all injuries and the procedures to be followed are clearly outlined in the First Aid policy. The arrangement for First Aid for sports, outdoor pursuits and field trips are the responsibility of the Party Leader and supervising staff.

Incident Reporting:

All incidents/injuries/minor injuries and treatment will be recorded on the 'Incident/Accident Report Book which is kept at Reception, by the named Receptionist. The First Aid Officer or named Receptionist will contact the parents if there are any concerns about an injury or should a pupil need to be sent home through illness. Any significant injury also needs to be entered in the Accident Book, which is signed by the Head teacher. This will be completed by the person administering First Aid and by the person who has dealt with the accident. At the earliest opportunity it should be signed by the person who was the subject of the injury. These records are kept for 7 years. If the nature of the accident involves contacting 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations', Lorraine Dixon will be the person designated to undertake this on behalf of Stanborough School.

Sharing of information:

At the start of each academic year, **Mrs Sonia Poddar** will inform all members of staff of the updated list of pupils who are known to have medical conditions/problems. This list will be reviewed each time a pupil is to be added or deleted from the list. Medical details of pupils for out of school visits can be obtained from the school office and these are taken on all school visits. For overseas or residential trips up to date medical consent forms will be obtained for all pupils attending.

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 Head teacher if necessary. Parents are always called if there is a Head teacher 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). All accidents must be reported in the Staff/Visitor Incident Record Book

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

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- 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

Hospital Procedure

- Photocopy the pupil file card (in office) showing contact details.
- Accompany the child to the hospital in the ambulance
- Contact the parents (file in office with student cards)
- Remain with the student until the parent arrives

Practical Arrangements at the Point of Need

Head Injuries:

Accidents involving the head can be problematic because the injury may not be evident eg internal and the effects only become noticeable after a period of time. Even if the injury is minor, all head injuries should be closely monitored and the incident/accident report form should be completed, with a copy given to parents. Any serious head injury should always be referred for hospital treatment following the emergency procedures below.

Emergency procedures:

Where the injury is an emergency, an ambulance must be called following which the parents will be contacted. Where hospital treatment is required but it is not an emergency, the Receptionist will contact the parents for them to take over the responsibility of the pupil. In the event that the parents, or the person designated by the parents cannot be contacted, a member of the staff of the school will be asked to accompany the pupil to the hospital and remain with them until the parents can be contacted and arrive to take over responsibility. The parents will be asked to keep the Head teacher or Assistant Head teacher fully updated of developments.

Identify the Need

If a student informs you that he/she is feeling ill, the seriousness of the problem should be ascertained by asking the student to identify the problem and whether or not they have experienced similar problems before. For minor ailments, send the student with a note to the Main Office Staff. Under no circumstances should your personal medicine be administered. For serious injury, **stay with the student** and send a well student to the Main Office with the message 'MEDICAL EMERGENCY'

Serious Injury requires immediate medical attention. These include:

- Head injury or suspected broken bones
- Serious burns or cuts
- Blackout, fainting or dizziness
- Severe pain or repeated vomiting

An ambulance must always be called:

- in the event of a serious injury;
- in the event of any significant Head teacher injury;
- in the event of a period of unconsciousness and
- whenever there is a possibility of a fracture or where this is suspected.
- in the event of a severe allergic reaction

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Emergency Procedures

- Do NOT move the injured person, but make the area safe and clear
- Call a **Designated** First Aid Staff immediately
- **Designated** First Aid Staff will call for an ambulance if
- the student is unconscious
- the injury is severe
- the assessment is critical
- Injured persons will be placed in the day school sick room
- Notify a member of the Senior Leadership Team immediately

Hygiene/Infection control:

In order for Stanborough School to upkeep hygiene standards and reduce the risk of infections spreading:

- hands must be washed before and after giving First Aid;
- single-use disposable gloves must be worn when treatment involves blood or other body fluids;
- any soiled dressings etc must be put in a clinical waste bag and disposed of appropriately;
- any body fluids on the floor should have absorbent granules sprinkled on them and be swept up with the designated dustpan and brush. If possible the area should be bleached;
- body fluid spillages on hard surfaces should be cleaned up and then bleached and
- exposed cuts and abrasions should always be covered.

Pupils with infectious diseases will not be allowed into school until deemed safe by their GP or the relevant local Health Authority.

Minor Ailments

Boarding Staff will authorise use of the sick room in the boarding school. The **Designated** First Aid Staff should be contacted by the Main Office before sending a student home or to rest in the boarding school. The Main Office Staff must first confirm availability of the staff on medical duty or the availability of parents prior to making this decision. The student should be accompanied to the boarding school and placed in the care of the staff on medical duty. The parent should be contacted in any event to advise them of the situation.

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 999 / 122 immediately; contact the First Aid Officer.
- 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 999 / 112 and ask for an ambulance. If you or any

Bleeding
Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above

bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.

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.

Pupils with severe allergies and a pre-scribed Epi-pen, will have an individual Health Care Plan will full details of their allergy and treatment. This is signed by the parents and kept in the pupils file.

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.

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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 medical consent form which parents or guardians should complete prior to starting at Stanborough School. The medical consent form 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.
- The Health Care Plan is kept up to date, with any further allergic reactions that may develop.
- Staff should ensure that all pupils who have an Epi-pen prescribed to them are aware that the Epi-pen is kept in the medical room
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. (Staff to seek advice from the First Aid Officer.)
- If a pupil feels unwell, the First Aid Officer should be contacted for advice.
- A pupil should always be accompanied to the hospital or GP surgery by a member of staff if the parents are not available.

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 EpiPen policy)
- 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 or administer the medication by a trained member of staff, summon assistance immediately from the First Aid Officer and liaise with the Head teacher 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

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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 medical consent form which parents or guardians should complete prior to starting at Stanborough School. The medical consent form 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 First Aid Officer)
- If a pupil feels unwell, the First Aid Officer should be contacted for advice.
- A pupil should always be accompanied to the hospital or GP surgery by a member of staff if the parents are not available

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

Issues which may affect learning

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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 First Aid Officer. 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

Liaise with the Head teacher or First Aid Officer about contacting the pupils 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 a specific Health Care Plan. 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

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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 Health Care Plan which parents or guardians should complete in conjunction with the school prior to starting at Stanborough School. The HCP 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 parents 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 hypo kit 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 First Aid Officer for training)
- If a pupil feels unwell, the First Aid Officer should be contacted for advice.
- A pupil should always be accompanied to the hospital or GP surgery by a member of staff if the parents are not available .

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. 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 Kit' this should be taken on all lessons/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.

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- v. Inform the First Aider Officer and parents of the hypoglycaemic episode, or record on the pupil's diary.
- vi. In some instance 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 First Aid Officer.

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 parents to discuss the administration of a correction dose of insulin.

In both episodes, liaise with the First Aide officer about contacting the pupils 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 Stanborough 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,

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vomit, etc. Disposal of body fluids must be placed in the designated bins in the medical room and then put directly in the central refuse place. 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. Red bags (for soils) are available in both surgeries.

- Put on gloves and a disposable apron. 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 absorbent granules 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 medical bin for disposal.
- The remaining visible material should then be cleaned. If a vacuum cleaner is used, the bag MUST be changed after use, and the hose and pipe disinfected with bleach.
- Non- carpeted areas: Sanitize the area using bleach, leaving on the affected area for a minimum of 10 minutes.
- Carpeted areas: The area should be cleaned Eco Force solution and should not use the affected area for at least ten minutes. The area should then be shampooed or steam cleaned within 24 hours.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water and then rinse with Eco Force.
- Discard gloves, disposable apron into yellow bag for disposal. Finally wash your hands thoroughly using soap and water.

Annex G: RIDDOR

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 Head teacher 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 Head teacher is responsible for ensuring this happens, but may delegate the duty to the Health and Safety Officer. The Finance Governor will report the incident to HSE and also to our insurers.

The nature of the work, the hazards and the risks

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

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

First Aid – Staff Qualifications

List of First Aiders 2016-2017

	First name	Surname	Valid Fr	Valid to	Type of Cert
1	Lynette	Allcock	7/11/2015	7/11/2018	AoFAQ Level 2 - Emergency First Aid at Work
2	Alicea	Anderson	7/11/2015	7/11/2018	AoFAQ Level 2 - Emergency First Aid at Work
3	Taleetha	Boyd	1/10/2016	1/10/2019	AoFAQ Level 2 - Emergency First Aid at Work
4	Lindsey	Brewster	3/12/2014	3/12/2017	Emergency First Aid at Work
5	Laverne	Byng	7/11/2015	7/11/2018	AoFAQ Level 2 - Emergency First Aid at Work
6	Janice	Davis	7/11/2015	7/11/2018	AoFAQ Level 2 - Emergency First Aid at Work
7	Lorraine	Dixon	7/11/2015	7/11/2018	AoFAQ Level 2 - Emergency First Aid at Work
8	Aila	Heck	1/10/2016	1/10/2019	AoFAQ Level 2 - Emergency First Aid at Work
9	Eileen	Hussey	7/11/2015	7/11/2018	AoFAQ Level 2 - Emergency First Aid at Work
10	Kayon	Jackson	7/11/2015	7/11/2018	AoFAQ Level 2 - Emergency First Aid at Work
11	Nerry	John	7/11/2015	7/11/2018	AoFAQ Level 2 - Emergency First Aid at Work
12	Milimo	Mumbo	1/10/2016	1/10/2019	AoFAQ Level 2 - Emergency First Aid at Work
13	Marvin	Muraya	1/22/2014	1/22/2017	St Johns Ambulance Standard First Aid - Level C CPR and AED (2011 Protocol)
14	Vanessa	Pizzuto	2/5/2016	2/5/2019	Emergency First Aid at Work(Awaiting certificate from Red Cross)
15	Kish	Poddar	7/11/2015	7/11/2018	AoFAQ Level 2 - Emergency First Aid at Work
16	Courtney	Prince	11/25/2015	11/24/2018	First Aid at Work
17	Sharon	Sinclair	7/11/2015	7/11/2018	AoFAQ Level 2 - Emergency First Aid at Work
18	Anne-Marie	Smith	7/11/2015	7/11/2018	AoFAQ Level 2 - Emergency First Aid at Work
19	Nebosja	Zivanov	1/10/2016	1/10/2019	AoFAQ Level 2 - Emergency First Aid at Work