



FIRST AID POLICY

This Policy, which applies to the whole school including the Early Years Foundation Stage (EYFS), is publicly available on the School website and upon request a copy, (which can be made available in large print or other accessible format if required), may be obtained from the School Office.

Legal Status:

- Complies with The Education (Independent School Standards) (England) (Amendment) Regulations currently in force
- 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 Practice Document published by the Department for Education (DfE).
- Complies with the Health and Safety (First Aid) Regulations 1981 (amended 1997)
- First Aid at Work Guidelines for Employers published by the Health and Safety Executive 2009

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

Applies to:

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

Related documents:

- Health and Safety Policy; Administration of Medication Policy; Taking Emergency Medicines off site; First Aid Kit and Medicine Location

Availability:

- This policy is made available to parents, staff and pupils in the following ways: via the School website www.broomfieldhouse.com and on request, a copy may be obtained from the Office.

Monitoring and Review:

- This policy will be subject to continuous monitoring, refinement and audit by the Headteacher.
- The Headteacher will undertake a formal annual review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year 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.

Last reviewed: Sept 2023

Next review: Sept 2024

Introduction

This policy is designed to ensure that all children can attend school regularly and participate in activities. This policy outlines the School's statutory responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The school pays regard to the Guidance on First Aid for Schools Best Practice Document published by the DfE. The school has all staff trained as Paediatric First Aiders (or First Aid at Work trained). 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. Broomfield House School aims to provide a safe environment for pupils and staff to learn and work, and as part of this to provide appropriate first aid from trained staff. To achieve this the School ensures all staff have regular first aid training and this is backed up by access to first aid materials both in the school office and on school trips.

The school will provide:

- First aid in a timely and competent manner
- 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;
- Information on 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)

Methodology

This First Aid Needs Assessment will consider the following topics:

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

Aims

- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.
- To provide First Aid treatment where appropriate for all users of the school (with particular reference to 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

Classification for first aiders.

There are the following :

- Paediatric First Aider 12 hours paediatric course
- Paediatric First Aider 6 hour course
- First Aider at Work (FAW) – 18 hour course.

(Details of the type of training needed for EFAW and FAW are attached at Annex A)

The Nature of the Workforce

We have considered the needs and health of all employees, pupils, visitors/contractors. During term time there will be at least three Paediatric First Aiders on duty. During school holidays - there should be at least one Paediatric First Aider available to administer first aid. Any First Aid at Work training courses are booked by the school office. Before a pupil is accepted for a placement in the school with specific health problems/disability (such as heart conditions, asthma, diabetes etc a separate Risk Assessment will be completed by the Headteacher who must consider the training needs for the First Aiders within the school.)

The Deputy Headteacher is responsible for staff duties, and therefore also for ensuring that there is adequate first aid cover available at all times, including when a first aider is on annual leave, a training course, a lunch break or other foreseeable absences.

The evidence of the level of injury in our school is relatively low and really confined to pupil injuries, most of which are results from slips/trips and falls or occasioned on the sports field or in the sports hall or in the playgrounds. Again most of the injuries are minor and require minimal first aid attention.

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.

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

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

First Aid Facilities

The Headteacher 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/education visit. First aid containers must accompany Physical Education (PE) teachers off-site;
- All vehicles carry a first aid kit;
- 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 Front of House Administrator. The First Aiders must notify to the Office Administrators/Front of House Administrators any restocking that is required.

Training

All our staff – teaching and support staff – are trained in first aid.

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

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.

Staff in Early Years Personal Medication

All staff in Early Years must report in writing to the Headteacher if any personal medication which they are taking may affect or endanger the children at the school, if they were not taking it. Any medication they take must be stored out of reach and locked away from the children, normally in a locked cupboard in the Early Years Department.

Policy on First Aid in School

The School specifically asks parents' permission within our terms and conditions to authorise the School to administer first aid to pupils in loco parentis. Staff do this according to the best practice information given at their first aid training sessions. This is supported by sets of first aid guidance notes kept in the school office.

First aid is applied during lesson times, before and after school and during morning and lunch break by the school office team. On school outings teachers carry a school first aid kit, as they do also at games at the Old Deer Park ground and Westerly Ware, at away matches with other schools, and at Pools on the Park for our swimming lessons.

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 school office. Any action taken should be recorded. Accidents of a more serious nature should be recorded on an accident report book, 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 qualified first aiders must be consulted.

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

Working parents need to be able to go to work, however if a child is unwell then he/she will be better cared for in their own home with a parent and should not attend school. If a child has had diarrhoea or sickness (vomiting) in the last 48 hours they should not be brought to school and parent should inform the school. If a child becomes ill or is injured whilst at school, we will make them as comfortable as possible, isolate them from the other children if necessary and reassure them and:

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 alcohol free cleaning wipes or running water and cover with a plaster if still bleeding and no allergy exists.
4. Record action taken on accident report form/ISAMS.
5. If the 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 pupil requires medical treatment beyond first aid (as defined by our staff first aid training courses) the school office, or a teacher if necessary, will contact the pupil's parents to ask for them to collect the pupil and take them for medical treatment. If the parent is unable to do this or to be contacted, or if the injury were to be severe, then the school office staff or the Headteacher, will arrange transport (or transport the pupil themselves) to the local A&E department at West Middlesex Hospital or the minor injuries clinic at Roehampton Hospital. No pupil will travel in an ambulance unaccompanied.
8. If a member of staff requires medical treatment beyond first aid (as defined by our staff first aid training courses) the school office will call the staff member's nominated emergency contact to ask for them to collect them and take them for medical treatment. If this person is unable to do this or to be contacted or if the injury is severe, then the school office staff or the Headteacher, will arrange transport (or transport the member of staff themselves) to the local A&E department at West Middlesex Hospital or the minor injuries clinic at Roehampton Hospital.
9. Any major incident or accident is entered into the serious accident book, investigated by the Headteacher, and the Headteacher will as soon as possible contact the parents and stay in touch with them until the pupil is recovered. A report is filed with the HSE where appropriate.
10. 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 Lead or the 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 Certificate. At least one staff working specifically in the EYFS department have Paediatric First Aid Training Certificates. They are not, however, medically qualified and hence cannot give medical advice.

Administration of Medication (Please see our Administration of Medication Policy for full details)

All minor medication given to children is noted on ISAMS. All prescribed medication given to children is stored in the School Office, clearly marked with the child's name and a special form is filled in by the child's parent giving specific permission and timing/dosage instructions for the medicine to be administered by the School Office Staff.

Hygiene/Infection control/HIV Protection

Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand-washing facilities, which should be used when dealing with any

blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc) are placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home.

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

Supporting sick or injured children

With reference to sick children and medicine we:

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

Confidentiality

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

Monitoring

Accident report forms can be used to help the Headteacher/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 Headteacher 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 0345 300 9923). The Headteacher 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 Headteacher 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 Headteacher must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. The Headteacher 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.

Reporting

The First Aider should complete an Accident Report Form/enter onto ISAMS. 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.

Details of minor accidents or injuries are kept on ISAMS (from April 2021).

Accidents of a more serious nature should be recorded in the accident report book which is kept in the school office.

Reporting to Parents: In the event of an accident or injury, parents must be informed as soon as is practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Headteacher if necessary. Parents are always emailed 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

First Aid Kit and Medicine location

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.

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')
- 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);

- Sterile eye pads
- Individually wrapped triangular bandages (preferably sterile);
- Medium sized individually wrapped sterile unmedicated wound dressings - approximately 12 cm x 12 cm
- 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 & hypoallergenic plasters
- Detectable plaster (kitchen first aid box only)
- Antiseptic wipes
- Sterile gauze
- Eye washes
- Fever scan (one kept in each Medical room)
- Face masks
- Blanket (one kept in school office)
- Fire Blanket (one in kitchen)

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.

First Aid kit Locations:

School office – first aid cupboard plus storage of first aid kits for trips and games

Kitchen

Harrow House:

Early Years Department

Library

Art Room

Year 1 Classroom

Broomfield Annexe:

Year 3 Classroom

Broomfield House:

School Office

Medical Room

All first aid kits are checked before the start of each half term to ensure they are fully equipped and that all the contents are in date.

Lifesaving prescribed medication for pupil with special medical needs:

This is kept in the School office first aid cupboard. A spare EpiPen for Early Years is kept in the locked first aid cupboard in the library.

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 / 112 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 999 / 112 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 an 'Action Plan' which parents or guardians should complete prior to starting at Broomfield House. This 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 immediate 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 school office staff.)
- If a pupil feels unwell, the school office staff 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
- 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 signed permission to administer their inhaler form which parents or guardians should complete each year. This will be kept in the medical cupboard in the school office with dosage information. 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.
- If a pupil feels unwell, the school office should be contacted for advice.
- A pupil should always be accompanied to the school office 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. 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 use 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. 112 or 999

Liaise with the Duty First Aider / school office 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 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 an Action Plan which parents or guardians should complete prior to starting at Broomfield House. 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 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 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.
- If a pupil feels unwell, the School Office 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. 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:

- I. Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration
- II. Get someone to stay with the pupil - call the school office/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.
- III. Give fast acting sugar immediately (the pupil should have this), eg:
- IV. 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)
- V. Recovery usually takes ten to fifteen minutes.
- VI. Upon recovery give the pupil some starchy food, eg couple of biscuits, a sandwich.
- VII. Inform the school office and parents of the hypoglycaemic episode.
- VIII. 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 (112 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 school office 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 Broomfield House. 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 school office 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 bodily fluids from floor surfaces

All Staff

All staff in the school are provided with the correct training in dealing in Bodily Fluids. In most cases, this means that when an incident happens all members of staff can deal with it.

Equipment needed and stored:

- Red Bucket and red mop only
- Floor detergent (one dose) push pump down once add hot water half way of bucket
- Aprons
- Goggles
- Gloves
- Bags for soiled clothes
- Bags for bodily fluids
- Blue roll.
- Floor signs
- Sawdust in bucket

All equipment needed for such an incident is stored in:

- Harrow House –cupboard in the EY's toilets (near to Kindergarten classroom)
- Broomfield House – 3D work room (next to the Year 4 classroom)

Procedure is as follows:

- Make sure that the area has been cleared of any children.
- Put on protective apron, gloves and goggles.
- Clean child, change if needed. Bags for soiled clothes provided.
- Sprinkle, liberally, sawdust over the affected area. The sawdust must be put down and left for a few minutes.
- Wipe up/brush up sawdust and bodily fluid with blue paper roll/dustpan and brush and then put into a bin bag (provided) and dispose of in the bodily fluids waste bin (yellow) in staff toilet/disabled toilet which is situated in Harrow House.

- Mop area afterwards with red bucket provided and chemical (one dose) hot water and red mop, using correct wet floor signs in place.
- Dispose of apron and gloves in the bag with the bodily fluids into waste bin (Harrow House)
- Wash hands.
- Write the incident on the Bodily fluids spillage form (in cupboards with equipment) and return to the office.

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 no 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	Crush injuries, fractures, sprains and strains,	Low	

transport	spinal injuries – it is unlikely that workplace transport injuries will occur as the minibus is used for people carrying almost all the time and the transport of small amounts of equipment at other times.		
Electricity	Electric shock, burns – all hardwiring is tested every 5 years and PAT tested 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, coupled 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, along with full COSHH documentation and regular update and audit and staff training	Low	