

FIRST AID, HEALTH, ILLNESS AND MEDICINE POLICY (Whole School Policy including EYFS)

PARENTS' PROVISION OF MEDICAL INFORMATION ABOUT THEIR CHILDREN

The School requests that all parents/carers complete and sign the medical information and permission forms when their child joins the school: these detail any medical condition of their child as well as normal childhood diseases. This information enables appropriate members of staff to seek emergency medical advice or treatment for their child in the event of a major accident, incident or illness occurring at school. Medical records are kept securely locked in the filing cabinet in the First Aid Room and on the school's main computer administration system.

Parents are asked to inform the school of any changes to their child's medical information.

FIRST AID ROOM

The School Nurse is based in the First Aid Room. There is a bed, a wash-hand basin, a lockable First Aid cupboard, a lockable refrigerator and an adjoining toilet. A list of confidential medical notes is kept by the School Nurse. There is an intercom between the First Aid Room and the School Office.

Green first aid notices of staff with First Aid responsibilities/and or appropriate training are displayed in each department around the school.

PRACTICAL ARRANGEMENTS AT THE POINT OF NEED

For minor injuries and if a child is given first aid, the member of staff who coped with the problem should fill in an accident form. If the injury appears to be serious the child should be referred to the School Nurse or other qualified First Aider to assess the situation so that the correct action can be taken.

If the child is unwell, the child should be sent to see the School Nurse. Depending on the age of the child and the nature of the complaint, the member of staff will judge whether the pupil needs to be accompanied to see the School Nurse. If the School Nurse is not in her room, the child should go to the School Office.

The School Nurse or First Aider will decide on the course of action and whether parents need to be contacted. The School reserves the right to send a child home if he/she is a risk to the health and safety of others.

In the Early Years Department if children become unwell, they are cared for in the classroom or in a nearby quiet area while their parents are contacted to come and collect them. If first aid has been administered the parents are informed and

asked to sign to confirm that they have been told. The rest of this policy applies throughout the school including EYFS.

We also request that children who have sickness or diarrhoea remain at home for at least 48 hours after their last bout of sickness to prevent the spread of infection. All staff should take precautions to avoid infection and must follow basic hygiene procedures and take appropriate precautions when coming into contact with bodily fluids.

GUIDANCE ON WHEN TO CALL AN AMBULANCE

If a child needs hospital treatment for a medical emergency such as a serious asthmatic attack or an accident causing physical injury an ambulance must be sought immediately.

A member of staff should dial 999. Only one member of staff or the child's parent need accompany the child in an ambulance. Whenever possible, the child's medical details should accompany him or her.

Who accompanies pupils to hospital:

There should always be two adults in the car when a child is taken to hospital; one of whom must be able to stay with the child until the parents arrive. We try to ensure that a parent either comes with us or meets the child at the hospital. Whenever possible, the child's medical details should accompany them.

The School Nurse or a member of the SLT will inform the parents whenever practically possible.

RECORDING OF ACCIDENTS (INCLUDING REFERENCE TO RIDDOR)

Some incidents that happen in school must be reported to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) - telephone number: 0845 300 99 23.

Reportable Major Injuries

These are the following:

- fracture other than to fingers, thumbs or toes
- amputation
- dislocation of the shoulder, hip, knee or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours

- any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours
- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material
- “Over 3-day injury”: if an injury keeps a member of staff out of school for more than 3 days, the HSE must also be informed

If the child is in EYFS, Ofsted is informed within fourteen days. The local child protection agency (the Oxfordshire Safeguarding Children Board) is also informed within fourteen days in the case of EYFS children.

Action required:

- School Nurse to decide on course of action, which would normally involve the child being accompanied to hospital
- Fill in Accident Form
- Inform Headmaster, Deputy Head, Head of Pre-Prep, Head of Early Years and Bursar without delay
- Bursar to telephone or email HSE (Health and Safety Executive) without delay
- Inform parents
- Within 10 days, Bursar must follow this up with a completed accident report form (F2508)
- If necessary, the school’s Health and Safety consultant will be called upon for advice. Guidance from the Health and Safety Executive Education Sheet Number 1 ‘Reporting School Accidents’ will be sought when a situation arises.

Serious Accidents/Incidents

These are accidents that do not have to be reported to HSE but are serious. An accident is defined as ‘serious’ if it is seen as sufficiently important for parents of the child to be notified. Listed below are accidents that are automatically ‘serious’:

- broken, fractured or chipped finger, thumb or toe (or if one of these is suspected);
- a burn;
- severe bleeding (including severe nosebleed);
- fainting or falling unconscious (includes epileptic fit);
- deep cut/wound;
- severe asthma attack;
- dislocated joint;

- any hard knock or bang on the head;
- anaphylactic shock;
- any damage to the face;
- a tooth being knocked out or chipped.

This list is not exhaustive.

Action required:

In all 'serious' accidents, the Headmaster and Deputy or Head of Pre-Prep, Head of Early Years and Bursar need to be informed without delay. In addition

- Parents must be informed as soon as possible (certainly within one hour).
- The accident must be recorded into the PASS system
- Major or serious accidents are reported on the Accident Form. A copy of the original completed form will be kept in the First Aid Room in a designated file. The top copy goes to the Headmaster and Bursar for signing before being returned to First Aid Room for filing. A sequential numbering system is used.
- The Bursar should carry out any necessary investigation.

Head Injuries

All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence or drowsiness. If in doubt, or if any of the key signs are exhibited, seek medical help.

A pupil who has sustained a bump or knock to the head is sent to the School Nurse or in her absence, the designated first aider for assessment and is then carefully monitored for a period of time appropriate to the injury. Every pupil who has sustained a head injury is given a Head Injury Advice Form to take home to parents advising them of developing symptoms that may require medical investigation. Parents are contacted at the time of the incident if the nurse or designated first aider considers it appropriate.

An accident form is completed.

Facial Injuries

Injuries such as scratches or bumps to the face are managed with the care appropriate to their need. Staff will send pupils to be assessed by the School Nurse or in her absence, the designated first aider. The injury is carefully monitored and parents notified if there is a scratch to the face, or if swelling bleeding or bruising is present, or the child complains of continuing or worsening pain.

An accident form is completed.

Minor Accidents/Incidents

An accident is defined as ‘minor’ when the child is able to be treated by the School Nurse or a qualified First-Aider. Listed below are accidents that could be termed ‘minor’:

- small cut/abrasion;
- minor bump or bruise (usually resulting from a fall or running into someone or something);
- minor nosebleed.

This list is not exhaustive.

Action required:

- As the incident is minor it can be dealt with by the School Nurse, First Aider or another member of staff.
- If the School Nurse deals with the injury then the incident is entered onto the PASS system.

COMMUNICATION WITH PARENTS

Parents are contacted where relevant if an accident has occurred to their child. If it is necessary for a child to go to hospital, the child will be accompanied by a member of staff unless the child’s parents can carry this out.

If a child is unwell, it may be appropriate for the school to administer a mild analgesic but permission is sought from a parent before this is done.

In the event of a head injury occurring at school, a note is sent to parents advising them what has happened to ensure that they monitor the situation and seek medical assistance if appropriate.

Ideally, if a child is not well, the parents are contacted and the child goes home until they are well again. If this course of action is not possible, the child will be kept at school, in the First Aid Room, until the end of the day.

NAMES OF THOSE QUALIFIED IN FIRST AID (INCLUDING PAEDIATRIC FIRST AID)

Most members of staff have had basic First Aid training and there is a number of staff who are qualified First Aiders and Paediatric First Aiders. The HR Officer has an up to date list of qualified First Aiders and copies of their certificates. Please also see Appendix 4 for the names of those qualified in first aid. We require that qualifications are updated every three years.

There will always be at least one qualified First Aider on site at times when children are present. There will always be a Paediatric First Aider on site at times when Early Years children are present (including before and after school) and there will always

be at least one Paediatric First Aider on each Early Years trip or outing, and a nominated First Aider on all trips. There will also be a teacher with a good working knowledge of First Aid on all trips. On residential trips, there is a fully-trained First Aider.

The Paediatric First Aid Certificate gained by staff adheres to the Early Years Foundation Stage ISI requirements. The Certificate makes clear that the course taken covers First Aid for children, referring explicitly to 'Paediatric First Aid'. The course duration is for twelve hours and the First Aid training is appropriate to the Early Years Foundation Stage.

ACCESS TO FIRST AID KITS

First Aid kits are provided in each department and year groups and are available for Sports Staff to take to the games fields (see appendix 2 for a list of the locations of First Aid kits). In Early Years, staff carry a first aid bum bag for outside play and PE lessons. A check list is kept with each kit and is checked by the School Nurse once a term. Staff can request extra items if and when they need them. Replacement items can also be obtained from the First Aid Room.

A First Aid box will be taken on all off site visits or outings, together with the relevant pupil medical information form. This is the responsibility of the trip leader or designated First Aider. See appendix for list of first aid box contents.

EYE WASH STATIONS

Eye wash kits are located in the First Aid Room, Science room, D.T. Room, Kitchen and Workshop. They are checked once a term and recorded in the First Aid Checklist file.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

Early access defibrillation has been recognized as a significant factor in the survival from incidents of sudden cardiac arrest.

The AED is situated in the First Aid Room on top of the lotions cupboard and all staff have been informed of its location.

AED Team members will receive instruction and maintain certification in CPR and receive a 4 hour training program in the use of an AED presented by a certified training organisation. After initial training, each team member will receive annual training to review the response guidelines, use of AED and receipt of current updates on protocols.

A visual check is made daily as to state of readiness by the School Nurse or office staff in her absence. A check and sign book is located with the AED.

A list of staff names that have been trained in the use of an AED is displayed in the school office.

MEDICINES

Should a child need to take medicine during a school day, the medicine must be:

- Prescribed by a doctor
- In its original container with pharmacy dispensing instructions
- Accompanied by a signed letter from the parent detailing the time the medication is to be given, the frequency of the dose and the length of time for which the medicine is to be taken.
- OR
- A short term over the counter medicine e.g. cough mixture, eye drops, antihistamine recommended by a GP to alleviate an allergic reaction (e.g. Piriton)etc. which minimises the time a child needs to absent from school - a written request from parents is required as with prescribed medicines.

The school requires parents to write to the school requesting that the school administers the medicine as directed, or to complete and sign the medicine request form. This includes Calpol sachets or liquid paracetamol equivalent (not opened bottles). If a request is not received in writing, the school staff will not administer the medicine.

The medication record form details what has been given to whom and when. The forms can be found on the M drive of the school computer system.

Should a child feel unwell during the day due to a high temperature or pain, and the school has not received the child's own medication, parents will be contacted and permission to give Calpol suitable to their age group (the analgesia of choice at school) will be sought (in addition to the Calpol Permission Form parents sign when their child joins the school). The school holds a small supply of Calpol for this reason, which is kept in locked medicine cabinets in the First Aid Room, Nursery and Pre-Nursery, but will not be given without prior parental consent on each occasion. This procedure is documented on the medication record form. Written permission from a parent/guardian is required for each and every medicine, including Calpol, that is given to EYFS children.

In Reception, Nursery and Pre-Nursery the procedure is witnessed by two members of staff who sign the form accordingly. Parents of EYFS children are asked to countersign the form when they collect their child.

The only exception to this is for pupils who are asthma sufferers who are permitted to administer their own medication as instructed by their doctor. Full details of all medication administered at school, along with all permission to administer medicines forms, are recorded and stored in the medication record file.

If for any reason a child refuses to take their medication, staff will not attempt to force them to do so against their wishes. If such a situation occurs, the School

Nurse will notify the child's parents/carers and the incident will be recorded on the medication record form.

If there is any change in the type of medication - whether regarding dosage or other changes to the information given on the permission to administer medication form - a new form must be completed.

Administration of medicines to children on a residential school trip

Should a child require medicine during the time she will be away from home, the school requires the parents to send in written permission and instructions together with the medicine in its original container with the pharmacy dispensing instructions. Calpol 6+ sachets will be kept by a designated member of staff who may administer the medicine in the event of a child feeling unwell with a high temperature or pain. This procedure is documented on the medication record form.

PROCEDURE FOR ADMINISTERING MEDICINES (including EYFS)

When issuing medication the following procedures should be followed:

1. The reason for giving the medication should be established.
2. Check the consent to give medication form has been signed by parent or guardian.
3. Check whether the pupil is allergic to any medication.
4. Check whether or not the pupil has been given any other medication recently, and if so, what (e.g. check maximum paracetamol doses).
5. Check whether or not the pupil has taken the medication before and, if so, whether any problems occurred.
6. Check the expiry or 'use by' date on the medication package or container.
7. The pupil should take the medication under the supervision of the person issuing it.

There is a lockable fridge in the First Aid Room for the safe storage of some medicines such as antibiotics. In Nursery and Pre-Nursery the fridges are in the office where children are always accompanied by a member of staff.

SUN PROTECTION

Pre-Prep - Year 6

In hot weather parents of children from Year 1 to Year 6 are encouraged to provide sunscreen for their children and apply it before children come to school. Extra

sunscreen may be sent to school with the child's name on it to allow for further applications of cream during the day.

When deemed necessary, staff may apply sunscreen to children who cannot do so for themselves, where prior permission has been given by the parents.

Children will be encouraged to wear hats in sunny weather and play in shaded areas.

Early Years

In very hot weather, the hottest part of the day is avoided for outside play wherever possible and gazebos will be erected.

We actively encourage all children to wear a suitable hat (preferably legionnaire style) when playing outside in the summer months when it is hot and sunny.

There is a limited of hats for children who forget their own.

Parents are asked to put sunscreen on their child in the morning and we will top them up as necessary during the day. With parents' permission we will use a school sunscreen with a minimum factor of 30 but parents may supply their own named bottle of sunscreen if they would prefer.

When deemed necessary, staff may apply sunscreen to children who cannot do it themselves, where prior permission has been given by parents.

ARRANGEMENTS FOR PUPILS WITH PARTICULAR MEDICAL CONDITIONS

All children with on-going medical conditions will have an individual healthcare plan drawn up by the School Nurse in consultation with their parents and input from health care professional if needed. The plan will describe the child's illness, symptoms and treatment and staff should be made aware of the plan.

ASTHMA

We recognise that asthma is a widespread, serious but controllable condition affecting some pupils at school. We encourage children with asthma to participate in all aspects of school life and to achieve their potential by having a clear policy that is understood by staff and pupils alike.

Parents should inform the school if child suffers from asthma, what can trigger an attack etc. and what treatment is effective. School Asthma Cards are sent to all parents with asthmatic children to complete, and are updated yearly. Children with asthma usually carry their own medication in the form of an aerosol inhaler which can ease breathing difficulties. As a rule, if the inhaler is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe the child should be allowed to carry the inhaler around at all times. Alternatively, the inhaler can be stored safely away and issued by staff as and when needed by the

child. This method may be more appropriate for younger pupils. All staff should be aware of where the child's inhaler is stored. Parents should be asked to supply a spare inhaler to be stored in the first Aid Room. The expiry date of the spare inhaler will be checked regularly.

Pupils with asthma are encouraged to participate in PE lessons and to take reliever inhalers before exercise. All medication should accompany a child going on a school outing. Staff accompanying children on an outing should be aware of their medical conditions.

An asthma register including photographs is available to all staff and is displayed in the Staffroom.

In the event of an attack the parents are notified immediately, and the school follows the procedure outlined by Asthma UK. This procedure is visibly displayed in the Staffroom, PE Department and First Aid Room.

Signs of an asthma attack (not all may be present)

- Coughing
- Wheezing
- Tightness in the chest
- Shortness of breath
- Unusually quiet

Asthma UK advise:

- Keep calm - do not panic
- Give 2 puffs of reliever (blue) inhaler
- Sit the child up and loosen tight clothing
- If no immediate improvement during an attack, continue to take one puff of reliever inhaler every minute for five minutes, or until symptoms improve
- If symptoms do not improve within 5 - 10 minutes, or the child's lips are blue or they are too exhausted to talk or you are in doubt - call 999 urgently
- Continue to give one puff of reliever inhaler every minute until help arrives

A member of staff should stay with a child having an asthma attack at all times.

ANAPHYLAXIS - serious allergic reaction (e.g. nuts, dairy products, eggs)

- a) The child **MUST** be made aware of their allergy.
- b) Other children in class **MUST** be made aware of the child's allergy and the danger of giving him/her the substance to which he/she is allergic.
- c) All staff who come into contact with a child who carries an Epipen require training which is updated yearly. Professional trainers run the course.

- d) Form Teachers and other staff should be aware of all children who have a serious allergic reaction.
- e) The guidance notes with the up-to-date photo is available by the telephone in the First aid Room, School Office, Staff Room, appropriate classroom, Extended Day file and the kitchen.
- f) Extra care is taken on trips and outings and if there is any doubt about food, the child affected should bring their own.
- g) Form Teachers need to be aware of the potential risks of food being brought into school to be shared with the rest of the class and the possibility that this food has been cross contaminated with another food. If there is any doubt about the safety of this food then children with serious allergic reactions should not be given the food. Staff should be aware of the ease of cross contamination when food is cooked at home.

Signs and symptoms of anaphylaxis (not all may be present)

- Itching
- Swelling in the mouth
- Vomiting
- Hives/rash
- Abdominal pain
- Wheezing
- Difficulty in breathing
- Fainting
- Floppiness
- Collapse

Action to take

- Contact the School Office/ School Nurse/First Aider trained to administer Epipen
- Contact parents
- Give Piriton (antihistamine)
- Dial 999 - AMBULANCE
- Tell them of the allergy
- Use the Epipen kept in the Classroom/First Aid Room/Kitchen
Remove grey safety cap from the Epipen
Hold 10cm away from the thigh at right angles
Jab firmly into the outer thigh at a right angle
Hold in place for 10 seconds
Massage the area
- Make a note of the time the adrenaline was given in case a second dose is required
- All used adrenaline injectors must be given to ambulance crew

Kitchen staff are kept informed of all children who suffer from a food allergy.

FOOD ALLERGIES AND INTOLERANCES

The Manor is a NUT FREE school and we request that parents do not send in nuts, or any food obviously containing nuts in their child's break-time snacks, treats for birthdays or in their packed lunches on school trips. However, the school cannot guarantee that food brought in to school has not been made in a factory that uses nut ingredients or there are nuts somewhere in the supply chain.

The school is advised by parents if their child suffers from a food allergy or intolerance. The school kitchen is informed and a photographic list of all special diets is displayed in the kitchen area. These lists are available for staff and are found on the M drive of the school computer network. Any changes are communicated to all relevant staff. Parents are encouraged to liaise with the catering staff to discuss any dietary issues.

DIABETES

School should be informed if a child suffers from Diabetes. A detailed health care plan will be drawn up for the child describing the carbohydrate intake, frequency of blood glucose monitoring, insulin regime (if applicable) and signs of poor blood sugar control (hypo/hyperglycaemia) for that child. Staff should be made aware of this plan and signs and symptoms of hypo/hyperglycaemia (high or low blood sugar) and the treatment of these variations.

For children with Type 1 diabetes, the School Nurse will monitor pre-meal blood sugars readings, carbohydrate intake at lunch, and either administer post meal insulin or if the child is able to self inject, supervise the injection. In her absence another member of staff who has been trained by the child's parent, and willing to supervise the procedure will do so. Parents are telephoned after lunch, before each insulin injection to check correct dosage.

Signs of hypoglycaemia include:

- Hunger, weakness or faintness
- Pallor, sweating or clammy skin
- Drowsiness or confusion
- Nausea
- Shallow breathing
- Unusual or aggressive behaviour

If any of these symptoms are present blood sugar readings should be taken and recorded by the school nurse. A sweet drink, glucose tablet or biscuit may be given to raise blood sugar levels.

Parents should be informed immediately and child monitored in the First Aid Room. If a child's recovery takes more than 10-15 minutes or the child becomes unconscious an ambulance will be called.

Signs of hyperglycaemia include thirst, greater need to go to the toilet, tiredness and weight loss. Parents need to be informed. If the child is unwell, vomiting, or giving off a smell of acetone the child needs urgent medical attention.

Blood glucose monitoring equipment, insulin and emergency sweets, glucose tablets or biscuits are kept in the First Aid Room. Children will also carry emergency rations such as biscuits and glucose tablets in their school bags.

Guidance notes and up to date photographs are kept in the Kitchen, School Office, and Extended Day file. Relevant form teachers hold this information, and it is also on the school's computerised information system.

If a child is off site on a school trip or away match, staff should be aware of the signs and symptoms of hypoglycaemia and hyperglycaemia, their prevention and treatment and that the necessary equipment is taken including:

- Blood glucose monitoring kit
- Food snacks
- Glucose tablets
- Insulin pen
- Parent contact details

As the need arises, appropriate training is given to staff as required.

EPILEPSY

The School Nurse must be informed if a child suffers from Epilepsy draw up a health care plan describing the nature and frequency of fits, common precipitating factors and current medication. Staff will be aware of the health care plan.

If a child experiences a seizure during the day details of the precipitants, nature and timing of the fit will be communicated to parents.

- In the event of a fit, staff should call the School Nurse or First Aider
- Clear the area around the child to maintain a safe environment
- Ask other children to stay away to ensure as much privacy as possible
- After the fit has passed, place the child in the recovery position
- When sufficiently recovered, take to the First Aid Room and monitor until they are collected by parents.

An ambulance should be called

- If the child has injured themselves badly during the seizure
- If they have problems breathing after the seizure
- If a seizure lasts longer than the time set out in the health care plan, or for more than five minutes if you do not know how long the seizure usually lasts for that child
- If there are repeated seizures unless this is usual for the child

HEAD LICE

Head lice are a regular and irritating problem. Children should not be excluded but parents/carers should be notified at the end of that day. Parents should be responsible for their child's health and hygiene and check weekly with detection combs. Head lice alerts also occur through notification from parents and teacher/assistant observation. Letters are sent home to the family of the infested child as well as to the whole form.

INFECTIOUS DISEASES

If the school have reason to believe that a child is suffering from a notifiable disease identified as such in the Public Health (Infectious Diseases) Regulations 1988, they inform the Local Authority Proper Offices.

Notifiable diseases listed by the Health Protection Agency are (see also list in First Aid room):

- German Measles (Rubella)
- Measles
- Scarlet Fever
- Typhoid
- Whooping cough (Pertussis)
- Tuberculosis
- Diphtheria
- Hepatitis A, B and C
- Meningococcal septicaemia
- Mumps

Some, including skin diseases, demand an exclusion period. If staff are concerned about a child with a particular infection they should consult the School Nurse or the list in the First Aid Room. Please also see policy on flu pandemic (appendix 3)

In Early Years, the school acts on any advice given by the Health Protection Agency and inform Ofsted of any action taken.

HYGIENE PROCEDURE FOR SPILLAGE OF BODY FLUIDS

- In the First Aid Room there is a supply of gloves, plastic aprons, disposable wipes, antiseptic hand wash, absorbent granules, yellow bags for the disposal of infected waste, and a foot pedal bin.
- Spills of body fluid including blood, urine, faeces, vomit, saliva, nasal and eye discharge must be cleared up immediately. Please inform the Site Manager

- Disposable gloves and plastic apron should be worn and discarded into the yellow bag when used.
- Mops should be washed in cleaning equipment sink (not kitchen sink), rinsed in disinfecting solution and dried.

WASTE DISPOSAL

Yellow clinical waste disposal bags are available for any materials contaminated with bodily fluids. These bags are collected monthly for incineration.

APPENDIX 1

Contents of school first aid kits

- Gloves
- Safety pins
- Scissors
- Gauze
- Alcohol free wipes
- Assorted plasters
- Dressing pad
- Triangular bandage
- Normal saline steripods
- Medium dressing
- Large dressing
- Eye pad and bandage
- First aid guidance leaflet
- Clinical waste bag
- Tape
- Face shield
- Accident forms



APPENDIX 2 - LOCATION OF FIRST AID KITS

- First Aid Room On top of dressings cupboard
- Pre Nursery In the downstairs cloakroom
- Nursery In the toilet area on shelf
- Reception Cupboard between classrooms
- Pre-Prep Hall Far wall facing entrance
- Years 1/2 On wall in ICT suite
- Years 3/4 On wall in ICT suite
- Portacabin 1S cloakroom shelf
- Upper School On wall at entrance
- P.E. Middle cupboard in the barn (x3 kits)
- Music On wall at entrance
- Science In science room on shelf
- Science/Year 6 On wall at entrance
- D.T. On the shelf by the sink
- Art Room Classroom shelf
- Food Technology By the sink area
- Kitchen On the wall in office area
- Dining Hall On wall next to main entrance
- Staff Room On left side of kitchen counter
- Workshop Far wall, left hand side
- Hall kitchen On top of fridge
- Main Hall On wall next to door (stage entrance)

LOCATION OF EYE WASH STATIONS

- First Aid Room On top of dressings cupboard
- Science In Science Room on window ledge next to sink
- D.T. On shelf by sink
- Kitchen On the wall in the office area
- Workshop On shelf

APPENDIX 3

Flu Pandemic Policy

Objectives

- Promotion and implementation of good personal and general hygiene practices.
- Important that we recognise our responsibility in dealing with a possible outbreak of flu.
- Endeavour to protect our pupils and staff.
- Ensure staff and pupils feel safe at school.
- Minimise possible spread of infection.
- Ensure efficient communication as appropriate.
- Ensure good stock of tissues, soap, plastic bags for tissue disposal, and cleaning materials. Alcohol hand rub in each classroom.

Procedures

- Staff and children should remain at home if they display any relevant symptoms.

- If a case were suspected the affected child will be immediately isolated from the rest of the school - the first aid room has toilet facilities, a bed and is accessible from outside without having to walk through the main Manor building
- The parent/relative/designated contact will be informed for prompt collection
- Advice from Health Protection Agency recommends the nominated person looking after a suspected case of flu should not sit/stay within one metre of the child unless the child needs assistance in which case they should wear a disposable apron and surgical face mask (which constitute “personal protective equipment”, or **PPE**). Gloves are not essential, though wearing gloves might be useful to remind the member of staff not to touch their own face during contact with the symptomatic person. It is desirable for the child to wear a surgical mask, but that may be impractical.
- Thorough hand washing before and after contact with symptomatic individual should be carried out.
- In order to minimise the risk to colleagues from used PPE, it is essential the PPE is removed in a standard way. If gloves have been worn remove them first by turning them inside out in one single motion and then remove apron, then mask (avoid touching the front of the mask). All used PPE should be placed in a specific labelled dustbin that has a lid, and needs to be disposed of as clinical/infectious waste. After disposing of the PPE in the bin, thorough hand washing with soap and water should be then carried out.
- When the child has gone home, the isolation room will then be cleaned using warm water and detergent, a normal household cleaning product or disinfectant.

In the event of school closure

- The Health Protection Agency will advise us of the need to close the school, after being informed of confirmed or suspected case by GP



- Parents will need to be informed immediately that the school will be closing. The Manor website will be the main source of information and will be regularly updated, and there will also be a “phone tree” system in place whereby designated members of staff will inform parents of closure.
- Governors will be kept fully informed.
- Bus companies will be contacted.
- Provisions will be made for pupils to complete set projects at home.
- Prophylactic antiviral medication will be given by HPA to staff and pupils.
- Thorough cleaning of all hard surfaces, (door handles, light switches, taps, kitchen worktops) will be cleaned using normal cleaning products before school re-opens.
- Health Protection Agency will advise when to re-open.



APPENDIX 4

MEMBERS OF STAFF WITH 3 DAY FIRST AID CERTIFICATE

Karen Copson	Expires July 2013
Deborah Kennedy	Expires April 2013
Lise Price	Expires March 2013
Gill Mulford	Expires August 2012
Sarah Horrox	Expires September 2011

MEMBERS OF STAFF WITH 2 DAY PAEDIATRIC CERTIFICATE

Anna Dashwood	Expires September 2013
Helen Hadley	Expires September 2013
Rachel Hunter	Expires November 2013
Victoria Alsworth	Expires November 2011
Rebecca Evans	Expires November 2011
Pippa McConnell	Expires November 2011
Sarah Slade	Expires November 2011
Tracy Webb	Expires November 2011
Sian Douglas	Expires November 2011
Sarah Organ	Expires November 2011
Liz Reed	Expires November 2011
Jenny Carey	Expires November 2011
Claire Porter	Expires November 2011
Lise Price	Expires November 2011
Janie Berrett	Expires November 2011



Jen Shaw	Expires November 2011
Sarah Horrox	Expires November 2011
Tracy Heath	Expires January 2014
Melanie Simmonds	Expires April 2013
Lucinda Ramm	Expires Dec 2013
Rachel Haines	Booked for course June 2011

MEMBERS OF STAFF WITH BASIC FIRST AID CERTIFICATE

Tom Butler	Expires August 2012
Rhonda Forbes Smith	Expires July 2011
Helen Hadley	Expires September 2012
Ann Byner	Expires November 2012
Angela Salmon	Expires January 2014
Julie Towns	Expires January 2014
Georgina Ellard	Expires January 2014
Sarah Fifield	Expires November 2012
Lorraine Moon	Expires January 2014
Jessica Burns	Expires November 2012
Kerry Moss	Expires November 2012
Lyn Pughsley	Expires January 2014
Rhiannon Demain	Expires November 2012
Heather Kallinga	Expires February 2013
Russell King	Expires January 2014
Ian Staton	Expires January 2014
Kate Belcher	Expires November 2012
Catherine Duff	Expires November 2012
Susan Glaisher	Expires November 2012
Piers Heyworth	Expires November 2012



Monica Hyde	Expires January 2014
Alison Keeling	Expires January 2014
Anne Spikes	Expires November 2012
Anita Stokes	Expires November 2012
Diana Gottfried	Expires January 2014
Sara Hornby	Expires November 2012
Jane John	Expires November 2012
Jane Tracey	Expires November 2012
Victoria Evans	Expires November 2012
Catherine Rivers	Expires January 2014
David Stepney	Expires November 2012
Tania Constance	Expires November 2012
Wendy Kevern	Expires January 2014
Susan Matthews	Expires January 2014
Jane Williams	Expires April 2012
Sue Lucas	Expires January 2014
Carolyn Putter	Expires January 2014
Sarah Heyworth	Expires January 2014
Caroline Steinsberg	Expires January 2014
Janet Bicaregui	Expires January 2014
Sarah Horrox	Expires January 2014
Annette Day	Expires January 2014
Lucy Crawford	Expires January 2014
Megan Matthews	Expires January 2014
Rachel Buckley	Expires January 2014
Philippa Strange	Expires January 2014
Helena Davey	Expires January 2014
Nicola Flemming	Expires January 2014
Philippa Painting	Expires January 2015



Club Leaders

Adriana Rabinovich	Expires September 2013
Paula Delany	Expires February 2013
Karl Bushell	Expires February 2014
Lynn Hall	Expires November 2012
Louise Clarke	Expires March 2013
Carole Hooper	Expires November 2012
Mark Scarth	Expires November 2013

MEMBERS OF STAFF WITH AED AND CPR TRAINING

Karen Copson	Expires March 2011
Pat Guiry	Expires March 2011
Heather Kallinga	Expires March 2011
Sarah Horrox	Expires March 2011
Susan Glaisher	Expires March 2011

MEMBERS OF STAFF WITH ANAPHYLAXIS AND EPIPEN TRAINING - Expires November 2012

Tracy Heath
Kate Launder
Helena Davey
Janie Berrett
Sarah Horrox
Catherine Duff
Lorna McCulloch



Jessica Burns
Lyn Pughsley
Neil Jackson
Monica Hyde
Anne spikes
Kerry Moss
Anna Dashwood
Anita Stokes

Date policy reviewed: 4 May 2011
(Update to staff 1st aiders 26 Jan 2012)
Date of next review: May 2012
Persons responsible for review: SLT
Signature of reviewer/s