

## FIRST AID, HEALTH, ILLNESS AND MEDICINE POLICY

**Date Policy Reviewed:** 24 May 2022

**Date of Next Review:** 24 May 2024

**Person(s) Responsible for Review:** SLT (DACM)

This policy has been drawn up following DfE guidance on First Aid which can be accessed [here](#).

### PARENTS' PROVISION OF MEDICAL INFORMATION ABOUT THEIR CHILD

The School requests that all parents/carers complete and sign the electronic 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 in a locked cupboard 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 medicine cabinet a lockable refrigerator and an adjoining toilet. A list of confidential medical notes is kept by the School Nurse.

Lists of staff with First Aid qualifications are displayed around the school.

There are additional arrangements for a private treatment area for children with complex medical needs, should the need arise.

### PRACTICAL ARRANGEMENTS AT THE POINT OF NEED

#### 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.

**EYFS** - if a child is given first aid, the member of staff who dealt with the problem should fill in an accident form and 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.

**Years 1 to 6** – minor injuries will be dealt with by the member of staff supervising the child at the time or, if more significant, the child should be taken to the School Nurse or other qualified First Aider to be assessed. Any injuries dealt with by the School Nurse will be recorded and an accident form completed where necessary.

If the School Nurse deals with the injury then the incident is entered onto the school MIS system.

### **Illness**

If a child is unwell, the child should be seen by 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, calling for the assistance of the School Nurse when needed, 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. We request that children who have sickness or diarrhoea remain at home for at least 48 hours after their last episode 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.

### **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, visual disturbance or drowsiness. If in doubt, or if any of the key signs are exhibited, seek medical help. Staff are reminded to ensure that all volunteers, work experience staff, visiting music teachers and club leaders are aware of our policy with regard to head injuries and that they must notify a member of staff immediately if a child suffers a head injury, even if they don't consider it serious.

A pupil who has sustained a bump or knock to the head should be seen by 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 significant 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 for significant head injuries.

### **Facial Injuries**

Injuries such as scratches or bumps to the face are managed with the care appropriate to their need. Pupils will be seen 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.

Any Club Leader, Music Peripatetic Teacher, Work Experience Student or Volunteer who either works or helps at The Manor needs to ensure that they inform the class teacher if they witness or hear of any accident or injury of any description that happens to a child, however insignificant it may at first appear.

### **COMMUNICATION WITH PARENTS**

In the event of an accident occurring at school, parents are informed by phone or on collection.

Parents are spoken to (either by phone or in person) as soon as is practicable if an injury has occurred to their child. If it is necessary for a child to go to hospital, the child will be accompanied by two members 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.

For children in the Early Years, any injury is recorded and parents are informed and asked to sign and date the accident form.

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. If the illness involves diarrhoea or vomiting, the pupil must remain absent from school for 48 hours following the last episode.

### **GUIDANCE ON WHEN TO CALL AN AMBULANCE**

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

If in doubt call an ambulance.

Once called, an ambulance should not be cancelled under any circumstances.

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, together with a transfer form, completed by the school nurse or First Aider, giving as many details as possible to the ambulance crew.

### **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, together with a transfer form, completed by the school nurse or First Aider, giving as many details as possible to the hospital.

The School Nurse, the designated First Aider, 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 2013 (RIDDOR 2013)

### **Reportable Specified Injuries**

These include:

- fractures, other than to fingers, thumbs or toes
- any injury likely to lead to permanent loss of sight or reduction in sight
- amputations
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding), which:  
cover more than 10% of the body;  
or cause significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which leads to hypothermia, heat induced illness or requires resuscitation or admittance to hospital for more than 24 hours

The Manor will notify local child protection agencies of any serious accident or injury to, or death of, any child while in our care as soon as possible, and recognises that we must act on any advice from those agencies.

## Incidents to pupils and visitors

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment)
- If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is not reportable

The Manor will notify local child protection agencies of any serious accident or injury to, or death of, any child while in our care as soon as possible, and recognises that we must act on any advice from those agencies.

### Action required:

- School Nurse, or designated First Aider to decide on course of action, which would normally involve the child being accompanied to hospital
- Fill in Accident Form
- Inform Headmaster or a member of SLT and the Director of Finance and Operations (DFO) without delay
- DFO to telephone or email HSE (Health and Safety Executive) without delay
- Inform parents
- Within 10 days, School Nurse must follow this up with an accident report form which is completed on line. 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 serious 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 SLT should be informed. In addition:

- Parents must be informed as soon as possible (certainly within one hour).
- The accident must be recorded into the school's MIS system
- Major or serious accidents are reported on the Accident Form. The original completed form will be kept in the First Aid Room in a designated file after it has been to the Headmaster and Bursar for signing.
- The Bursar should carry out any necessary investigation.

**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 have attended the 3 day First aid at Work course or 2 day Paediatric First Aid course. The HR Manager has an up to date list of qualified First Aiders and copies of their certificates. 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 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'.

All EYFS personnel (qualified to Level 2 or 3 after 30/6/16) will hold a Paediatric First Aid Certificate within the first 3 months of employment, renewable every three years.

Please see relevant Appendix for the names of those qualified in First Aid.

**ACCESS TO FIRST AID KITS**

First Aid kits are provided at various points around the school and are available for Sports Staff to take to the games fields (see relevant appendix 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 regularly. 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 kit 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 kit 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 regularly 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.

There are 3 AED machines on site: one in the First Aid Room, one in the entrance to the Sports Hall (outside the PE Office) and one at the entrance to the Main Hall. Although these devices are self-explanatory, the school periodically offers training for groups of staff.

A visual check is made once each week as to the state of readiness by the School Nurse or office staff in her absence. A check and sign book is located in the First Aid Room.

## **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, including a legible expiry date
- Accompanied by a permission form (online) 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, and any particular storage instructions
- Displaying the child's name
- OR
- A short term over the counter medicine eg cough medicine, eye drops or antihistamine. A written request from parents is required including dosage, time of administration etc

The school requires parents to complete an online 'Permission to Give Medication' form (available on the school website) requesting that the school administers the medicine as directed. This includes Calpol sachets or liquid paracetamol equivalent. If a request is not received in writing, the school staff will not administer the medicine.

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 (the analgesia of choice at school) suitable to their age group will be sought (in addition to the Calpol Permission Form parents complete online when their child joins the school). The school holds a small supply of Calpol for this reason, which is kept in a locked medicine cabinet 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 they 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) and when.
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.
8. For EYFS children parents are informed at the end of the school day, or as soon as is practicably possible, of any medication administered during the day.

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.

### **Staff Medication/Other Substances**

Staff must seek medical advice if they are taking medication which may affect their ability to care for children. Should members of staff need to take medication during the school day, it is kept out of the reach of children and appropriately stored in a locked cupboard. In the case of emergency medication (e.g. AAI) staff should carry these around with them but these must be kept out of the reach of children at all times or be stored unlocked in a place which is not accessible to the children.

## **SUN PROTECTION**

### **Year 1 – 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 have forgotten or 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 undercover areas will be utilised.

Staff 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 supply of hats for children who forget their own.

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

## **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 professionals 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 a child suffers from asthma, what can trigger an attack etc. and what treatment is effective. 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 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.

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 on the M:Drive. In the event of an asthma attack the parents are notified immediately, and the school follows its asthma procedure. This procedure is visibly displayed in the First Aid Room.

### **Emergency Salbutamol Inhaler**

- Following a change in regulations in 2014, schools are able to purchase salbutamol inhalers without a prescription for use in emergencies when a child cannot access their own inhaler.
- The emergency salbutamol inhaler should only be used by children for whom parental consent has been given and only by children who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, or where an ambulance crew has given direction for this.
- The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, left at home or empty).
- A register is held by the school of those children whose parents have consented to use of the emergency inhaler.
- If the emergency inhaler is used it is recorded and parents are informed that their child has needed to use the emergency inhaler.

- Disposable spacers are used for each individual and the spacer then discarded.
- An emergency salbutamol inhaler will accompany EVERY school trip including PE/games away matches and fixtures.

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

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

**Actions to take if a child has an asthma attack:**

- Help them to sit up – don't let them lie down. Try to be calm
- Help them to take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs
- If they don't have their blue reliever inhaler, or it's not helping, or if you are worried at any time, call 999 straight away
- While you wait for an ambulance, the child can use their blue reliever again, every 30 to 60 seconds (up to 10 puffs) if they need to

**When to call 999**

Don't delay getting the help you need if a child has an asthma attack. Call 999 if the child's reliever inhaler is not helping or if you are worried at any time.

Whilst you wait for the ambulance, repeat the inhaler treatment of up to 10 puffs.

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 are given regular Adrenaline Auto-Injector (AAI) training. Professional trainers run the course.
- d) Form Teachers and other staff, including catering, are made aware of all children who have a serious allergic reaction.
- e) The guidance notes are kept with the AAIs in the First Aid Room.
- 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)

### Mild-moderate allergic reaction:

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

### ACTION:




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



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

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

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

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

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

### After giving Adrenaline:

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

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

Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can develop into anaphylaxis: children having a mild-moderate (nonanaphylactic) reaction should therefore be monitored for any progression in symptoms.

### **What to do if any symptoms of anaphylaxis are present**

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed in the red box on page 1, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.

**Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present.**

You should administer the pupil's own AAI if available, if not use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

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

After giving adrenaline **do NOT move the pupil**. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised. **If breathing is difficult, allow the pupil to sit.**

If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own adrenaline injection and this has made them better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards.

**ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.**

### **Practical points:**

- Try to ensure that a person suffering an allergic reaction remains as still as possible, and does not get up or rush around. Bring the AAI to the pupil, not the other way round.
- When dialling 999, say that the person is suffering from anaphylaxis (“ANA-FIL-AX-IS”).
- Give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition does not improve 5 to 10 minutes after the initial injection you should administer a second dose. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Arrange to phone parents/carer

## **Emergency Adrenaline Auto Injector**

Following a change in regulations in October 2017, schools are able to purchase adrenaline auto-injectors (AAI) without a prescription for use in emergencies when a child cannot access their own AAI or it is not working.

The emergency AAI should only be used by children at risk of anaphylaxis where both medical authorisation and parental consent for use of the spare AAI has been provided. A register is held by the school of those children whose parents have consented to the use of an emergency AAI.

The emergency AAI's will be located in the First Aid Room. The Manor will provide EpiPen Junior 150mcg for children aged less than 6 years and EpiPen 300mcg for children aged 6-12 years.

## **FOOD ALLERGIES AND INTOLERANCES**

Although a totally nut free environment cannot be guaranteed, The Manor Prep School, through its catering providers, Holroyd Howe, do not use tree nuts or peanuts in their provisions. However, we are unable to guarantee that dishes/products served are totally nut free from nuts/nut derivatives, due to the use of precautionary allergy statements such as 'may contain' which are used by their suppliers.

The Manor has set out clear measures to reduce the risk to children and adults who may suffer an anaphylactic reaction if exposed to nuts to which they are sensitive. We request that parents do not send in any nuts or food obviously containing nuts. The Manor Prep School provides children with break time snacks, lunches and packed lunches for trips to minimise food which is brought into school.

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.

Lanyards are provided for pupils with dietary requirements to be worn during their lunch sitting. These are updated as and when dietary requirements change. Form Teachers are responsible for ensuring pupils wear them.

## **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 assist with monitoring pre-meal blood sugar readings, carbohydrate intake at lunch, and either administer post meal insulin or if the child is able to self inject, supervise the injection.

**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 the 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.

Monitoring equipment, if required and emergency supplies 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, First Aid room, 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 and 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.
- Time the length of the fit.

An ambulance should be called

- If it is the first 'full blown' seizure that they have experienced
- 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. Parents should be responsible for their child's health and hygiene and check regularly with detection combs. Head lice alerts also occur through notification from parents and teacher/assistant observation. Letters are sent home to the whole form/year group.

## **INFECTIOUS DISEASES**

If the school has reason to believe that a child is suffering from a notifiable disease identified as such in the Health Protection (Notification) Regulations 2010, they inform the Local Authority Proper Offices.

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

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis



- Cholera
- COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Report other diseases that may present significant risk to human health under the category 'other significant disease'.

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.

In Early Years, the school acts on any advice given by the UK Health Security Agency (UKHSA).

### **HYGIENE PROCEDURE FOR SPILLAGE OF BODY FLUIDS**

- In the First Aid Room, Nursery and Pre-Nursery 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 of any cleaning that is required.
- 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. The bin is found in the first aid room.



## **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 AND EYEWASH STATIONS

<p style="text-align: center;"><b>Location of First Aid Kits/ Eyewash Kits</b></p>		
1	First Aid Room	Eye wash kit on wall near window. First aid grab bag on wall near internal door.
2	Pre-Nursery	Next to exit door to Lower School Hall Biohazard Kit
3	Nursery	In bathroom area on shelf Biohazard Kit
4	Reception/Y1	In ICT area on wall near door to Lower School Hall
5	Reception/Y1	Biohazard Kit in EYFS office
6	Lower School Hall	Next to exit door
7	Years 2/3	On wall in ICT suite nearest exit door to Hall
8	Hall Lobby Area	On wall by exit door, next to AED
9	Main Hall	On wall to left of stage by fire exit door
10	Year 4	On wall by exit door
11	Year 5	On wall by exit door
12	Year 6	On wall by exit door
13	Outside	On end wall of Science Lab facing the tennis courts
14	Music	On wall by exit door



1 5	Science	Left side of wall next to exit door to back field facing parents' car park. Eyewash kit on windowsill by sink
1 6	DT Room	On wall next to exit door. Eyewash kit on wall by sink
1 7	Art Room	Left of exit door
1 8	Food Tech Room	Above hand towel dispenser by exit door
1 9	PE Dept	Three stored in lobby of Sports Hall for matches.
2 0	Kitchen	On wall in office area with eyewash kit
2 1	Dining Room	On wall next to exit door (barn side)
2 2	Workshop	On end wall by window with eyewash kit
2 3	Barn	On wall by exit door (dining room side)
2 4	Learning Support	On wall by exit door
2 5	Minibus 1/2/3	By seat opposite side entrance door to passenger area
2 6	Sports Hall 1 and 2	Entrance Wall (by main doors) Viewing Gallery

## APPENDIX 3

# Pandemic Flu Procedure

## Objectives

- Promotion and implementation of good personal and general hygiene practices.
- To recognise the importance of 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. Hand sanitiser 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 the UK Health Security Agency (UKHSA) 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 bin 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 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 UK Health Security Agency (UKHSA) 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 a ClarionCall message will be sent.
- 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 PHE to staff and pupils, if advised.
- Thorough cleaning of all hard surfaces,(door handles, light switches, taps, kitchen worktops) will be cleaned using normal cleaning products before school re-opens.
- The UK Health Security Agency (UKHSA) will advise when to re-open.



## **APPENDIX 4**

# **First Aid Qualification Expiry Dates**

**Updated termly and displayed in every classroom.**

**A list of the current First Aiders is available upon request.**