



**HEADINGTON**  
SCHOOL · OXFORD

# **First Aid Policy**

## **Senior and Prep School (including EYFS)**

**Nothing in this policy should affect the ability of any person to contact the emergency services in the event of an incident:**

**Emergency Services 9-999  
Defibrillator Cabinet Code: C124  
Senior School Health Centre: 01865 759124**

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## **Policy Statement**

The Policy is designed to promote the health, safety and welfare of pupils, staff and visitors at Headington School through the provision of first-aid equipment and trained personnel in accordance to the requirements of The Health and Safety (First Aid) Regulations 1981, and relevant DfE guidance. The policy document contains key information on the school's first aid provision, practice, equipment and materials.

All school staff are expected to use their best endeavors at all times, particularly in emergencies, to secure the safety and welfare of pupils.

This is a whole school policy. It is recognised that not every aspect of the policy is applicable to the whole school, but that reference may be made to the policy by any member of the Headington School Oxford (HSO) staff.

The Senior Nurse is responsible for the policy; reference may be made to Prep School Health and Safety (H&S) coordinator, who is responsible for First Aid in the Preparatory School, including Early Years Foundation Stage (EYFS) and is in consultation with the Senior Nurse.

'First-aid' means:

- (a) Treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, in cases where a person will need help from a Health practitioner or nurse, and
- (b) Treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a Health practitioner or nurse; (*H&S (First Aid) Regulations 1981*).

## **Provision**

The aim of first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones. The objective is to keep all children safe and treat injuries and accidents appropriately.

Headington School recognises its responsibility to provide first aid and will ensure that staff, pupils and any visitors, while on site, have access to adequate facilities and materials at all times.

First aid provision will also be available when pupils and staff are attending activities off site.

Therefore, in accordance with good practice, DfE and health and safety requirements, Headington School will carry out a first aid risk assessment to ascertain the needs of the school and the level of provision required across both sites, which takes into account:

- The number of staff, students and visitors on the site
- The age of the students
- The location of sites and higher risk parts of the school site
- The full range of activities undertaken by staff and pupils on the school premises during the normal school day, and as appropriate, off-site and outside normal school hours, e.g. before and after the school day, at weekends and during the school holidays

As a result the following provision is deemed appropriate and reasonable:

**Senior School:**

- A fully qualified School Nurse and a Health Centre, available during the school day and whilst boarders are in residence.
- As a minimum, a least one other person with a 'First Aid at Work' FAW 3 day qualification will be present on site when pupils are present.
- Will provide adequate provision following the EVEC procedure for school trips and any off-site activities involving students based on risk assessment.

**Prep School including EYFS as above and:**

**KS1 & KS2**

At least one person who has a current first aid certificate will be on the premises and available at all times when children are present, and will accompany children on outings.

**EYFS**

At least one person who has a current paediatric first aid certificate will be on the premises and available at all times when children are present, and will accompany children on outings. Paediatric first aid training must be relevant for staff caring for young children and where relevant, babies. A medical room equipped with suitable first aid equipment is available.

**Both sites will:**

- Provide first aid equipment and facilities at appropriate locations throughout the school, as well as an adequate number of appropriately qualified First Aiders.
- Make all staff aware of first aid arrangements and such information is included in the induction process for new staff.
- Make all staff aware of First Aiders names and their usual locations and the locations of first aid equipment.
- Make Parents aware of the school's first aid arrangements and the procedures for informing them if their daughter has received first aid treatment at school, via information in the Year handbook.
- Keep a record of any first aid treatment administered.
- Provide adequate training and guidance for First Aiders, including refresher training at appropriate intervals and, where appropriate, specialist first aid training, for example:

- Activity First Aid / Outdoor First Aid / Rescue & Emergency training for staff accompanying pupils on higher risk educational visits or visits to remote locations
- Anaphylaxis training
- Automatic External Defibrillator (AED) Training (2 hours)
- Basic First Aid
- Basic Life Support (2 hours)
- Emergency First Aid at Work including anaphylaxis (one day course, valid for three years)
- FAW (3 day course, valid for 3 years, then 2 day requalification)
- First Aid for Lifeguards
- Pediatric first aid (Two day course, valid for 3 years)
- Professional Drivers First Aid (seven hours)
- Remote rescue/Emergency care
- Schools First Aid / First Aid for staff accompanying pupils on lower risk educational visits (one day course, valid for three years)
- Sports First Aid training for PE staff

- **During term time** the School Nurse on duty will report all injuries to staff, and pupils, requiring treatment beyond that provided by the school nurse / First Aider, to the appropriate School Senior Leadership/Management Team, always including the Bursar and Senior Head Teacher and Health and Safety Advisor. All accidents that are a result of defective or dangerous equipment, plant, premises or activities should be reported in this way. Dangerous occurrences and near misses will also be reported.
- A written record will be kept of all accidents and injuries to staff and pupils occurring both on and off the school premises as a result of school activities. Records are kept indefinitely.
- The School Nurse will inform the Bursar of injuries that are reportable to the HSE under RIDDOR without delay. (See Appendix 4)
- Prep School Health and Safety coordinator will liaise with the Senior School Nurse and Prep Head of any injuries to Prep School staff, visitors or pupils (including EYFS) requiring treatment beyond that provided by the First Aider for appropriate action, recording and reporting.
- Parents are kept informed of any accident that has befallen their daughter by phone as soon as reasonable possible, within the same day.
- First-aid and accident reporting will be reviewed regularly.
- **Out of term time** - all reports should be sent to the Bursary and the Health and Safety coordinator.

### **Staff Training**

Staff volunteer to be trained as first aiders (apart from those who require it as part of their role) and the minimum provision of first aiders is generally exceeded.

To book a training course please get your line manager to complete the following form:

<https://docs.google.com/a/headingtonschool.com/forms/d/11R3zqli92FVdaEL0XHCnGAddOSN6QoswSMCGY-9dZp4/prefill>

It is the responsibility of the Health and Safety Co-coordinator and Deputy Head Staff at both schools to ensure the provision of First Aiders is monitored and sustained across the respective sites in conjunction with the CPD budget holders who authorise payment for courses for basic day to day provision. Individuals organising trips, sports fixtures or activities must ensure appropriate cover is in place for the event. Training will be recorded centrally at the Bursary and all certificates should be forwarded to the Bursary.

A list of First Aiders is listed in Appendix 3 or by following the link below:

<https://docs.google.com/a/headingtonschool.com/spreadsheets/d/1rVDwyW7IZj-XUjRWMNI9gkDsTeDRv9GquP7QGj5tk6w/edit?usp=sharing>

### **First Aid Provision for External Lettings**

Whilst the premises are being rented by external persons independent to the school, they are responsible for providing their own assessment of requirements and first aid provision. That said, where first aid boxes, emergency telephones and the AED's are available, they may be utilised. All accidents and injuries must be reported as per their guidelines independent to this policy. All accidents or near misses must be reported promptly to the Bursary 01865 759120 or 07918 742422 (weekend days) 07500 696589 (Security– Evenings).

### **Procedures in the Event of an Emergency**

Any member of staff on the scene of an accident can make a judgment to call for an ambulance in the event of an emergency.

Examples of emergencies which require immediate first-aid assistance may include:

- Severe allergic reactions
- Asthma attacks
- Epileptic fits
- Difficulty in breathing
- Fainting and unconscious for more than 1 minute
- Hypoglycemia in diabetics
- Bleeding
- Breaks or sprains
- Concussion
- Cardiac Arrest
- Respiratory Arrest

Staff and pupils should proceed as follows:

If you witness an incident and the injured person is able to walk, accompany them to the Health Centre (Senior School) or to see the Nurse or Medical Room at the Prep school and call the duty first aider. **Do not leave the person unattended.** Administer emergency first aid if appropriate.

If you witness an incident and the injured person does not seem able to move, do not try to help them move; stay with them and send a message to Reception to ask them to contact the School Nurse or a First Aider. Administer emergency first aid as appropriate and arrange to call for an ambulance if necessary. Any pupil who has had an accident requiring urgent health treatment will be taken to Accident and Emergency department of the John Radcliffe Hospital, (or the nearest accident and emergency hospital if on a trip).

The Prep School first aiders are on a rota, the timetabled first aider is displayed on the wall in the lower atrium.

Parents/Guardians will be informed by phone as soon as possible if a pupil suffers an accident or injury or visits the Health Centre and is deemed too unwell to stay in school and she needs to be collected to go home.

In some situations it may be appropriate to call:

- An Ambulance 9-999
- A First Aider
- School Nurse (01865 759124) or attend the Health Centre (Pupil's should be accompanied depending on injury and age by a member of staff)

- Parents of pupils, who may need to be collected and taken to their GP (likely to be via Nurse at the senior school). If parents are not available, a member of staff, a trained first aider, will accompany the child to hospital, two trained staff should accompany Prep and EYFS pupils and the staff member/s should stay with the child until the arrival of parent/guardian.

Any head injury should be considered an emergency and if in doubt call an ambulance for an injury to be followed up in hospital. Emergency first aid will be administered until the ambulance arrives.

If non-emergency transportation is required, an authorised taxi service will be used

**If you need to request an ambulance:**

Dial 9-999, ask for the ambulance service and be ready with the following information:

- The school's telephone number and location of the school

<p><b>Headington Prep School</b> 26 London Road Headington OX3 7PB  Tel: 01865 759400</p>	<p><b>Headington School Oxford (Senior School)</b> Either Headley Way entrance OX3 7TT Or London Rd entrance OX3 0BL  Tel: Front Desk: 01865 759110 Bursary : 01865 759120</p>
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- If the person is breathing, conscious and approximate age
- Brief description of casualty's symptoms
- Best access – where they will meet a member of staff to guide them to the correct location within the school building. Do gates and doors need opening for ambulance access?

**Prep School - General First Aid**

- All staff should be prepared to deal with minor bumps and grazes. First Aiders should only be called when appropriate. A child with a serious injury should not be moved unless in imminent danger.
- Staff should wear protective gloves when dealing with wounds, body fluids etc. Supplies are kept in each classroom and the first aid boxes.
- A check should be made as to whether a child is allergic to plasters before applying. A full list of those allergic to plasters is displayed next to the first aid boxes.
- Parents of children who become unwell during the school day are notified and encouraged to collect their child from school.
- After any significant bump on the head, parents are notified the same day, when the child is collected or by telephone, and the child is given a sticker to wear to alert other staff and carers of the injury. She should then be watched carefully and not be left unattended. When the First Aider is concerned, parents must be contacted immediately.
- For pupils in the EYFS, staff must inform parents and/or careers of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, and of any first aid treatment given.
- Ice packs are available in the medical room fridge and in the ice compartments of the EYFS staff room. Please wrap in fabric before use and return after use. Disposable ice packs are available in the PE shed on the playground.



- Children with nose bleeds should have the time of the commencement of the bleeding noted. A first aider should be called if bleeding persists beyond five minutes. Soiled tissues should be disposed of in a Sanibin.
- The medical room contains a bed and can be used for respite for a child who is unwell, but cannot be collected by their parents immediately. Children must be supervised in the medical room at all times.
- Any pupils suffering from an asthma attack must be seen as soon as possible by a qualified first aider (see Emergency management for Asthma Appendix 6).
- Dealing with seizures is outlined in Appendix 7
- Dealing with hypoglycaemia is outlined in Appendix 14
- In the case of sickness, if there is a chance that it is infectious, the pupil will be isolated in the medical room and parents informed that the child must be collected immediately. Parents are informed that children should not return to school until 48 hours after their last bout of sickness or diarrhoea.

### **Vomiting**

If a child vomits in any area of the school, the following procedures should be followed:

- A staff member should contact parents and arrangements made for the child to be collected from school
- Another staff member should remain with the child - arrange for the child to be escorted to the medical room.
- The duty housekeeper should be alerted and will be able to ensure the vomit is cleared up quickly and appropriately
- A child may not re-enter school until 48 hours have elapsed from the last bout of sickness.

### **Impetigo, head lice and threadworm**

If a case is reported or identified, a letter is sent home, without mentioning the name of the child concerned, to make parents aware of the problem. All cases of contagious diseases are reported immediately to the School Office. For standard letters to parents (see Appendix 7, 8 and 9).

### **Soiling**

In the case of a child soiling themselves, the teacher or teaching assistant should wash the child and then change them into clean clothes. Class teachers in EYFS, KS 1 and Form 1 have spare clothes in their class rooms, otherwise a PE tracksuit may be worn. Dirty clothes should be sent home.

Parents should be informed of any soiling incidents when they collect their child. In the event of severe diarrhoea, the parents will be contacted and arrangements made for the child to be taken home.

### **Application of substances to children's skin in EYFS**

Application of substances to children's skin (including substances which they touch/handle) should be avoided unless they have been tested thoroughly and are known to be non-allergenic/safe for use on skin.

Medical creams and substances should be treated as medicines (see Administration of Medicines Policy Appendix 10) and prep school parents should complete a consent form (see Appendix 6).

Face Paints/theatrical make-up should not be applied without parents being made aware ahead of time that this will happen.

In hot weather, all children, including those in Nursery and Reception, are advised to apply a once-a-day sun cream before coming to School. If necessary, children may bring

in a further supply in a named bottle so they can re-apply lotion during the day, under adult supervision.

All children are advised to wear sun hats during warm weather and children in Early Years and KS1 are not allowed to go outside on hot days without one.

### **Accident Recording**

All accidents must be reported and documented.

**Accident Book** – Is used for accidents to staff, contractors, visitors and pupils which result in injury that involves a visit to a hospital or an injury that is caused by a H&S issue on school premises. At the Prep School additional minor accidents are recorded as well. The books are available throughout the School and in the Health Centre. Staff are encouraged to report all injuries, and near misses, even if first aid is not required. Entries are torn out once made and kept securely in the Bursary.

Prep School accident reports are kept by the Health and Safety Coordinator.  
Senior School reports are kept in the Bursary.

Prep School Accident Book Locations:

- EYFS staff room
- Medical Room
- Kitchen

Senior School Accident Book Locations:

- Health Centre
- School Office
- Theatre
- Dance and Fitness Studio
- Main Dining Room Kitchen
- Cleaning staff cupboard

Access to completed Accident Book entries is limited only to those people required to review or assess the incident to ensure that appropriate procedural, medical and practical measures were taken at the time of the incident and subsequently. Entries are summarised on a spreadsheet and reviewed by the Health and Safety Committee each term.

Departments undertaking school visits, expeditions etc. must keep their own log of accidents and illness resulting from such activities.

All incidents/accidents must be reported to the School Nurse on return to school, or as soon as possible in the case of a serious accident (the Bursary/SLT duty manager during holidays) which may have to be reported to the Health and Safety Executive within 24 hours.(Riddor – see Appendix 4 <http://www.hse.gov.uk/riddor/>)

The trip leader, in the case of an emergency, must ensure that parents are kept fully informed.

Whenever a group of pupils is taken out of school e.g. to the theatre, museum or on a foreign exchange visit, a first aid kit must be obtained from the Educational Visits and Events Coordinator and kept by staff-in-charge. A copy of each pupil's health information, with updates for each trip, must be taken on each trip.

If an injured or ill pupil receives treatment at a Hospital Accident and Emergency

Department, a note outlining treatment given, X-rays taken etc should be obtained from the hospital, then passed on to the parents on return. This is a safeguard in case parents question the treatment given.

Parents will be informed by a member of staff of any accident or injury sustained by a child on the same day or as soon as reasonably practicable and any first aid treatment given. For Prep School alert stickers are available if a child has “bumped” her head.

### **Treatment Record**

In the senior school there is a medical database which records every interaction between the nurse and a pupil, member of staff or other person seeking attention. If a nurse is unavailable, a first aider should list names and treatment on a separate sheet of paper, which can be collated into Patientracker (medical database) by the nurse. The record is kept securely. Teaching staff with queries should speak directly to the nurse.

In the prep school all treatment is recorded in an accident book. This is checked on a termly basis to identify any patterns of illness or injury and, if necessary, appropriate action is taken.

### **Updating the pupils’ medical records**

At the start of every academic year, parents are reminded to inform the school of any changes regarding their child’s needs for medicines and for the need to keep this information up to date. Any updates are added to the pupil’s medical record on ISAMS and on the medical database by the staff at the Health Centre.

### **School Nurse**

The school nurse is located in the Health Centre on the senior school site. It is part of her responsibility to:

- Administer first aid;
- Organise an injured person’s transfer to hospital in the case of an emergency;
- Organise the contact of parents of any injured pupil;
- Organise the provision and replenishment of first aid kits in school locations;
- Organise immunisation programmes;
- Record all accidents to staff and pupils and report those accidents promptly to the Bursar who will report to HSE (0845 300 99 23), including all RIDDOR accidents as necessary (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) and insurance company where appropriate; (See Appendix 4)
- All First Aiders and school nurses are covered by the School’s insurance against claims for negligence provided that they are suitably trained, and are carrying out their duties for the School.

### **First Aiders**

The bursary will

- Keep a list of all trained first aiders and their certificates
- Organise refresher training of first aiders as required usually every three years
- Organise the appointment of new first aiders as required
- Keep a list of locations of all first aid kits and publicise this list, along with the list of first aiders (See Appendix 3)

## **First Aid Equipment and Materials**

Headington Senior School provides:

**A Health Centre:** (*Senior School Site 08:00-18:00 Monday-Friday Term Time*) 01865 759124

- Sink, soap, drinking water and cups, paper towels
- Store for first aid equipment,
- Refuse container lined with disposable plastic bag, which is emptied daily.
- Sharps bin which is emptied regularly, via Manor Surgery
- Disposable gloves
- A secure lockable cupboard for medicines
- Lockable filing cabinet for confidential files
- 5 Single rooms with beds
- Sitting room with 8 chairs
- Washing and lavatory facilities

All School Nurses have access to the Health Centre

### **A Medical Room (Prep School)**

**The code to the room is C2512Z**

Keys for the fridge and medicine cupboard are kept in the Heads PA's Office. They are located in a black Scotty dog tin on top of the tall cupboard on the left hand side of the room

- Disposable gloves provided should be used when dealing with cuts or sickness.
- A sanibin for all wipes cloths and dressings which may be contaminated.
- Sink, soap, drinking water and cups, papers towels.
- Store for first aid equipment.
- Refuse container lined with disposable plastic bag, which is emptied daily.
- Secure lockable cupboard for medicines.
- Cupboard for accident forms and administration forms.
- 1 bed.
- 1 chair.
- 1 fridge.
- Washing and lavatory facilities.
- There is a telephone in the medical room and telephone directory on the wall.
- Medical Room phone number is 759445
- First aid travel bags in cupboard

If you are alone with a sick pupil and need assistance please ask for help from a member of staff in the School Offices Opposite.

## **First Aid Boxes**

Should contain:

- 1 Guidance card
- 20 individually wrapped adhesive dressings
- 4 triangular bandages
- 6 safety pins
- 2 sterile eye pads, with attachment
- 6 medium sized sterile unmedicated dressings
- 2 large sterile unmedicated dressings
- 1 pair of disposable gloves

## **Travelling First Aid Kits**

The contents of small travelling first aid kits, for staff working away from the main school buildings, should include:

- 1 Guidance card
- 6 individually wrapped adhesive dressings
- 2 triangular bandages
- 2 safety pins
- 2 large sized sterile unmedicated dressing
- 1 pair of disposable gloves

## **Minibuses and Coaches**

Staff in charge of pupils travelling in minibuses and coaches have a current one-day first aid qualification. The vehicle will be equipped with the following first aid supplies in a clearly identified first aid box

- 1 Guidance card
- 20 individually wrapped adhesive dressings
- 4 triangular bandages
- 12 safety pins
- 2 large sterile dressings
- 2 sterile eye pads and attachments
- 1 pair of disposable gloves

## **Location of First Aid Boxes**

A list of the location of first aid equipment is kept, and notices alerting people of this fact are prominently displayed in appropriate areas.

NB Travel first aid kits, mobile first aid kits carried by specific personnel, and first aid kits in outlying buildings are included. (See Appendices 1 and 2 for a full list of locations)

Each department is responsible for stocking and checking the first aid kits on a regular basis in the senior school and Health and Safety coordinator is responsible for this in the Prep School. Additional supplies are available from the nurse when necessary. The nurse will send round a termly reminder to staff to do this.

Heads of Departments in areas where boxes are located are asked to notify the nurse when supplies have been used in order that they can be restocked without delay.

### **Automatic External Defibrillators (AED's) Cabinet Access Code is C124 (See Appendix 5)**

Three AED's are available in external locked cabinets for the treatment of cardiac arrests.

They are available in the following locations:

Senior School Art Block (opposite the theatre)	Sports Hall Entrance (Stable Yard)	Prep School (Front of building)
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Each cabinet contains:

- 1 AED
- 1 x carry case
- 1 x battery
- 1 set of adult pads
- 1 set of child pads
- 1 set of tuff cut scissors
- 1 razor
- 1 towel
- 1 face shield
- 1 resuscitation guide
- 1 x log book

The ambulance service holds the codes to the cabinets and they are available to members of the public by dialing 999.

#### **AED Maintenance**

AEDs undertake regular self-tests and, if a problem is detected this is indicated by a warning sign or light on the machine. AEDs are to be checked for such warning signs on a regular weekly basis and recorded on the log within the box. A full time member of the maintenance team should carry out these checks

This check should include the condition of the cabinet housing the AED, including the door closure and any lock.

#### **AED Safety Considerations**

AEDs are safe to use for all those involved, and will give a verbal warning instructing the rescuer to stand back when analysing heart rhythm and prior to delivering a controlled electric shock. A rescuer may accidentally be subjected to a defibrillation shock if he or she does not heed this warning, but this is unlikely to cause significant harm.

Standard AEDs are suitable for use on people of all ages, except small children aged less than 12 months. For children aged 1–8, it is recommended that AEDs be used with paediatric pads. However, adult pads may be used if paediatric pads are not available.

Rescuers should not hesitate to use an AED on a pregnant woman in cardiac arrest, as resuscitation of the pregnant mother is the only way to keep her unborn child alive.

As equipment provided in the workplace, AED's are covered by the provision and use of Work Equipment Regulations 1998 (PUWER). General awareness sessions are available to meet these statutory obligations and bookable via the School Nurse. A record of this training will be recorded by the Bursary. For Defibrillation and cardiopulmonary resuscitation (CPR) see Appendix 5.

#### **Procedures for informing Parents/Guardians about Health Concerns such as Swine Flu/Ebola etc.**

Web posting under urgent updates and email communication via school comms is used to get information rapidly to large numbers of parents with follow up mailing to those who missed out on email.

## **Hygiene and Infection Control**

All staff must take precautions to avoid infection and must follow basic hygiene procedures. They must have access to single use disposable gloves situated in all first aid boxes, Health Centre and Medical Room and must wash their hands after any incident. The housekeeping staff are trained to deal with spillage of blood and other bodily fluids and must be called to deal with such material. There are bodily fluid disposal kits in the Health Centre, Senior School Reception, Housekeeping and Prep School. All materials used in these incidents are disposed of in the yellow clinical waste bins.

### **Guidelines of disposal of Clinical Waste (i.e. body fluids)**

These will usually be dealt with by housekeeping or boarding staff. During the school day contact the housekeeping department to alert them to any spillage.

1. A 'spill-pak' or equivalent must always be used. These are located in cleaning cupboards around school and in the Health Centre
  - Disposable gloves
  - Disposable apron
  - 1 x 100ml container NaDDC Granules (Haz-Tab)
  - Scoop and scraper
  - Chlorine release tablets
  - Paper towels
  - Yellow disposal bag with tie.
2. Always wear gloves and apron
3. Pour all Haz-Tab granules over the spill and leave for at least 2 minutes
4. Add chlorine tablets to empty granule container and carefully fill with water to the line.
5. Set aside for 2 minutes to allow tablets to dissolve
6. Peel backing strip away from yellow disposal bag and stick to wall or table. (Retain backing strip to act as tie)
7. Collect spill and granules with scoop and scraper.
8. Discard all in yellow bag.
9. Use dissolved chlorine tablets, water and paper towels to wipe area of spill and any splashes.
10. Place all materials into disposal bag and close with tie.
11. Keep bag in secure area until collected by clinical waste company.

### **Staff taking medication/other substances**

If staff are taking medication, this must be securely stored out of the reach of children at all times in the lockers provided.

## Facilities Provided - both Schools as appropriate

### Eye Washing Facilities

Facilities are provided to enable the eyes to be immediately flushed with liberal quantities of clean water. If there is no 'mains water' eye wash facilities, then proprietary brand, sealed, eye wash solutions in containers of at least 1 litre size are provided. Termly checks should be made by the science technicians that these are in date and new ones ordered as necessary.

### Phenol

Phenol is stored in the science department chemical store (senior) and used under strict guidelines and a risk assessment. An appropriate person is aware of first aid treatment relating to phenol "burns", has a supply of polyethylene glycol mol. weight 300 daltons (PEG 300), and is capable of rendering first aid.

### Procedures for Non-Emergency Situations

Headington School informs parents and pupils via the year handbooks (Prep School via Parent Handbook and start of year welcome meetings) of the procedures we follow if a pupil is not well enough to attend school or if she becomes ill at school and needs to be taken home. Parents and pupils are also made aware of the times when they can seek help or advice from the school nurse for non-emergency situations, e.g. headaches, or to discuss any concerns.

It is assumed that all pupils attending school are healthy and fit to cope with the school day without leaving lessons for Health attention. (Unless the Health Centre has been otherwise informed) The Health Centre is open for non-emergency visits for over the counter medications. Appointments for parents to see the school nurse can be made by arrangement.

Parents are asked to contact school (Absence - phone 01865 759109 or email [absences@headington.org](mailto:absences@headington.org) for senior school or reception 01865 759400 for Prep school parents) by 09:00 on the morning of the first **day of absence** due to illness and on every subsequent day. If a pupil becomes unwell during the day and needs to be taken home, parents will be contacted by phone.

### Health Records

Information on each pupil is updated regularly and copies are kept in the Health Centre. Additional further specific Health information is kept by the School Nurse and given to leaders of educational visits as necessary. A list of pupils with special Health needs (e.g. those with adrenalin autoinjectors or diabetes) is posted on the notice board in the health centre, staff rooms, F&N departments, 6<sup>th</sup> form centre office, sports office and school kitchens.

### Administration of medicines during the school day.

Pupils are not allowed to carry medicines with them (except inhalers and adrenalin autoinjectors which they **must** carry with them at all times. In Prep School the teacher will hold these for their pupils). If it is necessary to bring any prescribed medication into school, it must be clearly labeled and in its original container and handed in to the Health Centre with a note (at Prep School complete form – Appendix 6) from the parent detailing the dosage, time etc. Only a trained member of staff will administer the medication and keep a record.

**Paracetamol and piriton** are kept in the Health Centre and given to pupils if requested under the consent given by parents. Named spare autoinjectors are also kept in the Health Centre, at reception and 6<sup>th</sup> form centre, in Prep School classrooms and the Prep



School medical room. They are given to group leaders for educational trips and out of hour's activities.

For Prep School – please refer to Prep School and EYFS Administering Medicines Policy.

**Arrangements for pupils with particular Health conditions:**

Please see Appendices listed below

**Anaphylaxis - Emergency management for Anaphylaxis See Appendix 11**

**Asthma- Emergency management for Asthma See Appendix 12**

**Diabetes - Emergency management for Diabetes See Appendix 13**

**EPILEPSY- Emergency management for Epilepsy See Appendix 14**

**Safe disposal of sharps - guidelines on the See Appendix 15**

**Use of Mothballs -guidance on the See Appendix 16**

**Exclusion Periods for Infectious Diseases as proscribed by HEA See Appendix 17**

**Guidance and Legislation**

- The Health and Safety (First Aid) Regulations 1981
- Approved Code of Practice and Guidance to the H&S (First Aid) Regulations 1981 – L74 – HSE (revised 2009)
- Guidance on First Aid for Schools - A Good Practice Guide - DfE – 1998
- DfE Guidance: AED in Schools

**Linked policies:**

- Accident Incident Reporting
- Whole School Educational Visits and Events Policy
- Managing Medicines Policy (Senior)
- Administering Medicines Policy (Prep & EYFS)

## **Appendix 1 PREP SCHOOL-LOCATION OF FIRST AID BOXES**

**The list of first Aiders responsible for first aid boxes is now kept on Google drive and can be updated by the Health Centre and the H&S co-ordinator at the Prep school.**

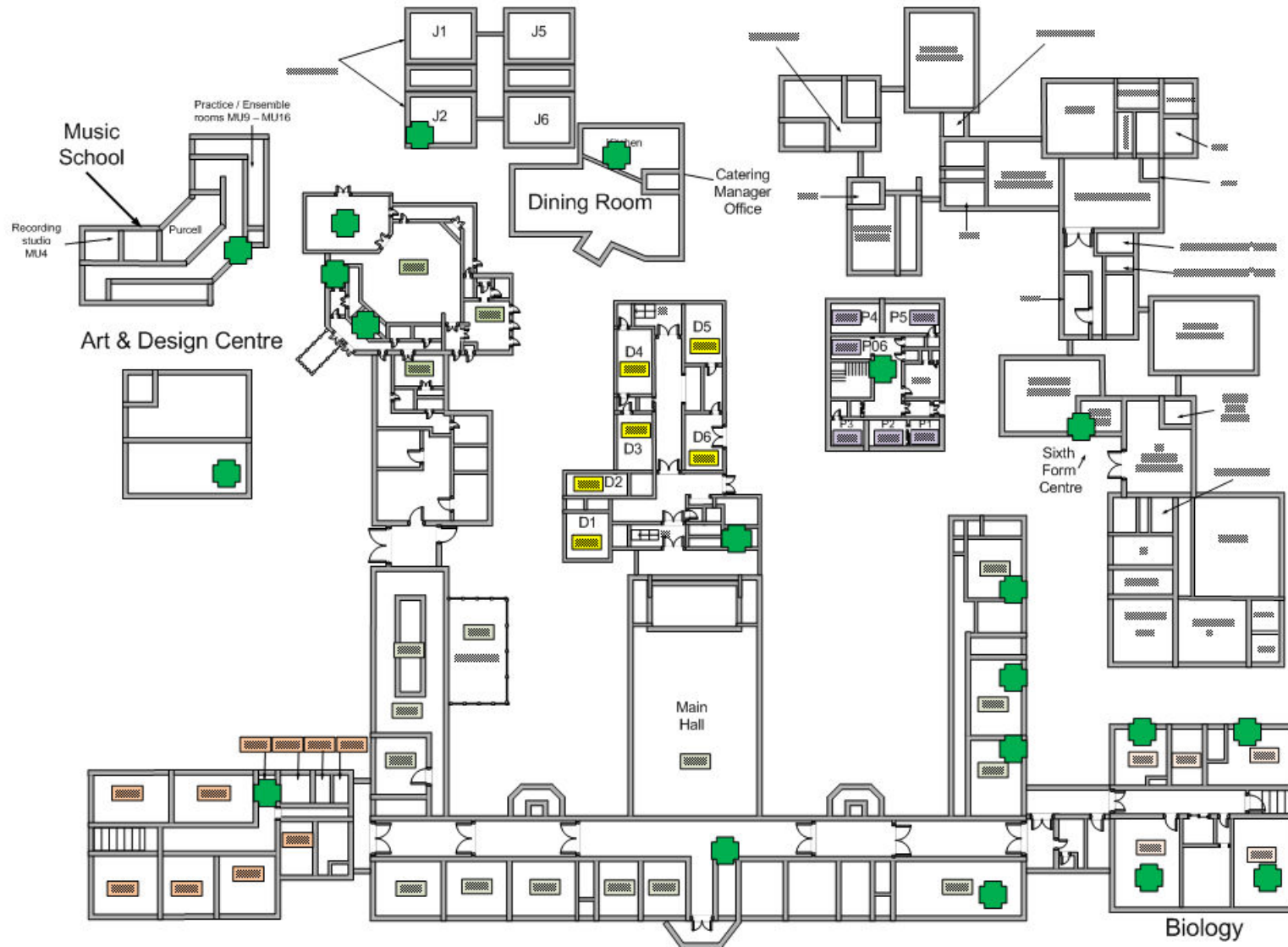
<https://docs.google.com/a/headingtonschool.com/document/d/1jUYwiNPYnhVa93GhwWhPdShSI7E79Up6Atq7v1MwyBI/edit?usp=sharing>

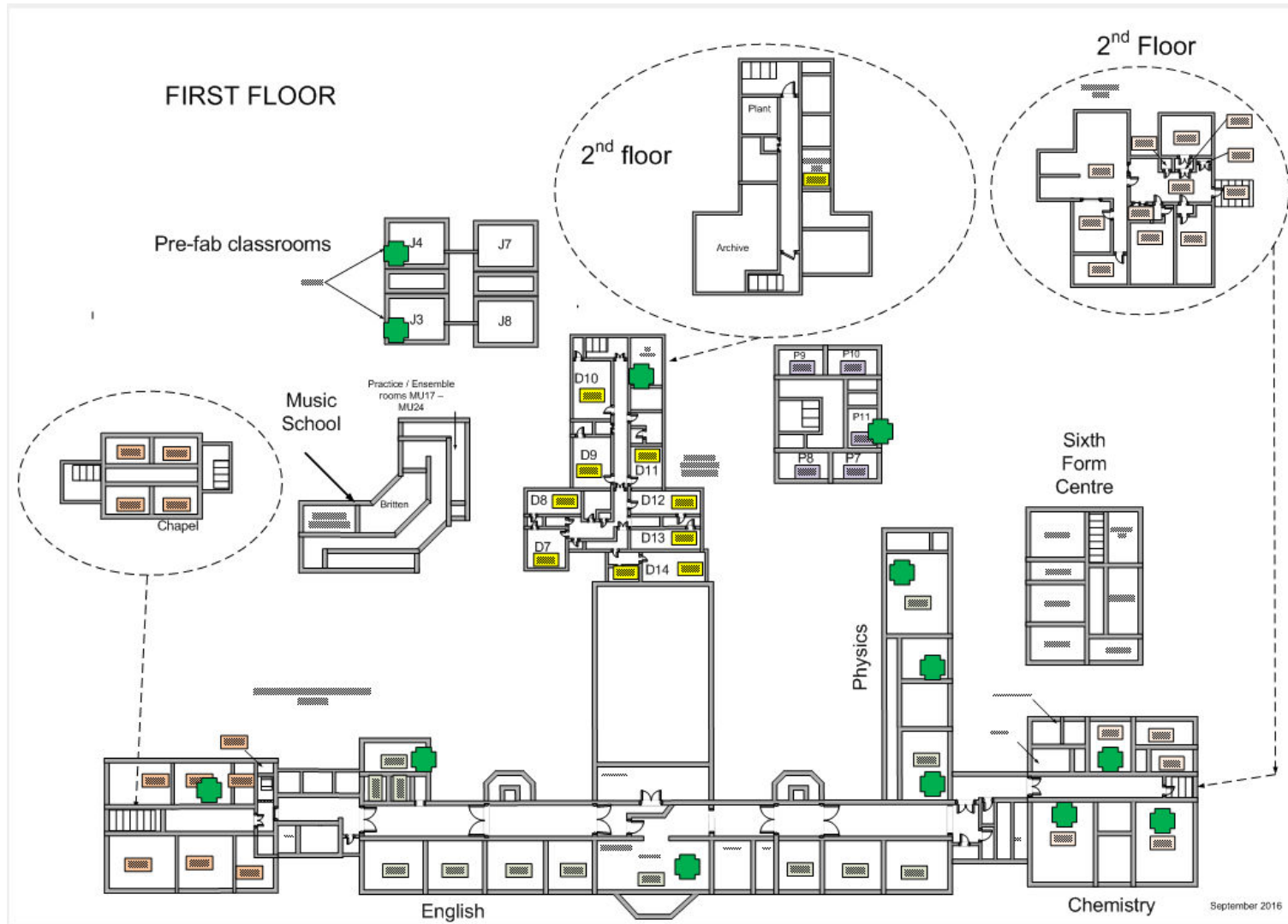
## **Appendix 2 SENIOR SCHOOL- LOCATION OF FIRST AID BOXES**

**The list of first Aiders responsible for first aid boxes is now kept on Google drive and can be updated by the Health Centre.**

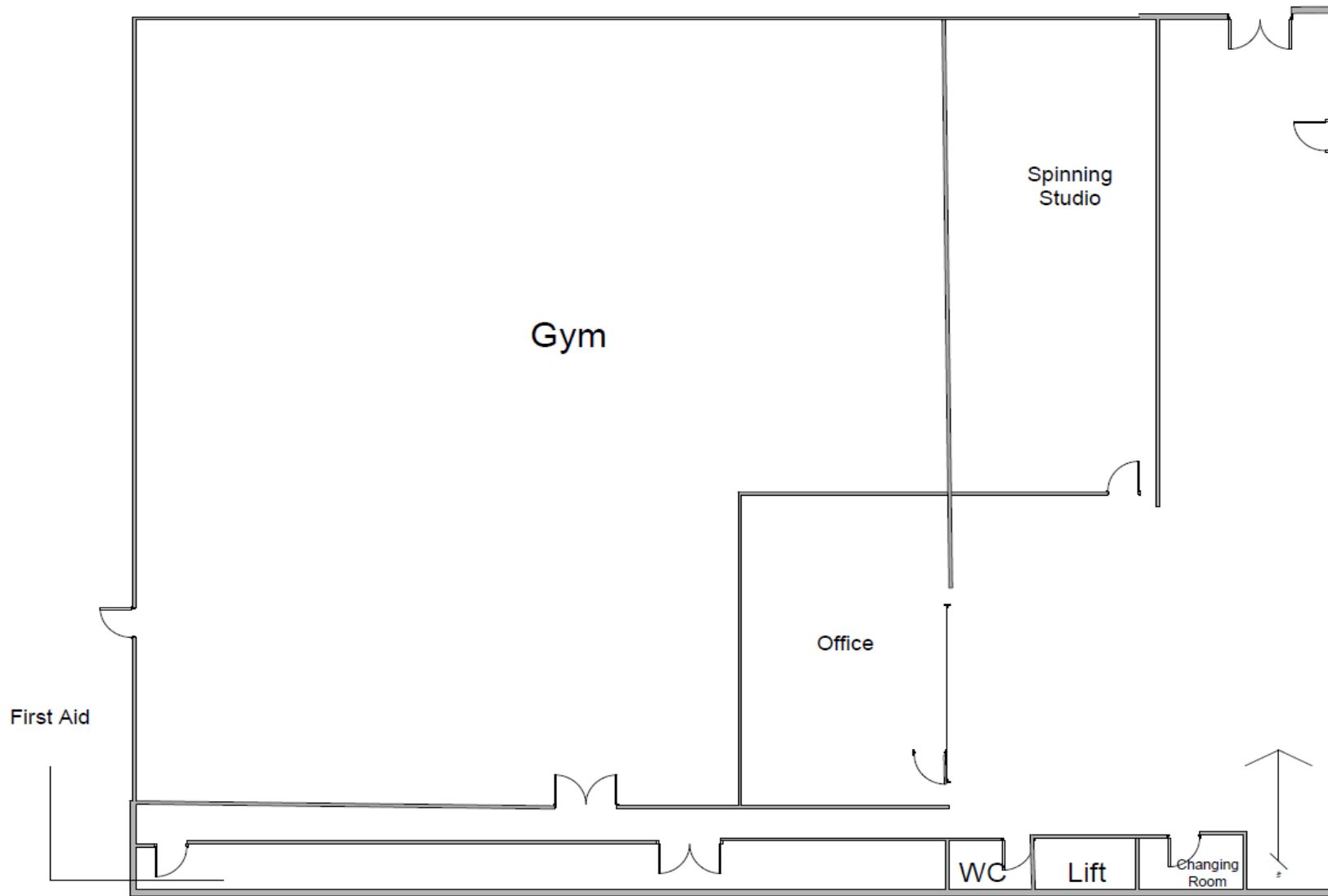
<https://docs.google.com/a/headingtonschool.com/document/d/12uUt4M0lywbotFEthQJ-bSbiT-zJQum4ol-1uw5BcVw/edit?usp=sharing>

GROUND FLOOR numbered

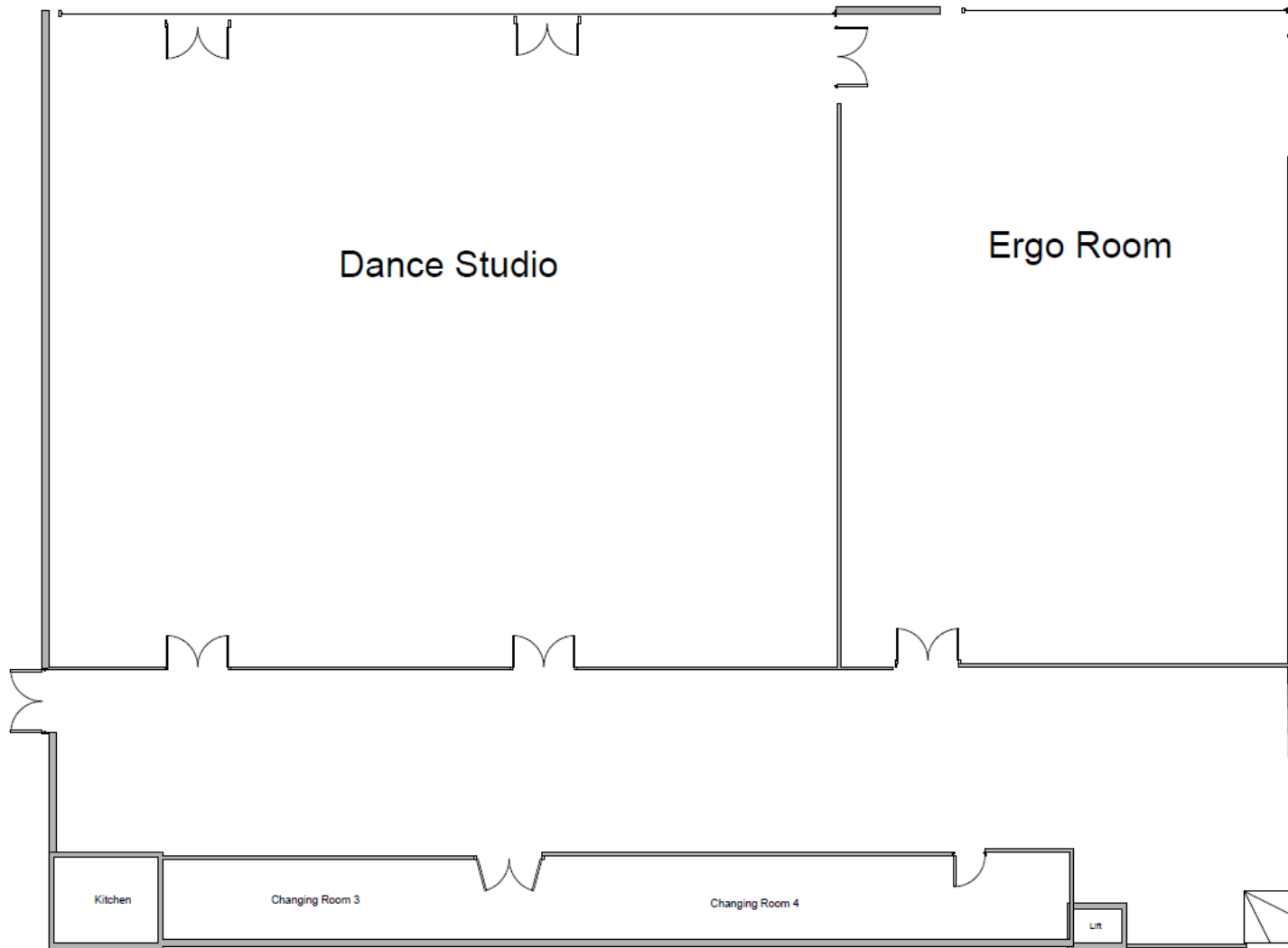




# Dance and Fitness Ground Floor



# Dance and Fitness First Floor

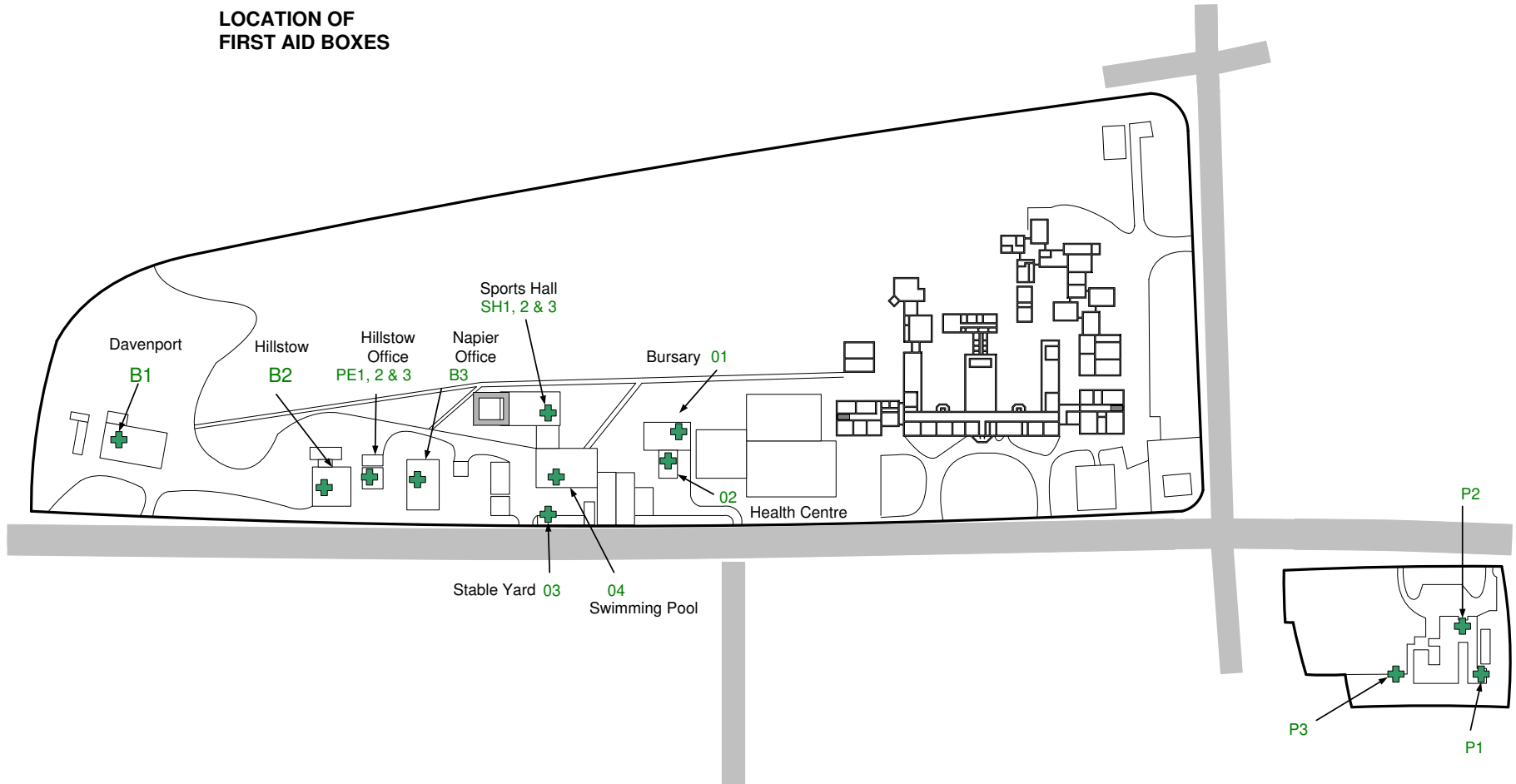


# Headington School Oxford

## PLAN OF SCHOOL

### SITE PLAN

LOCATION OF  
FIRST AID BOXES





### **Appendix 3 List of trained first aiders**

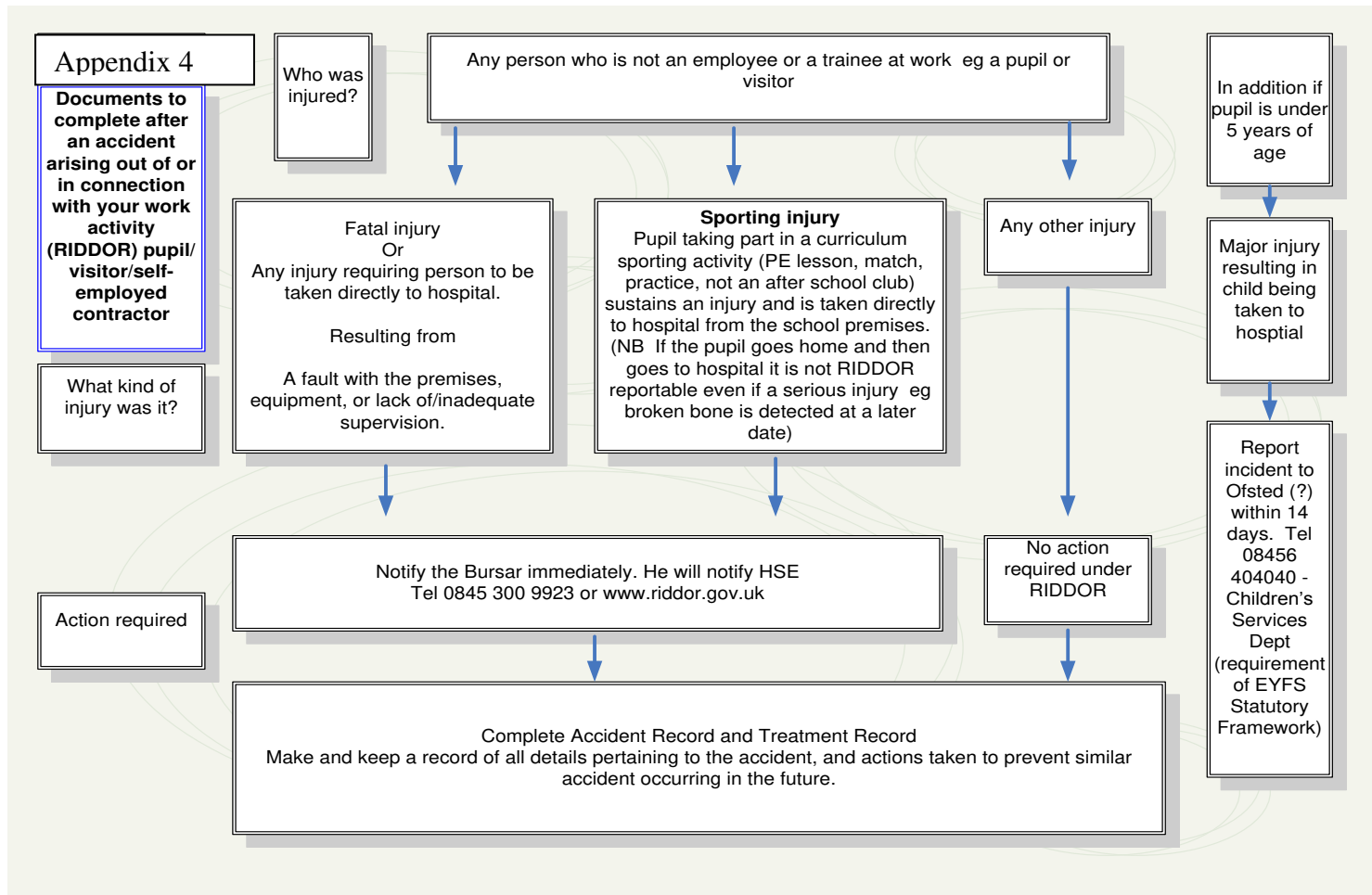
**The list of first Aiders is now kept on Google drive and is updated by the Bursary. All first aid certificated must be forwarded to the Bursary to be added.**

<https://docs.google.com/a/headingtonschool.com/spreadsheets/d/1rVDwyW7IZj-XUjRWMNI9gkDsTeDRv9GquP7QGj5tk6w/edit?usp=sharing>

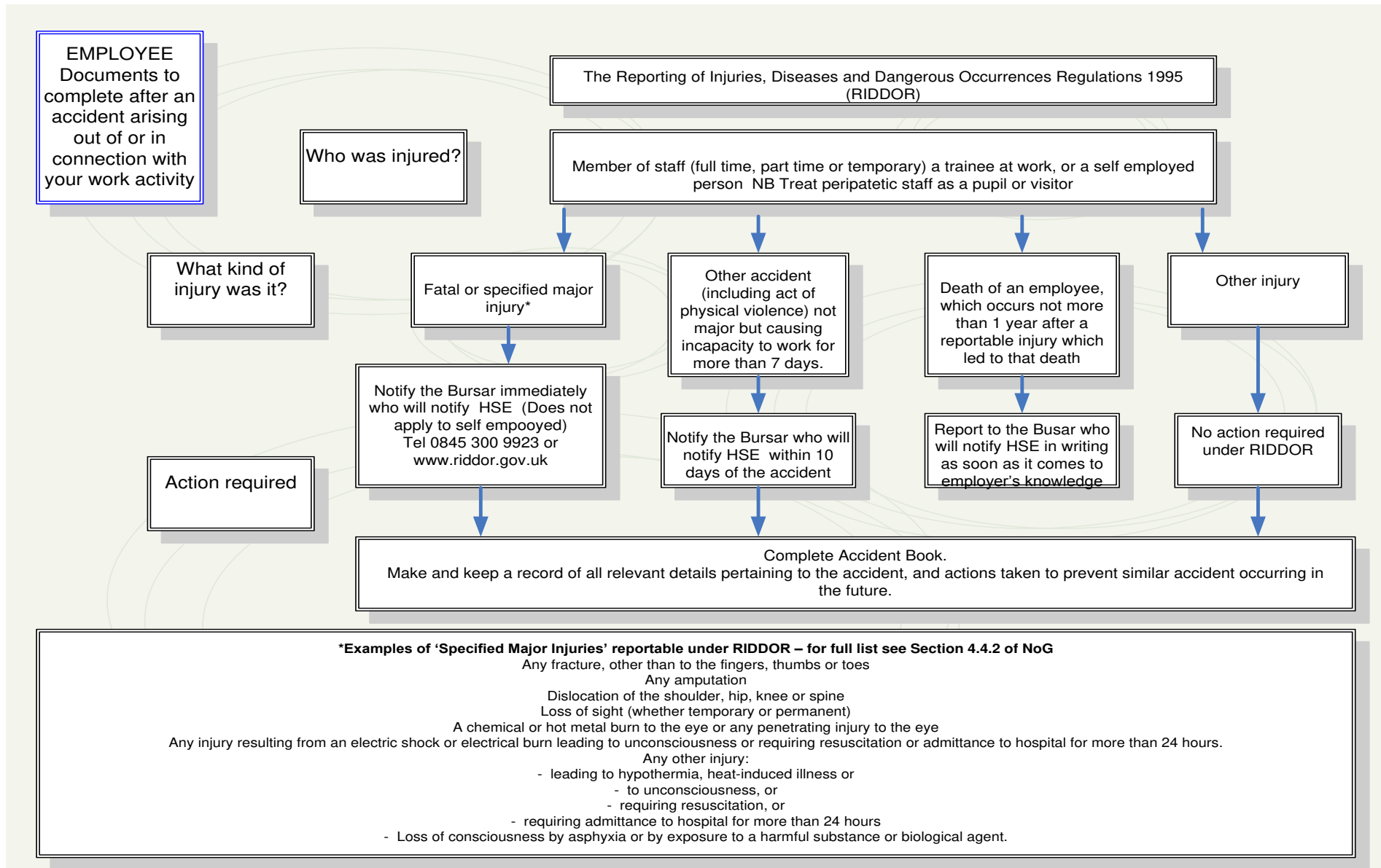
### Appendix 4 Documents for Riddor

<http://www.hse.gov.uk/riddor/>

<http://www.hse.gov.uk/riddor/do-i-need-to-report.htm#Injuries-in-schools>



Appendix 4 continued. Employee Documents to Complete after accident



## **Appendix 5 CPR and Defibrillation**

The defibrillators are situated outside the sports hall, outside the art block and the entrance to the prep school.

The defibrillator cabinet can be opened by putting in the C124 code. As soon as the defibrillator is turned on it will give instructions on what to do.

CPR and use of AED is not appropriate for a person suffering from a heart attack, who is conscious, as the heart will still be beating.

When a person suffers a cardiac arrest, (which is when the heart stops pumping blood) it is essential for effective CPR to be initiated as soon as possible; only dialing 999 should take precedence. The person performing CPR should not stop except where this is necessary in order to attach the pads or when instructed to do so by the AED, usually before it delivers a shock. If possible, somebody else should attach the pads to the patient while CPR continues.

An AED will only administer a shock if the patient's heart is in a shockable rhythm. The application of CPR can maximise the opportunities for defibrillation to be administered effectively. The AED will continue to analyse the patient's heart rhythm after each shock and will provide ongoing instructions about continuing CPR.

Some cardiac arrest patients will not present with a shockable rhythm (i.e. one which is suitable for defibrillation), and the AED will not administer a shock. In such cases, it is essential that CPR is maintained until the emergency services arrive.

Assisting an individual who has suffered a cardiac arrest can be a stressful experience for the rescuer. Should a rescuer require support they should contact the school nurse, their GP, HR or the school counselor.

**Appendix 6 Parental Consent for Administration of Medicine (Prep School)**

**PARENTAL CONSENT FOR THE ADMINISTRATION OF PRESCRIPTION  
& NON-PRESCRIPTION MEDICINE**

Two members of the Prep School staff will administer medication if it has been prescribed by a doctor and is clearly labelled in the original bottle with the child's name. Non-prescription medicine, for example Piriton or Calpol, may be administered

Child's name \_\_\_\_\_

My daughter requires the following medication to be administered:

Name of medicine / drug \_\_\_\_\_

Dosage \_\_\_\_\_

Method of administration \_\_\_\_\_

Duration and frequency \_\_\_\_\_

Time and date when medicine was last administered \_\_\_\_\_

I understand that the staff will take reasonable care in the administration of medicines and will endeavour to respond appropriately in all circumstances should emergency treatment be required.

Signed \_\_\_\_\_  
(Parent / Carer)

Print name \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 7 Head Lice Letter to Parents (Prep School)

Date: \_\_\_\_\_

To Parents and Guardians of pupils in \_\_\_\_\_

Dear Parents and Guardians

### Head Lice

There has been a case of head lice in the year group and we would, therefore, advise you to keep a check on your child's hair.

As it is easier to detect lice and nits when hair is wet, please 'wet comb' weekly using a fine toothed comb and lots of conditioner on wet hair. This should be done even if you think your child is free of lice.

If nits (eggs) or lice are found, then please 'wet comb' daily for two weeks (as above). This should be combined with a chemical treatment. If you are uncertain about what to use, please ask the pharmacist for advice. The treatments will usually kill some but not all of the lice, so wet combing in addition is essential. The long duration of 'wet combing' is because lice lay eggs and eggs are hard to get out by combing. The life cycle of lice is 7–14 days, so if your daughter is louse-free for 14 days then you can be confident they have gone.

Lice do become resistant to chemicals, so it is important to use the recommended treatments carefully and to ensure you leave the solution on the hair for the required contact time. Do not use these treatments as a precautionary measure, only if there is evidence of infestation.

May I take this opportunity to remind you that one of our school rules is that long hair is tied back. The reason for this rule is to reduce the spread of lice.

Thank you for your co-operation.

Yours sincerely



Mrs Jane Crouch  
Head of Prep  
jcrouch@headington.org

## Appendix 8 Letter to Parents re Impetigo (Prep School)

Date: \_\_\_\_\_

To Parents and Guardians of pupils in \_\_\_\_\_

Dear Parents and Guardians

### **Impetigo**

I am writing to inform you that a case of Impetigo has been reported in the class. As you may be aware, Impetigo is highly contagious and is spread by direct contact. I am enclosing an information sheet issued by Oxfordshire Health Authority so that you are aware of the symptoms.

The school doctor has advised us that the treatment may involve topical and/or oral antibiotics. Infected children will need to remain at home until the lesions have crusted or healed, normally within two to three days of the commencement of treatment.

I would, therefore, urge all parents to be particularly vigilant and to seek medical advice if necessary.

Yours sincerely



Mrs Jane Crouch  
Head of Prep  
[jcrouch@headington.org](mailto:jcrouch@headington.org)

## Appendix 9 Letter to Parents re Threadworms (Prep School)

Date: \_\_\_\_\_

To Parents and Guardians of pupils in \_\_\_\_\_

Dear Parents and Guardians

### **Threadworms**

I am writing to alert you to the fact that a case of threadworms has been reported within the class. We therefore advise you to check your child as this is a contagious condition.

A simple remedy is available from pharmacies, and it is usually advisable for the whole family to be treated.

Yours sincerely

A handwritten signature in black ink that reads "J Crouch". The letters are cursive and slightly slanted.

Mrs Jane Crouch  
Head of Prep  
[jcrouch@headington.org](mailto:jcrouch@headington.org)



## **Appendix 10 – Administration of Medicines Policy**

### **Aim:**

To ensure safe storage and administration of prescribed and non prescribed medication to pupils and staff by Nurses and other named trained staff throughout the whole school.

**Please refer to the attached full “*Headington School Medicine’s Policy*” for administration of Medicines.**

## **Appendix 11 Emergency Treatment for Anaphylaxis**

Anaphylaxis is a sudden and severe allergic reaction, in most cases, triggered by exposure to an allergen by a susceptible individual. Treatment of this Medical emergency is firstly by administration of adrenaline by auto injector for known sufferers. If symptoms occur in an undiagnosed individual, they should be put in recovery position while the Emergency Services are called, if they are breathing. If not breathing resuscitation should be carried out while awaiting the Emergency Services arrival.

### **Symptoms of Anaphylaxis:**

- Swelling of the throat and mouth
- Difficulty in swallowing or speaking
- Difficulty in breathing due to severe asthma or throat swelling
- Hives anywhere on the body - often large wheals
- Generalised flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness, faintness caused by sudden drop in Blood Pressure
- Collapse and unconsciousness

### **When symptoms of Anaphylaxis are seen in a known sufferer:**

- Talk to the pupil, try to keep her as calm as possible. Be calm yourself and reassure the pupil that help is on its way.
- Send for the School Nurse or another member of staff trained in anaphylactic care. (See Appendix 1,2 and 3)
- Send for the pupils labeled adrenalin autoinjector which is kept on the pupil, in the School Health Centre, the sixth form centre and in Reception area (Shelf clearly labeled)
- Send someone else to phone for the emergency services stating an anaphylactic episode is taking place and whether or not an adrenalin autoinjector has been used.
- Help to administer her Adrenalin autoinjector or administer it yourself.
- Remember to give the pen sooner rather than waiting, adrenaline will do no harm but will save a life if given.
- Administer following the instructions for using an Adrenalin autoinjector
- Note the time it was given, write this on the pupil's arm.
- Stay with the pupil and observe response to the adrenaline until Emergency Services arrive.
- Be prepared to resuscitate if necessary.
- Send someone to phone the parents and arrange to meet them at the Hospital.
- Make sure the used pen and her care plan (in Adrenalin autoinjector pack) accompany her to hospital.
- A member of staff will need to accompany her to hospital and stay until parents arrive.

## Appendix 12 Emergency Treatment for Asthma

### The Asthma attack – What to do?

Pupils with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. There are spare inhalers in the Health Centre, but pupils should carry their own.

If a pupil becomes breathless and wheezy or coughs continually:

- Keep calm. It is treatable. Reassure the pupil.
- Let the pupil sit down in the position she finds most comfortable. Do not make him/her lie down.
- Remain with the child while inhaler and spacer are brought to them.
- Ensure the reliever medicine, (usually the blue inhaler) is taken promptly and properly – preferably via a spacer. (one puff of the inhaler into the spacer, 4 breaths then another puff of the inhaler and 4 breaths)
- Get the pupil to take slow steady breaths. Be calm, keep them calm, do not leave them.
- If there is no immediate improvement, continue to make sure the pupil takes two puffs of the reliever inhaler every two minutes for 10 minutes or until their condition improves.. Reassure continuously.
- If the symptoms disappear the pupil can go back to what she was doing but the parents should always be informed.
- If the symptoms have improved but not completely disappeared, inform the parents and give another dose of the inhaler.
- If the pupil's inhaler is not in school, call the parents/school nurse. Never use another pupil's inhaler. There is a spare, un-named salbutamol inhaler kept in the Health Centre for emergency use. It is kept unlocked in the unlocked cupboard in the doctors room.

### Signs of a severe Asthma attack

Any of these signs means severe attack

- Normal relief inhaler does not work within 5 to 10 minutes
- The pupil is breathless enough to have difficulty in talking normally
- Blue tingeing around the mouth
- The pulse rate is 120 per minute or more
- Rapid breathing of 30 breaths per minute or more
- If you have ANY doubts about the pupil's condition.

### A severe Asthma attack – What to do?

- Call for a nurse/first aider
- Keep trying the relief inhaler, two puffs every two minutes until help arrives. Do not worry about possible overdosing.
- Call an ambulance. A member of staff should accompany the pupil.
- Notify the parents/guardians or emergency contact. Arrange for them to meet their child and member of staff at the hospital.

### Classroom management:

Pupils should carry inhalers with them at all times. Some pupils keep spare inhalers in the Health Centre. A staff member should keep the inhaler for younger children in the Prep School.

### PE Lesson:

- All pupils take part in the lesson
- Pupils are responsible for taking their relief inhaler to the lesson. For younger pupils (under 7 years) in the Prep School, inhalers will be given to PE teacher, prior to the lesson.

- Labeled relief inhalers can be given to the teacher in charge at the start of the lesson for safekeeping, or, as in cross-country running, carried with the pupil
- In specific incidences it may be necessary to make individual appropriate arrangements.

**General points:**

- Pupils must take an inhaler with them to the sports hall, swimming pool, onto the sports field and on any school trip or journey (including sports fixtures).
- Pupils should have access to their spare inhaler at all times. However, while every care is taken, the school cannot accept responsibility for any loss or damage to the inhalers and parents should check details such as the condition of the inhaler and expiry date regularly.
- The first aider will frequently check that asthmatic pupils have an inhaler in school. If a pupil is a known asthmatic and no inhaler is in school then the parent/guardian will be contacted and asked to bring a relief inhaler into school.

**Emergency Salbutamol (ventolin) in schools**

- From October 2014 children can have access to a spare emergency inhaler in school
- Schools are able to buy inhalers and spacers from a pharmaceutical supplier in small quantities
- The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.
- The school nurses may administer this via a spacer if the pupil/ staff member does not have their own inhaler with them. An inhaler belonging to someone else should not be used.

## Appendix 13 Emergency management for Diabetes

Pupils with diabetes need encouragement, understanding, and support to ensure a sense of independence. As a general rule most pupils will have a very good idea of how to manage their condition, and do so very well. It is therefore important to listen to their needs.

### Hypoglycemia (low blood sugar)

Hypoglycemia (hypo) is the most common short-term complication in diabetes and occurs when the blood glucose level falls too low. This is especially likely to happen before meals. Hypo's happens very quickly but most pupils have warning signs that will alert them, or people around them, to a hypo.

### Hypoglycemia (low blood sugar)

Watch out for	Excessive sweating, faintness, paleness, headache, tingling lips, pounding heart, blurred vision, hunger, irritability, lack of concentration, personality change, difficulty awakening
What to do	<b>CONTACT SCHOOL NURSE/First Aider</b> <b>If alert enough give sugar or food containing sugar</b> (e.g.3 glucose tablets or a drink, coca cola, lucozade sport or water with 2 teaspoons of sugar. If the pupil is not on an insulin pump this can be followed by a carbohydrate snack) <b>If not alert enough</b> , rub hypostop/glucogel onto the inside of the cheeks massaging gently. Do not use if unconscious. <b>If unconscious</b> , put into recovery position and call 999 and contact parents <b>Always turn off an insulin pump if used</b>
Causes	Too much insulin Not eating enough food Unusual amount of exercise Delayed meal Stress Hot weather

### Hyperglycemia (high blood sugar)

This develops much more slowly than Hypoglycemia but can be more serious if untreated. Ketoacidosis, a condition that can occur when there is too little insulin present in the body. It is helpful if staff is aware of the symptoms; it may also be noticeable if a pupil is away on a school trip for any length of time.

### Hyperglycemia (high blood sugar)

Watch out for Stage 1	Thirst, passing a lot of urine, feeling tired and weak, Blood sugar levels above 16mmol.
Stage 2	As above + nausea, vomiting, abdominal pain, deep rapid breathing, breath smelling of acetone, moderate to large amounts of ketones in blood, drowsiness, unconscious
What to do	<b>Inform the school nurse/first aider</b> Give unsweetened fluids if able to swallow Allow student to inject insulin if possible Call 999 and contact parents
Causes	Too little or no insulin Too many carbohydrates Infection

	Fever Emotional stress Less exercise than usual
	<b>Never miss an insulin injection</b>

### Classroom management:

Staff will be aware of all diabetics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil their degree of knowledge. Any staff concerns should be reported to the School Nurse.

### General points:

- No pupil is to be allowed out of the classroom alone or be left unattended if unwell
- A small snack will be allowed in the classroom if necessary
- Privacy for blood testing will be provided
- PE staff need to have a supply of glucose sweets/drinks available when off site and at sporting events
- The Health Centre and the reception have a supply of glucose sweets/cereal bars/drinks/biscuits available if the pupil's own supplied have run out.
- The Health Centre, and Boarding House if appropriate, have a supply of insulin, pump spares and testing equipment if the pupil's own material has run out/been forgotten

### Extra curricular activities:

**Day Outings** An information sheet (trip protocol) is available for each diabetic student reminding the trip leader what the diabetic pupil should be carrying for the trip. This should be checked before leaving the school premises.

Staff should remember to take a copy of the Diabetes Record Sheet and some extra food in case of unexpected delays. In addition pupils should take their insulin and injection kit, in case delays continues over their usual injection time.

**Overnight stays** These will include injection routines and blood glucose monitoring or Maintenance of an insulin pump. Staff will need to be confident that the pupil is able to do their own injections or that there is a member of staff willing to take responsibility for helping with injections and blood glucose testing. For residential trips a separate risk assessment is done and a meeting with parents and the school nurse and party leader is needed to ascertain that staff are fully aware of pupil's needs and capabilities.

### Example of Checklist for trips/holidays

Student Pack	Staff Pack
Glucose in case of hypos ie coca cola, lucozade sport , glucose tables	Glucose in case of hypos ie coca cola, lucozade sport, glucose tables
Food for the journey e.g. sandwiches in case of delayed travel	
Personal identification e.g. Diabetes UK identification card or identification bracelet/necklace	School trip information
Insulin + spare in case of loss/damage	Risk Assessment

Blood testing equipment and spare testing strips	Syringes or insulin pen and needles plus spares in case of loss damage (Disposal container for sharps etc)
Cool bag for transportation of insulin	Ensure availability of 'fridge' in Hotel
Charged mobile telephone	Charged mobile telephone

## Appendix 14 Emergency management of Epilepsy

Most seizures happen without warning, last only a short time and stop without any special treatment. Injuries can occur, but most people do not come to any harm in a seizure.

### Aim

- To protect the pupil from injury and ensure that the airway is kept clear during unconsciousness.
- To reassure and give care when consciousness is regained. ***It is important to keep calm.***

<b>When the seizure starts</b>	Note the time
<b>Call for help</b>	Another pupil can contact the School Nurse/Duty First Aider
<b>Protect the pupil</b>	Ask bystanders to move away to maintain the dignity of the 'fitting' pupil Remove potentially dangerous items/loosen tight neckwear and remove spectacles. Protect the casualty's head by placing a pillow under the head Turn head to side if possible to maintain clear airway.
<b>DO NOT</b>	Put anything in the mouth. Restrain or restrict movements during the seizure. Move, unless in danger. Give anything to eat or drink until fully recovered and alert.
<b>When the seizure has ceased</b>	Check for breathing. If breathing present - turn into the recovery position. Continue to monitor response, pulse & breathing. If breathing not present – be ready to give CPR Reassure – if patient seems confused, tell them what happened. Check for injury – apply first aid if necessary Observe and stay with patient until recovery complete. Accompany to Health Centre & offer assistance if any incontinence etc Notify parent/guardian Complete an incident form

### ***IT IS A MEDICAL EMERGENCY AND MEDICAL ASSISTANCE SHOULD BE SOUGHT IF:-***

- **Someone has injured themselves badly in a seizure**
- **They have trouble breathing after a seizure**
- **One seizure immediately follows another or the seizure lasts more than five minutes and you do not know how long they usually last**
- **The seizure continues for longer than usual for that person**
- **This is the first seizure for the person**

Not all seizures are the same therefore it is useful if observations can be made.



## **OBSERVATIONS**

- How did the seizure begin? Was there an aura?
- Was the onset generalised (whole body) or localised (just one part)?
- Was there any loss of consciousness, or altered awareness?
- Are there any convulsive movements?
- Did the patient bite their tongue or pass urine during the attack?
- How long did the seizure last, and if more than one, what was the time interval in between?
- What is the condition of the patient afterwards? Did they need to sleep?
- Any other observations?

## **\*SEIZURE IN WATER**

**Watch for** loss of coordination, possible involuntary movement of head, poor direction – may veer off course.

**Management** Approach from behind, ensure head is kept above water, tow pupil to shallow water, after attack assist pupil out of water to the side of the pool. First aid as above.

### **Classroom management:**

Staff will be aware of all epileptics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil if she has informed her peers of her epilepsy and their degree of knowledge. Any staff concerns should be reported to the Head Teacher or School Nurse.

### **Absence Seizures:**

- Understanding and a matter-of-fact approach are all that is needed.
- Staff should be aware of the need for the pupil to catch up on any information missed during the seizure.
- Other pupils may not be aware that anything has happened.

### **Tonic-Clonic Seizure:**

- Calmly reassure the rest of the class and ask them to move away from the pupil having the seizure.
- **Whenever possible move the class out of the room.**
- Only move the pupil if there is a danger of sharp or hot objects or electrical appliances.
- Send for the School Nurse/First Aider and request a pillow and blanket.
- Follow the first aid guidelines as above.
- If this is a regular occurrence spare clothes should be kept at school in case of incontinence
- A teacher, recognising a pupil with an increasing number of seizures or appearing drowsy, over-active, or inattentive should inform the school nurse.

### **Sport and other leisure pursuits:**

Pupils are encouraged to participate fully in all activities unless otherwise advised by their Parents/Doctor.

Safety helmets are required when horse riding, cycling (not in busy traffic) and in some contact sports.

The following sports are not advisable-

- Mountaineering
- Boxing
- Swimming\* in the open sea – unless well supervised and safe area
- Water skiing and scuba diving – may be considered if safe environment & additional supervision.
- *Life jackets are essential at all times.*

**Televisions/Discos/strobe lighting:**

Approximately 3-5% of people with epilepsy have 'photosensitive epilepsy'. Approaching a TV or strobe lighting with one eye shut can help. Avoid Disco lights if possible.

**Science/Technology:**

Normal standards of supervision should ensure safety in lessons where machinery or laboratory apparatus is used. It should be noted that if a pupil experiences a seizure – she will usually fall backwards, therefore, hopefully not onto any apparatus or machinery.

**Medication:**

Most anti-epileptic drugs are taken morning and evening.

**Any medication required in school time will be given according to the Administration of Medicines Protocol.**

**Rectal Diazepam** (a drug used to stop prolonged seizures) will only be given by a trained person. Instructions for use must come from the prescribing doctor. An authorisation form must be completed.

Staff trained in giving Rectal Diazepam will be named in the Health Care Plan. For female pupils, two female adults, to be present for this treatment, this minimises the potential for accusations of abuse. The dignity and privacy of the pupil must be maintained at all times.

## **Appendix 15 Guidelines on the Safe Disposal of Sharps**

1. Ensure that the needle sheath or package seal is intact prior to use to prevent inadvertent re-use.
2. Sharps must not be passed directly from hand to hand and handling should be kept to a minimum.
3. Needles must not be recapped, bent, broken or disassembled prior to use or disposal.
4. Needles should not be re-sheathed prior to disposal.
5. Needles and syringes must not be disassembled by hand prior to disposal.
6. Single use vacutainer holders and syringes should be disposed of with needle attached.
7. All single-use sharp items, including needles, scalpel blades, and stitch cutters must be discarded immediately into a sharps container (conforming to UN3291 and BS 7320 standards) at the point of use (a sharps container should be taken to the point of use rather than transporting the used sharp across the room/boarding house).
8. Sharps containers must not be filled above the indicated mark (when the container is two-thirds full).
9. Objects should not be removed from the sharps container.
10. Once a sharps bin is two-thirds full it must be sealed by the user, marked with the name of the school, the date and time and disposed of as infectious sharps waste. This is returned to Manor Surgery for disposal.
11. The senior nurse is responsible for ensuring an adequate provision of sharps bins.
12. Containers in public areas must not be placed on the floor and should be located in a safe position. They should be positioned out of the reach of children at a height that enables safe disposal by all members of staff. They should be secured to avoid spillage.
13. All staff must be educated about the safe use and disposal of sharps.

## **Appendix 16 Guidance on the use of Mothballs**

Mothballs contain either naphthalene or paradichlorobenzene as active ingredients. Both chemicals are fumigants and are associated with adverse health effects such as headache, nausea, dizziness, difficulty in breathing and are thought to be carcinogenic. For this reason pupils are asked not to use mothballs in the boarding houses.

Safer alternatives such as cedar chips can be used. One strategy is to hang clothes in plastic airtight garment bags which contain cedar chips.

Avoid storing clothes in cardboard containers since they aren't moth proof. Use plastic containers that have an air tight seal.

## Appendix 17 Exclusion periods from school/work as proscribed by HEA

<b><u>Infection or Complaint</u></b>	<b><u>Recommended period of exclusion from school</u></b>	<b><u>Comments</u></b>
Athletes foot	None	Not serious – treatment recommended
Chicken Pox	Until all vesicles have crusted over	Notify pregnant staff
Cold Sores - Herpes Simplex	None	Avoid kissing and contact with sores. Generally mild and self limiting
Conjunctivitis	None	If outbreak/cluster occurs, consult local PHE centre
Cryptosporidiosis	48 hours from last episode of diarrhoea	Exclusion from swimming is advisable for 2 weeks after diarrhoea has settled.
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
Diphtheria	Exclusion is essential. Always consult with local HPT	Family contacts must be excluded until cleared to return by local PHE centre. Preventable by vaccine.
E Coli 0157 VTEC. Typhoid, paratyphoid (enteric fever) Shigella (dysentery)	48 hours from last episode of diarrhoea.	Further exclusion for children under 5 and those having difficulty adhering to good hygiene practices. Children in this category should be excluded until there is evidence of microbiological clearance.
Flu	Until recovered	
German Measles-Rubella	Four days from onset of rash	Preventable by immunisation. MMR x 2 doses. Inform pregnant staff
Glandular Fever	None	
Hand, Foot and Mouth	None	Contact HPT if large number is affected. Exclusion may be considered in some circumstances
Head Lice	None	Treatment is recommended only when live lice have been seen.
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptoms onset if no jaundice)	If an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Impetigo	Until lesions are crusted and healed – or 48 hours after starting antibiotic treatment	Antibiotic treatment seeds healing and reduces infectious period
Measles	Four days from onset of rash	Preventable by vaccination

		MMR x 2 does. Inform pregnant staff
Meningitis due to other bacteria	Until recovered	AS above
Meningococcal meningitis/septicaemia	Until recovered.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts.
Molluscum Contagiosum	None	Self limiting condition
MRSA	None	Good hygiene.
Mumps	5 days after onset of swelling	Preventable by vaccination
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet Fever	Child can return 24 hours after starting antibiotic treatment	Antibiotic treatment recommended.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chicken pox in those who are not immune. It is spread by very close contact and touch. Inform pregnant staff.
Slapped cheek/fifth disease. Parovirus B19	None – once rash has developed	Inform pregnant staff
Threadworms	None	Treatment recommended for child and contacts.
Tonsillitis	None	
Tuberculosis	Always consult local PHE centre	Requires long close contact for spread
Warts and Verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (Pertussis)	5 days from starting antibiotic treatment or 21 days from onset of illness if no antibiotics	Preventable by vaccine. After treatment non-infectious coughing may continue for many weeks. Local PHE centre will organise contact tracing