

NORFOLK HOUSE SCHOOL

FIRST AID POLICY

Introduction

1. Any pupils, member of staff or visitor can sustain an injury or become ill. It is important that they receive immediate attention and that an ambulance is called in serious situations. The provision of adequate first aid cover is essential, it can save lives and prevent minor injuries becoming major ones.
2. The aim of this policy, which includes children in the Early Years Foundation Stage, is to ensure, so far as is reasonably practicable, that suitable first aid arrangements are established and communicated to staff, and to comply with all relevant legislation.

School's Responsibilities

3. It is the responsibility of the school to ensure that first aid arrangements are provided in a timely and competent manner relative to the risk of injury or ill health, and that such arrangements are clearly communicated to all staff.
4. The school shall:
 - (a) carry out a First Aid Risk Assessment;
 - (b) provide and maintain adequate equipment and facilities;
 - (c) provide appropriate training for first aiders;
 - (d) communicate details of first aid provision to staff and visitors;
 - (e) ensure that any incidents are logged and investigated, as appropriate;
 - (f) ensure that the authorities are notified of an incident when appropriate and in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR); and
 - (g) review this policy at least annually or more frequently if significant changes occur.

Risk Assessment

5. The First Aid Risk Assessment will be carried out annually by the Head of Pastoral Care and Office Manager, overseen by the Headmistress, and will cover all school facilities, paying particular attention to:
 - (a) practical activities;
 - (b) storage of hazardous substances;
 - (c) the use of PE equipment for sports and physical education; and
 - (d) the use of machinery by the caretaker or kitchen staff.
6. Special consideration will be given to staff or pupils who have special health needs or disabilities.
7. Also taken into consideration when determining the required level of first aid provision, the Office Manager and Head of Pastoral Care will work with the Headmistress to examine:
 - (a) provision during the lunch and playtimes;
 - (b) the adequacy of provision to account for staff absence;
 - (c) the provision of first aid for off-site activities such as outings; and
 - (d) the provision for practical lessons and activities.

Qualifications and Training

8. All named first aiders at the school hold a certificate of competence issued by St John's Ambulance, which is valid for three years (First Aid at Work 3 day course/Re-qualification 2 day course).
9. The appointed persons are:

Miss Tracy Huckerby – Teaching Assistant, Reception, before and after school care
Mr Ian Morgans - Head of Pastoral Care

10. The Appointed Persons are responsible for taking charge when someone is injured or becomes ill; looks after the first aid equipment (eg re-stocking the first aid equipment container); and ensures that an ambulance or other professional medical help is summoned when appropriate.
11. Other school staff have regularly updated Basic Paediatric First Aid qualification and the following staff have full Paediatric First Aid qualification/Schools First Aid (a two day course).

Ms Kulvir Gill – Year 2 Teacher

Mrs Lisa Reeves – Year 1 Teacher

Miss Marta Szalasna – Before School Club member of staff (St John's Ambulance)

Mr Sabir Afzal, Extra Tuition Coordinator (St John's Ambulance)

Mrs Maria Wallace – Class teacher

Mr Neil Allsopp – Extra tuition

12. Staff in our Early Years' classes have received Paediatric First Aid training, as set out below.

Mrs Rachel Hifle - Head of Lower School

Mrs Rebecca Brookes - Transition Teacher

Ms Faraza Anderson - Transition Teaching Assistant

Miss Tracy Huckerby - Reception Teaching Assistant

Miss Jaskiran Kaur – Modern apprentice

13. The Office Manager manages the team of first aiders and monitors their training and competence. She is overseen in her work by the Head of Pastoral Care and the Headmistress.
14. The Office manager will ensure that there is at least one qualified Paediatric First Aider on site at all times when children in the Early Years Foundation Stage are present, as well as on visits off-site.
15. The Office Manager will ensure that staff receive regular training in such areas as Epilepsy, Diabetes, Asthma and Allergies, in accordance with the recommended guidance from the Birmingham Health Service. Separate policies exist on each topic.

Practical arrangements at the point of contact

Pupils: injury / illness on school premises

16. If an accident occurs, or if a child appears to be ill, the member of staff present will assess the extent of the injury or illness.
17. If more than rudimentary First Aid is required, the child will be taken to the Medical Room by the member of staff if the child is able to be moved. A named First Aider will be notified by sending a child with a red triangle.
18. If the child cannot be moved, the member of staff will stay with the child. Another child or member of staff will take the red triangle to a named First Aider.
19. The Headmistress will be informed.
20. Staff will make every effort to ensure that the child is made comfortable and, where it is believed necessary, kept away from other children to prevent the spread of infection. He or she will be accompanied by an adult at all times.
21. Where appropriate, prescribed medication will be administered (see the Administration of Prescribed Medication procedure) by staff duly authorised to do so.
22. Where appropriate, and only in extreme cases of raised temperature, Calpol will be administered to the child by duly authorised staff, provided that his or her parents have previously consented to such treatment. A note will be made of medication and time administered and parents will be informed.
23. Where, for reasons concerning the child's welfare and that of other members of the school community, it is deemed necessary for the child to be taken home, his or her parents will be contacted.
24. If an ambulance is required, the Headmistress, the Head of Pastoral Care or appointed person will make the call and liaise between the staff administering first aid and the medical professionals.
25. The Headmistress, Head of Pastoral Care and Appointed Person will ensure that all accidents and injuries are appropriately recorded and that parents are

informed as necessary. They will also instigate full, detailed investigations if appropriate.

26. All minor accidents, incidents or near misses are recorded on the eponymous form which gives:

- Child's name
- Class
- Time of accident, incident or near miss
- Full details of accident, incident or near miss
- Treatment given
- Whether or not a First Aider was required
- Whether or not parents and class teacher were informed
- Name of member of staff treating the child
- Signature of member of staff treating the child
- Date of incident
- In the case of a head injury, the form will be signed by the Headmistress

27. The yellow form is given to the parents at the end of the day. The white top copy is retained by the school. Parents are always contacted immediately if there is a bump to the head or a child suffers a prolonged nose bleed. (longer than 10 minutes).

28. All school staff must be familiar with the school's first aid provision and be provided with suitable induction when commencing work at the school.

Pupils: injury / illness away from school premises

29. The following should be read in conjunction with the School Outings chapter of the Health and Safety Policy.

30. When pupils are taken off site, the Visit Leader will ensure that any medication required by any child (e.g. inhalers or Epi-Pens) is taken along in suitably labelled containers which are readily accessible at all times.

31. At least one member of staff on the outing will hold a Paediatric First Aid qualification.

32. The Visit Leader will ensure that a suitable first aid kit is taken on the outing, and that its contents are checked beforehand.

33. If a child is injured or becomes ill during an outing, the steps outlined in paragraphs 16 to 28 will be followed with the necessary changes made to suit the particular circumstances.
34. The Visit Leader will telephone the school and inform the Headmistress of the child's illness or injury.
35. If the child is well enough, he or she will remain on the outing. If not, the parents will be contacted and arrangements will be for him or her to be collected during the outing. If that is not practicable, alternative arrangements will be made to transport the child back to the school.

Pupils: injury / illness at home

36. The health and well-being of all the children in our care is of paramount importance. Whilst we understand the needs of working parents/carers and do not aim to exclude any child from school unnecessarily, we owe a clear duty to sick children as well as other members of the school community to act swiftly in their best interests.
37. The purpose of this procedure is to set out what should be done when a child becomes unwell at home.
38. It should be read alongside the Medical Conditions and Communicable Diseases Procedure which sets out the minimum period of exclusion from school in respect of those suffering from certain communicable diseases and members of their family; the Administration of Prescribed Medication Procedure; and the Allergy and Anaphylaxis Management Procedure.
39. In the event that a child becomes unwell at home, his or her parents should:
 - (a) allow their child to recover fully at home;
 - (b) notify the school immediately of their child's absence and its likely duration;
 - (c) notify the school of their child's symptoms and any diagnosis made by a medical practitioner (which should be sought in all cases of communicable diseases);
 - (d) not allow their child to return to school until at least 48 hours have elapsed since the last bout of any vomiting or diarrhoea;

- (e) observe the minimum period of exclusion in respect of their child (or any other member of their family) as set out in the school's Medical Conditions and Communicable Diseases Procedure.

First Aid Materials and Facilities

40. All first aid containers are marked with a white cross on a green background:



41. They are located adjacent to hand washing facilities in the:

- Staff Room
- Year 6 Classroom
- Staff Toilet
- Kitchen
- School Hall
- Year 1 Classroom
- Boiler Room
- Transition Classroom (on wall by sink unit)
- Medical Room

36. They are stocked in accordance with HSE recommendations. All First Aid kits are sealed. Once the seal is broken, they are checked and used materials are replaced. They are then resealed.

37. A portable first aid kit is available for use in the playground and while pupils are on school trips.

Children with particular medical conditions

38. All medication for children with particular medical needs is kept in names wallets in their classroom. If a child requires an Epi-pen, they will bring two to school.

39. Children are able to carry their own inhalers around school once they are independent.

40. When it is known that staff or pupils who are engaged in an out-of-school activity have specific health needs or disabilities, the contents of the first aid container include the resources to meet those specific needs, e.g. Epi-pen or an appropriate inhaler.
41. The school has a fully equipped Medical Room located between the main school building and the Reception classroom.

Information and Notices

42. First aid posters are in place in the staff room, playground and the first aid room, which give the location of the first aid boxes and also the names of the qualified first aiders. A separate First Aid box is kept in the Year 6 classroom for use by upstairs classrooms, as needed.
43. First aid notices will be clear and must not be covered with any other material being placed in front of them.
44. Further information on first aid procedures are included in the Staff Handbook.

Hygiene and Infection Control

45. All staff will follow basic hygiene procedures when dealing with any form of injury, particular when bodily fluids are involved. Staff are made aware during training as to how to take precautions to avoid infections such as HIV and AIDS.
46. Single use, disposable gloves must be worn when dealing with any first aid situation where contamination is likely from bodily fluids and hand washing facilities must be available.
47. A sanitary bin in the girls toilet by the Year one classroom is used for the safe disposal of medical waste. Yellow disposal bags are used for soiled dressings and swabs. Yellow disposal bags are kept in the top cupboard in the medical room.

Cuts and Nosebleeds

48. When dealing with cuts and nosebleeds, the normal first aid response is to wash any wound sustained and apply a suitable dressing, with pressure pad if necessary. Staff should wear disposable gloves when dealing with all wounds. It is therefore recommended that staff on playground duty carry a pair of disposable gloves with them.

49. Intact skin provides a good barrier to infection and staff should wear waterproof dressings on any fresh cuts (less than 24 hours old) or abrasions on their hands.
50. Staff should always wash their hands using soap and warm water and dry them thoroughly after dealing with other people's blood. Disposable gloves should be discarded immediately after use, even if they look clean.
51. Report and record the accident according to Health and Safety requirements and the school's recording procedures.

Bite Injuries

52. If a bite does not break the skin, clean with soap and water. No further medical action is needed. The child's parents should be notified.
53. If a bite breaks the skin, the wound should be allowed to bleed gently. It should then be cleaned with water and appropriate antiseptic applied. Medical advice should be sought from the injured child's GP to treat infection and check the person's tetanus immunisation status, and to assess the risk of blood-borne viruses being transferred.

Recording and Reporting Accidents, Incidents and Near Misses

54. There are many hazards present in all school. Control measures, when implemented, should reduce the risks from those hazards to a level as low as is reasonably practicable in order to prevent accidents and cases of ill health.
55. The school has clear reporting and investigation procedures for accidents, incidents and near misses.
56. Records will be routinely reviewed to enable monitoring and learning to take place.

Definitions

57. Accident: an unplanned event which results in personal injury, damage to property or loss of service capacity.
58. Incident: any event that gives rise to the possibility of personal injury, damage to property or loss of service capacity. Severe abuse and threats are included within this definition.

59. Near Miss: an event that could have personal injury, damage to property or loss of service capacity, but narrowly missed doing so.

Management Responsibilities

60. In order to ensure that any accidents, incidents and near misses are properly recorded, investigated and, where appropriate, reported to the relevant authorities, the school shall:

- (a) communicate a clear accident, incident and near miss reporting protocol throughout the school (see Annexe 1);
- (b) appoint a responsible person who will report all reportable accidents, incidents and near misses to the Health and Safety Executive (HSE) using the appropriate online RIDDOR reporting form: <http://www.hse.gov.uk/riddor/report.htm> (see Annexe 1 for an outline of reportable matters). At Norfolk House School this is the Headmistress, or in her absence, the Head of Pastoral Care;
- (c) ensure that all accidents, incidents and near misses are recorded in the appropriate place, namely, the Pupil Accident, Incident or Near Miss Form (PAINF) in the case of pupils; and the Citation Accident Book (CAB) in the case of staff, visitors and third parties;
- (d) investigate all accidents, incidents and near misses fully to establish their root cause and to inform new procedures to reduce recurrence. In the majority of cases, the details contained within the PAINF and CAB will constitute an investigation. However, where a more detailed investigation is required, the Accident, Incident and Near Miss Investigation Form (AINF) should be completed;
- (e) review accident, incident and near miss statistics on a half-termly basis to identify trends;
- (f) implement improvement strategies to help prevent or minimise occurrences, thus reducing the risk of future harm;
- (g) review risk assessments and introduce further control measures where necessary;

- (h) ensure that all members of staff are adequately trained to carry out their work safely and provided with all necessary information on safe working practices and accident prevention within the school; and
- (i) review this policy at least annually, but more frequently if necessary.

Staff Responsibilities

61. Any member of staff who is involved in, or aware of, an accident must follow the Accident, Incident and Near Miss Reporting Protocol set out in Annexe 1.

Administration of Prescribed Medication

62. Many pupils will need to take prescribed medication at school at some time in their school careers. For most, this will be for a short period to allow them to finish a course of antibiotics or apply a lotion, for example. In some cases, there may be a long-term need for pupils to take prescribed medication. To allow pupils to take prescribed medication at school minimises the disruption that could be caused by illness and allows their education to proceed at a steady rate alongside their peers.
63. The school is committed to ensuring that all medication is stored securely, administered safely and that appropriate records of its administration are kept.
64. This procedure covers the administration of medication to all pupils, including pupils in the Early Years classes, Reception and Transition.
65. Only medication prescribed by a doctor may be administered to pupils by members of school staff. No member of staff is permitted to administer 'over the counter' medication.
66. In exceptional cases, where a pupil's parent has been contacted and is en route to the school to collect them, the School may be authorised by the parent to administer Calpol if the parent has previously agreed to this in writing on the Pupil Update Form sent out annually. An example of when the administration of Calpol may be appropriate is if the pupil has a high temperature. Calpol is stored securely in the Medication Cupboard in the School Reception.
67. No member of staff may compel a pupil to take medication.

Prescribed Medication for Short-term Illness (e.g. coughs and colds)

68. The pupil's own doctor is the best person to advise whether or not her or she is well enough to attend school. If the doctor has advised that the pupil is well enough and has prescribed short-term medication (e.g. antibiotics), the following procedure should be followed:

- (a) all medication should be in the smallest practicable amount, and include a suitable spoon or measuring cup for administering liquid medicines, and should be clearly labelled with the following information:
 - (i) the pupil's full name;
 - (ii) the nature of the medication;
 - (iii) the dosage and the time when each dose is due;
- (b) on each day the pupil requires the medication, his or her parent should take it to the School Reception and complete a Medication Permission Slip (Annexe 2). Unless this is done, the school will not permit any of its staff to administer the medication;
- (c) the medication will be stored securely in the Medication Cupboard or Medication Fridge as appropriate;
- (d) details of the medication and its dosage will be sent to the pupil's class teacher and Office Manager;
- (e) the medication will be administered at the appropriate time and in the appropriate dosage by a designated member of staff who has received Basic Paediatric First Aid training, overseen by the Office Manager;
- (f) the designated member of staff and the Office Manager will confirm, before each dose is administered, that the medication has not passed its use-by date;
- (g) the designated member of staff who administered the medication will record on the Medication Permission Slip the time it was administered, its dosage and whether or not it had been stored correctly;
- (h) at the end of the school day the pupil's parent should attend the School Reception, sign the Medication Permission Slip and take possession of any unused medication. They will be provided with a copy of the completed Medication Permission Slip.

Prescribed Medication for Long-Term Illnesses (e.g. asthma, diabetes, epilepsy and allergies)

69. It is the responsibility of all parents to inform the school of any medical condition, especially allergies, which affect their child. They should be clearly outlined annually on the Pupil Information Update form which parents receive at the start of every academic year.
70. Parents should contact the school forthwith with any changes to this information, especially with regard to allergies, and discuss their child's requirements and any arrangements which need to be made with their child's class teacher. Parents should provide the school with as much information as possible about their child's medical condition, including correspondence from doctors and medical professionals.
71. The procedure set out in above for prescribed short-term medication should be followed in all cases, save where it is appropriate for the medication to remain on school premises for longer than a single day, or where it is appropriate for the medication to be stored in a place other than the Medication Cupboard / Fridge. The permission of the Headmistress must be sought in all such cases, and the Medication Permission Slip endorsed accordingly. Parents must ensure that the expiry date of the medication falls beyond the end of the term in which it is provided to the school. All medication must be collected and signed for by the parent at the end of each term.
72. Training in asthma, diabetes, epilepsy and allergies is provided for staff on a regular basis and a register kept of those who can administer the medication. Parents should refer to the separate policies relating to each medical condition for further detail. These appear on the school's website and are available as a hard copy from the school.

Allergy and Anaphylaxis Management

(To be read in tandem with the Administration of Prescribed Medication procedure above)

73. Allergies are a growing health concern in schools across the country. Occasionally, the symptoms are severe and they may even be life-threatening, as in the case of anaphylaxis which develops rapidly. Possible triggers can include skin or airborne contact with particular materials, the injection of a specific drug, the sting of a certain insect or the ingestion of a food, such as peanuts, egg, milk, fish, shellfish, tree nuts and kiwifruit. A severe allergic reaction will affect the whole body, in

susceptible individuals it may develop within seconds or minutes of contact with the trigger factor and is potentially fatal.

74. This procedure will outline how staff at Norfolk House School manage allergy and anaphylaxis:

- To minimise the risk of an allergic/anaphylactic reaction while the pupil is involved in school-related activities.
- To ensure that staff respond appropriately to an allergic/anaphylactic reaction.
- To raise, the awareness of allergy/anaphylaxis and its management through education and policy implementation.

What the School Will Do

75. The School will keep careful and updated records of the information provided by parents of medication requirements for all pupils who have a formal diagnosis for an allergy and require an Epi-pen and the completed Medication Permission Slip will be copied to the pupil's class teacher for their information. A list of affected pupils is regularly updated and displayed in the Admin Office, Staff Room, Kitchen and the Hall and referred to by serving staff at lunchtime. Pupils are given Allergy Cards, noting their allergy details as an extra safeguard. These are shown at the servery and are copied for Catering Staff also and any changes to pupils' details and medical needs are discussed in staff briefings and updated on the School's management information programme as a resource for all staff.

76. Staff should follow the instructions detailed in the Allergy Response Procedure (Annexe 3), copies of which are displayed around the school. The School will also:

- Ensure effective communication of individual pupil medical needs to all relevant teachers and other relevant staff.
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Ensure that parents of pupils with packed lunches are requested to eliminate food that may be of risk to those members of staff and pupils who suffer from such allergies. (A letter is issued by the Head of Pastoral Care to this effect).

- Ensure all educational visits will be pre-checked that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies. Where a pupil is prescribed an Epi-pen, the teacher in charge or another supervising staff member trained in the use of the Epi-pen will administer the medication as detailed on the permission slip. The school may also request that parents take the child to their doctor or call for an ambulance, as the situation requires.
- Ensure that parents are aware that the school will not permit any foodstuffs (for example, celebratory cakes) to be brought into school by a pupil for distribution to fellow pupils.
- Providing, as far as practicable, a safe and healthy environment in which people at risk of allergies and anaphylaxis can participate equally in all aspects of school life.
- Encourage self-responsibility and learned avoidance strategies amongst pupils suffering from allergies.

Nut Related Aspects

77. Norfolk House School is a 'nut-free school'. This does not extend to those foods labelled "may contain traces of nuts". The school policy is that nuts should not knowingly be used in any area of the curriculum or in any of its menus. Whilst this does not guarantee a nut-free environment as traces of nuts are found in a great many foodstuffs it will certainly reduce the chances of exposure to pupils with allergies. Pupils are encouraged to self-manage their allergy as far as possible in preparation for life after school where nut-free environments are rare. The Catering Manager has details of all pupils with allergies to incorporate into an individual meal plan, where necessary
78. Staff will be sufficiently trained to recognise and manage severe allergies in school, including any emergency situations that may arise during the school day. Risk assessments will be undertaken for school visits outside the normal school timetable. The School will ensure that supervisors at lunch time and serving staff are aware of an allergic pupil's requirements.

Dairy and Egg Related Aspects

79. Pupils with dairy product or egg allergies are managed by the School in consultation with the parents on a case by case basis.

Insect Related Aspects

80. Diligent management of wasp, bee and ant nests on School grounds and proximity. This must include the effective system for staff reporting to the Office Manager quickly and a system of timely response to eradicating nests.

Latex Related Aspects

81. If a pupil is allergic to latex they should avoid contact with some everyday items including, rubber gloves (unless latex free), balloons, pencil erasers, rubber bands, rubber balls, and tubes and stoppers used for science experiments.

Signs and Symptoms

82. Minor Allergic Reaction:

- Red itchy rash or raised area of skin
- Wheezing and difficulty breathing
- Abdominal pain
- Vomiting and diarrhoea

83. Severe Allergic Reaction:

- Anxiety
- Red, blotchy skin eruptions
- Swelling of the tongue and/or throat
- Impaired breathing

School's Responsibilities

84. The School prioritizes the safety and well-being of all members of the school community. Whilst it cannot guarantee a completely allergen-free environment, it endeavours to minimise the risk of exposure, encourage self-responsibility, and plan for an effective response to possible emergencies.

85. The school will review its procedures after a reaction has occurred and update and monitor them on an ongoing basis.

Family Responsibilities

86. Parents must provide the school with two in date and name-labelled Epi-Pens, one to be stored in the pupil's medical bag in the classroom, the other as a back-up resource in the event of a non-functioning device. A parent or guardian must grant

permission for the medication to be administered in an emergency situation. Parents should refer to the school's Administration of Prescribed Medication Policy which is available on the school's website or may be collected in hard copy from the school. In the event of an emergency, parents will be informed immediately after alerting the ambulance. In the event of a pupil having had an anaphylactic reaction, they will be sent by ambulance to hospital whether full recovery is noted or not.

Pupils' Responsibilities

87. Pupils should:

- Be sure not to exchange food with others.
- Avoid eating anything with unknown ingredients.
- Be proactive in the care and management of your allergies (based on age).
- Notify an adult immediately if you eat a food to which you are allergic.
- Notify an adult immediately if you believe you are having a reaction, even if the cause is unknown. Always wear your medical alert bracelet or some other form of medical identification, such as showing your allergy card to catering staff at lunchtime.
- Taking responsibility for avoiding food allergens, including informing staff of his/her allergy at times of potential risk.
- Learning to recognise personal symptoms.
- Keeping emergency medications where appropriate, in the first aider's office or in an agreed suitable location. This may include carrying the medication with them at all times.
- Notify an adult if they are being picked on or threatened by other pupils as it relates to their food allergy.
- Develop greater independence to keep themselves safe from anaphylactic reactions.

88. Given that anaphylaxis can be triggered by minute amounts of allergen, food anaphylactic pupils must be encouraged to follow these additional guidelines:

- Proper hand washing before and after eating and throughout the school day.
- Avoiding sharing or trading of foods or eating utensils with others.
- Avoiding eating anything with unknown ingredients or known to contain any allergen.
- For pupils who have permission to bring packed lunches to school, eating only food which is brought from home unless otherwise approved in writing by their parents.

Staff Responsibilities

89. The class teacher of a pupil with an allergy will check that they have two Epi-Pens in school and that both the Epi-Pens and any supporting medication are up to date and correctly stored in line with the Administration of Prescribed Medication Policy. They will ensure that each affected pupil has an individual medical bag kept on the class teacher's notice board by their desk for easy access, containing an in date and name-labelled Epi-Pen provided by the parents. They will ensure that this location remains constant. They will also check that a second Epi-Pen, also name-labelled and in date, has been provided by the parents as an emergency back up and stored in the Reception area, in a red box by the medicine fridge, which is a safe, accessible, unlocked site. In the event of an emergency situation, a member of staff will remain with the pupil throughout.
90. When pupils travel off the school site for any purpose, including educational visits and swimming lessons, the teacher in charge of the outing is responsible for finding out the affected pupils and gathering up their Epi-Pens and supporting documentation in respect of their specific allergies and then returning all medication and information to the correct location upon return to the school.
91. The Office Manager will also arrange for the appropriate medical training for staff on a regular basis and disseminate any necessary updates of information to staff.
92. Teaching staff are responsible for:
- Acquiring knowledge of the signs and symptoms of severe allergic reaction.
 - Being familiar with information provided for each pupil with an allergy and be aware of and implement the emergency plan if a reaction is suspected.

- Participate in in-service training about pupils with life-threatening allergies including demonstration on how to use the auto-injector.
- Determining suitable protocols regarding the management of food in the classroom (particularly in high-risk subjects).
- Reinforcing appropriate classroom hygiene practices eg. hand washing before and after eating or tasks potentially leading to contamination.
- Responding immediately to reports of pupils being teased or bullied about their food allergies.
- Follow the Allergy Response Procedure and call 999 when life-threatening allergy related symptoms occur.

93. Catering staff are responsible for:

- Ensuring suppliers of all foods and catering are aware of the school's policy.
- Ensuring supplies of food stuffs are nut free or labelled "may contain nuts" as far as possible.
- Being aware of pupils and staff who have severe food allergies.
- Clear labelling of items of food stuffs that may contain nuts.

94. The Catering Manager ensures that all products are checked before serving and all food labels are checked on a regular basis as well. Kitchen staff also use the Allergy Register daily when planning meals for all the pupils with special dietary requirements and make a written record of what each pupil has eaten on each day. The written record is attached to the daily menu sheets, which contain details of the actual ingredients used, and filed at the end of each week.

95. When serving pupils at lunchtime, kitchen staff refer to a printed version of the allergy cards kept behind the servery, detailing what the pupil can have. They should ensure that all pupils with allergies show their allergy card to serving staff, allowing them to check off a pupil with the correct individual meal produced. A laminated sheet of pupils with allergies is also on display in the Hall and kitchen staff liaise daily with the Catering Manager before service. Kitchen staff have responsibility for serving pupils at lunch time and report any concern immediately to the member of staff on duty in the Hall.

Evaluation and Review

96. This policy shall be reviewed and updated on a regular basis. Particularly after a serious allergic reaction has occurred at the school, and shall be amended to conform to amendments and changes in rules and regulations. Routine allergy scenarios will be carried out as practice sessions as and when considered appropriate.

Asthma

To be read in tandem with the Administration of Prescribed Medication procedure above

97. Norfolk House School

- (i) welcomes all children with asthma
- (ii) recognises that asthma is a widespread, serious but controllable condition affecting many children
- (iii) encourages and helps children with asthma to participate fully in school life including art lessons, PE. Science, visits and outings
- (iii) recognises the need for immediate access to inhalers
- (iv) does all it can to make sure that the school environment is favourable to asthmatics
- (v) ensures that all staff understand asthma
- (vi) understands what to do in the event of a child having an asthma attack and will, if necessary, give emergency treatment and inform parents accordingly
- (vii) works in partnership with children, parents and staff to ensure the successful implementation of this asthma policy
- (viii) keeps a record of all pupils with asthma and the medication they take

98. Norfolk House School recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

99. This school encourages children with asthma to achieve their potential in all aspects of school by having a clear policy that is understood by school staff and pupils. Supply teachers and new staff are also made aware of the policy. All of the teaching staff and non-teaching staff, as appropriate, receive asthma training from the local authority health team and this is updated at regular intervals. The school also has two fully trained named first aiders.
100. When a child joins the school the parents are asked to inform us if their child has asthma. It is also important that parents inform the school if their child subsequently develops asthma or of any change in their condition. All parents of children with asthma are asked to give us detailed information about their child's medication. Parents complete a Medication Permission Slip, which is kept with the pupil's medication and for the School records. If the child's medication changes, parents must inform the school. It is the responsibility of parents to ensure that asthma medication is in date and replacement inhalers are provided upon expiry.
101. Immediate access to reliever inhalers is vital. Reliever inhalers for all pupils are provided by parents and kept in the classrooms, clearly labelled and stored in individual medical bags. Reliever inhalers are taken with the children when they go on a school trip. All reliever inhalers must be labelled with the child's name by the parent. We have a register of all children who have an inhaler. School staff are not permitted to administer medication to children except as specifically directed by a suitably qualified medical professional. Children are encouraged to carry their own reliever inhaler as soon as the parent, doctor and class teacher agree they are mature enough
102. All school staff will let children take their medication when they need to.
103. Taking part in PE is an essential part of school life and children with asthma are encouraged to participate fully. Teachers are aware of which children in their class have asthma and they will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. If a child needs to use their reliever inhaler during the lesson then will be able to do so.
104. The school does all that it can to ensure that the school environment is favourable to children with asthma. The school has a non-smoking policy and is aware of the possible effects of keeping pets in the classroom. As far as is possible the school does not use chemicals in Science or Art that are potential triggers for children with asthma.
105. If a child is missing a lot of school because of asthma, the class teacher will provide work for the child to do at home. If the child starts to fall behind in class

the teacher will work with the family to discuss next steps. The school recognises that it is possible for children with asthma to have special educational needs because of asthma.

In the event of an Asthma attack

106. All staff who come into contact with children with asthma know what to do in the event of an asthma attack (see also Annexe 4).

- (a) Deal with the child wherever it occurs. (A change of air can make the problem worse).
- (b) Ensure the child's reliever inhaler is taken immediately.
- (c) Help the child to breathe by ensuring tight clothing is loosened and arms are resting on the back of a chair, then send for a first aider.
- (d) If there is no improvement after 5 minutes give the child the reliever inhaler again. Call for one of the named First Aiders.
- (e) Call an ambulance and contact the parents if:
 - (i) the reliever inhaler has had no effect after a further 5 to 10 minutes;
 - (ii) the child is either distressed or unable to talk;
 - (iii) the child is getting exhausted;
 - (iv) there are any doubts at all about the child's condition.

107. Minor attacks should not interrupt a child's involvement in school. When they feel better the child can return to school activities. Parents will be informed if their child has an asthma attack in school.

Blood Borne Viruses

108. We recognise that there is a potential risk of staff coming into contact with Blood Borne Viruses (BBV) such as hepatitis and Human Immunodeficiency Virus (HIV). To reduce the risks posed by these viruses we will assess the potential for exposure and introduce controls to reduce the risk.

Hazardous Activities

109.The following activities may expose an individual to blood-borne viruses:

- (a) direct contact with infected blood or saliva;
- (b) contact with clinical dressings;
- (c) needlestick injuries.

Schools's Responsibilities

110.The school will do the following:

- (a) complete a risk assessment to identify the potential for contact with BBVs. This includes First Aid Contact and accidental contact with bodily fluids;
- (b) ensure that spillages are isolated and then cleared by a responsible and authorised person using suitable personal protective clothing to prevent any direct skin contact or splashes, etc.;
- (c) provide First Aiders, the cleaner and caretaker with information about dealing with spillages and discarded needles;
- (d) ensure that first aid kits contain disposable gloves to protect against possible contamination when handling an injured person;
- (e) allow the use of syringes within the school only for medical reasons (staff using syringes at work for any reason other than treatment of a medical condition will be subject to disciplinary action);
- (f) make suitable arrangements for the storage and disposal of syringes that are permitted for use within the school;
- (g) take all suitable precautions to secure the safety of employees who have been diagnosed with a BBV and those employees working in close contact with the affected person; and
- (h) treat any information that has been given by an employee in respect of a BBV condition in complete confidence.

Staff Responsibilities

111. Staff will do the following:

Diabetes

112. In the UK 1.4 million people are diagnosed with diabetes mellitus. It is likely that more people have the condition, but have yet to be formally diagnosed. Diabetes is the leading cause of blindness in the country and can lead to serious complications such as heart disease, kidney failure and stroke.

113. The level of treatment will vary greatly from individual to individual and within each individual from day to day. It may therefore be necessary to seek specialist advice.

114. Symptoms associated with diabetes include:

(a) weakness, faintness or hunger;

(b) palpitations and muscle tremors;

(c) strange actions or behaviour where the casualty may seem confused or drunk, belligerent or may even be violent;

(d) sweating;

(e) pallor;

(f) cold clammy skin;

(g) a strong pulse;

(h) deteriorating level of response;

(i) shallow breathing.

115. Staff and pupils suffering from diabetes may have a warning card (medic – alert) or bracelet, sugar lumps, tablets or an insulin syringe (which may look like a pen) among their possessions.

School's Responsibilities

116. Norfolk House School is aware that people who are diabetic may not wish to reveal their health problem. However, adjustments can only be made if the individual is willing to let the school know about the condition.

117. Disclosure should help the individual and facilitate help and support from members of staff. In this regard the school will, upon being advised of the condition:

- (a) carry out a risk assessment for the individual to determine whether there are any significant health and safety risks, taking into account individual circumstances;
- (b) introduce the appropriate control measures to remove the risk or manage it;
- (c) meet the cost of making reasonable adjustments, depending on the nature of the adjustment;
- (d) allow staff and pupils affected by diabetes to maintain a check on blood sugar levels throughout the day and to take regular breaks;
- (e) give access to a fridge or cold flask for storing insulin, if required;
- (f) give the staff and pupils a private area in which to check blood sugar levels;
- (g) support a diabetic member of staff or pupil by allowing them to access his or her G.P. or diabetic nurse during the working day;
- (h) establish procedures for dealing with a hypoglaecemic attack in conjunction with the affected individuals;
- (i) make provision for diabetic person within the arrangements for first aid, fire and emergency evacuation.

Staff Responsibilities

118. Staff will:

- (a) co-operate with the school in relation to health and safety arrangements;
- (b) follow any training, guidance and instruction;
- (c) report any accident or incident.

Responsibilities of the Diabetic Person (or their parents if they are a pupil)

119. The diabetic person's responsibilities include:

- (a) alerting the school if their condition is having an adverse effect on their ability to work or increase the likelihood of an accident;
- (b) notifying the school and the DVLA if receiving treatment with insulin or tablets where the job entails driving. Notification to the DVLA is a strict legal requirement. However, if the condition is managed by diet alone, there is no obligation to inform the DVLA;
- (c) co-operation with the school arrangements for health and safety;
- (d) following any training, guidance and instruction provided by the school.

Epilepsy

120. Epilepsy is defined as having repeated seizures, which start in the brain. A brief disturbance to the brain's normal electrical activity causes the nerve cells to fire off random signals. The result is like an electrical storm that causes a temporary overload in the brain.

121. There are many different kinds of seizure. Some end in seconds while others may last several minutes. People affected might lose awareness of what is happening or where they are during a seizure and they may lose consciousness altogether. Each person's experience of epilepsy is unique.

Recognition of Minor Epilepsy

122. Sudden 'switching off': the casualty may be staring blankly ahead.

123. Slight and localised twitching or jerking of the lips, eyelids, head or limbs.

124. Odd 'automatic' movements such as lip smacking, chewing, or making noises.

School's Responsibilities

125. The school is aware that people who are epileptic may not wish to reveal their health problem. However, adjustments can only be made if the individual is willing

to let the school know about the disability. Disclosure should help the individual and will facilitate help and support from the school and colleagues.

126.The school shall:

- (a) carry out a risk assessment to determine whether there are any significant health and safety risks, taking into account individual circumstances such as epilepsy;
- (b) introduce the appropriate control measures to remove the risk or manage it;
- (c) meet the cost of making reasonable adjustments, depending on the nature of the adjustment;
- (d) permit staff and pupils with epilepsy to organise their work area and work time themselves, except in exceptional cases where it is operationally impossible;
- (e) allow more time and greater flexibility for induction training and choose the location for this carefully;
- (f) establish procedures for dealing with a seizure in conjunction with the affected person;
- (g) identify any specific training needs of the individual;
- (h) make provision for individuals with epilepsy within the arrangements for first aid, fire and emergency evacuation.

Staff Responsibilities

127.The staff shall:

- (a) co-operate with the school in relation to health and safety arrangements;
- (b) follow any training, guidance and instruction;
- (c) report any accident or incident.

Epilepsy Sufferers' Responsibilities

128.Individuals suffering from Epilepsy have an additional duty to:

- (a) alert the school if his/her epilepsy is having an adverse effect on his/her work;
- (b) inform the school if the condition could increase the risk of an accident;
- (c) notify the school and the DVLA if receiving treatment or tablets. Notification to the DVLA is a strict legal requirement; and
- (d) follow any training, guidance and instruction provided by the school.

Medical Conditions and Communicable Diseases

129. Pupils with medical needs have the same rights of admission to Norfolk House School as other children. Procedures are in place for managing medicines that have to be taken during the school day, either on school premises or on trips (see the Administration of Prescribed Medication Policy).

130. Parents and staff should be informed of any occurrence of a communicable disease in the school.

School's Responsibilities

131. The school will:

- (a) ensure that staff who volunteer to assist with medication have appropriate training and be reasonably satisfied that any training has given staff sufficient understanding, confidence and expertise;
- (b) ensure that appropriate procedures are put in place and followed; and
- (c) ensure that suitable public liability insurance is in place.

Staff Responsibilities

132. Teachers and other school staff should:

- (a) take all reasonable steps to ensure that no pupil in their care is exposed to unacceptable risks;
- (b) co-operate with the school's management team;

- (c) carry out activities in accordance with training instructions;
- (d) inform the school's management team of any material risks;
- (e) be aware of the likelihood of a medical emergency and what action to take if it occurs;
- (f) administer medication with reasonable care and in accordance with their training.

Medical Conditions Procedures

133. Medical conditions procedures are in place at the school, communicated to all relevant staff and made available for reference. The procedures include:

- (a) relevant medical conditions;
- (b) responsibilities of the Head and staff;
- (c) guidelines on dealing with any incidents that may arise from certain medical conditions;
- (d) record keeping and reporting;
- (e) provisions of education for pupils who cannot attend school for a period of time;
- (f) reintegration of pupils following a period of absence.

Medical Accommodation

134. The Education (Independent School Standards) (England) Regulations 2014 state that suitable accommodation must be provided to cater for the medical and therapy needs of pupils, including accommodation for the medical examination and treatment of pupils, and the short-term care of sick and injured pupils. The accommodation should include a washing facility and be near to a toilet. It may be used for other purposes apart from teaching, provided it is always readily available as a medical facility.

135. The school's medical room fulfils the above requirements and allows ill or injured pupils to be looked after appropriately.

Reporting of Diseases and Medical Conditions

136. Notification of a number of specified infectious diseases is required under the Public Health (Infectious Diseases) Act 2014 and the Public Health (Control of Diseases) Act 2014.

137. The Headmistress is required to inform the local Health Protection Agency so that local and national trends can be analysed. The prime purpose of the notification system is to allow possible outbreaks and epidemics to be detected quickly.

138. Notifiable diseases include:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- 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
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)

Whooping cough
Yellow fever

139. Where a doctor sends a notification that an employee is suffering from a reportable work-related disease, a report must be made to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 by submission of a completed online form.

140. A full list of reportable conditions is provided on the RIDDOR website.

Emergency Contact Details

141. A record of emergency contact details for all staff and pupils is kept in the Headmistress' office in staff files.

142. For pupils with medical conditions, contact details of the pupil's GP and / or hospital consultant are also kept on their pupil update forms.

Parental Consent for Treatment

143. At the start of each academic year, Parents are invited to give their consent to their child receiving medical treatment by signing a form to that effect. In the event that consent is not forthcoming, the parents will be invited to meet with the Headmistress to discuss the implications of their refusal.

144. If parental consent for medical treatment is not given for a child to attend a school trip, including trips abroad, then the decision will be made not to take the child.

145. By agreeing to the school's terms and conditions, the parents authorise the Headmistress to consent on their behalf to the pupil receiving emergency medical treatment if after reasonable endeavours the school cannot contact either of them.

Analgesics

146. The school annually obtains permission for the administration of Calpol in extreme cases of raised temperatures.

147. A written record is kept each time the analgesic is administered and the medicine is stored securely and correctly in the school office.

Communicable Diseases

148. Where necessary, staff and parents should be informed of the standard incubatory periods for infectious and contagious diseases.
149. Persons showing symptoms of a communicable disease or infection should be advised on the exclusion period from school. The minimum recommended period of exclusion of a person from school may vary from one area to another. The school should ensure that all staff and parents are made aware of an incidence of a communicable disease or infection.
150. To reduce the risk of infectious disease, pupils, teachers and other staff should be encouraged to be up to date with the recommended immunisations against diseases such as measles, mumps, rubella and chickenpox.
151. People who work around open food while suffering from certain infections (mainly from bacteria and viruses) contaminate food and spread infection. If a member of the kitchen staff develops the symptoms of any communicable disease or infection, they should inform the Catering Manager and be excluded from food handling until free from symptoms and fit to return to work.
152. Information regarding the minimum period of exclusion for a number of common communicable diseases and infections is provided below.

Skin Conditions and Minor Ailments

Disease	Minimum period of exclusion
Impetigo	Exclusion until treatment has started. Medical treatment is effective in most cases. Children with infection or suspected infection should be referred to their own general practitioner.
Pediculosis (Lice)	Exclusion until treatment has been received. Family contacts should all receive treatment. The person should be checked following treatment to ensure the treatment has been effective.

Ringworm of feet (Athlete's foot)	Exclusion from barefoot activities is unnecessary but treatment is advisable.
Scabies	Exclusion until treatment has been received.
Shingles	Exclude for one week after appearance of lesions. Susceptible contacts may get chickenpox.

Infectious Disease

Disease	Usual incubation period (days)	Period of communicability (days)	Minimum period of exclusion from school	Exclusion of family contacts who attend school
Chickenpox	11 – 21	From one to five days before, to five days after appearance of rash	Five days from onset of rash	None
Diphtheria	2 – 5	Whilst the organism is present in nose and throat	Until clinically fit and bacteriological examination is clear	Seven days and until bacteriological result is negative
German measles* (Rubella)	14 – 21	From seven days before to seven days after onset of rash	Four days from appearance	None
* Pregnant women who may have been exposed to the disease should be advised to consult their doctor.				

Glandular fever	33 - 49	Once symptoms have subsided risk is small apart from very close contact, e.g. kissing	Until clinical recovery	None
Hepatitis A	15 - 50 (commonly 28)	From 7 to 14 days before to 7 days after onset	Seven days from onset	None
Measles	10 - 15	From a few days before to seven days after onset of rash	Seven days from onset of rash	None
Meningococcal infection	2 - 10 (commonly 2 - 5)	Whilst organism is present in nasopharynx	Until clinical recovery	None
Mumps	12 - 21	From 7 days before onset of symptoms to subsidence of swelling (often 14 days)	Until clinical recovery	None
Scarlet fever and other streptococcal infections	2 - 5	Whilst organism is present in the nasopharynx or skin lesion	Until clinical recovery	None
Tuberculosis	4 - 6 weeks	While organism is present in sputum	Until declared to be non-infectious	Usually none but screening of contacts is routine policy

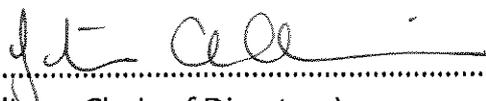
Hand Hygiene

153. Infections which cause diarrhoea, vomiting, common colds and flu are responsible for the loss of thousands of school days each year. Some organisms such as E.coli and Campylobacter can be infectious in very low numbers.

154. Hand hygiene is the single most important way of reducing infection and preventing its spread. Pupils should be encouraged to be aware that hands should be washed after using the toilet, blowing one's nose, coughing, or sneezing and before eating or handling food in order to reduce rates of infection and sickness. It is equally important to wash hands thoroughly both during and after school visits to farms and zoos.

155. The Health Protection Agency recommends the use of liquid soap, hot water, and paper towels. It also provides resources to be used at Key Stage 1 and 2 to help teach the importance of hand hygiene, as young children are a particular risk where the catching and spreading of gastro-intestinal and respiratory infections are concerned.

Signed 
(Mrs S Palmer, Headmistress)

Signed 
(Mr J Challinor, Chair of Directors)

Dated 18 / 9 / 18

Annexe 1: The Accident, Incident and Near Miss Reporting Protocol

Categories of Person	Action
Pupils	
All accidents, incidents and near misses	The member of staff in charge at the time of the occurrence should obtain a copy of the Pupil Accident, Incident and Near Miss Form (PAINF) from the Office Manager, complete and return it to her for filing (unless the pupil has suffered any injury to the head, in which event see below).
Accidents, incidents and near misses which result in the child receiving treatment	Parents are notified of all accidents, incidents and near misses which result in the child receiving treatment by means of a yellow form which is sent home with the child. These forms are checked daily by a named First Aider and signed, with any concerns referred to the Head of Pastoral Care or the Headmistress who are made aware of any more serious incidents.
Head bump / injury to a pupil	<p>If a pupil suffers any bump / injury to the head, the PAINF should be obtained and completed as above and handed to the Head of Pastoral Care who will ensure that the parents are notified immediately and advised that they should collect the child and seek further medical advice.</p> <p>The Head of Pastoral Care should then hand the PAINF to the Office Manager for filing.</p>
Staff and Visitors	
All accidents, incidents and near misses	<p>The Office Manager should be asked to produce the Citation Accident Book (CAB) and an appropriate entry made therein by:</p> <ul style="list-style-type: none"> (a) the member of staff affected by the accident, incident or near miss; (b) where a visitor was so affected, by a member of staff present at the time; (c) where a visitor was so affected but no member of staff was present, by the visitor themselves.
All Persons	
Occurrences which require a more detailed investigation	Where, in the view of the Office Manager, a more detailed investigation of the occurrence is required than the PAINF and CAB permit, she should notify the Headmistress immediately and commence an investigation using the Accident, Incident and Near Miss Investigation Form, taking witness statements where necessary.

<p>Occurrences which are reportable to the HSE</p>	<p>RIDDOR reportable instances include the following. This list is not exhaustive and the Headmistress should contact Citation Ltd's advice line for further guidance, support and clarification.</p> <p>(i) Death</p> <p>Workers and non-workers who have died of a work related accident</p> <p>(ii) Specifted Injuries</p> <ul style="list-style-type: none"> * Fractures, other than to fingers, thumbs and toes. * Any injury likely to lead to permanent loss of sight or reduction in sight. * Any crush injury to the head or torso causing damage to the brain or internal organs. * Serious burns (including scalding) which:- <ul style="list-style-type: none"> o covers more than 10% of the body, or o causes 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:- <ul style="list-style-type: none"> o leads to hypothermia or heat-induced illness, or o requires resuscitation or admittance to hospital for more than 24 hours. <p>(iii) Over seven-day injury</p> <p>This is an injury which is not major but results in the injured person being away from work or unable to carry out their normal duties for more than seven days. Apart from the day of the accident, weekends and days that would not normally be worked, such as rest days, are counted.</p> <p>(iv) Occupational disease</p> <ul style="list-style-type: none"> * Severe cramp of the hand or forearm. * Occupational dermatitis. * Occupational asthma. * Any occupational cancer.
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(v) Dangerous occurrence

There are 27 dangerous occurrences which are relevant to most workplaces, e.g.: -

- * Collapse, overturning or failure of load bearing parts of lifting equipment.
- * Electrical short circuit or overload causing fire or explosion.

(vi) Persons not at work

- * A member of the public or person who is not at work has died.
- * A member of the public or a person not at work has suffered an injury and is taken from the scene of the accident to hospital for treatment to that injury.