



Norfolk House School

# First Aid Policy

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## **1. Introduction**

- 1.1. This is the First Aid Policy of Norfolk House School (School).
- 1.2. Any pupil, member of staff or visitor can sustain an injury or become ill. Effective First Aid can save lives and prevent minor injuries becoming major ones. Health and safety legislation requires employers to ensure that there are adequate and appropriate equipment and facilities for providing First Aid in the workplace. First Aid must be available at all times while persons are on School premises and off the whilst visits. It is important that they receive immediate attention and that an ambulance is called in serious situations.

## **2. Aims**

- 2.1. The aims of this policy are:
  - 2.1.1. to ensure that there are suitable and sufficient First Aid facilities available.
  - 2.1.2. to ensure that sufficient properly trained First Aid personnel are on hand at all times to render assistance to casualties and to summon an ambulance or other professional help.
  - 2.1.3. to ensure that suitable and sufficient processes are in place to administer medication in a safe and effective manner to pupils who require it.
  - 2.1.4. to minimise the risk posed to the health of all members of the School community by injury, illness, infection and disease.

## **3. Scope and application**

- 3.1. This policy applies to the whole School including the Early Years Foundation Stage (EYFS).

## **4. Regulatory framework**

- 4.1. This policy has been prepared to meet the School's responsibilities under:
  - 4.1.1. The Health and Safety (First Aid) Regulations 1981 (as amended in 2013);
  - 4.1.2. Health & Safety Executive Guidance L74: First Aid at Work;
  - 4.1.3. Department for Education and Employment: Guidance on First Aid for Schools;

- 4.1.4. RIDDOR – Reporting of Injuries, Diseases and Dangerous occurrences Regulations 1995 (as amended in 2013);
- 4.1.5. Education (Independent School Standards) Regulations 2014;
- 4.1.6. Statutory framework for the Early Years Foundation Stage (DfE, March 2017);
- 4.1.7. Education and Skills Act 2008;
- 4.1.8. Children Act 1989;
- 4.1.9. Childcare Act 2006;
- 4.1.10. Data Protection Act 2018 and General Data Protection Regulation (GDPR); and
- 4.1.11. Equality Act 2010.

**5. Publication and availability**

- 5.1. This policy is published on the School website.
- 5.2. This policy is available in hard copy on request.

**6. Definitions**

- 6.1. Where the following words or phrases are used in this policy:
  - 6.1.1. references to the Proprietor are references to the Board of Directors of Norfolk House School Limited;

**7. Responsibility statement and allocation of tasks**

- 7.1. The Proprietor has overall responsibility for all matters which are the subject of this policy.
- 7.2. To ensure the efficient discharge of its responsibilities under this policy, the Proprietor has allocated the following tasks:

Task	Allocated to	When / frequency of review
Keeping the policy up to date and compliant with the law and best practice	Head of Pastoral Care	As required, and at least termly

Task	Allocated to	When / frequency of review
Monitoring the implementation of the policy, relevant risk assessments and any action taken in response and evaluating effectiveness	“ “ “	As required, and at least termly
Seeking input from interested groups (such as pupils, staff, parents) to consider improvements to the School's processes under the policy	“ “ “	As required, and at least annually
Formal annual review	Proprietor, Headmistress, Head of Pastoral Care	Annually

## 8. School's responsibilities

- 8.1. 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.
- 8.2. The school shall:
- 8.2.1. carry out a First Aid Risk Assessment;
  - 8.2.2. provide and maintain adequate equipment and facilities;
  - 8.2.3. provide appropriate training for first aiders;
  - 8.2.4. communicate details of first aid provision to staff and visitors;
  - 8.2.5. ensure that any incidents are logged and investigated, as appropriate;
  - 8.2.6. ensure that medication is provided to pupils in a timely, effective and safe manner;
  - 8.2.7. 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

8.2.8. review this policy at least annually or more frequently if significant changes occur.

## **9. Risk assessment**

9.1. 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:

9.1.1. the response by emergency services;

9.1.2. how to summon first aid provision or an ambulance;

9.1.3. the sufficiency of first aid supplies ; and

9.1.4. the risks posed by trips, falls and bumps to the head.

9.2. When determining the required level of first aid provision, the Office Manager and Head of Pastoral Care will work with the Headmistress to examine:

9.2.1. provision during the lunch and playtimes;

9.2.2. the adequacy of provision to account for staff absence;

9.2.3. the provision of first aid for off-site activities such as outings; and

9.2.4. the provision for practical lessons and activities.

9.3. Special consideration will be given to staff or pupils who have special health needs or disabilities. Where a concern about a pupil's welfare is identified, the risks to that pupil's welfare will be assessed and appropriate action will be taken to reduce the risks identified.

9.4. The format of risk assessment may vary and may be included as part of the School's overall response to a welfare issue, including the use of individual pupil welfare plans (such as behaviour, healthcare and education plans, as appropriate). Regardless of the form used, the School's approach to promoting pupil welfare will be systematic and pupil focused.

## **10. Qualifications and training**

10.1. 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).

10.2. The Appointed Persons are:

10.2.1. Mrs Rachel Hifle – Deputy Headmistress, Head of Pastoral

Care.

10.2.2. Miss Tracy Huckerby – Teaching Assistant, before and after school care

10.2.3. Mr Michael Hines - Year 5 Teacher and Head of PE

10.2.4. Mrs Natasha Lavander - Teaching Assistant, before and after school care

10.3. The Appointed Persons are responsible for:

10.3.1. taking charge when someone is injured or becomes ill;

10.3.2. maintaining first aid equipment (eg re-stocking the first aid equipment container);

10.3.3. ensuring that an ambulance or other professional medical help is summoned when appropriate.

10.3.4. manage the team of first aiders and monitor their training and competence;

10.3.5. ensuring that the team of first aiders receive regular training in such areas as Epilepsy, Diabetes, Asthma and Allergies, in accordance with the recommended guidance from the Birmingham Health Service.

10.3.6. ensuring 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 during visits off-site. In the event that the School is short staffed (eg through illness during the COVID-19 pandemic), arrangements will be put in place to call upon staff from Norfolk House Nursery, which is next door to the School, to attend emergencies involving Early years children. All staff at Norfolk House Nursery hold Full Paediatric First Aid certificates.

10.4. The Appointed Persons are overseen in their work by the Headmistress.

10.5. The following school staff have regularly updated Schools First Aid (a one day course) or Basic Paediatric First Aid (a two day course).

10.5.1. Mrs Lisa Reeves – Year 1 Teacher

10.5.2. Mrs Maria Wallace – Teaching Assistant

10.5.3. Miss Tracy Huckerby – Teaching Assistant

- 10.5.4. Mrs Ania Brockman – Director of Music
  - 10.5.5. Natasha Allender - Teaching Assistant
  - 10.5.6. Fatima Moledina - Teaching Assistant
  - 10.5.7. Mrs Ann Lowe – Forest School Teacher
- 10.6. Staff in our Early Years’ classes have received Full Paediatric First Aid training (a two day course), as set out below.
- 10.6.1. Mrs Rachel Hifle - Head of Lower School
  - 10.6.2. Miss Tracy Huckerby - Reception Teaching Assistant
  - 10.6.3. Mrs Natasha Lavander - Teaching Assistant

## **11. Information and notices**

- 11.1. First aid posters are in place at points around the school, which give the location of the first aid boxes and also the names of the qualified first aiders.
- 11.2. First aid notices will be clear and must not be covered with any other material being placed in front of them.

## **12. Emergency contact details**

- 12.1. Emergency contact details for pupils are stored on RM Integris.
- 12.2. The details of pupils’ general practitioners are stored on RM Integris.
- 12.3. Emergency contact details for staff are kept on RM Integris and on staff files in the Headmistress’ office.

## **13. Parental consent to treatment**

- 13.1. Under the School’s Terms and Conditions (published on its website), 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.
- 13.2. When parents complete the Pupil Information Form (when their child joins the school and at least annually thereafter), they are asked to provide their consent for a trained member of School staff to give their child first aid, which includes the application of plasters and the administration of Calpol (if Calpol is not suitable for their child, they are given the opportunity of specifying an alternative). They are also asked to specify the dose and frequency of Calpol (or the alternative).

13.3. Where a pupil is prescribed medication by a doctor and needs to take it whilst at school, parents must complete a Medication Permission Form (available on the School's website) in accordance with the Administration of Prescribed Medication procedure described herein.

#### **14. First aid materials and facilities**

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



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

- 14.2.1. Staff Room
- 14.2.2. Year 3/Science Classroom
- 14.2.3. Staff Toilet
- 14.2.4. Kitchen
- 14.2.5. School Hall
- 14.2.6. Year 6/Art Classroom (Coach House)
- 14.2.7. Boiler Room
- 14.2.8. Transition Classroom
- 14.2.9. Medical Room

14.3. 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.

14.4. First Aid kits are checked weekly as a matter of routine.

14.5. Portable first aid kits are available for use during an evacuation of the School and while pupils are on School trips.

#### **15. Medical accommodation**

15.1. 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.

- 15.2. The school's Medical Suite fulfils the above requirements and allows ill or injured pupils to be looked after appropriately.

## **16. Hygiene and infection control**

- 16.1. All staff will follow basic hygiene procedures when dealing with any form of injury, in 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 COVID-19.
- 16.2. 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.
- 16.3. A sanitary bin in the girls toilet by the Year six 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 medical room.

## **17. Practical arrangements at the point of contact**

### Pupils: injury / illness on School premises

- 17.1. 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.
- 17.2. 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 move. An Appointed Person will be notified by sending a child with a red triangle.
- 17.3. 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 an Appointed Person.
- 17.4. The Headmistress will be informed.
- 17.5. 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.
- 17.6. Where appropriate, prescribed medication will be administered (see the Administration of Prescribed Medication procedure) by staff duly authorised to do so.

- 17.7. Where, for reasons concerning the child's welfare or 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.
- 17.8. If an ambulance is required, the Headmistress or Appointed Person will make the call and liaise between the staff administering first aid and the medical professionals.
- 17.9. 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.
- 17.10. All minor accidents, incidents or near misses are recorded on the appropriate form which gives:
- 17.10.1. Child's name
  - 17.10.2. Class
  - 17.10.3. Time of accident, incident or near miss
  - 17.10.4. Location of accident, incident or near miss
  - 17.10.5. Full details of accident, incident or near miss
  - 17.10.6. Treatment given
  - 17.10.7. Whether or not a First Aider was required
  - 17.10.8. Whether or not parents and class teacher were informed
  - 17.10.9. Name of member of staff treating the child
  - 17.10.10. Signature of member of staff treating the child
  - 17.10.11. Date of incident
- 17.11. The yellow form is given to the parents at the end of the day. The white top copy is retained by the school and is both scanned into CPOMS and retained in hard copy.
- 17.12. Head bumps: Please see below the procedure to be followed in respect of head bumps.
- 17.13. 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

- 17.14. The following should be read in conjunction with the School Outings Policy.
- 17.15. 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 mesh bags which are available in the School Reception at all times.
- 17.16. At least one member of staff on the outing will hold a Paediatric First Aid qualification.
- 17.17. The Visit Leader will ensure that a suitable first aid kit is taken on the outing, and that its contents are checked before departure. He or she will also ensure that an emergency inhaler kit is checked and taken on the trip.
- 17.18. If a child is injured or becomes ill during an outing, the procedure for dealing with injury / illness on School premises will be followed with the necessary changes to suit the particular circumstances.
- 17.19. The Visit Leader will telephone the school and inform the Headmistress of the child's illness or injury.
- 17.20. 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 made 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

- 17.21. 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.
- 17.22. The purpose of this procedure is to set out what should be done when a child becomes unwell at home.
- 17.23. It should be read alongside the 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.
- 17.24. In the event that a child becomes unwell at home, his or her parents should:
- 17.24.1. allow their child to recover fully at home;

- 17.24.2. notify the school immediately of their child's absence and its likely duration;
- 17.24.3. 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);
- 17.24.4. not allow their child to return to school until at least 48 hours have elapsed since the last bout of any vomiting or diarrhoea; and
- 17.24.5. 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.

## **18. Head bumps / injuries**

18.1. Minor head injuries are common in children and do not usually cause any serious problems. They are often caused by a blow to the head in the school environment, usually as a result of a fall or sporting activity. However, every head injury is different and the school takes them seriously. It has a graded response, which is as follows:

18.1.1. Low risk head bump (no wound/lump, child well and coherent): First aid administered, if required; accident form completed and sent home with head injury advice leaflet; child monitored throughout the rest of the day.

18.1.2. Medium risk head bump (wound/lump, child presenting as well and coherent). First aid administered; parents telephoned to advise of injury and discuss; accident form completed and sent home with head injury advice leaflet.

18.1.3. Serious head bump (Possible wound/lump, child presenting and incoherent, sleepy, vomiting etc.). First aid administered; ambulance called or child taken to A & E; parents telephoned; accident form completed and sent home with head injury advice leaflet.

18.2. An appointed person will advise as to which level of response is appropriate.

## **19. Cuts and nosebleeds**

19.1. 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.

- 19.2. 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.
- 19.3. 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.

## **20. Bite injuries**

- 20.1. 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.
- 20.2. 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.

## **21. Recording and reporting accidents, incidents and near misses**

- 21.1. There are many hazards present in all schools. 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.
- 21.2. The school has clear reporting and investigation procedures for accidents, incidents and near misses.
- 21.3. Records are routinely reviewed by the Health and Safety Committee to enable monitoring and learning to take place.

### Definitions

- 21.4. Accident: an unplanned event which results in personal injury, damage to property or loss of service capacity.
- 21.5. 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.
- 21.6. Near Miss: an event that could have caused personal injury, damage to property or loss of service capacity, but narrowly missed doing so.

## Management Responsibilities

- 21.7. 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:
- 21.7.1. communicate a clear accident, incident and near miss reporting protocol throughout the school (see Appendix 1);
  - 21.7.2. 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 Annex 1 for an outline of reportable matters). At Norfolk House School this is the Headmistress, or in her absence, the Deputy Headmistress;
  - 21.7.3. 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 Accident Book (AB) in the case of staff, visitors and third parties;
  - 21.7.4. 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 AB will constitute an investigation. However, where a more detailed investigation is required, the Accident, Incident and Near Miss Investigation Form (AINIF) should be completed;
  - 21.7.5. review accident, incident and near miss statistics on a termly basis to identify trends;
  - 21.7.6. implement improvement strategies to help prevent or minimise occurrences, thus reducing the risk of future harm;
  - 21.7.7. review risk assessments and introduce further control measures where necessary;
  - 21.7.8. 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
  - 21.7.9. review this policy at least annually, but more frequently if necessary.

## Staff Responsibilities

21.8. 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 Appendix 1.

## **22. Administration of prescribed medication**

22.1. 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.

22.2. The school is committed to ensuring that all medication is stored securely, administered safely and that appropriate records of its administration are kept.

22.3. This procedure covers the administration of medication to all pupils, including pupils in the Early Years classes, Reception and Transition.

22.4. 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.

22.5. In the case of an extreme raised temperature, where a parent has been contacted and is en route to the school to collect them, the School may administer Calpol if the parent has previously agreed to this in writing on the Parental Consent Form. Calpol is stored securely in the Medication Cupboard in the School Reception. A record will be made of how much Calpol was administered and when and the parents informed.

22.6. No member of staff may compel a pupil to take medication.

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

22.7. The pupil's own doctor is the best person to advise whether or not he 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:

22.8. 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:

22.8.1. the pupil's full name;

- 22.8.2. the nature of the medication;
  - 22.8.3. the dosage and the time when each dose is due;
- 22.9. On each day the pupil requires the medication, his or her parent should take it to the School Reception and complete a Medication Permission Form (Appendix 2 and available on the school's website). Unless this is done, the school will not permit any of its staff to administer the medication.
- 22.10. The medication will be stored securely in the Medication Cupboard or Medication Fridge as appropriate.
- 22.11. Details of the medication and its dosage will be sent to the pupil's class teacher by the School Receptionist.
- 22.12. 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, witnessed by the School Receptionist.
- 22.13. The designated member of staff and the School Receptionist will confirm, before any dose is administered, that the medication has not passed its use-by date.
- 22.14. The designated member of staff who administered the medication will record on the Medication Permission Form the time it was administered, its dosage and whether or not it had been stored correctly.
- 22.15. At the end of the school day the pupil's parent should attend the School Reception, sign the Medication Permission Form and take possession of any unused medication. They will be provided with a copy of the completed Medication Permission Form. The original should be kept as part of the School's records.

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

- 22.16. 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 on the Application and Pupil Information Forms which parents complete when they enrol their child at the School and, in the case of the latter, at the start of every academic year thereafter.
- 22.17. 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.

- 22.18. 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 Form 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.
- 22.19. 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.

### **23. Children with particular medical conditions**

- 23.1. Parents are requested to disclose any medical condition when they apply for a place for their child at the School, and at 12-monthly intervals thereafter when they are asked to complete a Pupil Information Form. If a pupil develops a medical condition, parents are encouraged to provide the School with details of it using a Pupil Information Form without delay.
- 23.2. Details of the medical condition are stored on the School's management information system (RM Integris) and a 'Medical Alert' is set up. Medical information is kept confidential but may be disclosed to relevant members of staff and other professionals if it is required to safeguard or promote the welfare of a pupil or other members of the school community.
- 23.3. Where necessary, individual care plans are drawn up for pupils in consultation with their parents in order to ensure that their specific health needs are met.

### **24. Allergy and anaphylaxis management**

- 24.1. (To be read in tandem with the Administration of Prescribed Medication procedure below).
- 24.2. 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.

- 24.3. 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.
- 24.4. The school will review its procedures after a reaction has occurred and update and monitor them on an ongoing basis.
- 24.5. This procedure will outline how staff at Norfolk House School manage allergy and anaphylaxis:
  - 24.5.1. to minimise the risk of an allergic/anaphylactic reaction while the pupil is involved in school-related activities;
  - 24.5.2. to ensure that staff respond appropriately to an allergic/anaphylactic reaction; and
  - 24.5.3. to raise the awareness of allergy/anaphylaxis and its management through education and policy implementation.

#### What the School Will Do

- 24.6. The School collects information from parents about any allergy suffered by their child prior to the child's admission to the School via the Application and Pupil Information Forms, and at least annually thereafter via the Pupil Information Form.
- 24.7. The School will keep careful and updated records of the information provided by parents on RM Integris. Any allergy is flagged up as a "Medical Alert" on the child's page.
- 24.8. The parents of those children who require medication such as an Epi-pen are required to complete a Medication Permission Form, which is copied to the pupil's class teacher for their information.
- 24.9. Parents are required to provide two Epi-pens (or similar medication, as appropriate) one of which is stored in the pupil's medical bag in the classroom, the other in the School Reception as a back-up. The School Receptionist and Admin Assistant are responsible for ensuring that the Epi-pens held in the School Reception and classrooms are, and remain, in date.

- 24.10. The School keeps a Register of Allergies and Dietary Requirements which is arranged by class. Copies are posted in the kitchen and the School Hall, and are made available to class teachers.
- 24.11. Cards which describe each child's allergies and contain their photographs are regularly updated and displayed in the School Office, Staff Room, Medical Suite, Year 1 classroom (BC/ASC), Kitchen and the School Hall, and are referred to by serving staff at lunchtime. In addition, Transition and Reception children's cards are on display in the appropriate classroom where lunch is served.
- 24.12. The school adopts the *Safer Food Better Business* allergen matrix which identifies the allergens present in every meal served by the school, as well as naming every child who is allergic to any of the ingredients. The allergen matrix is supplied to and used by every member of staff who serves food to children.
- 24.13. Any changes to pupils' details and medical needs are discussed in staff briefings and updated on RM Integris as a resource for all staff.
- 24.14. In the event of an emergency, staff should follow the instructions detailed in the Allergy Response Procedure (Annexe 2), copies of which are displayed around the school. 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.
- 24.15. The School will also:
- 24.15.1. Ensure effective communication of individual pupil medical needs to all relevant teachers and other relevant staff.
  - 24.15.2. Ensure that First Aid staff training includes anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
  - 24.15.3. 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).
  - 24.15.4. Ensure that all educational visits are pre-checked and 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 Medication

Permission Form. The school may also request that parents take the child to their doctor or call for an ambulance, as the situation requires.

24.15.5. 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.

24.15.6. 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.

24.15.7. Encourage self-responsibility and learned avoidance strategies amongst pupils suffering from allergies.

#### Family Responsibilities

24.16. Parents must provide the school with two in date and name-labelled Epi-Pens (or similar medication, as appropriate), one to be stored in the pupil's medical bag in the classroom, the other in the School Reception as a back-up.

24.17. 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 Procedure described herein.

#### Pupils' Responsibilities

24.18. Pupils should:

24.18.1. Be sure not to exchange food with others.

24.18.2. Avoid eating anything with unknown ingredients.

24.18.3. Be proactive in the care and management of their allergies (based on age).

24.18.4. Notify an adult immediately if they eat food to which they are allergic.

24.18.5. Notify an adult immediately if they believe they are having a reaction, even if the cause is unknown.

24.18.6. Take responsibility for avoiding food allergens, including informing staff of their allergy at times of potential risk.

24.18.7. Learn to recognise personal symptoms.

- 24.18.8. Store emergency medications where appropriate. This may include carrying the medication with them at all times.
  - 24.18.9. Notify an adult if they are being picked on or threatened by other pupils as it relates to their food allergy.
  - 24.18.10. Develop greater independence to keep themselves safe from anaphylactic reactions.
- 24.19. Given that anaphylaxis can be triggered by minute amounts of allergen, food anaphylactic pupils must be encouraged to follow these additional guidelines:
- 24.19.1. Proper hand washing before and after eating and throughout the school day.
  - 24.19.2. Avoiding sharing or trading of foods or eating utensils with others.
  - 24.19.3. Avoiding eating anything with unknown ingredients or known to contain any allergen.
  - 24.19.4. 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

- 24.20. 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 in 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 School Reception.
- 24.21. In the event of an emergency situation, a member of staff will remain with the pupil throughout.
- 24.22. 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 identifying 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.

24.23. The Office Manager will arrange for the appropriate medical training for staff on a regular basis and disseminate any necessary updates of information to staff.

24.24. All teaching staff are responsible for:

24.24.1. Acquiring knowledge of the signs and symptoms of severe allergic reaction.

24.24.2. 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.

24.24.3. Participate in in-service training about pupils with life-threatening allergies including demonstration on how to use the auto-injector.

24.24.4. Determining suitable protocols regarding the management of food in the classroom (particularly in high-risk subjects).

24.24.5. Reinforcing appropriate classroom hygiene practices eg. hand washing before and after eating or tasks potentially leading to contamination.

24.24.6. Responding immediately to reports of pupils being teased or bullied about their food allergies.

24.24.7. Following the Allergy Response Procedure and call 999 when life-threatening allergy related symptoms occur

24.25. Catering staff are responsible for:

24.25.1. Ensuring suppliers of all foods and catering are aware of the school's policy.

24.25.2. Ensuring supplies of foodstuffs are nut free or labelled "may contain nuts" as far as possible.

24.25.3. Being aware of pupils and staff who have severe food allergies.

24.25.4. Clear labelling of items of foodstuffs that may contain nuts.

24.26. The Catering Manager ensures that the labels of all food products are checked before serving and the allergen matrix (see above) is completed

accordingly. Kitchen staff also use the Register of Allergies and Dietary Requirements daily when planning meals for all the pupils with special dietary requirements.

24.27. When serving pupils food at any time, staff refer to the allergen matrix and allergy cards. Staff who serve pupils food have a responsibility to report any concern immediately to an Appointed Person.

#### Nut allergies

24.28. 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.

24.29. 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 staff who serve pupils food are aware of an allergic pupil's requirements.

#### Dairy and Egg Related allergies

24.30. 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 allergies

24.31. 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 allergies

24.32. 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 of Allergic Reactions

### 24.33. Minor Allergic Reaction:

- 24.33.1. Red itchy rash or raised area of skin
- 24.33.2. Wheezing and difficulty breathing
- 24.33.3. Abdominal pain
- 24.33.4. Vomiting and diarrhoea

### 24.34. Severe Allergic Reaction:

- 24.34.1. Anxiety
- 24.34.2. Red, blotchy skin eruptions
- 24.34.3. Swelling of the tongue and/or throat
- 24.34.4. Impaired breathing

## **25. Asthma**

### 25.1. The School:

- 25.1.1. recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.
- 25.1.2. recognises that asthma is a widespread, serious but controllable condition affecting many children
- 25.1.3. encourages and helps children with asthma to participate fully in school life including art lessons, PE. Science, visits and outings.
- 25.1.4. recognises the need for immediate access to inhalers
- 25.1.5. does all it can to make sure that the school environment is favourable to asthmatics
- 25.1.6. ensures that all staff understand asthma
- 25.1.7. 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
- 25.1.8. works in partnership with children, parents and staff to ensure the successful implementation of this asthma policy

- 25.1.9. keeps an Asthma Register which records all pupils who suffer from asthma and the medication they take.
- 25.1.10. creates an Asthma Card for each child which contains details of their medication and photograph which are posted on the walls in the School Office, Medical Suite and classrooms.
- 25.2. The 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. Staff receive asthma training as part of their first aid training which is updated at regular intervals.
- 25.3. 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 Form, 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.
- 25.4. The class teacher of a pupil with asthma will check that they have an inhaler in school either carried on their person if they are sufficiently mature to administer a dose themselves, or stored in their individual medical bag which is kept on the class teacher's noticeboard. The teacher will also ensure that the inhaler is in date.
- 25.5. The school is equipped with two emergency inhaler kits, each of which contain two salbutamol inhalers. One kit is stored in the school reception and the other is stored in the Medical Suite. Emergency inhalers are to be used where a child's inhaler is lost, broken or has run out. They may also be used in the event of a child having his/her first asthma attack at school, but only after advice has been sought from a paramedic or other suitably medical professional.
- 25.6. The School Receptionist is responsible for liaising with parents to ensure that in-date medication is supplied by them as required.
- 25.7. Immediate access to reliever inhalers is vital. Reliever inhalers are taken with the children when they go on a school trip. 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.

- 25.8. An emergency inhaler kit will be taken on every school outing.
- 25.9. All school staff will let children take their medication when they need to.
- 25.10. Taking part in PE is an essential part of school like 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.
- 25.11. 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.
- 25.12. 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.
- 25.13. In the event of an Asthma attack
- 25.14. All staff who come into contact with children with asthma know what to do in the event of an asthma attack: see Annexe 3 for details.

## **26. Diabetes**

- 26.1. 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.
- 26.2. 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
- 26.3. Symptoms associated with diabetes include:
  - 26.3.1. weakness, faintness or hunger;
  - 26.3.2. palpitations and muscle tremors;

- 26.3.3. strange actions or behaviour where the casualty may seem confused or drunk, belligerent or may even be violent;
  - 26.3.4. sweating;
  - 26.3.5. pallor;
  - 26.3.6. cold clammy skin;
  - 26.3.7. a strong pulse;
  - 26.3.8. deteriorating level of response;
  - 26.3.9. shallow breathing.
- 26.4. 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

- 26.5. The 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.
- 26.6. 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:
- 26.6.1. carry out a risk assessment for the individual to determine whether there are any significant health and safety risks, taking into account individual circumstances;
  - 26.6.2. introduce the appropriate control measures to remove the risk or manage it;
  - 26.6.3. make reasonable adjustments;
  - 26.6.4. allow staff and pupils affected by diabetes to maintain a check on blood sugar levels throughout the day and to take regular breaks;
  - 26.6.5. give access to a fridge or cold flask for storing insulin, if required;
  - 26.6.6. give the staff and pupils a private area in which to check blood sugar levels;
  - 26.6.7. 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;
- 26.6.8. establish procedures for dealing with a hypoglycemic attack in conjunction with the affected individuals;
- 26.6.9. make provision for diabetic persons within the arrangements for first aid, fire and emergency evacuation.

#### Staff Responsibilities

#### 26.7. Staff will:

- 26.7.1. cooperate with the school in relation to health and safety arrangements;
- 26.7.2. follow any training, guidance and instruction;
- 26.7.3. report any accident or incident.

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

#### 26.8. The diabetic person's responsibilities include:

- 26.8.1. alerting the school if their condition is having an adverse effect on their ability to work or increase the likelihood of an accident;
- 26.8.2. 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;
- 26.8.3. cooperation with the school arrangements for health and safety;
- 26.8.4. following any training, guidance and instruction provided by the school.

## **27. Epilepsy**

- 27.1. 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.
- 27.2. 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

- 27.3. Sudden 'switching off': the casualty may be staring blankly ahead.
- 27.4. Slight and localised twitching or jerking of the lips, eyelids, head or limbs.
- 27.5. Odd 'automatic' movements such as lip smacking, chewing, or making noises.

### School's Responsibilities

27.6. 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.

27.7. The school shall:

- 27.7.1. carry out a risk assessment to determine whether there are any significant health and safety risks, taking into account individual circumstances such as epilepsy;
- 27.7.2. introduce the appropriate control measures to remove the risk or manage it;
- 27.7.3. make reasonable adjustments;
- 27.7.4. permit staff and pupils with epilepsy to organise their work area and work time themselves, except in exceptional cases where it is operationally impossible;
- 27.7.5. allow more time and greater flexibility for induction training and choose the location for this carefully;
- 27.7.6. establish procedures for dealing with a seizure in conjunction with the affected person;
- 27.7.7. identify any specific training needs of the individual;
- 27.7.8. make provision for individuals with epilepsy within the arrangements for first aid, fire and emergency evacuation.

### Staff Responsibilities

27.8. The staff shall:

- 27.8.1. cooperate with the school in relation to health and safety arrangements;

- 27.8.2. follow any training, guidance and instruction;
- 27.8.3. report any accident or incident.

#### Epilepsy Sufferers' Responsibilities

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

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

#### **28. Blood borne viruses**

28.1. 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

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

- 28.2.1. direct contact with infected blood or saliva;
- 28.2.2. contact with clinical dressings;
- 28.2.3. needlestick injuries.

#### School's Responsibilities

28.3. The school will do the following:

- 28.3.1. complete a risk assessment to identify the potential for contact with BBVs. This includes First Aid Contact and accidental contact with bodily fluids;
- 28.3.2. 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.;

- 28.3.3. provide First Aiders, the cleaner and caretaker with information about dealing with spillages and discarded needles;
- 28.3.4. ensure that first aid kits contain disposable gloves to protect against possible contamination when handling an injured person;
- 28.3.5. 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);
- 28.3.6. make suitable arrangements for the storage and disposal of syringes that are permitted for use within the school;
- 28.3.7. 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
- 28.3.8. treat any information that has been given by an employee in respect of a BBV condition in complete confidence.

#### Staff Responsibilities

28.4. Staff will do the following:

- 28.4.1. cooperate with the school in relation to health and safety arrangements;
- 28.4.2. follow any training, guidance and instruction;
- 28.4.3. report any accident or incident.

### **29. Communicable diseases**

- 29.1. Parents and staff should be informed of any occurrence of a communicable disease in the school.
- 29.2. Where necessary, staff and parents should be informed of the standard incubation periods for infectious and contagious diseases.
- 29.3. 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.
- 29.4. 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.

29.5. 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.

29.6. The school has a comprehensive COVID-19 risk assessment which it reviews regularly. Details of the control measures are to be found therein.

29.7. Information regarding the minimum period of exclusion for a number of common communicable diseases and infections is provided below.

29.8. 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.

29.8. Infectious Diseases

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
COVID-19	1-14 days	10 days after the onset of symptoms.	10 days after the onset of symptoms	None
Diphtheria	2 – 5	Whilst the organism is present in nose and throat	Until clinically fit and bacteriological examination I 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

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.

### **30. Reporting of diseases and medical conditions**

30.1. 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.

30.2. 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.

30.3. Notifiable diseases include:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Tetanus
- Tuberculosis

Typhus  
Viral haemorrhagic fever (VHF)  
Whooping cough  
Yellow fever

30.4. 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.

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

### **31. Evaluation and review**

31.1. This policy shall be reviewed and updated on a regular basis, in particular after a serious allergic reaction has occurred at the School, and shall be amended to conform to changes in rules, regulations, practice and School staff.

31.2. Routine allergy scenarios will be carried out as practice sessions as and when considered appropriate.

### **32. Training**

32.1. The School ensures that regular guidance and training is arranged on induction and at regular intervals thereafter so that staff and volunteers understand what is expected of them by this policy and have the necessary knowledge and skills to carry out their roles.

32.2. The level and frequency of training depends on role of the individual member of staff.

32.3. The School maintains written records of all staff training.

32.4. Staff will be trained to understand the types of disabilities and how to deal with pupils who are disabled. Staff will not be expected, unless medically qualified or trained, to administer medication.

### **33. Record keeping**

33.1. All records created in accordance with this policy are managed in accordance with the School's policies that apply to the retention and destruction of records.

33.2. The information created in connection with this policy may contain personal data. The School's use of this personal data will be in accordance with data protection law. The School has published privacy notices on its

website which explain how the School will use personal data.

### **34. Version control**

Date of adoption of this policy	
Date of last review of this policy	
Date for next review of this policy	
Policy owner (SLT)	Head of Pastoral Care
Policy owner (Proprietor)	Chair of Directors

## Annexe 1

### The Accident, Incident and near Miss Reporting Protocol

CATEGORY OF PERSON	ACTION
<b>Pupils</b>	
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 Medical Suite and complete it. In the event that no treatment was administered, it should be returned to the Head of Pastoral Care for review. In the event that treatment was administered, the procedure set out below should be followed. All reviewed PAINF are handed to the Receptionist for filing.
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 the Head of Pastoral Care and signed, with any concerns referred to the Headmistress who is made aware of more serious incidents.
Head bump / injury to a pupil	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. In the case of low risk bumps, parents are provided with the PAINF at the end of the school day. In the case of medium and serious risk bumps, parents are contacted immediately and provided with a PAINF.  A head bump advice leaflet will go home with the yellow form.
<b>Staff and Visitors</b>	
All accidents, incidents and near misses	The Office Manager should be asked to produce the Accident Book (AB) and an appropriate entry made therein by: <ul style="list-style-type: none"> <li>(a) the member of staff affected by the accident, incident or near miss;</li> <li>(b) where a visitor was so affected, by a member of staff present at the time;</li> <li>(c) where a visitor was so affected but no member of staff was present, by the visitor themselves.</li> </ul>
<b>All persons</b>	
Occurrences which require a more detailed investigation	Where a more detailed investigation of the occurrence is required than the PAINF and AB permit, the Headmistress or her Deputy would commence an investigation using the Accident, Incident and Near Miss Investigation Form, taking witness statements where necessary.
Occurrences which are reportable to the HSE	Please see the HSE's Guidance entitled <a href="#">Incident reporting in schools (accidents and dangerous occurrences)</a> which appears at Annexe 1 Section 1: Injuries and ill health to people at work Section 2: Incidents to pupils and other people who are not at work Section 3: Dangerous occurrences

## Annexe 2 ALLERGY RESPONSE PROCEDURE

### IF A PUPIL HAS ANY OF THESE SYMPTOMS :

<b>Mild-Moderate Allergic Reaction - VERY COMMON</b> 1. Swollen lips, face or eyes 2. Itchy/tingling mouth 3. Hives or itchy skin rash 4. Abdominal pain or vomiting 5. Sudden change in behaviour	<b>Severe Allergic Reaction – RARE</b> 1. <b>Airway</b> – persistent cough, hoarse voice, difficulty swallowing, swollen tongue 2. <b>Breathing</b> – difficult or noisy breathing, wheeze or persistent cough 3. <b>Consciousness</b> – persistent dizziness/ pale or floppy, suddenly sleepy, collapse, unconscious
<b><u>ACTION TO TAKE</u></b> Send for help using the red triangle and contact the named first aider (Rachel, Hifle, Tracy Huckerby, Michael, Hines, Natasha Lavander) Stay with the pupil and give them reassurance If the pupil is conscious, sit them in a position to help them breathe If the pupil is unconscious, open their airway and check that they are breathing When help arrives, confirm if it is a severe reaction and fetch the auto-injector	
Treat with anti-histamine medication if pupils have medicine in school as agreed with the parents.	Dial 999 and request a paramedic ambulance. Contact the Parents.
Contact the Parents – if they are unavailable and you have concerns, dial 999	Before using the Epi-Pen, confirm it is in date and belongs to the pupil. Read the instructions for use. Epi-pens are stored in classrooms and spares in reception.
Supervise the child closely and, if the condition worsens, follow the measures for a severe reaction in the right column	<b>Administer Epi-Pen (adrenaline auto injector) as follows:</b> 1. Lie the child flat. If breathing is difficult, allow to sit. 2. Form fist round Epi-Pen and pull off blue safety cap. 3. Push orange tip against outer thigh (with or without clothing) until a click is heard. 4. Hold firmly in place for 10 seconds. 5. Remove Epi-pen and massage site for 10 seconds.  <b>After giving Epi-pen :</b> 1. Record the time the injection was given. 2. Stay with child and commence CPR if no signs of life. 3. If no improvement after 5 minutes, give a further Epi-pen, if available. 4. Give auto-injector to ambulance service for disposal. 5. Inform parents of hospital location when confirmed by paramedics.

**Note : If in doubt, give Epi-pen.** Never administer Adrenaline prescribed for another pupil and always wait for an ambulance. Do not allow the child to stand or move away from Adrenaline. If an accidental puncture of the skin from the exposed needle occurs, irrigate the wound with running water, encourage controlled bleeding and cover with a dressing.

**Reviewed September 2021**

## **Annexe 3**

### **In the Event of an Asthma Attack Information for Staff**

1. Deal with the child wherever it occurs. (A change of air can make the problem worse).
2. Ensure the child takes the prescribed dose of their reliever inhaler immediately. Send for one of the appointed persons. (Rachel Hifle, Tracy Huckerby, Michael Hines, Natasha Lavander)
3. If there is no inhaler, or it is a first asthma attack, send for one of the appointed persons. The appointed person will call 999 and speak to a paramedic before administering an inhaler to a child suffering their first asthma attack. An emergency inhaler kit is available in reception and should be administered only by an appointed person.
3. 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.
4. If there is no improvement after 5 minutes, give the child the reliever inhaler again.
5. 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 is any doubt at all about the child's condition.

**Reviewed September 2021**