



# **First Aid, Health & Hygiene Policy**

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## 1. Policy statement

This policy is designed to promote the health, safety and welfare of pupils, staff and visitors at Chandlings School through the provision of first-aid equipment and trained personnel in accordance to the requirements of the Health and Safety (First Aid) Regulations and relevant [DfE guidance](#).

'First-aid' means:

- a. in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and
- b. treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse;

H&S (First Aid) Regulations 1981(as amended)

## 2. Parents provision

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

Parents are asked to inform the school of any changes to their child's medical information. At the beginning of each school year an annual reminder will be sent out for parents to provide the School with any new details of either medical conditions and/or contact details.

Recording nurse and pupil interactions – All first aid and medical support offered to a pupil by the school nurse or first aider is entered on iSAMS outlining the reason, the treatment provided and any further treatment that may be required.

## 3. First Aid Policy

The First Aid Policy for Chandlings School is based upon the following principle:

- All pupils, staff and visitors have the right to receive prompt and appropriate First Aid treatment
- Chandlings School will be advised by, and comply with, the Health and Safety (First Aid) Regulations 1981

### 3.1 The School

The School Nurse is based in the medical room; the room has 2 beds, a wash hand basin, a lockable medicine cabinet, a lockable fridge and there is a toilet located nearby. The room is the main location for first aid treatment and equipment

First Aid kits are clearly identified first aid boxes marked with a white cross on a green background and are available in various locations throughout the School a list of locations can be found in the [Appendix](#).

A list of the contents of each First Aid kit can be found in the [Appendix](#). The list is not exhaustive and additional items may be added if the need arises. Each class room has a small supply of plasters, gloves and vomit bags to deal with minor incidents.

There are also First Aid and sporting injury bags available for staff to take off site for school trips and sporting fixtures.

The School Nurse is responsible for checking and restocking first aid kits.

### **3.2 Specific hazards**

Specific hazards include high-risk activities such as PE /Outdoor Education, Horse Riding, Science and Technology departments, Domestic, Catering and Works Departments, out-of-School trips and external events. Safety inspections are carried out regularly in all areas of the School, and risk assessments are conducted for all potentially hazardous activities, including for school trips, building work and major public occasions.

### **3.3 Specific needs**

There are a small number of pupils and staff with specific disabilities or chronic health problems such as asthma, severe allergies, diabetes, epilepsy etc. A list of pupils is compiled by the School Nurse and pupils with chronic health problems are flagged on iSAMS. The “Chronic Conditions” and “Allergy” lists are updated on a rolling basis and republished each time there is a change of information. In addition to this, pupils with severe allergies who are prescribed adrenaline auto-injectors (Epi-Pens), and pupils who have significant medical problems such as Diabetes or Epilepsy are highlighted with a photograph and distributed to the appropriate areas of the School.

Members of staff who wish for specific medical information to be known about themselves are invited to advise the School Nurse in person.

#### **3.3.1 Use of mobility aids**

If a pupil or member of staff has reduced mobility due to injury or surgery and requires a mobility aid e.g. crutches/wheelchair, information is provided on an individual basis with regards to safe access routes and disabled toilets. A risk assessment must be completed by the pupil/parent with the School Nurse. A Personal Emergency Evacuation Plan (PEEP) should be developed for anyone with reduced mobility attending the school site.

### **3.4 Staff providing First Aid cover**

The School Nurse is responsible for providing First Aid to pupils, staff, parents and visitors to the School. The Nurse is based in the Medical Room and is on site from 08.00 until 17.00 every day. There may be occasions when the nurse is called away from the room, during this time she may be contacted via a radio (channel 10) from the School Office. If she is unavailable, her deputy will carry the radio and deal with any emergencies. All staff providing First Aid cover must hold a valid certificate of competence, issued by an organisation approved by the Health and Safety Executive (HSE). Staff responsible for providing First Aid must be prepared to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. They must ensure that an ambulance is called, when necessary, or other professional medical help is requested.

A list of Staff currently qualified in first aid can be found in the [Appendix](#).

As a minimum, at least one adult with a current ‘First Aid at Work’ qualification (3-day training) must be in school when pupils are present, and at least one person with a current paediatric first aid certificate if Early Years Foundation Stage’ pupils are present. (A paediatric first aider must also accompany all school trips/outings undertaken by Early Years Foundation Stage pupils.)

It may be sufficient for an ‘Emergency First Aider in the Workplace’ (1-day training) to be present at other times, e.g. early mornings, evenings, weekends and holidays, when employees are on the site, however this must be determined by an annual risk assessment.

### **3.5 Qualifications and training**

The [Domestic Bursar and School Nurse](#) facilitate emergency First Aid courses, normally on a termly basis and invite attendance from all members of the School Staff. Records are maintained of those staff who hold a current First Aid qualification (see [Appendix](#))

At the beginning of each academic year, all new staff will be invited to attend Anaphylaxis training as part of their induction. The School Nurse can provide training and advice to all members of staff upon request and for specific conditions or pupil.

Training is offered to all staff who will need access to the sanatorium section on iSAMS.

### **3.6 The Medical Room and access to First Aid equipment**

The School Nurse is based in the Medical Room. There are two beds, a wash-hand basin, a lockable medicine cabinet a lockable refrigerator and a toilet close by.

#### **3.6.1 Access to First Aid Kits**

First Aid kits are clearly identified first aid boxes marked with a white cross on a green background and are available in various locations around school (see [Appendix](#) for a list of locations). The locations are also marked with a sign with a white cross on a green background so they may be easily found.

Each classroom has a 'classroom First Aid' kit and travelling first aid kits are available for Sports Staff to take to the games fixtures off site. (see [Appendix](#) for a list of the locations of First Aid kits).

In Early Years, staff carry a First Aid kit for outside play and PE lessons. A check list is kept with each kit and is checked by the School Nurse regularly. Staff can request extra items if and when they need them. Replacement items can also be obtained from the Medical Room.

A First Aid kit will be taken on all off-site visits or outings, together with the relevant pupil medical information form. This is the responsibility of the trip leader or designated First Aider. See the [Appendix](#) for list of first aid kit contents.

#### **3.6.2 Automated External Defibrillator (AED)**

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

There is an AED on site: It is located in the learning support foyer off the main hall, (entrance to main hall nearest the tennis courts). Staff have received training on how to use the AED from an external company and have regular refresher training. There is also a training video available for the specific model on the staff intranet homepage.

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

### **3.7 Practical Arrangements at the point of need**

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

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

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

In the Early Years Department if pupils become unwell, they are cared for in the classroom or in a nearby quiet area, calling for the assistance of the School Nurse when needed, while their parents are contacted to come and collect them. If first aid has been administered the parents are informed and asked to sign to confirm that they have been told.

We request that pupils who have sickness or diarrhoea remain at home for at least 48 hours after their last bout of sickness or diarrhoea to prevent the spread of infection.

### ***3.8 Emergency procedures***

In the event of an accident to a pupil, it is the responsibility of the senior person present to ensure that the procedures outlined below are fully observed, whether the accident occurs at Chandlings School or elsewhere.

Full details of the incident should be reported to the School Nurse as soon as possible.

### ***3.9 Guidance on when to call an Ambulance***

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

A member of staff should dial (9)999. Once called, an ambulance cannot be cancelled. If the emergency is located on the playing fields, a member of staff should be sent to the main gate to direct the ambulance.

**The School phone number is 01865 730771. The School postcode is OX1 5ND.**

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

If a child has to be taken by car, two adults should be present, one of whom can remain with the child until the parents arrive. If on a trip, alternative transport and two members of staff may not be available, and staff will inform the school/parents whilst waiting for the ambulance. As long as there are a sufficient number of staff remaining to look after the pupils on the trip, a member of staff will accompany the pupil in the ambulance.

### ***3.10 Procedures for obtaining First Aid assistance***

In an emergency, an ambulance should be called immediately (9)999, followed by the School Nurse and any other first-aid qualified staff.

However, normally the procedure will be as follows:

#### ***3.10.1 In School***

Members of staff who are qualified in first aid will respond to injury or illness in accordance with their training.

If a member of staff who is not First Aid qualified requires assistance or advice in dealing with a person who is injured or ill, the first point of contact is the Medical Room (ext. 212). The School Nurse or a designated first-aider is available at all times, apart from those occasions when she may already be dealing with an emergency. In the unlikely event of there being no reply to a call, the School Office should be asked to contact the nurse via the radio.

If a member of staff is in charge of a group of pupils when such a situation arises, they should normally stay with the pupil. They should send one pupil to the nearest member of staff (normally the next classroom) for assistance. In addition, and if possible, a pupil may be sent to the Medical Room to take the Nurse to the exact location.

In pre-prep a laminated card is given to a child to hand to the nearest member of staff informing them that there is an emergency in a particular classroom.

When an incident occurs on the games field the staff will call the General Office to alert the nurse on the radio.

### *3.10.2 Away from Chandlings (offsite)*

If an accident happens at another school or away from Chandlings, procedures similar to those outlined above must always be followed: an ambulance should, if necessary, be summoned, and full details of any accident should be reported to the School Nurse, who will then inform the parents, as soon as is practicable.

### *3.10.3 Sporting Fixtures*

First Aid cover is provided for all teams, both home and visiting. The games staff are trained in First Aid and will assess whether further aid is necessary. Pupils may then be sent to see the Nurse if appropriate. Medical attention should always be sought when serious injury is suspected, and the casualty should not be moved in this instance. Parents must always be informed if a child has been taken to hospital as the result of an injury or accident, so they may choose to meet the member of staff and child at the hospital.

The 'Minibus, Travel and Matches' Policy has further guidance.

## **3.11 Recording of Accidents (Including reference to RIDDOR)**

*Accidents/incidents involving PARENTS and VISITORS to the School* must be reported to the member of staff who is designated to record accidents, normally the School Nurse in her absence a member of the senior leadership team.

*Accidents/incidents involving PUPILS* – All accidents or incidents involving pupils whilst on the school premises, or during an off-site school activity, e.g. sports match or educational visit, must be reported to the member of staff supervising the pupil at the time of the accident/incident. They must ensure it is reported to the member of staff who is designated to record accidents, normally the School Nurse in her absence a member of the senior leadership team.

*Accidents involving staff.* For all accidents to staff, contractors and visitors which result in injury – however minor, an accident form must be completed. The form is readily available with the Nurse or available to download from the Chandlings Intranet. Staff are encouraged to report all injuries, even if first aid is not required. The forms are then stored within the school nurse office. Anonymized reports are then generated for the health and safety committee meetings.

*Accidents/incidents involving pupils attending activities run by external providers on the School Premises* - It is the responsibility of the person running the club activity to record the accident. If the incident involves one of the school's pupils or was caused by a fault with the school's facilities or equipment, the school should be advised and given a copy of the accident report.

**RIDDOR** – Some incidents that happen in school must be reported to the Health & Safety Executive(HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR 2013) Reportable Specified Injuries

These include:

- fractures, other than to fingers, thumbs or toes
- any injury likely to lead to permanent loss of sight or reduction in sight
- amputations
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding), which: cover more than 10% of the body; or cause significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which leads to hypothermia, heat induced illness or requires resuscitation or admittance to hospital for more than 24 hours
- “Over 7-day injury”: if an injury keeps a member of staff out of school for more than 7 days (not counting the day of the accident but including weekends), the HSE must also be informed within 15 days.

In line with EYFS guidelines (3.51) registered providers must notify Ofsted, (child protection agencies if applicable) of any serious accident, illness, or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

Further guidance is available from the HSE website: <http://www.hse.gov.uk/riddor/reportable-incidents.htm>

### **3.12 Serious Accidents/Incidents**

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

Listed below are accidents that are automatically ‘serious’:

- broken, fractured or chipped finger, thumb or toe (or if one of these is suspected);
- a burn;
- severe bleeding (including severe nosebleed);
- fainting or falling unconscious (includes epileptic fit);
- deep cut/wound;
- severe asthma attack;
- dislocated joint;
- any hard knock or bang on the head;
- anaphylactic shock;
- any damage to the face;
- a tooth being knocked out or chipped.

This list is not exhaustive.

*Action required:* If a pupil suffers a serious injury of any description, causing for example, prolonged unconsciousness or an obviously broken limb. They should not be moved (apart from being turned carefully into the recovery position if unconscious). An ambulance should be called if appropriate and the child should be kept warm.

The School Nurse should be called and told the exact location of the pupil, the suspected injury and the name of the pupil. If the pupil can walk he/she may be taken to the Nurse. If the accident is on the playing fields, a member of staff should be sent to the main gate to direct the ambulance if one is needed.

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

- Parents must be informed as soon as possible (certainly within one hour)
- Major or serious accidents are reported on an Accident Form. The original completed form will be kept in the Medical Room in a designated file
- The Bursar should carry out any necessary investigation and risk assessments reviewed.

### 3.12.1 Head Injuries

All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence, visual disturbance or drowsiness. If in doubt, or if any of the key signs are exhibited, seek medical help. Staff are reminded to ensure that all volunteers, work experience staff, visiting music teachers and club leaders are aware of our policy with regard to head injuries and that they must notify a member of staff immediately if a child suffers a head injury, even if they don't consider it serious.

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

Details on signs and symptoms of concussion can be found in the appendix

### 3.12.2 Spinal Injuries

If a spinal injury is suspected the pupil must on no account be moved. An ambulance must be called and the neck physically immobilised until they arrive and the person holding the neck is told by the paramedic that they can release the neck. Should the pupil become unconscious and the airway be at risk of obstruction, they should be placed in a modified recovery position protecting the neck and back.

It is important to remain calm and reassure the child as they may easily become distressed by the situation, they may be experiencing reduced sensation in arms and legs which could distress them further.

### 3.12.3 Eye Injuries

If a pupil is hit in the eye and experiences pain or mistiness of vision, even if only temporary, he/she should be referred to a doctor or minor injury unit that same day for assessment.

If a pupil has a suspected foreign body in the eye, they will be assessed by the School Nurse, if the pupil allows the eye will irrigated and reassessed. Where there is no improvement parents will be called to take their child to the minor injury unit for further investigation.

Pupils playing any contact sports should only wear specialist sports glasses. Normal glasses must not be worn; contact lenses are permissible

### **3.12.4 Facial Injuries**

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

An accident form is completed.

### **3.13 Minor Accidents/Incidents**

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

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

This list is not exhaustive.

Action required:

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

### **3.14 Communication with Parents**

Parents are spoken to (either by phone or in person) as soon as is practicable if an accident has occurred to their child. If it is necessary for a child to go to hospital, the child will be accompanied by a member of staff unless the child's parents can carry this out.

If a child becomes unwell at school, it may be appropriate for the School Nurse to administer a mild over the counter analgesic, Permission will always be sought from parents before this given. Documentation of when and why it was given will also be sent home with the pupil in their prep diary/communication diary

If a child becomes unwell enough that the School Nurse decides the child should go home, the parents will be contacted to collect the child. The child will remain in the Medical Room until they arrive.

In the event of an accident occurring at School, parents are informed by phone or on collection by the form teacher. Documentation of the examination, assessment, treatment and any injury sustained will be sent home with the pupil in their prep diary/communication diary.

For children in early years and in line with EYFS regulations (3.50) 'Providers must inform parents and /or carers of any accident or injury sustained by the child on the same day or as soon as reasonably practicable of any first aid treatment given. The injury is recorded and parents are informed and asked to sign and date the accident form when they collect their child.

## **4. Health and Illness**

On entry to the School, the parent of each child completes a Health Form (integral within the admissions form) and from this form the School Nurse is responsible for maintaining a list of children with medical conditions or problems.

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

#### **4.1 Asthma**

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

Parents should inform the school if their child suffers from asthma, what can trigger an attack and what treatment is effective. School Asthma Cards are sent to all parents with asthmatic children to complete and are updated yearly.

Older children with asthma usually carry their own medication in the form of an aerosol inhaler which can ease breathing difficulties. As a rule, if the inhaler is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe the child should be allowed to carry the inhaler around at all times. Alternatively, the inhaler can be stored safely away and issued by staff as and when needed by the child. This method may be more appropriate for younger pupils. All staff should be aware of where the child's inhaler is stored. Parents should be asked to supply a spare inhaler, where possible, to be stored in the Medical Room. The expiry date of the spare inhaler will be checked regularly.

All medication should accompany a child going on a school outing. Staff accompanying children on an outing should be aware of their medical conditions.

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

In the event of a serious asthma attack the parents are notified immediately, and the school follows its asthma procedure. See [Appendix](#).

##### **4.1.1 Emergency Salbutamol Inhaler**

Following a change in regulations in 2014, schools are able to purchase salbutamol inhalers without a prescription for use in emergencies when a child cannot access their own inhaler.

The emergency salbutamol inhaler should only be used by children for whom parental written consent for the emergency inhaler to be given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, or where an ambulance crew have given direction for this.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, left at home or empty).

A register is held by the school of those children whose parents have consented to use of the emergency inhaler.

If the emergency inhaler is used it is recorded and parents are informed that their child has needed to use the emergency inhaler.

Disposable spacers are used for each individual and the spacer then discarded.

#### **4.2 Food allergies and tolerances**

Chandlings School is a NUT FREE school and we request that parents do not send in nuts, or any food containing nuts in their child's treats for birthdays, for bake sales or coffee mornings. However, the School cannot guarantee that food brought in to school has not been made in a factory that uses nut ingredients or there are nuts somewhere in the supply chain.

The School is advised by parents if their child suffers from a food allergy or intolerance. The school kitchen is informed and a photographic list of all special diets is displayed in the dining room serving area. Any changes are communicated to all relevant staff. Parents are encouraged to liaise with the School Nurse to discuss any dietary requirements.

In the event of a child experiencing an allergic reaction please follow the anaphylaxis procedure which can be found in the appendix

#### **4.2.1 Emergency Adrenaline Auto Injector**

Following a change in regulations in October 2017, schools are able to purchase adrenaline auto-injectors (AAI) without a prescription for use in emergencies when a child cannot access their own AAI or it is not working. The emergency AAI should only be used by children at risk of anaphylaxis where both medical authorisation and parental consent for use of the spare AAI has been provided. A register is held by the school of those children whose parents have consented to the use of an emergency AAI. The emergency AAI's will be located in the Medical Room. Chandlings will provide Junior AAI 150mcg for children aged less than 6 years and AAI 300mcg for children aged 6-12 years

### **4.3 Diabetes, Epilepsy and other medical Conditions**

If a pupil joins the School with these conditions, the school will work with parents and health care professionals to draw up an individual Healthcare Plan (IHP) and arrange appropriate training. This policy will be updated accordingly, further details can be found in the [Appendix](#).

#### **4.4 Head lice**

Head Lice are a regular and irritating problem. Pupils should not be excluded, but parents/carers will be notified at the end of the day if head lice are found and are expected to take action to deal with the problem. Head lice alerts also occur through notification from parents as well as staff observation. Notices are posted within the year group affected when an alert is made.

Parents are encouraged to check regularly with a detection comb to prevent the spread of the problem. Hair should also be tied back if it is shoulder length or longer.

#### **4.5 Infectious diseases**

Common infectious diseases (not exhaustive) include:

##### **4.5.1 Diarrhoea and Vomiting**

Any child who has vomited or has diarrhoea will be sent home and should not come back into school until they have been clear of symptoms for 48 hours to minimise the spread and protect other members of the school community.

Public Health England guidelines state: '*48 hours exclusion from school for diarrhoea and vomiting is recommended*'. However, we understand that this presents difficulties for working parents. In an incident when a child has had only one episode of diarrhoea or one episode of vomiting the 24 hour policy on absence remains applicable at the discretion of the School Nurse.

To prevent the spread of diarrhoea and vomiting we follow guidance from NHS.UK who advised that pupils should not swim for 2 weeks after the diarrhoea and vomiting has stopped.

#### 4.5.2 *Fever*

Children are to remain at home until 24 hours free of fever without the aid of medication. When a child has Calpol, or a similar medication, this artificially lowers their temperature temporarily making the child appear fully recovered. However, the child must remain at home until fully recuperated, without the aid of medication.

#### 4.5.3 *Impetigo*

Confirmation by doctor and to remain at home until treatment has commenced and lesions have crusted.

#### 4.5.4 *Chicken Pox*

May return to school no sooner than 5 days after the first spots appeared and when the child feels well.

#### 4.5.5 *Slap Cheek*

Confirmation by doctor, does not require time off school unless unwell.

#### 4.5.6 *Verruca's*

*Does not require time off school but should be covered when swimming.*

#### 4.5.7 *Hand Foot and Mouth*

Does not require time off school unless unwell.

#### 4.5.8 *Conjunctivitis*

Does not require time off school once treatment has commenced. At least 2x2 hourly treatments.

With all infectious diseases, a notice is placed on the doors of the relevant classroom so that parents are informed, in case of pregnancy.

#### 4.5.9 *Risk of Infectious diseases during pregnancy*

If a member of staff becomes pregnant, a risk assessment should be carried out once the staff member has let the school know so that provisions can be made to support their work during the pregnancy. There are several infectious diseases that can cause serious problems to pregnant women and their unborn child, including chicken pox, measles, and slapped cheek disease (parvovirus B19). Immunity should be checked, so that action can be taken if exposed to the viruses.

## **5. Hygiene/Infection Control**

In a community such as a school, any infection has the ability to spread quickly and widely. Infectious illness covers a vast number of conditions but the principles of infection control can be applied within the school setting to minimise the spread and protect the pupils and the staff.

All staff should take precautions to avoid infection and must follow basic hygiene procedures and take appropriate precautions when coming into contact with bodily fluids.

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea, vomiting, and respiratory illnesses. The recommended method is the use of liquid soap, warm water and paper towels or hand dryers. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.



Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be strongly discouraged.

### 5.1 Hygiene precautions

The following hygiene precautions are recommended as safe practice for all staff. They are common sense precautions that will protect against blood borne viruses and infections that may be transmitted via blood or body fluids.

- Always keep cuts or broken skin covered with waterproof dressings.
- If possible, wash and dry your hands before and after giving first aid.
- Wear disposable gloves when contact with blood or body fluids is likely.
- Avoid direct skin contact with blood or body fluids.
- If blood is splashed onto the skin, it should be washed off immediately with soap and water
- If a sharps injury is sustained or blood is splashed into the eyes or mouth, or on to broken skin (e.g. eczema), it should be washed immediately with plenty of water and medical advice should be sought promptly.
- Always wash and dry hands after removing gloves.
- Teach pupils to avoid contact with other people's blood as soon as they are able to understand how to protect themselves.
- Teach pupils to wash and dry their hands before meals and after using the toilet.

## **5.2 Dealing with blood and body fluid spills**

Spillage kits are available. Staff should be aware of the location of the kit and/or who to contact should a spillage of body fluids occur.

Spillages of blood, vomit, urine and excreta should be cleaned up immediately.

The following actions must be taken by the person dealing with the spill immediately:

- Clear the immediate area of people. Hazard signs and cordoning off may be necessary.
- Disposable personal protective equipment (PPE); gloves nitrile and if necessary a disposable plastic apron should be worn.
- Collect the Hazard Disposal Kit. Staff should follow the instructions enclosed in the kit

Hard Surfaces. *Small spills or splashes:*

Clean with disinfectant detergent and hot water.

Large spills:

- Remove spillage as much as possible using absorbent paper towels.
- Dispose of carefully in yellow waste bag.
- Cover remaining with paper towels soaked in diluted chlorine based (bleach or sanitizing) solution (diluted as per manufacturer instructions).
- Leave for up to 30 minutes and then clear away.
- Alternatively use Hazard Disposable Kit – follow instructions and clean area with natural detergent and hot water.
- Do not use a shower spray on vomit.

Soft Surfaces and fabrics e.g. carpets and chairs:

- Remove the spillage as far as possible using absorbent paper towels.
- Clean with fresh solution of disinfectant detergent and water.
- Carpets and upholstery may need to be professionally cleaned.
- Follow advice on removal of gloves and hand washing.

## **5.3 Disposal of Waste**

Generally – paper towels, together with gloves and apron, should be put into a plastic waste sack, top tied and placed in the outside waste collection. Vomit, urine and faeces should be flushed down the toilet.

Used sanitary items, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins Regulations require all clinical and biohazard waste to be segregated and collected by an approved licensed clinical waste contractor.

The Domestic Manager will arrange for sanitary bins and the Nurse will arrange for small bio hazard and sharps bins when required. Should you have concerns over their collection, location(s) or feel that there are additional needs please raise with either of these persons.

## 5.4 Bio Hazard Disposal Pack

It is recommended that this guidance is held with the kit and all staff are familiar with this guidance.

Information taken from the purchased pack: a safe system for the disinfection and removal of blood, vomit or urine. Each pack contains granules, disinfectant spray, scoop and scraper, pair of vinyl gloves, biohazard disposable bag and bag closure.

A face mask and shoe covers can be added.

Instructions are as follows:

- Wear vinyl gloves.
- Sprinkle the contents of the sachets over the spill. This will solidify a liquid spill in two minutes.
- Using the scoop and scraper provided remove the now solidified spillage and place in the biohazard bag.
- Use the disinfectant spray to disinfect the area of the spill.
- Place the scoop and scraper into the bag and tie securely.
- Dispose of the biohazard bag in the normal house hold waste.



## 6. Medicine Policy

The Medicine Policy ensures the safe and appropriate administration of prescription and over the counter medication should they be required.

If a child needs to take medicine during a school day, the medicine must be:

- Prescribed by a doctor
  - In its original container with pharmacy dispensing instructions, including a legible expiry date
  - Accompanied by a signed letter from the parent detailing the time the medication is to be given, the frequency of the dose and the length of time for which the medicine is to be taken.
- OR
- A short term over the counter medicine e.g. cough medicine, eye drops or antihistamine. A written request from parents is required including dosage, time of administration etc.

The school requires parents to write to the school requesting that the school administers the medicine as directed, or to complete and sign the medicine request form. If a request is not received in writing, the school staff will not administer the medicine. A medication record form details what has been given to whom and when.

The medicine request forms can be found on the parent portal/school website. If there is any change in the type of medication – whether regarding dosage or other changes to the information given on the medicine request form – a new form must be completed.

Written permission is obtained in advance for the administration of identified over the counter medication to pupils on the admission form completed by parents when their child starts the school. The school holds a small supply of over the counter medications a list of the current medication held can be found in the [Appendix](#).

### 6.1 Procedure for administering Medicines (including EYFS)

Before administering any medication, the following procedures should be followed:

1. The reason for giving the medication should be established.
2. Check the consent to give medication form has been signed by parent or guardian.
3. Check the identity of the pupil.
4. Check whether the pupil is allergic to any medication. Individual pupil records should show main known drug reactions and major allergies and should be checked before medication is requested or given.
5. Ensure that the pupil has not already been given the medication or any other medication recently, and if so, what (e.g. check maximum paracetamol doses).
6. Check whether or not the pupil has taken the medication before and, if so, whether any problems occurred.
7. Check that the medication is in date.
8. The pupil should take the medication under the supervision of the person issuing it.
9. For EYFS children parents are contacted to gain permission to give medicines prior administering any medication.
10. Written notification for parents of the medication, dose, time and reason for giving the medication will be given at the end of the school day.
11. In Reception, Nursery and Pre-Nursery the procedure is witnessed by two members of staff who sign the form accordingly.

Pupils do not self-medicate. The only exception to this is for prep pupils who are asthma sufferers who are permitted to administer their own medication as instructed by their doctor. The school nurse can provide more details on which pupils may fall into this category

After administration, the staff member must record all information accurately in both the paper documentation and on iSAMS.

If for any reason a child refuses to take their medication, staff will not attempt to force them to do so against their wishes. If such a situation occurs, the School Nurse will notify the child's parents/carers and the incident will be recorded on the medication record form.

There is a lockable fridge in the Medical Room for the safe storage of some medicines such as antibiotics. The maximum and minimum temperature of the fridge is recorded daily to ensure any contents is kept at the appropriate temperature.

If a child starts to feel unwell during the school day with either a high temperature or pain from an injury/illness then the School Nurse may consider giving some analgesia (Calpol). If written permission has been obtained in advance, the School Nurse must confirm that no other medication has been given in the last 4 hours before administering Calpol.

The School Nurse will need to call parents of children in early years before administering any Calpol and also to establish whether any previous doses have been given.

Parents must inform the School Nurse if any Calpol has been given to their child before the start of the school day.

## **6.2 Record Keeping and Documentation**

All records should be legible and up to date to provide a complete audit trail. ALL medication (Prescription, OTC,) brought into the School should be recorded and checked in by the School Nurse.

Each medication administered to a pupil must be recorded in the medicine record book and on iSAMS without exception. All records must include:

- Name of pupil.
- Date and time of administration.
- Name, strength and dose of the drug.
- Signature of the person administering the drug.
- Reason for omitting the drug (for prescription meds).
- Reason for giving (for OTC meds)

Full details of all medication administered at school, along with all permission to administer medicines forms, are recorded and stored in the medication record file. No Chandlings School pupils are considered Gillick competent.

## **6.3 Storage of Medicines**

Medicines will be stored in a locked cupboard or fridge in the Medical Room. With the exception of asthma inhalers and adrenaline auto-injectors. An emergency Inhaler kit and Emergency Adrenaline auto injector can be found in a sealed box in the general office (see [Appendix](#) for guidance on the use of these)

- The adrenaline auto Injectors are out of reach from children but easily accessible in the medical room, they are clearly labelled with a name and photo, identifying the child for which they are prescribed
- Asthma Inhalers are stored in a named clear wallet in an unlocked cupboard in the Medical Room.

The School Nurse will store, supervise and administer medicines that have been prescribed for an individual pupil.

All Medicines are stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.

The School Nurse maintains a log of pupil medications held and will notify parents when expiry dates approach or further quantities will be needed. Parents are responsible for ensuring that date-expired medications are returned to a pharmacy for safe disposal. Staff do not dispose of medicines; unused/expired medication will be returned to parents.

In line with the EYFS guidelines (3.19) 'staff medication on the premises must be securely stored and out of reach of children at all times'. There is a box of medication that staff may access within the locked medicine cupboard in the Medical Room.

On school day trips and for away matches, inhalers, adrenaline auto injectors etc. will be carried by a member of staff. The exception to this rule would be for severe asthmatics, who may be permitted to carry their own inhalers on runs, etc. The school nurse can provide more details on which pupils may fall into this category.

If staff are in any doubt as to how to handle/administer medicines when off site, advice should be sought from the School Nurse.

#### **6.4 Administration of medicines to children on a residential school trip**

Should a child require medicine during the time they are away from home, the school requires the parents to send in written permission and instructions together with the medicine in its original container with the pharmacy dispensing instructions. Written permission is obtained in advance for the administration of identified over the counter medication to pupils. The medicines will be kept by a designated member of staff who may administer the medicine in the event of a child feeling unwell with a high temperature or pain. This procedure is documented on the Trips medication record form.

#### **6.5 Staff Medication**

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

#### **6.6 Sun protection**

In hot weather parents of pupils are encouraged to provide sunscreen for their children and apply it before children come to school. Extra sunscreen may be sent to school with the child's name on it to allow for further applications of cream during the day.

Prep children can reapply the named sunscreen provided by their parents.

Pre-Prep children can have their own named sunscreen, provided by their parents, reapplied by teaching staff, but parents' written permission must be obtained before doing so.

Nursery children must have sunscreen applied by their parents before arrival at School. With parents' written permission sunscreen will be reapplied by teaching staff who will use a school sunscreen with a minimum factor of 50. Parents may supply their own named bottle of sunscreen if they prefer. Nursery children should always wear a hat during "outside play".

Sunhats should be provided by parents for their children. The School will encourage the children to wear them when necessary.

If staff are in any doubt as to how to handle/administer medicines, advice should be sought from the School Nurse.

## **7. Document information**

Version Number:	2.0
Reason for Version Change:	Annual Review
Name of owner/author:	Alison Bromley, School Nurse
Department responsible:	School Nurse's office
Target Audience:	Public
Date issued:	20 March 2018
Where available:	School website / Console
Review Date:	March 2019

## Appendix

### Chandlings School First Aiders

Name	Course	Expiry Date	Department
Beverly Allen	Emergency first aid at work level 3	19/04/2021	Year 1
Lianne Beech	Emergency first aid at work level 3	20/04/2021	L support
Phillipa Biggs	Emergency first aid at work level 2	01/09/2020	Science
Connor Blakey	Paediatric first Aid	03/05/2019	Year 3/4 TA
Julia Boodell	Emergency first aid at work level 3	08/01/2021	Rec TA
Andrew Boyle	Emergency first aid at work level 3	19/04/2021	Year 3/SLT
Hannah Braham	Emergency Paediatric First aid level 3	12/11/2019	Nursery
Charlie Branch	Emergency Paediatric First aid level 3	06/01/2020	Nursery
Emily Brawn	Emergency first aid at work level 3	20/04/2021	Year 5
John Brodley	Emergency Paediatric First aid level 3	24/04/2020	Sports Dept
Ali Bromley	Paediatric first Aid First Aid at Work	29/11/2020 22/11/2020	Medical
Richard Brooks	Emergency Paediatric First aid level 3	24/04/2020	Sports Dept
Rachel Buckley	Emergency first aid at work level 3	08/01/2021	Year 3
Jackie Capstick	Emergency Paediatric First aid level 3	06/01/2020	Nursery
Mike Clarke	Emergency Paediatric First aid level 3	24/04/2020	Sports Dept
Christine Cook	Emergency first aid at work level 3	19/04/2021	Head
Ginnie Davis	Emergency first aid at work level 3	20/04/2021	L Support
Amanda Dawkins	Emergency first aid at work level 2	01/09/2020	Reception
Polly Dingle	Emergency first aid at work level 2	01/09/2020	Year 1 TA
Alex Druce	Emergency Paediatric First aid level 3	24/04/2020	Sports Dept
Kate Fitzgerald	Emergency first aid at work level 2	01/09/2020	Reception
Shaun Foster	Emergency first aid at work level 3	19/04/2021	SLT

Karen Francis	Emergency Paediatric First aid level 3	06/01/2020	Nursery
Barbora Freitas	Emergency first aid at work level 3	19/04/2021	Art Dept
Lindsey Gandy	Emergency first aid at work level 3	20/04/2021	Year 5
Liz Gilkes	Emergency first aid at work level 3	20/04/2021	Year 5
Marion Gosselin	Emergency Paediatric First aid level 3	24/04/2020	Lang Dept
Tom Graham	Emergency first aid at work level 3	08/01/2021	Year 5
Ros Hanslip	Emergency first aid at work level 3	08/01/2021	Year 4
Rachel Hicks	Emergency first aid at work level 3	08/01/2021	DT Dept
Laura Hook	Emergency first aid at work level 2	01/09/2020	Year 1
Hannah Hopkins	Emergency first aid at work level 2	01/09/2020	Year 1
Georgia Hunt	Emergency Paediatric First aid level 3	24/04/2020	Nursery
Hayley Hurford	Paediatric First Aid	19/01/2021	Year 2 TA
Claire Lawrence	Emergency Paediatric First aid level 3	06/01/2020	Nursery
Fiona Love	Emergency first aid at work level 3	20/04/2021	SLT
Mary-Cait Love	Paediatric first Aid	03/05/2019	Year 2 TA
Rosie Mannall	Emergency Paediatric First aid level 3	06/01/2020	Rec TA
Anna Marchant	Emergency first aid at work level 2	01/09/2020	Sports Dept
Marie-Francoise Martelli	Emergency Paediatric First aid level 3	24/04/2020	Lang Dept
Maria McAloon	Emergency first aid at work level 3	20/04/2021	Pre Prep/SLT
Melinda Papp	Emergency first aid at work level 2	01/09/2020	Year 2 TA
Helen Pardo	Emergency first aid at work level 3	19/04/2021	L support
Laurence Pasquini	Emergency Paediatric First aid level 3	24/04/2020	Lang Dept
Sergio Perello	Emergency first aid at work level 3	19/04/2021	Domestic
Catriona Pole	Emergency first aid at work level 3	19/04/2021	Nursery
Eliska Pokorna	Emergency Paediatric First aid level 3	06/01/2020	Nursery

Louise Rau	Emergency first aid at work level 3	08/01/2021	Food Tech
Hannah Richards	Emergency first aid at work level 3	20/04/2021	Year 3/4/MLT
Anita Rigby	Emergency Paediatric First aid level 3	06/01/2020	Nursery
Timothy Saunders	Emergency first aid at work level 3	19/04/2021	ICT Dept
Chloe Sawyer	Emergency Paediatric First aid level 3	24/04/2020	Sports Dept
Laura Simons	Emergency first aid at work level 3	08/01/2021	Rec TA
Helen Steel	Emergency first aid at work level 3	08/01/2021	L. Support
Andrew Stratford	Emergency first aid at work level 3	20/04/2021	Music Dept
Emma Taylor	Emergency first aid at work level 2	01/09/2020	Year 1
Joanne Tombs	Emergency Paediatric First aid level 3	06/01/2020	Nursery
Jill Tuffley	Emergency Paediatric First aid level 3	06/01/2020	Nursery
Louise Tyrer	Emergency Paediatric First aid level 3	24/04/2020	Sports Dept
Hana Uvirova	Emergency first aid at work level 3	08/01/2021	Housekeeping
Jessica Willsher	Paediatric first Aid Emergency first aid at work level 3	03/05/2019 19/04/2021	Rec TA
Sarah Wimbourne	Emergency first aid at work level 2	01/09/2020	Reception
Megan Wootten	Paediatric first Aid	03/05/2019	Year1 TA
Gillain Wright	Emergency first aid at work level 3	20/04/2021	L support

### ***First aid Kit locations***

- Staff room
- Woodwork room
- Food technology room
- Groundsman's Shed
- Main Hall
- Lantern Hall
- Prep Art room
- Pre-prep art room
- Pavilion
- Playground
- Kitchen
- Science Lab and Science store room
- General Office
- Swimming Pool
- Mini buses

### ***Eye Wash Kit Locations***

- Food technology room,
- science store cupboard,
- Woodwork room
- Medical Room

### ***First aid kit contents checklist***

#### **Classroom first aid kit checklist**

- 2 x Small First Aid Dressings
- 1 x Medium First Aid Dressing
- 20 x Assorted Waterproof Plasters
- 3 x Big Plasters 8 × 6cm
- 3 x Big Plasters 10 × 9cm
- 1 x Instant Cold Pack
- 1 x Foil Emergency Blanket
- 1 x Personal Resuscitator
- 3 x Pairs of Gloves
- 3 × 20ml Saline Pods
- 1 × 15ml Alcohol Hand Gel
- 2 x Vomit Bag
- 1 x First Aid Leaflet

#### **School First Aid Kits**

- 6 x Medium First Aid Dressings
- 2 x Large First Aid Dressings
- 2 x Eye Pad with Bandage
- 4 x Triangular Bandages
- 10 x Non Alcohol Wipes
- 20 x Assorted Waterproof Plasters
- 3 x Pair of Medium Vinyl Gloves
- 6 x Safety Pins
- 1 x First Aid Guidance Leaflet
- 5 x Low Adherent Pads 5 × 5cm
- 1 x Revive Aid Personal Resuscitator
- 1 x Sterile Swabs 5 × 5cm (Pack of 5)
- 1 x Pair of Scissors
- 1 x Microporous Tape 2.5cm x 5m

#### **Playground first Aid kits**

- 20 x Assorted Waterproof Plasters
- 3 x Big Plasters 6 × 7cm
- 3 x Big Plasters 10 × 9cm
- 1 x Handy Pack of Tissues
- 1 x Vomit bag
- 1 × 15ml Alcohol Hand Gel
- 1 x Instant Cold Pack
- 10 Alcohol Free Wipes
- 1 x Foil Emergency Blanket
- 1 x Personal Resuscitator
- 3 x Pairs of Gloves
- 1 x First Aid Leaflet

#### **Mini bus First Aid kits**

- 3 x Sterile Large Dressing 18 × 18cm
- 2 x Sterile Eye Pad
- 20 x Waterproof Assorted Plasters
- 1 x Conforming Bandage 7.5cm
- 2 x Triangular Bandages
- 10 x Non Alcohol Wipes
- 12 x Safety Pins
- 1 x Stainless Steel Scissors
- 1 x First Aid Guidance Leaflet

## **Head injuries**

All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as

- Becoming unconscious or a lack of full consciousness - problems keeping eyes open
- Drowsiness (feeling sleepy) that goes on longer than for 1 hour when they would normally be wide awake
- Confusion and unusual behaviour - not knowing where they are, getting things muddled up, irritable or sudden mood swings
- Difficult to wake
- Severe or worsening headache that doesn't go away or isn't relieved with painkillers.
- Dizziness, loss of balance or difficulty walking.
- Weakness in one or both arms or legs
- Three or more episode of vomiting - each episode must be separated by 30 minutes to count as a new episode
- Changes in eyesight, hearing or speech – such as blurred vision, double vision or "seeing stars", sudden deafness, problems speaking.
- Seizure or fit - including collapsing or passing out suddenly
- Blood or clear fluid coming from the ears or nose.

If in doubt, or if any of the key signs are exhibited, seek medical help. The School policy with regard to head injuries is always to 'play safe'. Parents will be asked to collect their child and seek expert medical attention.

The School Nurse or Senior First Aider will ensure that any pupil who has been treated for a head injury, no matter how minor, takes home a note advising parents of signs and symptoms that may require medical investigation. Signs of Concussion usually appear within a few minutes or hours following an injury, but occasionally they may not be obvious for a few days, so it is important to look out for the signs and symptoms of concussion and to continue to monitor for a few days

### **Concussion**

Concussion is a mild traumatic brain injury. If a pupil is diagnosed as having concussion following a head injury parents must inform the school in writing so that we can work together in their recovery. Children should not return to any physical sport or activity until they are completely symptom free, this could be days or weeks. They should not play any contact sport for at least 3 weeks without talking to their GP first.

## **Anaphylaxis**

Anaphylaxis is a severe allergic reaction with the potential to be fatal very quickly and the aim of the policy is to prevent an anaphylactic reaction by treating the allergic response early.

There are a number of pupils who have recognised allergies and a proportion of them are required to carry an auto-injector of adrenaline commonly known as an 'epi-pen'.

Pupils with allergies are identified and published on an "allergy" list provided by the School Nurse which is updated as required. The list states what the pupils are allergic to and if they have an auto-injector and is posted in the dining room and medical room.

Children and staff who are prescribed an auto-injector are required to have a pen in school at all times. The auto-injector should be easily accessible at all times, they are stored in the medical room in clear plastic wallets and are labelled with a photograph, name of the pupil and a list of the known allergies. There is an additional auto-injector in medical room which can be used in an emergency for people who are prescribed an adrenaline auto injector but for whatever reason do not have access to it. The school nurse will ensure that the auto-injectors are one half-term within their expiration date and request a repeat prescription as necessary.

Pupil and staff MUST have their auto-injectors when off site for example during trips or sports fixtures. The School nurse is responsible for ensuring that the required medication is in the medical bag supplied for each trip. It is the Trip leader's responsibility to ensure that all medical bags are returned to the medical room on their return.

### **Training**

The School Nurse provides training to all School staff on how to recognise an anaphylactic reaction and how to use an auto-injector annually. For groups of staff with direct contact with the pupils with known allergies, teaching staff and staff responsible for taking pupils off-site, this training will be mandatory.

### **Recognising Anaphylaxis**

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

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

Anaphylaxis is a severe allergic reaction with the potential to be fatal very quickly and the aim of the policy is to prevent an anaphylactic reaction by treating the allergic response early.

An individual action plan will be completed for all children who have a known allergy/ies and who are prescribed an adrenaline auto injector. The plan clearly states what steps to take if the child presents with symptoms and all staff responsible for the child should be familiar with it.

**Action to take**

- Assess situation
- Give antihistamine if appropriate
- Administer Adrenaline auto-injector
- Call for help Dial 999 to request ambulance, giving as many details as possible
- Contact School Office and Parents

To use the Adrenaline auto-injector:

- Remove safety cap from the injector pen
- Hold 10cm away from the thigh at right angles
- Jab firmly into the outer thigh at a right angle Hold in place for 10 seconds
- Massage the area
- Make a note of the time the adrenaline was given in case a second dose is required
- All used adrenaline injectors must be given to ambulance crew

[See allergy action plan overleaf.](#)

**THIS CHILD HAS THE FOLLOWING ALLERGIES:**

Name:

DOB:



Photo

**Emergency contact details:**

1)



2)



Child's Weight: Kg

**PARENTAL CONSENT:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed:

\_\_\_\_\_

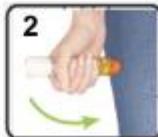
(PRINT NAME)

Date:

**How to give EpiPen®**



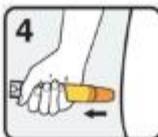
1 Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



2 SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



3 HOLD FIRMLY in place for 10 seconds



4 REMOVE EpiPen®. Massage injection site for 10 seconds

©The British Society for Allergy & Clinical Immunology, 09/2017

**Mild-moderate allergic reaction:**

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

**ACTION:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (if vomited, can repeat dose)



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

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

**If ANY ONE (or more) of these signs are present:**

1. Lie child flat: (if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
3. Dial **999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

**After giving Adrenaline:**

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

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

**Additional instructions:**

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_



Date:

Pupils who present with a Mild-Moderate allergic reaction should be administered an antihistamine Piriton by the School Nurse or the member of staff responsible if they are out of School. The child should be closely monitored for signs of Anaphylaxis.

If the symptoms progress as described in the Action Plan, pupils who are prescribed an auto-injector should be encouraged to administer their auto-injector themselves. If they are unable to do this, staff can assist following the guidelines set out in the training and an ambulance should be called. If there is any doubt about the severity of an allergic reaction, give the Auto-injector and call 999.

If the child's condition worsens at any time or if staff feel the child is very unwell an ambulance should be called immediately by dialling (9) 999. If available a second pen can be given after five minutes if there has been no improvement in the child's condition.

### **Follow up**

If the allergic reaction settles following administration of the antihistamine, they can be assessed by the school nurse and are likely to need no further follow-up. Parents will be informed at pick up The nurse will decide whether any further treatment is required.

Pupils who have used the Auto-injector need to go into hospital by ambulance for a period of observation as per NICE guidance.

Used auto-injectors should be disposed of safely in a sharps bin there is one in the medical room. As a holding measure, they can be held in a non-penetrable holder such as a glass vase or mug.

A repeat prescription for an auto-injector should be processed at the earliest opportunity.

## **Asthma**

Asthma is a condition of the respiratory system – it affects the airways in the lungs. When a person with asthma comes into contact with something that irritates their airway [an asthma trigger], the muscles around the walls of the airway tighten so that the airways become narrower and the lining of the airways become inflamed and start to swell. Sometimes thick mucus or phlegm builds up which can further narrow the airways. This makes it difficult to breathe and leads to symptoms of asthma.

### **Recognition of an asthma attack**

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

- Coughing
- Wheezing
- Tightness in the chest
- Shortness of breath
- Unusually quiet, unable to speak
- Distressed
- Anxious
- Exhausted
- Cyanosed (blue around lips)

### **What to do if a pupil has an asthma attack**

Call for help from the School Nurse, if the School Nurse is not available call for a first aider. Stay calm and reassure the pupil. Attacks can be frightening; the pupil has probably been through this before. It is very comforting to have a hand to hold but do not put your arm around the pupil's shoulder as this is very constrictive. Listen carefully to what the pupil is saying. Loosen any tight clothing. Encourage the pupil to breathe deeply and slowly

Asthma UK advise:

- Help them to sit up straight and keep calm
- Help them take their reliever (usually blue) inhaler every 30-60 seconds up to a maximum of 10 puffs

Call 999 for an ambulance if:

- Symptoms get worse while they are using their inhaler
- They do not feel better after 10 puffs
- You are worried at any time, even if they have not taken 10 puffs

Whilst you wait for the ambulance, repeat the inhaler treatment of up to 10 puffs if the ambulance takes longer than 15 minutes.

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

The pupil's parents or guardian will need to be informed after an attack even if relatively brief • Minor attacks should not interrupt a pupil's involvement in the School. As soon as the pupil feels better they can return to School activities. Please contact the School Nurse for advice, help and support and for further information or training regarding the practical use of asthma inhalers.

## **Diabetes**

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

For children with Type 1 diabetes, the School Nurse will assist with monitoring pre-meal blood sugars readings, carbohydrate intake at lunch, and either administer post meal insulin or if the child is able to self-inject, supervise the injection.

Signs of hypoglycaemia include:

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

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

Parents should be informed immediately and child monitored in the First Aid Room.

If a child's recovery takes more than 10-15 minutes or the child becomes unconscious an ambulance will be called.

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

Monitoring equipment, if required and emergency supplies are kept in the First Aid Room. Children will also carry emergency rations such as biscuits and glucose tablets in their school bags.

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

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

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

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

## **Epilepsy**

The School Nurse must be informed if a child has Epilepsy. An individual health care plan should be drawn up in discussion with parents and draw up a health care plan describing the nature and frequency of fits, common precipitating factors and current medication. Staff will be aware of the health care plan.

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

In the event of a fit,

- Note the time
- staff should call the School Nurse or First Aider
- Clear the area around the child to maintain a safe environment
- Ask other children to move away to ensure as much privacy as possible, cover with a blanket if possible as the child might be incontinent.
- Administer any prescribed medication as per instruction according to the individual the health care plan
- Talk to the child and reassure them
- After the fit has passed, place the child in the recovery position
- When sufficiently recovered, take to the Medical Room and monitor until they are collected by parents.
- Time the length of the fit.

An ambulance should be called

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

## ***Over the counter medicines***

The school nurse decides which over the counter medication are to be held in school. Currently the OTC medicines held are

### **Paracetamol (syrup, fast melts, tablets)**

For pain and high temperature with discomfort

### **Ibuprofen (tablets, syrup)**

Non-steroidal anti-inflammatory drug for pain and high temperature with discomfort

### **Chlophenamine (piriton syrup)**

Antihistamine

### **Stugeron**

For travel sickness

### **Calgel**

Local anaesthetic

### **Diprobase**

Emollient cream

### **Sudacrem**

Antiseptic cream

### **Tixylix**

Cough syrup for toddlers

### **Vaseline**

Petroleum jelly for dry chapped skin

### **Strepsils Lozenges**

Throat lozenges for over 6 years only

## Medicine Request Form

If you wish your child to receive medication through the school day, please complete and return this form to the School nurse along with the medication in its original box with any prescription instruction attached.

Mrs Ali Bromley

Medical Matron/School Nurse

[abromley@chandlings.org.uk](mailto:abromley@chandlings.org.uk)

Date.....

Name of the child.....Form.....

Name of medication.....

Reason for medication.....

.....

.....

Dose to be given.....

Time to be given.....

Please indicate the length of treatment      One off.....

5 day course.....

Continuous/ongoing .....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature of parent.....

