FREDERICK HUGH HOUSE

First Aid including Medication Policy

This policy, which applies to the whole school, is publicly available on the school website and upon request a copy (which can be made available in large print or other accessible format if required) may be obtained from the School Office.

Legal Status:

- This policy is drawn up and implemented to comply with The Education (Independent School Standards) (England) (Amendment) (Regulations) Part 3, Standard 14.
- Complies with Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR). The school is mindful of its duty to report to the Health and Safety Executive (0845 3009923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act 1995 (RIDDOR).
- Complies with the Guidance on First Aid for Schools Best Practise Document published by the Department for Education (DfE).
- Complies with the Health and Safety (First Aid) Regulations 1981 (amended 1997)
- First Aid at Work Guidelines for Employers published by the Health and Safety Executive 2009

Frederick Hugh House has an Appointed Person, Alan Simons, Deputy Acting Headteacher, for the health and safety of the School's employees and anyone else on the premises. This includes all teaching and non-teaching staff, volunteers, children and visitors (including contractors). They must ensure that a risk assessment of the School is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.

Applies to:

- The whole school along with the out of school care including extracurricular activities and all other activities provided by the school, inclusive of those outside of the normal school hours.
- All staff (teaching and support staff), the trustees, students on placement and volunteers working in the school.

Related documents:

- Appendix A: Administration of Medicines during School Hours
- Appendix B: Children with special medical needs policy
- Welfare, Health and Safety Policy; Administration of Medication (giving and storage)

Availability:

- This policy is made available to parents and staff in the following ways: via the school website, on the staff shared drive and on request a copy may be obtained from the school office.

Monitoring and Review:

- This policy will be subject to continuous monitoring, refinement and audit by the Acting Headteacher.
- The Trustees undertake a formal review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than two years from the date shown below, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Frederick Hugh House is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.

Signed: Date reviewed: January 2018

Date of next review: January 2019

Alan Simons	Anne Marie Carrie	Bill Brown
Acting Headteacher	Chair of Trustees	Education Officer

Introduction

This policy is designed to ensure that all children can attend school regularly and participate in activities. This policy outlines the School's statutory responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The school complies with the Guidance on First Aid for Schools Best Practice Document published by the DfE. In order to comply with this best practise document the school has a requirement for a minimum of one trained First Aider who has satisfied the requirements of the 'First Aid at Work' course. However, staff should NEVER perform any First Aid Procedures that they have not been adequately trained to do.

All companies are required by The Health and Safety (First Aid) Regulations 1981 (amended 1997) to provide trained first aid human resources and treatment for staff in the event of injury or ill health at work. Although the regulations only require the employer to provide cover for staff, it is the School's policy to extend this cover to children and visitors.

The school will provide:

- Practical arrangements at the point of need;
- The names of those qualified in first aid and the requirement for updated training every three years;
- Having at least one First Aider at work qualified person on the school site when children are present;
- Showing how accidents are to be recorded and parents informed;
- Access to first aid kits;
- Arrangements for pupils with particular medical conditions (for example asthma, epilepsy, diabetes);
- Access to body fluid kits for hygienic management of spillage of body fluids;
- Guidance on when to call an ambulance;
- Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 9923)

Methodology

This First Aid Needs Assessment will consider the following topics:

- The nature of the work, the hazards and the risks
- The new classification of first aiders
- The Nature of the workforce
- Schools history of accidents and illness
- Excursions/Sports Fixtures/Lone Workers
- The distribution of the workforce
- The remoteness of the site from emergency medical services
- The assessment of the number of first aiders required

Aims

- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.
- To provide First Aid treatment where appropriate for all users of the school (with particular reference to pupils and staff)

- To provide or seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

Objectives
- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements

Classification for first aiders.
There are currently two levels of workplace first aider:
- Emergency First Aid at Work (EFAW) – 6 hour course
- First Aid at Work (FAW) – 18 hour course.
  (Details of the type of training needed for EFAW and FAW are attached at Annex A)

The Nature of the Workforce
We have considered the needs and health of all employees, pupils, visitors/contractors. During term time there will be one or more First Aider at Work (FAW) on duty. When contractors are on site, even during school holidays - there should be at least one Emergency First Aider at Work (EFAW) available to administer first aid. At all times when children are on-site for a Frederick Hugh House activity, even during periods of normal school closure we ensure that an Emergency First Aider at Work (EFAW) is present. Additionally, a lone worker policy and risk assessment is in place for staff who may be alone on site during school holidays and after hours. Any First Aider at Work training courses are booked by the School Administrator. Before a pupil is accepted for a placement in the school with specific health problems/disability (such as heart conditions, asthma, diabetes etc.) a separate Risk Assessment will be completed by the Acting Headteacher who must consider the training needs for the First Aiders within the school.

The Head Teacher, Alan Simons, is responsible for ensuring that there is adequate first aid cover available at all times, including when a first aider is on annual leave, a training course, a lunch break or other foreseeable absences.

It is not acceptable to provide an 'Emergency First Aider at Work' (6 hour course) to cover foreseeable absences of a 'First Aider at Work' (18 hour course).

The evidence of the level of injury in our school is relatively low and really confined to pupil injuries, most of which are results from slips/trips and falls or occasioned in the sports hall or in the playgrounds. Again most of the injuries are minor and require minimal first aid attention.

<u>**Definitions**</u>

First Aid
The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving of any tablets or medicine to treat illness.

Full First Aider
A person who has completed a full (3-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

Appointed Person
A person who has completed at least a 1-day course of emergency first aid from a competent trainer and holds a current certificate.

Policy on First Aid in School
All staff, both teaching and non-teaching are responsible for dealing with minor incidents requiring first aid. During lesson time first aid is administered by the class teacher or First Aid Officer. If an accident occurs in the playground and first aid is required, the nearest qualified person will assist.
If there is any concern about the first aid which should be administered then the qualified first aiders must be consulted. The Acting Headteacher will be a qualified first aider and will be responsible for taking control in the event of an accident or injury.

All accidents must be recorded in a Record of First Aid Treatment book. A copy of this is kept in the School Office. All details need to be filled in, including any treatment given.

Training
The First Aid Officers are Fully First Aid trained and have had specific instruction regarding some other health conditions. The list of staff with current First Aid Certificates is available in the staff room. A list of qualified First Aiders is saved at the end of this policy. All First Aid qualifications are updated every three years in accordance with regulations.

A First Aid at Work qualified member of staff and an Emergency First Aid at Work qualified member of staff *will* always be on the premises when children are engaged in Frederick Hugh House activities and at least one qualified first aider will always accompany the children when using any specialist facilities and during any offsite activity/education visit. First aid kits are available on the premises, in vehicles and for educational visits and offsite activities.

Personnel
The Deputy Head Teacher, Alan Simons, is the Appointed Person for the health and safety of the School's employees and anyone else on the premises. This includes all teaching and non-teaching staff, volunteers, children and visitors (including contractors). They must ensure that a risk assessment of the School is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.

The Trustees should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ. The Appointed Person is responsible for putting the policy into practice and for developing detailed procedures. The Appointed Person must have completed and keep updated a training course approved by the HSE. This is a voluntary post.

The Head Teacher should ensure that the policy and information on the School's arrangements for first aid are made available to parents. Teachers and other staff are expected to do all they can to secure the welfare of the pupils.

The Appointed Person need not be a Full First Aider, but should have undertaken emergency first aid training and will:

- take charge when someone is injured or becomes ill;
- look after the first aid equipment e.g. arranging for restocking the first aid boxes;
- ensure that an ambulance or other professional medical help is summoned when appropriate;
- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- When necessary, ensure that an ambulance or other professional medical help is called.

In selecting first-aiders the Acting Headteacher should consider the person's:

- reliability and communication skills;
- aptitude and ability to absorb new knowledge and learn new skills;
- ability to cope with stressful and physically demanding emergency procedures;
- Normal duties with the first aider being able to go immediately to an emergency.

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PROCEDURES

Risk assessment

Reviews are required to be carried out annually, and when circumstances alter, by the Health and Safety Officer, who is the Deputy Head Teacher. Recommendations on measures needed to prevent or control identified risks are forwarded to the Chair of Trustees.

Re-assessment of first-aid provision

As part of the Schools' monitoring and evaluation cycle:

- the Acting Headteacher reviews the Schools' first-aid needs following any changes to staff, building/site Activities, off-site facilities, etc.
- the Acting Headteacher monitors the number of trained first aiders, alerts them to the need for Refresher courses and organises their training sessions;
- the Acting Headteacher also monitors the emergency first-aid training received by other staff and Organises appropriate training;
- The site manager checks the contents of the first-aid boxes termly.

Providing information

The Acting Headteacher will ensure that staff are informed about the Schools' first-aid arrangements

The Health and Safety Officer who is the Deputy Head Teacher:

- provides information packs for new staff as part of their induction programme;
- maintains a first-aid notice board in the staff room;
- Gives all staff information on the location of equipment, facilities and first-aid personnel. This will appear in the staff handbook.

PROVISION

How many first-aid personnel are required?

The Acting Headteacher will consider the findings of the risk assessment in deciding on the number of first-aid personnel required. Although traditionally schools are low risk environments, the Acting Headteacher will consider the needs of specific times, places and activities in deciding on their provision.

In particular the Acting Headteacher will consider:

- Off-site PE
- School trips
- Use of the Schools Facilities
- Adequate provision in case of absence, including trips
- Out-of-hours provision e.g. clubs, events

Arrangements should be made to ensure that the required level of cover of both First Aiders and Appointed persons are available at all times when people are on school premises.

First-aid materials, equipment and facilities

The Acting Headteacher must ensure that the appropriate number of first-aid containers are available according to the risk assessment of the site are available. See HSE guidelines on recommended and mandatory contents.

- All first-aid containers must be marked with a white cross on a green background
- First aid containers must accompany teachers off-site
- First aid containers should be kept near to hand washing facilities
- Spare stock should be kept in school.
- Responsibility for checking and restocking the first-aid containers is that of the School Site Manager.

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Location of boxes
First Aid kits are located in every room in the school apart from the toilets, Acting Headteacher's office, small music room, and admin office although each of these rooms is in close proximity to a room with a first aid box.

Accommodation
Frederick Hugh House has a dedicated sick bay, located next to the school office. This dedicated area contains a washbasin.

Hygiene/Infection control/HIV Protection
What to do in the event of a spillage of bodily fluids
Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves which must be worn when treatment involves dealing with blood or other body fluids and hand-washing facilities. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Staff should also make sure any waste (wipes, pads, paper towels etc.) are placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home. **Body fluid kits are readily available alongside First Aid kits and in all children accessible bathrooms for hygienic disposal of spilt bodily fluids.**
Source: 'Guidance on First Aid for Schools: A Good Practice Guide' (adapted).

First Aid Kits
Contents:
- Scissors
- Bandages
- Dressings
- Safety pins
- Antiseptic wipes
- Micro-pore tape
- Sterile gauze
- Disposable gloves.
- Eye washes
- Face mask
- Cool packs
- Gloves
- Thermometers
- Mr Bump stickers

Person Responsible for Supplies
First Aid kits are looked after by the Site Manager who checks the contents of the first aid kits on a monthly basis and places orders to replenish stock. All staff are responsible for notifying the school office if the supplies in any of the first aid kits are running low. This is done via the first aid request form.

Allergies/Long Term Illness
A record is kept in the general office of any child's allergy to any form of medication (if notified by the parent) any long-term illness, for example, asthma, and details on any child whose health might give us cause for concern. Emergency supplies for children with nut allergies and diabetes are kept in the school office.

Supporting sick or injured students: With reference to sick students and medicine we:

- Make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues and contact NHS Direct for advice if we are unsure about a health problem.

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- Isolate a student if we feel that other students or staff are at risk and contact parent(s) and/or guardian(s) to take students home if they are feeling unwell/being sick/have diarrhoea/have had an accident/may have an infectious disease, respecting confidentiality.
- Ring emergency contact numbers if the parent(s) and/or guardian(s) cannot be reached.
- Make every effort to care for the student in a sympathetic, caring and sensitive manner.
- Keep other parent(s) and/or guardian(s) informed about any infectious diseases that occur and expect parent(s) and/or guardians to inform the Health Centre if their child is suffering from any illness or disease that may put others at risk.

Courses

Staff are notified of first aid courses at staff meetings. Staff are all first aid trained and refreshers/revision takes place in weekly meetings.

Accident Prevention: First aid provisions are released annually, or whenever there is a relevant change concerning those for whom the School is responsible or the hazards to which they are exposed. Additionally, the Site Manager on advice from the First Aid Officer will ensure contractors have suitable or sufficient first aid provision, or that the contract may include their use of the School's first aid facilities.

Accident

Procedure to follow for accidents which commonly occur in school:

- All accidents, however minor, must be reported to the Acting Headteacher and an Incident and Accident report form must be completed (near misses, potential hazards and any damage must be reported immediately).
- If First aid is required, fill in a form in the Accident Report Book, copies of which are kept in the accident book in the school office. If the parent/guardian has to be sent for to take the child to the family doctor or to hospital for further treatment this should be recorded on the form. Copies will then be taken for the school file in the Acting Headteacher's office.
- A 'First Aid incident notification' form must be filled in, with a copy taken for the school file and the original sent home to parents.
- All accidents (near misses, potential hazards and damage) will be investigated by the Health and Safety Officer, who will be responsible for ensuring that corrective action is taken where appropriate to prevent a recurrence. This information is shared at least termly with the Health and Safety Committee.
- The Health and Safety Officer will notify the appropriate authorities when necessary.

Major Injuries

- Fracture of the skull, spine or pelvis.
- Fracture of any bone in the arm other than a bone in the wrist or hand.
- Fracture of any bone in the leg other than a bone in the ankle or foot.
- Amputation of a hand or foot.
- The loss of sight of an eye.
- Any other injury which results in the person injured being admitted to hospital as an inpatient for more than 24 hours, unless that person is detained only for observation.

It might be that the extent of the injury may not be apparent at the time of the accident or immediately afterwards, or the injured person may not be immediately admitted to hospital. Once the injuries are confirmed, or the person has spent more than 24 hours in hospital, then the accident must be reported as a major injury.

Calling an Ambulance

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The First Aider on site must make a decision to call an ambulance. **It is always best to err on the side of caution,** bearing in mind that additional injuries may be caused if unqualified persons move a casualty. An ambulance should be called if there is **significant bleeding, shock, serious fractures which are disabling, cardiac arrest or breathing difficulties.**

- Dial 999
- State which service(s) you require: Ambulance (Call for Police /Fire/ Coastguard as necessary)
- Give the age and sex of the casualty and state whether breathing/not breathing, conscious or unconscious and a brief description of the injury. Any additional factors known e.g. asthmatic, anaphylactic, diabetic etc.
- Give the address of the school :
  Frederick Hugh House
  48 Old Church Street
  London
  SW3 5BY

Stop bleeding by pressure and keep the child warm and quiet to minimise the shock. Find out all you can about what happened and whether the child is in pain. Always be encouraging: never discuss how bad it might be!

ONE person must take charge who will:

1) Send for an ambulance if necessary.
2) Send for a First Aider.
3) Notify the Acting Headteacher.
4) Make arrangements for the care of the child's property.
5) Arrange to contact the child's parent/s and check that this has been done.

N.B. Check the correct name of the parent.

If the child is taken to hospital he or she must be accompanied by an adult, who must be prepared to remain there with the child.

Monitoring
Accident records can be used to help the Acting Headteacher and Health and Safety Officer to identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes. Accidents can be reviewed at the weekly Health and Safety meeting. All accidents are reviewed at the termly Health and Safety Meeting. This policy will be reviewed annually.

Reporting to HSE: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (**RIDDOR**) legislation (2013) www.hse.gov.uk/riddor Tel: 0845 300 9923 to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23). The Acting Headteacher must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records. The following accidents must be reported to the HSE involving employees or self-employed people working on the premises without delay:

- Accidents resulting in death, major injury (including as a result of physical violence) or prevent the injured person from doing their normal work for more than three days; accidents resulting in the person

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being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work i.e. if it relates to:

- Any school activity, both on or off the premises;
- The way the school activity has been organised and managed and condition of premises;
- Equipment, machinery or substances.

Record keeping

Statutory accident records: The Acting Headteacher must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years.

The Acting Headteacher must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:

- the date, time and place of incident
- the name of the injured or ill person
- details of their injury/illness and what first aid was given
- what happened to the person immediately afterwards
- Name and signature of the first aider or person dealing with the incident.

The above records are kept in the First Aid room. A First Aid Notification Form is completed and filed in the child's personal file, with a copy sent home as confirmation of contact with parent/guardian or carer.

Accidents involving Staff: Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs). Work related accidents that prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days. Cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer). Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Specific Conditions

Physical Sickness – If a student is physically sick inside the school building, the area is cleaned and disinfected and the student is sent home.

Accidents involving pupils or visitors: Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- Any School activity (on or off the premises)
- The way a School activity has been organised or managed (e.g. the supervision of a field trip)
- Equipment, machinery or substances
- The design or condition of the premises.

Need to be reported without delay to HSE, followed by Form F2508. For more information on how and what to report to the HSE, please see:

http://www.hse.gov.uk/riddor/index.htm. It is also possible to report online via this link

The school's procedure for ensuring that parents are informed of significant incidents/major injuries are as follows:

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- Parents/guardians/ carers are telephoned
- Telephone call is followed up by email
- First Aid Notification Form is completed and filed in the child's personal file, with a copy provided to the parents
- Head Teacher meets with parent/guardian/carer

For each pupil the school has the names and contacts of at least two individuals in order to better ensure that contact can be made.

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Annex A:
Basic First Aid

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit, and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 / 112 immediately; contact the First Aider Officer.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

Unconsciousness
If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. If you or any bystander has the necessary skills, give them Cardio-pulmonary resuscitation while you wait for the emergency services.

Bleeding
Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.

Burns
For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.

Broken bones
Try to avoid as much movement as possible.

Embedded Objects and Splinters

An object embedded in a wound (other than a small splinter) should not be removed as it may be stemming bleeding, or further damage may result.

In principle leave splinter in place, carefully clean the area with warm soapy water; use sterile dressing to cover it, Report to parents, if the child is particularly uncomfortable contact parents.

Sick or Injured Persons

What to do if a child is ill or injured

The legal responsibility of all teachers and learning support assistants is considered to be "in loco parentis" which means, that we are expected to act as all prudent parents would do. Thus, we would more easily be found negligent if we did nothing than if we attempted to act in the child's best interests. The basic principle is that a teacher or member of the support staff cannot claim that a sick or injured child is not his/her responsibility. The Health and Safety at Work Act requires all employees to share responsibility for the workplace of themselves and of others using it so far as is reasonable and practical.

Children should only be in school if they can take part in all school activities, with the exception of recovery from broken limbs or similar injuries. Children who are on antibiotics or have had sickness or diarrhoea must spend the first 48 hours away from school. Further information regarding administration of medicines etc. can be found in the Health and Safety document.

Parents of children who are taken ill in school should be informed through the school office.

Specialist bodily fluid kits are kept for use in the case of vomit. There is also a dustpan and brush, gloves and bags for disposal. Please inform the School Office so that cleaners can be informed.

It is a requirement for all teaching and support staff to be trained in basic First Aid. However, NEVER perform any First Aid Procedures that you have not been adequately trained to do. The following is an aide-memoire only.

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For a minor illness or slight injury:
Arrange for the child to be taken to a First Aider or bring the First Aider to the child. If no First Aider is on site the child must be taken to the School Office. Please do not send a sick or injured child all over the building looking for help. Use a phone or a runner or get help from a colleague.

If a child appears to be badly injured or seriously ill (e.g. serious loss of blood, severe pain in abdomen, bone or joint, unconsciousness):

DO NOT MOVE THE CHILD. SEND FOR HELP AT ONCE.

If a child is ill or injured on a school trip the same principles apply as for 1 and 2.
Remember that when a child is ill or injured this changes the day's arrangements. Always ensure there is enough supervision for the other children on the trip, so that the sick or injured member of the group can be properly looked after. A first aider with a first aid kit must be on all off-site activities. For further advice please contact a first aider.

If a child is ill and needs to go home
The child should be taken to the School Office where the member of staff on duty there will telephone home and ask a parent or responsible adult to collect the child. A note should be made in the parental communication record book. If children are not well enough to join in all school activities they should not be in school.

Parents should know that it is important that the school knows if any children are off school with diarrhoea and vomiting and the recommendation is that pupils see their General Practitioner during the period of absence. It is important that they should not return to school until free of symptoms for 48 hours.

Accidents to pupils or visitors
Major accidents which involve pupils or visitors who are killed or taken from the site of the accident to hospital need to be reported without delay to HSE, followed by Form F2508.

Minor accidents to pupils
All types of minor accidents are to be recorded in the Incident and Accident book. Incidents that require medical attention at or outside school or a child being sent home are covered by the Accident Report Form. Parents are advised of the incident by telephone and in writing where first aid is administered. Please keep a note of all telephone notifications, including details of who contacted parents / responsible adult, time of call and details of event being notified. If a child is being sent home, there needs to be a record of this too.

Incidents / Hazards / Near Miss Book
This should be used to record the unplanned or uncontrollable event. Assessment and review will be undertaken at regular intervals to consider further action.

Reportable diseases need to be noted including:
- Date and diagnosis of the disease
- Who is affected
- The name of the disease

Please refer to the attached list from the HSE.

A copy of the list detailing incubation and exclusion periods of commoner communicable diseases is enclosed.

Incident and Accident reports are being analysed and recorded in order to investigate causes of accident and learning from it, so as to avoid a recurrence.

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Wounds and Bleeding

Remember: NEVER perform any First Aid Procedures that you have not been adequately trained to do. The following is an aide-memoire only. The aims of First Aid for bleeding and wounds are to:

- Stop bleeding as quickly as possible, because severe loss of blood could be serious and lead to death.
- Prevent infection, by keeping germs out.

Treatment:

- Place the casualty in a lying position, preferably with legs raised.
- Elevate injured part, unless a fracture is suspected, and loosen tight clothing.
- Expose wound, removing as little clothing as possible.
- Control bleeding by pressing sides of wound firmly together or by applying direct pressure to the part that is bleeding, over a clean dressing preferably, a clean towel, handkerchief or any other item of clean linen.
- Apply sterile dressing into the depth of the wound until it projects above the wound, cover with padding and bandage firmly.
- If foreign bodies are present in the wound, or bone is projected, cover the wound with a sterile dressing and apply enough pads round the wound to enable bandage to be applied in a diagonal manner, avoiding pressure on projecting foreign body or bone.
- If bleeding continues through dressing, put another dressing over the previous dressing and bandage it firmly. Never remove dressings that are already in place – this disturbs the blood clot and can easily make bleeding worse.
- At all times reassure the patient and keep him/her relaxed and lying as still as possible; any unnecessary movement will tend to make bleeding more severe.
- Keep casualty warm with blankets.
- Except in cases of only slight injuries with small loss of blood, get the casualty as comfortably and quickly as possible.

WARNING

Stab wounds and puncture wounds can cause injury and infection deep inside the body, even though the skin wound is only small. Therefore such wounds should be regarded as serious and the casualty sent to hospital.

Burns and Scalds

- Cool immediately. If limb or extremity is affected, immerse in cold water or place under a gently running tap, until pain is reduced.
- Remove burnt clothing only if absolutely necessary and after cooling has begun. Stuck clothing should be left alone.
- Do not break blisters; keep immersed in cold water if still painful.
- Remove anything of a constricted nature – e.g. rings, bangles, belts and boots – before swelling starts.
- Cover the burn with a large sterile dressing. If no dressing is available, use the cleanest non-fluffy covering available. Dressing should cover an area bigger than the burn. If necessary use several dressings.
- If burn is larger than the palm of the hand, send casualty to a hospital as quickly as possible.

WARNING

DO NOT apply lotion, antiseptics or anything greasy to burns.

DO NOT use hairy or fluffy materials to cover a burn.

In the case of electrical burns, do not touch the casualty until you are certain that the electricity is switched off.

Head Injuries

Any child, who has sustained a head injury at school, needs to be reported to the Acting Headteacher, who will inform parents if deemed necessary. An Incident and Accident report form needs to be filled in. Original to go to the school office. The First Aid Notification form will need to be completed and signed by the reporting staff member. Original to go to the school office and copy given to the parents.

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<u>Annex B: Anaphylaxis</u>

What is anaphylaxis?

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). In its most severe form the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

Medication and control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an Epipen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual pupil must be kept in a locked cabinet which is readily accessible, in accordance with the School's health and safety policy. If a pupil has an Epipen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

It is important that key staff in the School are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.

It is not possible to overdose using an Epipen as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back.
All pupils who have anaphylaxis will require a 'Medical Protocol' which parents or guardians should complete prior to starting at Frederick Hugh House. The Medical protocol should give basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file.

Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

Managing pupils with anaphylaxis

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all pupils who have an Epipen prescribed to them, have their medication on them at all times.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. (Staff to seek advice from First Aider Officer.)
- If a pupil feels unwell, the First Aider Officer should be contacted for advice.
- A pupil should always be accompanied to the Surgery if sent by a member of staff.

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Away trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils medication, if the pupils cannot carry it themselves (See Medical protocol)
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimize risk whenever possible.

What are the main symptoms?

- Itching or presence of a rash, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness

What to do if a pupil has an anaphylactic reaction

- Ensure that a paramedic ambulance has been called, Stay calm and reassure the pupil, encourage the pupil to administer their own medication as taught, summon assistance immediately from the Duty First Aider and liaise with the Duty First Aider about contacting parents.

Annex C: Asthma

What is Asthma?

Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

Causes of Asthma

Asthma causes narrowing of the airways, the bronchi, in the lungs, making it difficult to breath. An asthma attack is the sudden narrowing of the bronchi. Symptoms include attacks of breathlessness and coughing and tightness in the chest, which can exacerbate the difficulty in breathing. People with asthma have airways which are almost continuously inflamed (red and sore) and are therefore very sensitive to a variety of common stimuli. It is not an infectious, nervous or psychological condition, although stress may sometimes lead to symptoms.

A child's inflamed airways are quick to react to certain triggers (irritants) that do not affect other children without asthma. The things that trigger asthma vary from child to child. The known triggers include:

- Viral infections (common cold)
- Allergies, e.g. grass pollen, animals (hamsters, rabbits, cats, birds, etc.)
- Exercise
- Cold weather or strong winds
- Excitement or prolonged laughing
- Sudden changes in temperature
- Numerous fumes such as glue, paint and tobacco smoke.

Effects on Child

- Breathlessness during exercise
- Coughing during which wheezing or whistling is heard coming from the child
- General difficulty in breathing

- Tightening of the chest
- Anxiety of the child.

Medication and control

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name.

Pupils with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in a locked cabinet in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. All asthmatic pupils will require a 'Medical protocol' which parents or guardians should complete prior to starting at Frederick Hugh House. The Medical protocol should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file. Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use. Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

When an Asthmatic joins the Class

- Ask parents about child's asthma and current treatment
- All children should have easy access to medication
- If necessary, discreetly remind child to take medication.

Sport and the Asthmatic Child

Exercise is a common trigger for an asthma attack but this should not be the reason for children not to participate in PE or Games. As far as possible, children should be encouraged to participate fully in all sporting events. Swimming is to be encouraged. Prolonged spells of exercise are more likely than short spells to induce asthma attacks. Teachers of PE should be particularly aware of children with asthma when working outside on cold, dry days or when there are strong winds.

Asthmatic children are commonly allergic to grass pollen so this should be considered, especially during the summer months. Teachers should beware of competitive situations when children with asthma may over exert themselves. Exercise triggered asthma will be helped if the teacher ensures that the child uses his/her inhaler before exercise begins and keeps it with them during the lesson. No child should be forced to continue games if they say they are too wheezy to continue.

Away trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupil's medication, if the pupils cannot carry it themselves (See Medical protocol). Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

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Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. ***However, they should not be forced to take part if they feel unwell.***

What are the main symptoms?

- Coughing, wheezing, inability to speak properly and difficulty in breathing out.

Liaise with the First Aider Officer about contacting the pupil's parents/guardians.

Design and Technology and Art

Teachers should be particularly aware of asthma sufferers during activities producing dust and fumes, e.g. paint, glue and varnish.

Medication

There are two types of treatments:

Preventers - these medicines are taken daily to make the airways less sensitive to the triggers. Generally preventers come in brown and sometimes white containers.

Relievers - these medicines are bronchodilators which quickly open up the narrowed airways and help the child's breathing. Generally relievers come in blue containers.

	Trade Name	General Name	A	B
Preventers	INTAL	sodium cromoglycate	*	
	Becotide	beclomethasone	*	
	Pulmicort	budesonide	*	
Relievers - Bronchodilators	Atraovent	ipratropium bromide	*	
	Bricanyl	terbutaline	*	*
	Ventolin	salbutamol	*	*
Longer Acting Relievers	Nuelin	theophylline		*
	Phyllocontin	aminophylline		*
	Serevent	salmeterol	*	

Key:
A - Aerosol, puffer of dry-powder inhaler
B - Tablet and/or syrup

How you can help during an Attack

Children with asthma learn from their past experience of attacks; they usually know just what to do and should carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone.

However, the following guidelines may be helpful:

1. Ensure that the reliever medicine (such as Atraovent, Bricanyl or Ventolin) is taken promptly and properly. This will be in aerosol, puffer or dry powder inhaler form. A reliever inhaler (usually blue) should quickly open up narrowed air passages: try to make sure it is inhaled correctly. Preventer medicine (such as Intel, Becotide or Pulmicort) is of no use during an attack; it should be used only if the child is due to take it.

2. Stay calm and reassure the child.
   Attacks can be frightening, so stay calm and do things quietly and efficiently. Listen carefully to what the child is saying and what he or she wants: the child has probably been through it before. Try tactfully to take

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the child's mind off the attack. It is very comforting to have a hand to hold but don't put your arm around the child's shoulder as this is very restrictive.

3. Help the child to breathe.
   In an attack people tend to take quick and shallow breaths, so encourage the child to breathe slowly and deeply. Most people with asthma find it easier to sit fairly upright or leaning forwards slightly. They may want to rest their hands on their knees to support the chest. Leaning forwards on a cushion can be restful, but make sure that the child's stomach is not squashed up into the chest. Lying flat on the back is not recommended.

In addition to these three steps loosen tight clothing around the neck and offer the child a drink of warm water because the mouth becomes very dry with rapid breathing.

Call a doctor urgently if:

- the child is either distressed or unable to talk;
- the child is getting exhausted;
- You have any doubts at all about the child's condition.

If a doctor is unobtainable call an ambulance.

After the attack

Minor attacks should not interrupt a child's concentration and involvement in school activities. As soon as the attack is over, encourage the child to continue with normal school activities.

How teachers can help

- Ensure all asthmatic children take any necessary treatment before sport or activities.
- Ensure relievers are readily available for use by asthmatic children when required.
- Check with child, parent, and school nurse, that correct treatments and instructions are supplied for school outings.
- Be aware that materials brought into the classroom may trigger a child's asthma, and additional treatment may be necessary.
- Make a point of speaking to parents of children needing to use their inhaler for relief more often than usual.
- Act as an educator to children with asthma and their peers.
- Know what to do in an emergency.

Do's and Don'ts in Acute Asthma

- *Do be aware of procedure to follow if the child does not improve after medication.*
- *Do give reliever medication - bronchodilators.*
- *Do reassure the child.*
- *Do reassure the other children and keep them away.*
- *Don't panic.*
- *Don't lie the child down - keep her/him upright.*
- *Don't open a window - cold air might make the condition worse.*
- *Don't crowd the child - give space - not cuddles.*
- *Don't give inhaled steroids (e.g. Becotide, Pulmicort).*

What to do in an emergency

1. Keep calm.
2. Allow child space to breathe (no sudden change in temperature).
3. Use reliever inhaler.
4. If no improvement after 5 minutes repeat inhaler giving a high dose. Dial 999 or take to hospital (two

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adults required).

5. Ask someone to warn the hospital you are on the way.
6. Demand immediate attention on arrival at hospital.

SEEK MEDICAL HELP URGENTLY IF:

1. The reliever (medication) has no effect after five to ten minutes.
2. The child is either distressed or unable to talk.
3. The child is getting exhausted.
4. You have any doubts at all about the child's condition.

CALL THE PARENTS AND AN AMBULANCE

Minor attacks should not interrupt a child's concentration or involvement in School. When the attack is over encourage them to continue with their lessons/activities. This information has been taken from the National Asthma Campaign booklet "Asthma at School".

Further information

The National Asthma Campaign publishes a useful booklet entitled “Asthma at School: a teacher’s guide.” Available from:
National Asthma Campaign,
Providence House, Providence Place, London, N1 ONT
Admin: 020 722 622 260 Helpline: 0345 00203
Further information from Asthma Training Centre: 01789 296944 and
BAALPE 01395 263247

Annex D: Diabetes

What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

Medication and control

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an Individual Pupil Risk Assessment. In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil

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and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode. The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date. All pupils with diabetes will require a 'Medical protocol' which parents or guardians should complete prior to starting at Frederick Hugh House. The Medical protocol should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file. Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

Managing pupils with diabetes

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that all pupils with diabetes have a Lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from the Head of Boarding for training)
- If a pupil feels unwell, the First Aid Officer should be contacted for advice.
- A pupil should always be accompanied to the Surgery if sent by a member of staff.

Away trips:

A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupil's medication, if the pupils cannot carry it themselves (See Medical protocol). Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level: Encourage the pupil to eat or drink some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia, after the activity is concluded, encourage the pupil to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

What to do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode

Common causes:

A missed or delayed meal or snack, extra exercise, too much insulin during unstable periods, the pupil is unwell or the pupil has experienced an episode of vomiting.

Common symptoms are:

i. Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration
ii. Get someone to stay with the pupil - call for the Duty First Aider/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse.
iii. Give fast acting sugar immediately (the pupil should have this), e.g.:
   Lucozade, fresh orange juice, sugary drink, e.g. Coke, Fanta, glucose tablets, honey or jam, 'Hypo Stop' (discuss with parents / houseparent's whether this should be taken on trips off site)
iv. Recovery usually takes ten to fifteen minutes.
v. Upon recovery give the pupil some starchy food, e.g. couple of biscuits, a sandwich.
vi. Inform the Duty First Aider, houseparent's and parents of the hypoglycaemic episode.
vii. In some instance it may be appropriate for the pupil to be taken home from school

NB. In the unlikely event of a pupil losing consciousness, call an ambulance (112 or 999) and the First Aid Officer.

A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst, passing urine frequently, vomiting, abdominal pain
- A change of behaviour

Care of pupils in a hyperglycaemic episode
- Do not restrict fluid intake or access to the toilet
- Contact the Sanatorium and/or parents if concerned.

In both episodes, liaise with the Duty First Aider / about contacting the pupil's parents/guardians.

Annex E:
Epilepsy: A Guide for Staff
Types of seizure:

Major fit ('grand mal' or 'convulsion'). This type of fit can be very frightening when seen for the first time. The child may make a strange cry, (a physical effect that does not indicate fear of pain), and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear round the mouth, occasionally blood-flecked, if tongue or cheeks have been bitten. The child may pass water.

This type of fit may last several minutes, after which the child will recover consciousness. He/she may be dazed or confused – a feeling that can last from a few minutes to several hours – and may want to sleep or rest quietly after the attack. Although alarming to the onlooker this type of fit is not harmful to the child and is not a medical emergency unless one fit follows another and consciousness is not regained. Should this happen, medical aid should be sought without delay. This condition is known as status epilepticus.

- Minor fit ('absence' or 'petit mal'). This type of seizure may easily pass unnoticed by parents or teachers. The child may appear merely to daydream or stare blankly. There may be frequent blinking of the eyes, but otherwise none of the outward signs associated with a major seizure. Though brief, these periods of clouded consciousness can be frequent. They can lead to a serious learning problem if not recognised and treated, because the child is totally unaware of his surroundings and receives neither visual nor aural messages during a seizure.
- Psychomotor fit ('complex partial' or 'temporal lobe') this occurs when only part of the brain is affected by the excessive energy discharge. There may be involuntary movements such as twitching, plucking at clothes or lip smacking. The child appears to be conscious may be unable to speak or respond.
- 'Sub-clinical seizures'. These are often not recognised because, as the name suggests, they cannot be seen. They may be indicated if a child's attainment level drops significantly, or the standard of oral or written work is below expectations for no accountable reason. Where sub-clinical seizures are suspected, the matter should immediately be brought to the attention of the Acting Headteacher.

Calm observation of any seizure may well provide vital information for the doctors, who rarely see the child having a seizure. Cooperation between teachers, parents and the family doctor/paediatrician can prevent a child with epilepsy from becoming a handicapped adult.

Classroom First Aid
The reaction and competence of the teacher is the most important factor in any classroom acceptance of a seizure. In a minor fit, understanding and a matter-of-fact approach are really all that are needed. A teacher should be aware of the possibility of mockery when the fit has passed and deal with it, if it arises, according to the age group concerned. If the child has a major seizure, classmates will respond to the calm behaviour of the teacher. Ensure that the child is out of harm's way, but move him/her only if there is danger from sharp or hot objects, or electrical appliances. All pupils with epilepsy will require a 'Medical protocol' which parents or guardians should complete prior to starting at Frederick Hugh House. The Medical protocol should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file.

Observe these simple rules and LET THE FIT RUN ITS COURSE.

- Cushion the head with something soft (a folded jacket would do but DO NOT try to restrain convulsive movements).
- DO NOT try to put anything at all between the teeth.
- DO NOT give anything to drink.
- Loosen tight clothing around the neck, remembering that this might frighten a semi-conscious child and should be done with care.
- DO call an ambulance or doctor if you suspect status epilepticus.
- As soon as possible, turn the child to the side in the semi-prone position to aid breathing and general recovery. Wipe away saliva from around the mouth.
- If possible stay with the child to offer reassurance during the confused period which often follows this form of seizure.

Annex F: Hemiplegia

What is hemiplegia?

Childhood hemiplegia (sometimes called hemiparesis) is a condition affecting one side of the body (Greek 'hemi' = half). We talk about a right or left hemiplegia, depending on the side affected. It is caused by damage to some part of the brain, which may happen before, during or soon after birth, when it is known as congenital hemiplegia, or later in childhood, in which case it is called acquired hemiplegia. Generally, injury to the left side of the brain will cause a right hemiplegia and injury to the right side a left hemiplegia. Childhood hemiplegia is a relatively common condition, affecting up to one child in 1,000. About 80% of cases are congenital, and 20% acquired

What are the effects of hemiplegia?

Hemiplegia affects each child differently. The most obvious result is a varying degree of weakness and lack of control in the affected side of the body, rather like the effects of a stroke. In one child this may be very obvious (he or she may have little use of one hand, may limp or have poor balance); in another child it will be so slight that it only shows when attempting specific physical activities.

Managing pupils with hemiplegia

It is essential to include the weaker side in play and everyday activities, to make the child as two-sided as he or she can be. As they get older, many children and young people with hemiplegia can be encouraged to develop better use of their weaker side through involvement in their chosen sports and hobbies. All pupils with hemiplegia will require a 'manual handling plan' which school staff should complete upon entry to Frederick Hugh House. In addition, a Medical protocol should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file. Staff should encourage pupils to take part in all activities. If a pupil feels unwell, the First Aid Officer should be contacted for advice. A pupil should always be accompanied to the Surgery if sent by a member of staff.

Away trips:

- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Annex G: Cleaning up body fluids from floor surfaces

All appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit, etc. Disposal of body fluids must be placed in the sharps yellow bins located in the two surgeries.
Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly. Red bags (for soils) are available in both surgeries.

- Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.

- Sprinkle bodily fluid absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
- Remove all visible material from the most soiled areas, using paper towel.
- Put all used paper towel and cloths into a shapes yellow bin for incineration.
- The remaining visible material should then be vacuumed. The vacuum cleaner bag MUST be changed after use, and the hose and pipe disinfected.
- Non- carpeted areas: Sanitize the area, leaving on the affected area for a minimum of 10 minutes. A red mop and bucket are designated for this use.
- Carpeted areas: The area should be cleaned as appropriate and should then be shampooed or steam cleaned within 24 hours.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water and then rinse.
- Discard gloves, disposable apron into yellow bag for incineration. Finally wash your hands thoroughly using soap and water.

Annex H: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995)
All Schools are required to report to the Health and Safety Executive (Tel: 0845 300 99 23). Employers must report: Deaths, major Injuries, over three day injuries, accidents causing injury to pupils, accidents causing injury to members of the public or people not at work, specified dangerous occurrences where something happened which did not result in an injury but could have done.
Refer to Health & Safety Handbook for full details

The Acting Headteacher must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records. The following accidents must be reported to the HSE involving employees or self-employed people working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence)
- accidents which prevent the injured person from doing their normal work
- for more than three days
- accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work i.e. if it relates to;
- any school activity, both on or off the premises
- the way the school activity has been organised and managed
- equipment, machinery or substances
- the design or condition of the premises

HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Acting Headteacher is responsible for ensuring this happens, but may delegate the duty to the Health and Safety Officer. The Health and Safety Officer will report the incident to HSE and also to our insurers.

The nature of the work, the hazards and the risks
The following table, compiled using information from the Health & Safety Executive, identifies some common workplace risks and the possible injuries that could occur:

Risk	Possible injuries requiring first aid	Assessed risk to employees, pupils and visitors/contractors	Remarks
Manual Handling	Fractures, lacerations, sprains and strains (mainly pertains to kitchen/cleaning and maintenance staff)	Low	All staff have manual handling training
Slip and trip hazards	Fractures, sprains and strains, lacerations. (mainly pupils)	Low	

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Machinery	Crush injuries, amputations, fractures, lacerations, eye injuries – there are very few machines within the school which are capable of causing amputations and fractures.	Low	
Work at height	Head injury, loss of consciousness, spinal injury, fractures, sprains and strains – working at heights is restricted to adults, below one metre an adult can work alone; over one metre a full size ladder or scaffold tower is used with 2 or more people present when possible.	Low	
Workplace transport	Crush injuries, fractures, sprains and strains, spinal injuries – it is unlikely that workplace transport injuries will occur as a minibus is only used for people carrying.	Low	
Electricity	Electric shock, burns – all hardwiring is tested every 5 years and PA T tested every year, there is also an annual visual H&S self-audit which should identify any shortcomings and these would then be rectified, couple to this is the appointment of H&S reps who are responsible for monitoring all H&S matters within their area of responsibility.	Low	
Chemicals	Poisoning, loss of consciousness, burns, eye injuries – all chemicals are kept out of reach of children or in locked cupboards and their issue and use is supervised by qualified adults/personnel	Low	

First Aid – Staff Training

	Name	Appointment	Completed	Update frequency	Expiry date
Full First Aiders	Alan Simons *(First Aid Officer)*	Acting Headteacher	09/04/2015	Every 3 years	09/04/2018
	Alexander Heggie	Assistant Headteacher	17/02/2017	Every 3 years	17/02/2020
	Jamie Armstrong	Site Manager	18/12/2015	Every 3 years	18/12/2018
Appointed Persons	Samantha Sparg	Physiotherapist	07/02/2015	Every 3 years	07/02/2018
	Ciara Storan	Occupational therapist	21/10/2014	Every 3 years	21/10/2017
	Kristen Dobbins	Class Teacher	26/10/2016	Every 3 years	26/10/2019
	Lindsay Roberts	Class Teacher	13/04/2016	Every 3 years	13/04/2019
	Courtney Kirk	Speech and Language therapist	16/01/2014	Every 3 years	16/01/2017
	Elaine Neil	Learning Support Assistant	19/12/2016	Every 3 years	19/12/2019
	Melanié De Pouqueville	Learning Support Assistant	19/12/2016	Every 3 years	19/12/2019
	Maeve McDonnell	Learning Support Assistant	31/05/2016	Every 3 years	31/05/2019
	Hayley Rogers	Music Therapist	16/09/2015	Every 3 years	16/09/2018
	Lara George	Learning Support Assistant	24/10/2016	Every 3 years	24/10/2019
	Andreja Stefulj	Learning Support Assistant	08/03/2014	Every 3 years	08/03/2017
	Sarah Steele	Learning Support Assistant	02/02/2016	Every 3 years	02/02/2019
	Kati Bauko	Learning Support Assistant	24/11/2014	Every 3 years	24/11/2017
	Marta Chamska	Learning Support Assistant	30/08/2016	Every 3 years	30/08/2019
	Maya Nissim	Class Teacher	26/10/2016	Every3 years	26/10/2019
	Cherelle Allen	School Administrator	01/06/2016	Every 3 years	01/06/2019
	Amanda Durocher	Learning Support Assistant	13/05/2015	Every 3 years	13/05/2018
	Otterlie Feighan	Consultant	01/08/2016	Every 3 years	01/08/2019

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