



FIRST AID, INCLUDING MEDICAL CONDITIONS AND CARE OF PUPILS WHO ARE UNWELL

This policy applies to the whole school

The Policy is available to the school staff on the 'Staff Share'

We have a whole school approach to safeguarding, which is the golden thread that runs throughout every aspect of the school. All our school policies support our approach to safeguarding (pupil protection). Our fundamental priority is our pupils and their wellbeing; this is first and foremost.

Scope: All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours, including activities away from school. All new employees and volunteers are required to state that they have read, understood and will abide by this policy and its procedural documents and confirm this by signing the *Policies Register*.

Legal Status: Complies with The Education (Independent School Standards) (England) Regulations currently in force.

Monitoring and Review: These arrangements are subject to continuous monitoring, refinement, and audit by the Headteacher. The Proprietor and Advisory Board will undertake a full annual review of this document, inclusive of its implementation and the efficiency with which the related duties have been implemented. This review will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the updated/reviewed arrangements and it will be made available to them in writing or electronically.

Policy Agreed: February 2024

Date Published: February 2024

Next Review: September 2024

Signed

Mr Javier de la Fuente
Headteacher

Mr Andy Thompson
Proprietor who is the Chair of the Advisory

Introduction: This policy is designed to ensure that all children can attend school regularly and participate in activities. It outlines the School's statutory responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors (including contractors) and the procedures in place to meet that responsibility. The School pays regard to the Guidance on First Aid for Schools Best Practice Document published by the DfE. 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 (as amended) to provide trained first aid human resources and treatment for staff in the event of injury or ill health at work. Landon School aims to provide a safe environment for pupils and staff to learn and work, and as part of this to provide appropriate first aid from trained staff. To achieve this the school ensures teaching and support staff have regular first aid training and this is backed up by access to first aid materials both in the First Aid room and on off site visits and school trips.

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;
- information on 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).
- hygiene procedures for dealing with the spillage of body fluids;

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- 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 Policy 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;
- The school's 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.

This policy is updated annually, with due consideration of these factors, and this annual re-assessment of our first aid needs informs out Welfare, Health and Safety Policy.

Aims:

- To identify the first aid needs of the school in line with the Management of Health and Safety at Work Regulations 1992 and 1999, along with all legislation referenced in the government's [First Aid in Schools guidance](#).
- 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, after school clubs and off site lessons.
- 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.
- To keep accident records and report to the HSE as required under the reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

The School will ensure that:

- adequate resources are available for the implementation of this policy;
- this policy and procedure are effectively communicated;
- an assessment is made to ensure that suitable first aid facilities are provided;
- arrangements are made for the provision suitable first aid facilities;
- an assessment is made to ensure that suitable first aid facilities are provided;
- employees with first aid responsibilities receive adequate training;
- arrangements are made for the periodic monitoring of performance against these standards.

Admission Documentation and Procedure

Purpose: This is to ensure that the central surgery provides an efficient and comprehensive health service throughout the School.

Policy: All registered pupils should have the following, which should reach the central surgery **prior to the beginning of school:**

New Boarding and Day Pupils:

- **Pupil Medical Questionnaire** (Appendix 1)
- **Medical Action Plan** (Appendix 2)
- **Homely remedies consent form** (Appendix 8)

Medical treatment consent form (Appendix 9)

Classification for first aiders: There are now three levels of workplace first aider:

- Emergency First Aid at Work (EFAW) – 6 hour course

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- Paediatric First Aid – 12 hours paediatric course
- First Aid at Work (FAW) – 18 hour course.

(Details of the type of training needed for EFAW and FAW alongside details of basic First Aid are attached at Annex A)

Practical Arrangements at the Point of Need:

- provide the appropriate number of first-aid containers, which are marked with a white cross on a green background;
- provide the names of those qualified in First Aid and ensure their training is regularly updated;
- have at least one qualified person on the School site when students are present;
- consider adequate first aid provision during PE off-site, school trips and out of hour provision.
- show how accidents are to be recorded and parent(s) and/or guardian(s) informed;
- follow hygiene procedures for dealing with the spillage of body fluids;
- provide guidance on when to call an ambulance;
- refer 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)
- ensure first aid supplies are also kept near hand washing facilities;
- have arrangements in place for the checking and replenishment of First Aid supplies/kits as necessary;
- check medication such as inhalers and EpiPens regularly to ensure they have not passed the expiry date and new medication requested to replace any due to expire;
- share a list of all student allergies and medical conditions with all staff to ensure they are aware of students' needs.

The Nature of the Workforce: We have considered the needs and health of all employees, pupils and visitors. During term time there will always be a Paediatric First Aider on duty. Any First Aid at Work training courses are booked by the COO. Before a pupil is accepted for a place in the school with specific health problems/disability (such as heart conditions, asthma, diabetes etc) a separate Risk Assessment will be completed by the Headteacher who must consider the training needs for the First Aiders within the school.

The Headteacher is responsible for ensuring that there is adequate first aid cover available at all times, including when a first aider is on a training course, at lunch break or other foreseeable absences. The evidence of the level of injury in our school is relatively low. Most of the injuries are minor and require minimal first aid attention.

Definitions

First Aid: The arrangements in place are to initially manage any injury, sickness or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out.

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 (HSE), and holds a current certificate.

Full Paediatric First Aider: A person who has completed a full (2-day) course of first aid training with a training establishment approved by the HSE, and holds a current certificate.

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

Policy Statement: Landon School will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for pupils, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. This policy should be read in conjunction with Landon School Health and Safety policy and policy on Safeguarding children. It will be reviewed annually or following a change in legislation.

First Aid Facilities: The Headteacher must ensure that the appropriate number of first-aid containers 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 always accompany children when using specialist facilities and during any offsite activity /educational visit. First aid containers must accompany Physical Education (PE) teachers off-site;
- All vehicles carry a first aid kit, sufficiently stocked to meet HSE recommended standards;
- First aid containers should be kept near hand-washing facilities;

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- Spare stock should be kept in school;
- Responsibility for checking and restocking the first-aid containers is that of a qualified First Aider. The First Aiders must notify the known first aider responsible for re-stocking with any necessity of restocking of the First Aid boxes.

Gillick Competence: The confidentiality and rights of our pupils as patients are appropriately respected. This includes the right of a child deemed to be “Gillick Competent” (to give or withhold consent for his/her own treatment.) The term Gillick competence is used in medical law to decide whether a child (16 years or younger) can consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if he or she has sufficient understanding and intelligence to understand fully what is proposed.

First Aiders’ responsibilities: (First Aiders must have completed and keep updating a training course approved by the HSE)

- Give first response treatment.
- 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.
- Inform the administrator when pupils are too unwell to stay at school. The COO will contact parents to collect their child and, when required, inform them of the accident and the hospital to which their child is being taken.
- Keep a written record of incidences, with dates, times and treatment given.

Policy on First Aid in School: The School specifically asks parents’ permission within our terms and conditions to authorise the School to administer first aid to pupils *in loco parentis*. Staff do this according to the best practice information given at their first aid training sessions. This is supported by sets of first aid guidance notes kept in the school office.

First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Fully stocked First Aid kits are available in the First Aid room. Any action taken should be recorded. Accidents requiring first aid should be recorded in an accident report book, parents should be routinely informed by email, phone call or face to face contact. If more serious, parents should be informed by telephone and followed up with an email. If an injury or illness involves spillage of body fluids gloves should be worn. If there is any concern about the first aid which should be administered, then the qualified first aiders must be consulted.

The First Aiders’ procedure for dealing with sick or injured pupils:

1. Ascertain by inspection and discussion with pupil or staff member the nature of the child’s injury or illness.
2. Comfort or advise as necessary. This may be sufficient and the child can return to class or break. Inform staff member of nature of any concerns if appropriate.
3. Treat injury or illness if required. Clean wound with antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists.
4. Record action taken in accident book.
5. If child is then well enough s/he will return to class.
6. If problem persists or there are doubts as to the seriousness of any injury then parent(s) will be telephoned and asked what they would like to do. If they wish to collect their child appropriate arrangements are made.
7. If a pupil requires medical treatment beyond first aid (as defined by staff first aid training courses) the Administrator will contact the pupil’s parents to ask them to collect the pupil and take them for medical treatment. If the parent is unable to do this or to be contacted, or if the injury were to be severe, then the School will arrange transport to the local A & E department. No pupil will travel in an ambulance unaccompanied.
8. If a member of staff requires medical treatment beyond first aid (as defined by our staff first aid training courses) the COO or a member of staff will call the staff member’s nominated emergency contact to ask for collection and transport to medical treatment. If this person is unable to do this or to be contacted or if the injury is severe, then the COO or a member of staff will arrange transport to the local A&E department.
9. Any major incident or accident is entered into the accident book, investigated by the Headteacher, who will as soon as possible contact the parents and stay in touch with them until the pupil is recovered. A report is filed with the HSE where appropriate.
10. If any issue arises during treatment or discussion with the pupil that the First Aider feels should be taken further, s/he will telephone or speak to the parents and/or the Designated Safeguarding Lead or most appropriate member of staff.

Administration of Medication (Please see our Administration of Medication Policy for full details): All prescribed medication given to children is stored in the First Aid room in a lockable cabinet, clearly marked with the child’s name, and a special form is filled in by the child’s parent giving specific permission and timing/dosage instructions for the medicine to be administered. It is noted on a sheet

in the school office.

Medical Profile: An individual, comprehensive and up to date medical history should be documented for each pupil. The document should contain the following details: -

- Pupil's name and date of birth.
- Details of any known sensitivity to medicines, e.g. to penicillin, aspirin.
- Any information on allergies such as topical lotions, soaps, foods and other allergens that trigger conditions such as asthma, hay fever.

All medical visits are logged on the school's electronic data system, and a medical appointment sheet, which is kept in the respective house medical files. These sheets are then filed in the individual pupil's file at the end of each term.

Aspirin: Giving medication to children, OFSTED Statutory Framework recommends that children under 16 should never be given medicines containing aspirin unless a doctor has prescribed that medicine for that child.

Storage of Medications:

- All medicines throughout the school must be stored in locked receptacles (except inhalers and other emergency medication).
- In the central surgery/house surgeries all medication is safely and securely stored and proper records are kept of administration.
- Pupils who are **sixteen years of age and over** and have completed a risk assessment and been given permission to self-administer "over the counter" and/or regular medications may retain custody of their medications if the medical staff are happy, providing that there is an accompanying English product information sheet and/or translated English doctor's letter and that they are stored in the lockable cupboard. The pupil must also adhere to the conditions stated on the risk assessment form. It is also required that the size of boxes of medication conform to the British pharmacology guidelines, i.e. maximum size box for paracetamol 500mg is 16 tablets/capsules.

Registration of regular medications taken by pupils: All medication brought onto the school premises for pupils must be in original packaging and handed to a houseparent or member of the medical staff by an appropriate adult for documentation and secure storage. All medication taken either on a regular basis or as needed should be registered with the school including supplements. They must have English information sheets and/or accompanying doctor's letter in English and the medication name, dose, route and frequency be identifiable. In many countries the laws governing drugs vary, for example, antibiotics are available without prescription in many European and Arabic countries. In the event of international pupils bringing their medication to school, medicines must be checked by the local GP before being stored or administered. It is at the houseparent's discretion as to whether provided medications will remain with the pupil or be stored at the central surgery. Medications are approved only when the pupil has demonstrated a full knowledge of the drugs usage, dosage and possible side effects. Only medications listed on the risk assessment form and signed by both the pupil, parent and the houseparent or head of boarding are permitted.

- Self-administration of medication and consent - appendix 3
- Self-administration of medication (pupil) - appendix 4

Administering Medication: School staff when administering medication should adhere to the following standard practice. They must:

- Check written instructions received by the school and confirm with details on the medicine container
- Check for any pupil allergies, have they taken any medications today?
- Check the prescribed dosage and check the expiry date of the medicine (note it may be helpful to remind parents if the expiry date is approaching).
- Check timing and frequency details, check record of last dosage given (to avoid double dosage),
- Measure out the prescribed dose, check the pupil's name on the medicine again.
- Complete documentation of dosage given, including date, time and signature.

Pupil's Controlled Medications: The name and address of prescribing pharmacy must appear on the prescription label detailing the medication regime. All medication to be kept in original packaging. Medications within this category include anti-depressants, amphetamine-based drugs such as those used in the treatment of ADHD. Controlled drugs remain in a locked compartment, within a locked cabinet in the central surgery or house surgeries. These are administered by the houseparent on duty as prescribed and the controlled drug record book must be completed and signed by the houseparent and counter signed by the member of staff witnessing the administration of the medication. If there is any doubt about the nature of the medication, the prescribing doctor or the local surgery is consulted about the appropriate action to take.

Disposal of Unused Medication: At the end of each term, unused or no longer required medicines should be collected by parents/carers. Should there be any left over, they should be taken to a local pharmacy for safe disposal.

Hygiene/Infection control/HIV Protection: Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand-washing facilities, which should be used when dealing with any blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. 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.

Source: 'Guidance on First Aid for Schools: A Good Practice Guide' (adapted).

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

- Make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues;
- Isolate a child if we feel that other children or staff are at risk;
- Contact parents to take children home if they are feeling unwell/being sick/have diarrhoea/have had an accident/may have an infectious disease;
- Ring emergency contact numbers if the parent or carer cannot be reached;
- Make every effort to care for the child in a sympathetic, caring and sensitive manner;
- Respect the parents' right to confidentiality;
- Keep other parents informed about any infectious diseases that occur;
- Expect parents to inform the school if their child is suffering from any illness or disease that may put others at risk;
- See policy on administration of medicines.

If a child under the age of 16 needs immediate treatment, and parents cannot be reached for whatever reason, medical advice will be sought to ascertain whether the child is Gillick Competent before assuming their capacity to give consent.

School Visits: (These include PE lessons taught off-site, educational trips and sporting fixtures)

- 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.
- When an activity is taking place offsite the designated leader of the party should ensure that they have details of any pupils/children with medical conditions and any treatment they require. They are also responsible for collecting a First Aid kit from the office and for reporting any accidents that occur offsite.
- While many visit locations have a legal duty to provide first aid cover, the school has a duty of care to ensure pupils remain safe. There must be adequately qualified staff and procedures in place to ensure first aid care can be delivered quickly and safely, without risking further harm to the pupil or placing the rest of the group at risk from being left unsupervised.
- Within the current staffing ratios, one member of staff is to be appointed the nominated first aider (NFA) by the visit organiser. The NFA is responsible for carrying the first aid kit and mobile phone. Should a pupil become ill or injured during the visit, the supervising member of staff is to call the NFA for assistance, the NFA will then move to the incident with their group and pass their pupils under the supervision of the teacher of the sick or injured pupil. The NFA can then attend to the child requiring treatment in the knowledge that their own pupils are under supervision.

Communication: Communications with pupils' parents/guardians: In case of an accident or serious illness requiring hospital treatment, parents/guardians should be notified immediately by phone if possible. If parents are unavailable, the use of email should be undertaken. In a non-emergency case, if a pupil is unwell and requires a doctor's appointment, the outcome of the consultation should be conveyed to parents/guardians as soon as possible, usually by phone or email, within 24 hours of the appointment. In all cases, where possible, the pupil's permission should be sought before communicating medical details.

- a) Whenever a pupil has an accident or a sudden illness which requires emergency treatment, the parents/ guardians should be contacted as soon as possible, either by telephone or email.
- b) There is communication with the parents/guardians of any pupil who has been seen by a doctor (including dental, orthodontic or dermatology check-ups) or who have a continuing problem or illness.

Confidentiality: Information given by parents regarding their child's health will be treated in confidence and only shared with other staff when necessary or appropriate.

Monitoring: Accident report forms can be used to help the Headteacher 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. The Headteacher regularly reviews the accident records. This policy will be reviewed annually or following a change in legislation.

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Reporting to HSE: Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (SI 1995/3163) (**RIDDOR**) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23). The Headteacher must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the 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 Headteacher is responsible for ensuring this happens. The COO will report the incident to HSE and also to our insurers.

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

Reporting: The First Aider should complete an Accident Report Form. All injuries, accidents and illnesses, however minor, must be reported to the COO and they are responsible for ensuring that the accident procedures are filled in correctly and that parents and HSE are kept informed as necessary.

A copy of the Accident Report Book page is filed in the pupil's file and parents are informed by email, phone or face to face contact. All details need to be filled in, including any treatment given. Accidents of a more serious nature should be recorded on an A4 accident report book and reported to parents by telephone and email.

Reporting to Parents: In the event of accident or injury parents must be informed as soon as is practicable. Parents are always informed if there is a head injury, no matter how apparently minor. In more serious cases parents are telephoned as well as emailed and class teachers of primary pupils will ensure a parent/ carer is informed face to face when the child is collected.

Accidents involving Staff: Work-related accidents resulting in death or major injury (including as a result of physical violence) must be reported to the HSE immediately. Major injury examples include: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs.

Work-related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported to the HSE within 10 days. Cases of work-related diseases that a doctor notifies the School of must be reported without delay. (*e.g.* certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer). Certain dangerous occurrences should also be reported by the COO in conjunction with the Headteacher. (reportable examples of near misses: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

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.

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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

Legal Status: This policy is drawn up and implemented to:

- Comply with Part 3, Standard 14 of The Education (Independent School Standards) (England) (Amendment) Regulations.
- Comply 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).
- Comply with the Guidance on First Aid for Schools Best Practice Document published by the Department for Education.
- Comply with the Health and Safety (First Aid) Regulations 1981 (amended 1997)
- Comply with the First Aid at Work Guidelines for Employers published by the Health and Safety Executive 2009

Related documents:

- Welfare, Health and Safety Policy; Medication (giving and storage); First Aid Treatment.

Annex A:

Basic First Aid:

Knowing what to do in an emergency is vitally important. All staff should 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 below. 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 a First Aider.
- 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 mouth-to-mouth 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. Call an ambulance.

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. Make the patient comfortable. Call an ambulance.

Head Injury
If a child has been treated for a head injury and there are concerns, an ambulance will be called. In all head injuries, even those considered minor, parents will be informed via email. Staff are also required to complete a special Head Injury form which gives information about where the injury is located.

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, and further damage may result. Leave splinter in place, carefully clean the area; use sterile dressing to cover it, Report to parents, if the child is particularly uncomfortable contact parents.

As part of our aftercare and concern for our children, whenever a call has been made to 999 we will contact the parents/carers immediately to ensure we have connected the three part triangle between school, medical professionals and parents.

Annex B: Anaphylaxis

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. A person would not 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 the medical room where it 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 an 'Action Plan' which parents or guardians should complete prior to starting at Landon School. This 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 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. The school has a 'no nut' rule in place that parents and pupils are regularly reminded of.

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 the First Aid Staff Members in staff meetings)
- If a pupil feels unwell, the headteacher should be contacted for advice.

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 minimise risk whenever possible.

Off-site 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. Staff supervising the trip must be aware of the pupils' condition and of any relevant emergency procedures.

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, or administer first aid if qualified to do so. Summon assistance immediately via the COO and/or Headteacher and liaise 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.

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 (the medical room) 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 form which parents or guardians should complete prior to starting at Landon School. The medical form should 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.

Managing pupils with asthma

- Staff should be aware of those pupils under their supervision who have asthma.
- PE staff should ensure that all pupils with asthma have their inhaler with them prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack.
- If a pupil feels unwell, the Headteacher should be contacted for advice.

Off-site 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. Staff supervising the trip must be aware of the pupils' condition and of any relevant emergency procedures.

Issues which may affect learning: 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.

What to do if a pupil has an asthmatic attack

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.
- Summon assistance from a First Aider. Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are used promptly and help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax.
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance. 112 or 999
- Contact the pupils parents/guardians to keep them informed.

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 s/he 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 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 diabetic pupils will require an Action Plan which parents or guardians should complete prior to starting at Landon School. The medical form 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.
- PE staff should ensure that all pupils with diabetes have a high sugar snack 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.
- If a pupil feels unwell, the Headteacher should be contacted for advice.

Landon School 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.

Off-Site 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. Staff supervising the trip must be aware of the pupils' 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 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:

Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration

Care of pupils in a hypoglycaemic episode:

- i. Get someone to stay with the pupil - call the Headteacher/ First Aider and be prepared to call an 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).
- ii. 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 whether this should be taken on trips off site)
- iii. Recovery usually takes ten to fifteen minutes.
- iv. Upon recovery give the pupil some starchy food, *e.g.* a couple of biscuits, a sandwich.
- v. Inform the COO and parents of the hypoglycaemic episode.
- vi. 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).

What to do in an emergency if a pupil has A hyperglycaemic episode (high blood sugar)

Common Causes are:

Eating too much, over snacking, lack of exercise, stress, missing medication, over treating an episode of low sugar level.

Common symptoms are:

- 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
- Pupil likely to need to self-medicate with insulin.
- Contact the parents if concerned.

In both episodes, liaise with the Headteacher and COO about contacting the pupils parents/guardians.

Annex E: Epilepsy

What is Epilepsy? Epilepsy is a common condition that affects the brain and causes frequent seizures. Seizures are bursts of electrical activity in the brain that temporarily affect how it works. They can cause a wide range of symptoms. Epilepsy can start at any age, but usually starts either in childhood or in people over 60. Epilepsy is usually a lifelong condition, but most people with it are able to have normal lives if their seizures are well controlled. Most children with epilepsy are able to go to a mainstream school, take part in most activities and sports, and get a job when they're older.

Medication and Control:

Treatment can help most people with epilepsy have fewer seizures or stop having seizures completely.

Treatments include:

- medicines called anti-epileptic drugs – these are the main treatment
- surgery to remove a small part of the brain that's causing the seizures
- a procedure to put a small electrical device inside the body that can help control seizures
- a special diet (ketogenic diet) that can help control seizures

Some people need treatment for life. But you might be able to stop treatment if your seizures disappear over time.

Managing Pupils with Epilepsy:

- Staff should be aware of those pupils under their supervision that have epilepsy.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode.
- If a pupil feels unwell, the Headteacher should be contacted for advice.

Off-Site Trips:

A member of staff trained in how to respond to a pupils having an epileptic fit should be present when off-site for any reason. Staff supervising the trip must be aware of the pupils' condition and of any relevant emergency procedures.

Issues which may affect learning: Pupils with epilepsy should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic.

What to do in an emergency if a pupil has an epileptic seizure

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but the most important thing is to keep calm and know where to find help.

Tonic-Clonic Seizures

Symptoms:

Loss of consciousness, the body stiffens, then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely due to irregular breathing. The child may lose bladder and or bowel control.

Treatment:

Protect from injury by removing harmful objects, cushion the head, keep calm and reassure them. Once seizure has finished place them gently into recovery position to aid breathing.

Call for an ambulance if it is their first seizure, it lasts more than five minutes, the child becomes injured, they have multiple seizures or you feel they need urgent medical attention.

Parents should be contacted immediately with full details of the seizure.

DO NOT- try and restrain them, move them, put anything in their mouth, try and give them food or drink or attempt to bring them round.

Seizures involving altered consciousness or behaviour

Simple Partial Seizures:

Symptoms

Twitching, numbness, sweating, dizziness or nausea, disturbances to senses or a strong sense of déjà vu.

Complex Partial Seizure:

Symptoms

Plucking at clothes, smacking at lips, swallowing repeatedly or wandering around, child becomes unaware of their surroundings or what they are doing.

Atonic Seizures:

Symptoms

Sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Absence Seizures:

Symptoms

Person becomes momentarily unconscious and totally unaware of what is happening around them. They may appear to be day dreaming.

Treatment for all of the seizures involving altered consciousness or behaviour

Guide the person from danger, stay calm and reassure, explain what they may have missed, stay with them until recovery is complete.

Call for an ambulance if they have multiple seizures, they injure themselves or you feel they need urgent medical attention.

DO NOT- Restrain the person or make any movements that may frighten them. Allow them to come round on their own.

Parents should be contacted immediately with full details of the seizure.

Annex F: Burns and Scalds

What is a burn or scald?

Burns and scalds are damage to the skin usually caused by heat. Both are treated in the same way. A burn is caused by dry heat – by an iron or fire, for example. A scald is caused by something wet, such as hot water or steam. There are three types of burns: Superficial, partial and full.

Medication and control

Appropriate first aid must be used to treat any burns or scalds as soon as possible. This will limit the amount of damage to the skin. Risk assessments are in place to minimise the chance of burns and scalds. The kitchen has a fire blanket readily available and obviously access to running water. Pupils are well supervised during practical activities involving hot substances, such as cookery lessons involving hot fats and water, DT lessons involving equipment such as a glue gun and science lessons involving chemicals.

What to do in an emergency if a pupil suffers a burn or scald

Call an ambulance immediately for any burn that is serious or chemical.

Stop the burning process as soon as possible. This may mean removing the person from the area, dousing flames with water, or smothering flames with a blanket. Do not put yourself at risk of getting burnt as well.

For a general burn- run the affected area under cool running water for a minimum of ten minutes.

For a chemical burn- run the affected area under cool running water for a minimum of twenty minutes.

Acid and chemical burns can be very damaging and require immediate medical attention at an A&E department.

Electrical burns may not look serious, but they can be very damaging. Someone who has an electrical burn should seek immediate medical attention at an A&E department.

Important things to remember when a burn occurs:

- Keep calm and reassure the pupil.
- Wear gloves.
- When the cool running water has been applied for the above times cover the burn with non-adhesive, sterile dressing. Ensure you wrap and don't bind.
- Assess the pupil for shock and treat accordingly.

Annex G: Cleaning up body fluids from floor surfaces:

All appropriate precautions will be taken by staff when cleaning up after an incident involving blood, vomit, etc. The area will be cordoned off until the clean-up is completed and an appropriate hazard sign needs to mark the affected area.

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

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. In the case of the spillage of blood or body fluid, the crystals must be used to solidify it and clean and dispose of it safely, using latex gloves. Allow approximately 90 seconds 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 yellow bag then into the clinical waste bin for appropriate disposal.
- 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 with disinfectant ,following the manufacturers instructions.

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- Carpeted areas: The area should be cleaned and should contact the affected area for at least ten minutes. The area should then be shampooed or steam cleaned within 24 hours. The area should be left ventilated and left to dry.
- Disinfect the non-disposable cleaning equipment (mops, buckets) thoroughly and wash with soap and water and then rinse.
- Discard gloves, disposable apron into a yellow bag then into the clinical waste bin. Finally wash your hands thoroughly using soap and water.
- Any article of clothing that has been contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.

Annex H: Contacting Emergency Services

If the first aider does not feel able to deal with the medical emergency an ambulance must be called without delay. Staff should never perform any First Aid Procedures that they have not been adequately trained to do.

A qualified first aider or another nominated person will dial 999, ask for an ambulance and then speaking clearly and slowly be ready with the following information:

1. The school telephone number (01736752612) or mobile number calling from.
2. The location as follows: The postcode of where the ambulance needs to come to: TR27 4HY if at school or TR27 5HT if at the football club for PE. Give exact location of the person needing help.
3. The name of the person needing help.
4. The age of the person needing help.
5. A brief description of the person’s symptoms (and any known medical condition).
6. Inform ambulance control of the best entrance to the school and state that the crew will be met at this entrance and taken to the pupil.

Do not hang up until the information has been repeated back. The person calling should be with the child, as the emergency services may give first aid instructions.

A member of staff should wait at the entrance for the arrival of the ambulance so they can guide them to the patient.

Parents should be contacted.

The Head teacher should be informed.

Never cancel an ambulance once it has been called.

ANNEX 1
EXCLUSION TABLE

Infection	Exclusion period	Comments
Athlete's foot	None	Athletes' foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	Diarrhoea is defined as 3 or more liquid or semi-liquid stools in 24 hours
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of pupils are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Infection	Exclusion period	Comments
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood-borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP

Infection	Exclusion period	Comments
Meningococcal meningitis*/septicemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.NHS.uk).Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.NHS.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.NHS.uk). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.NHS.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local HPT
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for pupil and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment

Infection	Exclusion period	Comments
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

Annex 2: RIDDOR: (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013)

All Schools are required to report to the HSE (Tel: 0845 300 99 23) the following: 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 nature of the work, the hazards and the risks: The following table, compiled using information from the HSE, 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	
Slip and trip hazards	Fractures, sprains and strains, lacerations. (mainly pupils)	Low	
Machinery	Crush injuries, amputations, fractures, lacerations, eye injuries – there are very few machines within the school which are capable of causing amputations or 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 at all times.	Low	
Electricity	Electric shock, burns – all hardwiring is tested every 5 years and PAT Testing annually, there is also an annual visual H&S self-audit which should identify and rectify any shortcomings.	Low	
Chemicals	Poisoning, loss of consciousness, burns, eye injuries – all chemicals are kept under lock and key and their issue and use is supervised by qualified adults/personnel	Low	

Annex 3:

Qualified First Aiders - Jan 2024	Course	Expiry Date