FIRST AID LOCAL POLICY & PROCEDURES

Contents

Policy Statement (1)

AKS recognises its legal obligations to provide an effective first aid service for all its staff and students, including those in the EYFS setting. The school is committed to providing a first aid service which satisfies the school's needs in terms of the requirements of the *Health and Safety (First Aid) Regulations 2009.*

The legislation sets out the required standards for first aid in the workplace, including number and contents of first aid kits, training of first aid personnel and provision of first aid rooms. This policy requires that all first aid injuries be reported and treated.

To this end, the school will provide information and training on first aid to voluntary nominated members of staff to ensure that the needs of the school are met, in line with HSE regulations

In accordance with national regulatory requirements, the school provides:

1) practical arrangements at the point of need;
2) the names of those qualified in first aid and the requirement for updated training every three years.
3) having at least one qualified person on each school site when children are present, during term time;
4) showing how accidents are to be recorded and parents informed;
5) access to first aid kits;
6) arrangements for students with particular medical conditions (for example, asthma, epilepsy, diabetes);
7) hygiene procedures for dealing with the spillage of body fluids;
8) guidance on when to call an ambulance;
9) 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.

Policy Statement (2)

1) This policy applies to all members of the AKS school community, including those in our EYFS setting.
2) AKS implements this policy through adherence to the procedures set out in the rest of this document.
3) This policy is made available to all interested parties in accordance with our *Provision of Information* policy. It should be read in conjunction with the school's *Administration of Medicines* and *Health and Safety* policies.
4) The school is fully committed to ensuring that the application of this policy is non-discriminatory in line with the UK Equality Act (2010). Further details are available in the school's *Equal Opportunity* policy document.

5) This policy is reviewed at least annually, or as events or legislation changes require, by Matron, H&s Coordinator, the Whole School Leadership Team, and the Local Governing Body. The deadline for the next review is no later than 12 months after the most recent review date indicated above.
6) The Local Governing Body will renew on a later date but as of this time it is a live document and practiced in the school.

Key Personnel

1) Helen Hotchkiss: School Matron/First Aid Co-Ordinator
2) David Harrow: Headmaster
3) Amanda Ilhan: Head of Nursery and Preparatory School
4) Vicky Reynolds: Nursery Manager
5) Sharon Hobson-Woodhead: H&S Coordinator

Definition of First Aid

First Aid can be defined as the emergency treatment of illness or injury in order to maintain life, to ease pain and to prevent deterioration of the patient's condition until professional medical help can be obtained. Providing First Aid is the primary role of the First Aider.

Arrangements for Securing First Aid Provision

The Headmaster or his designate will have overall responsibility for placing the school's policy into practice and for developing detailed procedures by:

1) regularly reviewing the school's First Aid needs at least annually and particularly after any changes in staff or curriculum to ensure that the provision of First Aid is adequate.
2) providing the First Aid Co-ordinator and staff with sufficient time in order to undertake training to the standard required by the HSE.
3) ensuring that all employees and students of the school are aware of the school's policy on First Aid and the procedure for the reporting of accidents.

First Aid Co-ordinator

In addition to her contracted duties the school's Matron or her designate will act as the nominated person to coordinate First Aid. The school's Matron will be responsible for assisting the Headmaster to meet the school's responsibilities for First Aid.

A list of responsibilities for the First Aid Co-ordinator can be found in *Appendix 1*.

Nominated First Aiders

First Aiders are qualified personnel who have received training and passed an examination in accordance with Health and Safety Executive requirements. Incorporated into this will be refresher training at regular intervals to ensure that their skills are maintained.

In determining the number of Nominated First Aiders required, the following factors will be taken into account:

1) The size of the school
2) Student numbers and age ranges
3) Staff or students with special needs or disabilities
4) Particular hazards
5) Cover for staff absences
6) Provision on school visits
7) Provision in practical departments and physical education

Persons to be considered to act as Nominated First Aiders should;

1) Express willingness and enthusiasm to so act
2) Show evidence of a capacity to deal with injury and illness
3) Be in reasonable health
4) Be available at short notice
5) Be able to act calmly in an emergency

A list of First Aiders can be found in *Appendix 3*. The duties and responsibilities of a First Aider can be found in *Appendix 2*.

In order to ensure appropriate First Aid cover is available the First Aid Rota is updated and held in Reception. It is updated as required and as more staff take the FAW qualification, they will be added to the rota.

The school recognises the Early Years Foundation Stage requirements, for all Nursery Staff to hold a valid paediatric first aid qualification ***Millie's Law 2016*** (the First aid training must be level 3 approved). Any assistant, who may be in sole charge of the children for any period of time, must hold a current paediatric first aid certificate. It must be clear from the certificate that the course followed has covered first aid for children (with the words 'children', 'child' or 'paediatric' somewhere on the certificate). The course must involve a minimum of twelve hours training.

Legal Indemnity of First Aiders

It is extremely unlikely that first aid personnel rendering assistance will become subject to legal action because of deterioration in the injured person's condition. However, the school has arranged to guard against this possibility by providing, through its insurance policies,

indemnification for any member of staff who assists a person who becomes ill/injured either on or off the school's premises but in association with school business.

Matron

Matron is based in her office in the main corridor and is available from 8.00am to 4.15pm Monday to Friday and on Saturday mornings for sporting fixtures. Her mobile number is: 07735 509309. If Matron is not in her office, a sign is displayed on her door to show where she is.

The School Matron is ordinarily the person to whom students should go if they are feeling unwell in the Senior School. If Matron is absent or unavailable, the First Aid Roster is utilised to contact the next First Aider Available. In the Prep School, students who are unwell should be sent to the School Office. The Office will then contact Matron, if the matter cannot be dealt with by a trained First Aider in the Prep School. In the Nursery, minor illnesses/injuries are dealt with by the trained staff who will, where appropriate, consult with Matron.

Medical Information

A medical information document for the current academic year is issued to every member of staff. This document describes students' physical disabilities, allergies or other significant medical details and it is essential that staff read this and use the information provided both inside the classroom and elsewhere and are aware of what to do should problems arise.

All children's medical details can be obtained from iSAMS. Details of Emergency Procedures are also placed on this system. Care Plans for children with medical needs are stored on iSAMS; it is essential that all staff familiarise themselves with this information.

In the event of a student having a medical condition that requires monitoring or intervention, an individual care plan is provided by a health care professional or written by the school Matron. The care plan outlines how the medical needs of the student can be met in an appropriate way. When a care plan is produced this is done in conjunction with student (age appropriate) Parent, Health Care Professional, School Matron and Headmaster. Care plans are working documents and are reviewed annually or amended when there is a change in the student's condition; this is implemented by the school matron. The document is available to all staff who come in to contact with the student.

No medical information is to be posted publicly on the notice board, to respect a person's confidentiality and GDPR.

A dietary information document is issued to the Catering Manager for the current academic year and such information is available should those staff planning school trips require it.

First Aid Boxes

First Aid boxes are located all around the school site. Locations are listed in *Appendix 3*. If a person requires the use of any provisions held within a first aid box, then they should contact their nearest First Aider.

All boxes will contain the minimum supplies which are required by law:

1-10 Persons		11-50 Persons
6	medium dressings	8
2	large dressings	4
3	extra-large dressings	4
2	eye pads	4
6	triangular bandages	6
20	Plasters	40
6	safety pins	12
10	alcohol free wipes	10
2	sterile saline 500ml *	2
2	Pair of Disposable Gloves	2

* Eye irrigation where mains tap water is not available and/or there is a risk of injury to the eye.

Only specified first aid supplies will be kept; no creams, lotions or drugs, however seemingly mild, will be kept in these boxes.

First Aid/Recovery Room

To comply with the Education (school premises) Regulations 1996 the school has provided a dedicated room for first aid treatment.

The First Aid/Recovery Room is located on the Senior School main concourse. There is also a similar facility in the Prep School/Nursery.

Field Trip or Portable First Aid Kits

Field trip or portable first aid kits are to be made available for those persons who are required to be undertaking their work/study away from their normal place of work/study, external to the school, where an assessment has highlighted that access to such facilities may be restricted. First Aid kits can be obtained from Matron's office.

Infection Control

Common sense infection control measures include: hand washing; and the use of disposable gloves when dealing with any body fluids. All clinical waste should be disposed of in a yellow bag.

High Risk Areas

In areas classed as high risk by the Health & Safety Department, the Head of Department has specific responsibilities for First Aid. These duties are detailed in *Appendix 4*.
Areas classed as High-Risk following Risk Assessments are:

- Art
- Design & Technology
- Science
- PE
- Housekeeping
- Catering
- Estates / Grounds

Procedures in the event of an Accident (Green, Amber, Red)

The circumstances in which first aid may be required vary considerably within a large organisation such as a school. Despite the relative safety of the school environment, situations may well arise where staff, trained in First Aid, are necessary. Such incidents can include cardiac arrest, loss of consciousness and epileptic fits as well as the more common situations of faints and musculoskeletal sprains and strains. First Aid may also be required in the situation of a work-related injury such as burns, eye injury or musculoskeletal injury. The school recognises the importance of providing the appropriate response required for a particular injury or illness and have provided the following categories to assist staff in the course of action to be taken when dealing with an accident.

Green Procedure

Green Procedure is for accidents that can be dealt with in-house by a qualified First Aider. The response for this category is provided as a flow chart in *Appendix 5*. In the unlikely event of Matron being absent staff should contact Reception, who will then utilise the First Aid Roster to contact the Duty First Aider. Naturally, if a First Aider can be directly located more quickly, this should be done.

Where there is any doubt about the level or nature of the injury, the red procedure should always be initiated.

Amber Procedure

Amber Procedure is for an accident that can be referred to a doctor, clinic or hospital by transport by parent or school, and there is reasonable certainty that any time delay in transporting a student to a doctor, clinic or hospital will not increase the level of discomfort for the student or worsen their medical condition. The response for this category is provided as a flow chart in *Appendix 6*. In the unlikely event of Matron being absent staff should contact Reception, who will then utilise the First Aid Roster to contact the Duty First Aider .

Naturally, if a First Aider can be directly located more quickly, this should be done. Where there is a requirement for the patient to be transported to hospital by the school, the First Aid Coordinator will advise an appropriate senior manager who will arrange transport and appropriate staff to accompany the patient.

Where there is any doubt about the level or nature of the injury, the red procedure should always be initiated.

Red Procedure

Red Procedure is for serious accidents that require immediate hospitalisation, or any accident where there is sufficient doubt about the student's condition that expert medical opinion is required. The response for this category is provided as a flowchart in *Appendix 7*. In the unlikely event of Matron being absent staff should contact the nearest First Aider as above and call an ambulance without delay.

Recording of Accidents/Injuries

1) In the Prep and Senior School an accident/injury will be recorded on the relevant Accident Forms. This is completed by Matron or designated First Aider. This is a unique, school document, which is then recorded electronically.
2) Details are then recorded by Matron or designate on the student database (ISAMS) and ARMS as an 'Incident and Action'. This includes:
    a) The date of the incident.
    b) The time of the incident.
    c) The location of the incident.
    d) Details of the incident, including any witnesses (staff and student) as appropriate.
3) Matron refers any incidents/accidents to the Health and Safety Officer, if there is reasonable cause for investigating whether any improvements to health and safety site arrangements could prevent a similar future incident. This is logged in the student database as 'Follow Up Action' and dated.
4) Any outcome to the investigation is added to the 'Follow Up Action' entry by Matron or the Health and Safety Officer, as agreed in each case.
5) The Health and Safety Officer, in liaison with the Facilities Manager and Matron, escalates an issue to senior management, if required.
6) Once Matron and the Health and Safety Officer agree that a matter is closed, the 'Follow Up Complete' box is ticked.
7) All head injuries must be reported.
8) Where appropriate, parents are informed, and copies of all correspondence are kept attached to the original Accident Record, including any emails.

9) In the Nursery and Reception (EYFS), minor accidents and injuries are recorded on an accident form and parents sign this document when they collect their child at the end of the day. More serious injuries are recorded on the Accident Form and ARMS
10) Any person who suffers an injury as a result of an accident that occurred off the school's site whilst undertaking their role for the school should report the accident to Matron when they return to school. In addition, accidents occurring on a third party's site should be reported in accordance with the arrangements applying at that site.

Reporting of Accidents

It is the responsibility of the First Aid Co-ordinator to ensure that all employees and students of the school including EYFS are aware of the procedure for the reporting of accidents. Accident forms are kept in Matron's office during term time, the Prep Deputy Head's pigeonhole in the Nursery and Prep Staff room, at the Nursery Manager's desk and also been seen in Appendix 23 of this document. Out of term time they can be obtained from the H&S Coordinator. In both the Prep School and Senior School, depending on the severity, parents are informed by a telephone call from a senior member of staff or Matron. For contractors and visitors, the Facilities Manager takes responsibility. All accidents are recorded electronically on the Accident Reporting System (ARMS.)

Under RIDDOR the school has a legal duty to report and record some work-related accidents by the quickest means possible. All potential RIDDOR incidents are reported directly to United Learning Health and Safety Manager.

Reportable Deaths and Major Injuries

Deaths

If there is an accident connected with work and an employee, student or a member of the public is killed the school must notify the police without delay and the body should not be moved.

Major injuries

If there is an accident and an employee, student, or member of public sustains a major injury and is taken to hospital from the site of the accident, the school must notify the enforcing authority without delay.

Reportable major injuries are:

- fracture, other than to fingers, thumbs and toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;

- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury: leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- head injuries

Reportable Over-Seven-Day Injuries

If there is an accident connected with work (including an act of physical violence) and an employee, student, or self-employed person working at the school suffers an over-three-day injury the school keeps a record under usual procedures.

The school is aware that the trigger point for reporting the injury under RIDDOR increased in April 2012 from over three days to over seven days' incapacitation (not counting the day on which the accident happened). Incapacitation is understood by the school to mean that the person is absent or is unable to do work that they would reasonably be expected to do as part of their normal work.

The deadline by which the over-seven-day injury are reported has also increased from ten days to fifteen days from the day of the accident; the school adheres to these guidelines.

Reportable Disease

If a doctor notifies the school that an employee/student is suffering from a reportable work-related disease, then the school must report it to the enforcing authority.

Reportable diseases include:

- certain poisonings;
- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
- lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
- infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
- other conditions such as: occupational cancer; certain musculoskeletal disorders; decompression illness and hand-arm vibration syndrome.

The school must notify the enforcing authority without delay.

Reportable Dangerous Occurrences (Near Misses)

If something happens which does not result in a reportable injury, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately.

Procedure for Correct Forwarding of Accident Forms

In order to comply with the GDPR Act, as from May 2018 the accident file is kept securely in the First Aid Co-ordinator's Office. In the event of a reportable occurrence, or near miss, the following course of action is taken:

1) Member of staff witnessing the incident completes the accident form in full, in liaison with Matron or designate, and passes the completed form to Matron. In order to comply with the Data Protection Act, no copies of the form are to be made.
2) Matron then provides the Health and Safety Officer with details of the reportable incident and she investigates where necessary (ref: 'Recording of Accidents/Injuries' above).
3) If the accident, or occurrence, falls under the RIDDOR rules then Matron will report the occurrence to United Learning Health and Safety Manager.
4) All accidents are reported on ARMS

Risk Assessments for Medical Activities

Risk assessments for medical activities are provided in *Appendix 8.*

Updated	8th April 2025
Reason for changes	Update of qualified staff first aiders
Name of the owner	Sharon Hobson-Woodhead: H&S Co-Ordinator / Helen Hotchkiss: Matron
Audience	Staff
Location	School Hub
Review date	July 2025

APPENDIX 1 – Duties & Responsibilities of the First Aid Co-ordinator

1) Familiarise themselves with the content of the First Aid Policy
2) Co-ordinate and implement training of First Aiders to a level required by the HSE
3) Regularly assess and report back to the Head or his designate the School/Department's first aid requirements.
4) Regularly carry out an audit to ensure that the first aid boxes contain the minimum supplies which are required under law. (Only specified supplies will be kept).
5) Regularly check that the appropriate lists and signs showing the location of first aid equipment, facilities and first aid personnel are updated and displayed in conspicuous places. (Lists and signs can be obtained from the Health and Safety Department).
6) Liaise with the Health and Safety Coordinator, regarding accidents or near misses
7) Receive requests from First Aiders to order replacement provisions
8) Maintain a record of all First Aid treatment for a minimum of 7 years or if the person is under the age of 18 until the person is 28 (21years+7)

APPENDIX 2 – Duties & Responsibilities of a First Aider

1) First Aiders must complete a training course approved by the Health & Safety Executive.
2) Give immediate help to casualties with common injuries or illnesses and those arriving from specific hazards at School.
3) When necessary, ensure that an ambulance or other professional medical help is requested.
4) Maintain a fully stocked First Aid Kit.
5) First Aiders in the Senior School become part of the weekly First Aid rota (from January 2025)

APPENDIX 3 – Lists of First Aiders

The following staff hold a current HSE L3 First Aid at Work Certificate:

Name	Department	Expiry Date
Jack Cregan	Science Tech	May 25
Sarah Burke	D&T	May 25
Nick O'Loughlin	Geography	May 25
Maxine Brooker	Prep	May 25
Shauna Erskin	Prep	May 25
Debbie Smith	Prep	May 25
Chantel Haynes	PE	May 25
Simon Dawes	Rugby Coach	Dec 25
Alan Holmes	PE	Dec 25
Cathy Hurst-Endesz	SEND	Dec 25
Rachel Mason	PE	Dec 25
Leigh Kedwell	Estates	Mar 26
Jackie Wilson	Learning Support	Mar 26
Ian Winterflood	DofE	Mar 26
Mary Winterflood	DofE	Mar 26
Paul Riches	Geography	Mar 26
Sharon Hobson-Woodhead	Estates	Nov 26
Daniel Thomas	Prep	Nov 26
Nikki Philips	Security	Feb 27
Sarah Shepherd	Marketing	Feb 27
Adam Brown	Music	Feb 27
Liam Castellas	PE	Feb 27
Heather House	PSHE	Feb 27
John Riding	Physics	Feb 27
Amanda Briggs	Prep	Feb 27
Helen Hotchkiss	Matron	May 27
Antony Wilson	Sports Coach	May 27
Jess Grant	Geography	May 27
Jemima Hall	PE	May 27
Richard Chadwick	PE	Dec27
Lisa Chetter	Finance	Dec 27
Laura Green	Maths	Dec 27
Nicola Hamilton	Science	Dec 27
Kay Hanham	PE	Dec 27
Hannah Jenkinson	History	Dec 27
Louisa Leigh	Matron's Assistant	Dec 27
Deborah Mayhew	English	Dec 27
Annie Millard	DFO	Dec 27
Finley Radcliffe	D&T	Dec 27
Michelle Whorlton-Jones	PE	Dec 27

The following staff hold a current L3 Paediatric First Aid:

Name	Department	Expiry Date
Kerry Ashpool	Nursery	Jan 26
Angela Beaumont	Nursery	Jan 26
Lisa Gaffikin	Nursery	Jan 26
Kayleigh Mack-Thomson	Nursery	Jan 26
Alexandra McKenna	Nursery	Jan 26
Vicky Reynolds	Nursery	Jan 26
Alison Gill	Nursery	Jan 26
Courtney-Leigh Truckel	Nursery	Jan 26
Lucy James	Nursery	Mar 26
Emily Singleton	Nursery	Apr 26
Louise Clifford	Nursery	Oct 26
Rose Kinley	Nursery	Oct 26
Daniella Whittaker	Nursery	Oct 26
Charlotte Currie	Nursery	Oct 26
Katy Jubb	Nursery	Oct 26
Sarah Waddington	Nursery	Oct 26
Aaron Myers	Nursery	Oct 26
Ella Shaw	Nursery	Oct 26
Leah Isted	Nursery	Oct 26
Helen Hotchkiss	Matron	May 27
Cori Constantine	Nursery	May 27
Molly Wilkinson	Nursery	May 27
Lilly Collier	Nursery	May 27
Georgia Scholes	Nursery	May 27
Sharon Blinston	Prep	Jun 27
Rebecca Bragg-Jenson	Nursery	Nov 27
Victoria Newsham	Nursery	Nov 27
Lisa Devey	Nursery	Mar 28
Shannon Hopcroft	Nursery	Mar 28
Grace Morris	Nursery	Mar 28
Ellie Shepherd	Nursery	Mar 28

First Aid Boxes are placed in the following locations:

Senior School

- Art
- Design & Technology storeroom
- Drama Office
- Housekeeping
- Kitchen
- Matron's Office
- PE Office
- Reception
- Science (each prep room)

- Sports Hall
- Staff Common Room
- Pavilion

Prep School and Nursery

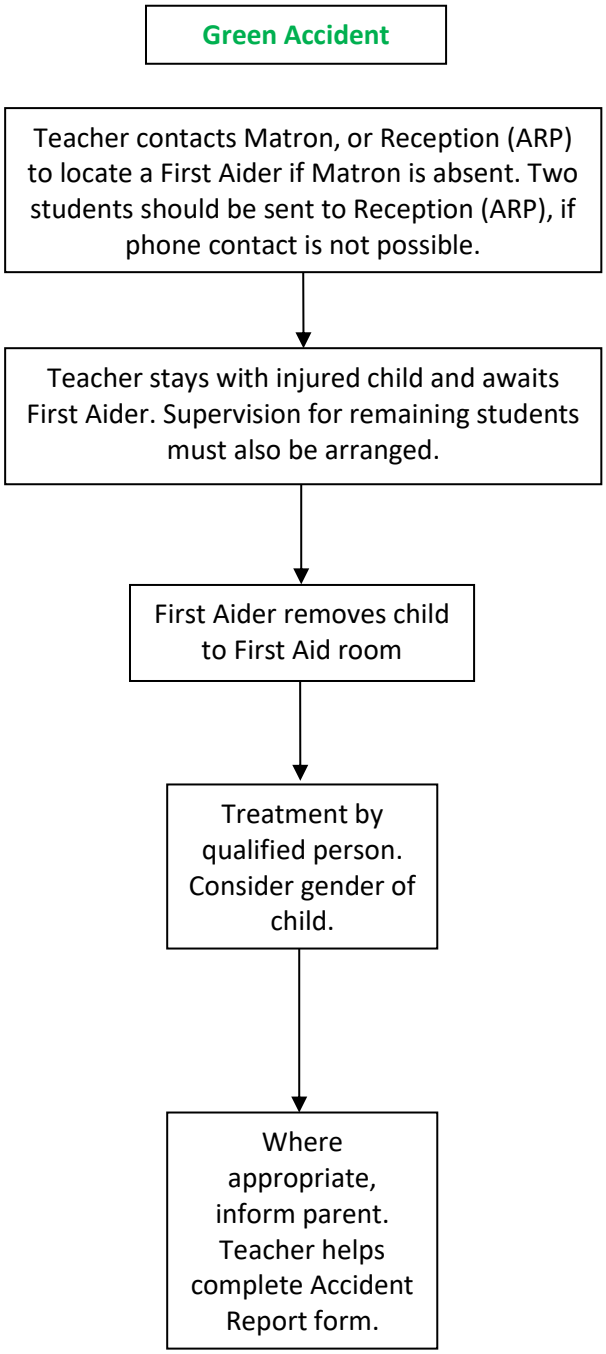
- Nursery x5
- Kitchen
- School Office
- Medical room
- Hall

APPENDIX 4 – Duties & Responsibilities of Heads of Department in high-risk areas

1) Identify the nature of activities within the department and review first aid requirements.
2) Identify through Risk Assessments if their department presents special/unusual hazards and, where necessary, ensure any additional or specific training is required.
3) Inform persons within their department of arrangements which have been made for first aid and keep them suitably appraised of any changes. These arrangements should be contained within staff and students' induction training.
4) Ensure that staff in their department are aware of how to summon first aid assistance.

APPENDIX 5 – Green Procedure

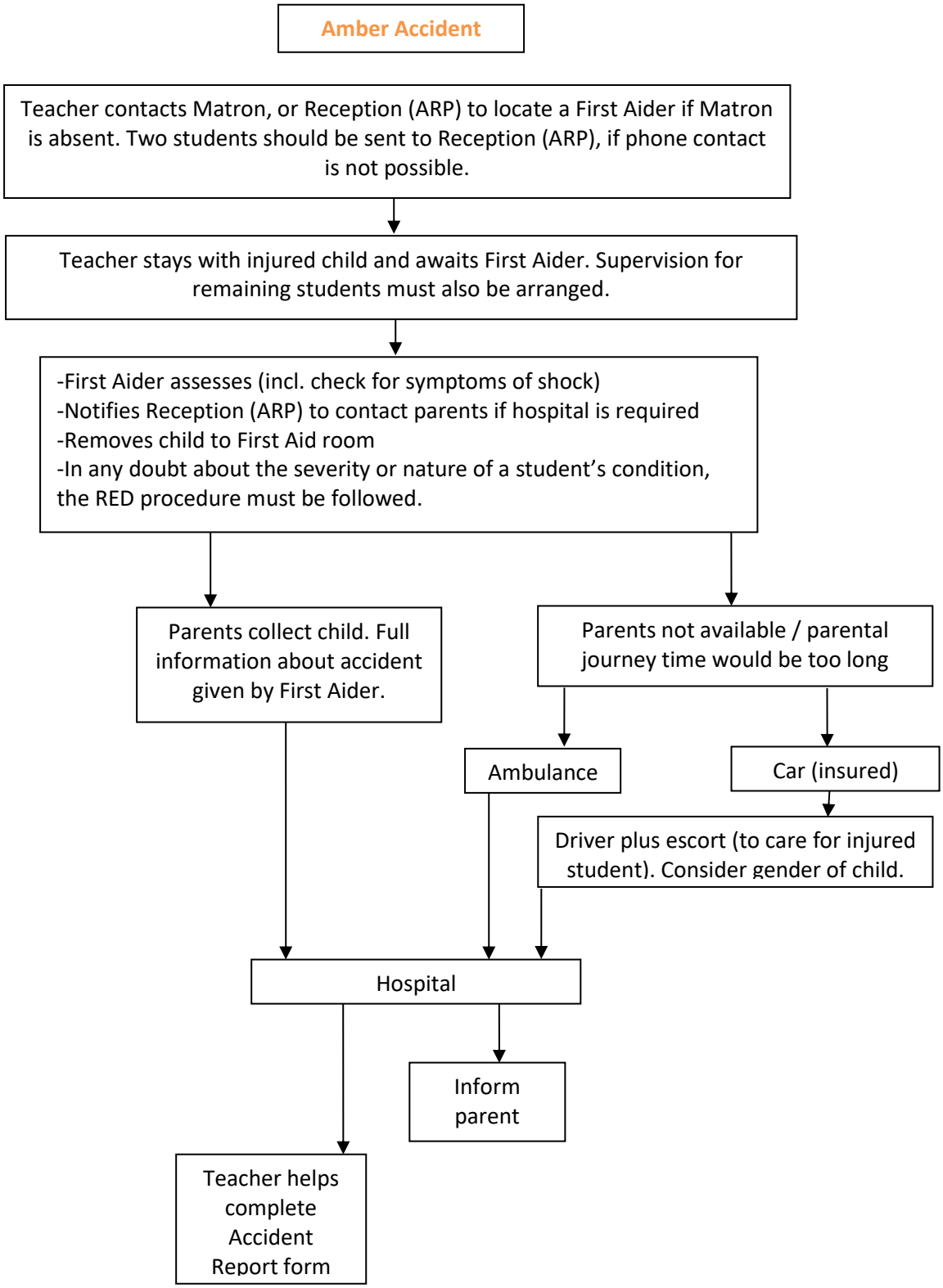
(NB – If in any doubt about the level or the nature of the injury, the RED procedure must be used)



Contact Numbers
Matron: 07735 509309
Accident Reporting Point - SS Reception: 01253 784100

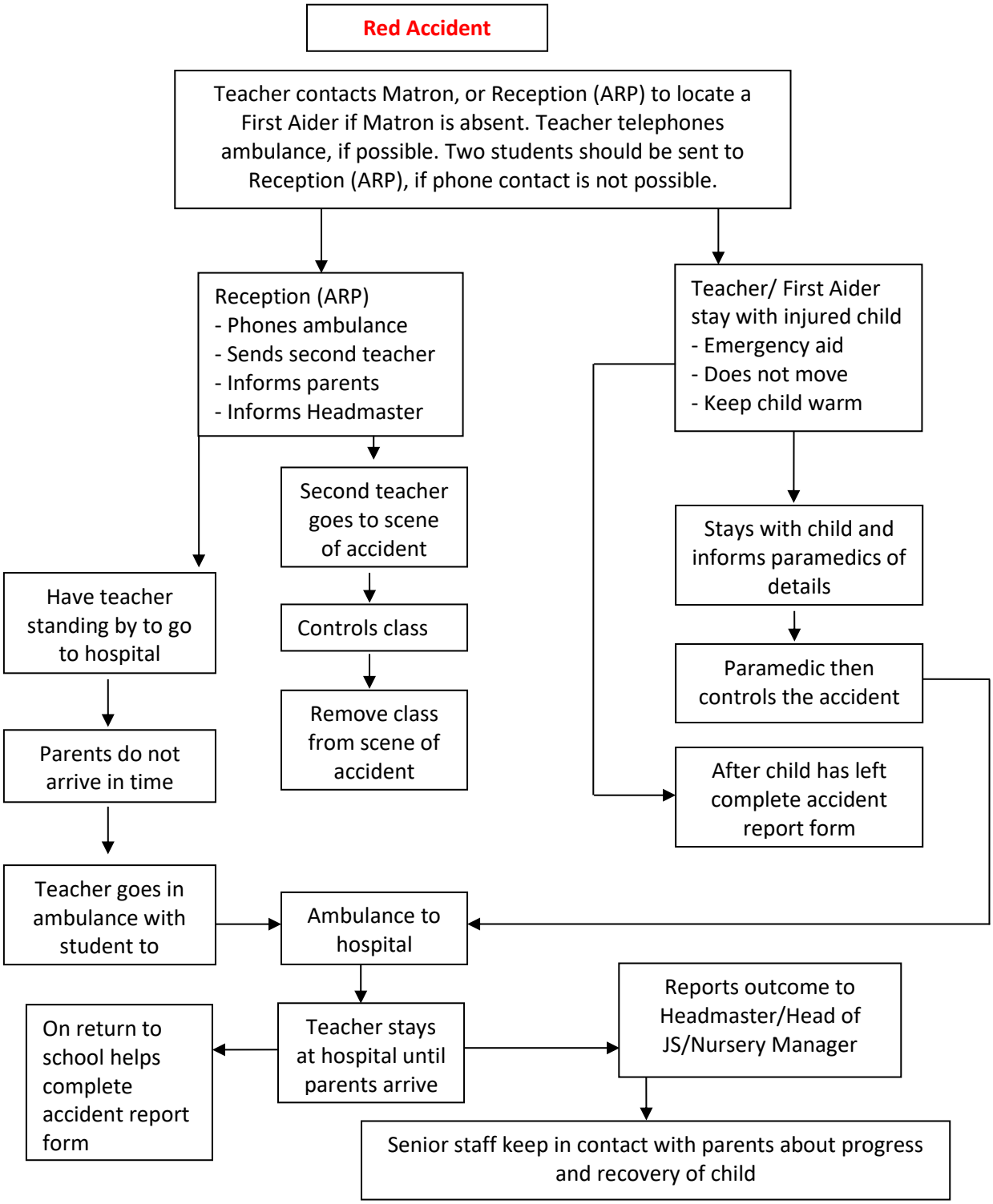
APPENDIX 6 – Amber Procedure

(NB – If in any doubt about the level or the nature of the injury, the RED procedure must be used)



Contact Numbers
Matron: 07735 509309
Accident Reporting Point - SS Reception: 01253 784100

APPENDIX 7 – Red Procedure



Contact Numbers
Matron: 07735 509309
Accident Reporting Point - SS Reception: 01253 784100

APPENDIX 8 – Risk Assessments for Medical Activities Form

TASK:	Hygiene Procedure for Spillage of Bodily Fluids		
ASSESSOR	Matron	**DATE**	July 2022

HAZARD To reduce spread of infection and danger of injury

RISK ANALYSIS (Mark one in each column)

LIKELIHOOD OF OCCURRENCE			**CONSEQUENCE OF OCCURRENCE**		
Most unlikely		1	Trivial injury/ies		1
Unlikely		2	Minor injury/ies	x	2
Possible	X	3	Major injury/ies		3
Likely		4	Major injury/ies to several people		4
Most likely		5	Single death		5
Certain		6	Multiple deaths		6
Now multiply likelihood and consequence to give a score =					**6**

SCORE	**RISK ASSESSMENT**	
1 – 3	Is classified as a minimal risk	- keep control measures under review
4 – 6	Is classified as a low risk	- fine tune control measures
8 – 10	Is classified as a medium risk	- control measures to be improved
12 –36	Is classified as a high risk	- consider stopping activity until control measures have been completed

WHAT ACTION IS TO BE TAKEN (BY WHEN AND BY WHOM)

First person on scene is to ensure the individual is stable using First Aid assessments as per policy
Cover fluid with paper, sand or sawdust.
Inform Housekeeping
Wear gloves to dispose in clinical waste bag or box
Staff who dispose of bodily fluids must use disposable face masks, aprons and gloves (personal protection equipment)

APPENDIX 9 – Infectious Diseases Timescale for Absence

Disease/Illness	Minimal Exclusion Period
Chicken pox	At least 7 days from appearance of rash or until last spot has scabbed over
Conjunctivitis	Minimum of 1 day - longer if eyes are still weeping
Diarrhoea	48 hours or until diarrhoea has totally stopped
Gastroenteritis/Food Poisoning, Salmonella and Dysentery	48 hours or, for notifiable diseases, until advised by public health official
Head Lice	Until appropriate treatment has been administered
Infected Hepatitis	7 days from the onset of jaundice
Influenza/Swine Flu	7-10 days after the onset of symptoms, depending on the severity
Impetigo	Until the skin is healed and sores are no longer weeping
Measles	7 days from appearance of rash
Meningococcal Infections	Until complete recovery from illness and on advice from health professional
Mumps	Until swelling has subsided and in no case less than 7 days from onset
Pertussis (Whooping Cough)	21 days from the onset of the cough
Plantar Warts	No Exclusion period - warts must be covered at all times
Poliomyelitis (polio)	Until declared free from infection by appropriate health professional
Ringworm	No exclusion period, if affected area is covered with appropriate dressing
Scabies	Until appropriate treatment has been administered
Scarlet Fever and Streptococcal Infection of the throat	Until appropriate medical treatment has been given and in no case less than 3 days from onset of treatment
Tuberculosis	Until declared free from infection by appropriate health professional
Typhoid Fever	Until declared free from infection by appropriate health profession

APPENDIX 10 – Pandemic Flu Procedures

Is there a serious risk of a flu pandemic, and what impact could it have?

1) Experts advise that a further flu pandemic is inevitable but cannot say when it will happen.
2) When it happens, we expect it to spread rapidly to all areas of the UK and have a significant impact.
3) Depending on the severity of the pandemic, 25-50% of the population may become ill at some stage during one or more waves, each lasting 3-4 months, and 50,000 – 700,000 more people than usual may die.

What are the roles of Central Government, local authorities, schools and Public Health England?

1) Central Government has overall responsibility for contingency planning and is responsible for national policy decisions (and communicating those to relevant partners) and the overall co-ordination of activities during a pandemic.
2) Local authorities and other front-line emergency responders (e.g. police, NHS) must work in partnership to build their local preparedness; in a pandemic these would work together in Strategic Co-ordinating Groups to co-ordinate activities in an area.
3) Local authorities should also communicate information from Public Health England and Central Government to schools and others – all schools, not just maintained schools.
4) Schools should prepare plans for a flu pandemic as part of their general emergency planning and ensure these are shared with staff and, as appropriate, parents.
5) School supports the use of flu vaccination and all staff and pupils are urged to receive the vaccine using standard procedures.
6) School managers (normally the Head Teacher, if the governing body delegates this to the Head and in conjunction with UL) would make the final decision on whether to close a school during a pandemic.
7) In the event of a pandemic school will produce a robust risk assessment in conjunction with central government PHE guidance. These will be working documents updated as the guidance is amended
8) A separate policy is produced by senior management and UL which is unique in its content. This will address the severity of the pandemic and the guidance given.

Will schools close during a pandemic?

1) The general advice to all sectors is that they should seek to continue operating as normally as possible during a pandemic – but should plan for much higher than usual levels of staff absence and the consequences of this, as well as for other possible disruption resulting from the pandemic's impact on other services.
2) However, schools (and childcare settings) are potentially different from other

settings. Children are highly efficient 'spreaders' of respiratory infections, both among themselves and to adults in their families. There is some evidence that such infections spread less among children in holiday periods than in term-time. So, closing schools and childcare settings for a period might significantly reduce the number of children infected.

3) We will not know until nearer the time, when we know more about the nature of a pandemic strain of virus, and children's vulnerability to it, whether the Government will advise schools and childcare settings to close to students for a period during a pandemic, but it is a possibility.
4) Any such advice would affect each region only when the pandemic reached it, based on central guidance about when to close and re-open, but it is very likely that all areas would be affected at some stage.
5) **The school will, therefore, plan both for remaining open during a pandemic and for possible closure**.

What should staff do if schools close to students?

In line with workers in all other sectors, staff should come into school, unless:

a) ill,
b) caring for dependants or
c) authorised to work elsewhere.

What does the school do now, during a pandemic and in between?

1) The decision to close the school will be taken by the Headmaster, or his representative, following relevant advice.
    a) Central Government and PHE will advise whether schools in affected areas should stay open or close, on the basis of scientific advice. If the government were to advise closure, Local Authorities (LAs) would communicate the message to schools, but schools would not close at that point. LAs – acting on local health information – would inform schools when their area is affected and if the advice to close applies.
    b) The decision on whether to close at that time remains with the school – normally the governing body would delegate that power to the Headmaster. The Headmaster would also usually decide whether a school should close for other reasons (e.g. lack of staff).
    c) If there were advice to close all schools in an area, the LA would tell schools when this advice would be reviewed; after such a review, the LA would advise schools whether to remain closed or to re-open and, if they are to re-open, whether any specific conditions should apply.
2) The decision to close the school will be communicated to staff and parents by email and the school website.
3) Students and staff should not come into school if they have any flu-like symptoms

(sudden onset of fever, headache, muscle pains and feeling ill, with or without sore throat, cough or difficulty breathing).

4) If students and staff develop symptoms in school, they will be separated from other children and staff until they are collected by parents or go home.
5) Within school we will follow advice by the PHE to minimise the spread of infection if the school remains open during a pandemic, e.g Hand washing and appropriate PPE to be worn. PHE guidance followed
6) If the school does close, we will attempt to provide appropriate work for those students who are not unwell via the school website.
7) Parents will be made aware of the plan when appropriate.

Updates and Review

This policy will be continually reviewed in the light of any further advice from the PHE, Government or LA.

APPENDIX 11 – Action in the Event of a Drug Related Incident

1) If the student is unconscious
    a) Stay calm
    b) Place casualty in recovery position
    c) Dial 999 ambulance
    d) Collect any evidence of what has been taken eg. pills, syringes, vomited material
2) If the student(s) is conscious, intoxicated or high
    a) Make sure they do not wander off
    b) Sit them in a quiet, well-ventilated room
    c) Do not shout, or threaten
    d) Speak quietly and calmly
    e) Contact a First Aider or administer First Aid
3) Inform the Headmaster, or his representative, who will deal with the matter in accordance with the school's *Drugs Misuse* policy.
4) Any decision to inform the police will be taken by the Headmaster or his representative.
5) No staff other than the Headmaster, or his representative, should communicate with the media in any way.

APPENDIX 12 – Asthma

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

Recognition of an asthma attack

- The airways in the chest become restricted
- The student may only be able to speak with difficulty
- The student may wheeze, unable to breathe out
- The student may become distressed, anxious, exhausted, have a tight chest of may even go blue around the lips and mouth

What to do if a student has an asthma attack

1) Get immediate First Aid assistance.
2) Ensure that the reliever medicine is taken. The medication must belong to the student having the asthma attack, and will be in the student's emergency box.
3) Note that some students may not have spare medication stored with school.
4) Stay calm and reassure the student. Attacks can be frightening, so stay calm, the student has probably been through this before. It is very comforting to have a hand to hold but do not put your arm around the student's shoulder as this is very constrictive. Listen carefully to what the student is saying. Loosen any tight clothing.
5) Encourage the student to breathe deeply and slowly. Most people find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended.
6) Call 999 and request an ambulance urgently (Red procedure) if
    a) The reliever has no effect after five or ten minutes
    b) The student is becoming distressed or unable to talk
    c) The student is getting exhausted, becomes disorientated or collapses
    d) The student looks blue
    e) You have any doubts at all about the student's condition
7) The student's parents or guardian will need to be informed after an attack even if relatively brief
8) Minor attacks should not interrupt a student's involvement in the school. As soon as the student feels better they can return to school activities.

NB: School now carry Emergency Inhalers in accordance with advice from Asthma UK Children who have a diagnosis of Asthma and a signed consent form from a Parent/Guardian can access these if their own inhaler is lost or broken. Emergency Inhalers can be located in Matrons Office or the Junior School sick bay.

In developing this set of procedures, the school has regard to the guidance of the National Asthma Campaign, Asthma UK and Matron. In recent years the incidence of childhood asthma has doubled and the school recognises its responsibility in dealing with children appropriately.
Matron can be contacted for advice and for further information or training regarding the practical use of asthma inhalers.

a) The school understands the importance of ensuring the students feel safe and secure.
b) The school recognises that asthma is a widespread, serious but controllable condition and welcomes students with asthma.
c) The school tries to ensure that its environment is favourable to children with asthma.
d) The school encourages, helps and supports students with asthma to achieve their potential and to participate fully in aspects of school life.
e) Students with severe asthma will have an Individual Health Care Plan.
f) All school staff, through reading of this document, should have an understanding of what it means to be asthmatic, signs and symptoms of an asthma attack and what to do in an emergency.
g) All staff must understand that access to inhalers is vital. The majority of students keep spare inhalers, labelled with the student's name.
h) Some students may not have spare medication kept by the school and, instead, responsibly carry it themselves.
i) All staff, teaching and non-teaching, have access to information on students with severe asthma in the Medical Information folder.
j) A printout of students' medical conditions can be obtained from Engage Unite and Individual Health Care Plans are available to all staff and kept confidentially and available in The Medical Information folder and staff shared area.
k) Advice and further information is available from Matron.
l) Emergency Inhalers available to children with a diagnosis of Asthma and consent from a parent

The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

APPENDIX 13 – Epilepsy

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder. However, its cause – especially in the young – may have no precise medical explanation.

Tonic Clonic Seizures (arinal mal)

The person may make a strange cry and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the person may be incontinent.

Complex and partial seizures (temporal lobe seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip smacking. The person appears conscious, but may be unable to speak or respond during this form of seizure. Ensure safety of the person – gently guide away from dangers and speak calmly to the person and stay until they recover.

Absence (petit mal)

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs, if any, of an 'absence / petit mal' seizure. This can lead to serious learning problems as the seizures may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore it is so important to be understanding, note any petit mals and inform parents.

Teachers can play an important role in the recognition of epilepsy and in the recognition of changing patterns or an increased rate of seizures.

Procedure for an epileptic seizure

Total seizure (total clonic)

1) KEEP CALM – students will tend to follow your example! Let the seizure follow its own course. It cannot be stopped or altered.
2) Ask the other students to leave the room and ask a responsible student to fetch another adult.
3) Get First Aid assistance.
4) Note the time.
5) Refer to the student's Individual Health Care Plan which can be accessed in the Medical Information folder.
6) Administer the prescribed medication as per instruction – kept with the emergency medication – according to the student's Individual Health Care Plan.

7) Protect the student from harm. Only move the student during seizure if you have to for their protection. If possible move any objects that may hurt them, rather than move them from dangerous objects.
8) As soon as possible (normally post-seizure) place the student on their side – this does not have to be true recovery position – just so that the tongue falls forward so that any saliva can drain out of the mouth easily.
9) Put something under their head to protect them from facial abrasions if at all possible.
10) Try not to leave the student alone if at all possible. If you need to leave the student make sure there is something behind their back to try to maintain a sideways position.
11) Talk quietly to the student to reassure them but do not try to restrain any convulsive movements.
12) Do not place anything in their mouth.
13) Minimise any embarrassment as during the fit the student may be incontinent – cover with a blanket to keep warm.
14) Once recovered, move them to the Medical Centre. A wheelchair may be used if appropriate – send a responsible student to fetch this – check no obvious injuries have occurred.
    a) If possible, ask other students to leave the Medical Centre – perhaps sick students could sit in the Reception area.
    b) Allow the student to sleep on their side. Do not leave them alone as the seizure may be the first of a cluster.
15) Call the student's parent/guardian and request the student be collected from school so that they can sleep as long as needed. If the seizure occurs in the morning they may even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide.
16) <u>If the seizure lasts five minutes or longer call an ambulance immediately</u> (Red procedure).
    a) If a seizure lasts that long, it is likely to last longer. It is very important that the student goes to hospital and gets the proper treatment within one hour of the beginning of the seizure. If you are concerned or the student has received injury e.g. due to a fall, call an ambulance. We are advised it is better not to call an ambulance if the seizure lasts less than five minutes as they are better off left in peace and quiet.
    b) When the ambulance arrives, report to the paramedic details of the seizure – especially how long it has lasted. If the parent arrives, report the details of the seizure to them.
    c) An appropriate member of staff must accompany the student in the ambulance and stay with them until the parents arrive.

17) Ensure any students who were present at the time of the seizure have a chance to talk it over with Matron.

Please contact Matron for advice, help and support and for further information or training in the administration of emergency epileptic medication.

In developing this policy, the school has regard to the guidance of Epilepsy Action and Matron. The school recognises its responsibility in dealing with children appropriately.

a) The school understands the importance of ensuring the students feel safe and secure.
b) The school recognises that epilepsy is a common condition affecting many children and welcomes students with epilepsy.
c) The school encourages, helps and supports students with epilepsy to achieve their potential and to participate fully in aspects of school life.
d) Students with epilepsy will have an Individual Health Care Plan.
e) All school staff, through reading of this document, should have a clear understanding of the condition epilepsy and what to do in the event of a student having an epileptic seizure.
f) Some students may have emergency medication – but it is NOT carried by students, it is vital that all staff know where this is kept.
g) Matron provides training for all staff on the use of epileptic emergency medication.
h) The school advises students with epilepsy to provide spare clothing to be kept in school especially underwear and socks.
i) All staff, teaching and non-teaching will be informed of students with epilepsy in the Medical Information folder.
j) A printout of students' medical conditions is available on Engage Unite and Individual Health Care Plans are available to all staff and kept confidentially in Medical Information folder.
k) Advice and further information is available from Matron.

The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

APPENDIX 14 – Allergies and Anaphylaxis

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances, usually proteins that cause the formation of an antibody and react specifically with that antibody). In susceptible individuals, the reaction may develop within seconds or minutes of contact with a trigger factor. Exposure may result in a severe allergic reaction (anaphylaxis) that can be life threatening. In an anaphylactic reaction, chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

The school now holds Emergency Anaphylaxis Pens in both Senior and Prep dining Rooms

Triggers can be

a) Skin or airborne contact with particular materials
b) Injection of a specific drug or insect bite
c) Ingestion of a certain food e.g. nuts, fish, eggs

Recognition

a) Anxiety
b) Widespread red blotchy skin eruption
c) Swelling of the tongue and throat
d) Puffiness around the eyes
e) Impaired breathing from tight chest to severe difficulty in breathing

Serious symptoms

a) Cold, clammy skin
b) Blue-grey tinge around the lips
c) Weakness / dizziness
d) Feeling of impending doom

Progresses further

a) Restlessness
b) Aggressiveness
c) Gasping for air
d) Yawning (trying to get oxygen into the body to the brain)
e) Unconsciousness

Treatment

1) Seek immediate First Aid assistance.
2) Administer antihistamine tablets / syrup as prescribed in the student's emergency box

3) If the student feels better, allow them to rest and contact the parents
4) If the serious symptoms appear call for an ambulance and ADMINISTER ADRENALINE VIA EPIPEN/ANAPEN IMMEDIATELY. Instructions are kept in the emergency box with the EpiPen/Anapen.
5) Lie the student down if possible, and lift the legs up slightly
6) Try and expose the thigh, especially if the student is wearing thick trousers
7) Remove the grey safety cap of the EpiPen
8) Hold the EpiPen very firmly to the outer aspect of the thigh, at right angles to the leg
9) Press hard into the thigh, UNTIL A CLICK IS HEARD
10) Hold the EpiPen in place for a count of ten seconds
11) Remove the EpiPen from the thigh and rub the area gently
12) Do NOT throw the used EpiPen away
13) Ensure the used EpiPen is taken to hospital with the student in the ambulance
14) If the student is feeling no better or appears worse after ten minutes you may need to give a second injection if available (using the other thigh)
15) Stay with the student until the ambulance arrives

Please contact Matron for advice, help and support and for further information or training in the administration of emergency epileptic medication.

In developing these procedures, the school recognises the advice and guidance of the Anaphylaxis Society, Allergy UK and Matron. The school recognises its responsibility in dealing with children appropriately.

a) The school understands the importance of ensuring the students feel safe and secure.
b) The school recognises that allergic shock (anaphylaxis) is a common condition affecting many children and positively welcomes students with different types of allergies.
c) The school encourages, helps and supports students with allergies to achieve their potential and to participate fully in aspects of school life.
d) All school staff will have a clear understanding, through reading of this document, of what it means to be allergic to a particular substance (whether the trigger of a reaction is skin or airborne contact, injection or ingestion), signs and symptoms of a reaction, and what to do in the event of a student having an anaphylactic reaction, including the use of an EpiPen to administer emergency adrenaline.
e) Matron provides training for all staff and how to administer the emergency medication.
f) All staff must understand that immediate access to EpiPens and/or antihistamine tablets/syrup is vital. The school has at least one EpiPen and/or two antihistamine

tablets or a bottle of antihistamine syrup which are to be labelled correctly with the student's name and form, in a clear bag/container.

g) Allergy boxes are kept in a large box labelled 'Epi Pens' in the School Office on the Senior site and in the Offices on the Junior site.
h) Please note all students have spare medication in the emergency boxes and also carry spare medication, this is their responsibly to do so. In the Junior School the students' medication is kept in a yellow bag and is taken by the class teacher/teaching assistant whenever the student goes.
i) All staff, teaching and non-teaching will be informed of students with allergies in the Medical Information folder.
j) A printout of students' medical conditions can be obtained from Engage Unite and Individual Health Care Plans are available to all staff and kept confidentially and are available Medical Information folder.
k) The school will also inform catering staff of students with food allergies, to ensure the students' dietary requirements are catered for.
l) Advice and further information is available from Matron.

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APPENDIX 15 – Diabetes Mellitus: Type 1 Insulin Dependent

Diabetes Mellitus is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the blood stream and can cause hyperglycaemia. People with diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections. Children can have emotional, eating, behavioural and confidence difficulties as a result of their condition. Therefore much support is required.

Hypoglycaemia – low blood sugar
Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia

a) Inadequate amounts of food ingested – missed or delayed
b) Too much or too intense exercise
c) Excessive insulin
d) Unscheduled exercise

Recognition of Hypoglycaemia

a) Onset is SUDDEN
b) Weakness, faintness or hunger
c) Palpitations, tremors
d) Strange behaviours or actions
e) Aggressive behaviour
f) Sweating, cold, clammy skin
g) Headache, blurred speech
h) Confusion, deteriorating level of response, leading to unconsciousness
i) Seizures

Treatment of Hypoglycaemia

1) Seek First Aid assistance.
2) Request the student's emergency box from the Medical Room at Senior site, or from the office on the Junior site (Follow students' individual Medical Plan)
3) Ensure the student eats a quick sugar source e.g. three glucose tablets, glucogel, fruit juice or fizzy drink (not a diet version)
4) In the Medical Room or Junior Offices there is a 'diabetic snack box' should the student not have any snacks with them
5) Wait ten minutes and, if the student feels better, follow with a carbohydrate snack e.g. cereal bar, toast
6) Once recovered allow the student to resume school activities
7) If the student becomes drowsy and unconscious then the situation is now LIFE-THREATENING and call an ambulance

8) Place the student in the recovery position and stay with the student until the ambulance arrives
9) Contact the parent / guardian immediately

Causes of Hyperglycaemia

a) Too much food
b) Too little insulin
c) Decreased activity
d) Illness
e) Infection
f) Stress

Recognition of Hyperglycaemia

a) Onset is over time – hours or days
b) Warm, dry skin, rapid breathing
c) Fruity / sweet breath
d) Excessive thirst and increased hunger
e) Frequent urination
f) Blurred vision
g) Stomach ache, nausea, vomiting
h) Skin flushing
i) Lack of concentration
j) Confusion
k) Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia

1) Seek First Aid assistance.
2) Request the student's emergency box from the Medical Room at Senior site, or from the office on the Junior site (Follow students' individual Medical Plan)
3) Encourage the student to drink water or sugar-free drinks
4) Allow the student to administer the extra insulin required
5) Permit the student to rest before resuming school activities if able
6) Contact parent / guardian

Please contact Matron for further advice, help and support and for further information.

In developing these procedures, the school recognises the advice and guidance of the British Diabetic Society, Diabetes UK and Matron. The school recognises its responsibility in dealing with children appropriately.

a) The school understands the importance of ensuring the students feel safe and secure.
b) The school recognises that diabetes is a widespread condition affecting children and welcomes students with diabetes.
c) All students with diabetes will have an Individual Health Care Plan.
d) The school encourages, helps and supports students with diabetes to achieve their potential and to participate fully in aspects of school life.
e) All staff will have a clear understanding, through reading this document, of what it means to be a diabetic and what to do in the event of a student having a hypoglycaemic or hyperglycaemic episode and what to do in an emergency.
f) <u>All staff must understand that immediate access to insulin or diabetic snacks is vital.</u>
g) Students' emergency boxes are kept in the Medical Room at Senior site and in the Offices on the Junior site. Staff must familiarise themselves with these locations. The Medical Centre and Prep/Pre-Prep Offices also have 'spare diabetic snacks' in a labelled emergency box.
h) Please note that some students do not lodge spare insulin with school – they have it on them at all times.
i) All staff, teaching and non-teaching will be informed of students with diabetes in Medical Information folder.
j) A printout of students' medical conditions can be obtained from Engage Unite and Individual Health Care Plans are available to all staff and kept confidentially and are available in Medical Information folder.
k) The school will also inform catering staff of students with diabetes in case these students have no snacks with them and urgently need something to eat.
l) Advice and further information is available from Matron.

The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

APPENDIX 16 – Head Lice

In developing these procedures, the school has regard to the advice and guidance of the Infection Control Nurses Association and Matron. The school recognises its responsibility in dealing with children appropriately.

1) Head lice infection is not primarily a school problem but one of the wider communities.
2) Whilst the school cannot solve the problem it can help parents to deal with it.
3) Head lice do cause concern and frustration for some children, parents and teachers.
4) Matron should be informed in confidence of all head lice cases.
5) Matron may decide to offer information, advice and support to parents.
6) All reports shall remain confidential.
7) The school may inform parents by an 'advice' letter given to a whole year or class group but not individual parents.
8) Affected students will not be excluded from school.
9) The school will maintain a sympathetic attitude and avoid stigmatising / blaming families who are experiencing difficulty with control measures.
10) The school will assist in reducing agitation and alarm.
11) Routine head inspections are not effective and will not be introduced to placate anxious parents.
12) It is part of the school Uniform Policy for Lower School students to keep their hair tied back at all times, as this is a preventable measure against head lice.

APPENDIX 17 – Symptoms of Shock

The most common symptoms of shock include:

1) A fast, weak pulse
2) Low blood pressure.
3) Feeling faint, weak or nauseous.
4) Dizziness.
5) Cold, clammy skin.
6) Rapid, shallow breathing.
7) Blue lips.

Treatment and Recovery

If you're with someone who goes into shock, prompt treatment can make all the difference:

1) Lay the person flat and raise their legs by at least 25cm to help restore blood pressure (note that in anaphylactic shock, if the person is conscious but having trouble breathing, it's better to sit them up).
2) Stop any bleeding by applying direct pressure over the wound or a tourniquet on extreme limb injuries (it's harmful to stop the blood flow to a limb for more than 10-15 minutes).
3) Administer anaphylaxis treatment if necessary.
4) Loosen tight clothing.
5) Keep the person warm with layers of blankets (not a hot water bottle).
6) Don't give them anything to eat or drink because of the risk of vomiting.
7) Call an ambulance as soon as possible.

Causes and Risk Factors

There are various types of shock with varying causes.

Psychological Shock

This may be caused by:

1) Hearing bad news, such as the death of a loved one.
2) Being involved in a traumatic event, such as an accident.
3) Being the victim of crime, violent or otherwise.

While psychological shock is less likely to kill you than physiological shock, its effects can persist for years and cause immense disruption. Mild shocks leave you feeling stunned for a while, absorbed in your thoughts and unable to focus on anything else. After a while, though, the brain gets the event in perspective and normal life resumes. However, especially if the shock is more profound, some people find it harder to return to normal, and may develop post-traumatic stress disorder (PTSD). This tends to affect people in one of three ways:

1) Intrusion - the event is constantly replayed in the mind.

2) Avoidance – the person feels numb, retreats from normal emotions and activities, and may use alcohol and drugs as a form of 'self-medication'.
3) Increased arousal – the person is left angry, and prone to irritable behaviour.

Physiological Shock

This type of shock can be caused by:

1) Severe bleeding.
2) Pulmonary embolus (a blood clot in the lungs).
3) Severe vomiting and diarrhoea.
4) Spinal injury.
5) Poisoning.

There are also specific types of physiological shock, with very particular symptoms.

Cardiogenic Shock

Cardiogenic shock occurs when the heart is severely damaged - by a major heart attack, for example - and is no longer able to pump blood around the body properly, causing very low blood pressure. This develops after about eight per cent of heart attacks. It can be difficult to treat, but drugs may be given to make the heart beat stronger. This may be enough to bring someone through the worst until the heart can mend itself, but cardiogenic shock is still fatal in as many as eight out of ten cases. New treatments to 'revascularise' or restore blood flow to the heart muscle are improving survival rates.

Septic Shock

This occurs when an overwhelming bacterial infection causes blood pressure to drop. It is fatal in more than 50 per cent of cases. Although it is caused by bacterial infection, treating septic shock with antibiotics is far from simple, because the bacteria release massive amounts of toxin when they are killed off, which initially makes the shock worse. It must always be treated in hospital where the correct drugs and fluid support can be given.
One type of septic shock is toxic shock syndrome - a rare but severe illness caused by certain strains of the bacteria *Staphylococcus aureus*.

Anaphylactic Shock

Anaphylactic shock is a severe allergic reaction. Common triggers include bee and wasp stings, nuts, shellfish, eggs, latex and certain medications, including penicillin.
Symptoms include:

1) Burning and swelling of the lips and tongue.
2) Difficulty breathing (like in an asthma attack).
3) Red, itchy or blistered skin, sneezing.
4) Watery eyes.
5) Nausea.
6) Anxiety.

Anaphylaxis requires urgent treatment in hospital. People at risk should always carry an emergency anaphylaxis treatment kit that includes adrenaline.

APPENDIX 18 – Sickness and Diarrhoea

In developing these procedures the school has regard to the advice and guidance of Ofsted and the HSE. The school recognises its responsibility in dealing with students appropriately and Ofsted are notified if there are two cases of food poisoning at any one time.

In order to minimise the spread of a gastro-intestinal infection in the school environment we ask that parents adhere to the following guidelines:

a) If your child has been unwell at home with sickness and/or diarrhoea please keep your child off school for minimum of 48 hours following the last episode of illness.
b) If your child is sick and/or has diarrhoea at school we will contact you to collect your child as soon as possible. Your child should then remain off school for a minimum 48 hour period following the last episode of illness.
c) When your child returns to school we do ask that they are well enough to be eating their normal diet.

We ask that you keep us informed about how your child is and whether you have had to seek medical advice for the episode.

APPENDIX 19 – AED (Automated External Defibrillator) Guidance

The purpose of these notes is to provide guidance in the management or administration of a school-based AED programme.

Introduction

Sudden cardiac arrest is a condition that occurs when the electrical impulses of the human heart malfunction, causing a disturbance in the heart's electrical rhythm called ventricular fibrillation (VF). This erratic and ineffective electrical heart rhythm causes complete cessation of the heart's normal function of pumping blood resulting in sudden death. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator, delivered within a short time of the onset of VF.

An AED is used to treat victims who experience sudden cardiac arrest. It is only to be applied to victims who are unconscious, without pulse, signs of circulation and normal breathing. The AED will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

Responsibilities

Matron (AKS), in liaison with Mr Chris Hyde of Northwest Ambulance Service, are responsible for:

1) Displaying in prominent areas the list of employees with AED training
2) Co-ordinating equipment and accessory maintenance
3) Maintaining on file a specifications/technical information sheet for each approved AED, tested on a weekly basic and recorded
4) Revision of this procedure as required
5) Communication with Northwest Ambulance Service on issues related to medical emergency response programme including post-event reviews
6) AED registration with North West Ambulance Service

Applicable Documents

The following are all located in Matrons Office

- General Health and Safety standard
- AED Guidelines
- Medical emergency action plan
- Infection control procedure for universal precautions
- AED Procedure

Authorised AED Users

The AED may be used by:
1) Any Employee
2) Any trained volunteer responder who has successfully completed an approved CPR/AED training course

AED Trained Employee Responsibilities

1) Activating internal emergency response system and providing prompt basic life support, including AED and first aid, according to training and experience.
2) Understanding and complying with requirements of this policy.
3) Following the more detailed procedures and guidelines for the AED programme.
4) Completing relevant documentation and debriefing as required.

School Responsibilities

The school is responsible for:
1) Ensuring that the relevant insurance is in place for a device of this kind.
2) Staff are trained to use the AED and qualifications are updated annually.
3) Using the established Red Procedure to assess emergency and determine appropriate level of response.
4) The equipment is maintained and fit for purpose and complies with Health and Safety regulations.

Equipment

The AED Plus® Automated External Defibrillators (AEDs) have been approved for this programme. The AED conforms to British Safety standards.
· The AED and first-aid emergency care kit will be brought to all medical emergencies.
· The AED should be used on any person who displays ALL the symptoms of cardiac arrest:
o Casualty is unresponsive
o Casualty is not breathing, or is breathing ineffectively
o Casualty has no signs of circulation such as pulse and coughing, or movement

Location of AEDs

1) Located in the Senior School Office a sign is present indicating to the general public that an AED is on site.
2) The PE Office/Gym

3) Matron's Office on the main corridor a sign outside the office indicating that there is an AED.
4) Outside Prep medical room

Additional Resuscitation Equipment

Each AED will have two pair latex-free gloves, one razor, one set of trauma shears, and one facemask barrier device.

Equipment Maintenance

All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:
1) The main school office shall be informed of changes in availability of emergency medical response equipment.
2) If equipment is withdrawn from service, the main school office shall be informed and then notified when equipment is returned to service.
3) The main school office shall be responsible for informing response teams of changes to availability of emergency medical equipment.
4) The AED Programme Coordinator or designee shall be responsible for having regular equipment maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
5) Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected according to manufacturer recommendations.

Routine Maintenance

1) The AED will perform a self-diagnostic test every 24 hours that includes a check of battery strength and an evaluation of the internal components.
2) A volunteer, assigned by the AED Programme Coordinator or designee, will perform a weekly AED check following the procedure checklist. The procedure checklist will be signed at the completion of the weekly check. The procedure checklist will be posted with the AED.
a) If the OK icon is NOT present on the readiness display, contact the AED Programme Coordinator or designee immediately.
b) If the battery icon is visible, the battery charging unit needs to be replaced. You may continue to use the AED if needed.
c) If the expiration date on the electrode is near, notify the AED Programme Coordinator

Initial Training

Trained employees must complete training adequate to provide basic life support. Matron will maintain training records for trained employees and arrange annual refreshers for CPR and AED.

Volunteer Responders can assist in emergencies but must only participate to the extent allowed by their training and experience. Any volunteer wishing to potentially use one of the AEDs deployed on the campus should have successfully completed an approved AED course including CPR within the last two years.

Medical Response Documentation

Internal Post Event Documentation: It is important to document each time the AED is used this should be recorded on an AED response form when the AED is used also a HSE Accident form is completed and Resuscitation Manager Northwest Ambulance is informed. He will attend the location within 24 hours of the incident for a debriefing.

External Post Event Review: Following each deployment of the response team member, or if a volunteer responder uses an AED, a review shall be conducted to learn from the experience. The AED Programme Coordinator or designee will conduct and document the post-event review. All key participants in the event will participate in the review. Included in the review will be the identification of actions that went well and the collation of opportunities for improvement as well as critical incident stress debriefing.

Annual System Assessment:
1) Training records
2) Equipment operation and maintenance records

APPENDIX 20 – Meningococcal Meningitis/ Septicaemia

Meningitis is an inflammation of the covering of the brain and has many causes. One important cause is a bacterial infection of the meninges or covering of the brain. If untreated, bacterial meningitis kills about half of affected people and death can result in a few hours. The bacterium meningococcus in one of several germs that can cause meningitis. Septicaemia or infection of the blood often co-exists with bacterial meningitis.

If meningitis is suspected, the pupil or staff must be sent to hospital on an emergency basis and school red procedure would be implemented.

Symptoms that suggest meningitis:

Fever – may be sudden in onset
Headache- may be associated with confusion
Neck stiffness
Discomfort when looking into bright light(photophobia)
Nausea
Diarrhoea
Abdominal pain

Not all the symptoms need to be present, if bacterial meningitis is suspected; call 999 for an ambulance, inform the Headmaster or Deputy, inform Matron, call the nearest relative and if possible- the general practitioner.

Signs of meningitis:

There are several signs, in the first aid situation look for;
Red- purple skin rash. If a glass is pressed firmly against an area of affected skin the rash of meningococcal septicaemia will NOT blanche.
Pale appearance, especially lips
Cold hands and feet

APPENDIX 21 – Head Injuries

Emergency measures include; environmental safety, basic airway management, assessment of breathing and tamponade to local bleeding if necessary.

Staff/ Matron must assess level of consciousness. If the injured has lost consciousness for a few seconds, then emergency transfer to the hospital must be arranged. In other words, any loss of consciousness following head injury must lead to emergency transfer to the hospital.

In cases where there is an injury to the neck, do not move the injured all until the ambulance arrives.

In cases of head injury without loss of consciousness; the parents/ guardian must be informed. Even in the absence of loss of consciousness, a person with a head injury can suffer from bleeding within the skull leading to compression of the brain.

Staff/ parents/ guardians must observe any change in school performance over the next 10 days to 2 weeks. Compression of the brain can lead to changes in performance and this condition requires further investigation and treatment in hospital.

APPENDIX 22 – COVID-19

See appendix 14 on Pandemics and also the school's COVID guidance, which is held on the school's website: https://www.akslytham.com/about-aks/covid-19

APPENDIX 23 – Accident Report Form

Accident/Incident Reporting Form

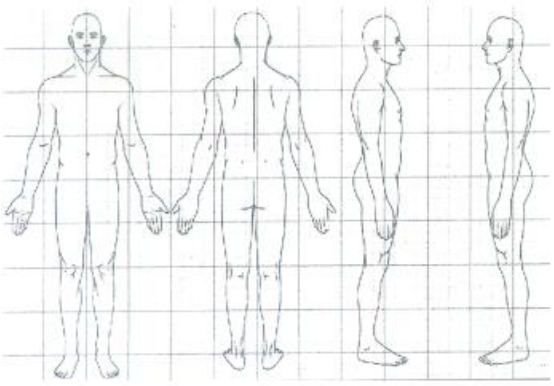
Section A

This section should be completed as soon as possible after the incident.

Injured or affected person if any (all fields must be completed)			
Full name			
*Address**			
*Tel No (if employee)**			
*Age**		*DoB**	
Year and Form (if pupil)			

** these sections are desirable but not essential – you should record them if you consider it useful*

Description of accident/incident (for pupils include name of teacher/supervisor)					
Date		Time		Location	

Indicate on the diagram the location of any injuries

Details of any first aid given, and by whom (note that this should be by a qualified first aider wherever possible)

Further treatment/next steps (please tick as appropriate)			
Go to A&E by ambulance		Parents advised to take for further check	
Go to A&E by school transport		Return to lessons	
Notes			

Have parents been informed? Provide details below (who/when/how)

Witnesses (name/contact details/year group as appropriate)

Section A completed by:			
Full name in block capitals			
Position/role			
Signature		Date	

Section B

To be completed as appropriate where follow-up, further investigation or ARMS submission is required.

Possible cause of accident/incident

Recommendations to prevent reoccurrence

Notification (circle as appropriate and record any further details)						
Notifiable to parents in writing	Yes	No	By whom		Date	
Written head injury information	Yes	No	By whom		Date	
Notifiable to HSE/other	Yes	No	By whom		Date	
Entered onto ARMS	Yes	No	By whom		Date	
ARMS Reference Number						

Is any additional investigation or follow-up required or planned? Please record details here

Any other notes

Section B completed by:			
Name			
Position/role			
Signature		Date	