



First Aid Policy

(Includes Asthma, Seizure, Diabetes & Severe Allergic Reaction Policies)

Including EYFS and Boarding Provision

May 2022

Beachborough School – First Aid Policy		
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Policy Statement

Beachborough School has a duty to provide an adequate and appropriate first aid provision to pupils, staff and visitors. For the purpose of this policy, first aid is defined as the help given to an injured person until professional medical treatment is available. The arrangements described in this policy are in place to meet the school's responsibilities in accordance with Health and Safety (First Aid at Work) regulations 1981 (amended 2013) and are based on the results of a suitable and sufficient risk assessment carried out by the School. The school has referenced eh DfE guidance on First aid in schools when preparing and reviewing this policy.

Aims

To ensure the school has a competent, timely and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury both on the premises and for off-site activities. This policy is applicable to all areas of the school, including EYFS and Boarding.

Objectives

To appoint the appropriate number of suitably trained people as First Aiders to meet the needs of the School.

- To provide relevant training and to monitor the training needs of staff, as an ongoing process.
- To provide and maintain sufficient and appropriate resources and facilities, including a specific room for First Aid treatment.
- To keep staff and parents informed of the First Aid arrangements in place.
- To keep accident records and to report relevant information to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

Responsibility

The Governing Body and Leadership Team are responsible for the site wide safety and that responsibility includes the first aid, based on an assessment of the risks presented by activities across the School site and, where pupils are involved, outside the site. Specifically, the school has a duty to provide staff, visitors and pupils with the following information:

- The name, number and locations of First Aiders
- The number and location of first aid boxes
- Arrangements for dealing with first aid incidents for all the site users
- Arrangements for dealing with emergencies
- Arrangements for off-site activities and trips.

Parents are responsible for proving the school with full information of their child's medical history and ensuring that the school has up to date information regarding the health of their child. Parents must ensure that the school holds details of at least two up-to date emergency contacts, who can be contacted in the event of an emergency or when a child is required to be sent home from school due to illness or injury. Emergency contact details are held on a central database, accessible to staff at all times.

Parents must ensure pupils are registered with an NHS GP and these details must be provided to the school prior to admission.

Parents are responsible for collecting their children in a timely manner if in the professional opinion of our medical team, they should be sent home. If a child is being sent home, it is only for the safety and wellbeing of that child and other children in the school. The school will fully support the decision of the medical team.

Further Reading

This policy needs to be read in conjunction with other Beachborough School policies, including:

- Beachborough Health and Safety Policy
- Medicine Administration Policy
- Medical Matters – Beachborough Parents' Guide
- Other specific policies which may relate to a pupil's condition
- Medicines Act 1971 (Amended 2010)
- Managing Medicines in Schools and Early Years Settings – D.f.E.S and D.o.H. – March 2005

1. First aid needs assessment

First aid provision must be 'adequate and appropriate in the circumstances. The school ensures that sufficient first aid equipment (first aid kit), facilities and personnel are available at all times.

A first-aid needs assessment has been undertaken by the School Bursar and the School Nurse. This assessment has considered the circumstances of the workplace, workforce and the hazards and risks that may be present. The risk assessment is contained in Appendix A.

In assessing the first aid needs at Beachborough School, the following were considered:

- the nature of the activities which take place
- the potential hazards and risks (including specific hazards requiring special arrangements)
- the nature and size of your workforce
- the work patterns of your staff
- holiday and other absences of those who will be first-aiders and appointed persons
- your organisation's history of accidents
- the needs of travelling, remote and lone workers
- the distribution of your workforce
- the remoteness of any of your sites from emergency medical services
- whether your employees work on shared or multi-occupancy sites
- first-aid provision for non-employees (e.g. members of the public).

2. Staff Providing First Aid Cover

The School has a Registered School Nurse on site during most of the core school day during term time. She is responsible for providing First Aid cover to pupils, staff, parents and visitors to the School and is based in the medical room. During school hours, the medical room is covered by a Nurse, a Matron and / or Assistant Matron.

The medical room can be contacted by telephone or Radio channel 3 (available in the front office or staff room). A notice board outside the Medical Room will inform pupils which member of staff is on duty and where they can be found if they are not in the Medical Room. The Registered Nurse is responsible for ensuring that all members of staff are aware of pupils who pose a potential medical emergency, including asthmatics, diabetics and those with anaphylactic allergic reactions. Information on these particular pupils is recorded on iSAMs and an individual welfare plan will be created and shared with relevant teaching and support staff.

In addition, there are qualified First Aiders working across the school site. Staff are considered to be First Aiders if they have a valid First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) qualification. A full list of all first aiders is provided in Appendix B.

Although under the updated regulations 2015 the HSE no longer oversee the first aid training criteria, the School will still follow the advice and apply 'best practice' by following their standards and holding regular refresher training for staff.

In addition to First Aiders, the school has a number of staff who hold a current paediatric first aid certificate, to EYFS requirements. A list of these is provided in Appendix B.

An up to date list will be emailed to key staff and held in the Medical room. Copies are displayed in the Medical room, front office and staff rooms.

The majority of Beachborough staff receive Adrenaline device & anaphylaxis training during the autumn term inset day. Any additional training requirements arising during the year are identified through discussions between the Bursar and School Nurse, in line with the risk assessment, and approved via the Health and Safety Committee.

All staff who are qualified to provide First Aid must be prepared to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. They must ensure that an ambulance is called if necessary, or other professional medical help is requested. Staff and pupils are aware that if the school nurse is on duty, she will attend in the event of an accident.

At all times First Aiders must operate within their competencies and should not attempt any skills which they are not trained or confident in. First Aiders must identify themselves to the patient and verbally explain that they are able to treat them and request their consent to do so. Where the patient is unconscious, consent will be implied.

3. First Aid Equipment and Facilities

A separate private medical room is available for anyone requiring medical treatment. A locked medical cabinet and locked medical fridge is available for storing medications. There is also a washbasin located in this room.

The requirement to hold a first aid box in an area or department will be determined by risk assessment. This will consider the nature of the activity and staff in the area who are trained to use the equipment. All First Aid boxes are clearly labelled and easily accessed. If the location of the box is not clearly visible an additional sign, for example on the cupboard door, is displayed. A list showing where First Aid Boxes are located is contained in Appendix C.

First Aid and sporting injury bags for staff to take off site for school trips and sporting fixtures are kept in the medical room.

First aid boxes will be stocked with the minimum contents as outlined by the HSE. The boxes will only contain equipment that staff have been trained to use and relate to the activity taking place. No medication is held in a first aid box.

The School has a responsibility under HSE legislation to ensure that pupils, employees and visitors are aware of the location of first aid boxes and First Aiders. First aid boxes and signage should be green and white complying with the Health and Safety at Work (Signs and Signals) Regulations 1996.

The School Nurse and Matron are responsible for checking and replenishing First Aid boxes.

4. First Aid Procedures

In School (term time)

EMERGENCY

- **If a situation is thought to be life threatening or very serious then an ambulance must be called immediately. This can be done by the first person on the scene, by ringing 999. Further assistance should then be sought.** It is important that the medical room and front office be made aware (this may be done by other staff or the person making the 999 call). A member of staff should wait outside of the entrance to direct the ambulance to where the injured party is. This will usually be a member of the front office.

NON EMERGENCY

- Any pupil complaining of illness should be sent to the medical room where they will be seen by the School Nurse, Matron or Assistant Matron.
- First Aiders will deal with minor injuries within their personal competency, referring the injured person for additional assistance if required. More serious injuries should be referred to the medical room, or the School Nurse should be contacted and asked to attend.
- The school recommends that, unless it cannot possibly be avoided, a member of staff should not administer first aid without a witness (preferably another member of staff). This does not apply to the Medical room staff.
- **No member of staff or volunteer should administer first aid unless he or she has received approved training and that training is in date.**

In School (term time -boarding)

EMERGENCY

- **If a situation is thought to be life threatening or very serious then an ambulance must be called immediately. This can be done by ringing 999.** It is important that the Headmaster or resident member of the Leadership team, who is on call, is made aware. A member of staff should wait outside of the entrance to direct the ambulance to where the injured party is.

NON EMERGENCY

- Any pupil with a long term chronic condition will have an individual welfare plan kept on file within the boarding house.
- Any pupil complaining of illness should be seen by the houseparent or Matron - who are responsible for the first aid provision outside of the school day.
- If a boarder is taken ill during the day, parents should be contacted to arrange collection from school as soon as possible. Whilst waiting, the ill child is supervised in the Medical Room.
- If a boarding child is taken ill overnight and is suffering from an infectious illness such as diarrhoea and vomiting, they should be moved to the isolation room within the boarding house. They will have access to a dedicated bathroom. The boarder will be looked after until parents arrive to collect.
- If a child is taken ill overnight and a member of staff or members of staff are awake with that child for a significant amount of time overnight, then provision will be made for that member of staff's duties to be covered the next day.

In School (non term time)

- The medical room is not staffed during the holidays. Support staff working during the holiday periods will be made aware of which First Aider is on duty. Any member of staff complaining of illness should contact a First Aider or 999 in an emergency.

Out of School

- The School Nurse is to inform attending staff at away matches of any pupils with allergies/adrenaline devices/medical conditions etc. The staff member responsible for the trip should ensure that they have the correct medication – i.e., Inhalers, adrenaline device and the member of staff should have received training from the medical room to administer the required medication.
- A member of staff should take a mobile phone and first aid kit with them on every school trip.
- A risk assessment must be carried out prior to departure; emergency procedures must be part of this risk assessment.
- If a serious injury occurs during an offsite injury, the emergency procedures must be put into action. If the member of staff has any serious concerns, they must call an ambulance without delay. The attending member of staff should immediately inform the school (medical room) of the situation and ensure the school is kept updated.
- The Medical Room must be informed if a pupil has received first aid.
- If a member of staff has verbally informed a pupil to go to the medical room (school staff, first aiders from off site location), on return to school a staff member must ensure the pupil is taken to the medical room.

5. Calling an Ambulance

If an ambulance needs to be called, it is the attending member of staff or First Aider's responsibility to ensure that this is actioned without delay. This is done by ringing 999 and stating:

- **Ambulance required at Beachborough School, Westbury nr Brackley NN135LB**
 - Exact location within the site of the person needing help
 - Caller's own name, and contact details
 - Name of the person needing help
 - A brief description of the person's symptoms (and any known medical condition)
 - Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil
 - Don't hang up until the information has been repeated back to you.

Once an ambulance has been called, the front office staff should be informed, and clear directions given to the scene of the incident. A member of the front office should wait outside to direct the ambulance crew on arrival. The Bursar must be informed as soon as possible if an ambulance is called to site.

The First Aider must not leave the casualty; it is their responsibility to stay with the casualty until they are safely aboard the ambulance, or a member of the medical team have taken over. They should have the necessary information available to brief the ambulance crew on the circumstances of the incident, any treatment given and any pre-existing medical conditions of which the ambulance crew should be aware.

If an ambulance is called for a pupil or member of staff someone from the School must accompany the patient. Arrangements must be made for Parents to be called if a pupil is taken to hospital by ambulance.

If an ambulance is called for a member of staff, the First Aider or a designated member of staff may accompany them to hospital. The next of kin will be contacted by the appropriate member of the Senior Leadership Team or Human Resources.

6. Illness Policy and infection control / hygiene

Prior to entry to the school, the parent of each child completes a Health Form. This is reviewed by the School Nurse who is responsible for maintaining a list of children with medical conditions or problems. The Nurse shares this information where appropriate.

Any child who has vomited or has diarrhoea will be sent home, and should not come back into school until they have been clear of symptoms for 48 hours. This is in line with Public Health England guidelines which state that '48 hours exclusion from school for diarrhoea and vomiting is recommended'.

The school's policy for timings related to infectious diseases can be found in Appendix E. Parents must inform the School Nurse or Matron of any infectious diseases so that the community can be made aware.

Beachborough school uses 38 °C to determine "fever". A pupil must be fever free for 24 hours before returning to school. When a pupil no longer has any fever (without the help of medicine), you can begin to count 24 hours (one complete day). When this 24-hour period is up, your child can return to school. If a child returns to school before this time, they will be sent home.

It is essential that before treating any pupil that hands are thoroughly washed either with anti-bacterial soap, which is provided in all school dispensers, or an alcohol hand gel. When dealing with body fluids, including vomit or treating an open wound, disposable gloves must be worn to protect the first aider from infection. When clearing spilt body fluids from floors, gloves and a protective apron must be worn, and the correctly coloured mops and buckets used together with the appropriate anti-bacterial cleaning chemicals. Any contaminated tissues used should be put in a sealed bag and disposed of.

7. Medical History of Pupils (including nut and food allergies)

Prior to joining the school parents must complete a medical information form detailing their child's medical history. This is reviewed by the School Nurse and any medical history is recorded onto a pupils iSAMs record. All pupils with a medical need will have an individual care plan created by our school nurse and agreed by parents. This care plan is available to relevant staff and will accompany a pupil on any off-site trips and fixtures. Parents are responsible for keeping the School Nurse updated with any change to their child's medical needs.

All Staff are made aware of any children suffering from any potentially life-threatening conditions such as diabetes, asthma or allergies which could give rise to anaphylactic shock. Staff are trained regularly on these conditions and the actions required in the event of an emergency. Adrenaline devices are kept in the Dining Room with an additional device being kept either in the Medical Room or Boardman building depending on which area is most appropriate for that child. The Catering staff have lists of all children with dietary issues or allergies, this is reviewed and updated regularly.

The Food Tech Department is kept updated at all times of any children with allergies or intolerances. They will contact parents as necessary if an adaption to a particular recipe is needed.

In recent years, the number of children with nut allergies has risen. Whilst some reactions are severe, others may be less life threatening and create a rash, swelling or increase in temperature. All children with any level of nut allergy must be made known to the School Nurse by their parents.

Beachborough is a **nut-free** school. Children should not be bringing food/snacks into school without prior authorization.

Children may also have allergic reactions to other food types, notably beans, shellfish and dairy products. In a consistent and successfully proven management system, the allergies are recorded and staff informed. The form teachers and on-duty teaching staff as well as catering staff are responsible for ensuring that Pre-Prep Children are not exposed individually to food they must not have. Nursery, Kindergarten and Pre-Prep children wear a lanyard to identify themselves to staff.

As children grow older through the school, they are encouraged to take responsibility for what goes on their plates. This includes suitable food groups of protein and carbohydrates but also to avoid meals if unsuitable. This responsibility is shared with the catering staff, teaching staff, medical team and parents.

8. Medication

Prescribed medication

Prescribed medication may be administered by the School Nurse or Matron on duty only with the permission of the parent. If a child needs to take medication whilst at school, the parent/carer must complete the relevant medication consent form and hand to the Matron on morning duty together with details of doses already given to the child.

All medication handed in must be clearly labelled with the name of the child and clear instructions on the dosage required.

Prescribed medicines are only to be given to the child to whom they are prescribed and having received a completed parental consent form (see Medicine Administration Policy for more details).

Non prescribed medication / Over the counter

By signing the consent form, parents agree that the Nurse or Matron on duty may administer the medication(s) as authorised by the parent on the consent form, to their child.

Parents will be made aware of any medication their child receives the same day or as soon as reasonably practicable **(see Medicine Administration Policy for more details).**

9. Minor Incidents or Illness

Any child sustaining an injury or suffering illness whilst at school will be treated by the School Nurse or Matron on duty who will then inform the parents or carers of any treatment given as soon as reasonably possible.

A child requiring treatment should be sent either with an escort or with a member of staff (where appropriate) to the Nurse or Matron on duty. Appropriate treatment will then be given in the Medical Room.

If a child needs to be sent home from school, he/she will remain in the Medical Room with a member

of staff until collected by a parent or carer. Beds are available in the Medical Room for a boarder or day pupil to rest or to be isolated until he/she goes home. The child should be collected from school as promptly as possible and signed out in the school office.

Policies regarding the treatment of specific injuries and common illnesses are included with the Appendices F – K. This includes policies regarding the management of Asthma, Seizures, Diabetes and Severe Allergic Reactions)

10. Accidents during sports fixtures / games / swimming

First Aid cover is provided for all teams, both home and visiting. The School Nurse will contact the destination school to make them aware of any children with medical issues. The lead games staff responsible for the team will be provided with the appropriate information and any medication a pupil requires whilst off site.

Medical attention should always be sought when serious injury is suspected, and the casualty should not be moved in this instance.

- The Teacher in charge of game/referee to stop match immediately.
- Players who are concussed - if only for a moment - should be assessed pitch side and appropriate medical treatment should be sort.
- Unresponsive casualties **must** have an ambulance called.
- The lead games teacher is responsible for the injured pupil until the arrival of the School Nurse or trained First Aider.
- Only after the School Nurse or paramedic is satisfied, should the staff member allow the game to restart (if appropriate).

For more information, please refer to the school's Head Injury policy (Appendix F)

All staff must report to the School Nurse any serious injuries or asthma attacks that occur during Games. The Nurse or senior member of staff will inform parents as soon as possible. Parents must always be informed if a child requires an ambulance. If contact with parents is not made and a child must be taken to hospital as the result of an injury or accident, a member of school staff will accompany and stay with the pupil until a parent arrives.

All Games staff must be aware of the return to play guidelines (see Appendix D) and consult with the School Nurse when considering whether a child who has suffered a concussion should restart sporting activities.

11. Recording of Incidents or illnesses and communication to parents

It is essential that accurate information of any first aid treatment is recorded. First Aiders must ensure that the following information is recorded for any incident:

- Name of casualty
- Time and date of incident
- Nature of injury / complaint
- Treatment given / offered
- Any observation about the incident / areas
- Any follow up advice

All accidents no matter how small must be documented and recorded. In the Boardman a first aid book is completed and reported to parents in line with EYFS guidelines. In the Manor House all incidents are recorded in the daily log and entered onto the pupil's ISAMS health record. Parents will then be contacted by SMS text message or telephone call. Injuries to visiting children are recorded in a special incident book kept in the large green first aid kit and a copy is given to their appropriate teacher for the parents.

All records are archived in line with regulatory requirements.

A text message will be sent to parents when a child receives treatment of any kind, from a member of the medical team. This text message summarises the injury or illness and the medication or treatment provided

At the end of the school day or when a boarder goes home, details of any medication or treatment for an injury are reported to the parent or carer collecting the pupil.

In line with EYFS guidelines, parents are informed of any medical treatment, including administration of medicines as soon as possible and a record kept of when this information was shared. (Refer to Administration of Medicines policy for further information). See section 12 below for further information on reporting of accidents.

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

12. Accidents

In accordance with the Health and Safety General Policy, the Bursar is responsible for reporting any notifiable injuries, diseases or dangerous occurrences under the direction of the Reporting of Injuries and Dangerous Occurrences Regulations (RIDDOR 2013). The employer must keep a record of any reportable injury, disease or dangerous incident. This must include:

- Date
- Time
- Personal details of person affected
- Location of accident
- Nature of event
- Treatment required

Reporting of accidents

Members of staff have a duty to alert the Bursar to incidents where:

- First aid has been administered due to an accident
- An accident has occurred because of the way in which the school operates, managed or organised
- An accident that is a result of equipment / machinery failure or exposure to substances subject to COSHH regulations
- An accident occurs because of the physical design or condition of the school premises
- A physical assault that requires first aid treatment
- Any casualty is referred or taken to hospital after the event

All accidents no matter how small must be recorded and documented. This also applies for incidents / near miss events that must be monitored as part of the School Health and Safety Management system. The HSE Accident Book is kept in a black file labelled 'Accidents' in the middle, floor level cupboard in the Medical Room.

The Bursar must report the following incidents to the HSE under RIDDOR:

- Death
- Specific injuries
- Over 7 day incapacitation of a worker
- Accidents resulting injuries where a member of the public is directly taken to hospital for treatment.
- Occupational diseases
- Dangerous occurrences

Examples of Major injury are:

- Fracture, other than to fingers, thumbs and toes
- Amputation
- Any injury likely to lead to permanent loss of sight or reduction in sight in one or both eyes
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Any burn injury (including scalding) which covers more than 10% of whole body surface or causes significant damage to eyes, respiratory system or other vital organs.
- Any degree of scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia

The HSE must be notified of fatal and major injuries and dangerous occurrences without delay (within 24 hours via the HSE website or by telephone). This action will be undertaken by the Bursar.

The Headmaster will be notified of all HSE reported incidents/accidents; this includes any RIDDOR reportable accidents that involve contractors on site. The Bursars must be notified of all accidents reported to the School involving contractors working on site.

13. Health and Safety

A number of risks are inherent to all those involved in dispensing first aid. All staff must take precautions to avoid cross infection and must follow basic hygiene procedures. Single-use disposable gloves are provided within first aid boxes. Additionally, First Aiders should ensure that they have access to hand washing facilities both before and after attending to the first aid situation.

Blood Born Virus (BBV)

The School has a duty of care to all employees to protect them against risks involved from their work activity. When dealing with a casualty the First Aiders must wear protective rubber gloves (provided in the first aid kits). This will give increased protection against direct contact with bodily fluids/blood. As an additional precaution any open wounds should also be covered. If blood or bodily fluids have been spilt on the floor, then staff should wear gloves and clean the area using paper towels and a disinfectant solution. The waste towels should be placed in the yellow 'Bio Hazard' bags (also in the first aid kits) and then placed in the yellow waste bins located at the Medical Room. If there is a risk of contact with clothes during this process, then disposable aprons should also be worn. Any soiled dressings or materials used to clean an open wound should also be disposed of in the

yellow hazard bags. After the clearing up process First Aiders should always wash their hands. This is good practice even if there has not been any contact with bodily fluids or blood. If the First Aider is at all concerned about cross infection after dealing with a casualty then they should seek advice from the Medical Room staff. Such incidents must be reported as a near miss incident to the Bursar.

Control of Substances Hazardous to Health Regulations (COSHH)

The School operates under the guidance of the Control of Substances Hazardous to Health Regulations (2002) and must ensure that the correct procedures are maintained. All staff must adhere to standard hygiene procedures while administering first aid, for the protection of themselves and the pupil, as outlined above. All clinical waste will be disposed of through the correct routes; this includes items used out in the field by First Aiders and soiled equipment used by the Medical Room. Yellow bio-hazard bags are available in all first aid boxes.

'Sharps' boxes are available for the disposal of sharp medical equipment (needles) used by the Medical room or boarding for diabetic pupils.

14. Responsibility/Monitoring and Review

It is the responsibility of the attending First Aider or member of staff in charge of the activity when the injury occurred (trips, sporting events) Houseparents or Matron (if the accident happens in the Boarding House) to ensure that the correct documentation is filled out. If in doubt the Bursar should be notified for advice on reporting and the correct forms to be used.

The Accident Forms are kept in the Medical Room and it is the responsibility of the School Nurse to ensure that these records are correctly maintained. Details of any accidents/injuries should also be recorded in the appropriate medical notes by the School Nurse.

The Bursar holds accountability as the Responsible Manager to fulfil the obligations of this title. Accident reports/statistics will be made available to the Headmaster and the Governing Body through written reports. Accident statistics will be presented to the Health and Safety Committee in a written report, at least every term. The Headmaster will be made aware of all RIDDOR incidents/accidents as soon as they are reported.

This First Aid Policy will be reviewed annually by the School Nurse and Bursar and other relevant staff members. The policy and any subsequent changes will be made available to all Beachborough school staff.

APPENDIX A

Beachborough School First Aid Requirements Risk Assessment

First-aid personnel	Required Yes/no	Number needed
<p>First-aider with a first aid at work (FAW) certificate</p> <p>AND</p> <p>First-aider with an emergency first aid at work (EFAW) certificate</p>	Yes	<p>Employees with valid FAW and EFAW certificates are considered to be available to provide first aid assistance during their time at school.</p> <p>At least 15 member of staff will hold valid certification at any time (equiv to over 10% of employees).</p> <p>At least 8 trained first aiders will be present on-site during core hours during term time.</p> <p>At least 2 trained first aiders will be present on-site outside of core hours during term time (i.e boarding).</p> <p>At least 1 trained first aider will be present during standard working hours, outside of term time (i.e school holidays).</p>
Paediatric first aid course (PFA)	Yes	<p>Paediatric first aid required for early years' provision (see appendix 1 for paediatric first aiders).</p> <p>All staff working within EYFS, and the majority of staff working within the Boardman will have a valid PFA certification.</p>

First-aider with additional training (specify): Adrenaline device & anaphylaxis training Medicine administration Automated External Defibrillator (AED) training	Yes	Annual adrenaline device and anaphylaxis training to the majority of Beachborough staff, including kitchen staff. Medicine administration bi-annual training to majority of teaching staff. AED (see appendix 3 for trained staff). All First Aiders are trained to use AED too. Annual updates face to face or online.
Appointed person	No	
First-aid equipment and facilities	Required Yes/no	Number needed
First-aid container	Yes	In locations easily accessible to the whole school (see Appendix C for locations).
Additional equipment (specify) (e.g. automated external defibrillator (AED))	AED	Located in yellow cabinet outside Whybrow Foyer – (code required for cabinet)
Travelling first-aid kit	Yes	At least one kit goes with each trip or fixture (home & away)
First-aid room	Yes	Dedicated ground floor facility

TRAINED FIRST AIDERS

Three Day - First Aid at Work (FAW) – Valid for 3 years (Date certificate expires in brackets.)

1. Mrs Susi Blithe (expires 27/04/2024) Updated FAW 2 day St John Ambulance
2. Mr Nick Blithe (expires 27/04/2024) Updated FAW 2 day St John Ambulance
3. Ms Maxine Stirrat (expires 14/07/2024) JMS First Aid Training
4. Ms Caroline Smith (expires 20/10/2024) JMS First Aid Training
5. Mr Mark Usher (expires 20/10/2024) JMS First Aid Training
6. Mrs Alison Hawes (expires 27/11/2021)
7. Mr Iain Kelly (expires 14/11/2022)
8. Mr Tim Rush (expires 14/11/2022)
9. Mrs Becky Jones (expires 12/03/2023)
10. Mr Christian Pritchard (expires 12/05/2024) St John Ambulance

Six hours – EFAW for Schools – Valid for 3 years (Date certificate expires in brackets.)

1. Mr Tam Goodrich - (03/11/2024) MCG Training
2. Mr Tom Knowles - (03/11/2024) MCG Training
3. Mrs Sarah Greasley - (03/10/2024) MCG Training
4. Mrs Chantelle Harrison – (03/10/2024) MCG Training
5. Mrs Sally Gross – (03/10/2024) MCG Training
6. Mrs Lisa Smith – (03/10/2024) MCG Training
7. Ms Ellen Hughes – (03/10/2024) MCG Training
8. Mrs Katie Exarheas – (03/10/2024) MCG Training
9. Ms Zoe Jones - (03/10/2024) MCG Training
10. Ms Sarah James – (03/10/2024) MCG Training

Two day – Paediatric First Aid Course – Valid for 3 years (Date certificate expires in brackets.)

1. Mrs Verity Sanders - (20/05/2024) (Paediatric First Aid – MCG – Training)
2. Mr Mark Jackson - (20/05/2024) (Paediatric First Aid – MCG – Training)
3. Mrs Erica Oram (20/05/2024) (Paediatric First Aid – MCG – Training)
4. Ms Sophie Allington (20/05/2024) (Paediatric First Aid – MCG – Training)
5. Mrs. Zoe Pritchard (25/03/2023) (Paediatric First Aid - MCG - Training)
6. Ms Carolyn Sharps (25/03/2023) (Paediatric First Aid - MCG - Training)
7. Ms Millie Cox (25/03/2023) (Paediatric First Aid – MCG - Training)
8. Miss Kelly Andrews (23/03/2023) (Paediatric First Aid - MCG - Training)
9. Mrs Kate Andrews (20/05/2024) (Paediatric First Aid – MCG - Training)
10. Ms Charlotte Cooper (20/05/2024) (Paediatric First Aid - MCG - Training)
11. Mrs Sue Franklin (20/05/2024) (Paediatric First Aid - MCG - Training)
12. Miss Katie Townsend (20/05/2024) (Paediatric First Aid – MCG - Training)
13. Mrs Aimee Rowe (20/05/2024) (Paediatric First Aid, - MCG - Training)
14. Tanya Sumner (23/03/2023) (Paediatric First Aid – MCG- Training)
15. Mrs Suzi Johnson (25/03/2023) (Paediatric First Aid – MCG - Training)
16. Mr Tom Knowles (25/03/2023) (Paediatric First Aid – MCG - Training)

17. Mrs Charlotte Cowling (23/03/2023) (Paediatric First Aid – MCG - Training)
18. Ms Danielle Hyde (20/05/2024) (Paediatric First Aid - MCG - Training)
19. Mrs Alison Westcott (23/03/2023)(Paediatric First Aid - MCG - Training)
20. Ms Annie Chatfield (19/11/2022) (Paediatric First Aid)

Managing Safety (IOSH)

Charlotte Wallace (Bursar)

Tracey Gascoigne (Estates Co-ordinator)

Level 2 Basic Life Support – Valid for 3 years, (Date certificate expires in brackets.)

1. Zoe Jones – (01/04/2024)

Appendix C

FIRST AID KITS

First Aid kits are available in various locations throughout the School including:

GREEN PLASTIC FIRST AID BOXES - ON A WALL BRACKET

LOCATION		BOX NO.
ART ROOM		1
T.E.D suite		2
T.E.D suite		19
MAIN KITCHEN		3
PANTRY		4
FOOD TECH		5
SCIENCE LAB 1		6
SCIENCE LAB 2		7
BOARDMAN MAIN FOYER		8
BOARDMAN KITCHEN		9
MATHS ROOM		10
GROUNDMAN SHED		11
FOREST SCHOOL		12
NURSERY/KINDERGARTEN		13
SCHOOL OFFICE		14
MAINTANCE SHED		16
WHYBROW THEATRE		17
SPORTS HALL		18
MINIBUS		20
BOARDING - BOYS		21
BOARDING - GIRLS		22
GRAB BAG		23

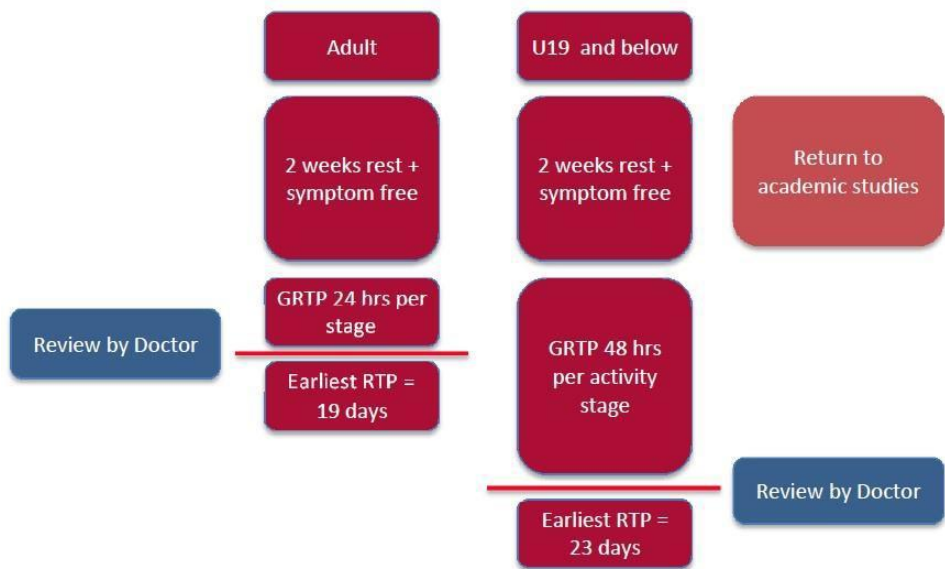
AFTERCARE		24
3 x swimming		1,2,3
1x Triathlon		4
1 x Forest School Bum Bag		5

These are collected, cleaned and inspected at the start of each academic year by the School Nurse. During the year the contents are checked and refilled as necessary.

Due to high usage, the first aid kit in the Boardman Kitchen is checked and stocked on a weekly basis.

Return To Play Guidelines

Recover and Return - RTP guidelines:



An example of an U19 GRTP is shown in the diagram below:

Stage	Rehabilitation stage	Exercise allowed	Objective	
1	Initial Rest (Physical and Cognitive)	No driving or exercise. Minimise screen time. Consider time off or adaptation of work or study.	Recovery	
2a	Symptoms persist at 24 hours	Symptom-limited activities	Initially activities of daily living that do not provoke symptoms. Consider time off or adaptation of work or study.	Return to normal activities (as symptoms permit)
2b	Symptom free at 24 hours	Light aerobic exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training. Symptom free during full 24-hour period	Increase heart rate
3	Sport-specific exercise	Running drills. No head impact activities	Add movement	
4	Non-contact training drills	Progression to more complex training drills, e.g., passing drills. May start progressive resistance training	Exercise, coordination and cognitive load A return to learning must be achieved before returning to sport	
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff	
6	Return to sport	Normal game play		

Extract: England Rugby (Rugby Safes Concussion Guidance – Graduated return to play) Nov 21

Appendix E

Guidance on infection control in schools and other childcare settings

1. Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances

Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>

Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

2. Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	

<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

3. Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

5. Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: Good Hygiene Practice

Meningococcal meningitis* / septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

Appendix F

• **Severe Allergic Reactions Policy**

- Beachborough School is an inclusive community that aims to support pupils with allergies, ensuring they participate fully in all aspects of school life.
- School recognises that allergy is a widespread and potentially serious condition. An allergic reaction including anaphylaxis occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.
- School is aware that pupils with allergies need access to their antihistamines and immediate access to their adrenaline if they have anaphylaxis to a known trigger.
- All staff must be aware of how to manage a life threatening allergic reaction (Anaphylactic Shock). Staff training is provided annually at the September INSET.
- A Medical Care Plan must be written in conjunction with the parents detailing the specific care to be given should the child have an Anaphylactic episode at School. All children with allergies will have a note recorded on the school iSAMs system for school staff to access as necessary.

Medication

- Pupils must always have immediate access to their own adrenaline devices.
- Pupils should always have access to a minimum of 2 devices.
- Staff must ensure that any pupils who suffer from anaphylaxis, who are leaving school for matches/trips/etc MUST have their adrenaline devices, antihistamines and any other prescribed medications for their allergies with them.

The Human Medicines (Amendment) Regulations 2017 now allow schools in the UK to buy adrenaline auto-injector devices (known as AAI's) without a prescription to use in an emergency on children who are at risk of a severe allergic reaction (known as anaphylaxis) but whose own device is not available or not working. This could be because their AAI(s) are broken, or out-of-date.

The medical room has generic adrenaline devices for all pupils with known anaphylaxis.

Adrenaline devices are stored for children from the Nursery to Form IV in their classroom with a spare in the Boardman Kitchen. Adrenaline devices for Form V to VIII are stored in the Medical Room and the Dining Room.

ANAPHYLAXIS EMERGENCY ACTION PROCEDURE

1. Stay with the pupil and give reassurance.
2. Send for the 'adrenaline device'
3. Dial 999 and give the following details: State anaphylaxis in a child
4. Request a paramedic ambulance
5. State name, address, and access to the school

IMPORTANT: All EMERGENCY PENS MUST ONLY BE GIVEN TO THE PRESCRIBED NAMED INDIVIDUAL.

6. Administration of the ADRENALINE DEVICE

- Check the prescribed dose.
- Check the correct child.
- Remove any safety caps.
- Administer the adrenaline device as directed in the instructions.
- Once the adrenaline device is administered massage the area to help absorption.
- Make a note of the time the Auto-injector was given.
- Put the adrenaline device in a container or on a tray and give it to the ambulance crew when they arrive

7. Post adrenaline device administration

- If the pupil is breathless allow to sit up,
Consider use of reliever inhaler, in accordance with individual care plan.
- If the pupil is listless, collapsed or unconscious place in the recovery position.
- Commence cardio-pulmonary resuscitation (CPR) if necessary.
- Keep the pupil warm until the Ambulance arrives.
- An adrenaline device will reverse the effects of Anaphylaxis, but the side effects it may cause are increased heart rate (palpitations), dry mouth, cold extremities.
- Occasionally a second dose of adrenaline may be required as its effects can wear off after 5 – 10 minutes. Liaise with the Ambulance service and they will advise about using the 2nd adrenaline device.
- Give a full handover of events to the Ambulance crew.
- Inform the Headmaster / Deputy Head and the parents as soon as possible.
- Anyone who has had an adrenaline device administered must be taken by the Ambulance to hospital and be accompanied by an adult, regardless of the circumstances.
- All staff involved in the administration of an adrenaline device must:
 - a. Complete an accident form.
 - b. Be given time to be sensitively de-briefed about the situation.
 - c. The School Nurse to inform the Paediatric Community Nurse.
 - d. Ensure the parents organise an adrenaline device replacement as soon as possible

Asthma Policy

- Beachborough is an inclusive community that aims to support pupils with asthma. Pupils are encouraged to take full part in all activities at school.
- Beachborough recognises that asthma is a widespread, serious but controllable condition which affects the airways to the lungs causing shortness of breath, cough, tightness in the chest and wheeze.
- Asthmatic children have immediate access to their reliever inhalers at all times.
- All staff are aware of what to do if a pupil has an asthma attack.
- Children with asthma in the Boardman keep their named inhalers in either their classroom (under supervision from their form teacher) or the Medical Room.
- Each pupil in the Manor House has their own labelled, zipped, plastic wallet with a labelled inhaler and spacer in an unlocked cupboard in the Medical Room. Some of the older children prefer to carry their own inhalers but are advised to keep a second inhaler with the School Nurse.
- School staff are aware of all children with asthma. This information is kept on a pupil's medical record and recorded on the school database iSAMs, accessible to all staff. A list is kept of the children who are asthmatic or who have been prescribed an inhaler. A record is kept of the times a child uses his/her inhaler.
- All staff are aware of what to do if a pupil has an asthma attack and annual asthma training is given by the school nurse to staff during the September INSET.
- Staff are made aware of children who have asthma when going on school trips and sports matches. On match days and for outings they are kept in the First Aid kit that accompanies the member of staff responsible for the off site trip.

Emergency asthma inhaler kit

On the advice from the UK's Commission on Human Medicines Committee, following an evaluation of risks and benefits, it has been recommended to the Department of Health to allow schools to hold a salbutamol asthma inhaler for emergencies. The government guidance for the use of these emergency inhalers can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

The emergency kit is kept in the Medical Room Inhaler Cupboard for use in an emergency only if the child has an acute asthma attack. In addition, the emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever

medication. This is only for children already diagnosed as having asthma or who have been prescribed a salbutamol inhaler.

Inside the kit there is a log which needs to be completed if the inhaler is used. There is a list of all the children prescribed inhalers. Any child who is given the emergency inhaler must be recorded and the parent informed.

The content of the emergency inhaler kit is as follows:

- Salbutamol Inhaler
- Two Spacers
- Log to record the children's names
- List of children on prescribed inhalers

For further information, please read Medicine Administration Policy.

Parents have a responsibility to:

- Inform the school if an asthma diagnosis has been made and what medication is taken.
- Inform the medical room of any changes to treatment plan or any problems with asthma when pupil not at school.
- Update the school after any Consultant/Hospital visits.
- Ensure pupil has medication and it is in date when they return to school after holidays.
- Give consent for the administration of Salbutamol in an emergency by school staff.

Seizure Policy

Prior to a pupil starting at Beachborough with a history of Seizures the parents must meet with the School Nurse to discuss how their child can be cared for in the School environment.

All staff must be aware of how to manage a Seizure. This training should be carried out annually.

A Medical Care Plan must be written in conjunction with the parents and School Nurse detailing the specific care to be given should the pupil have a seizure at School.

Emergency Medication

This is medication which is prescribed for individuals who suffer with seizures normally related to Epilepsy or Febrile Convulsions. Not all individuals who have either condition will routinely be prescribed this, as it depends on the regularity of their seizures.

If the pupil does not respond to the administration of this medication, as described below, within 5 minutes of it being administered an ambulance needs to be called.

If appropriate, key staff will be shown how to administer medication in the event of a seizure.

It is the parent's responsibility to replace the emergency medication when it has expired or has been used.

The medical care plan will give guidance as to what stage medication should be given.

Procedure for the administration of emergency medication

The emergency medication will be stored in line with controlled drug guidelines and appropriate consent forms will be completed by parents.

If the pupil is prescribed emergency medication and the seizure fits the guidance in the medical care plan, then administer following the guidelines on the packet. If there is any concern about whether to administer contact 999 and further guidance will be given.

It will require two members of staff to administer emergency medication.

The emergency medication should take effect within a few minutes.

If the convulsion lasts longer than 5 minutes and does not respond to medication, or if one fit follows another rapidly, then dial 999. If you have any uncertainty, then dial 999.

Diabetes Policy

- Beachborough School aims to support pupils with diabetes to ensure they can participate fully in all aspects of school life.
- School recognises that diabetes is a long-term medical condition where the amount of glucose in the blood is too high because the body is unable to use it properly.
- Prior to a pupil with diabetes starting at Beachborough the parents must have met with the School Nurse to discuss how their child can be cared for and supported in the school environment.
- A Medical Care Plan will be written in conjunction with the child's parents and Diabetic Nurse detailing the specific care to be given. The care plan will be accessible to staff as required and will accompany pupils on sports fixtures and off site trips.
- Pupils' past medical history and details of condition will be recorded on the schools iSAMs system for school staff to access as necessary.

Medication

- Pupils will always have immediate access to their emergency diabetic kits and medication.
- A medical fridge specifically for storage of insulin is provided in the medical room.
- A privacy screen is provided for any pupil needing to administer insulin

For more information on the storage of medication please see the schools Medicine Administration policy.

Sharps

Diabetic medication and monitoring necessitate the need for the use of Sharps. All Sharps should be disposed of in a 'sharps' box stored in the medical room, following the schools Clinical Waste Risk Assessment.

Parents have a responsibility to:

- Inform the medical room of any changes to their child's diabetic care plan.
- Update the school after any Consultant/Hospital visits.
- Ensure pupil has an adequate supply of medication and testing equipment in the medical room and check it is in date when they return to school after holidays.
- Give consent for the administration of Glucogel (oral glucose gel)
- Provide school with a hypoglycaemic box, which should contain a selection of the following items:
 1. Sweet snacks
 2. Biscuits
 3. Sweet drink
 4. Glucose tablets
 5. Tube of Glucogel
 6. **In addition, a copy of the pupil's care plan should be kept within the hypo box, so it is easily accessible in an emergency.**
- If a pupil uses an insulin pump parents must ensure a spare cannula, tubing and an applicator is kept in

the medical room.

School responsibilities:

- All staff will be provided with the necessary training to ensure they are aware of what to do if a diabetic pupil becomes unwell.
- Ongoing training and support will be provided to staff as necessary.
- Allow pupils who have been unwell time to catch up on missed work.
- Advise a pupil to seek advice from the medical room if symptoms cause tiredness or interfere with their work.
- Any member of staff can access diabetes training at any time through the school nurse.
- Seek advice from the school nurse prior to any off site school trip or fixture, including obtaining a copy of a pupil's diabetic care plan.

Additional advice for specific Injuries / events

6.1 Unconsciousness and Broken Bones

If the injured party is unconsciousness or has an obviously broken limb:

- They should not be moved (apart from being turned carefully into the recovery position if unconscious)
- They should be kept warm
- A responsible adult should inform the Nurse to tell her where the pupil is, the suspected injury and the name of the pupil. If the pupil can walk he/she may be taken to the Nurse.

6.2 Spinal Injuries

If a fracture of the neck or back is suspected (one common symptom being pains or 'pins and needles' in the arms or legs), the pupil must on no account be moved until he is seen by a paramedic or doctor, who may wish to apply a cervical collar to immobilise the neck. Should the pupil become unconscious and the airway be in risk of obstruction, he should be placed in a modified recovery position, protecting the neck and back.

6.3 Eye Injuries

If a pupil is hit in the eye and experiences pain or any visual disturbances, even if only temporary, he/she should be referred to a doctor that same day, since any delay in treatment may seriously endanger recovery.

6.4 Bleeding

If a pupil suffers from a nose-bleed or any other form of bleeding, he should not continue with any game or other activity in which he might have been engaged until the bleeding has stopped and the wound has been covered. Note: Bleeding from the ears or a clear discharge from the ear indicates the possibility of spinal injury and a pupil must not be moved until the arrival of the emergency services.

6.5 Head Injury & concussion (see Head Injury and Concussion Policy)

Any child who has a fluctuating conscious level following an injury to the head must be taken to hospital to exclude serious head injury. Parents of children going out of school must always be made aware if the child has received an injury to the head during the school day. They should be advised of the action taken at the time and any further action that may be required. For further information, see Head injury and concussion policy.

6.6 Treatment and Prevention of Head Lice

Head lice do not cause any serious health problems, but if left untreated the lice will cause the scalp to itch and the lice may be passed on to other people. Adult lice are usually pale in colour, the size of a sesame seed and live very close to the scalp. They have six legs and walk from one person to another when there is head to head contact. Eggs are cream/brown in colour and the size of a sugar grain. Nits are empty cases, white in colour and stick to the hair. Head lice infection is present if an actual living, moving louse is found.

Parents should ensure that a child's hair is treated prior to the next school day if traces of head lice or eggs are found. If parents are aware that their child is attending school with untreated head lice, they must inform the school. Treatment for head lice can be purchased from any chemist or larger supermarket. The instructions for treatment should be carefully followed and the child's hair continually checked and combed, ensuring that all dormant eggs are removed.

Prevention - Twice weekly combing with a nit comb will help to prevent infestation developing. Comb your hair in the normal way every day and follow the wet combing method twice a week.

- Wash hair and leave wet, but not dripping
- Massage a generous amount of conditioner into the hair
- Comb hair to get rid of any tangles
- Use a nit comb to comb through the hair in sections
- Comb from the roots, ensuring that the comb touches the scalp to hair end
- Any lice found should be removed after each stroke of the comb by wiping the comb on a clean tissue
- Finish combing and rinse hair
- Dry hair in the normal way

It is important to repeat the wet combing method twice a week, as head lice are able to breed once they are a week old. Head lice can live for 40 days and will lay up to 8 eggs per night. It is helpful if long hair is tied back or secured in a way which prevents hair to hair contact with another child.