

professional medical help is summoned when appropriate and keeping staff aware of changes in the First Aid policy as and when is necessary.

FIRST AID PROCEDURE AT POINT OF NEED

1. Follow the St. John First Aid Treatment recommendations available in First Aid boxes:
 - Keep calm;
 - Assess the situation and either send or call for help.
 - Ensure that nobody else is going to be hurt and that the casualty is in no further danger;
 - Give first aid but only as far as knowledge and skill permit. The patient should be given all possible reassurances and if necessary removed from danger;
 - Never give the casualty anything to eat or drink;
 - Be prepared to give succinct and accurate information about the accident to a first aider or other health professional.
2. Any injury should be dealt with promptly by either the teacher in charge at the time of the accident or by the nearest first-aider. The School Nurse will be sent for where necessary and surgical gloves should be worn where appropriate.
3. All staff should know the location of the First Aid kits. These are held in the first aid rooms in each department and in the US staff room. A first aid kit is taken out to the playground when Early Years pupils are involved and will always be taken on trips and to the school sports facilities. These are maintained by the School Nurse

New staff members should familiarise themselves with members of staff who are trained in First Aid, Anaphylaxis and Paediatric First Aid. The Headmistress should always be consulted should an incident require more than basic First Aid.

FURTHER CARE

Should a child need to lie down they should be taken to the relevant First Aid room (as defined by the Education (School Premises) Regulations 1996) and parents will be asked to collect the child. There are two first aid rooms one at number 2 Arkwright Road and one at number 69 Fitzjohn's Avenue.

The First Aid Room contains:

- bed with bedding
- Sink with hot and cold water
- First Aid container
- Paper towels
- Disposable cups
- Refuse bin
- Telephone
- Record keeping facilities
- A chair
- The nearest WC is next door.

The child should not be left unattended in the First Aid room.

The nearest toilets in number 69 are opposite the school office

FIRST AIDERS

First Aiders hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE and their training will include resuscitation of children. Those working with EYFS pupils receive paediatric first aid training. They receive updated training every three years.

The Headmistress assesses the number of personnel who need first aid training in order that there is at least one person on the premises or on a school trip with appropriate First Aid qualifications, and for the Early Years at least one person on the premises and one person on an outing with paediatric First Aid training. A list of school first aiders will be found in all staff rooms and offices.

REPORTING ACCIDENTS

All accidents must be recorded as follows:

Children

- The accident form must be completed by the person attending the incident.
- The person should review the record following the incident to ensure it has been completed accurately and fully and that they have signed it.

Minor incident

- Parents are to be informed of minor incidences at the end of the school day or, where appropriate, by the class teacher.

Serious Accident

- In the event of a serious accident, the Headmistress is to be informed immediately.
- Parents will be contacted by the School Nurse, or if she is not available, the Deputy Head.

Bump to the Head

- In the event of a child suffering a bump to the head, the accident form sent home will inform parents about the signs and symptoms for concussion to watch out for & act upon should they develop.

Staff

- Staff who injure themselves at school are required to fill in the Accident Book form.
- The Headmistress is to be informed of the injury and retains a copy of the accident form.
- The DPA Accident Book identifies which incidents are reportable under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995).

Visitors

- Visitors must sign in the Signing In Book and make themselves known to the School Secretary. Visitors with specific requirements would be advised to notify the school and an assessment can be made as to assigning them a responsible person.
- Visitors who injure themselves at school are required to fill in the DPA Accident Book.
- The Headmistress is to be informed of the injury.
- The DPA Accident Book identifies which incidents are reportable under RIDDOR (The Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995).

INFORMING PARENTS

Parents are immediately informed of serious injuries and given advice accordingly. Parents should be informed of minor injuries, including scrapes and bumps, at the end of the School Day. Parents of children who are taken ill during the school day should be contacted and asked to collect their child from the First Aid room.

Should a serious accident or injury be sustained by a child, the Headmistress or the School Nurse will inform the Parents immediately.

Should a child be absent from School on the day following an injury, the class teacher should inform the School Office. The School Secretary will give the family a courtesy call to check on the child's wellbeing.

ACCESS TO FIRST AID KITS

The School Nurse ensures that the appropriate number of first-aid containers are available according to the risk assessment of the site.

First Aid bags/containers and individual medications must be taken:

- To off-site lessons including PE and Games
- On all school trips

Individual medications (e.g. Anti-histamines/Ventolin inhalers and EpiPens) must be taken with the child when off site.

CONTENT OF FIRST AID KITS

Under HSE guidance, first aid kits should contain a minimum of:

- a leaflet giving general advice on first aid (see list of publications in Annex A);
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
- one pair of disposable gloves.

Equivalent or additional items are acceptable.

The School Nurse is responsible for examining the contents of first-aid containers. These should be checked frequently and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed.

ARRANGEMENTS FOR PUPILS WITH SPECIFIC MEDICAL NEEDS

Should a child have a specific medical condition, e.g. asthma, diabetes, epilepsy, severe allergy, the School Nurse will compile a Care Plan with the cooperation of the child's parent and medical practitioner. The care plan will be placed up on the staff room noticeboard, with a copy given to the form teacher and another in the child's file.

If necessary, staff working closely with the child should have specific training so that they can meet the special needs.

Action to be taken in Medical Emergencies for more common childhood medical conditions, and for any relating to children currently in the school, are in appendix 3.

Communicable Diseases

Parents are asked to inform the School should their child have a communicable disease, e.g. chicken pox. A clarion call will be sent out to inform parents. If necessary the school will contact RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), (telephone 0845 300 99 23).

Head lice

If parents notify the school that a pupil has head lice or nits the use of a clarion call is sent to all those in the same year group. If staff suspect or are told that a pupil has head lice or nits - frantic, continuous scratching of the head is the most obvious sign - they should arrange for a First Aider to inspect the pupil's hair. Kindness and discretion must be exercised to both the child and the parent.

HYGIENE PROCEDURES

Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or other bodily fluids. Care should be taken when disposing of dressings or equipment. Staff are issued with anti-bacterial hand gel, and should also ensure that normal hand washing routines are followed.

HYGIENE PROCEDURES FOR THE SPILLAGE OF BODY FLUIDS

No child should be allowed to remain in the vicinity of a spillage of bodily fluids. If possible all adults and children should be removed from the area; however, if a child is injured and it may be unsafe to move him/her then an adult will need to be with them.

The adult should ensure that both s/he and the child are protected from the body fluids. The school caretaker should be called for and he will deal with the spillage appropriately wearing protective clothing as necessary.

Soiled items, used gloves, dressings etc are disposed of in yellow biohazard bags and put in a designated bin for disposal.

WHEN TO CALL AN AMBULANCE

The number to dial for an ambulance is 999, or the EU emergency number 112. The nearest hospital to the School is The Royal Free Hospital, Pond Street, London, NW3 2QG; Tel: 020 7794 0500

Call an ambulance;

- after administering First Aid and you feel there is a need for a hospital check up
- after placing in the recovery position if the casualty is breathing, but unconscious
- after an epipen has been administered for anaphylactic shock, after a severe asthmatic attack, after a diabetic coma, for an epileptic fit where the seizure lasts more than five minutes or if the victim is harmed in the seizure
- if the casualty is not breathing
- if you are in doubt as to the condition of the casualty

ADMINISTERING MEDICATION DURING SCHOOL HOURS

FOR THE WHOLE SCHOOL INCLUDING EYFS

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical

needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Although there is no legal duty that requires school staff to administer medicines, the school has a clear duty of care to the children and follows good practice by supporting children with health needs as part of their accessibility planning duties.

a) Parental responsibilities in respect of their child's medical needs

Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents complete and sign a medical form when their children join the school. This states that parents must keep the School informed should the medical needs of their child change as they grow up.

They must also complete and sign medication consent forms in the event that any medication needs to be administered during school hours e.g. if it has to be given four times daily even when the pupil is well enough to attend school (see Appendix 1).

b) Children with specific medical conditions

Children with specific medical conditions who either regularly take medicine in order to keep themselves well (e.g. epileptics), or who may need to take prescribed medicine as a matter of urgency (e.g. asthmatics and those with allergies) have a Care Plan. This care plan is written up by the School Nurse in consultation with the parent and the child's medical practitioner. Details of the medication are on the Care Plan.

The Care Plan should include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

For children with food allergies or other dietary needs, special attention should be paid when treats by parents are brought to School. Children who are unable to eat cake or sweets should be given an alternative (previously arranged in consultation with child's parents).

Staff with specific medical conditions should be honest about this and will also have a care plan. It is in their own interests that their condition and what to do in an emergency is known by all their colleagues.

c) Roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines

In general, School Nurse has the responsibility of administering medicine as they can store the medicine safely away from children, and have ready access to the telephone should they need to get further information from the parent or from the medical practitioner who prescribed the medicine. For children that regularly need medicine to keep themselves well it may be that the Form Teacher has the responsibility to administer medicine.

For children in the EYFS, the Form Teacher or classroom assistant will always accompany them to the Medical room and will give them reassurance and any necessary support and will ensure that the Medical Record is completed correctly.

Before administering any medicine, the Nurse must check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and immediately telephone the parents. For a child with a Care Plan, the procedures to then follow should be recorded. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

If in doubt about any procedure staff should not administer the medicines but check with the parents or the prescribing doctor before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the Headmistress who will then discuss it with the parent or with the School Doctor.

d) Procedures for managing prescription medicines which need to be taken during the school day

The Medical Consent form should be handed into the School Office together with the medicine. The parent should give the School Office written details of how the medicine is to be given and when. This should be checked against the prescriber's instructions on the medicine.

Medicines will only be accepted that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (for exceptions see non-prescription medicines below). Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

The School must never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

The School Office will inform the child's Form Teacher of the time the medicine needs to be given and the Form Teacher will arrange for the child to go to the Nurse at that time. For children in the EYFS the Form Teacher will bring the child in person.

e) Safe storage of medicines.

Epipens & other medications for children are kept in individual classes (EY), the welfare room (JS) & the in the medical room (US), and are taken to all off-site games and PE sessions. On trips these are prepared and taken by the staff. Upper school medication is kept in the medical room and given to or collected by staff each time for off-site activities.

Any medication brought in by staff for personal use is to be kept in a locked drawer or staff room. Staff should inform the School Nurse of any regular medication and the headmistress should be informed if the side effects of medication are likely to affect their ability to teach or to supervise children.

Rectal diazepam if required would be administered by the school nurse with a second adult witnessing.

f) Procedures for managing prescription medicines on educational visits and to off-site games

If a child is finishing a course of antibiotics following an illness, it is preferable that they do not join their colleagues on educational visits or to off-site games but stay at home, in order to recover fully from their ailment.

For children with specific medical conditions, the care plan and the necessary medicines must be taken on educational visits and to off-site games. These are the responsibility of the Form Teacher on Educational Visits and a nominated member of the games staff for off-site games. They should always check that the medicine is in date.

A medical list accompanies all Educational Visits and goes with the games staff to off - site games. Children with medical conditions are listed with brief details of their medication. Staff should be alert at certain times of year for children with asthma or environmentally triggered allergies.

Sometimes additional safety measures may need to be taken for outside visits. It may be that a parent or another volunteer might be needed to accompany a particular child.

g) Non -prescription medicines

Parents may request at times that children are given non-prescription medicine, for example Calpol if recovering from a cold. If a child is so unwell that he needs non-prescription medicine then he is not well enough to be in school and parents must be asked to keep him at home.

There are some possible exceptions, for example painkillers for a child that has had an injury. In such cases, the School Nurse will make the decision after discussion with the parents and then the same procedure must be followed for obtaining a medical consent form from the parent and signed by the Headmistress.

Some children are sensitive to the sun, and sun cream may be administered by Form staff for younger children until they are old enough to do this themselves (see Slap, Wrap and Hat

campaign). Although sun cream is not strictly a medicine, the medical consent form should be signed in order for it to be clear that the teacher has parental permission.

h) Children carrying and taking their medicines themselves

Children in Year 6 and below should not be allowed to carry or take their medicine themselves. However, it is important that older children, particularly those with specific medical conditions, should learn to manage their own medication.

(a)

Children with a Care Plan, on entering Year 7, will have a consultative session with their parent(s), the Headmistress, their Form Teacher and a representative from the School Office. If necessary, their prescribing Health Professional should also be present, or this meeting may take place at their surgery. At this meeting, the child's medical needs will be discussed, the best way of managing this in School and the administration of any medicine. The Headmistress will be responsible for the amendment of the Medical Consent Form allowing the child to carry and administer medicine, if this has been agreed by all parties.

This will not be an option for children on controlled drugs, e.g. Ritalin.

i) Record keeping

Each time medicine is given the School, including the Early Years, **must** keep written records.

Good records help demonstrate that staff have exercised a duty of care. In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult and the record signed accordingly.

- a) An official Register for Pupil Medications must be maintained and must contain a record of all occasions when medication is given to a pupil. The Medical Consent Form and the Medication Log comprise this register and the relevant sections must be filled in:
 - i. the date the medication was given;
 - ii. the time the medication was given;
 - iii. the name of the student receiving medication;
 - iv. the name of the medication given;
 - v. the exact dosage of medication given;
 - vi. the name of the person on the school staff authorised to give medication to the student the signature of the person giving the medication; and
 - vii. the signature of the Headmistress or delegated responsible person.

- b) The Medication Log must be completed by the authorised person giving the medication, immediately after the medication is given.

- c) The Medical Consent Form and the Medication Log must be held and kept in the file marked Medical Register.

Emergency Inhalers

These are kept in the Medical Room & the Welfare Room to be used for children who have asthma and whose parents have given written consent for the use of one if their child's Ventolin inhaler expires, damaged or empty.

A list of children is made known to staff who can then ensure that the emergency inhalers are taken offsite for Games/PE lessons & on school trips/visits

Automated External Defibrillators (AED)

The school has two on site one in the medical room and another in the Welfare room.

In the case of a collapse they will be taken to the patient in case it is required. When it is turned on it will guide the user to its use.

In effect, the documentation referred to in (a) above represents an agreement among the parties as to the arrangements made in respect of the medication.

In addition:

- Lists of children with allergies and other medical conditions will be issued at the beginning of each term. The medication that they have in School is noted on this list.
- All food allergies and intolerances are displayed in the relevant staff rooms and younger children have mats which are used each day in the dining rooms.
- Photographs of children who require an Epipen or have other severe allergies are displayed in the Staff Room.
- Staff with medical conditions or allergies are recorded with notes of relevant procedure, which is notified to the rest of the staff.

j) Management Procedures and Risk assessment

The School has Employers Liability Insurance to provide cover for injury to staff acting within the scope of their employment and this provides full cover in respect of actions which could be taken by staff in the course of their employment.

The School (i.e. the School Governance and the Headmistress) will support staff to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Headmistress is responsible for ensuring that this policy is understood by all staff and that the procedures and record keeping are correctly followed.

The Headmistress, with the Senior Management Team, will regularly review this policy and make amendments as necessary. A risk assessment will form part of this review.

REPORTING TO RIDDOR

Schools are required to report serious incidents to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), (telephone 0845 300 99 23). Employers must report:

- (a) deaths;
- (b) major injuries;
- (c) over-seven-day injuries;
- (d) an accident causing injury to pupils, members of the public or other people not at work;
- (e) a specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Policy Implementation

This policy is the responsibility of L Richardson, in conjunction with the Headmistress.	Date reviewed: 4 th September 2017
Signed:	Date:
Headmistress's signature:	Date:
To be reviewed next:	September 2018

LIST OF FIRST AIDERS

			<u>Ext</u>	<u>Certificate</u>
<u>expiry</u>				
<u>No. 2</u>				
Linda Richardson	Medical room	217	15.06.2018	Paediatric
Stephanie Piper	Ground floor	210	30.01.2020	
Nicola Lewis	Ground floor	202	28.10.2018	
Karen Elliott	Ground floor	200	16.10.2020	EFAW
James McConnell	Ground floor	226	04.01.2019	
Jamie Vigano	Ground floor	200/202	30.01.2020	Sports
Paulina Podurgiel-Bieluczyk	Ground floor	200/202	04.09.2020	
Rob Vigano	First floor	203	04.09.2020	
John Flood	First floor	227	04.01.2019	
Rosa Cembrowicz	First floor	229	30.01.2020	Sports
Helen Ridard	First floor	219	16.10.2020	EFAW
Charles Walker	First floor	209	16.10.2020	EFAW
Stephan Willemse	Second floor	258	04.09.2020	
Simon Wenzel	Second floor	234	04.09.2020	
Paige Elson	Second floor	235	04.09.2020	
Patrick Queenan	Second floor	205	16.10.2020	EFAW
<u>No. 4</u>				
Melissa Renard	Basement	238	30.01.2020	Sports
Ellie Meyers	Basement	213	04.01.2019	
Sreejith Poovamparampath	Kitchen	020 7794 1756	18.10.2020	
Tessa Denham	Ground floor	216	23.05.2020	Paediatric
Nuala Owens	Ground floor	239	15.06.2018	Paediatric
Kirsty Ranson	Ground floor	211	07.09.2018	Paediatric
Lucy Peacock	First floor	212	18.04.2020	Paediatric
Yolanda Rodriguez	First floor	243	30.09.2019	Paediatric
Joyce Lam	First floor	243	05.09.2018	Paediatric
Vicky Blackstone	First floor	246	30.09.2019	Paediatric
Julie Vigano	First floor	244	23.11.2018	Paediatric
Belinda Otuko	First floor	244	15.02.2018	Paediatric
Zhylya Hamad	Second floor	247	07.09.2018	Paediatric
Kay Garner	Second floor	214	18.04.2020	
Brendon Moore	Mac Room	256	04.09.2020	
<u>No. 6</u>				
Stephanie Disalvo	Basement	249	14.05.2020	
Analicia Pitters	Basement	248	04.01.2019	
Owen Jones	Basement	248	04.09.2020	
Viqui McKenzie	Ground floor	222	05.10.2020	Paediatric
Shafaq Bashir	Ground floor	222	27.04.2020	Paediatric
Simon Robson	First floor	254	15.02.2019	
Christine Thyssen	Second floor	252	04.09.2020	
<u>No. 69</u>				
Louise Green	Basement	320	04.09.2020	
Maria Modeste	Basement	303/304	04.01.2019	
Camron Beer	Ground floor	306	04.09.2020	
Louise Reen	Ground floor	336	04.09.2020	
Nicola Lindsay	Ground floor	336	30.01.202	Sports
Lucia Psenakova	Ground floor	361	30.01.2020	Sports
Donna Butcher	Ground floor	303	16.10.2020	EFAW
Lorraine Brown	Ground floor	304	16.10.2020	EFAW

Natasha Hughes	First floor	354	30.01.2020	Sports
Shahla Hill	First floor	355	30.01.2020	Sports
Miranda Barry-Ross	First floor	278	04.01.2019	
Samantha Bentley	First floor	360	23.02.2020	Sports
<u>No. 69</u>				
Georgia Kirk	Second floor	356	04.09.2020	
Sharon Thomas	Second floor	356	04.01.2019	
Sylvia Martinez	Second floor	355	04.01.2019	
Katherine Waite	Third floor	323	04.01.2019	
Laurie Mulready	Third floor	357	04.01.2019	
 <u>Hawkespur</u>				
Mircea Martin			16.10.202	EFAW
Paul Blaga			16.10.202	EFAW
Tom Dexter			16.10.202	EFAW

APPENDIX 3 MEDICAL EMERGENCIES

A member of staff who is present when a medical emergency takes place should always call for help from another adult and find the nearest First Aider. However, there are some emergencies where prompt action by the adult at the scene can save lives and all staff should be aware of these procedures.

ALLERGIES - Anaphylactic shock

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, (Epi - Pen) depending on the severity of the reaction.

Signs and Symptoms - these will normally occur within seconds or minutes of exposure to the allergen

- Swelling and redness of the skin, flushed complexion
- Itchy raised rash
- Swelling of the throat
- Wheezing and or coughing or difficulty breathing
- Rapid irregular pulse
- Nauseousness and vomiting
- Dizziness or unconsciousness

Management

If these symptoms appear in an affected child the epipen must be used and an ambulance called immediately.

- The pen is pre-loaded and should be injected into the fleshy part of the thigh. Most staff have received training in how to use the epipen, which is very simple, but it must be remembered that swift action is ESSENTIAL. Some children have two or more epipens. If after 5-10 minutes there is no improvement or their condition worsens then the second epipen should be administered.
- A second person must summon a First Aider and inform the School Office for that building. The School Office will then inform the Head/Deputy Head who will in turn immediately summon an ambulance and inform the child's parents. There should be no delay in calling for an ambulance, should it be impossible to contact the School Office or the Headmistress/Deputy then the member of staff at the scene should make the call.
- The school Nurse or other first aider will tell the paramedic that the epipen has been used and give the used epipen to the paramedic. . The School Nurse will have details of expiry dates of epipens and ensure they are replaced by the parents on or before the expiration.

- If the child is conscious and having breathing difficulties treat as you would an asthmatic by sitting the child upright and loosen any tight clothing.
- If the reaction advances and the child becomes unconscious and is breathing treat as you would the unconscious patient by putting them in the recovery position and monitor closely.
- If the child has an inhaler this can be administered
- If the child is unconscious and not breathing, a First Aider must commence cardio-pulmonary resuscitation.
- Give all relevant information to paramedics i.e. sequence of events, known drug/food allergies and any medication/treatment given.

ASTHMA

If a pupil is having an asthma attack the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

- Assist with prompt administration of medication - give 4 puffs of blue reliever.
- If no improvement after 4 minutes give another 4 puffs

A second person must summon a First Aider and inform the School Office for that building. The School Office will then inform the School Nurse who will in turn immediately summon an ambulance and inform the child's parents. There should be no delay in calling for an ambulance, should it be impossible to contact the School Nurse then the member of staff at the scene should make the call. The Headmistress should then be informed.

DIABETES

Signs and symptoms

High blood sugar (normally slow onset of symptoms)

- Excessive thirst
- Frequent need to urinate
- Acetone smell on breath
- Drowsiness
- Hot dry skin

Low blood sugar (normally quick onset of symptoms)

- Feel dizzy, weak and hungry
- Profuse sweating
- Pale and have rapid pulse
- Numb around lips and fingers
- Aggressive behavior

Action

For person with Low blood sugar give sugar, glucose or a sweet drink e.g. coke, squash
For person with High blood sugar allow casualty to self-administer insulin. Do NOT give it yourself but help if necessary.

If unsure if person is suffering high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will be vital!

EPILEPSY

Epileptic seizures are caused by a disturbance of the brain.
Seizures can last from 1 to 3 minutes

Signs and symptoms

- A 'cry' as air is forced through the vocal chords
- Casualty falls to ground and lies rigid for some seconds
- Congested, blue face and neck
- Jerking, spasmodic muscle movement
- Froth from mouth
- Possible loss of bladder and bowel movement

Management:

During seizure

- Do NOT try to restrain the person
- Do NOT push anything in the mouth
- Protect person from obvious injury
- Place something under head and shoulders

After seizure

- Place in recovery position
- Manage all injuries
- DO NOT disturb if casualty falls asleep but continue to check airway, breathing and circulation.

Phone an ambulance if seizure continues for more than 5 minutes.

H & S FORM 3: ACCIDENT REPORT FORM

Details of injured person

NAME:	FORM:
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Accident / Minor Incident / Occurrence

Date:	Time:	Place:
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Description of how the injury occurred

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Action taken

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Signed (Name and Surname):	Date:
Head Injury Wristband applied: Yes/No [If 'yes' please read the <u>Head Injury Advice</u> below]	

Follow-up check following injury

Staff Member's Name:	Time:
Follow-up report:	

Was the injured person seen by the School Nurse? Yes No

For completion by the School Nurse if she saw the Injured Person
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Parents informed? Yes / No How?
Is risk assessment required? Yes / No

Head Injury Advice for Parents

If your child has sustained a head injury, it is essential for you to watch your child for the next 3 to 4 days and take them to the nearest Emergency Department if:

- They have a very bad headache that does not get better after they have taken medicine.
- They become more sleepy than usual or they are hard to wake up.
- They are sick more than twice.
- They find it hard to walk.
- They act differently.
- Their body or face starts to twitch.
- You are worried about them

Complete if the accident is reportable under the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR)

How was it reported?

Date reported:

Print Name:

Signature:

Some incidents that happen in schools, or during education activities out of school, must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). These Regulations require employers and other people to report accidents and some diseases that arise out of or in connection with work. This information sheet gives practical advice to schools on what they need to report and how to do it.

Who should report?

The duty to notify and report rests with the 'responsible person'. This may be the employer of the injured person; a self-employed person; or someone in control of the premises where work is carried out.

See the HSE website <http://www.hse.gov.uk/services/education> for more information on who the employer is in different types of schools.

What needs to be reported?

Under RIDDOR you must report the following work-related accidents, including those resulting from physical violence, if they injure either your employees, or self-employed people working on your premises:

- accidents which result in death or major injury must be reported immediately (see 'Reportable major injuries' below); and
- accidents which prevent the injured person from continuing at his/her normal work for more than three days must be reported within ten days.

You must also report, in writing, any cases of work-related ill health affecting your employees that a doctor notifies you about (see 'Reportable diseases' below).

Dangerous occurrences are specified events which may not result in a reportable injury, but have the potential to do significant harm. A full list is given in *A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (see 'Useful HSE publications' for details).

Reportable major injuries

These include:

- fracture other than to fingers, thumbs or toes;
- any amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- a chemical or hot metal burn to the eye or any penetrating injury to the eye;
- any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) 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;
 - resuscitation or requiring admittance to hospital for more than 24 hours;
- loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent;
- either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin;
 - acute illness requiring medical treatment; or
 - loss of consciousness;
- acute illness which requires medical treatment where there is reason to believe that this resulted infections such leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
- other conditions such occupational cancer; certain musculoskeletal disorders; decompression illness; and hand-arm vibration syndrome.

Who do I report to?

All accidents, diseases and dangerous occurrences may be reported to the Incident The ICC is a single point of contact for receiving all RIDDOR-reportable incidents in the UK.

You can report incidents by any of the following routes:

- Telephone: 0845 300 9923
- Internet: by completing the relevant form on the ICC website at <http://www.riddor.gov.uk/reportanincident.html>
- E-mail: riddor@natbrit.com
- Form F2508: by completing the relevant hard copy form and sending it to: Incident Contact Centre from exposure to a biological agent or its toxins or infected material.

Reportable diseases

These 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;

HSE information sheet

Education Information Sheet No 1(rev1)

Caerphilly Business Park

Caerphilly

CF83 3GG

Fax: 0845 300 9924

The ICC will forward details of incidents to the local HSE office.

What about pupils and other people who are not at work?

You need to report an accident that happens to someone who is not at work, e.g. a pupil or visitor, if:

- the person involved is killed or taken to hospital;
- And
- the accident arises out of or in connection with the work activity.

Like fatal and major injuries to employees, you must notify these accidents by following the procedures given above.

How do I decide whether an accident ‘arises out of or is in connection with work’?

An accident will be reportable if it is attributable to:

- work organisation (e.g. the supervision of a field trip);
- plant or substances (e.g. lifts, machinery, experiments etc);
- the condition of the premises.

What about sports activities?

Accidents and incidents that happen in relation to curriculum sports activities and result in pupils being killed or taken to hospital for treatment are reportable.

Playground accidents

Playground accidents due to collisions, slips, trips and falls are not normally reportable unless they happen out of work or in connection with work, e.g. because of:

- the condition of the premises or equipment;
- inadequate supervision.

What records must I keep?

You must keep a record of any reportable death, injury, disease or dangerous occurrence for three years after the date on which it happened. This must include the date and method of reporting; the date, time and place of the event; personal details or those involved; and a brief description of the nature of the injury, event or disease.

Where can I find out more?

You can find full details of accident-reporting requirements in *A guide to the Reporting of Injuries,*

Diseases and Dangerous Occurrences Regulations

1995 and RIDDOR explained: Reporting of Injuries,

Diseases and Dangerous Occurrences Regulations

(see below). See also website <http://www.riddor.gov.uk>