



First Aid and Medicine Management Policy

Last Updated

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THE KING ALFRED SCHOOL FIRST AID AND MEDICINE MANAGEMENT POLICY

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1. INTRODUCTION

This policy is in place to ensure that students, staff and visitors to the school are well looked after in the event of an accident or if they feel unwell. Staff have a common law duty to act as any reasonably prudent parent would to ensure that pupils are safe and healthy on the school premises.

This policy applies to the Ivy Wood and Manor Wood sites. The Early Years Foundation Stage (EYFS) First Aid and Medicine policy is included also in this policy in Appendix 1.

2. AIMS

- To provide first aid treatment where appropriate for users of the school (with particular reference to students and staff).
- To provide or seek secondary aid where necessary and appropriate.
- To treat the casualty(ies), relatives and others involved with care, compassion and courtesy.
- To ensure that all staff and students are aware of the system in place.

3. GUIDELINES

The school will provide First Aid cover during the working hours of the school week and where appropriate and necessary out of school hours. There will be at least one qualified person on each school site when children are present. Those renting school premises for non-school activities are expected to make their own first aid arrangements.

First aid information will be readily available and staff and students will be informed who and how to call for help.

First Aid kits for minor injuries are available for use in all Lower School classrooms and staff room, the DT building, Fives Building and Upper School buildings (see Appendix 2).

The Head, Director of Finance & Operations and SLT will ensure that there is an adequate number of qualified paediatric first aid qualification.

4. QUALIFIED FIRST AIDERS

Magdalena Krajewska-Lewandowska is the School Nurse. Tanya Cole is the School Nurse Assistant. The following staff members are also qualified first aiders:

- Amina Ahmad (paediatric first aid)
- Shireen Muhuntan (paediatric first aid)
- Lisa Bellamy (paediatric first aid)
- Jackie Pool (paediatric first aid)
- Rebecca Tolley (paediatric first aid)
- Sara Beattie
- Adele Bridgewater
- Steven Fothergill
- Pat Leacock
- Zac Pollock
- Lynne Sasson

- Nikki Sullivan
- Simon Kerlake
- Rachael Herman

Training for qualified First Aid personnel is updated every three years.

5. PROCEDURES

The School Nurse, the School Nurse Assistant and / or qualified First Aiders will be available on both school sites during the school day.

School users will be able to contact the School Nurse (telephone extension 207) or another qualified First Aider via reception office (telephone extension 200).

Once informed of an incident a qualified First Aider will go to the casualty(ies) without delay and provide emergency care.

On request from the School Nurse, staff will contact parents and emergency services as required.

If necessary the School Nurse or another appropriate adult will accompany a casualty to hospital.

All appropriate precautions will be taken when cleaning up after an incident using body spill kits and protective gloves.

Any First Aider must report accidents to the School Nurse. The School Nurse is responsible for ensuring that the School's statutory Accident Book is completed and will record details of any treatment administered.

The First Aider will promptly inform the School Nurse if items have been used from first aid kits and require replacement.

Parents are expected to notify the school should their child be too unwell to come to school. The school must be contacted as soon as possible, preferably immediately if a child is diagnosed with a notifiable disease (e.g. meningitis, rubella, measles). EYFS children who are ill or infectious must not be brought to school and should not return until 48 hours after vomiting or diarrhoea.

The School Nurse will:

- Ensure that student medical details are promptly updated on the School Information Management System (SIMS).
- Have a consent form for each student to administer agreed medicines or other remedies.
- Ensure that all staff holding first aid certificates undertake training at the appropriate intervals to retain their qualifications.
- Ensure there are at least two paediatric first aiders on the Ivy Wood site, where EYFS and Year 1 are mainly located, at all times when there are children present and that there is at least one paediatric first aider present on all EYFS trips.
- Check that First Aid kits at appropriate locations (see Appendix 2 for full list of locations) are fully stocked at the start of each half term and that items used by staff are promptly replaced.
- Provide First Aid kits requested by staff for school trips.
- Ensure that in accordance with the Reporting of Injury, Disease and Dangerous Occurrence Regulations (RIDDOR) 1995, in the case of serious accidents and injuries, the

Health and Safety Executive (HSE) is notified immediately. The Director of Finance & Operations will ensure that arrangements are in place for this. The Head of Operations will arrange for 'notifiable' accident reports to be forwarded to the HSE as soon as possible and in any case within 10 days. The Head will review major incidents immediately, informing Council where appropriate, and review all accident report forms on a half termly basis and the Health and Safety Committee will review a summary of them on a termly basis.

- Inform parents promptly of any significant injuries or first aid administered, including head injuries however minor, and advise SLT daily of these incidents.
- In the rare event that parents cannot be contacted when a student has suffered a significant injury or medical episode, act in the best interests of the student and arrange medical assistance and transport to hospital if necessary.

Teachers will:

- Familiarise themselves with the subject specific risk assessments so that they are aware of teaching related hazards.
- Refer to EYFS and Staff Guidelines to familiarise themselves with the First Aid procedures in operation and ensure that they know who the current First Aiders are; the School Nurse holds a list.
- Be aware of specific medical conditions of individual students as identified on SIMS, seeking further information as necessary from the School Nurse.
- Never move a casualty until have been assessed by the School Nurse or qualified First Aiders unless the casualty is in immediate danger.
- Send for help as soon as possible.
- If age appropriate send a student with minor injuries to the First Aid Room, accompanied by another student.
- Comply with the policy on school trips, complete risk assessments as required, be aware of specific needs of individual students and take a copy of all relevant information on the trip.
- Take First Aid kit on any trips away from the school site.
- Ensure that they are familiar with using an Adrenaline Autoinjector and asthma inhaler for emergency use on any student in their care for whom it is prescribed, and they are aware of the protocols to be followed post usage.
- Inform supply teachers on how to access the First Aid information for the duration of their assignment.

Staff working on site during holiday periods will have adequate First Aid supplies for use during the school holidays.

When dealing with the spillage of bodily fluids, staff should contact the Estates team, who will follow the procedure in the Cleaning Up Bodily Fluids Risk Assessment Form (Appendix 3).

6. GUIDANCE ON WHEN TO CALL FOR AN EMERGENCY AMBULANCE

Calling 111

The NHS 111 helpline should be called when a qualified First Aider has assessed a casualty and determined that the casualty needs medical help fast, but it's not a 999 emergency.

A qualified first aider may also call 111 where:

- They are unsure who to call for medical help.

- They think the casualty needs to go A&E or another NHS urgent care service but are not sure which one is most appropriate or closest.
- They have medication enquiries.

Calling 999

An emergency 999 ambulance should be called when a qualified First Aider has assessed a casualty and deemed it necessary to do so based upon the knowledge acquired through their training. Usually this will be for casualties with the following problems:

- any instance in which it would be dangerous to approach and treat a casualty
- unconscious
- not breathing
- not breathing normally and this is not relieved by the casualty's own medication
- severe bleeding
- neck or spinal injury
- injury sustained after a fall from a height (higher than 2 metres)
- injury sustained from a sudden impact delivered with force (e.g. car knocking a person over)
- suspected fracture to a limb
- anaphylaxis (*make sure to use this word when requesting an ambulance in this case*)
- seizure activity that is not normal for the casualty, especially after emergency medication has been administered
- an asthma attack, if the child does not feel better after 10 puffs of medication have been administered
- symptoms of a heart attack or stroke
- rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance

IF IN DOUBT, IT IS BETTER TO CALL FOR AN EMERGENCY AMBULANCE THAN NOT

If, for whatever reason, a qualified First Aider is not available, the above guidelines should be used to determine whether to call for an emergency ambulance.

How to call for an emergency ambulance

Should the need arise for an emergency ambulance to be summoned, the First Aider should:

- remain calm
- ask a bystander to call 999 or 111 and, when prompted for which service is required, ask for an ambulance.
- Should a bystander not be available it may be necessary for First Aiders to leave the casualty and make the call themselves, relaying this information to the operator.

The caller should:

- be ready to provide details of their name, telephone number, address and exact location within the School
- relay the condition of the casualty, as assessed by the First Aider, and how the casualty came to be in this condition
- provide details of the number of casualties along with names, age and gender if these details are known ask that ambulances come to **'the Manor Wood site of King Alfred School 149 North End Road'** or **'via the entrance to St Anthony's School for Girls'**; if possible, it should be arranged for a member of staff or bystander who knows the location of the casualty to meet the ambulance on arrival. For an ambulance that needs

to access Ivy Wood, a call needs to be made to St Anthony's School for Girls Reception, informing them an ambulance is on its way and to let them in

- communicate any dangers or hazards into which the ambulance may be arriving.
- stay on the line with the emergency operator until they have cleared the line.
- return to the casualty immediately after the call to inform the First Aider that an ambulance is on the way and to bring a First Aid kit, blanket and AED if necessary.

7. ADMINISTERING MEDICATION

Parents are strongly encouraged to administer medicines to their children outside of the school day. Medication should be brought into school when absolutely essential and must be taken to the School Nurse on the Manor Wood site (this also applies to Ivy Wood children). A parent/carer must complete and sign a 'request to administer medicine' form. The medication must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

The School Nurse or School Nurse Assistant will come to the Ivy Wood to administer medicine to the child in the presence of the Ivy Wood class staff.

Only prescribed emergency medication will be given by Ivy Wood staff. This includes inhalers for asthma and Adrenaline Autoinjectors for anaphylactic reaction. No students will be given medication without prior parent/carer written consent. Any member of staff giving medication to a student must check:

The student's name

- Written instruction provided by the parent / carer or doctor
- Prescribed dose and previous dosages applied
- Expiry date
- Administration route (for example oral, topical, sublingual etc.)

Staff will complete and sign the 'Medicine Administration' book, kept in the Ivy Wood staffroom, each time medication is given to a student and get the parent / carer to sign the book to acknowledge that the medication has been given.

8. SAFETY, STORAGE AND ACCESS

Medicines can often be harmful to anyone for whom they are not prescribed and we recognise that it is our duty to ensure that the risks to the health of others are properly controlled.

Medicines will be stored safely, securely and will not be accessible to students; however, the students will know where their medicine is stored. Medication that needs to be refrigerated will be kept in the nurse's fridge at Manor Wood. All other medication will be stored in a locked metal medicine cupboard in the medical room at Manor Wood. When no longer required medicines will be returned to the parents for safe disposal.

For Lower School students, Asthma Inhalers and Adrenaline Autoinjectors are stored in clearly labelled bright orange bags in the student's classroom. For Upper School students Asthma inhalers and Adrenaline Autoinjectors are stored in the medical room or with each student, according to their Individual Health Care Plan. Children should ideally have two Adrenaline Autoinjectors with them while in school; staff are made aware of the locations.

Parental responsibilities in respect of their child's medical needs:

- Parents should not send their child to school if the child is unwell.
- Parents must inform the school about any particular needs before a child is admitted or when the child first develops a medical need.
- Only an adult (over 18 years of age) who has parental responsibility for or care of the child may sign the 'request to administer medication' form.
- Parents should make every effort to arrange for medicines to be administered outside of the school day.

- Parents are responsible to ensure a child has appropriate and in date medications and the required equipment while in school.

Parents must ensure that they or any other nominated adult are contactable at all times.

9. ASSISTING CHILDREN WITH LONG TERM OR COMPLEX MEDICAL NEEDS

Where a child has a long-term medical need, a written health care plan will be drawn up with the parents, child, health care professionals and relevant school staff. A risk assessment may also be necessary.

If a child needs to be taken to hospital, staff will stay with a child until the parent arrives.

If a child refuses to take medicine staff will not be able to force them to do so, but will follow the procedure agreed in the individualized care plan.

10. PROCEDURES FOR MANAGING MEDICINES ON TRIPS

The school encourages students with medical needs to participate in safely managed trips. The school will consider reasonable adjustments to enable all children to participate fully and safely on school trips. This might include a separate risk assessment for specific students.

Staff supervising excursions will always be aware of any medical needs and relevant emergency procedures. A copy of any health care plan will be taken on trips and all trips must have at least one member of staff who will be first aid trained. Please refer to the Educational Visits Policy for further detail.

11. STAFF TRAINING IN DEALING WITH MEDICAL NEEDS

Staff will be given regular training on the use of Adrenaline Autoinjectors and asthma inhalers and first aid procedures following an allergic reaction and an asthma attack.

New members of staff will be made aware of the first aid policy and medicine administration policy and procedures.

In addition to the School Nurse and School Nurse Assistant, a sufficient number of staff will be first aid trained and a list kept in Lower School and Upper School staff rooms (see 4. Qualified First Aiders for the full list).

APPENDIX 1 – EYFS FIRST AID AND MEDICINE POLICY

We promote the good health of children in our care in numerous ways, including a set of procedures when children become ill or have an accident. Staff are able to call the School Nurse, if a child is unwell, needs medical attention or has an accident. In addition, we have clear guidelines for infectious diseases, medicines and the preparation of food.

First Aid

A record of accidents, incidents and first aid treatment is kept in each class at Ivy Wood and is checked each half term by the School Nurse, who is called to Ivy Woods for all head injuries. First Aid kits are kept in each classroom and they regularly checked and restocked by the nurse on request. Smaller portable packs are provided for school trips.

The nurse is available if children become ill in school and also for emergencies. There is a medical room with a bed on the Manor Wood site and parents will be asked to collect their child if it is clear they are too unwell to remain in school.

The school doctor is located every Wednesday morning for routine medical checks including hearing and visual screening.

In accordance with the EYFS framework, parents/carers are informed of any accident or injury sustained by their child and any first aid treatment given on the same day or as soon as practicable thereafter. OFSTED or other appropriate agencies are informed as soon as reasonably practicable and in any event within 14 days, of an incident leading to a serious accident, illness or injury to, or death of a child whilst in the school care, and of the action taken.

Infectious Diseases

In order to prevent the spread of infectious diseases, we provide parents a list of common childhood infectious diseases which outlines key time periods that need to be adhered to before a child returns to school. This is handed out to parents when children start Reception. Please see Annex 1 for details on how to deal with Covid 19.

Medicines

In an EYFS setting, staff may not administer medication unless prescribed by a doctor, dentist, nurse or pharmacist or medicines containing aspirin unless prescribed by a doctor.

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the school, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

If a child has not had a medication before, it is advised that the parent keep the child at home for the first 48 hours to ensure no adverse effects as well as to give time for medication to take effect.

The School Nurse is responsible for the administration of medication and all medications must be taken to her by the child's parent/carer and a consent form must be signed. The school will ensure that the medicine is stored correctly and that records are kept accordingly. In the unlikely event of absence of the nurse, the Head of Lower School is responsible for the overseeing of administering medication.

Medical conditions are recorded on SIMS and staff are directed by the nurse, with the child's parents, of steps to be taken should any child need emergency medications in school. Those children likely to suffer from anaphylactic shock have Adrenaline Autoinjectors and other necessary medications in a named bag, which goes with the adult in charge wherever the child might be on site. Inhalers for named children are stored where staff can access them easily. Photographs of children with long term or complex medical conditions are displayed in staffrooms on both school sites. There is a frequent staff training on Adrenaline Autoinjectors administration and first aid training on a three-yearly rotational basis for all staff. All other medicines must be handed in by parents/ carers to be administered by the School Nurse.

All medication is stored in accordance with product instructions. Medicines are placed in a secure cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.

No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Long-term medical conditions and ongoing medications

Children who have long-term medical conditions and who require ongoing medication:

- A risk assessment is carried out for each child with long-term medical conditions that require ongoing medication. This is the responsibility of the Head of Lower School alongside the key staff. Other medical or social care may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should understand the routines and activities and point out anything which they think may be a risk factor for their child. If appropriate, they may also be shown around the setting.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. Staff training needs form the part of the risk assessment.
- The risk assessment includes vigorous activities and any other school activities that may give cause for concern regarding an individual child's health needs.
- A separate risk assessment is written if taking medicines on outings outside of the school grounds and the child's GP's advice or the School Nurse is sought if necessary where there are concerns.
- A health care plan for the child is drawn up based upon information from the parent and advice from the child's doctor. A copy of this information is given to the Head of Lower School and the Deputy Head of Upper School and will be available to the relevant staff members via SIMS.
- The health care plan will include the measures to be taken in an emergency. Emergency Adrenaline Autoinjector and Emergency Salbutamol inhalers are available and stored in the medical room (See Appendix 4 and Appendix 5).
- The health care plan is reviewed annually or more frequently if necessary. This includes reviewing the medication, for example changes to the medication or the dosage, any side effects noted etc. Any changes to the health care plan will be discussed with parents.
- Lists of children with long-term medical conditions are displayed in the staffrooms on both sites and in the medical room.

APPENDIX 2 – FIRST AID KIT LOCATIONS

First Aid Kit number	Location
1	DT
2	DT
3	DT
4	DT
5	DT
6	Reception classroom
7	Reception classroom
8	Year 1 classroom
9	Year 1 classroom
10	DT
11	Phoenix
12	Lower School Head's PA's office
13	Year 2 classroom
14	Year 2 classroom
15	Art Room - Fives building
16	Orchid Room - Fives building
17	Staffroom - Fives building
18	Library - Fives building
19	Year 3 classroom
20	Year 3 classroom

21	Year 4 classroom
22	Year 4 classroom
23	Year 5 classroom
24	Year 5 classroom
25	Director of Finance & Operations office
26	Head of Operations' office
27	Estates office
28	Front of house
29	School mini bus
30	School mini bus
31	School mini bus
32	Fitness studio
33	IT office
34	PE staffroom
35	Art room, upper school
36	Science room (upper school)
37	Kitchen
38	Head of year 7 and 8/9's office
39	Year 6
40	Year 6
41	Phoenix

APPENDIX 3 – CLEANING UP BODILY FLUIDS RISK ASSESSMENT FORM

GENERAL RISK ASSESSMENT FORM



PART A. ASSESSMENT DETAILS:

Area/task/activity: Cleaning up bodily fluids e.g. vomit, blood, faeces

Location of activity: King Alfred School (Manor Wood and Ivy Wood)

School site: Address & Contact details:		Name of Person(s) undertaking Assessment:	
		Signature(s):	
Line manager/Head Teacher (Name & Title):		Date of Assessment:	
Signature:		Step 5 Planned Review Date:	
How communicated to staff:		Date communicated to staff:	

PART B1. HAZARD IDENTIFICATION AND CONTROL MEASURES:

Step 1 Identify significant hazards	Step 2 Identify who might be harmed and how		Step 3 identify precautionary measures already in place
List of significant hazards (something with the potential to cause harm)	Who might be harmed?	Type of harm	Existing controls (Actions already taken to control the risk)
Contaminated bodily fluid entering the body	Cleaner, site supervisor, first aider/other staff member, visitors, pupils	Infectious diseases such as stomach bugs, 'flu, Hepatitis A-C, etc,	<ul style="list-style-type: none"> <input type="checkbox"/> Employee is advised to follow the guidance on dealing with Bodily fluids – available on the Health, Safety & Quality web pages of the Intranet and Schools Portal under 'Infection Control'; <input type="checkbox"/> Employee is instructed to cover open wounds with waterproof dressings; <input type="checkbox"/> Any employee who has a skin condition on their hands, arms, or face, e.g. Eczema, psoriasis or dermatitis is advised to avoid contact with bodily fluids;

<p>Contaminated bodily fluid entering the body (continued)</p>			<ul style="list-style-type: none"> • Personal Protective Equipment (PPE) such as gloves, aprons, eye protection are used as necessary; • If gloves or aprons become cut or torn, they are disposed of safely and replaced as soon as possible. If the employee is in the middle of clearing up a spillage when this occurs, they should stop what they are doing and wash and dry their hands before putting on a replacement pair of gloves; • Care is taken when removing contaminated aprons and gloves i.e. remove the apron first then pull gloves off inside out; • Bodily fluids must never be cleaned up with bare hands; • Strict personal hygiene is observed by employees and hands are washed and dried thoroughly after each task; • Other persons are kept away from the contaminated area by use of signage until the area has been cleaned; • If possible a spillage kit should be used and manufacturer's instructions followed; • Vaccination against Hepatitis 'B' is considered for employees working in high risk areas. Follow link for further guidance on Vaccinations – available on the Health, Safety & Quality web pages of the Intranet and Schools Portal under 'Infection Control'; • First aiders carrying out any procedures involving wound cleaning or cleaning blood spillages follow the LCC guidance (above) and any infection control procedures taught on the first aid course they attended; • Appropriate first aid arrangements are in place as identified by a First Aid Needs Risk Assessment. <p>Note: If a cut or needle stick injury occurs during the cleaning of bodily fluids, the wound should be encouraged to bleed, washed with running water where possible and covered with a waterproof dressing and medical advice should be sought where necessary, if possible, taking along the source of the cut or needle stick.</p>
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Cross contamination between areas	Cleaner, site supervisor, first aider/other staff member, visitors,pupils	Potential infectious diseases such as stomach bugs, 'flu,Hepatitis A-C, etc,	<ul style="list-style-type: none"> • A 'colour coded' system for cleaning equipment e.g. mop heads is in place and employees are aware which colour tools and materials shouldbe used for cleaning up bodily fluids; • Appropriate cleaning materials are available for different cleaning surfaces and employees are aware how to clean and disinfect each typeof surface; • Only disposable absorbent cleaning cloths and towels are used to remove bodily fluid material, then appropriately colour coded equipmentis used to sanitise the area; • On completion of the task, used paper towels, aprons and gloves areplaced into a plastic bag which is then tied up and disposed of appropriately; • If clothing becomes contaminated with blood or other bodily fluid, it is sponged with cold water, the sponge is then placed in a plastic bag which is tied up and disposed of. The item of clothing is then launderedseparately in a hot wash.
Chemicals / Cleaningproducts (COSHH)	Cleaner, site supervisor, first aider/other staff member, visitors,pupils	Skin irritation, respiratory disorder	<ul style="list-style-type: none"> • Employees are competent in safe and correct handling, storage, useand disposal of chemicals and cleaning products; • Products used are specifically for the intended purpose; • All cuts and abrasions are covered with suitable dressings; • All products used are kept out of the reach of children; • Appropriate COSHH risk assessments are completed for product(s) used and any specific hazards and risks are explained to employees; • COSHH Manufacturer's Safety Data Sheets are available for productsused; • The manufacturer's instructions and COSHH risk assessments for use ofspecific products are used. • Products are properly measured for recommended dilution rates andadded to water. Care is taken to ensure container caps are replacedafter use;

Chemicals / Cleaning products (COSHH) (continued)			<ul style="list-style-type: none"> • Appropriate PPE e.g. Safety goggles, impervious gloves and overalls are provided to reduce risk of contact with eyes/skin as identified by the COSHH risk assessments; • Eating, drinking and smoking are prohibited during the course of cleaning tasks; • Strict personal hygiene is observed by all employees - hands are washed thoroughly after each task; • Employees are aware of where and how to obtain First Aid treatment.
Slips	Cleaner, site supervisor, first aider/other staff member, visitors, pupils	Musculoskeletal injuries, bruising, fractures	<ul style="list-style-type: none"> • Cautionary signs are put in place before the commencement of any floor cleaning task and left in position until the area is dry; • Any spillages or overflows are cleaned and dried immediately; • A high standard of housekeeping is maintained and the area is kept free from additional obstructions for the duration of the task.

This general risk assessment will apply to this area/task/activity in most teams/schools providing the control measures described are in operation and there are no further local significant hazards. If it does not fully apply, please go to Part B2 on the next page. If it fully applies please sign below.

I certify that the risk assessment above fully applies to the area/task/activity under assessment in

(Department)

Signed:

Name:

Risk Assessor.

If the control measures described are not in operation and further action is required or there are further local significant hazards please record these here, transfer any actions required to the Action Plan at Part C below and sign off below. Do not sign off above if further actions are required.

PART B2. HAZARD IDENTIFICATION AND CONTROL MEASURES:			
Further significant hazards	Who might be harmed?	Type of harm	Existing controls (Actions already taken to control the risk)

I certify that the assessment for the task/activity above covers all the significant hazards applicable(name of Team /School).

Signed:

Name:

(Line Manager/Headteacher).

PART C: ACTION PLAN Step 4 Further action / controls required						
Hazard	Action required	Person(s) to undertake action?	Priority	Projected time scale	Notes / comments	Date completed

APPENDIX 4 - USE OF EMERGENCY SALBUTAMOL INHALERS HELD BY SCHOOL

The emergency salbutamol inhaler can 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 information must be recorded in a child's individual healthcare plan.

The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

The school's emergency asthma inhaler kit will include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

APPENDIX 5 - USE OF EMERGENCY ADRENALINE AUTOINJECTORS HELD IN SCHOOL

From 1st October 2017, the Human Medicines (Amendment) Regulations 2017 has allowed schools in the UK to buy Adrenaline Autoinjector devices (known as AAIs) 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, for example.

The Adrenaline Injectors prescribed in the UK at present are Emerade®, EpiPen® and Jext®. As per the Department of Health's advice the school will held the brand most commonly prescribed to students.

The place where the adrenaline is administered is the same for all three injectors as are injected into the muscle in the front quarter of the outer thigh. However, there is some variation in operating each AAI and training on each device will be given to all school staff who might be required to administer adrenaline in an emergency.

Schools will ensure that all AAI devices – including those belonging to a younger child, and any spare AAI in the Anaphylaxis Emergency kit – are kept in a safe and suitably central location to which all staff have access at all times, but in which the AAI is out of the reach and sight of children.

In line with the recommendation from the Commission on Human Medicines the school's spare AAI should only be used on students known to be at risk of anaphylaxis and for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI will be administered to a student whose own prescribed AAI cannot be administered correctly without delay.

As it is obligatory to call 999 in every case of anaphylaxis the used AAIs will be handed to the ambulance paramedics on arrival.

The spare Adrenaline Autoinjector is a spare or back up device and not a replacement for a student's own medication.

ANNEX – PHASED RETURN TO SCHOOL DURING COVID 19

The school will follow the updated Risk Assessment for COVID19 at all times and will work with Barnet Local Authority when necessary.

What to do if a Member of Staff/Other Adult/Student has been attending school develops symptoms of COVID19 or is confirmed to have the virus.

- If anyone becomes unwell with a new, continuous cough, a high temperature or/and loss of a sense of smell or taste, they must be sent home and advised to follow the COVID19 guidance for households with possible coronavirus infection guidance.
- The person who is unwell will immediately be asked to put on a mask.
- If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally a window should be opened for ventilation.
- If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.
- If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should then be cleaned and disinfected using standard cleaning products before being used by anyone else.
- Full PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).
- In an emergency call 999 if they are seriously ill or injured or their life is at risk.
- Do not visit the GP, pharmacy, hospital or urgent care centre.
- If a member of staff has helped someone who developed coronavirus symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive. The staff member should wash their hands thoroughly after contact with someone who is unwell.

When a child, young person or staff member develops symptoms compatible with coronavirus, they should be sent home and advised to self isolate for 7 days. Their fellow household members should self isolate for 14 days. All staff and students have access to a test if they display symptoms of coronavirus and are encouraged to get tested in this scenario.

Where the child, young person or staff member tests positive, the rest of their class or group at school should be sent home and advised to self isolate for 14 days. The other household members of that wider class or group do not need to self isolate unless the person they live with in that group subsequently develops symptoms.

If a positive child is identified at school, the school will contact **London Corona Response Cell** on lcrc@phe.gov.uk

If there has been a confirmed case, the areas occupied would be subject to the cleaning regime specified by PHE.

Where a child, young person or staff member tests negative, they can return to school and fellow household members can end their isolation.

What Safety Equipment Should be Used

The school will ensure that it has adequate and appropriate cleaning supplies, hand washing facilities, supplies of hand sanitisers and enough bins with lids, to minimise the spread of the infection.

PPE for Nurse/First Aiders

There are no specific guidelines for First Aiders at school. However, measures such as social distancing of 2m apart from others and regular hand washing will be in place.

PPE is only required in limited circumstances including:

- When a child, young person or adult becomes unwell with symptoms of coronavirus while in their setting and a 2m distance cannot be maintained.
- When caring for children, young people and students whose care routinely already involves the use of PPE due to their intimate needs.
- If a risk assessment determines there is a risk of splashing to eyes, for example from coughing, spitting or vomiting, then eye protection should also be worn.

PPE when Caring for Children with Intimate Care Needs

When caring for children, young people and students whose routine care already involves the use of PPE due to their intimate care needs, they should continue to receive their care in the same way as they ordinarily would.

PPE when Caring for Babies, Toddlers and Children with SEN

Staff should follow their normal practice when changing nappies and caring for babies, toddlers and children with SEN, provided the child is not showing symptoms of coronavirus. This includes continuing to use the PPE that they would normally wear in these situations i.e. aprons and gloves.