FIRST AID AND MEDICINE MANAGEMENT POLICY

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Staff, Students, Health and Safety

Statutory regulation
N/A

SLT Lead
Head (Robert Lobatto)

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THE KING ALFRED SCHOOL FIRST AID AND MEDICINE MANAGEMENT POLICY

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 students 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(ties), 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 (Appendix 2).

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

4. QUALIFIED FIRST AIDERS

Magdalena Krajewska-Lewandowska is the School Nurse.

The School Nurse is a qualified paediatric first aider. In addition, a number of Lower School, in particular Early Years, staff are also paediatric first aid trained. Additionally, a number of other staff members are trained in First Aid at Work. All training for qualified First Aid personnel is tracked and updated every three years.

5. PROCEDURES

The School Nurse 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 Main Reception (telephone extension 200).

Once informed of an incident, a qualified First Aider will go to the casualty(ties) 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 either directly by email or via the Medical Tracker software. The School Nurse is responsible for ensuring that the School's statutory Accident Book is completed for more major injuries 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 if a child is diagnosed with a notifiable disease (e.g. meningitis, rubella, measles). 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 are at appropriate locations (see Appendix 2 for full list of locations) and 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) 2013, 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 Facilities 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 this policy (available in the Staff Resources area) 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 and the lists are displayed in Ivy Wood, Lower and Upper School staffrooms. A copy of the list of First Aiders is also available in the Staff Resources area.
- 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 they 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 Educational Visits Policy regarding 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 a First Aid kit on any trips away from the school site.
- Ensure that they are familiar with using an Adrenaline Autoinjector, asthma inhaler and other medications 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 school 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 causality needs medical help fast, but it is 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. See Appendix 6.

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 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 Ivy House School'** 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 Ivy House School's 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 only 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 will come to the Ivy Wood site 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.)

The School Nurse completes the Medical Tracker to record each time medication is given to a student.

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 School 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 Individual Health Care Plan will be drawn up with the parents, child, health care professionals and relevant school staff. This includes but is not limited to severe allergy/anaphylaxis (Appendix 4), asthma (Appendix 5), epilepsy (Appendix 6) and diabetes (Appendix 7). A risk assessment may also be necessary.

If a child needs to be taken to the hospital, staff will stay with the 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 individualised 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 is 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 this First Aid and Medicine Management Policy.

In addition to the School Nurse, a sufficient number of staff are first aid trained and a list is kept in Ivy Wood, Lower School and Upper School staff rooms and also in the Staff Resources area.

12. HEAD INJURY AND CONCUSSION PROCEDURES

Head injuries in schools can occur in situations where a student's head contacts a hard object, such as the floor, a desk, or another student's body. The risk is highest during activities involving collisions, such as in the playground or during sports and physical education (PE).

A concussion is a disturbance of the brain's normal function without structural damage, often resulting from a direct blow to the head or an indirect impact causing the head to shake. Loss of consciousness is not required to sustain a concussion.

The risk of injury depends on the impact's velocity, force, the area of the head involved, and

any pre-existing medical conditions. Symptoms may not appear immediately and can develop hours, days, or in rare cases, weeks after the injury.

While an initial concussion may not cause permanent damage, repeated head injuries before full recovery can have serious, potentially fatal consequences.

Measures to Reduce Risk of Head Injury/Concussion

- All head injuries must be reported to the school nurse and recorded promptly with sufficient details on the medical tracker.
- Teachers should check students for any injuries or discomfort before sports activities.
- Students are taught safe play techniques and must follow rules.
- Sportsmanship and respect for all players are expected.
- Correct sports equipment must always be worn.
- Staff must ensure that students wear appropriate equipment in good condition before play.
- Coaches must inform players about the risks of playing with an injury or suspected concussion.
- Qualified first aiders must be present at matches and practices to provide immediate assistance.
- Coaches should recognise concussion signs and monitor students accordingly using the concussion signs and symptoms checklist.
- Every head injury is taken seriously, and parents/carers are notified.
- "If in doubt, sit them out."

Recognising and Managing Concussion

Signs and symptoms can appear immediately or within a few days of the injury. Observations include:

- Appearing stunned or dazed
- Losing consciousness, even briefly
- Confusion, memory issues, or difficulty concentrating
- Behavioural changes or slow responses
- Difficulty recalling pre- or post-injury events

Symptoms experienced by the injured may include:

- Headache or pressure in the head
- Balance problems or dizziness
- Nausea/vomiting
- Sensitivity to light or noise
- Blurred or double vision
- Feeling dazed, groggy, or sluggish
- Emotional changes like irritability or sadness
- Sleep disturbances

Managing a Head Injury During Sports

- Basic first aid should be applied, and the possibility of neck injury should be considered.
- Record the injury in the medical tracker and inform the school nurse or first aider.
- Complete the Concussion Assessment (see Appendix 9) and record the score on the medical tracker, plus give a copy of the concussion assessment to the school nurse.
- If necessary, the student should be evaluated by a medical professional, as symptoms may develop later.
- For injuries sustained outside school, the same procedures apply.

- Injured students will receive an advice sheet outlining when to seek urgent medical advice – available in the medical room.
- Students who have sustained head injuries should not travel home alone; alternative arrangements must be made.
- If a student appears well enough, they may go home but not return to sport without further assessment.
- Players suspected of having a concussion must be immediately removed from play.

Red Flags for Serious Injury

Call an ambulance if any of the following are observed:

- Severe neck pain
- Double vision
- Weakness, tingling, or burning in limbs
- Severe or worsening headache
- Seizure
- Deteriorating consciousness or increasing drowsiness
- Repeated vomiting
- Increasing confusion or irritability
- Unusual behaviour changes

Ongoing Management of Concussion

The focus should first be on returning to normal activities, especially learning, before resuming sports. Initially, the injured person should rest both physically and mentally for 24-48 hours.

Stage 1 (First 24-48 hours):

- Complete rest; avoid screens and physical activity beyond light tasks for 10-15 minutes.

Stage 2 (Week 1):

- Increase mental activities (e.g., reading, puzzles) and light chores. Rest if symptoms worsen.

Stage 3 (Post-48 hours):

- Gradually return to school activities and light walking or cycling for 10-15 minutes. Avoid intense activity.

Stage 4 (No earlier than Day 8):

- Begin considering returning to school and light aerobic exercise. Rest if symptoms increase.

Stage 5 (Earliest Day 15):

- Return to school and normal training, including contact activities. Remove from play if symptoms reappear. Check with a medical professional before progressing.

Stage 6 (Earliest Day 21):

- Return to play once fully symptom-free for 14 days.

Returning to Sport

If the student is symptom-free and has returned to normal activities, they can begin a gradual return to sports after 14 days. Return to sport should follow a phased process, gradually increasing the amount and intensity of activity. The process should start with light exercises and progress to non-contact and, finally, full-contact activities.

For children and adolescents, the earliest return to activity and sport is 23 days after injury. For children, the recovery timeline includes a 14-day rest period followed by a 9-day phase-in process for return to sport. In children, one phase should be completed every 48hrs:

Phase 1: Light exercise (for example, walking, light jogging or, cycling)

Phase 2: Sport-specific exercise (for example, running drills)

Phase 3: Non-contact training (for example, more complex training with increased intensity)

Phase 4: Full contact training (normal training activity)

Phase 5: Return to play

Important Notes on Children and Academic Performance

In children, difficulty concentrating can persist even if other symptoms have resolved. Academic staff should monitor for underperformance and help implement strategies for recovery.

Medical Assessment

Approval from a doctor should be obtained before returning to contact training or full play. Players should ideally be seen by a healthcare professional experienced in concussion management.

Risks of Improper Concussion Management

If not properly managed, concussions can lead to:

1. Prolonged symptoms (post-concussion syndrome).
2. Long-term health issues, such as neurodegenerative problems.
3. Rare, but serious, complications like second impact syndrome (SIS).

The risks of allowing a player to continue after a concussion far outweigh the benefits, which is why "If in doubt, sit them out" is critical.

Students with multiple concussions within 12 months are at greater risk and should seek medical advice before returning to play.

APPENDIX 1 – EYFS FIRST AID AND MEDICINE POLICY

The school promotes 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, the school has clear guidelines for infectious diseases, medicines and the preparation of food.

First Aid

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

The School 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.

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. The HSE 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.

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 or is still recovering from an illness, it is advised that the parents keep the child at home for the first 48 hours (or longer if not feeling better) 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 them 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 the Medical Tracker and staff are directed by the School 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 may 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's advice 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 the Medical Tracker.
- The health care plan will include the measures to be taken in an emergency (see 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

Kit number	Location	Site
1	DT (forge)	Ivy Wood
2	DT	Ivy Wood
3	DT	Ivy Wood
4	DT	Ivy Wood
5	DT	Ivy Wood
6	Reception	Ivy Wood
7	Reception	Ivy Wood
8	Year 1	Ivy Wood
9	Year 1	Ivy Wood
10	DT	Ivy Wood
11	Phoenix	Ivy Wood
12	LS Head PA's office	Manor Wood
13	Year 2	Manor Wood
14	Year 2	Manor Wood
15	Art Room LS	Manor Wood
16	Orchard Room LS	Manor Wood
17	Staffroom LS	Manor wood
18	Library LS	Manor Wood
19	Year 3	Manor Wood
20	Year 3	Manor Wood
21	Year 4	Manor Wood
22	Year 4	Manor Wood
23	Year 5	Manor Wood
24	Year 5	Manor Wood
25	Bursary Office	Manor Wood
26	Head of Operation's office	Manor Wood
27	Estates office	Manor Wood
28	Front of House	Manor Wood
29	School minibus	Manor Wood
30	School minibus	Manor Wood
31	School minibus	Manor Wood
32	Fitness studio	Manor Wood
33	IT office	Manor Wood
34	PE staffroom	Manor Wood
35	Art room US	Manor Wood
36	Science US	Manor Wood
37	Kitchen	Manor Wood
39	Year 6	Manor Wood
40	Year 6	Manor wood
41	Phoenix	Ivy Wood
42	Photography	Manor Wood
43	Sixth form building	Manor Wood
44	6-8 building	Manor wood
45	First aid bag - IW	Ivy Wood
46	First aid bag - IW	Ivy Wood
47	Drama + music US	Manor Wood
48	Staffroom IW	Ivy Wood
49	US staffroom	Manor Wood

APPENDIX 3 – CLEANING UP BODILY FLUIDS RISK ASSESSMENT FORM

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,	• Employee is instructed to cover open wounds with waterproof dressings; • 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; • 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;

Contaminated bodily fluid entering the body (continued)			• 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. • First aiders carrying out any procedures involving wound cleaning or cleaning blood spillages to follow 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. 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.

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,	• A 'colour coded' system for cleaning equipment e.g. mop heads is in place and employees are aware which colour tools and materials should be 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 type of surface; • Only disposable absorbent cleaning cloths and towels are used to remove bodily fluid material, then appropriately colour coded equipment is used to sanitise the area; • On completion of the task, used paper towels, aprons and gloves are placed 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 laundered separately in a hot wash.
Chemicals / Cleaning products (COSHH)	Cleaner, site supervisor, first aider/other staff member, visitors, pupils	Skin irritation, respiratory disorder	• Employees are competent in safe and correct handling, storage, use and 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 products used; • The manufacturer's instructions and COSHH risk assessments for use of specific products are used. • Products are properly measured for recommended dilution

			rates and added to water. Care is taken to ensure container caps are replaced after use; • 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	• 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 -

Asthma management in school and use of an emergency asthma inhaler in school

How to Recognise an Asthma Attack

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

Ask someone to call for the School Nurse or a First Aider. If the student has an inhaler, ask them to take 1 puff every 30-60 seconds up to 10 puffs, following current NHS guidance Asthma - Asthma attacks - NHS

If the student is not feeling better after 10 puffs, call an ambulance by dialling 999. Repeat the sequence for a 2nd time, then call 999 again for further guidance. Call an ambulance immediately (dial 999) and commence the asthma attack procedure without delay if the student:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

What to do in the Event of an Asthma Attack:

- Keep calm and reassure the student
- Encourage the student to sit up and slightly forward
- Remain with the student while the inhaler and spacer are brought to them
- Immediately help the student take two separate puffs of Salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 for an ambulance. Tell them that we have a child with a severe asthma attack who is not responding to the emergency Salbutamol inhaler, so the call can be given a high priority
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- Ensure details of medication given is recorded and parents informed

Emergency Salbutamol Inhaler held in 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 Health Care Plan, which is uploaded to the Medical Tracker.

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

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. Emergency asthma inhaler is kept in the medical room on Manor Wood side.

APPENDIX 5 - Anaphylaxis and allergies management in school and the use of emergency Adrenaline Autoinjector (AAI)

KAS is committed to promoting and developing safe and supportive learning environments. Government statutory guidance was issued to schools in May 2014, following a landmark decision to amend the Children and Families Act; from September 2014, schools in England are legally required to provide high-quality support to students who may have anaphylactic (severe allergic) conditions, including nut and egg allergies.

The government guidance sets out the practical support schools are expected to provide to support children with medical conditions, such as ensuring they have individual healthcare plans for training and support for school staff.

Avoidance of specific triggers is the basis of anaphylaxis prevention. Appropriate avoidance measures are critically dependent on the education of the child, their peers, and all school personnel. Whilst it is primarily the responsibility of parents that the child is taught to care for themselves, the school also has a role in implementing the care plan and reinforcing appropriate avoidance and management strategies. It is not possible to guarantee that the environment will be completely free of potential hazards. However, compliance with reasonable guidelines will minimise the potential risks. This policy has been written with nut and egg awareness in mind, but also includes reference to insect and latex allergies; the policy will be updated to include other potential medical hazards involving allergies when the need arises.

The school acknowledges that due to current food processing practices, it is impractical to eliminate nuts and nut products and eggs and egg products from an environment where there is food. The emphasis is, therefore, on raising awareness and adopting reasonable procedures. The School Nurse liaises with the parents/guardians of the students who suffer from allergies, which are identified in their health questionnaire, and assesses the severity of the identified allergies. The School Nurse is responsible for ensuring that Individual Health Care Plans are in place, monitored, and communicated to the rest of the school's community. The Individual Health Care Plan is uploaded to the Medical Tracker. The School Nurse or core team will work with parents to establish prevention and treatment strategies.

Staff are sufficiently trained to recognise and manage severe allergies in school, including any emergencies that may arise during the school day. This training is delivered in two ways. First, it forms part of the ongoing first aid training programme which applies to a significant number of staff, but not the entire workforce. Second, there are, from time to time, whole staff awareness raising, with clear guidance on how to minimise risks, and how to respond in emergencies. Students' allergy information and Individual Health Care Plans are recorded on the Medical Tracker.

ALLERGY AWARENESS

1. Nut-Related Aspects: If the school is aware of a student who suffers from a nut allergy, the school lunch caterer is made aware of our policy and is requested to eliminate nuts and food items with nuts as ingredients from meals as far as possible. This does not extend to those foods labelled "may contain traces of nuts". The catering at the school does not knowingly use any nut products in any of their menus. Students are encouraged to self-manage their allergy as far as possible in preparation for life after school where nut-free environments are rare.
2. Dairy and Egg-Related Aspects: Students with dairy products or egg allergies are managed by the school in consultation with the parents on a case-by-case basis.
3. Insect-Related Aspects: Diligent management of wasp, bee, and ant nests on school grounds and proximity. All wasp, bee, ant, and other insect issues are reported to the Estates helpdesk, who will monitor and appropriately deal with the issue. The school has a pest control contract in place to assist in dealing with infestations of any kind.
4. Latex-Related Aspects: If a pupil is allergic to latex they should avoid contact with some everyday items including, rubber gloves (unless latex-free), balloons, pencil erasers, rubber

bands, rubber balls, and tubes and stoppers used for science experiments.

The school's catering company has a robust allergy management plan in place with supporting paperwork, information, instruction, training, and supervision. The School Nurse ensures that the catering manager is aware of all allergic pupils' requirements, with the students' dietary requirements being detailed on laminated sheets which are displayed by the servery.

The school policy is that nuts should not knowingly be used in any area of the curriculum. Whilst this does not guarantee a nut-free environment as traces of nuts are found in a great deal of foodstuffs it will reduce the chances of exposure to pupils with allergies. The school will review policies after a reaction has occurred and update and monitor the policy and health care plans on an ongoing basis.

<u>How to recognise Anaphylaxis and allergic reactions</u>

Mild-moderate allergic reaction:
• Swollen lips, face or eyes
• Itchy/tingling mouth
• Hives or itchy skin rash
• Abdominal pain or vomiting
• Sudden change in behaviour

ACTION:
• Stay with the child, call for help if necessary
• Locate adrenaline autoinjector(s)
• Give antihistamine according to the child's health care plan
• Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):
- Airway: Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
- Breathing: Difficult or noisy breathing Wheeze or persistent cough
- Consciousness: Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

If ANY one (or more) of these signs are present:
1. Lie the child flat with legs raised: (if breathing is difficult, allow the child to sit)
2. Use Adrenaline Auto-Injector without delay – adrenaline has to be injected into the muscle in the front quarter of the outer thigh.
3. Dial 999 to request an ambulance and say ANAPHYLAXIS
4. If known, advise the time the AAI was given
*** IF IN DOUBT, GIVE ADRENALINE ***

After giving the Adrenaline Auto-Injector:
1. Stay with child until the ambulance arrives, do NOT stand the child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with a known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Emergency Adrenaline Autoinjector held in school

From 1st October 2017, the Human Medicines (Amendment) Regulations 2017 has allowed

schools in the UK to buy 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 Autoinjectors prescribed in the UK at present are Emerade®, EpiPen® and Jext®. As per the Department of Health's advice the school will hold the brand most commonly prescribed to students.

School 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. Emergency Adrenaline Autoinjectors are kept in the Ivy Wood staffroom, and in the medical room and the main reception on Manor Wood side.

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

APPENDIX 6 – Epilepsy management in school

WHAT TO DO IF SOMEONE HAS A SEIZURE:

- Stay calm.
- If they are convulsing, then put something soft under their head.
- Protect them from injury (remove harmful objects from nearby).
- NEVER try to put anything in their mouth or between their teeth.
- Try to time how long the seizure lasts – if it lasts longer than usual or continues for more than five minutes then call medical assistance.
- When they finish their seizure stay with them and reassure them.
- Do not try to move them unless they are in danger.
- Do not try to restrain them.
- Do not give them food or drink until they have fully recovered from the seizure.
- Aid breathing by gently placing them in the recovery position once the seizure has finished.
- Sometimes they may become incontinent during their seizure. If this happens, try to put a blanket around them when their seizure is finished to avoid potential embarrassment.

2. WHEN TO CALL AN AMBULANCE

Call 999 and ask for an ambulance if:

- it's the first time someone has had a seizure
- the seizure lasts longer than is usual for them
- the seizure lasts more than 5 minutes, if you do not know how long their seizures usually last
- the person does not regain full consciousness, or has several seizures without regaining consciousness
- the person is seriously injured during the seizure

Students with epilepsy will have an Individual Health Care Plan agreed with doctors and their family or carers that says what to do when they have a seizure.

APPENDIX 7. Diabetes management in school

INTRODUCTION

Diabetes is a chronic condition characterised by the body's inability to regulate blood sugar levels effectively. It is crucial for school staff to be well-informed and prepared to manage diabetic emergencies that may arise among staff & visitors with diabetes.

There are two primary types of Diabetes

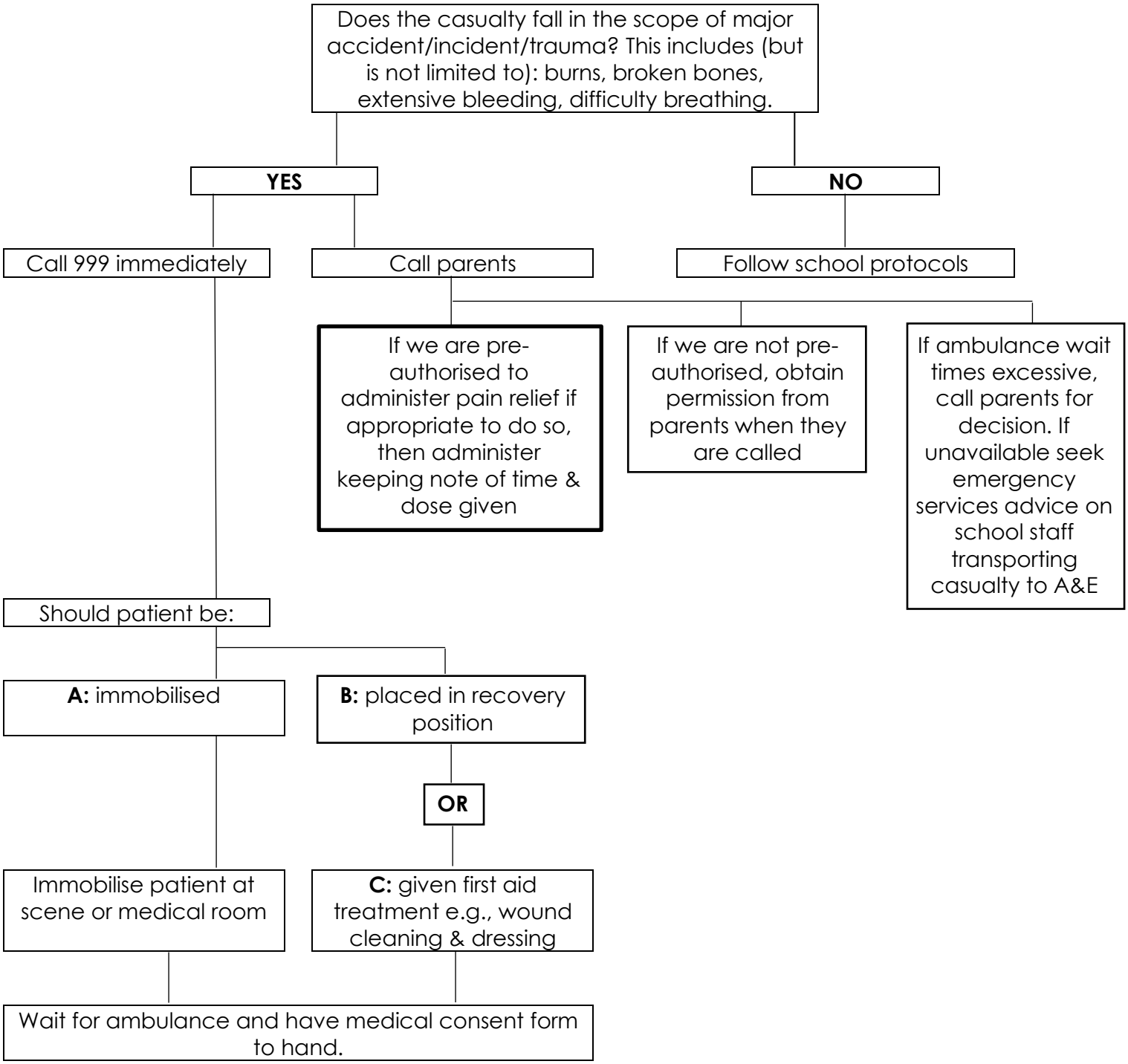
- Type 1 Diabetes – usually diagnosed in childhood or adolescence, characterised by the pancreas producing little to no insulin, also known as insulin dependent diabetes.
- Type 2 Diabetes – often develops in adulthood, characterised by the body's ineffective use of insulin. Far more common than type 1, in the UK around 90% of all adults with diabetes have type 2.

Common Diabetic Emergencies:

1. Hypoglycaemia (Low Blood Sugar): This occurs when blood sugar levels drop too low, leading to symptoms such as dizziness, sweating, confusion, and weakness.
2. Hyperglycaemia (High Blood Sugar): This occurs when blood sugar levels are too high, leading to symptoms such as excessive thirst, frequent urination, fatigue, and nausea.

Each student who suffers from diabetes will have an Individual Health Care Plan written by the parents and their health care provider.

APPENDIX 8 : Major accident, incident, or illness: when to call an ambulance:



CONTACTS:
Main Reception: 0208 457 5200
Estates Mobile: 07910 941 564
School Nurse: 07931 993 756
Ivy House School (Reception): 0203 869 3070

APPENDIX 9 – CONCUSSION ASSESSMENT

Concussion Assessment: Modified Maddox Score

On-field memory assessment for suspected concussion.
Score 1 point for each correct answer.

Maddox Score:

Questions: I'm going to ask you a few questions, please listen carefully and give your best effort:	
1. What venue are we at today?	
2. Which half of the match are we currently in?	
3. What is the score right now?	
4. What day was it yesterday?	
5. Who are we playing right now?	
Maddox score:	/5

Note: Appropriate sport-specific questions may be substituted.