



First Aid Policy

(Incorporating Supporting Children with Medical Conditions October 2016)

Date Last Reviewed: February 2022

Next Review Date: February 2024

Audience: Governors

Staff

Parents

Contents

1 Aim/Introduction	4
2 Responsibilities	4
3 Administration of Medication	5
4 Storage of Medication	6
5 First Aid	6
6 Supporting Children with Medical Conditions in Schools	10
6.1 EPI-PENS AND ANAPHYLAXIS	11
6.2 ASTHMA	12
6.3 DIABETES	13
6.4 ECZEMA	14
6.5 EPILEPSY	14
7 Needle Stick policy	14
7.1 Scope	14
7.2 Purpose	14
7.3 Policy	14
7.4 Routes of transmission	14
7.5 Definitions	15
7.6 Responsibilities of the exposed person following the incident	15
7.7 Responsibilities of managers/officers in charge	16
8 Addendum 1: COVID-19 school arrangements for First Aid policy and procedures	18
Symptoms of coronavirus (COVID-19):	18
How COVID-19 is spread:	18
Suspected case of COVID-19:	18
PPE (Personal Protective Equipment):	19
Resuscitation Advice:	19
Blood or body-fluid spill:	19

1 Aim/Introduction

At Newnham Junior School we believe in an ethos that values the whole child.

We strive to enable all children to achieve their full potential academically, socially and emotionally.

Aim

The aim of this policy is to ensure that there are processes in place to safeguard the health, safety and care of our pupils and to ensure that procedures are in place to cater for all identified children with medical conditions.

Introduction

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of Newnham Junior School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities

2 Responsibilities

Head Teacher and Governing Body Responsibilities

The ultimate responsibility for the management of this policy lies with the Co-Head Teachers and Governing Body. The governors will receive termly reports on Health & Safety matters from the Head teachers including reports of any incidents. The governing body will regularly review the School's first aid needs as part of its annual review of Health & Safety at the school to ensure the provision is adequate. They are responsible for ensuring a risk assessment of the first aid requirements of the school is undertaken annually.

The Head teacher must ensure that signs relevant to the contents of this policy are displayed throughout the school, providing the following information:

- Names of employees with first aid qualifications
- Location of first aid equipment

The Head teachers are required to inform all parents/guardians of the school's first aid arrangements, which are made available on the school website.

Employees' Responsibilities

The Head teachers are responsible for implementing the governing body's policy via the Welfare Officer and all other members of staff and for ensuring the development of detailed procedures.

Anyone caring for children, including teachers and other school staff have a common law duty of care to act like any reasonably prudent parent. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency. Teachers/child care practitioners who have children with medical needs in their care should understand

the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided, reading individual health plans devised for individual children and completing risk assessments when necessary

All employees are to familiarise themselves with, among others, the Health & Safety and First Aid policies. This instruction is outlined in the staff Induction Handbook. This includes:

- The arrangements for first aid
- The employees with qualifications in first aid
- The location of first aid equipment
- The arrangements for recording and reporting accidents

Parents' Responsibilities

Parents/carers have prime responsibility for their child's health and should provide school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school/other health professionals to develop an individual healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.

Upon entry to school, parents/carers will be asked to complete admission forms requesting medical information. We also send out data sheets regularly for parents/carers to check and amend to ensure all our records are up to date. The onus is on the parent to ensure that if circumstances change that they make the school aware of these as soon as is practical.

3 Administration of Medication

The school will only administer medication that is prescribed by a child's doctor. If a child is required to take prescribed medicine during the school day, parents are requested to inform the school office or the Welfare Officer detailing administering instructions. Medication must be brought into school in its original container and given to the Welfare Officer or the school office. Pupils must not keep their own medication in school. Non-prescribed medicines are not administered to children at school.

When a child has been off sick, parents/guardians should ensure that the child has received sufficient doses of a course of medicine to alleviate the condition before the child returns to school. Staff will then administer appropriate remaining doses of the course if required to do so.

Children requiring medication to be stored for the topical treatment of conditions must provide prescribed medication and must put in writing to the Welfare Officer before the medication can be left here. Epi Pens will be required twice over, one to

accompany a child from room to room in the class medical bag, one to be kept in the Medical Room as per Hillingdon Borough's EpiPen policy.

With regards to asthma sufferers, a parent/carer must provide 1 blue inhaler and 1 spacer to the school. This will be stored in the class medical bag. The school has purchased 7 Emergency Kits (comprising 2 spacers and 2 blue inhalers); these are stored outside the Medical room, outside 4CH, 6A and in the music mobile classroom. We also have 3 emergency kits for use in an emergency only. Where possible and feasible a child will use their own inhaler and spacer in the event of an asthma attack. In the event that school equipment is used from the Emergency Kit it will be sent home with that child and the school will purchase replacements for the Emergency Kit.

Whilst the Welfare officer will notify parents when an item is about to expire, it is also the parent's responsibility to note the dates that medications will expire and to proactively provide a replacement item to the school as and when the time comes.

4 Storage of Medication

All medication that is required to be in school will be stored in the Medical Room and in the class medical bag.

The Welfare Officer may receive the medication directly to the Medical Room if it is the first prescription of the medication in order that written permission is given and a full understanding of the requirements can be discussed. The Welfare Officer is responsible for monitoring the expiry date of any medications and for advising parents that replacement medication is required. Parents should also diarise replacement dates for any lifelong or long term medications. Ultimate responsibility is with the parent. The school cannot be held responsible for out of date medication. Where items are required to be stored in a fridge, they will be placed clearly marked, into the fridge in the Medical Room.

5 First Aid

Aim

Health & Safety legislation places responsibility on schools to protect their staff, students and visitors. Newnham Junior School has a health and safety policy which includes arrangements for first aid, based on a risk assessment of the school, and includes:

- the school's first aid policy
- qualified first aiders/appointed persons
- locations of first aid equipment
- arrangements for offsite activities and trips
- out of school hours arrangements, e.g. lettings, parents' evenings etc.

Provision of First Aid

First aid at the school is delivered primarily through the employment of a Welfare Officer and a team of trained first aiders.

Newnham Junior School

Accidents resulting in injury or ill health will be notified immediately to the appointed person or the nearest first aider to facilitate first aid treatment. Where injuries are serious enough to warrant hospital treatment staff must telephone 999 for an ambulance to transport the patient to hospital, inform the next of kin and the Head teachers. When a child is sent to hospital a member of staff will accompany the child in the event that a parent cannot be contacted or time will not allow us to wait.

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on First Aid for Schools'.

The locations of first aid equipment in school are:

- Main Kitchen
- Medical Room
- In the Year 6 Area

The equipment must be checked on a regular basis by the Welfare Officer.

First Aiders

It is the policy of the school that there will be sufficient numbers of trained first aiders on the site at all times. First aiders must have completed a training course (First Aid at Work) approved by the Health & Safety Executive (HSE). Employees with current certificated training are listed in the Medical Room and in the staffroom. It is recommended that there must be:

- one first aider per 50 employees
- one first aider per 300 students
- specially trained personnel in accordance with the school risk assessment
- suitably qualified personnel for out of hours, out of term and out of school activities.

The main duties of the first aiders are:

- to give immediate help to persons with common injuries or illnesses
- to administer medicines in accordance with this policy
- to ensure that professional medical assistance is called when required

Contractors and club providers are expected to maintain their own first aid equipment and most provide their own trained first aiders (there is always a school First Aider on site until clubs finish). They will be allowed to use the school first aid equipment either in an emergency or after negotiation with the school. If the school's first aid equipment is used the Welfare Officer must be notified so that replenishment can be organised.

Appointed Persons

Appointed persons are not required to be first aiders. They do NOT give treatment for which they have not been trained. However, Newnham Junior School will always follow good practice in ensuring that appointed persons have emergency first aid

Newnham Junior School

training covering what to do in an emergency; cardiopulmonary resuscitation, first aid for the unconscious casualty and first aid for the wounded or bleeding.

An appointed person is someone who takes charge when someone is injured or becomes ill, looks after first aid equipment and ensures that an ambulance or medical help is summoned when appropriate.

Procedure for dealing with minor ailments and injuries during the school day

A child may not elect to take themselves to the Welfare Room, they must be sent by a member of staff. In the classroom setting it will be the Teacher or Teaching Assistant who takes that decision; during lunch and playtimes it will be the SMSA (outdoor assistant) or the Kitchen staff or any member of the Teaching staff who come into contact with the child who will take the decision to direct a child to the Welfare Room.

First aid will be administered to the child by the Welfare Officer or other first aider. Contact will be made with a parent/carer where the injury or ailment is considered to be more than an average occurrence, has caused a bad cut or injury or will leave the child with a significant mark or if it is considered that a child should be sent home.

Recording Accidents and Incidents

A record of treatment given must be maintained by the qualified first aider, or appointed person. These records shall be used in conjunction with the accident reporting and investigation procedures as a means of accident prevention. Accurate recording is invaluable if further medical attention is required or if legal action is considered by those involved in an accident.

All accidents are recorded in the Accident log Book in the Welfare Room by the Welfare Officer or the trained first aider. Where a child has been given prescribed medication or Asthma medication, a slip is completed for the child to take home. In the instance of bumped heads if it is felt necessary a telephone call is placed to the parent/carer to notify them of the injury or ailment. Where a child has sustained a significant but non-threatening injury a call is placed to a parent/carer so that, if necessary, the child can be collected from school.

A member of staff, who witnesses, is first on the scene or first to be informed of any major accident, dangerous occurrence or near miss will complete the on-line report form on The Hillingdon Schools Panel <https://sheassure.net> as soon as possible or within 5 days of the incident; The appointed person will investigate all major incidents reported by staff. Investigations may involve consultation with Safety Representatives with the aim of identifying the cause and implementing preventative strategies. The school will keep a record of all accidents/incidents and investigations. All incidents/accidents must be reviewed on <https://sheassure.net> within 10 days.

Compliance with RIDDOR regulations

Newnham Junior School

The Head teachers will determine which accidents and dangerous occurrences are required to be notified to the Health and Safety executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. (RIDDOR)

In the event of a major injury or fatality the notification must be immediate by telephone (0845 300 99 23), with written confirmation using the form F2508 or via website www.hse.gov.uk/riddor. The Welfare Officer will make the appropriate report to the HSE.

Procedure for dealing with spillage of body fluids

Staff, on becoming aware of an incident including spillage of body fluids, must make the area clear and safe and call for assistance from the Site Manager. The Site Manager will deal with the spillage using specialist materials which are held for this purpose.

Offsite activities

When students are on approved school trips, first aid arrangements are detailed in the risk assessment. Medical contact and information forms are sent to all parents/guardians to supply detailed information on students' medical conditions. The forms accompany the staff in charge of the visit and information can be made available to any medical authority in the country.

Trip of less than 24 hours

A designated member of staff must have a suitably equipped first aid kit along with individual pupil's medication such as inhalers, Epi pens, insulin etc.

Trip exceeding 24 hours

Parents are asked to complete the appropriate medical form so that all staff are aware of any specific medical conditions and can act appropriately.

Dealing with minor ailments

Childhood illnesses

Parents/carers should follow the Health Protection Agency guidelines for childhood illnesses and abide by these when considering whether their child should attend school. The list of illnesses is many and varied so families can visit <http://www.hpa.org.uk> or discuss their specific circumstance with the school Welfare Office.

We have elected to cover some of the more common ailments below as they do cause confusion amongst our parent community.

Head lice

Any case of head lice should be reported to the school. Where a case of head lice is identified during the course of the school day parent/carers will be advised on an appropriate course of action as advised by the local health authority. The child will be sent home from school upon identification of the head lice being present and may return as soon as treatment has either begun or been undertaken in order to avoid the spread of the head lice.

Conjunctivitis

A child with conjunctivitis may remain in school provided treatment has begun. The child will be advised to follow good hand washing techniques during the course of the ailment.

Diarrhoea/Vomiting

No child can remain in school if they have either diarrhoea or vomiting in order to limit the spread of these conditions. The child must not return to the setting until they are 48 hours clear i.e. have not had these symptoms for at least 48 hours.

6 Supporting Children with Medical Conditions in Schools

The school recognises that there are many common conditions affecting many children and young people, and welcomes all children with these conditions and others. The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of any conditions that a child may have, through relevant training and does not discriminate against any child who is affected by their condition.

The school works with a child's family to gather the relevant information about a child's condition and to share that efficiently and effectively within the school as appropriate.

Individual Health Care Plans (IHCP)

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually or more frequently at the request of parents/carers or the school, or as required

An IHCP will include:

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

A copy will be given to parents/carers, class teachers/childcare practitioners and a copy will be retained in the medical needs file in the office and the child's individual file. The general medical information sheet given to all staff will indicate that the child has an IHCP.

Communicating Needs

A medical file containing class/childcare lists together with an outline of any medical condition and actions to be taken is available to all teaching and non-teaching staff (including Lunchtime Supervisors and Activity Leaders) in the

Newnham Junior School

Welfare Room. Individual Health Care Plans for children are kept in the classroom/Welfare Room where they are accessible to all staff involved in caring for the child.

Physical Activity

We recognise that most children with medical needs can participate in physical activities and extracurricular sports. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

School Visits

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned in accordance with our policy on administering medication and as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

Residential Visits

Parents/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the trained first aider accompanying the group before leaving the school at the start of the visit.

6.1 EPI-PENS AND ANAPHYLAXIS

Anaphylaxis can be triggered by foods (e.g nuts, shellfish, dairy products) or non foods (e.g wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. Any child requiring an Epi-Pen to be on standby must have an up to date treatment plan which should be replaced after the child's review at hospital with the updated copy.

If an Epi-Pen is required in school then we must have two, one to be kept in the welfare room and one to be kept in the classroom.

Audits are undertaken by the School Nurse attached to Newnham Junior School and support given where required.

How will staff know which children might need an Epi-Pen?

Photographs of all children needing an epipen can be found in the Welfare Room and in classrooms of individual children. Children's Individual Health Care Plans are kept in classrooms, copies are also stored centrally in the Welfare Room and in individual children's files.

How will staff know when and how to administer an epipen?

There will be annual training sessions for all staff.

ONLY STAFF WHO HAVE HAD THE PROPER TRAINING ARE PERMITTED TO ADMINISTER AN EPI-PEN.

In the event of an attack it is important to administer an Epi-Pen as soon as possible and then call 999 for an ambulance, stating **CHILD HAVING ANAPHYLAXIS ATTACK** and then contact the parent/guardian. It is important that the child is monitored at all times and if there is a delay in the ambulance arriving, then the 2nd Epi-Pen should be administered.

ON NO ACCOUNT MUST THE CHILD BE TAKEN TO HOSPITAL USING PRIVATE TRANSPORT

6.2 ASTHMA

Administering Inhalers

- A. Preventative Inhalers, generally BROWN in colour and containing steroids, are normally administered night and morning and therefore are not to be sent into school. Any sent into school will be returned.
- B. Relief Inhalers - These are generally BLUE in colour and kept in each classroom.

A parent/carer must provide 1 blue inhaler and 1 spacer to the school. Where possible and feasible a child will use their own spacer in the event of an asthma attack. In the event that school equipment is used from the Emergency Kit this will be sent home with the child and the school will purchase replacements for the Emergency Kit.

1. Relief inhalers are available for the children to use in emergency with the teachers or other adults assistance, i.e. when breathless, coughing or wheezing.
2. A medical notebook is kept in the class bag.
3. A record of the child's name, dosage, date, time and when it is taken must be recorded in the medical notebook in the bag and initialled by the class teacher or other adult assisting the child to administer the medication.
4. The Welfare Officer must be notified of any change in the pattern of a child's use of his or her relief inhaler.

5. STRICT RULES

- a. No children other than those with medication are allowed to touch these containers.
- b. Each child is only permitted to take his or her own medication out of the bag.
6. Playtimes and Lunchtimes:
 - a. Should a child have an attack at playtime, the child's medication should be taken to the child or nearest emergency kit.

- b. At lunch time should a child have an attack, the child's medication should be taken to the child or nearest emergency kit.
- c. All of the children must use their inhalers via a volumatic spacer.

The Asthma Attack: what to do

If a pupil with Asthma becomes breathless and wheezy or coughs continually:

- Keep calm. It is treatable.
- Let the pupil sit down in a position they find most comfortable. Do not make them lie down.
- Assist the pupil to take their blue inhaler.
- If the symptoms disappear, the pupil can go back to what they were doing.
- If the symptoms have improved, but not completely disappeared, give another dose of the relief inhaler.
- If normal medication continues to have no effect: notify parents and call an ambulance and alert senior / responsible member of staff.
- In an emergency, if no adult can be reached, the Welfare Officer will accompany the pupil to the casualty department of the Hospital straight away.
- If parents have not been contacted, someone will continue to try to reach them.
- Keep trying with the usual reliever inhaler every 5 - 10 minutes until you hand them over to the Ambulance/Medical staff.

Sharing Information

Parents are requested to discuss their children's asthma with the Welfare Officer, giving full details of treatment together with clear guidance on correct usage.

Teachers share with their colleagues and the Welfare Officer information and concern about individual children's asthma and the policy in general.

The school has a responsibility to advise ALL staff on Asthma management. An important role can be played by the Welfare Officer, the School / Asthma Clinic Nurse, who can give valuable information through staff meetings, workshops, parents evening etc. as well as being available to discuss problems when they arise.

There will be a staff meeting once a year when the Paediatric Respiratory Nurse from Eastcote Health Centre will give training on asthma in schools and will remind the staff on how to administer the inhalers.

6.3 DIABETES

We recognise that diabetes should not be taken lightly because it is a very serious condition, and could result in a hypoglycaemia attack (hypo) where blood sugar levels become too low, or a hyperglycemic attack (hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they need to. All children with

diabetes in school will have their own IHCP. Each child with diabetes will have an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack.

6.4 ECZEMA

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

6.5 EPILEPSY

IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE

- Stay calm
- If the child is convulsing then put something soft under their head
- Protect the child from injury (remove harmful objects from nearby)
- NEVER try and put anything in their mouth or between their teeth
- Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance
- When the child finishes their seizure stay with them and reassure them
- Do not give them food or drink until they have fully recovered from the seizure
- Contact parents and if first seizure, call 999.

7 Needle Stick policy

7.1 Scope

This policy applies to all employees of the London Borough of Hillingdon.

7.2 Purpose

This policy has been developed to provide clear guidelines for employees on the management of needle stick injuries and exposures to blood and body fluids, to reduce the risk of transmission of infection resulting from the injury or exposure.

7.3 Policy

The policy advises and supports all employees, managers and Occupational Health Staff on the management of needle stick injuries and exposures to blood and body fluids, to reduce the risk of transmission of blood-borne virus transmission.

The policy describes the actions to be taken to reduce the risk of the major blood-borne viruses; hepatitis B, hepatitis C and human immunodeficiency (HIV) infection developing following the injury.

7.4 Routes of transmission

Sources of infection are infected people, contaminated objects, sharps, equipment.

Blood borne viruses are transmitted through entry of blood or other body fluids containing virus into the body of a susceptible person. This may occur –

- through skin puncture with blood contaminated sharp objects such as needles, instruments or glass
- via blood transfusion
- through contamination of open wounds and skin lesions such as severe eczema
- through splashing the mucous membranes of the eye, nose or mouth
- through human bites when blood is drawn;

And also contaminated instruments used for tattooing, body piercing and electrolysis. through unprotected sexual intercourse and by sharing injecting equipment.

7.5 Definitions

Needle stick injuries

Injuries caused by hypodermic needles

Injuries

Wounds caused by sharp objects, which are stained with blood

Splashes

Contact of blood/blood stained body fluids with the eyes and / or mouth

Exposure

Contact of blood/blood stained body fluids with non-intact skin

Source person

A person whose blood or blood stained body fluids have come into contact with an employee by splashing into eyes, mouth or onto broken skin or by accidental injury. If the source person is unknown, the term source person unknown shall be used.

Accident area

The site of injury

Immediate care area

The area where the emergency management of the injured person is carried out

7.6 Responsibilities of the exposed person following the incident

The exposed person shall –

- a) Encourage bleeding by gently squeezing the site of puncture; do not suck.
- b) Wash the wound under running warm water and soap, and cover with an appropriate dressing. If contamination has occurred in the skin, eyes or mouth wash the area with plenty of water.
- c) Immediately inform the manager/officer in charge.
- d) Go to the Accident and Emergency Dept at Hillingdon Hospital within one hour of the incident.
- e) Inform the hospital reception desk of the needlestick/sharp injury and ask to be seen by specially trained doctors.
- f) Be available to attend all required screening, assessment and treatment.

7.7 Responsibilities of managers/officers in charge

It is essential that a risk assessment is conducted on all activities that could expose staff members to the risk of blood borne diseases. The risk assessment shall as a minimum include the –

- Nature of the work
- Exposure time/method
- Precautions in place

Once the level of risk is established appropriate control measures shall be identified and implemented to reduce the risk to as low as is reasonably practicable.

As a minimum the control measures shall incorporate Information, instruction and training on –

- Safe systems of work
- The use of appropriate personal protective equipment such as gloves and aprons
- First aid procedures and facilities available
- The means for reporting an accident or incident

If deemed necessary as part of the controls to prevent the transmission of blood borne viruses, the Hepatitis B vaccination shall be made available to staff at risk. Should a staff member be exposed to blood or any body fluids, if possible they shall request the source person to give consent for a blood sample to establish HIV, Hepatitis B and Hepatitis C antibodies; this should be organised through the person's doctor. The person has the right to refuse to provide a sample and it should also be understood that the person can still change his/her mind to provide consent to release the information even though he/she had agreed to a blood test initially.

The manager must conduct an investigation immediately following an accident or incident to –

- a) Ensure that the appropriate first aid procedures are being carried out e.g. the injured person washes out the wound with lots of water/soap and cover the wound with a waterproof dressing
- b) Establish if the injury has penetrated the skin, whether bleeding is present. If the injury has penetrated the skin or the contaminated blood /body fluids have been splashed onto broken skin / eyes then the manager must refer the person to the Accident and Emergency Department at Hillingdon Hospital within one hour of the incident. To ensure the quickest response possible it may be necessary for the manager to pay for transport to and from the hospital for the injured person.
- c) Record the incident with details of how it happened
- d) Refer the exposed person to the Inform the Occupational Health Unit as soon as possible.
- e) Ensure that the injured person clearly understands the need to attend follow up screenings and health surveillance.

Staff training

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school.

Arrangements are made with appropriate agencies e.g. school Welfare Officer to update staff training on a regular basis. Teaching and support staff are directed to attend epipen and asthma training annually.

Confidentiality

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual healthcare plan. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Other agencies

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

Monitoring and Evaluation

Staff and governors will review this policy every two years unless circumstances demand an earlier review.

8 Addendum 1: COVID-19 school arrangements for First Aid policy and procedures

This addendum notes variances to the Newnham Junior School First Aid Policy.

The general principle of our current First Aid policy will remain unchanged.

We will ensure that appropriate first aid arrangements are in place for our children, staff and any visitors to our school premises showing signs of Covid-19. This includes providing sufficiently trained employees for our needs and maintaining an adequate supply of first aid equipment.

Newnham Junior School follows the latest guidance given by Public Health England and seeks advice from the following sources if needed.

1. DfE helpline: 0800 046 8687,
2. London Coronavirus Response Cell (LCRC): 0300 303 0450 or:
LCRC@phe.gov.uk
3. Public Health Hillingdon - 01895 250095 (Out of Hours: 07984 579 448)

Threshold:

When the following threshold is reached, the school will contact the DfE for further guidance:

5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period.

Symptoms of coronavirus (COVID-19):

- Recent onset of a new continuous cough
- High temperature
- Loss of, or change in, normal sense of taste or smell (anosmia).

How COVID-19 is spread:

COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person. Respiratory secretions (droplets) containing the virus are likely to be the most important means of transmission; these are produced when an infected person coughs or sneezes. It is possible that someone may become infected by touching a person, a surface or object that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as shaking hands or touching doorknobs then touching their own face).

Suspected case of COVID-19:

- For any child or adult who develops symptoms (i.e. a high temperature, new persistent cough, loss of smell or loss of taste), the head teacher needs to be immediately informed (or other SLT member if the HT is not available)

- The child or adult will be isolated to the Welfare Room until they are collected or go home. Anyone in contact with the pupil must wear PPE (Personal Protective Equipment) and ensure all windows in the room are opened and the door is closed.
- A specific cleaning protocol is in place for this area after a pupil or adult leaves.
- Minor incidents requiring first aid to be managed by First Aider wearing gloves, face mask and or aprons to be worn
- No more than 2 children at a time will be in the Welfare Room, observing 2 metre distancing rule, 1 on a chair by window and 1 on the bed
- Major incidents requiring first aid will be managed in the Welfare Room. The room should be well ventilated and if contact is required gloves, apron and face mask/visor should be worn.

PPE (Personal Protective Equipment):

Where it is not possible to maintain a 2-metre or more distance away from an individual when providing first aid, PPE is available:

- Disposable gloves
- Disposable plastic apron
- Eye protection (E.g. visor or goggles) if there is a risk of droplets
- Face mask

Resuscitation Advice:

If an adult is unresponsive and not breathing normally, call 999 or 112 for emergency help and start CPR immediately. Do not leave the casualty, before starting CPR, use a towel or piece of clothing and if available a "face shield" and lay it over the mouth and nose of the casualty. Start chest compressions. If needed, use a defibrillator under the guidance of a First Aider.

Resuscitation face shield should only be used if the decision is made to perform mouth to mouth CPR.

First Aiders must clean their hands thoroughly with soap and water or alcohol sanitiser before putting on and after removing PPE.

All used PPE be removed and disposed of safely by double bagging. Affected area will be cleaned thoroughly.

Blood or body-fluid spill:

- Keep people away from the area.
- Use a spill-kit if available
- PPE should be removed and disposed of safely by double bagging
- If no spill-kit is available, place paper towels onto the spill.
- Follow up cleaning protocol

Newnham Junior School

This document was approved and adopted by the governing body.

Date

9th February 2022

Name of the Chair of Governors

Tanya Huehns

Signature of the Chair of Governors

Date	Status	Comments
7 th February 2018	Updated	On-line report form details updated and location of first aid equipment updated.
6 th February 2019	Updated	Welfare Room/Welfare Officer updated for consistency and number of emergency kits updated. Website details also updated on page 8.
5 th February 2020	Updated	Use of emergency kits reviewed and updated by the Welfare Officer.
14 th October 2021	Updated	Number of emergency inhalers and procedure after use updated.