CANBURY SCHOOL

FIRST AID POLICY & PROCEDURES

Last Review Date:	**April 2026**
Policy Owner:	**L Anindita-Beckman**
Approved by:	**H&S Committee**
Next Review Date:	**April 2027**

1. Introduction

In accordance with Health & Safety legislation (Health & Safety - First Aid Regulations 1981), it is the responsibility of the Governing Body to ensure, as far as reasonably practicable, that there is always adequate and appropriate first aid provision when there are people on the School premises and for staff and students during off-site trips and activities.

This policy outlines the School's responsibility to provide adequate and appropriate first aid to students, staff, parents and visitors and the procedures in place to meet that responsibility. The policy is reviewed annually.

Canbury School will take every reasonable precaution to ensure the safety and well-being of all staff and students. Details of such precautions are noted in the following policies:

- Health and Safety Policy
- Behaviour Policy
- Child Safeguarding Policy
- Administration of Medicines Policy
- Educational Visits Policy

2. Objectives

To ensure adequate first aid provision, it is the School policy that:

- The School's Bursar, School's Registrar and School office staff will carry out regular assessment of the School's first aid needs that is appropriate in the School.
- Enough trained personnel and appropriate equipment are available to respond to an incident, as well as suitable rooms or areas for treatment.
- Adequate first aid cover is provided for sporting activities during the school day.
- A qualified first aider is always available during normal school hours, and nominated first aiders provide general cover during the school holidays (if appropriate).
- Appropriate first aid arrangements are made whenever staff and students are engaged in off-site activities and visits.
- To report certain serious accidents, occupational diseases and specified dangerous occurrences to the Health & Safety Executive under RIDDOR.

3. Personnel

3.1. Health & Safety Committee (HSC)

The HSC reports to the Governing Body on health and safety issues and includes: the Health & Safety Governor, the School's Health and Safety officer (the Bursar), the Head and the Site Manager.

HSC is responsible for:

- regular review of the health & safety policies;
- reporting and making recommendations to the Governing Body; and
- investigating incidents.

3.2. **The Head** is responsible for the health and safety of all employees and anyone else on the premises. This includes teachers, non-teaching staff, students and visitors (including contractors).

She must ensure that appropriate risk assessments of the School are undertaken and the appointments, training and resources for first aid arrangements are appropriate and in place.

She should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

The Head will ensure that staff are informed about the School's first-aid arrangements, giving staff information on the location of equipment, facilities and first-aid personnel. This information will also appear in the Staff Handbook.

3.3. **The Bursar** is responsible for putting the policy into practice and for developing detailed procedures. The Bursar is also responsible for ensuring that:

- First Aid needs are assessed and addressed.
- Enough qualified First Aiders are available at school during school hours.
- First Aid training needs are identified, and attendance on appropriate courses is arranged.
- A record of all first aid training undertaken by school staff is maintained.
- First aid support during school hours is provided.
- Liaising with the Health & Safety Committee regarding first aid issues.
- Provision and regular replenishment of first aid equipment and necessary supplies is organised.
- Records of accident reports are maintained and reported to the Head and Health & Safety Governor.
- Ensure that the policy and information on the School's arrangements for first aid are available to parents, if requested.

3.4. **All staff are responsible for**

- Acting in the capacity of a responsible adult in the event of an emergency.
- Recording all accidents on an accident form and providing this to the school office which will keep the record in the school's MIS System (Satchel One)

- Carrying out risk assessments for any off-site trips and ensuring adequate first aid provisions are taken. A first aid kit must be taken, and it would be preferable to have a qualified first aider accompanying the trip.
- Securing any personal medication safely and out of reach of students.

3.5. Staff involved in sporting activities are responsible for

- Ensuring that first aid kits are taken to all practice sessions, matches and other external events and returned to the school office as soon as possible afterwards.
- Ensuring that students with head injuries or those who have been injured are never left unattended, and ensuring the safe transfer of injured students from the pitch/ court or river into the care of their parent/guardian or medical personnel.
- Inform the school office of any first aid/medical requirements for any fixtures/off-site activities during the school week.
- Updating the SLT and school office staff on any injuries that occur during away matches and/or training.
- Informing the SLT and school office staff of any changes in fixture times, locations and medical needs.
- Completing the Accident Report forms.

3.6. **Staff involved in off-site trips or activities:**

- Any organised student activities that take place off-site, where third-party first aid provision is not available, should have a member of staff appropriately qualified in first aid in attendance.
- The EVC and the activity/trip leader should determine any additional medical needs that require first aid equipment and medications, and these should be provided accordingly.

4. Training of first aid personnel

- All first aid at work and emergency at work personnel must hold a valid certificate of competence, approved by the Health & Safety Executive, with a copy held by the Bursar.
- Retraining will be given, as necessary. Specialist training in first aid should be arranged in a three-year cycle for all first aiders.
- Members of staff who require initial training should contact the Bursar, who will help arrange a convenient course with a recognised competent training organisation.

5. The Appointed Person(s) have undertaken First Aid training. They will:

- Hold a valid certificate of competence, issued by an organisation approved by the HSE;
- Take charge when someone is injured or becomes ill;
- Look after the first aid equipment e.g. restocking the first aid boxes;

- Ensure that an ambulance or other professional medical help is summoned when appropriate.
- They must have completed and keep updated a suitable and relevant training course.
- They will:
    - Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School;
    - When necessary, ensure that an ambulance or other professional medical help is called.
    - Where students are on site, the School ensures at least one person who is a fully qualified first aider is on site and available at all times.

6. Guidance on Calling an Ambulance

The first aider who is assisting the ill person will make the decision as to whether or not they wish to call an ambulance. They will either phone the emergency services directly on their mobile phone if they have it with them, or they will ask a member of staff nearby (or failing that a student) to go to the school office and ask for an ambulance to be called. The School Receptionist will then phone the emergency services and describe the condition of the child. The School Receptionist will liaise with the Site Manager as to the most appropriate emergency door that will have to be opened bearing in mind the location of the victim. A member of the Senior Leadership Team must be alerted.

The first aider who has assisted from the beginning of the accident will accompany the student in the ambulance.

In any circumstances where there is any doubt, an ambulance will be called. The accidents/incidents warranting emergency care are situations such as:

- Head injuries where there is a loss of or suspected loss of consciousness.
- Sudden collapse.
- Major wounds needing medical attention.
- Suspected fractures.
- Spinal injuries.
- Use of an Adrenaline Auto-Injector (AAI)
- Major Asthma, Diabetic, Seizure event.

The above list is not exhaustive.

In the event of the emergency services being contacted the below must be considered:

- Parents must be contacted to ascertain when they can join their child and their wishes with regard to treatment should they be delayed.

- In accordance with the statutory frameworks detailed in Keeping Children Safe in Education, the school recognises the legal principle of Gillick Competency. Students under the age of 16 who demonstrate sufficient maturity, intelligence, and a full understanding of the nature and consequences of a proposed medical intervention may legally provide their own informed consent for emergency or routine treatment without secondary parental authorisation.
- As per the School's terms and conditions, the Head may agree to emergency medical treatment if the parent/guardians cannot be contacted.
- A member of staff must accompany and stay with the student until the parent(s)/guardian arrives.
- Contact details must be taken to the hospital.
- Once at the hospital, and the student is registered, it is then the hospital's responsibility for further medical contact with the parents.

7. First Aid Boxes and Kits

The School will provide and allocate the required amount of first aid boxes, and the Registrar will check and restock these as necessary. The Bursar is responsible for the positioning of the boxes in appropriate areas around the school.

8. Standard First Aid Boxes

Main Reception	**3x First Aid Bags** **2x AAI (Adrenaline Auto Injector)** **Burns Kit** **Defibrillator**
Medical Room	**Comprehensive range of medical and emergency equipment and supplies.**
Art Room	**1x First Aid Kit** **Burns Kit** **Eye Wash Box**
Science Room	**1x First Aid Kit** **Burns Kit** **Eye Wash Box**
Sport Shed	**1x First Aid Kit** **Eye Wash Pods**
2 School Mini Buses	**1x First Aid Kit in each vehicle**
School Cupboard	**1x First Aid Kit Bag**

The contents of the first aid boxes will be determined by the Bursar after considering each individual area or department and any risk factors. The Bursar should be informed immediately if any items are removed from the boxes/kits. The Registrar will periodically check the first aid boxes around the School.

9. Vehicles used for students' transport

First aid boxes will be provided in all minibuses. The drivers should be responsible for ensuring the first aid kits are on the vehicle, and if any items are used the Bursar should be notified as soon as possible.

10. Emergency First Aid equipment

Canbury School has one defibrillator located at the main reception on the ground floor of the School.

11. Emergency Auto Adrenaline Injectors (AAI).

AAIs can be found at the School's reception.

12. First Aid Room

A medical room for medical treatment and care of children during school hours is provided and is located on the ground floor of the School. This is a dedicated area and contains a washbasin and is close to a lavatory.

13. First Aid Notices

First aid notices will be displayed around the School, and a list of first aiders is held by the Bursar (and noted in this First Aid Policy).

15. Managing Injuries and Accidents

- In the event of the casualty being transferred to a hospital, a member of staff must always accompany a student where a parent/guardian is not present.
- The School Office, in liaison with the Assistant Head (Pastoral) and other members of staff, will contact the parents/guardians to inform them of the injury and provide relevant details of where the student is being transferred to.
- In the event of all other injuries, the casualty must be escorted to the medical room situated on the ground floor of the School
- If the injury takes place during external sport fixtures, emergency first aid must be administered by the qualified first aider on duty, and the injury must be reported to the school office as soon as possible.

- During the school day, any student sustaining an injury or requiring first aid must report to the school office where the first aider on duty will administer treatment. If the medical intervention requires the student to remain in the first aid room for an extended duration or results in an emergency departure from the premises, the attendance register must be updated immediately in absolute accordance with the School Attendance (Pupil Registration) (England) Regulations 2024 to preserve accurate, session-by-session student tracking.
- The first aider will refer the students with significant injuries or illness to a hospital Accident and Emergency (A&E) Department if they deem necessary. The school office will inform the parent/guardians and a member of SLT.
- All injuries and accidents must be recorded on the school MIS system (Satchel One) promptly.

The following numbers should be used in the event of an injury:

9/999 or 9/112 - in the case of a serious injury an ambulance should be called.

16. Action at the scene of an injury

In the event of a serious injury, the member of staff/ first aider will be expected to:

- Assess the situation and make the area safe
- Inform the School office (1001), and the first aider on duty will attend the site of the injury.
- Administer emergency first aid if qualified and competent, ensuring all resuscitation protocols and clinical interventions align strictly with the current guidelines established by the Resuscitation Council UK.
- Get help using the nearest available telephone and inform the school office to send for the ambulance if required (external call dial 9 then either 999 or 112). The ambulance should be directed to the nearest convenient point, if possible, to the site of the injury. Send a guide to meet the ambulance, preferably by the school gates in Warboys Approach..

17. Guidelines for Calling an Ambulance

- The person dealing with the casualty should call the ambulance where possible. If it is not possible, the School Receptionist should call the ambulance.
- Call 999 and ask for an ambulance.
- State the exact location at school.
- Give the number you are calling from.
- State the nature of the injury.
- Give the name, date of birth and injuries if known of the casualty/casualties.
- Answer all the ambulance controllers' questions.
- Always remain with the casualty.

- Organise for someone to wait at the main entrance to direct the ambulance.
- Inform a member of SLT if they are not in attendance.
- It may be necessary to delegate some of the above to the Reception staff and the site manager can be summoned to help.

18. Sports accidents

- During the school week, the first aider on site will provide first aid and medical care to students involved in sports-related accidents that happen at school. If it is safe to mobilise the casualty, they must be escorted to the medical room for treatment. If it is not safe to move a casualty, or there is doubt, staff must call the first aider on duty to attend the incident/injury site.
- If a student sustains a fracture, they should not be moved until medical help arrives.
- All students suffering from a concussion/head injury must be immediately removed from the site of play and be seen by a medical professional.

19. AED and the location of the defibrillator at Canbury School

19.1. Resuscitation Guidance for Adults

- **How to recognise cardiac arrest**
    - Start CPR in any unresponsive person with absent or abnormal breathing.
    - Slow, laboured breathing (agonal breathing) should be considered a sign of cardiac arrest.
    - A short period of seizure-like movements can occur at the start of cardiac arrest. Assess the person after the seizure has stopped: if unresponsive and with absent or abnormal breathing, start CPR.
- **How to alert the emergency services**
    - Alert the emergency medical services (EMS) immediately by dialling 999 on your phone, if a person is unconscious with absent or abnormal breathing.
- **High-quality chest compressions**
    - Start chest compressions as soon as possible.
    - Deliver compressions on the lower half of the sternum (‘in the centre of the chest’). Compress to a depth of at least 5 cm but not more than 6 cm.
    - Compress the chest at a rate of 100–120 min−1 with as few interruptions as possible.
    - Allow the chest to recoil completely after each compression; do not lean on the chest.
    - Perform chest compressions on a firm surface whenever feasible.

- **Rescue breaths**
    - If you are trained to do so, after 30 compressions, provide 2 rescue breaths.
    - Alternate between providing 30 compressions and 2 rescue breaths.
    - If you are unable or unwilling to provide ventilations, give continuous chest compressions.
- **When and how to use an AED**
    - As soon as the AED arrives, switch it on.
    - Attach the electrode pads to the person's (who has sustained cardiac arrest) bare chest according to the position shown on the AED or on the pads.
    - If more than one rescuer is present, continue CPR whilst the pads are being attached.
    - Follow the spoken (and/or visual) prompts from the AED.
    - Ensure that nobody is touching the person whilst the AED is analysing the heart rhythm.
    - If a shock is indicated, ensure that nobody is touching the person. Push the shock button as prompted. Immediately restart CPR with 30 compressions. If no shock is indicated, immediately restart CPR with 30 compressions.
    - In either case, continue with CPR as prompted by the AED. There will be a period of CPR (commonly 2 minutes) before the AED prompts for a further pause in CPR for rhythm analysis.
- **Compressions before defibrillation**
    - Continue CPR until an AED (or other type of defibrillator) arrives and is switched on and attached to the person.
    - Do not delay defibrillation to provide additional CPR once the defibrillator is ready.
- **Fully automatic AEDs**
    - If a shock is indicated, fully automatic AEDs are designed to deliver a shock without any further action by the rescuer.
    - Many studies of public access defibrillation have shown that AEDs can be used safely by bystanders and first responders. Although injury to the CPR provider from a shock by a defibrillator is extremely rare, do not continue chest compression during shock delivery.
- **Safety**
    - Make sure you, the person and other students and staff around are safe.

- A trained first aider should start CPR for presumed cardiac arrest without concerns of causing harm to those not in cardiac arrest.
- A trained first aider may safely perform chest compressions and use an AED, as the risk of infection during compressions and harm from accidental shock during AED use is very low.

- **Foreign body airway obstruction**
  - Suspect choking if someone is suddenly unable to speak or talk, particularly if eating.
  - Encourage the person to cough.
  - If the cough becomes ineffective, give up to 5 back blows:
    - Lean the person forward. Apply blows between the shoulder blades using the heel of one hand.
    - If back blows are ineffective, give up to 5 abdominal thrusts:
    - Stand behind the person and put both your arms around the upper part of their abdomen. Lean the person forward. Clench your fist and place it between the umbilicus (navel) and the ribcage. Grasp your fist with the other hand and pull sharply inwards and upwards.
    - If choking has not been relieved after 5 abdominal thrusts, continue alternating 5 back blows with 5 abdominal thrusts until it is relieved, or the person becomes unresponsive.
    - If the person becomes unresponsive, start CPR.

- **Recovery Position**
  - For adults and children with a decreased level of responsiveness due to medical illness or non-physical trauma, who do not meet the criteria for the initiation of rescue breathing or chest compressions (CPR), RCUK recommends they be placed into a lateral, side-lying recovery position.

- It is important to stress the importance of maintaining a close check on all unresponsive individuals until the EMS arrives to ensure that their breathing remains normal. In certain situations, such as resuscitation-related agonal respirations or trauma, it may not be appropriate to move the individual into a recovery position.

19.2. Pediatric Resuscitation Advice

- We are aware that pediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilation crucial to the child's chances of survival. However, for those not trained in pediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in a critical situation.

- For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop, and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, this statement should be used.

- It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We acknowledge that performing rescue breaths increases the risk of transmitting any other virus to the rescuer or the child/infant. However, this risk is minor compared to the risk of taking no action, as this will result in certain cardiac arrest and the death of the child.

19.3. The chances of survival after a cardiac arrest decline at a rate of 7-10% with each minute of delayed treatment, and the UK Resuscitation Council recommends that Automated External Defibrillators (AED) are situated in areas of higher population flow.

19.4. Any staff member who has been trained to use an AED may use the machine, provided they feel confident and competent to do so.

19.5. The 2021 Resuscitation guidelines state that an AED can be used safely and effectively without previous training. Therefore, the use of an AED should not be restricted to trained staff. However, they do recommend that training should be encouraged to help improve the time to shock delivery and correct pad placement.

19.6. Public access AEDs are widely found in public places such as airports and supermarkets. They are intended to be used by the layperson.

19.7. The AED in Canbury School is located in Reception. A standardised AED sign will highlight the location of the AED.

20. Students with medical conditions

- All members of staff will be informed of any students with specific medical conditions during the start of year staff INSET, and updates will be provided as and when necessary. Information regarding the condition and any relevant action necessary will be displayed in the staff room. More detailed information on individual students is available by speaking with the SENCO.

- Diabetic students must always be accompanied by another student or a member of staff if attending the medical room during a diabetic event.

- Drugs and medicines will never be given to children while at school without the permission of a parent/guardian.

- Children who are prescribed drugs/medicines on a daily basis, which have to be taken at school, should hand them to the office staff for them to administer.

21. Accident Reporting

21.1. Accident forms must be completed for each injury and uploaded into the health incident area in the school's MIS system (Satchel One). A copy must be circulated to the Head, the Bursar, the Deputy Head (Pastoral) and reported to the Health & Safety Governor. This will provide an initial oversight of all accidents.

21.2. In the event of any injury requiring notification to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), the school office must inform the Bursar and the Head at the earliest opportunity to complete necessary documentation.

21.3. The Bursar must keep a record of any reportable injury, disease or dangerous occurrence (RIDDOR). This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

21.4. Types of Reportable Injury to RIDDOR

- The death of any person
- Specified Injuries as per RIDDOR 2013 (further guidance and a comprehensive list can be found on https://www.hse.gov.uk/riddor/reportable-incidents.htm)
- Over-seven-day incapacitation of a worker
- Over-three-day incapacitation (Accidents must be recorded, but not reported, where they result in a member of staff being incapacitated for more than three consecutive days)
- Non fatal accidents to non-workers (eg members of the public)
- Occupational diseases such as carpal tunnel syndrome, occupational dermatitis, occupational asthma, etc
- Carcinogens, mutagens and biological agents
- Dangerous occurrences (which are certain incidents with a high potential to cause death or serious injury). List of dangerous occurrences can be found here.
- Gas incidents

22. Records

- Any injuries/accidents requiring first aid treatment should be reported to the school office as soon as possible.
- Where possible, the person who witnessed the accident/injury should complete an accident form and forward the report to the school office as above.
- An accident form must be completed for injuries.
- The Receptionists ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:
    - The date, time and place of incident;

    - The name (and class) of the injured or ill person;
    - Details of their injury/illness and what first aid was given;
    - What happened to the person immediately afterwards;
    - Name and signature of the first aider or person dealing with the incident

- Parents/guardians are contacted by telephone once the student has received any necessary treatment and a note of the conversation is recorded in the treatment book/RM. All students seen by the first aider will be documented in the treatment log and on Satchel One.
- While medical evaluations and first aid logs are handled with professional discretion and stored securely to satisfy data protection duties, they are subject to statutory inspection and multi-agency protection rules. In accordance with information-sharing expectations set out in Keeping Children Safe in Education, the school will securely share medical records with external safeguarding partners or local health authorities without delay if a student's physical injuries or clinical presentations intersect with child protection risks or indicators of welfare neglect.
- All medications that are administered to the pupils during the school day will be recorded in the treatment log and on Satchel One.
- Parents/guardians must provide consent for emergency medical, dental, optical and other treatment as necessary.
- **Statutory accident records:** The Bursar must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years.

23. Hygiene/Infection Control

- Personal protective equipment (PPE) is to be worn during the COVID pandemic as directed/advised by the appropriate authorities.
- Where it is not possible to maintain a 2-meter or more distance away from an individual, the following items of PPE are recommended:
    - A fluid-repellent surgical mask
    - Disposable gloves
    - Apron
    - Eye protection (if risk of contamination of eyes by splashes or droplets) In addition to PPE, an increased frequency of cleaning and disinfecting surfaces and equipment, using standard household cleaning and disinfection products is also advised.
- Basic hygiene procedures must be followed by staff.
- Disposable gloves will be worn at all times when dealing with blood or other body fluids or when disposing of dressings or other potentially contaminated equipment.
- Care should be taken when disposing of dressings or equipment.

Appendices:

Appendix 1

CANBURY SCHOOL

Confidential Information Form

All health information disclosed within this form is treated with strict professional discretion and shared internally only on a need-to-know basis. However, this data does not operate under an absolute boundary of confidentiality; it will be shared with external medical personnel or multi-agency safeguarding partners in emergency scenarios or where necessary to protect the student from significant harm.

Child's Name:

Parent's /Guardian's Name(s): (1)

(2)

We are required to provide you with the opportunity to disclose any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and/or social difficulty of your child. This will assist the School to consider any adjustments we might need to make to assist the child to partake in the School's admissions procedure or when your child enters the School.

Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.

Appendix 2

The registered members of staff who have the Full First Aid at Work qualifications are:

Teaching Staff:
Mr J Barnes
Mrs L Buchanan
Mr G Fayers
Mr S Hussain
Mr A McGregor
Mr W Rush

LSA:
Mrs S Anjum
Mrs S Davies
Mrs D Strawbridge
Miss J Kay
Miss M Kissane-Wood

Mr J Shuttleworth

School Administration Team:
Ms L Boggi
Mrs J Davies
Mr M Fairbrass
Mrs L Griffith
Mrs H Milestone

At least one member of staff who has the Full First Aid at Work qualification is to be present at the School premises at all times when students are present.

Appendix 3

BODY FLUID SPILLAGE POLICY

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is, therefore, vital to protect yourself and others from the risk of cross-infection. To minimise the risk of transmission of infection, both staff and students should practice good personal hygiene and be aware of the procedures for dealing with body spillages.

References

This document is to be used in conjunction with Public Health England guidelines on Infection Control. Up-to-date versions are available on the Internet.

Staff Contact

1. The site Manager is to be contacted initially so that he can arrange to clean the area appropriately.
2. The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'.

Initial Clean-Up Procedure

1. Get some disposable gloves and a fluid spillage cleaning kit from the nearest First Aid kit.
2. Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place it in the biohazard bag, which you can find in the spillage cleaning kit. Put the sealed bag in the biohazard waste bin in the medical room.
3. Put more absorbent towels over the affected area and then contact the Site Manager for further help.
4. Any article of clothing contaminated with the spill should be wiped clean, then placed in a plastic bag and tied up for the parents to take home.
5. The area then needs to be cordoned off until cleaned.
6. If a cleaner is not immediately available, then a disposable cleaning kit will need to be used.
7. If the spillage has been quite extensive, the area may need to be closed off until it can be cleaned correctly.

Procedure for Blood and Other Body Fluid Spillage

1. Gloves to be worn at all times
2. Any soiled items, such as wipes, tissues, plasters, and dressings, must be removed inside out to ensure they are contained within and disposed of in a biohazard bin that is regularly emptied.
3. When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area to absorb the spill.
4. If a disposable spillage kit is available, then the instructions for use should be followed.
5. If not, contaminated paper towels must be placed in a bin with a liner, tied up, and then placed strictly in the biohazard bin located in the medical room.
6. The area must be cleaned with disinfectant following the manufacturer's instructions.
7. A 'Wet Floor Hazard' sign must be put by the affected area.

8. The area should then be ventilated well and left to dry.
9. All reusable cleaning-up equipment then needs to be appropriately disinfected according to the manufacturer's instructions.
10. Wash hands.

Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

1. Percutaneous injury, e.g. from needles, significant bites that break the skin.
2. Exposure to broken ski,n e.g. abrasions and grazes.
3. Exposure of mucous membranes, including the eyes and mouth.

Action To Take

1. If broken skin encourages bleeding of the wound by applying pressure, do not suck.
2. Wash thoroughly under running water.
3. Dry and apply a waterproof dressing.
4. If blood and body fluids splash into your mouth – do not swallow.
5. Rinse out your mouth several times.
6. Report the incident to a designated First Aider and Senior Management.
7. If necessary, take further advice from NHS Direct.
8. An accident form will need to be completed, and it may need to be reported to RIDDOR.

Appendix 4

CANBURY SCHOOL

THE USE OF AN ADRENALINE AUTO-INJECTOR (AAI)

An AAI is used when a child has an extreme allergic reaction to something. If a child suffers one of these attacks at school, the emergency services will be called immediately, and the following instructions must be followed:

1. The AAI is kept in the School Office, in the top compartment of the open-cabinet.
2. With your thumb nearest to the grey cap, form a fist around the unit (black tip down);
3. With the other hand, pull off the grey safety cap;
4. Hold the black tip near the outer thigh;
5. Jab firmly into the outer thigh from a distance of approximately 10 cm (listen for a click);
6. Hold firmly in the thigh for 10 seconds.
7. Massage the injection area for 10 seconds.

Appendix 5

CANBURY SCHOOL

PANDEMIC DISEASE POLICY

Please refer to our Pandemic Disease Policy here

Appendix 6

Record of Students Visiting the Medical Room

Student name		**Year group**			
Date of visit		**Time of visit**			
Details of injury or illness					
Action taken					
Was medication administered? Yes/no		**Dosage & type**		**Time**	
Was the student sent home or returned to lesson?		**Time of student leaving the medical room.**			
Parent/carer informed? ***If a non prescribed medicine was administered parents should be informed.***					
Name of member of staff dealing with the student					
Signature					

Please complete this form for all students visiting the medical room.

Appendix 7

CANBURY SCHOOL

ASTHMA

1. Prior to a student with severe Asthma starting at Canbury School, the parents must meet with the Head to discuss how their child can be cared for in the School environment.
2. The Head and the Bursar will then be responsible for training key members of staff.
3. A Medical Care Plan must be written with the parents detailing the specific care to be given should the student have an Asthma attack at School.

Asthmatic Inhaler Procedure

- Students who are in Year 7 and above are encouraged to carry their own Asthmatic Inhalers and to self-administer when they feel that it is necessary, often prior to a sports lesson.
- All students who carry inhalers must show the School Receptionist their inhalers at the start of each term so that she can register the type and method of administration.
- For the majority of students, the inhaler that they carry is the only inhaler on site, i.e. the School does not hold a duplicate.
- A list of students who have severe Asthma to warrant a spare inhaler on site is kept by the School Receptionist.
- All teachers must be aware of which students in their classes are Asthmatic and which have duplicate inhalers held on site.
- The Sports Staff must be made aware of all Asthmatic students.
- The spare inhalers for students with Asthma must be taken when the students go off-site, such as swimming, attending sports matches and school trips. It is the responsibility of the staff taking the trip to inform the School Receptionist and collect the inhalers.

Procedure for the Administration of an Inhaler

- The student may request to have use of their inhaler if they are beginning to feel 'tight chested', wheezy or have a repetitive cough.
- For younger students, the staff may hear that a certain student who is known to be Asthmatic may have an audible wheeze. If it appears to be bothering them or the student is clearly not breathing with ease, then they may require the use of their inhaler.
- Good practice prior to administering an inhaler for younger students is to contact the parents, especially if the parents have not made the school aware that the student has been using their inhaler more frequently. If the parents are not contactable and there is a completed 'Request to Give Medication Form', then the dose that has been written on that form may be given.

- The administration of the inhaler must be documented by the School Receptionist. A student's "Sick /Treatment Note" needs to be completed and sent to the parent(s)/ guardian(s) without delay.
- Parents are asked to keep the school informed when their child requires their inhaler more frequently.
- Some students will only carry their inhalers in the summer months during the hay fever season, and again, all the above procedures need to be followed.

Appendix 8

CANBURY SCHOOL

SEIZURES

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

All staff must be aware of how to manage a Seizure.

An Individual Health Care Plan must be written with the parents detailing the specific care to be given should the student have a seizure at School.

Oral Lorazepam or Diazepam

These medicines can be used to help stop seizures on an "as needed" basis. They should not be used as daily seizures medicine.

Swallowing pills is easier for most people. Yet, there are situations where it is not safe or possible for a person to swallow a pill. These may include

- A child who cannot swallow
- A person who is too sleepy or not able to cooperate
- Someone who cannot keep the medicine in their mouth (for example, a person who drools or has vomited)
- A person who has a medical or neurological condition that makes swallowing unsafe
- A person who is having too many seizures

Oral

An oral rescue medicine should only be given if the person is awake and alert and is not at risk for choking on the pill or water.

If the medicine is in a tablet form, they may be told to chew it before swallowing. Please refer to the student's individual health care plan.

One medicine, clonazepam, may come as a wafer that can dissolve on the tongue.

Sublingual

The medicine is placed under the tongue where it will dissolve and be absorbed into the bloodstream. The person should not drink or eat anything until the medicine is gone.

Buccal

The medicine can be placed in the mouth between the cheek and the gum. The medicine dissolves and is then absorbed into the bloodstream. Usually, medicines that can be taken under the tongue can also be placed between the cheek and the gum. The person should not drink or eat anything until the medicine is gone.

An ambulance must be called if:

- the student does not respond to the administration of this medication within 5 minutes of it being administered,
- if the seizures look different than before,
- if seizures occur one right after the other,
- if changes in breathing or skin colour are seen,
- if you are worried or bothered by how the person is doing.

Appendix 9

CANBURY SCHOOL

DIABETES

Prior to a student with Diabetes starting at Canbury School the parents must have met with the Head to have discussed how their child can be cared for in the School environment.

The Head will ask the parents to contact the child's Diabetic Nurse to come to the School to give the staff training.

All staff must be aware of how to manage a Hypoglycemic (low blood sugar) episode.

A Medical Care Plan must be written with the parents detailing the specific care to be given should the child have a Hypoglycemic episode at School.

Management of a Hypoglycemic Episode

All school staff should be aware of the symptoms that they need to look out for which could indicate a Hypoglycemic episode.

Common Symptoms of a Low Blood Sugar (Hypoglycemic) Attack

- Pale, cold, sweaty skin.
- Bizarre, uncharacteristic, unco-operative, and possibly violent behaviour.
- Confusion and memory loss.
- Shallow, rapid breathing and fast pulse.
- Can deteriorate quickly and become unconscious.

Should the child show any of the above symptoms or should they be found in a collapsed state then Glucogel needs to be administered.

A 'Medicine Administration Form' must be completed for Glucogel and a copy kept in the Medicine Administration folder.

Only the qualified First Aider and those who are trained to administer the Glucogel may administer the medicine. In their absence, an ambulance should be called immediately.

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

Glucogel (Formerly known as Hypostop)

This is medication that is routinely prescribed for Diabetics to use when they get the warning signs of low blood sugar. The medication is an oral glucose gel.

If the symptoms of a Hypoglycemic episode are seen early and these should be detailed in the medical care plan then a small sweet snack that the parents have recommended could be given prior to giving Glucogel.

Procedure for Glucogel Administration

1. The student should carry on them a 'Hypoglycaemic' pack which should contain the following items:
    - Sweet snacks
    - Sweet drink
    - Glucose tablets
    - Tube of 'Glucogel'
2. The medicine cabinet should also have 'Hypoglycaemic' box which has the student's name and a picture of them on the outside. Inside the box should be the above items plus a signed 'Medicine Form' for the administration of Glucogel.
3. If the Hypoglycaemic symptoms appear to be mild then some of the snacks could be given but if in any doubt administer Glucogel.
4. Check the 'Medicine Form' for Glucogel prior to giving.
5. If the student is able to they should administer the tube themselves. (See Diabetic Management Protocol for the after-care following a Hypoglycemic attack.).
6. Open the tube and squeeze the contents into their mouth.
7. If they are not able to, then gently open the child's mouth, but do not force their teeth open, then squirt the Glucogel into their mouth between the gums and the lining of their mouth. Afterwards gently massage their cheek to help with absorption.
8. The administration of this medication is to be recorded in the Medical Book and a 'student Sick/Treatment Form' needs to be completed and given to the student/parents.
9. Parents should be contacted immediately so they are aware of the situation.
10. The child should respond to this medication within 5 minutes of administration.
11. If the child is not responding then an Ambulance should be called and parents informed of the situation.

Insulin Administration Procedure

The First Aiders, under the guidance of the Diabetic Nurse, on occasions may need to train specific staff to undertake this procedure.

- The Insulin Injector pen to be stored in a locked fridge along with spare cartridges.
- If a child requires insulin at School it will normally be around the lunchtime period.

- The medical care plan should give clear details about the child's insulin regime.
- Prior to Insulin injections, some children may be required to have their 'Blood Glucose' levels (B.M.sticks) checked. The results of this test must be recorded on a 'student's Treatment Card' and in the Medical Book.
- If this medication is not given it can potentially cause a medical emergency for the child so if there are any problems in the administration the parents must be contacted and failing that the Hospital where the child is cared for.