

First Aid and Infection Control Policy

This policy is a whole school policy including EYFS

Introduction

This document fully details the provisions made for First Aid and Infection Control on the premises. Even though location and the number of employees may class Springmead School as low risk; a risk assessment has been carried out which highlights that the School is most probably of low to medium risk category. This is due to the number of pupils on site, the nature of some of the activities and the distance and time required to reach a hospital with accident and emergency cover.

Please also note attached Asthma guidelines.

Responsibilities

It is the school's responsibility to provide the timely and competent administration of First Aid and the effective implementation of the first aid policy.

The person responsible for First Aid within the School is **Kim Hobley, Administrator**. The Administrator is responsible for maintenance of (1) First Aid Kits, ensuring there is an adequate supply of materials to restock the First Aid Kits to their minimum contents requirements, see attached contents list and (2) Body Fluid Kits. She is also responsible for ensuring the accident book is kept up to date. Shirley Offer and Madeleine Taylor are responsible that those accidents that require reporting under RIDDOR are reported to the appropriate authorities. Furthermore, they are also responsible for ensuring that parents/guardian are notified of any head injuries to their child or of any first aid that has been administered or of any medicine that has been given, thus they are responsible for supervision of completion of the medicine register. The accident report book is analysed for patterns of recurring incidents.

All staff medication is stored in personal bags which are kept in the staffroom, as referenced in the staff handbook & code of conduct.

First Aid Procedures

This policy is a whole school policy including EYFS

There are a number of First Aid Trained staff within the school

Name of Qualification	Date completed	Name of Staff	
First Aid at Work - St John Ambulance	August 2020	Kim Hobley	
Paediatric First Aid- AID Training, Warminster	October 2021	Johanna Robinson Ilka Brown MaryAnn Pinchin	Shelley Latham Kay Flanagan Susan Brown
First Aid for Appointed Persons - AID Training, Warminster	April 2021	Nick Munckton Shirley Offer Madeleine Taylor Jane Dickson Georgina Boyden Susan Brown	Charlotte Munckton Carol May MaryAnn Pinchin Johanna Robinson Stacey Watson

First Aid Procedures

- All First Aid resources are provided in the Administration Office, plus mobile first aid kits are provided for use on trips. There is also a lockable medicine cabinet.
- The accident book is kept in the Admin Office. It must be filled in and completed for each first aid incident. These incidents are collated and trends such as child, area of school, day of incident etc are monitored. **The page is fully completed and photographed then sent with the injury letter to parents via the school's current communication system.** Either a **head injury letter** or **body injuries letter accompanies the report. Please write as much detail on the form** as possible and complete all boxes.
- If you have used any content from the first aid kits, please tell Kim or leave the numbered card from each bag on Kim's desk so she knows to check it. A complete check of first aid bag is completed each half term by Kim.
- **Privacy Area** – In the need of an area for a private examination the meeting room next to the admin office should be used. The Meeting in Progress signs should be used and the blinds closed.
- Parents are **rung if there is a head injury or if a injury is significant, or the child is unusually distressed.** It is best practice for the person who has dealt with the injury to ring but if this is not possible Kim will ring and state that this is part of our procedures and the parent should not be concerned by our call.
- A **red bucket** is available on each floor for the clearing up of bodily fluids.
- **We are not able to give any prescribed or over-the-counter preparations** such as Calpol without written permission from the parent. When given, the medicine book needs to be completed and witnessed. (forms are available from the admin office or downloadable from our website.

Reducing the spread of infectious illnesses within School

As a school we seek current advice from the Government on health related issues. We will always endeavour to follow this advice and would be our first point of reference.

General advice given to parents, staff and children

All members of the school community from time to time will be affected by the common ailments which all schools experience. Therefore we request assistance by the community by trying to reduce the infection risk by following the details below.

Diarrhoea and/or vomiting

If a child/ staff member suffers from diarrhoea and/or vomiting please away from school for a 48 hour period **after** the final episode of diarrhoea/vomiting. The viruses that cause gastrointestinal symptoms can remain infectious for up to 48 hours after the symptoms have resolved and, therefore, cross-infection remains a risk factor.

Fevers and 'Flu-like' symptoms

If a child/ staff member has a fever or 'flu-like' symptoms they must remain off school until they have had a normal temperature for 24 hours. The viruses that cause fever and flu-like symptoms can remain infectious for up to 24 hours after the symptoms have resolved and, therefore, cross-infection remains a risk factor.

Influenza

If a child/staff member is diagnosed as suffering from influenza they must remain off school until all symptoms have resolved.

Procedures including Risk Management

- Effective and efficient collection and disposal of all types of waste/litter will be established and maintained in accordance with local environmental requirements. Care should be taken that collected rubbish does not obstruct fire exits or is left in such a position that it constitutes a fire risk. Collected waste should be disposed of in an appropriate manner so as not to put others at increased risk.
- Food waste will be disposed of regularly, in sealed bags and placed in suitable scavenger proof bins. All staff involved in the collection and disposal of potentially dangerous items will be trained and provided with suitable equipment and PPE as identified in separate risk assessments.
- Small amounts of clinical waste will be disposed of appropriately and sealed in separate bags, prior to being disposed of via the general waste system.
- Wet or slippery floors will be appropriately signed and cordoned off.
- Staff will also be aware of the hazards associated with using electrical equipment within a wet environment.
- All toilet facilities will be maintained at a high level of hygiene and will be subject to regular H&S inspections. Hot and cold water will be supplied to all toilet areas, as will adequate supplies of soap, toilet paper, and paper towels/hand driers.
- Sanitary bins will be provided both for pupils and staff.
- Staff likely to use cleaning chemicals will be fully trained and have access to all relevant COSHH data. Regular maintenance and site inspections will be carried out to identify problem areas.
- Personal hygiene is important. In order to reduce the risk of cross-infection we encourage the Springmead community to use good hand hygiene practices within school. We request that the community washes their hands with soap and water whenever possible or to use the disinfectant hand gel. All members of the school community should wash their hands before eating and drinking and wash their hands after using the toilet. Parents are asked to support us by encouraging children to adopt good habits, particularly if they have a cough or cold.
- Particular attention should be paid to any wound, which should then be covered with a suitable dressing.
- All staff involved in ensuring cleanliness will be appropriately trained (an outside cleaning company has responsibility for daily cleaning of the school)
- Eye contamination should be washed with cold tap water for at least 10 minutes.
- Report any illness to your doctor. The doctor should be informed about your work when reporting injuries or illness. Report any work-related illness to the Headteacher promptly.
- Accidents denoted in RIDDOR will be reported to the appropriate authorities. Shirley Offer will investigate all accidents that occur on site in accordance with company policy.
- Defibrillators are available from SEA (across the road in the castle) and at the Woolpack pub in the village.

- The Administrator is responsible for ensuring that all medical records of children and staff are kept up to date and that relevant information, for example any allergies and medication, is passed to the relevant persons.
- In the case head lice and infectious diseases, including Meningitis, as the school is small and compact, a letter will be sent to all parents/guardians advising them of the situation. The letter may contain advice on treatment and perhaps medical advice, however, before such information is included it would be first discussed with the relevant authorities, for example, Ofsted, social services, Environmental Health, the Local Medical Officer.
- All accidents will be entered in the accident book that is located in the Administration Office. Procedures for reporting an accident can be seen in the front of the accident book. Parents receive a photocopy of the entry on the same day as well as a phone call and in the case of a head injury also receive guidance at the same time. Parents are advised to come in to sign the entry in the book.

Accident to a child:

- The supervising adult will make an assessment of the degree of injury.
- In the case of a head injury, of whatever degree, or if the application of a plaster is required a First Aider must be called.
- If it appears that the child has broken a bone a First Aider must be called.
- If a child is to be removed to hospital an ambulance must be called, if in the event the advice is that the child should be transported by car two members of staff must travel with the child and the car must be insured for work use. A parent/guardian must be notified as soon as is reasonably practicable.
- **In the case of a head injury or the administration of any First Aid a note must be sent or a conversation must take place with the parents/guardian.**

Bodily Fluids

This policy is a whole school policy including EYFS

Procedures and Risk Management:

A red bucket system is in place. There is a Red bucket situated on each floor which is regularly checked. It contains everything needed to deal with blood, urine, vomit and faeces.

Staff dealing with the incident will ensure that cross contamination and infection is prevented by keeping any cuts and grazes they may have covered with waterproof dressings. There is a risk of contacting infectious diseases through contact with contaminated blood, however, cross contamination will be significantly reduced if own wounds are covered.

One of the priorities is to ensure the child is not made to feel guilty or ashamed of something he/she may not be in control of. Therefore great care must be taken of what is said to the child concerned and the other children.

- In the case of urination, gloves must be worn; the area must be dried with paper towel and then sprayed with the all-purpose cleaner and dried again. Carpets can be shampooed at a later time and linoleum can be left to dry. Any soiled clothing must be bagged and handed

to the parent/guardian when the child is collected. The incident is recorded in the home/school diary and on the changing sheets in the Nursery and reception classes.

- In all cases the parent/guardian must be advised of all the care that has been administered to the child.

Red Bucket Procedure: (From HSE Guidelines) m

Red Buckets contain: gloves, paper towels, carrier bags, sterilizing fluid, nappy sacks, J-cloths apron and baby wipes) for dealing with blood, faeces, urine and vomit on all floors.

Apron and gloves must be worn when dealing with bodily fluids.

- Assess contaminated area (Assume everything that might be contacted by bodily fluids is contaminated)
- Clear area of children and staff put up barriers or use another member of staff to keep everyone away.
- Open windows or ventilate area as much as possible
- Put on gloves and apron and roll up sleeves
- Scrape up residual and place in bag provided. Seal and dispose of contaminated clothing into outdoor bin or bag and hand to the parent/guardian when the child is collected. Throw away anything that is unable to be laundered or wiped down sufficiently. (Clothes should be washed as separate load)
- The contents of the bucket can then be disposed of down the lavatory
- Fill up bucket with hot soapy water and wash thoroughly. Dry with paper towels then spray or wipe over with disinfectant. (Bag up paper towels. Seal. And throw away.)
- Clean out bucket and disinfect.
- Remove gloves and apron and throw away. Wash hands and arms thoroughly with hot soapy water.
- Put out Wet Floor signs to warn school community.
- Replenish Red Bucket with items used and replace

Head Lice

- If a child is found with head lice care must be taken with what is said. The child must not be made to feel embarrassed, especially in front of the rest of the other children.
- As the school is small and compact a letter will be sent to all staff/parents/guardians of children in the school advising of the situation and the currently recommended treatment.

Administration of Medicine

This policy is a whole school policy including EYFS

Procedures and Risk Management

All procedures appertaining to the issue and administration of medication will be in accordance with current guidelines.

- **All parents/ carers complete a medication form which is available from the office or downloaded from the website prior to medication being administered.**
- All medication (except inhalers) is stored in a suitably approved, locked cupboard out of the reach of children.
- Inhalers are kept in the unlocked filing cabinet in the office for easy access during an asthma attack.
- Some medications require refrigeration and these are located in the staff room fridge in a labelled box. Any medication brought on site is to be kept in the locked medicine cupboard in the Administration Office.
- Usually only prescription medicine should be administered. All medication will be suitably labelled with the pupil's name, contents, dosage, frequency of administration, duration of course, and date of prescription and must be in original containers. At the end of the prescription period, all unused medication will be returned to the parent/guardian.
- Only staff have access to the cupboard, which is kept locked and the key is kept in the key box in the Administration office. Where continued medication is required, the pupil concerned will have a written care plan.
- Out-of-date medication will be disposed of via a registered pharmacist. Used needles will be disposed of in an official sharps container and then transferred to a local GP surgery or hospital.
- Any medi-pens/ventilators brought on site are to be kept in the locked medicine cupboard in the Administration Office. The pens/ventilators must be clearly marked with the child's name and dosage. First aiders have training on the administration of specialist medicines.
- It is preferred that the child should be able to administer any medication by him/herself. If this is not possible then written consent with clear instruction, with training if necessary, must be obtained from the parents/guardian.
- Any medication that has been administered must be detailed in the medicine register that is kept within the medicine cupboard and a parent informed on the same day or as soon as practicably possible.
- Any allergy of a child must be brought to the attention of all relevant persons, for example class teachers, cooks and the Headteacher.

Care of child taken ill

- If following any of the above or if the child feels generally unwell it is the responsibility of the Administrator to contact a parent/guardian to arrange for the child to be collected.
- Whilst waiting, the child is to be cared for in the management office or meeting room where appropriate facilities have been provided, i.e. cushions and blankets.
- A stock of clean clothing will be kept in the nursery and reception classrooms.
- To minimize the risk of infectious disease spreading appropriate cleaning of the toilet areas and appropriate cleaning procedures following accidental vomiting, diarrhea and urination in the classroom has been arranged. The Red bucket system and procedures to deal with vomit, faeces, urine and blood must be followed.
- From time to time children may need to change underwear. Great care must be taken to provide privacy and dignity for the child. If the child requires physical support in cleaning themselves two members of staff must be aware of the situation, parents must be informed afterwards. Privacy without secrecy is crucial for staff and child protection.

First Aid Contents list (minimum)

21-50 persons x 3 bags

- Guidance leaflet
- Sterile adhesive dressings (plasters) 60
- Sterile eye pad with bandage 6
- Triangular bandage 8
- Safety pins 12
- Sterile wound dressing, medium 12
- Sterile wound dressing, large 4
- Moist cleaning wipes indiv. wrapped 20
- Disposable gloves (pair) 3
- Resuscitation faceshield 1
- Snap Pack for cooling sprains and bruises 1

11-20 persons – mobile – To be taken on trips and visits and to the school playing field.

- Guidance leaflet
- Sterile adhesive dressings (plasters) 40
- Sterile eye pad with bandage 4
- Triangular bandage 6
- Safety pins 12
- Sterile wound dressing, medium 9
- Sterile wound dressing, large 3
- Moist cleaning wipes indiv. wrapped 10
- Disposable gloves (pair) 2
- Resuscitation faceshield 1
- Sterile eye wash solution (500ml) 2
- Emergency blanket 1
- Snap Pack for cooling sprains and bruises 1

Asthma Guidelines

This policy is a whole school policy including EYFS

Introduction and background

This policy has been written with advice from the Department for Education & Employment, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents and children.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma.

Emergency Inhaler

The School has an emergency inhaler. We follow this information.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Asthma medicines

Immediate access to reliever medicines is essential. Pupils with asthma leave their reliever inhalers in the first aid cupboard situated in the Administration Office. Parents are asked to ensure that the inhalers are labelled with the child's name.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to recording this in the Medicine Log Book.

At the beginning of each school year or when a child or young person joins the school, parents are asked if their child has any medical conditions including asthma on their enrolment form. **As the same for all medication coming into school, inhalors must be sent into school in the original packaging, clearly stating the prescribed dose, the date and the child's name. It is important that parents indicate if there have been recent acute asthmatic episodes.**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the medical list. Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs. PE teachers, classroom teachers and out of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches are provided with training on asthma.

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the

room and go and sit in the school office if particular fumes trigger their asthma.

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its school policy guide.

What to do in an asthma attack

Common signs of an asthma attack:

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Tummy ache (sometimes in younger children)

What to do:

- Keep calm
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- Make sure the child or young person takes two puffs of reliever (blue) inhaler immediately (preferably through a spacer)
- Loosen tight clothing
- Reassure the child

If there is no immediate improvement:

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5-10 minutes
- The child or young person is too breathless or exhausted to talk
- The child or young person's lips are blue
- Or if you are in doubt

Continue to give the child one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

After a minor asthma attack:

Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities. The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack:

- Never leave a pupil having an asthma attack
- Send another pupil to get inhaler from the office.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing
- Send another pupil to get another teacher/adult if an ambulance needs to be called

- Contact the pupil's parents or carers immediately after calling the ambulance/doctor
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives. Generally staff should not take pupils to hospital in their own car. However in some situations it may be the best course of action.

Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

What is asthma

Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. Asthma symptoms include coughing, wheezing, a tight chest and feeling short of breath. Each child or young person with asthma may have different symptoms.

Children and young people with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when children and young people with asthma come into contact with an asthma trigger.

Asthma triggers

A trigger is anything that irritates the airways and causes asthma symptoms. There are many asthma triggers. Common triggers include colds, viral infections, house-dust mites, pollen, cigarette smoke, furry or feathery animals, exercise, outdoor air pollution, laughter, excitement and stress. Everybody's asthma is different and everyone will have different triggers, most have several. It is important that children and young people with asthma get to know their own triggers and try to stay away from them or take precautions.

What happens during an asthma attack?

When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and begins to swell, making it difficult to breathe and leading to symptoms of coughing, wheezing, shortness of breath or feeling tight in the chest. It is at this point that the child or young person with asthma will need to take a dose of their reliever medicine.

What does asthma feel like?

Children and young people who have asthma tell us that:

- 'It feels like someone is standing on my lungs'
- 'It feels like I am being squashed'
- When I'm having an attack it feels like a rope is being slowly tightened around my chest'

Monitoring and review

This policy is the Headteacher's ongoing responsibility along with reviewing its effectiveness annually in consultation with the staff.

Signed Headteacher: *Sally Cox*

Date: 17/8/2022