

Hereford Cathedral Junior School

FIRST AID POLICY

including Medicine Administration Policy

This policy applies to all pupils at Hereford Cathedral Junior School including those in our EYFS settings.

This policy has been written with regard to the Independent School Standards, the ISI Commentary on the Regulatory Requirements (September 2019) and the DfE document 'First Aid in Schools'.

Hereford Cathedral School recognises that it has a duty of care to pupils, members of staff, Parents, Governors and visitors to the school and that this duty includes the timely and competent administration of first aid and the effective implementation of this first aid policy.

Policy Aims:

- To support pupils (and others) with chronic illnesses while at school and to deal with acute health problems or injuries that occur during the school day.
- To ensure that there are sufficient numbers of staff trained, and at appropriate intervals retrained, in First Aid to support the normal functioning activities of the school.
- To ensure that all members of the school are informed of standard procedures to follow to ensure safe good practice and given guidance and details of the provision made for First Aid and Health Care in the areas in which they live or work.
- To ensure that the first aid equipment and facilities are adequate to maintain suitable practical arrangements for dealing with first aid incidents
- To regularly review arrangements for dealing with first aid incidents and ensure compliance with all relevant legislation
- To keep accident records and report, via the Director of Finance and Resources, to the HSE as required under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

School Nurses

Hereford Cathedral Junior School has two School Nurses (both qualified RGN) who job share and work 1 FTE to cover the school week. The School Nurse is available during normal school hours (8:30am to 3:35pm). The Nurse is based in the Medical Room in 28 Castle Street.

The School Nurse may be contacted via the school office, or by email (hcjsnurse@herefordcs.com).

The role of the School Nurse is to support children with chronic illnesses while at school and to deal with acute health problems or injuries that occur during the school day. Nurses also liaise with the Public Health Authority with regard to vaccination programmes

and play a significant role in providing pastoral support for pupils. Medicines are not administered to children without parental consent. (Parental consent for 'over the counter medicines' is requested when pupils join the school.)

The School Nurse is responsible for:

- Delivery of First Aid
- Provide advice on health issues to staff and parents
- Liaison with staff and parents on health problems of specific children
- Liaison with hearing, vision and immunisation specialists
- Maintaining stocks of First Aid and medical supplies
- Advising on the planning and provision of First Aid across the school
- Maintaining the children's medical health records
- Maintaining individual healthcare plans for pupils with serious health conditions
- Supporting the delivery of First Aid on trips off site
- Maintaining the school Accident Record
- Supporting Health Care and health related education throughout the school.
- Supporting the school's pastoral structure

In addition to the School Nurse, a number of staff hold First Aid qualifications. The School Nurse holds a regularly updated list of qualifications. The School Nurse, in conjunction with the Deputy Head, monitors requirements for and validity of relevant qualifications and ensures that training is updated at least every three years.

Medical Information

Parents complete medical information forms on entry to school. Parents also complete an additional school trip contact and consent form on My School Portal (MSP) prior to their child going on any residential school outing and are reminded to ensure that information held by the school is up to date prior to other school trips.

At the beginning of every school year, lists of pupils with specific medical problems will be issued to all teachers. The School Nurse advises staff, including the catering staff, of a child's relevant health needs.

Accidents

In the event of an accident, the pupil concerned should be seen by the School Nurse; if, for any reason, the School Nurse is not available, then the pupil should be seen by a member of staff with up-to-date first aid training. The Nurse will assess the pupil and determine the appropriate course of action.

If the pupil requires attention at hospital, the School Nurse will contact the parents or guardians to take the child to hospital themselves if possible. If the parents or guardians cannot be contacted or cannot attend, a member of staff will accompany the child to hospital. If a child is taken to hospital as the result of an injury, the School Nurse will inform the School Secretary who will inform appropriate members of staff. The member of staff witnessing the accident completes the Accident Report, the Nurse writes a follow-up report as necessary.

If hospital treatment is not considered necessary, the School Nurse will deliver appropriate treatment on the school site. Where necessary, and depending on the nature of the injury, the School Nurse will inform parents either by telephone or e-mail.

Injuries occurring off the school site will be dealt with by the most appropriately qualified First Aider who will be responsible for completing the Accident Report when appropriate.

Copies of Accident Reports are forwarded to the Director of Finance and Resources who brings them to the attention of the Health and Safety Committee which will report to the HSE if indicated.

Riddor - Reporting of injuries, Diseases and Dangerous Occurrences Regulations

Some accidents need to be reported to the HSE; the School Nurses and Bursar will follow the school's "Accident Reporting and Investigations Policy"

<https://www.hse.gov.uk/riddor/reportable-incidents.htm>

Accidents Off Site

Injuries occurring off the school site will be dealt with by the most appropriately qualified First Aider.

Where possible, medical diagnosis should be sought (e.g. host school nurse), but it is the responsibility of the member of staff to subsequently review the injury at regular intervals. For any injury which remains a concern, parents should be contacted as soon as possible to formulate an action plan. The member of staff would also be expected to contact the school to inform a member of senior management, either via the School Office in school hours or via the emergency contact number outside of school hours.

Wherever possible, we ensure that more than one member of staff accompanies off site visits, including sports fixtures, whether in the minibus or in convoy. Therefore, should a child require attendance at Accident and Emergency this can be facilitated, whether by ambulance or driven by a member of staff, whilst the rest of the children can be supervised. If necessary, the member of staff on emergency duty at school is also available to meet at A&E when the presence of another member of staff is required or until parents arrive.

A follow up call at an appropriate time on the day in question will be made by the member of staff responsible for the individual. The member of staff will relay any further information and/or enquire after the child, depending on circumstances.

From this point the School Nurse will assume responsibility for all matters relating to after care.

When the School Nurse is not on site

There is at least one qualified person on the school site when children are present.

At times when the nurse is not on site, there will be a member of staff available with paediatric first aid training who will deal with children who become ill or who require medical attention.

Outside of normal school hours, at least one member of staff responsible for Breakfast Club and Phoenix Club will have undertaken paediatric first aid training and will deal with children who become ill or who require medical attention. Both clubs also have other members of trained staff in addition who could deal with a child if required.

First Aid Boxes

First Aid boxes are kept at specific locations around the school (see Appendix 2) and are maintained by the School Nurses; if items from a First Aid box are used, the School Nurse should be informed so that they may be replaced.

Portable First Aid Boxes

Portable First Aid boxes are kept in the medical room and should accompany pupils to Wyeside and are available for other trips off the school site. They are maintained by the School Nurses. Epi-pens, inhalers etc. are kept in the School Medical Room (for children in Years 3-6) and in form rooms (for children in Reception to Year 2) and should be collected when children are going off-site. The School Nurses keep lists of the children who require these.

Pupils' Medication

Sometimes children bring medicines into School. A Medicine Administration Request form found on MSP under Parent Forms should be completed by the parent giving permission for the medical staff to administer these medicines with clear instructions, and the medicines left with the School Nurses in the Medical Room, at the start of the school day.

Some pupils require an Epi-pen at school, for pupils in the pre-prep these are kept in their form rooms and for pupils in the junior school these are kept on a designated shelf in the Medical Room. Epi-pens are kept individually in a medical bag labelled with the pupil's name. When these pupils leave the school site these must accompany the pupil and it is the responsibility of the staff taking the pupil off-site to ensure that the Epi-pen is taken with the child and returned after the outing.

Pupils up to and including Year 2, who have an inhaler at school, have their inhaler kept in the form room. Pupils from Years 3-6, who have an inhaler at school, have their inhaler kept in the medical room. Pupils in Year 4 and above may carry their own inhaler. When these pupils leave the school site the inhalers should accompany the children; the member of staff coordinating the trip must ensure that those children who carry their own inhalers have them with them and must collect the inhalers kept in the Medical Room from the School Nurse.

The school carries an emergency Epi-pen and an inhaler. This may be administered only to a pupil who has been diagnosed with allergy/asthma, who has been prescribed an

(Adrenaline Auto-Injectors) AAI/inhaler but whose AAI/inhaler is either empty or absent and who require an AAI/inhaler immediately.

Other medication brought to school that must be administered during the school day will be kept by the School Nurse and given according to the Medicine Administration Policy. (See Appendix 1)

A number of children have special medical needs. The School Nurses keep lists of children with diabetes, asthma, allergies and other conditions. Staff should be made fully aware of these children and of actions to take if they get into difficulties. There are protocols for the management of asthma and anaphylaxis in the Medical Room.

Information received about children who have temporary or long term medical needs should always be given to the School Nurses who will then act accordingly.

Additional Procedures for EYFS

- Parents will be informed of any accidents or injuries sustained by pupils and the resulting first aid treatment.
- The School Nurse will discuss with parents the procedures for pupils who are ill or infectious.
- Medication brought in to school can only be administered with the written consent of parents. Medicines must be delivered to school in their original container with the child's name on the prescription label found on the container.
- In addition to the School Nurse, members of EYFS staff will hold relevant, LA approved, paediatric first aid certificates.
- At least one member of staff trained in paediatric first aid will accompany children on outings. Onsite, in addition to the school nurse, a number of other staff are also trained in paediatric first aid and at least one trained member of staff will be available at all times when the children are in school.

Pupils who become ill during the school day

A School Nurse is on the school site all day to assess and deal with pupils who develop any illness after arriving at school. Pupils who report illness to a teacher should be sent to the Medical Room. Pupils should generally be discouraged from attending during lesson time unless it is an emergency. Pupils should seek a member of staff's permission to see the School Nurse, unless it is an emergency.

The School Nurse will assess the pupil; the pupil may be returned to class to complete the school day, may be kept in the Medical Room for a period of observation or may be sent home. When children have a condition requiring them to be sent home, the School Nurse will contact the parents to collect the child. The child will be signed out by the School Office.

Special Diets

Some children may not eat particular foods for medical or religious reasons. The School Nurses and the Catering staff keep lists of special diets.

Policy Reviewed by: L Baldwin, T Chave, H Hoffmann Sept 2024

Next Update: Sept 2025

Appendix 1 Medicine Administration Policy

For children in EYFS:

Medicine (both prescription and non-prescription) is administered to a child only where written permission for that particular medicine has been obtained from the child's parent and/or carer. A written record is made each time a medicine is administered to a child, and the child's parents and/or carers are informed.

Medication sent in to School:

Prescribed Medication – For children who require medication from home to be given during the school day, the nurses must be given clear instructions, via Medicine Administration Request form, found on MSP under Parent forms. by the parents when the child arrives at school; the instructions on the dispensing label will be followed.

Non-Prescribed Medication Brought Into School – For children whose parents request that non-prescribed medication (eg: paracetamol, ibuprofen, piriton) be administered during the school day, clear, specific and explicit instructions must be given to the nurse, via Medicine Administration Request form, found on MSP under Parent forms. If instructions as detailed above are not received by the School Nurse, medication will only be administered after contacting the parents directly.

Medication administered on advice of the nurse:

The school will hold a stock of Paracetamol Suspension 250mg/5ml and 120mg/5ml, Calpol six plus fast melts 250mg, Ibuprofen suspension 100mg/5ml, Nurofen for children 100mg chewable capsules, Loratadine 5mg/5ml solution and Chlorphenamine (Piriton) syrup 2mg/5ml.

The School Nurse may administer these to a child based on clinical assessment. The School Nurse will check for a signed consent to treatment and will notify parents of any medication administered via contact details provided by the parents.

Paracetamol – will be given no more often than every 4 hours and only after the child has been at school for 4 hours (unless the parents are able to confirm that a dose has not been given in the previous 4 hours) at a dose directed by the British National Formulary.

Ibuprofen – will be given no more often than every 4 hours and only after the child has been at school for 4 hours (unless the parents are able to confirm that a dose has not been given in the previous 4 hours) at a dose directed by the British National Formulary.

Antihistamine – will be given no more often than every 6 hours and only after the child has been at school for 6 hours (unless the parents are able to confirm that a dose has not been given in the previous 6 hours) at a dose directed by the British National Formulary.

Protocol for the administration of Paracetamol

Where applicable (e.g. for children in EYFS) parents will be contacted for verbal consent and establish no previous dose has been given. Otherwise pupils medical records will be checked for signed consent, medication will be administered where appropriate as per the following:

- Child having pyrexia of 37.5 degrees centigrade or greater
- Allergy to paracetamol is excluded
- Interaction with existing medication is excluded
- Child has been at school for 4 hours or previous administration of paracetamol is reliably excluded
- Dose and time of medication is recorded in child's notes and message sent to a parent.

Administration of Antihistamine

Where applicable (e.g. for children in EYFS) parents will be contacted for verbal consent and establish no previous dose has been given. Otherwise pupils medical records will be checked for signed consent, medication will be administered where appropriate as per the following:

- Child showing sign of allergic reaction (eg: swollen mouth or tongue, redness or swelling around a sting, widespread urticaria) or hayfever
- Allergy to antihistamine is excluded
- Interaction with existing medication is excluded
- Child has been at school for 6 hours or previous administration of antihistamine is reliably excluded
- Dose and time of medication is recorded in child's notes and a note sent home with the child

Appendix 2 Location of First Aid boxes

Junior School

- Medical Room, No. 28 Castle Street
- St David's Hall
- Art Department.

Pre-Prep

- Staff kitchen, The Moat
- Reception, Year 1 and Year 2, The Moat (small first aid bags)

Phoenix Kitchen

There are also First Aid boxes in the school mini buses ~~and in St David's Hall~~.
Portable First Aid boxes are available for trips off the school site.

Games and PE

A first aid kit is taken to every games and PE lesson or fixture along with any pupils medication that might be required i.e. Inhalers and AAI

Automated External Defibrillators

Over seen by the HCS nurses. Located at:

- Reception, Old Deanery
- Wyeside playing fields

Appendix 3

Medical Guidelines and Emergencies

These notes are intended for general guidance to all teaching and non-teaching staff. They are designed to enable staff to cope correctly with a medical emergency in the crucial few minutes between the decision to summon the School Nurse (or designated first aider in their absence) and their arrival on the scene.

1. MINOR INJURIES

Cuts and grazes: Areas of broken skin should be cleaned with warm water or sterile saline and allowed to dry; a plaster may be applied if appropriate (exclude allergy to elastoplast first). Deep lacerations or cuts that continue to bleed should be assessed in casualty.

Nose bleeds: Nose bleeds are rarely dangerous (unless there is an underlying clotting disorder) and may occur spontaneously or follow injury; in every case the bleeding should be controlled as follows. The soft fleshy part of the nose below the nasal cartilage (not the bridge of the nose) should be pinched firmly and the child should breathe through the mouth an ice pack may be used; pressure should be maintained for 10 minutes and then released. If bleeding continues, pressure should be applied for a further 20 minutes; if bleeding still continues the child should need to be taken to casualty for further treatment.

Damage to teeth: Damage to or loss of a first tooth usually requires no intervention. If a permanent tooth is knocked out, it should be preserved for reinsertion as soon as possible. The tooth may be kept in milk or sterile saline and the bleeding gum treated by instructing the child to bite firmly on a rolled-up sterile swab. Dental advice should be obtained the same day via the child's usual dentist (parents to contact) or via casualty.

Injury to fingers: A finger trapped in the hinge of a door or a desk may suffer severe injury with damage to the growing nail-bed or a fracture of the terminal bone. If there is any doubt about the extent of the injury, the child should be taken to casualty. Lesser injuries may be treated by applying an ice-pack to reduce swelling.

2. FOREIGN BODIES

Splinters: Once the area has been cleaned, if the splinter protrudes from the skin it may be removed by a forceps or the Nurse may use a sterile 21G needle. Deeper splinters or splinters under the nail may require assessment in casualty.

Foreign bodies in the eye: If a child is splashed in the eye by an irritating liquid, the eye should be irrigated with sterile saline until the discomfort ceases. Foreign bodies clearly visible in the eye may be removed with a soft tissue or a wet cotton-bud; if the foreign

body is retained under an eyelid or cannot be easily and immediately removed, the child should be taken to casualty.

Foreign bodies in the ear or nose: These will usually have been inserted deliberately and later regretted; the object will usually need to be removed in casualty to avoid inhalation (in the case of objects in the nose) or further impaction (in the case of objects in the ear).

Foreign bodies in the throat: If a child inhales an object (or a portion of food) this may become a medical emergency. If a child experiences respiratory distress or collapses, an ambulance should be called immediately on 999 and treatment given to try and remove the object. Attempts to dislodge the object should be made using either abdominal thrusts or back slaps. If breathing stops, artificial respiration should be maintained until the ambulance arrives.

3. HEAD INJURIES

Head injuries may range from a minor bruise to a fractured skull with potentially serious consequences. The aim of this protocol is to aid the evaluation of all head injuries, to guide treatment of the child and to help identify potentially serious injuries.

1. All head injuries should be notified to the School Nurse (or to a member of staff who will inform the Nurse as soon as possible), who will see the child and make a record in their medical notes.
2. Any child who is unconscious as the result of a head injury must be taken to hospital via an ambulance called on 999. A blow to the head which is large enough to cause a head injury can also cause a spinal injury so if they are unconscious keep them still and monitor their breathing. If you are struggling to keep their airway clear place them in the recovery position but keep the head, neck and body in line in case there is a spinal injury.
3. Any child who has been knocked-out and who regains consciousness must be taken to Casualty for assessment to exclude a skull fracture. The child's parents should be contacted and requested to accompany their child to hospital; if the parents cannot be contacted, a member of staff will take the child to hospital.
4. If a child has received a head injury and has not been knocked-out, it is appropriate to assess the child in school as below. Check that-
 - the pupils are equal sized and react equally to light,
 - there is no bleeding from either ear
 - no leakage of fluid from either ear or nose;
 - they are able to recall events
 - are alert and orientated

If any of these are present, the child must be taken to casualty.

5. If the skin is broken at the site of injury, follow the current first aid guidelines accordingly if the wound is bleeding, press on the wound with sterile gauze ~~swab~~. If bleeding continues or the wound is deep or has gaping edges, the child must be taken to casualty for assessment.
6. If the wound does not require suturing or if the skin is not broken, a cold compress may be applied to reduce bruising and swelling, although superficial bumps need no treatment at all. The child should sit quietly for 15 minutes and may return to class if feeling well enough after this time. If the child feels sick or complains of headache, nausea or drowsiness, the parents should be contacted to collect the child from school. If the parents cannot be contacted, the child should remain under the supervision of the School Nurse.
7. A child who remains in school after a minor head injury and who complains of headache, may be given paracetamol according to the policy for The Administration of Paracetamol. Feeling sick, feeling drowsy or vomiting are common symptoms after a head injury and are not necessarily worrying features; if a child vomits repeatedly, or you have any concerns, the child should attend Casualty.
8. If a child received attention after a head injury, a record should be entered into the medical notes. Depending on the severity of the head injury, a head injury notification bracelet may be applied to the child with a QR code linked to the Head Injury Notification form (example below) on My School Portal and may be followed up by a telephone call to parents.
9. Following a suspected concussion or concussion diagnosis a child should, as per Government guidelines, follow a Graduated Return to Activity & Sport (GRAS) programme.

The school nurse and sports staff are to be made aware of any child that is to start on a GRAS immediately and all staff to be updated at weekly meetings. A record of children on the GRAS programme is to be available on Sharepoint under Shared Medical.

4. ASTHMA

General points

Pupils with asthma have a prescribed inhaler (and spacer) for emergencies, kept in-

- Nursery, Reception, Year 1 and Year 2 in the classroom
- Year 3, 4, 5 and 6 are kept in the Nurses room

Children in year 4 upwards are allowed to carry an additional inhaler on them

A pupil's inhaler will follow them off site for PE, games and any school trips.

Asthma attack on the school premises

An asthma attack is a reaction in the lungs, triggered by such things as: cold (e.g. cold frosty mornings); hay fever; exercise; excitement or prolonged laughing; fumes (e.g. glue, paint, fumes from science experiments); viral infection (e.g. common cold; allergic reaction e.g. food, animals); dust.

Children who are known asthmatics may have a care plan from their GP which is kept in the nurses room.

Recognition of an asthma attack-

- Difficulty breathing/speaking
- Wheezy breath
- Coughing a lot or 'tight' chest
- Pale, clammy skin with grey or blue lips if the attack is severe
- Use of muscles in the neck and upper chest when breathing
- Exhaustion
- May become unconscious and stop breathing in a prolonged attack.

In first instance the School nurse/first aider should be called for but in the absence of the School Nurse or a first aid member of staff the below should be followed-

1. Get the pupil to take two puffs of their reliever inhaler (usually blue) immediately
2. Sit the pupil upright or leaning forwards slightly and encourage slow, steady breaths. DO NOT make them lie down
3. If there is no improvement, get the pupil to take 2 puffs of their reliever inhaler (one puff at a time) every 2 minutes up to 10 puffs.
4. If they do not feel better after taking their reliever inhaler as above or they are worried at anytime, call 999.
5. If an ambulance does not arrive within 10 minutes and they are still feeling unwell, repeat step 3.
6. Stay calm and reassure the pupil

Croup

This is a condition that young children can suffer from where the wind pipe and voice box become infected and swollen, an attack will often occur at night and can be alarming, though can happen during the day also

Signs

- Distressed difficult breathing
- A loud high pitch noise as the child breaths
- A short 'barking' cough
- Pale, clammy skin (can have blue tinges to lips)
- Using muscles in the neck and upper chest

Treatment

- Keep calm
- Sit them up to help with their breathing
- Call parents and advise GP review or 111 if unable to contact parents/emergency contact
- If the attack is severe, does not ease, the child has blue tinged lips or a temperature call 999 for emergency help.

5. ALLERGIES, ANAPHYLAXIS AND ADRENALINE AUTO INJECTORS (AAI)

If a pupil has the potential of a severe allergic reaction, or Anaphylaxis, to any allergen, they will be prescribed an AAI such as an Epipen/Jext or Emerade.

Pupils with an allergy have a prescribed AAI for emergencies, kept in-

- Nursery, Reception, Year 1 and Year 2 in the classroom
- Year 3, 4, 5 and 6 are kept in the Nurses room

A pupil's AAI will follow them off site for PE, games and any school trips.

The AAI is kept in an orange allergy bag with the child's name and photo clearly shown. Inside the bag is also their allergy care plan, there are copies of these in the nurses room and on sharepoint in Useful documents, shared medical.

A severe allergic reaction may present with the following symptoms:

- Itchy tongue
- Sore or swollen lips
- Rash or itchiness
- Wheeziness or shortness of breathe
- Collapse or faintness

The general treatment for the above symptoms will tend to be the taking oral antihistamine initially with two puffs of inhaler, if prescribed. If reaction is severe, or does not respond to treatment, then an AAI would be given.

Using an AAI

All AAI have slightly different instructions- they are found on the side of the AAI pens and given the most up to date instruction of use. Below example is for the most commonly prescribed EpiPen-

- Remove EpiPen from packaging. Open safety cap (Blue for EpiPen)
- Hold firm with thumb opposite end to orange tip. Do not cover end with thumb.
- Place EpiPen orange tip at right angles to the thigh.
- Press hard-there should be a click on function
- Hold for 3 seconds
- Remove EpiPen and massage the area for 10 seconds.
- Note the time given
- Call 999. Stay with the child. Hand EpiPen and case to Ambulance crew.
- If there is no ambulance or recovery after five minutes, give further EpiPen injection, note the time.

5. DIABETES

The management of pupils with diabetes is closely monitored by the School Nurse and staff are made aware of these pupils and their needs. Any member of staff who has concerns regarding a child with diabetes should either take the child to the Nurse or, if appropriate, summon the Nurse. Treatment details are given in the individual pupil treatment plans.

6. FRACTURES

If a fracture is suspected after an injury, the child should be taken to casualty for assessment; if a child is unable to bear weight on an injured leg or cannot use an injured arm, a fracture should be suspected. The injured limb should be moved as little as possible during the transfer to casualty; severe or open fracture may require transfer by ambulance. Parents contacted and where able to take the child to hospital otherwise a member of staff to accompany until a parent can take over.

7. SPRAINS

Sprains most commonly occur around the ankle joint; if a child cannot place full weight on a sprained ankle, a fracture should be suspected and the child transferred to casualty. Treatment of a sprain is immediate rest and elevation of the affected part followed by the application of an ice pack to minimise swelling and bruising.

8. BURNS

The most important immediate treatment of a burn is to cool the affected area and to continue to cool the area for 20 minutes; this is best achieved by the application of tepid cold running water for 20 minutes; it is important that the cold water is run over the burn for 20 minutes. If the burn is under hot, wet clothing (such as after a spillage of hot liquid), the clothing must be removed immediately and then cold water applied as above, however clothing that has stuck to the burn should not be removed. Application of an ice

pack or cold compress is **not** an effective or appropriate method for cooling a burn. If blisters develop at the site of the burn they must be left intact; any areas of skin loss may be covered with an appropriate, non-adhesive dressing or with cling-film and the child then taken to casualty. A burns kit can be found in the Nurses' room.

9. SEIZURES/EPILEPSY

A seizure is caused by a temporary burst of excess electrical activity in the brain. Causes include epilepsy, reduced oxygen, stroke, head injury or high temperature.

The two principal forms of this are-

Absence Seizures

These are common in childhood epilepsy but are brief and don't usually cause any harm. It can appear as though a child is day dreaming, it can last a few seconds and the child will usually be unaware of it happening.

- Make sure the child is away from any potential danger, reassure them a little; they are fully alert and make sure that the parents take them to see a Doctor if the condition is not diagnosed.

Generalised Seizures

This involves electrical activity in the whole brain and often follows the pattern below:

- **'Tonic' Phase**

Muscles become rigid. They may let out a cry and fall to the floor. The back may arch and the lips can go blue. This phase typically lasts less than 30 seconds.

- **'Clonic' Phase**

The arms and legs make sudden, rhythmic jerking movements, eyes may roll, teeth clench, saliva can drool from the mouth and breathing could be noisy (like snoring). There can be loss of bladder and bowel control. This phase typically lasts less than two minutes.

- **Recovery**

The seizure stops but the child may still be unresponsive. They should wake within a few minutes but may not be 'alert' for 20 minutes.

During the seizure

- Move dangerous objects away
- NOTHING should be placed in the mouth

- Gently protect the head with a folded coat or your hands
- But DO NOT try to restrain them
- Note the time and duration
- Loosen any tight clothing around the neck
- Call 999 for emergency help if:
 - The seizure lasts longer than 5 minutes
 - They have a second seizure
 - They have become injured
 - If this is the child's first seizure

After the seizure

- Open the Airway and check for normal breathing
- Start CPR if needed or place them in the recovery position
- Move bystanders away to protect modesty (This could be taking the rest of a class into another room)
- Call 999 if you cannot wake them after 5 minutes
- Constantly monitor Airway and Breathing
- Talk to any pupils that may have witnessed the seizure and reassure them
- Once the child has recovered from the seizure the child's parents should be contacted and the child may be collected

10. ACCIDENTAL POISONING

If a child accidentally ingests any potential poisonous substance (eg: plant material, domestic chemical), it is important to note the quantity swallowed and to note the time of ingestion. Advice should be sought immediately from the casualty department (County Hospital tel. 01432 355444) or **NHS 111**.

11. MEDICAL TREATMENT OFF THE SCHOOL SITE

When children leave the school's site for school activities (eg. Games or school trips), an appropriate First Aid bag should accompany the member of staff in charge; the staff member is also responsible for checking whether any child has ongoing medical needs (including allergies) and for ensuring that any medication that might be required by individual pupils (eg. Epi-Pen or inhalers) is also taken with the child. All medication and the First Aid bag must be returned to the Medical Room immediately after the activity; any items used or any items missing should be reported to the School Nurse when the First Aid bag is returned. Any illness or injury occurring off site should be treated according to the above protocol and staff must carry a mobile phone for use in emergencies.

12. PUPIL MEDICATION

For a pupil to receive prescribed medication at school, the parents or guardian must complete and sign a "Request to Administer Medication" form found on MSP under parent forms[the School Nurse ~~who~~ will check that it is clear and accurate. All prescribed

medication to be given at school must be clearly labelled with the child's name and with clear dosage instructions on the prescription label. Usually the School Nurse will be responsible for administering medication at school; older children who require regular medication (such as inhalers) may carry their own medication with them.

13. TAKING A CHILD TO HOSPITAL

If a child suffers an injury at school that requires assessment at casualty, all efforts must be made to contact the parents who will then collect the child and take them to hospital; if the parents cannot be contacted, a member of staff may take the child to casualty in their place. If a member of staff has to take a child to casualty, s/he should be given details of any relevant medical history, allergies or current medication that the school has been informed of. If an injury is severe or requires urgent attention, an ambulance should be called on 999.

If a child becomes too ill to remain at school, the parents (or failing that an emergency contact) should be informed and requested to collect the child from school. If a child suddenly becomes so ill as to require urgent admission to hospital while at school, an ambulance should be called on 999 and then the parents contacted and informed as soon as possible so that they can accompany the child.

14. HEAD LICE

When a case of head lice is detected, a communication is sent out to the parents of the relevant year group. Parents will be asked to check their child's hair to prevent and limit the spread.

Head lice can be treated with insecticidal shampoo or lubricant lotions, both of which can be purchased at a chemist. All members of the family should be treated. The treatment should be repeated after 2 weeks to catch newly hatched lice.

Some people find the method of conditioning and combing with a fine nit comb just as effective. Visit the Bug-Busting website www.nits.net for help with this. For more general information see <https://www.nhs.uk/conditions/head-lice-and-nits/>

Appendix 4

Policy for dealing with a Pandemic

In the event of a pandemic being declared, Hereford Cathedral Junior School will follow guidance from Government and Local Authority regarding appropriate action.

Government guidelines recommend that in the event of a pandemic arriving in the country that schools should operate as normal until otherwise advised. Evidence suggests that in the event of a Pandemic children are highly efficient 'spreaders' of the virus among themselves and to adults and their family and closing the School for a period might significantly reduce the number of children infected. However, this would only occur should circumstances develop that might indicate this would be the most appropriate course of action; the decision will be made by Head in consultation with the local Health and Education Authorities.

Reasons for school closure:

- To prevent the spread of the virus;
- If many staff were off ill to enable the school to operate.

Re-opening the school:

The school will re-open once the Government and/or Local Authority deems it advisable so to do.

Operations during school closure:

The School may remain open to staff who could set and mark work. Work may be available to pupils via MSP and email. A more comprehensive online learning programme may be introduced.

Managing a pandemic alert whilst keeping the School open:

- Signs will be put around the school to remind everyone to maintain high standards of hygiene: washing hands, throwing tissues away, not sneezing and spreading germs without the use of tissues, etc.
- Closed bins may be made available around the school to stop the spread of germs, depending on external advice.
- Appropriate hand gel will be available throughout the school and all staff, pupils and visitors will be expected to use it.
- Appropriate personal protective equipment will be available for all staff dealing with potentially infected members of school.
- Any pupil or member of staff showing signs of illness would report to Nurse, where they will be kept in isolation where possible and sent home as soon as possible. Any potentially infected member of school should not wait in the company of anyone else while awaiting collection.
- We will consider making separate sickbays available for boys, girls and staff.
- At all times, we will follow guidance from Government and/or Local Authority.

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Ensuring effective communication with Parents and staff if a pandemic is declared:

- We will communicate with parents via email and text messages, following our usual policy.
- Parents will be advised not to send their children to school if they are demonstrating any of the viral symptoms and be given advice on maximising hygiene.

Appendix 5

Universal precautions for individual protection

Universal precautions apply - all spillage of blood, vomit, and other body fluids should be treated as hazardous. Biohazard waste disposal bags are used as necessary.

All individuals must take action to protect themselves against HIV and many other diseases spread by contact with body spillage.

For their own protection, all staff must follow the school guidelines when dealing with any body fluids (see appendix 6). However, the School does recognise that in unlikely and extreme conditions, an occasion may arise where First Aid may need to be administered without protection in order to save life, or body fluid may be spilled onto another person. If this occurs, medical advice should be sought as soon as possible.

It is important to clean up body spillage as soon as possible after the incident has occurred. Any member of staff who is first on the scene should ensure that an incident is dealt with as quickly as possible. The Housekeeper or Nurse will clean up and disinfect using the appropriate kit (kept in the Medical Room). In their absence, the member of staff first on the scene should deal with the spillage.

Appendix 6

Management of Spillage of Low Risk Body Fluids

- In the first instance report any spillage to the cleaning team.
- If the domestic staff are unavailable then appropriate cleaning should be carried out by a member of staff using:
 - Disinfectant from under the sink in the kitchen in No 29.
 - The red mop and bucket should be used to mop any spillages – this is stored outside the kitchen in No 29.
 - The mop bucket should be filled with hot water, outside the kitchen, using the clean black bucket and when cleaning is completed the mop bucket should be emptied down the outside drain.
- Where spillages occur in the Pre-Prep or Moat department, the red mop and bucket stored in “The Cottage” should be used and filled as above.

When mopping up spillages, staff should wear disposable gloves and, with significant spillages or vomit, the vomit spillage kit (kept in the Medical Room) should be used.

When spillages occur on carpet or soft furnishings, use a solution of detergent and hot water instead of disinfectant, or use the vomit spillage kit (kept in the Medical Room).

ALWAYS WASH YOUR HANDS

Appendix 7

Staff taking medication

If practitioners are taking medication which may affect their ability to care for children, those practitioners should seek medical advice. The school will ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children, at all times.

Updated April 2024