


MERTON COURT SCHOOL



FIRST AID POLICY

To be reviewed October 2025 by: Headmaster, Mrs A Macdonald, LT	
Signed by Headmaster/Proprietor:	
Shared with staff:	15.10.24
Put on Website:	15.10.24

This Policy applies to the whole school including EYFS.

This policy complies with:

- Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR). The school is mindful of its duty to report to the Health and Safety Executive (0345 300 9923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act (RIDDOR) (2013).
- The Guidance on First Aid for Schools Best Practice Document published by the Department for Education (DfE).

Merton Court School's Appointed Person for the health and safety of the School's employees and anyone else on the premises is Mrs A Macdonald. This includes all teaching and non-teaching staff, volunteers, children and visitors (including contractors). They must ensure that a risk assessment of the School is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.

Applies to:

- the whole school including the Early Years Foundation Stage (EYFS), out of school care, the breakfast club, the afterschool clubs, the holiday 'Playscheme', residential trips and all other activities provided by the school, inclusive of those outside of the normal school hours;
- all staff (teaching and support staff), students on placement, the proprietors, Advisory Board members, volunteers and contractors working in the school.

Related documents:

- Health and Safety Policy
- Administration of Medication Policy

- EYFS Policy
- PESSC Policy

Availability:

This policy is available to staff via the staff shared drive and parents may request a hard copy from the School Office.

Monitoring and Review:

This policy will be subject to continuous monitoring, refinement and audit by the Headmaster/Proprietor who will undertake an annual review of this policy and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown, or earlier if changes in legislation, regulatory requirements or best practice guidelines so require.

Introduction

This policy is designed to ensure that all children can attend school regularly and participate in activities.

This policy outlines the School's statutory responsibility to provide adequate and appropriate first aid to children, staff, parents and visitors and the procedures in place to meet that responsibility. The school complies with the Guidance on First Aid for Schools Best Practice Document published by the DfE. In order to comply with this best practise document, the school has a requirement for a minimum of two trained First Aiders who have satisfied the requirements of the 'First Aid at Work' course. It is a requirement for at least two staff members on each corridor in the school building to be trained in basic first aid. Staff in EYFS are paediatric first aid trained, either Full or Emergency. Across the EYFS a staff member with a full paediatric certificate is always present. However, staff should NEVER perform any First Aid Procedures that they have not been adequately trained to do.

The school will provide:

- Practical arrangements at the point of need;
- The names of those qualified in first aid and the requirement for updated training every three years;
- At least one qualified person on each corridor when children are present;
- At least one person with a full paediatric certificate in EY (Nursery) and J1 (Reception) and BSC and ASC when EYFS children are present;
- Information on how accidents are to be recorded and parents informed;
- Access to first aid kits;
- Arrangements for children with particular medical conditions (for example asthma, epilepsy, diabetes).
- Hygiene procedures for dealing with the spillage of body fluids;
- Guidance on when to call an ambulance;
- Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013), under which schools are required to report to the Health and Safety Executive (telephone 0345 300 9923)

Methodology

This First Aid Needs Assessment will consider the following topics:

- The nature of the work, the hazards and the risks
- The classification of first aiders
- The Nature of the workforce

- Schools history of accidents and illness
- Educational trips, Residential trips and Learning Outdoors activities/Sports Fixtures/Lone Workers
- The distribution of the workforce
- The remoteness of the site from emergency medical services
- The assessment of the number of first aiders required

Aims

- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.
- To provide First Aid treatment where appropriate for all users of the school (with particular reference to children and staff)
- To provide or seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements

Classification for first aiders.

There are now four levels of workplace first aider:

- Emergency First Aider at Work (EFAW) – 6-hour course
- Paediatric First Aider – 12-hours paediatric course
- Emergency Paediatric First Aider – 6-hour course
- First Aider at Work (FAW) – 18-hour course.

The Nature of the Workforce

We have considered the needs and health of all employees, children, visitors/contractors. During term time there will be one or more First Aider at Work (FAW) on duty. During school holidays - there should be at least one Emergency First Aider at Work (EFAW) available to administer first aid. A Care Plan will be completed by the school prior to a child with specific health problems/disability (such as heart conditions, asthma, diabetes etc) is accepted into the school.

The Head of Pastoral is responsible for ensuring that there is adequate first aid cover available at all times, including when a first aider is on annual leave, a training course, a lunch break or other foreseeable absences.

The evidence of the level of injury in our school is relatively low and really confined to child injuries, most of which are results from slips/trips and falls, occasionally on the sports field, in the sports hall or in the playgrounds. Again most of the injuries are minor and require minimal first aid attention.

Definitions

First Aid

The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving of any tablets or medicine to treat illness.

Full First Aider

A person who has completed a full (3-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

Full Paediatric First Aider

A person who has completed a full (2-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

Appointed Person

A person who has completed a 1-day course of emergency first aid from a competent trainer and holds a current certificate.

Policy Statement

Merton Court School will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for children, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. This policy should be read in conjunction with Merton Court School's Health and Safety policy and Child Protection and Safeguarding Policy on Educational visits. It will be reviewed annually.

First Aid Facilities

The Headmaster/Proprietor must ensure that the appropriate number of first-aid kits are available according to the risk assessment of the site are available. See Guidance on First Aid for Schools Best Practice document (DfE) guidelines on recommended and mandatory contents.

- All first-aid kits must be marked with a white cross on a green background;
- First-aid kits always accompany the children when using any specialist facilities and during any offsite activity/education visit. First aid kits must accompany Physical Education (PE & Games) teachers off-site;
- First aid kits should be kept near to hand washing facilities;
- Spare stock should be kept in school;
- Responsibility for checking and restocking the first-aid kits is that of Mrs T Baker. This is completed weekly, using a supplies check list. The First Aiders must notify the school office of any necessity of restocking of the First Aid boxes;
- A defibrillator is located in the School Hall and staff have regular training on how to use it.

First Aid Room

The first aid room is located, next to the sports staff office, and is used in emergencies only. First Aid bags/boxes are located at all playgrounds. Outside of breaktimes, children should report to the school office. Any Early Years child

requiring first aid will be dealt with in the EY classroom. Early Years children on the playground at lunch and break times will follow the same procedure as the rest of the school.

Training

The list of staff with current First Aid Certificates is available from the school office. All First Aid qualifications are updated every three years in accordance with regulations.

Both a *full first aider* and at least one *paediatric first aider* will always be on the premises and a *paediatric first aider* will always accompany the EYFS children when using any specialist facilities and during any offsite activity/education visit. First aid kits are available on the premises and for educational visits and offsite activities.

First Aiders' responsibilities

- To give first response treatment.
- To summon an ambulance through the school office, when necessary.
- To inform the school office when children are too unwell to stay at school. The school office will contact parents to collect their child and, when required, inform them of the accident and the hospital to which their child is being taken.
- To keep a legible written record of attendances, with dates, times and treatment given.
- To provide the office with the accident form so that it may be emailed home to parents and entered onto CPOMS.

Policy on First Aid in School

All staff, both teaching and non-teaching are responsible for dealing with minor incidents requiring first aid. During lesson time first aid is administered by the form teacher or assistant, or one of the First Aiders. If an accident occurs in the playground and first aid is required, then one of the staff on duty in the playground, who is qualified will assist the child and should, if necessary, be taken to the School Office. The First Aid room will be used if a child has a very serious injury.

The First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Fully stocked First Aid kits are available in the first aid room, J1 classroom, EY building, games store (two are available to be taken out onto the sports pitches during games lessons), Mrs Summers (PSHEE Co-ordinator), school mini bus, school office (two kits available for offsite visits) and all playgrounds. Any action taken must be recorded. Accidents of a more serious nature must be recorded on an accident report book, and if serious, parents should be informed by telephone. If an injury or illness involves spillage of body fluids gloves must be worn. Any head injury will be reported to the child's parent as soon as possible. All accident forms are emailed directly to parents and entered onto CPOMS.

If there is any concern about the first aid which should be administered, then Mr Brady should be consulted for advice.

The arrangements for first-aid provision will be adequate to cope with all foreseeable incidents. The number of designated first-aiders will not, at any time, be less than the number required by law. This is determined by risk assessment

(Local Authority guidance). Designated staff will be given such training in first-aid techniques as is required to give them an appropriate level of competence. The Headmaster is responsible for ensuring that a sufficient back-up stock, signs and kits must be identified by a white cross on a green background. A written record will be kept of all first-aid administered either on the school premises or as a part of a school related activity.

The First Aiders' procedure for dealing with sick or injured children:

1. Ascertain by inspection and discussion with child or staff member the nature of the child's injury or illness.
2. Comfort or advice as necessary. This may be sufficient and child can return to class or break. Inform form teacher of nature of any concerns if appropriate.
3. Treat injury or illness if required. Clean wound with running water and cover with a plaster if still bleeding and no allergy exists.
4. Record action taken on accident report form and complete a copy for parents.
5. If child is then well enough he/she will return to class.
6. If problem persists or there are doubts as to the seriousness of any injury, then parent(s) will be telephoned and asked what they would like to do. If he/she wishes to collect their child appropriate arrangements are made.
7. If a severe illness or injury is suspected, then parents will be contacted and if unavailable then the emergency services will be called and office staff will contact the parents to inform them. No child will travel in an ambulance unaccompanied.
8. If any issue arises during treatment or discussion with the child that the First Aider feels should be taken further, she/he will telephone or speak to the parents and/or the school office so a decision may be made.

N.B. The First Aiders will have up to date Emergency First Aid training and some will have a full and current First Aid at Work Certificate. Most members of staff working specifically in the EYFS department have a Paediatric First Aid Training Certificate. They are not, however, medically qualified and hence cannot give medical advice.

Hygiene/Infection control/HIV Protection

Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single-use disposable gloves and hand-washing facilities, which should be used when dealing with any blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc) are placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home.

Supporting sick or injured children

With reference to sick children and medicine we:

- Make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues.
- Isolate a child if we feel that other children or staff are at risk.
- Contact parents to take children home if they are feeling unwell/being sick/have diarrhoea/have had an accident/may have an infectious disease.

- Ring emergency contact numbers if the parent or carer cannot be reached.
- Make every effort to care for the child in a sympathetic, caring and sensitive manner.
- Respect the parents' right to confidentiality
- Keep other parents informed about any infectious diseases that occur.
- Expect parents to inform the office if their child is suffering from any illness or disease that may put others at risk.
- See policy on administration of medicines

Confidentiality

Information given by parents regarding their child's health will be treated in confidence and shared with all staff.

Monitoring

Accident report forms are used to help the Headmaster/Health and Safety Officer to identify trends and areas for improvement. They also help to identify training or other needs and may be useful for insurance or investigative purposes. The Headmaster, LT and Advisory Board regularly reviews the accident records. This policy will be reviewed annually.

Reporting to HSE

Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) (**RIDDOR**) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0345 300 99 23). The Headmaster must keep a record of any reportable injury, disease or dangerous occurrence. 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.

The following accidents must be reported to the HSE involving employees or self-employed people working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence)
- accidents which prevent the injured person from doing their normal work for more than three days
- accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work i.e. if it relates to:
 - any school activity, both on or off the premises;
 - the way the school activity has been organised and managed;
 - equipment, machinery or substances;
 - the design or condition of the premises.

HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Headmaster is responsible for ensuring this happens, but may delegate the duty to the Health and Safety Officer. The Headmaster will report the incident to HSE and also to our insurers.

Record keeping

Statutory accident records: The Headmaster/Proprietor must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. The Headmaster/Proprietor must 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 (form) 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.

Reporting

The First Aider should complete an Accident Report Form. All injuries, accidents and illnesses, however minor, must be reported to the School Office and they are responsible for ensuring that the accident procedures are filled in correctly and that parents and HSE are kept informed as necessary.

The original will be emailed home with the child, a copy is scanned onto CPOMS and kept in the accident report file for monitoring. All details need to be filled in, including any treatment given.

Reporting to Parents: In the event of accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Headmaster/Proprietor if necessary. Parents are always called if there is a head injury, no matter how apparently minor.

Accidents involving Staff: Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)

Work related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days. Cases of work-related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer). Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Staff taking medication/other substances

Staff must seek medical advice if they are taking medication and inform the School which may affect their ability to care for children. All staff medication must be securely stored at all times.

Accidents involving children or visitors: Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- any School activity (on or off the premises)
- the way a School activity has been organised or managed (e.g. the supervision of a school trip)

- equipment, machinery or substances
- the design or condition of the premises.

Need to be reported without delay to HSE, followed by Form F2508.

For more information on how and what to report to the HSE, please see:

<http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link

Annex A:

Basic First Aid Procedures - Reminders

Knowing what to do in an emergency is vitally important. Remember your first aid training, know where a first aid kit is located and familiarise yourself with how to deal with some of the more common situations below. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 / 112 immediately; contact a First Aider.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

<p style="text-align: center;">Unconsciousness</p> <p>If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.</p>	<p style="text-align: center;">Bleeding</p> <p>Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.</p>
<p style="text-align: center;">Burns</p> <p>For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.</p>	<p style="text-align: center;">Broken bones</p> <p>Try to avoid as much movement as possible.</p>

Embedded Objects and Splinters

An object embedded in a wound (other than a small splinter) should not be removed as it may stem bleeding, or further damage may result.

In principle leave splinter in place, carefully clean the area with warm soapy water; use sterile dressing to cover it, Report to parents, if the child is particularly uncomfortable contact parents.

Annex B: Anaphylaxis

What is anaphylaxis?

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). In its most severe form the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No child would necessarily experience all of these symptoms at the same time.

Medication and control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an 'auto-injector', a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual child must be kept by the form teacher which is readily accessible, in accordance with the School's health and safety policy. If a child has an 'auto-injector' it is particularly important that this is easily accessible throughout the school day and a spare 'auto-injector' being kept in the school office. Medication must be clearly marked with the child's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

It is important that key staff in the School are aware of the child's condition and of where the child's medication is kept, as it is likely to be needed urgently. A small photograph of the child will be circulated internally so as to ensure recognition by all staff.

It is not possible to overdose using an 'auto-injector' as it only contains a single dose. In cases of doubt, it is better to give a child experiencing an allergic reaction an injection rather than hold back.

All children who have anaphylaxis will require a care plan which parents or guardians should complete prior to starting at Merton Court School. The Care plan should give basic details and indicate whether in some circumstances the child should be allowed to carry medication on his/her person around the School. This will be kept with the child's file.

Following discussion with the child and his/her parents, individual decisions should be made as to whether to provide basic information on the child's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow children should also be advised not to share food or drink with a child who is likely to experience an anaphylactic reaction.

Managing children with anaphylaxis

- Staff should be aware of those children under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all children who have an 'auto-injector' prescribed to them, have their medication on them at all times.
- EYFS staff will take children's auto-injectors to any activities outside of the classroom.

- Staff should ensure that they have some knowledge of what to do if a child has an anaphylactic reaction. (Staff to seek advice from a First Aider.)
- If a child feels unwell, a First Aider should be contacted for advice.
- An auto-injector pen is kept in the Bee Hut.
- In-house staff training on the use of auto-injectors.

Educational Visits and Residential Trips :

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of children's medication, if the children cannot carry it themselves (See Care Plan.)
- Staff supervising the trip must be aware of the child's condition and of any relevant emergency procedures.

Issues which may affect learning

Children with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a child will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such children in the following circumstances and seek to minimize risk whenever possible.

What are the main symptoms?

- Itching or presence of a rash, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness

What to do if a child has an anaphylactic reaction

- Ensure that a paramedic ambulance has been called, stay calm and reassure the child, encourage the child to administer their own medication as taught, summon assistance immediately from a First Aider and liaise with a member of the school office about contacting parents.

Annex C: Asthma

What is Asthma?

Children with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The child may become distressed and anxious and in very severe attacks the child's skin and lips may turn blue.

Medication and control

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. Most children with asthma will take charge of and use their inhaler from an early age and it is good practice to allow children to carry their inhalers with them at all times, particularly during PE lessons. If a child is too young or immature to take

responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the child's name. EYFS staff will take children's inhalers/auto-injectors with them to lessons outside of the classroom.

Children with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the child's name and stored in the school office in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. An agreed care plan should give the basic details and indicate whether in some circumstances the child should be allowed to carry medication on his/her person around the School. This will be kept with the child's file. Note that it is difficult to "overdose" on the use of an inhaler. If a child tries out another child's inhaler there are unlikely to be serious side effects, although clearly children should never take medication which has not been prescribed for their own personal use. Following discussion with the child and his/her parents, individual decisions should be made as to whether to provide basic information on the child's condition to his/her peer group so that they are made aware of their classmate's needs.

Managing children with asthma

- Staff should be aware of those children under their supervision who have asthma.
- Games staff should ensure that all children with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a child has an asthma attack. (Staff to seek advice of a First Aider)
- If a child feels unwell, a First Aider should be contacted for advice.

School trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of child's medication, if the children cannot carry it themselves (See care Plan). Staff supervising the trip must be aware of the child's condition and of any relevant emergency procedures.
- Across the EYFS a full Paediatric First Aider will accompany the trip.

Issues which may affect learning

Children with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Children must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit children with asthma in the same way as other children. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all children, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. **However, they should not be forced to take part if they feel unwell.**

What are the main symptoms?

- Coughing, wheezing, inability to speak properly and difficulty in breathing out.

What to do if a child has an asthmatic attack;

- Stay calm and reassure the child. Speak calmly and listen to what the child is saying.
- Summon assistance from a First Aider. Try not to leave the child alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are used promptly and help the child to breathe by encouraging the child to breathe slowly and deeply and relax.
- Help the child to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance. 112 or 999

Liaise with the First Aider about contacting the child's parents/guardians.

Annex D: Diabetes

What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Children with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a child may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a child may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

Medication and control

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All children with diabetes will require an Individual care plan. In most cases children will have their insulin injections before and after school but some children may require an injection at lunchtime. If a child needs to inject whilst at school, he/she will know how to undertake the procedure without adult supervision. However, the child may require privacy in which to administer the injection. Some children may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A child with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most children with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a child with diabetes to eat snacks without hindrance or fuss and to ensure that the

lunchtime meal is taken at a regular time. It is also important that the School should establish with the child and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode. The issue of close communication between parents and the School is fundamental to the care of children with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date. All diabetic children will require a care plan which parents or guardians should complete prior to starting at Merton Court. The Care plan should give the basic details and indicate whether in some circumstances the child should be allowed to carry medication on his/her person around the School. This will be kept with the child's file. Following discussion with the child and his/her parents' individual decisions should be made as to whether to provide basic information on a child's condition to his/her peer group so that they are aware of their classmate's needs.

Managing children with diabetes

- Staff should be aware of those children under their supervision who have diabetes.
- Games staff should ensure that all children with diabetes have a sugary drink bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a child has a hypoglycaemic episode or a hyperglycaemic episode.
- If a child feels unwell, a First Aider should be contacted for advice.

School trips:

A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of child's medication, if the children cannot carry it themselves (See Care plan). Staff supervising the trip must be aware of the child's condition and of any relevant emergency procedures.

Issues which may affect learning

Children with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a child with diabetes in maintaining an adequate blood glucose level: Encourage the child to eat or drink some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the child displays symptoms of hypoglycaemia, after the activity is concluded, encourage the child to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

What do in an emergency if a child has a hypoglycaemic (low blood sugar) episode

Common causes:

A missed or delayed meal or snack, extra exercise, too much insulin during unstable periods, the child is unwell or the child has experienced an episode of vomiting.

Common symptoms are:

- Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration

- i. Get someone to stay with the child - call for a First Aider/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse).
 - ii. Give fast acting sugar immediately (the child should have this), e.g: Lucozade, fresh orange juice, sugary drink, e.g. Coke, Fanta, glucose tablets, honey or jam, 'Hypo Stop' (discuss with parents whether this should be taken on trips off site)
 - iii. Recovery usually takes ten to fifteen minutes.
 - iv. Upon recovery give the child some starchy food, e.g. couple of biscuits, a sandwich.
 - v. Inform a First Aider and parents of the hypoglycaemic episode.
 - vi. In some instance it may be appropriate for the child to be taken home from school
- NB. In the unlikely event of a child losing consciousness, call an ambulance (112 or 999) and a Duty First Aider.**

A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Children may display the following symptoms:

- Excessive thirst, passing urine frequently, vomiting, abdominal pain
- A change of behaviour

Care of children in a hyperglycaemic episode:

- Do not restrict fluid intake or access to the toilet
- Contact the parents if concerned.

In both episodes, liaise with the Duty First Aider about contacting the child's parents/guardians.

Annex E: Hemiplegia

What is hemiplegia?

Childhood hemiplegia (sometimes called hemiparesis) is a condition affecting one side of the body (Greek 'hemi' = half). We talk about a right or left hemiplegia, depending on the side affected. It is caused by damage to some part of the brain, which may happen before, during or soon after birth, when it is known as congenital hemiplegia, or later in childhood, in which case it is called acquired hemiplegia. Generally, injury to the left side of the brain will cause a right hemiplegia and injury to the right side a left hemiplegia. Childhood hemiplegia is a relatively common condition, affecting up to one child in 1,000. About 80% of cases are congenital, and 20% acquired

What are the effects of hemiplegia?

Hemiplegia affects each child differently. The most obvious result is a varying degree of weakness and lack of control in the affected side of the body, rather like the effects of a stroke. In one child this may be very obvious (he or she may have little use of one hand, may limp or have poor balance); in another child it will be so slight that it only shows when attempting specific physical activities.

Managing children with hemiplegia

It is essential to include the weaker side in play and everyday activities, to make the child as two-sided as he or she can be. As they get older, many children and young people with hemiplegia can be encouraged to develop better use of their weaker side through involvement in their chosen sports and hobbies. All hemiplegic children will require a care plan which parents or guardians should

complete prior to starting at Merton Court School. The Care plan should give the basic details and indicate whether in some circumstances the child should be allowed to carry medication on his/her person around the School. This will be kept with the child's file. Staff should encourage children to take part in all activities. If a child feels unwell, a First Aider should be contacted for advice.

School trips:

- Staff supervising the trip must be aware of the child's condition and of any relevant emergency procedures.

Annex F: Cleaning up body fluids from floor surfaces

All appropriate precautions will be taken by the Estates and Maintenance staff when cleaning up after an incident involving blood, vomit, etc.

Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly.

- Put on gloves. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Remove all visible material from the most soiled areas, using paper towel.
- Put all used paper towel and cloths into bin.
- Non - carpeted areas: Sanitize the area using disinfectant, leaving on the affected area for a minimum of 10 minutes. A red mop and bucket are designated for this use and contact a member of the Estates and Maintenance Team.
- Carpeted areas: The area should be cleaned. The area should then be shampooed or steam cleaned within 24 hours and contact a member of the Estates and Maintenance Team.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water and then rinse with disinfectant.
- Discard gloves in the bin. Finally wash your hands thoroughly using soap and water.

Annex G: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995).

All Schools are required to report to the Health and Safety Executive (Tel: 0345 300 99 23). Employers must report: Deaths, major Injuries, over three-day injuries, accidents causing injury to children, accidents causing injury to members of the public or people not at work, specified dangerous occurrences where something happened which did not result in an injury but could have done.

Refer to Health & Safety Handbook for full details.

APPENDIX 1 - MERTON COURT SCHOOL'S ALLERGY CODE

- Take every allergy seriously – allergic reactions are unpredictable and every child with a diagnosed allergy should be included in the measures outlined in the Code.
- Every child matters – allergies are as unique as the children who have them and it is crucial that an individualised approach is adopted, working with families as well as the children involved. Support children with Individual Healthcare Plans (IHPs) for all children with allergies.
- Prioritise safety and inclusion – responding to the needs of children with allergy may require finding new ways of doing things, school will prioritise safety and inclusion every time.
- Take a whole-school approach. Every member of the school community should understand allergy and their responsibility for reducing risk, from children, parents and staff members. Allergy management is not just the responsibility of the catering and first aid trained members of staff.
- Staff training which builds on knowledge and skills of all staff through targeted training and education. This will include understanding risk reduction, and the importance of inclusion, as well as first aid response to an allergic reaction.
- Weave allergy awareness into classroom activities, for example lessons on healthy snacks and PSE lessons. Allergy should form a part of every risk assessment.
- Have systems, processes, and medication in place for emergencies.
 - A) Ensure that children prescribed with adrenaline pens have two in-date devices accessible at all times.
 - B) Hold spare adrenaline pens in school and make sure everyone knows where they are.
 - C) Establish annual risk assessment and anaphylaxis training for all staff.
 - D) Use the Anaphylaxis Emergency Response Plan which enables staff to respond confidently and immediately to an allergic reaction.
 - E) Have an allergy register of all children who are at risk.

