



RADLETT
PREPARATORY SCHOOL

FIRST AID POLICY

Approved by:	Mrs L Flynn	Signature:
Last reviewed on:	May 2023	
Next review due by:	May 2024	

First Aid Policy

This policy outlines the responsibility of Radlett Preparatory School Ltd to provide adequate and appropriate first aid to pupils, staff and visitors and the procedures in place to meet that responsibility in line with the Health and Safety Executive's (HSE) First Aid Regulations 1981.

Every member of staff is expected to do all they can to secure the welfare and safety of the pupils, and to use their best endeavours in the event of a first aid emergency.

Aims

- To ensure that first aid provision is always available.
- To provide for the immediate needs and requirements of pupils, staff and visitors who have become ill or sustained either a serious or minor injury while they are on school premises, and off the school premises whilst on organised school visits.
- To ensure that adequate resources and arrangements are in place to deal with injuries/accidents/illness as they arise.

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 the training needs.
- To provide sufficient and appropriate resources and facilities.
- To make the school's first aid arrangements available for staff and parents on request.
- To keep accident records and to report to the Health and Safety Executive (HSE) as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

Procedures

- **Risk Assessment**

- The Principal shall assess first aid needs appropriate to the circumstances of the school.
- The Principal shall review the Schools first aid needs annually and following any changes to the staff, building, site, facilities, or activities etc.
- The School Nurse monitors the number of trained first aiders, alerts them to the need for refresher courses and organizes their training sessions.
- The School Nurse also monitors the emergency first aid training received by other staff and organizes appropriate training (including Paediatric First Aid for EYFS staff)
- The School Nurse checks the contents of the first aid boxes half termly and restocks, as necessary.
- The School Nurse reviews the incidents recorded in the Accident Record Book to provide information to help the Principal identify accident trends and areas for improvement in the control of health and safety risks. It is also used for reference in future first aid needs assessments.
- Sick or injured* pupils must go to the Medical Room (adjacent to cellar stairs).

*In the case of suspected anaphylaxis or a significant injury, the injured person should not be moved and the School Nurse or a First aid trained member of staff must be called to attend.

- Attendances at the Medical Room requiring treatment are recorded in an Accident Record Book kept in the Medical Room. Sometimes the School Nurse, using her discretion, may telephone the parent/guardian or send a note home via the pupil at the end of the school day. There is a separate accident book for adults.

Information to be recorded should include:

- Date, time, and place of the incident
- Name and class/job title of the injured person
- Details of the injury/illness and what first aid was given.
- What happened to the person afterwards; (for example, went back to work, class, went home, went to hospital)
- Name and signature of the first aider or person dealing with the incident.
- If the accident requires hospital or further treatment, then the parent/carer is contacted

by telephone and advised to take the child by car, or in some cases an ambulance may be called.

- Pupils who are unwell or injured and collected from school by a parent/guardian need to be signed out at the school office by the person collecting them.
- The information recorded in the school accident book is retained for a period of 10 years.

Provision

Radlett Preparatory School is a low-risk environment and the recommended number of certified first aiders is one per 100 pupils/staff. Arrangements are made by the Principal to ensure that the required level of cover of both first aiders and appointed persons is always available when people are on the school premises.

Qualifications and Training

The school has two qualified Registered General & Registered Sick Childrens Nurses, Mrs A Thomas, and Mrs M Gallagher. One of which is on site during the school day, based in the medical room, to attend to the children's medical needs throughout the day. In their absence, the Principal appoints a responsible and capable first aider.

All staff listed below have undertaken, either, First Aid at Work, Emergency First Aid at Work or Paediatric First Aid courses by an organisation approved/recommended by the HSE. Each certificate is kept up to date by attendance at a course every three years. Annual anaphylaxis training is offered in-house by the school nurse.

Appointed personnel must be able to give immediate assistance to casualties, take charge of a situation and should be able to perform cardiopulmonary resuscitation, be familiar with the use of the defibrillator, deal with the control of bleeding and be able to treat unconsciousness. Staff must know when and how to summon an ambulance or other professional help.

A list of all first aid trained staff and their locations are displayed:

- In the Medical Room
- In the main school office
- In the Principal's office
- In the reception area
- In Mrs Thurston's office
- In the staff room
- In the infant office
- In the cellar
- In the P.E. department

Qualified First Aiders in school - Updated April 2023

Medical Room	Qualification	Expiry Date
Andrea Thomas	NMC Registered Nurse (RGN&RSCN)	July 2023
	SJA 1st Aid @ work	October 2024
	SJA Paediatric 1st Aid	March 2026
Mikila Gallagher	NMC Registered Nurse (RGN&RSCN)	August 2023
	SJA 1st Aid @ work	March 2024
	SJA Paediatric 1st Aid	February 2026
Office		
Irena Constanti	SJA 1st Aid @ work	November 2024
	SJA Paediatric 1st Aid	January 2024
Jenny Warren	SJA Emergency 1 st Aid @ work	March 2024
Gráinne Collings	SJA Emergency 1 st Aid @ work	September 2024
Year 6		
Debbie Franklin	SJA Emergency 1 st Aid @ work	September 2025
Tanya Pedley	SJA Emergency 1 st Aid @ work	September 2025
Lara Wolpert	SJA Emergency 1 st Aid @ work	September 2023
Year 5		
Olga Kopitko	SJA Emergency 1 st Aid @ work	September 2023
Nia Williams	SJA Emergency 1 st Aid @ work	September 2025
Nicky Espasandin	SJA Emergency 1 st Aid @ work	September 2023
Year 4		
Piers McGrandle	SJA Emergency 1 st Aid @ work	September 2025
Gayle Hewitt	SJA Emergency 1 st Aid @ work	September 2025
Dean Stephenson	SJA Emergency 1 st Aid @work	September 2024
Year 3		
Rosie Turvil	SJA Emergency 1 st Aid @ work	September 2023
Lauren Chaney	SJA Emergency 1 st Aid @ work	September 2025
Amy Monjack	SJA Emergency 1 st Aid @ work	September 2024
Freya McAteer	SJA Emergency 1 st Aid @ work	September 2023
Year 2		
Anne Sklar	SJA Emergency 1 st Aid @ work	September 2025
Beth Uttley	SJA Emergency 1 st Aid @work	September 2023
Year 1		
Tom King	SJA Paediatric 1st Aid	May 2024
Rebecca Mileham	SJA Emergency 1 st Aid @ work	September 2023
Kim Stock	SJA Emergency 1 st Aid @ work	September 2023
Reception		
Bina Parmar	SJA Emergency 1 st Aid @ work	September 2023
Toni West	SJA Emergency 1 st Aid @ work	September 2023
Infant Office		
Claire Foster	SJA Paediatric 1st Aid	November 2025
	SJA Emergency 1 st Aid @work	September 2025
Kunal Shah	SJA Paediatric 1st Aid	November 2025
Miriam Gilbert	SJA Schools 1st Aid	September 2023
Jayne James	SJA Schools 1st Aid	September 2023
P.E. DEPT		
Richard Pillinger	SJA Emergency 1 st Aid @ work	November 2024
Romayn Pennant	SJA Emergency 1 st Aid @ work	September 2023
Stephanie Neville	SJA Emergency 1 st Aid @work	September 2025
EXTRAS		
Claire Harris	SJA Emergency 1 st Aid @ work	September 2024
Sangita Patel	SJA Emergency 1 st Aid @ work	September 2024
Rebecca Harte	SJA Emergency 1 st Aid @ work	September 2023
Lauren Hartland	SJA Emergency 1 st Aid @ work	September 2024
Goldie Singh	SJA Schools 1st Aid	September 2023
Darpan Bhasin	SJA Schools 1st Aid	September 2023
Ami Kaye	SJA Schools 1st Aid	September 2023
Laura Rivet- Carnac	SJA Schools 1st Aid	September 2023
Shilpa Haldankar	SJA Schools 1st Aid	September 2023
Georgie Leppard	SJA Schools 1st Aid	September 2023
Site Team		
Harold Goodman	SJA Schools 1st Aid	September 2023
Garry Rout	Emergency 1st Aid @ work	April 2026

Equal Opportunities

All pupils are given access to first aid and medical assistance regardless of gender, ability, race or religion. Equal opportunities are provided for boys and girls, monitored children, those who are Gifted and Talented and pupils from different cultural backgrounds. If required, pupils with English as an additional language will be given access to additional resources and support to ensure they receive the necessary assistance.

First Aid Materials, Equipment and Facilities

All school first aid boxes and first aid travel kits are coloured green and are identified by a white cross on a green background. They contain no painkillers or drugs.

All first aid sports holdalls are coloured blue and identified by the words 'Sports Medical Kit'.

Portable first aid boxes are located:

- In the Medical Room
- In the P.E. department
- In the Infant office
- In the EYFS play-area
- In the cellar

First aid travel kits must be taken on all school trips and all trips are accompanied by at least one first aid trained or appointed member of staff.

School Visits/Sports fixtures

Although responsibility for checking and re-stocking the first aid boxes is that of the school nurse, it is expected that before going on a school visit, or sports fixture, the accompanying first aider/ member of staff in charge of the outing, shall take responsibility for ensuring their first aid travel kit contents are sufficient, and that they have done a risk assessment for any pupils with particular medical conditions, for example, asthma, allergies, diabetes, and that they collect any necessary medications from the Medical Room prior to the outing/fixture, and return them afterwards promptly to the school nurse.

Accommodation

- The school Medical Room is large enough for a bed with enough space at either side for people to work, plus room for additional chairs and any necessary equipment.
- It has a window that is kept open during school hours, for ventilation.
- It has a large convertible bed chair.
- It has washable surfaces and floor, adequate heating, ventilation, and lighting.
- It has a sink with hot and cold running water,
- It is adjacent to a lavatory.
- It is kept clean, tidy, accessible, and always available for first aid use during the day.
- It is positioned close to a side door as a point of access for transport to hospital.
- It displays a notice of the names and locations of the school's first aiders.

- It has a portable privacy screen.
- It has drinking water and cups.
- It has liquid soap and paper towels.
- It has a lockable store cupboard for additional first aid materials.
- It has a telephone.
- It has an unlocked cupboard to store pupil's Emergency Medication i.e., Inhalers & Auto injector pens.
- It has a lockable fridge for medications.
- It has a first aid supply cupboard and a portable first aid box.
- It has a foot operated refuse container for yellow clinical waste and another for domestic waste, and a Sharps bin.
- It has a record book for recording incidents attended by the school nurse, a first aider or appointed person.
- All pupils Health Care Plans and medication are in the medical room, in a lockable cupboard.

Automated External Defibrillator (AED)

The school has a defibrillator located opposite Mrs Thurston's office, adjacent to the School Hall. It is kept in an alarmed cabinet inside a clearly labelled, unlocked cupboard.

In the event of an emergency (sudden cardiac arrest), the defibrillator can be used by anybody in the school community.

An Emergency Bag is kept with the AED, containing a face mask, instruction card, spare AED pads, Aspirin (ONLY for use if instructed by Ambulance team), and personal protective equipment (PPE) etc.

The School Nurse is responsible for checking the AED and Emergency Bag.

How to Use the Automatic External Defibrillator (AED)

Chain of Survival – Resuscitation Council UK Guidelines 2021 (post Covid 19 Pandemic)

If you think you are witnessing someone experiencing a **Sudden Cardiac Arrest** - the absence of signs of life and the absence of regular breathing -

- **Check for any immediate danger.**
- **SHOUT FOR HELP and request they**
- **Call for an Ambulance on 999 or 112.**
- **Arrange for collection of the Defibrillator & Emergency Kit Bag (also contains Personal Protective Equipment (P.P.E)) from the cupboard opposite Mrs Thurston's Office.**

Adult

Chest Compressions

- Lay casualty on their back, preferably on a hard surface.
- Start chest compressions as soon as possible.
- Deliver compressions on the lower half of the sternum (“in the centre of the chest”)
- Compress the chest at a rate of 100-120 per minute, with as few interruptions as possible.
- Compress to a depth of at least 5cm but no more than 6cm.
- Allow the chest to recoil completely after each compression, do not lean on the chest.

Rescue Breaths

- If you are trained to do so, after 30 compressions, provide 2 rescue breaths.
- Alternate between providing 30 compressions and 2 rescue breaths.
- If you are unable or unwilling to provide ventilations, give continuous chest compressions.

Child

Cardiac arrest in a child is more likely to be caused by a respiratory problem and therefore chest compressions alone are likely to be ineffective.

Rescue Breaths

If the child is unresponsive:

- Turn child on their back and open airway using head tilt and chin lift, by placing your hand on their forehead and gently tilting the head back and lift the chin with your fingertip(s).
- Keeping the airway open, look, listen and feel for abnormal/absent breathing by putting your face close to the child’s face and looking along the chest, whilst also looking for signs of life.
- If after no more than 10 seconds, the child’s breathing is absent or abnormal:
- Give 5 initial rescue breaths using either the Face Mask in the Emergency First Aid bag, or a Vented pocket mask from a First Aid Bag (if not on school site).

Chest Compressions

Following the rescue breaths, if there are no signs of life, or if you are unsure:

- Start good quality chest compressions at the rate of 100-120 per minute.
- Depress the lower half of the sternum to the depth of 4-5cm.

- Release all pressure on the chest between compressions to allow for complete recoil at the end of the compression.
- Continue to administer 2 breaths followed by 30 compressions, until paramedic/ambulance team arrive OR, to apply AED pads to ascertain if the child is in a shockable rhythm.

Defibrillation

1. Press the Power Button
2. Set Adult/ Paediatric Selection switch to match the patient.
(The default setting is for an Adult. If the patient is less than 8 years of age – lift the flap and slide the switch across to Paediatric setting).
This MUST be set before the pads are applied.
3. Remove clothing from patient's chest.
Ensure skin is dry so pads can stick effectively. Using the supplied kit – cut underwired bra or shave chest if necessary.
4. Remove the pads package from the storage compartment.
5. Open the pack and take pads out of the pads package.
6. Refer to the pictures on the pack and apply pads to the patient.
7. Follow the Verbal instructions from the AED. This will automatically analyse the patient's heart rhythm once connected. The device will tell you not to touch the patient by flashing the Do – Not – Touch – Patient Indicator and issuing a voice prompt.
8. The AED will determine whether the patient is in a shockable rhythm and, if the patient needs defibrillation - the device will announce that a shock is needed and instruct you to keep away from the patient.
9. The AED will charge itself and the beeper will beep continuously.
10. The AED will say "Stand by for automatic shock delivery. Warning: No one should be touching the patient."
11. Continue CPR as prompted by the AED.
12. Follow AED instructions, as further shocks may be required.
13. Continue until paramedic/ambulance arrives to take over.

When to call an ambulance: Dial 999 or 112

Always call an ambulance when the casualty is:

- Not breathing.
- Has an airway obstruction.
- Has severe respiratory problems e.g., trauma to the chest, infection, asthma etc.
- Has suffered loss of consciousness.
- Has a severe head injury.
- Is showing symptoms of anaphylaxis/suspected anaphylaxis or a suspected allergic reaction that is causing difficulty breathing.
- A person experiencing their first seizure, a known epileptic experiencing a seizure that lasts more than 3 minutes, or if one seizure appears to follow another and they do not appear to regain consciousness in between.
- Has sustained a suspected fracture and is unable to be moved due to safety, pain, or immobility.
- Suffering from severe external bleeding.
- Suffering from suspected internal bleeding.
- Has sustained a crush injury.

If in ANY doubt about the casualty's condition ALWAYS call an ambulance.

If you require urgent medical help or advice, and the situation is not life-threatening, the NHS recommend that to find the nearest service:

either call 111 or visit www.111.nhs.uk

Nearest Hospitals to Radlett Preparatory School with an Accident & Emergency Department for Children and Young People

Barnet General Hospital

Wellhouse Lane

Barnet

EN5 3DJ

Tel: 020 8216 4600

Distance from school – 6.2 miles (Approximately 19 minutes by car)

Watford General Hospital

Vicarage Road

Watford

WD18 0HB

Tel: 01923 244366

Distance from school – 7.8 miles (Approximately 23 minutes by car)

Northwick Park Hospital

Watford Road

Harrow

Middlesex

HA1 3UJ

Tel: 0208 8643232

Distance from school – 9.0 miles (Approximately 31 minutes by car)

Administration of medicines

Should a child need to take medicine during a school day, the medicine must be:

- Prescribed by a doctor with the child's name on the label.
- In its original container with pharmacy dispensing instructions, with the name, strength, and dosage of drug clearly labelled.
- Accompanied by a medication authorisation form from the parent/guardian detailing the time the medication is to be given, the dose and the length of time for which the medicine is to be taken.
- Short term over the counter medicine such as paracetamol, ibuprofen, cough mixture, eye drops, antihistamines may also be given by the school nurse when a medication authorisation form has been completed and signed, or if the school nurse has obtained verbal consent, either face to face or over the telephone.
- Details of medicines dispensed by the school nurse will be recorded in the medication book.
- All medicines are stored in a locked fridge or cupboard.

Parent/Guardian Advice

- Parents/guardian are requested and reminded by termly newsletter to keep the school informed of changes of address and contact telephone numbers as these are vital for the efficient functioning of the emergency contact procedure.
- Parents/guardian are required to disclose any pre-existing medical condition or allergies before entry to the school and are requested to keep the school informed in writing of any medical problems or allergies their child may develop.
- Parents/guardian are informed that under no circumstances are children to carry on their person or bring into school in their bags any medication whatsoever.
- Parents/guardian must hand all medications to the office or school nurse in the medical room, with the correct paperwork completed. If the school site is closed to parents/guardian, medications can be handed to school staff at drop off or collection times, in a clearly labelled bag addressed for the attention of the school nurse in the medical room.

Allergies including Nut Awareness

Radlett Preparatory School Ltd is aware that pupils who attend school may suffer from several allergies including food, animal, bee/wasp sting, plant, or nut allergies. All allergies are taken seriously and dealt with in a professional and appropriate way.

The school cannot guarantee a completely allergen free environment but seeks to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to emergencies.

For pupils with a known allergic condition

The school requires parents/guardians to provide written advice from a doctor/hospital, which explains the condition, defines the allergy triggers, details any required medication, and supplies an action plan. Furthermore, any change in the pupil's medical condition during the year must be reported to the school.

The school will seek updated information via the medical form questionnaire at the commencement of each school year.

The school nurse will ensure that a personalised health care plan is established and updated for each pupil with a known allergy.

The parents/guardians will provide the school with any emergency medication that their child requires. The school nurse will keep track of the expiry dates and inform the parent/guardian who will provide replacement adrenaline auto-injectors when needed.

The school nurse will ensure that each pupil's emergency medicine box/bag is individually labelled and clearly displays an up-to-date photograph of the pupil and contains a copy of their healthcare/action plan.

All pupil's emergency medicine boxes/bags will be kept in the medical room in the unlocked "Emergency Medications" cupboard, and all school staff are made aware of their location.

Action plans/posters with a recent photograph for any pupils with allergies will be posted in the medical room, staff rooms, and any other relevant rooms.

Teachers and key staff of pupils with allergies are provided with the medical information and are required to review and familiarise themselves with it.

The school nurse will provide refresher training for staff, in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency, including how and when to use an Adrenaline Auto-Injector (AAI) i.e., Epi-pen, Emerade or Jext Pen.

Where pupils with known allergies are participating in school visits/sports fixtures, the class teacher's risk assessment must include this information, and it is the teacher's responsibility to collect any necessary medication from the medical room and return it promptly to the school nurse on return.

A list of all Children with Specific Medical Needs, including those with known allergies are kept:

- In the Medical Room
- In the Main school office
- In the Principal's office
- In the Staff room
- In the Infant school office
- In the P.E. department

Each pupil brings to school their own snack and packed lunch.

Parents/guardian are notified by letter that there is a pupil in their class with a potentially life-threatening allergy and are asked NOT to include potential allergens such as nuts, nut products, peanut butter, 'Nutella,' hummus, sesame seeds etc. in packed lunches and snacks. They are reminded about this annually and whenever necessary via ParentMail and the school newsletter.

School staff will supervise snack and lunch time breaks.

Food swapping and sharing amongst the pupils is **NOT** allowed and class teachers should be vigilant.

All pupils are encouraged to wash their hands prior to, and after eating.

Parents/guardians may provide the teacher with a bag of allergy friendly snacks/treats suitable for their child, to be given out when other pupils are handing out birthday treats etc.

The class teacher will inform the parents/guardian in advance of class parties and lessons involving the handling or cooking of foodstuffs and liaise with them about necessary precautions and suitable alternatives if necessary.

Allergic Reaction and Recognition

An allergic reaction occurs when the body's immune system over-reacts on contact with normally harmless substances known as allergens. An allergic person's immune system treats these substances (allergens) as threats and tries to defend the body against them by releasing histamine into the blood stream. This release of histamine can cause the body to produce a range of mild to severe symptoms within seconds or minutes.

Anaphylactic Shock

Anaphylaxis is a severe, potentially life threatening, generalised allergic reaction, requiring immediate medical attention. It can be triggered by a variety of allergens or allergy provoking proteins, which commonly include foods such as eggs, cow's milk, shellfish, sesame seeds and nuts - particularly peanuts. Other allergens include latex, certain drugs such as Penicillin and the venom of stinging insects such as bees, wasps, and hornets.

Mild to moderate symptoms of an allergic reaction

Itchy, tingling or burning sensation in the mouth.
Rapid development of rash, blotchy skin, hives, or wheals (urticaria)
Swelling of the face, eyes, or lips
Intense itching and feeling hot or cold.
Sweating, nausea, and vomiting
Abdominal pain and diarrhoea
Rising anxiety
Mild wheeziness

Severe reaction with progression to Anaphylactic shock

Feeling faint, weak, dizzy, or floppy
Difficulty swallowing, hoarse voice or feeling of a lump in the throat.
Wheezing, noisy or rapid shallow breathing
Rapid weak pulse
Cold, clammy skin
Blue – grey tinge around lips
Restlessness, aggressiveness and gasping for air.
Loss of consciousness and possible cardiac arrest

Managing an Allergic Reaction

- CALL or send for HELP, either the **School Nurse** (Medical room) or **appointed First Aider** (Office).
- Always stay with the child, try to reassure, and try to remain calm.
- Ask a member of staff to get pupil's emergency medicine box/bag from the medical room.
- Remove the trigger, if possible, i.e., remove stinger or wash affected area if food contamination.
- Treat the child according to their own Health Care Plan/Allergy Action Plan/protocol.
- Administer the prescribed oral antihistamine tablet/syrup.
- Contact parents/guardian to inform.
- Allow the child time to rest and recover, whilst observing closely.
- Be prepared to administer second dose if symptoms continue, as per their Allergy Action Plan.

Managing a SEVERE allergic reaction – Anaphylaxis Reaction

- CALL or send for HELP, either the **School Nurse** (Medical room) or **appointed First Aider** (Office) stating Anaphylaxis.
- Always stay with the child, try to reassure, and remain calm.
- Ask a member of staff to collect the pupil's emergency medicine bag from the unlocked Emergency Medication cupboard in the Medical Room, for children in years 2,3,4,5 &6. For pupils in Reception and year 1, collect bag from the Infant office.
- Administer child's own pre-loaded Adrenaline Auto Injector pen (AAI) i.e., Epi-pen, Emerade or Jext Pen into the muscle on their upper outer thigh.
- Dial 999 or 112, request an ambulance stating "Anaphylaxis".
- Ask a member of staff to collect the Emergency First Aid bag from the top of the AED cupboard, opposite Mrs Thurston's office.
- Stay with the child and reassure, note the time the auto-injector pen was given and hand over to ambulance crew on arrival.
- Call parents/guardian to inform.
- Some children may have a second auto-injector pen in their school emergency kit, which can be given 5 – 15 minutes after the first if symptoms continue, as per their Allergy Action Plan.
- Some children may require use of their Ventolin inhaler, follow instructions on their Allergy Action Plan.
- If the child becomes unconscious, place in the recovery position and be prepared to resuscitate (Start CPR) if necessary.
- The child will be able to return to school when recovered **and** replacement auto-injector pen/s are provided.

Asthma

In developing this asthma policy Radlett Preparatory School Ltd acknowledges the advice and guidance of Asthma+Lung UK. The school recognises that asthma is a widespread, serious but controllable condition affecting many individuals and welcomes all pupils with asthma at the school.

Asthma is a condition that affects the airways. During an asthma attack the muscles around the airways tighten so that there is narrowing of the bronchi. The lining of the airways becomes inflamed and begins to swell.

Sometimes there is a recognised trigger for an attack, such as an allergy or a cold. At other times there is no obvious trigger.

Individuals with asthma have airways which may be continually inflamed.

Managing Asthma in School

The school strives to ensure that pupils with asthma can and do participate fully in all aspects of school life, including PE, sports fixtures, outings, and field trips.

The school nurse will ensure that a personalised Health Care Plan is established and updated for each pupil with asthma.

Individual reliever inhalers will be kept with a copy of the pupil's health care plan in a named plastic wallet/bag in the labelled "Emergency Medication" cupboard, in the Medical room, for pupils in Years 2,3,4,5 &6. For pupils in Rec and Year 1, they are kept in the Infant Office.

The school recognises that pupils with asthma always need immediate access to reliever inhalers.

The School Nurse keeps a record of all pupils with asthma and the medicines they take. Staff will be informed annually of those pupils who suffer with asthma and relevant staff will receive regular training and updates to ensure they have a clear understanding of asthma and what to do in the event of an asthma attack. A list of these pupils can be found in the Medical Room, PE Department, and Staff rooms.

Signs and symptoms of an asthma attack

- Difficulty breathing
- Breathing more quickly
- Difficulty in talking, walking, or eating.
- Coughing
- Wheezing
- Tightness in the chest

Managing an Asthma Attack in school

- Keep calm – it is treatable.
- Let the child sit down in the position they find most comfortable. DO NOT make them lie down flat.
- Call or send for the School Nurse and collect their reliever inhaler.
- Reassure the child.
- Help the child take their usual reliever treatment – normally a blue inhaler, using a spacer if available, every 30-60 seconds up to a total of 10 puffs.
- If the child has forgotten their inhaler – there is a spare emergency inhaler in the medical room, or parents may be called to bring one in from home.
- Wait 5 to 10 minutes.
- If the symptoms disappear, the child can go back to what they were doing.
- Record all medication administered.
- If the symptoms have improved but not completely disappeared, summon a parents/guardian, and give another dose of the inhaler while waiting for them to arrive.
- If the normal medication has no effect, follow the guidelines for ‘severe asthma attack.’

Management of a Severe Asthma Attack in school.

A severe asthma attack is when normal medication does not work at all and can be life-threatening.

The child is breathless enough to have difficulty speaking normally.

The pulse rate is 120 per minute or more.

The child may become quickly distressed, anxious and exhausted. They may appear to have a blue-grey tinge around the lips and mouth.

Stay with the child and call for HELP.

1. Sit child up – do not lie them down. Remain calm and reassure child.
2. Help child take one puff of reliever with spacer, every 30-60 seconds, up to a total of 10 puffs.
3. If their reliever is not helping and / or you are at all worried, call 999 for an ambulance stating, “severe asthma”.

4. If the ambulance has not arrived after 10 minutes, repeat step 2.
5. If symptoms are no better after repeating step 2, and the ambulance has not arrived, call 999 again.
6. Continually monitor Airway, Breathing and Circulation.
7. Be prepared to start CPR.

Type 1 Diabetes

The school requires parents/guardians to provide written advice from a doctor/hospital, which explains the condition, details any required medication/injections, and supplies an action plan, furthermore, any change in the pupil's medical condition during the year must be reported to the school.

The parent/guardian will provide the school with any necessary equipment such as blood glucose testing kits, syringes, needles, and insulin.

The school nurse will ensure that each pupil's medicine box is individually labelled and clearly displays an up-to-date photograph of the pupil and contains a copy of their healthcare/action plan.

All pupil's diabetic medication boxes will be kept in the medical room and all school staff are aware of their location.

Action plans/posters with a recent photograph for any pupils with diabetes will be posted in the medical room, staff room, and any other relevant rooms.

All pupils with diabetes will have an Individual Health Care Plan.

School staff will be informed each year of those children who have diabetes.

All relevant staff will understand diabetes and should be able to recognise common signs and symptoms associated with the condition.

Where known pupils with diabetes are participating in school visits/sports fixtures, the class teacher's risk assessment must include this information, and it is the teacher's responsibility to liaise with the parents and school nurse and collect any necessary equipment/medication from the medical room and return it promptly to the school nurse on return.

Diabetes is a condition in which the body fails to produce any or enough insulin to deal with the amount of sugar in the blood stream. As a result, the sugar levels build up in the blood causing Hyperglycaemia. People with diabetes control their blood sugar levels with diet which provides a predictable amount of sugar and carbohydrate and insulin injections or infusion pumps. Children particularly can have emotional and behavioural difficulties as a result of their condition and much support is required.

Hypoglycaemia – Low blood sugar.

Hyperglycaemia – High blood sugar.

Causes of Hypoglycaemia

- Inadequate amount of food eaten, missed or mealtime delayed.
- Too intense or unscheduled exercise.
- Excessive insulin.

Recognition of Hypoglycaemia

- Onset is SUDDEN.
- Feeling weak, faintness or hunger.
- Sweating, cold, clammy skin.
- Feeling 'funny' or unwell
- Strange or unusual behaviour.
- Headache, blurred vision, slurred speech.
- Palpitations, tremors.
- Confusion, deteriorating levels of response leading to unconsciousness.
- Seizures.

Treatment of Hypoglycaemia

- Call or send for the school nurse or appointed first aider, who will test the pupil's blood glucose level and follow the protocol of the pupil's individual healthcare action plan.
- Ensure the pupil eats a quick sugar source e.g., Glucose tablet, gel, jelly babies or fruit juice.
- Wait 15 minutes and retest the blood glucose level, if the pupil feels better, follow with a carbohydrate type snack e.g., biscuit, cereal bar etc.
- Once recovered, allow the pupil to resume normal school activities.
- Document the episode and inform parent/carer.
- If the child becomes drowsy, unresponsive, or unconscious, the situation is LIFE THREATENING.
- Call 999 and request an ambulance.
- Place the child in the recovery position and stay with them.
-
- Contact the parents/guardian.

Causes of Hyperglycaemia

- Too much food.
- Not enough insulin.
- Illness or infection.
- Decreased activity.
- Stress.

Recognition of Hyperglycaemia

- Onset is over time – hours or days.
- Warm dry skin, rapid breathing.
- Excessive thirst and increasing hunger.
- Frequent passing of urine.
- Stomach-ache, nausea, vomiting.
- Lack of concentration, confusion.
- Fruity, sweet-smelling breath.
- Drowsiness that could potentially lead to unconsciousness.

Treatment of Hyperglycaemia

- Call or send for the school nurse or first aider, who will test the pupil's blood glucose levels and administer extra insulin if needed and according to the pupil's individual healthcare action plan.
- Encourage the pupil to drink plenty of water and allow them to rest.
- Document the episode and inform the parent/guardian.

Please contact the school nurse for further advice, help and support.

Infection Control Policy

This policy has been written following guidance from Public Health England (PHE) and the National Institute for Health and Care Excellence (NICE).

Aim and objectives

This policy aims to provide Radlett Preparatory School Ltd community with guidance when preparing for, and in the event of an outbreak of an infection such as pandemic influenza or any contagious illness.

Principles

The school recognises that infections such as influenza pandemics are not new. The protective measures that have been put in place in order to prevent the spread of infections, are in accordance with guidance set out from the Department for Education, which includes advice that is endorsed by Public Health England (PHE).

Infection control

Infections are usually spread from person to person by close contact, for example:

- Infected people can pass a virus to others through large droplets when coughing, sneezing, or even talking within a close distance.
- Through direct contact with an infected person, for example: shaking or holding their hands, and then touching your own mouth, nose, or eyes without first washing your hands.
- By touching objects, for example: door handles, light switches, handrails, desks, and chairs that have previously been touched by an infected person, then touching your own mouth, nose, or eyes without first washing your hands.

Staff and children are given the following advice about how to reduce the risk of passing on infections to others.

- Do not attend school if you think you have any infectious illness.
- Wash your hands regularly, using soap and water for 20 seconds. You can use hand sanitiser to clean hands, if visibly clean.
- Wash hands on arrival at school, on return from breaks, before and after eating, after using the toilet and after coughing or sneezing.
- Minimise contact between your hands and mouth/nose unless you have just washed your hands.
- Cover your nose and mouth when coughing or sneezing and maintain good respiratory hygiene.

- **Catch it** with a tissue.
- **Bin it** to avoid spreading germs.
- **Kill it** by washing your hands with soap and water or hand sanitiser.

These messages are promoted through posters around the school, in assemblies and through PSHE lessons.

Minimising and controlling the spread of infection in the school

- We ensure good hand washing procedures (on arrival at school, before handling and eating food, after breaks and sport activities, handling animals or soil, and after using the toilet etc.)
- Children are encouraged to blow and wipe their own noses when necessary and to dispose of the soiled tissues hygienically.
- If they need to cough or sneeze, they are encouraged to Catch It - Bin it - Kill it.
- If a tissue is not available, cough or sneeze into inner elbow.
- Perform hand hygiene after coughing or sneezing.

Minimising and controlling the spread of infection whilst administering First Aid in the Medical Room

- Limit the number of children in the Medical Room at any one time to reduce overcrowding.
- Chairs are provided in the waiting area outside the room.
- Hand hygiene before and after every episode of direct contact or care, even when gloves have been worn.
- As required, staff to don appropriate personal protective equipment (PPE) for the task at hand, for example: disposable face masks, gloves, face shields and aprons.
- Any waste contaminated with body fluids such as blood or vomit, to be disposed of in the yellow clinical waste bin.
- Chairs in the medical room to be cleaned with detergent between use.
- All surfaces to be regularly cleaned with detergent and all equipment cleaned between use with the appropriate wipes i.e., thermometer and oximeter.

Personal protective equipment (PPE)

Disposable face masks, face shields, disposable non-powdered latex free CE-marked gloves, disposable plastic aprons and protective eye wear are available and should be worn by all staff where there is a risk of splashing or contamination with blood or body fluids.

Cleaning of the environment

Cleaning throughout the school is frequent and cleaning contracts and standards are monitored regularly, and all cleaners have access to PPE.

Cleaning of blood and body spillages

All spillages of blood, faeces and vomit are cleaned up immediately (with staff wearing PPE). When spillages occur, they are cleaned using a product that combines both a detergent and a disinfectant to be effective against bacteria and viruses, and suitable for the surfaces used on.

Clinical waste

Domestic (black bags) and clinical waste (yellow bags) are segregated immediately by the person generating the waste. Used nappies/pads, disposable gloves, aprons, soiled dressings, and any other healthcare waste are stored in the correct clinical waste bags (yellow) in a foot-operated bin. All clinical waste is removed by the school's registered waste contractor, Astral Hygiene half-termly. All clinical waste bags are less than two-thirds full and stored in a secure area in the cellar while awaiting collection.

Safe use and disposal of sharps

Used sharps are discarded immediately by the person generating the sharps waste into a Sharps container conforming to current standards.

- The sharps container is in the medical room in a safe position that avoids spillage and is at a height that allows the safe disposal of sharps.
- It is away from public access areas.
- It is not used for any other purpose than the disposal of sharps.
- It must not be filled above the fill line.
- The sharps bin to be signed and dated when assembled, and again on locking.
- It is checked each half term and replaced by the registered (licensed) waste contractor, Astral Hygiene, before it reaches the fill line.

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those with Sickle Cell Disease and children being treated for leukaemia or other cancers that are on high doses of steroids and with conditions that seriously reduce immunity. The school will have been made aware of such children. These children are particularly vulnerable to chickenpox, measles, and parvovirus B19, and if exposed to them, the school will contact the parent/guardian and inform them promptly so that further medical advice may be sought.

Female staff – Pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to Public Health England (PHE) by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

Some specific risks are;

- Chickenpox – may affect the pregnancy if a woman has not already had the infection. Report exposure to midwife/GP at any stage of exposure.
- Shingles – is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles. Report exposure to midwife/GP.
- German measles (Rubella) - If a pregnant woman comes into contact with German measles, she should inform her GP and midwife immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed during early pregnancy.
- Slapped cheek disease (Parvovirus B19) - can occasionally affect an unborn baby, if exposed during early pregnancy (before 20 weeks). Report exposure to GP/midwife.
- Measles – If a pregnant woman is exposed, she should immediately inform GP/midwife as measles during pregnancy can result in early delivery or even loss of the baby.

Respiratory Infections including COVID-19

As we have learned to live with COVID-19 following the recent global pandemic, the guidance has changed to treat COVID-19 as any other common respiratory infection such as the common cold, seasonal influenza (flu) and RSV (Respiratory Syncytial Virus).

Symptoms of COVID-19 and other respiratory infections are very similar. It is not possible to tell which respiratory infection you have based on symptoms alone. Most people with COVID-19 and other respiratory infections will have a relatively mild illness, especially if they have been vaccinated.

Symptoms of COVID-19, flu and common respiratory infections include:

- new, continuous cough
- high temperature or shivering(chills)
- loss of, or change in, your normal sense of taste or smell.
- shortness of breath
- feeling tired or exhausted
- an aching body
- sore throat
- blocked or runny nose

- loss of appetite
- diarrhoea
- feeling sick or being sick

The following guidelines are for Children and young people (aged 18 years and under) who have symptoms of respiratory infections, including COVID-19 – Gov.UK & NHS 2023.

- It is no longer recommended that children and young people are tested for COVID-19 unless directed by a health professional.
- If a child or young person has a positive COVID-19 test result, they should try to stay at home and avoid contact with other people for 3 days after they took the test, if they can.
- Children and young people with mild symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend their education setting.
- Children and young people who are unwell and have an elevated temperature should stay at home and avoid contact with people. They can return to school when they no longer have an elevated temperature, and they are well enough to attend.
- Children and young people who usually go to school and who live with someone who has a positive COVID-19 test result should continue to attend as normal.

Childhood Immunisations

Parents/guardian are responsible for ensuring that their children's immunisations are up to date in accordance with the Childhood Immunisation Schedule.

If you are unsure which vaccines your child should have had, please either discuss with your health visitor or GP surgery, look in your child's Red Health Record book, or check on the NHS website <https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/>

It is important that vaccines are given on time for the best protection. If you or your child have missed a vaccine, contact your GP to arrange to catch up.

Seasonal Flu Immunisation

The nasal spray flu vaccine is free on the NHS and offered to all children in primary schools.

A team of community immunisation nurses run a seasonal flu vaccination session at the school, usually during the autumn term. Consent forms are sent home early in the term for parents/guardians to complete electronically, ahead of the session.

Please note that sometimes the allocated session date may be late in the autumn term, and for some children with an underlying medical condition such as asthma, it may be more appropriate to have this done at your GP surgery at an earlier date. Please discuss with your GP.

Infectious Diseases and School Attendance

At Radlett Preparatory School Ltd we follow the guidelines set by United Kingdom Health Security Agency (UKHSA) regarding the recommended period that pupils should be absent from school.

Please inform the school if your child has -

- Hand, foot, and mouth
- Head lice
- Threadworms
- Glandular fever
- Tonsillitis
- Slapped cheek

Your child should NOT attend school if they have the following

	Until.....
Chickenpox	at least 5 days from the onset of the rash and until the blisters have crusted over.
Diarrhoea and Vomiting	48 hours after their last episode
Cold and Flu like illness (Including COVID-19)	they no longer have a high temperature and feel well enough to attend. Follow national guidance if they've tested positive to COVID-19
Impetigo	their sores have crusted and healed, or 48 hours after they started antibiotics.
Measles	4 days after the rash appeared.
Mumps	5 days after the swelling started.
Scabies	They've had their first treatment.
Scarlet Fever	24 hours after they started taking antibiotics.
Whooping Cough	48 hours after they started taking antibiotics.