

Durston House

First Aid Policy

Aims of the Policy

- to establish the school's approach to the provision of First Aid
- to ensure that First Aid provision is available at all times while pupils and staff are on School premises, and also off School premises whilst on outings, trips or at sports matches
- to outline Durston House School's responsibility under the Health and Safety (First Aid) Regulations 1981 to provide adequate and appropriate First Aid to pupils, staff, parents and visitors and have the procedures in place to meet that responsibility
- to identify the First Aid needs in line with the Management of Health and Safety at Work Regulations 1992 and 1999 and the Health and Safety (First Aid) Regulations 1981

Objectives of the Policy

- to ensure that the appropriate number of people, suitably trained as First Aiders, are appointed to meet the needs of the school
- to ensure that relevant training and monitoring of the training needs are put in place
- to ensure that sufficient, appropriate resources and facilities are provided
- to ensure accident records are kept and reported to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- to establish procedures in the event of an accident or injury
- to provide information for employees, pupils and parents about the arrangements for First Aid at school
- to initiate risk assessments of the First Aid requirements of the school
- to complement the **Health and Safety Policy**, the **Epipen Policy and Procedures** and the **Pastoral Policy**

Introduction

This policy, reviewed annually, is made in order to comply with the school's Health and Safety Policy and has been drawn up in line with the DFE Guidance on First Aid for Schools, a copy of which is held in the Bursar's Office. The First Aid Policy is available on the website, in the School Handbook or from the School, on request.

This policy applies to all pupils in the school, including Reception (EYFS).

Responsibilities

Appointed Person

The duties of the Appointed Person are to:

- take charge when someone is injured or becomes ill.
- ensure that an ambulance or other professional medical help is summoned when appropriate.

The School recognises that the Appointed Person need not be a First Aider. However, owing to the complications of the split site on which it operates, the First Aider to deal with an accident or injury will assume the responsibilities of the Appointed Person but delegate them, if appropriate, to the School Secretary or other responsible member of staff, as required. The School Assistant, Main School, is responsible for checking and looking after the First Aid equipment e.g. restocking the First Aid containers and bags in all three schools and the two pavilions half termly.

First Aiders

At least one First Aider is present in each building, during PE lessons and during break times at Castlebar Field, during the normal school day. In addition, a number of staff in Pre-Prep have a Paediatric First Aid qualification which meets the requirements of the EYFS statutory regulations. All Science teachers and PE and Games Staff are trained First Aiders as well as the following:

- Main School (No.12) - School Assistant, two or three other members of the teaching staff, the After School Care Supervisor, the School Secretary and the Admin Assistant.
- Junior School (Longfield Road) – Head of Junior School, Junior School Secretary, the Learning Support Assistant, the School Assistant, the After School Care Supervisor and one member of the teaching staff.
- Pre-Prep (Middleton's) - Head of Pre-Prep, Pre-Prep Secretary, After School Care Supervisor, After School Care Assistants and five Teaching Assistants (including some with Paediatric First Aid qualifications).
- Lunchtime Supervisors attend INSET First Aid Training which provides basic training to enable them to administer Emergency Aid.

The list of approved First Aiders is displayed on the Health & Safety notice boards in the staff rooms.

Facilities

First Aid boxes are provided as follows:

- Main School in the School Office, staff room and Science laboratory
- Junior School in the Welfare Room
- Pre-Prep in the Pre-Prep Office and the Welfare Room
- the pavilions at both the playing field sites
- in all school vehicles

The Junior School and Pre-Prep buildings have Welfare Rooms that include a fully stocked First Aid cabinet, with a washbasin for the treatment of First Aid. For both, a WC is close by.

The Main School does not have a dedicated Welfare Room but utilises the Waiting Room as it is near the School Office. The First Aid box is in the School Office and there is a WC with washbasin nearby.

Equipment

The School Assistant, Main School, checks and replenishes stock levels in all containers and bags on a half termly basis. It is the responsibility of all staff to alert the School Assistant, Main School if stock runs low during the term. The minimum recommended provision of items for each of the above is detailed in *Appendix 2*.

- The three PE and Games staff are qualified First Aiders and are issued with First Aid bags.
- The school minibuses and van have a First Aid box on board.
- Portable First Aid kits are available for Trips and Outings.

Risk Assessment

The Bursar will ensure that a First Aid Risk Assessment is carried out every two years, unless there has been a change in circumstances.

Action in the Event of an Accident or Injury

In the first instance an injury will be assessed as to how serious it is. This does not have to be done by a First Aider. If the injury is as a result of a fall from height, a knock to the head, a wound which bleeds or an abnormal swelling, then a First Aider should be called. If in any doubt, a First Aider should be called. The majority of playground incidents involving pupils are grazes and minor bumps requiring only time for the pupil to get over the shock and dry his eyes. In these cases no formal record taking is necessary. If a First Aider is summoned and attends to a pupil, then a record must be made.

If a pupil requires hospital attention, parents should be contacted and asked to meet their son at the hospital or, if they are very local to come to the school and accompany their son to the hospital. If the parents are unable to do so, the pupil should be accompanied a member of staff. If the injury is not serious enough to require an ambulance, the pupil should be taken to hospital by the parents or two members of staff, one of whom should be a First Aider.

See procedures for calling an ambulance – *Appendix 1*

Action in the Event of a suspected case of COVID-19

See **Guidelines for Staff - Dealing with a Possible Coronavirus Infection - Appendix 3**

The Administration of Medicines

Any pupil who has to take prescribed medicines or other appropriate proprietary medicines may, when necessary, bring those medicines into school for the office staff, trained First Aiders, to administer.

A letter from the parents stating why the pupil is taking it and the time that the medicine should be taken must be provided for all medicines that are brought into school. No other prescription medication should be dispensed. The School keeps some non-prescription drugs such as Calpol for use in time of need. Before Calpol or any other non-prescription drug can be administered to pupils (including those in EYFS), specific permission from the parents must be obtained.

On no occasion should a member of staff give out their own medicines to a pupil or ask another member of staff to do so. Staff (including those in EYFS) must not have any of their own medicines with them in the classroom unless it is kept in a locked cupboard or required for emergency use such as an inhaler or Epipen. Staff who need to have an inhaler or Epipen in School must inform the Bursar of such on the Confidential Information for Staff form.

Main School and Junior School pupils are responsible for ensuring they go to their school office for their medication, at the appropriate time. The Pre-Prep Secretary must ensure that pupils in Pre-Prep are given their medication at the correct time.

All medicines brought into Durston House must be handed in to the school office on arrival at school. Pupils must not keep any medicine with them during the school day. All medicines are stored in a locked cupboard or fridge, as appropriate. Pupils who do not have their prescribed medicines (including Epipens) with them will not be allowed to go on school Outings or Trips.

Pupils with Conditions: Asthma, Epilepsy, Diabetes, Allergies and Anaphylaxis

Pupils who need access to Epipens or inhalers must keep them in bum bags and must have them with them at all times. All inhalers and bum bags must be clearly marked with the pupil's name. Parents are responsible for ensuring their son's Epipen is not out of date. Reception pupils may take their bum bags off when in the classroom. However, as soon as they leave the classroom they must put them back on – including when they go home. Pupil Epipens must not be left in School overnight. Parents who wish to provide a spare Epipen for their child may do so. The spare Epipen must be kept in the bum bag.

If it comes to the attention of a teacher that a pupil, who is registered as needing an Epipen, is in school without his bum bag his parents will be contacted to arrange to get their son's bum bag to school without delay.

The School provides training to all staff on how and when to administer an Epipen. There is no legal requirement for a member of staff to administer any medication and, if he/she does volunteer, then that person can be assured that they are covered by the school's insurance for employee liability. The School reserves the right to refuse to administer any treatment or drug and, if appropriate, to exclude that child until his treatment is over.

Parents are therefore asked to attend a meeting at School to give advice and direction on their son's particular allergy, his reactions to it and the treatment to be undertaken, including instruction on how to administer an Epipen or other invasive drugs at which an Individual Healthcare Plan will be drawn up. The meeting will be attended by staff with responsibility or contact with the pupil. This process may need to be repeated when a pupil transfers from Pre-Prep to the Junior School and then to Main School.

The School may, in exceptional circumstances, be obliged to review the offer of a place if suitable supervision arrangements cannot be agreed.

If an Epipen has been administered an ambulance must be called immediately.

All Staff are made aware of the medical information held by the school which includes details of pupils who need to have access to asthma inhalers, epipens, injections or similar. This information is circulated to all First Aiders. The Individual Healthcare Plans with photographs of the pupils are displayed on notice boards in the school offices and/or staff rooms. *See Guidance Notes - Appendix 1*

Emergency Auto-injectors (AAIs)

In accordance with a change in legislation introduced in October 2017, the school will endeavour to have a supply of spare emergency auto-injectors (AAIs – Epipens) for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. Written consent from the parents is required for use of a spare AAI and will be obtained as part of the pupil's individual healthcare plan. Should a spare AAI be used, the cost of a replacement will be passed on to parents.

The spare AAIs are not to be used as a substitute for a pupil who does not have his prescribed AAI on the day of an Outing or Trip.

The spare AAIs will be stored as part of an emergency anaphylaxis kit (held in each of the three school offices and in the pavilions at Castlebar and Swyncombe).

Hygiene and Infection Control

Pupils who have been sick or have diarrhoea must be excluded from school for 48 hours after the last episode.

Disposable gloves and hand washing facilities are provided in the First Aid Rooms. All staff should take precautions to avoid infection and must follow basic hygiene procedures. Extra care should be taken when dealing with blood or other body fluids and the disposing of dressings or equipment. The Maintenance staff should be contacted if necessary to deal with mopping of any spillages of body fluids.

Yellow disposal bags are provided in all First Aid cabinets, kits and travelling bags.

Further information on infection control is displayed on notice boards in the school offices.

Head Lice

If a pupil shows signs (constant head scratching) of possible head lice the School Secretary should alert his parents, but he should not be excluded from school.

There is no obligation on parents to inform the school when their son has head lice. However, once the school has been informed no action should be taken to alert other families unless there is evidence of a severe outbreak in any particular class. Professional advice is not available from the school. Parents who report that their son has head lice should get appropriate advice from their local pharmacist or GP.

Out of Hours Activities

First Aid is available in all three schools until 5.00 p.m. when the School Offices close. PE staff leading games or fixtures are responsible for administering First Aid after this time.

First Aid for pupils in the After School Care facilities is provided by the After School Care Supervisors.

The Bursar is responsible for ensuring, when appropriate, that adequate First Aid support is provided by outside agencies for the major events such as Sports Day, tournaments and the Durston House Athletics Meet, as appropriate. The organiser or teacher in charge of evening events (Parents Evenings, the School Concert, the school productions) or weekend events must discuss and agree First Aid provision with the Bursar, as required.

Off Site Activities and Trips

The Lead Teacher in charge of Games, or any fixture, at any time, must have his/her First Aid bag and a mobile phone (a school mobile phone, or a personal mobile phone as agreed) with him/her wherever Games are taking place.

A trained First Aider will accompany all Outings and Trips and take a First Aid kit and a mobile phone (a school mobile phone, or a personal mobile phone as agreed).

Contact with Parents

Parents/Guardians, or their nominated emergency local contact person, must be contacted if a pupil is injured or is unwell at school and requires treatment.

The school's contract with the parents includes a provision for the Headmaster to act *in loco parentis* as and when required. All parents/guardians are asked to sign the New Pupils' Confidential Information Form when their son/s start at Durston House confirming their permission for the school to act *in loco parentis* to authorise medical treatment in any emergency if they cannot be contacted. A Confidential Information Form containing the information held for each pupil is circulated to parents annually for updating, as necessary.

The school recognises that accidents involving the pupil's head can be problematic because the injury may not be evident (e.g. internal) and the effects only become noticeable after a period of time. Where a pupil receives a blow to the head as a result of an accident parents will be informed in writing.

A scanned copy of the Incident/Accident report will be sent to the parents of any pupil who receives First Aid treatment in school and stored in the Document Management System in Engage. Pre-Prep pupils are also given a sticker to alert the parents.

Training and Training Records

The appropriate number of First Aiders and Emergency First Aiders are identified after all the relevant factors have been taken into account, including the complexities of the split sites and the remote playing fields.

First Aiders are trained in accordance with the standards laid down by the Health and Safety Executive (HSE) and all are certified. The majority of the trained staff hold First Aid at Work Certificates, others have Emergency Aid Certificates. Some staff in Pre-Prep hold Paediatric First Aid certificates.

The Bursar is responsible for:

- arranging for First Aiders to attend a refresher course up to 3 months before the expiry date of their certificates. The school funds all First Aid training courses
- keeping appropriate records of First Aiders, training courses attended and certification dates
- arranging for any additional training, as and when appropriate.

Record Keeping

First Aiders must record all First Aid treatment given in the triplicate Incident Reporting or Head Bump booklets held in the School Offices. One copy is given to the pupil to take home, one is put in the pupil's file and one remains in the book as a permanent record. The records must be kept for a minimum of three years.

All accidents at school, the playing fields or at any Durston House sports or games venue must be recorded.

An Incident/Accident Book that complies with current legislation is held in each of the three School Offices and the two pavilions for the purpose of recording all incidents and accidents. The Health and Safety Committee review all reported accidents termly to minimise the likelihood of recurrence.

Reporting

The Bursar is responsible for reporting to the HSE, as required, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). See further information attached to this policy.

Evaluation of this Policy

This policy will be evaluated annually by the school, amended where necessary and approved by SMT.

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GUIDANCE NOTES FOR ALL STAFF

1 PROCEDURE FOR CALLING AN AMBULANCE

First Aider decides if an ambulance is needed and, if so, will call directly or ask the school office to do so.

Dial 9 (for a line) then 999 from a school phone or 112 from a mobile

- Give brief details of the accident or incident and the location;
- Send message back to First Aider that ambulance is on its way;
- Inform parents, if there is time they should come to school to accompany their son to the hospital;
- Inform Headmaster, Deputy Head and Bursar, and the Head of Junior School or Pre-Prep, as appropriate;
- If the parents are not available, a First Aider or teacher accompanies the pupil to hospital and waits until parents arrive.
- If an ambulance is not required and the parents are not available, the pupil should be taken to hospital by a member of staff in their car or the minibus, if available, accompanied by a teacher and/or the First Aider. On arrival at hospital, the First Aider is no longer required and may return to school by taxi, if necessary. Once parents arrive the second member of staff may return to school.

At all stages there must be no delay.

2 ANAPHYLAXIS (ANAPHYLACTIC SHOCK) – SEVERE ALLERGIC REACTION

Anaphylaxis is an acute, severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (peanuts, nuts, cow's milk, kiwi fruit and shellfish) certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps and hornets). In its most severe form the condition is life threatening. The symptoms are:

- itching or a strange metallic taste in the mouth
- hives/skin rash anywhere on the body, causing intense itching
- angioedema – swelling of lips/eyes/face
- swelling of throat and tongue- causing breathing difficulties, coughing or choking
- abdominal cramps and vomiting
- low blood pressure – child will become pale/floppy
- collapse and unconsciousness
- not all of these symptoms need to be present at the same time.

WHAT TO DO IN THE EVENT OF AN ANAPHYLACTIC REACTION

- **DO NOT PANIC.**
- Stay with the child at all times and send someone to the school office for help.
- Treat the child according to their own protocol which will be found in their bum bag with their allergy kit.

IF YOU FOLLOW THE CHILD'S OWN PROTOCOL YOU WILL NOT GO WRONG

- Inform the School Office who will contact the parent or guardian.
- If an Epipen has been administered an ambulance **MUST** be called.
- Fill in the Allergic Reaction Report provided with the pupil's allergy kit and give it to the ambulance crew with the used Epipen.

3 DIABETES

Diabetes is a condition where there is a disturbance in the way the body regulates the sugar concentration in the blood. Children with diabetes are nearly always insulin dependent.

- Most pupils who are diabetic will know when their blood sugar level is low and should be able to self-administer. If not, give them something sugary such as a glucose sweet, a sugary drink, chocolate or anything that has a good concentration of sugar.
- Take the pupil to the School office, if appropriate, for blood sugar level test.
- Inform the parents.
- If the condition deteriorates, or the pupil is unresponsive then an ambulance must be called.

4 EPILEPSY

Epilepsy is a tendency to have seizures (convulsions or fits). There are many different types of seizures; however a person's first seizure is not always diagnostic of epilepsy.

What to do if a pupil has a seizure

- **Do Not Panic**
- Ensure the pupil is not in any danger from hot or sharp objects or electrical appliances. Preferably move the danger from the pupil or, if this is not possible, move the pupil to safety.
- Let the seizure run its course
- Do not try to restrain convulsive movements
- Do not put anything in the pupil's mouth, especially your fingers
- Do not give him anything to eat or drink
- Loosen tight clothing especially round the neck
- Do not leave him alone
- Remove all other pupils from the area and send a responsible pupil to the School Office for assistance
- If the pupil is **NOT** a known epileptic, **AN AMBULANCE MUST BE CALLED**
- If the pupil requires medication to be given whilst having the seizure a First Aider or other member of staff trained to give medication must do it.
- As soon as possible put the pupil in the recovery position.

Seizures are followed by a drowsy and confused period. Arrangements should be made for the pupil to have a rest as they will be very tired.

- Inform the parents as the pupil may need to go home and, if they are not a known epileptic, they must be advised to seek medical advice.

5 REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS 1995 (RIDDOR)

All employers have a duty to report to the relevant enforcing authority by the quickest practical method and in any event within 15 days, any injury or dangerous occurrence if:

- any person dies as a result of an accident arising out of or in connection with work.
- any person at work suffers a ‘major injury’ (see below) as a result of an accident arising out of or in connection with work.
- any accident which prevents an employee from undertaking their normal work activities for more than seven consecutive days (not including the day it occurred).
- any person not at work e.g. a pupil or visitor, suffers an injury as a result of an accident arising out of or in connection with the physical condition of the premises or a curricular activity and that person is immediately taken to hospital for treatment from the scene of the accident.

Major injuries are defined as follows:

- any fracture, other than to the fingers, thumbs or toes
- any amputation
- dislocation of the shoulder, hip, knee or spine
- a chemical or hot metal burn to the eye or any penetrating injury to the eye
- any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- any other injury
 - leading to hypothermia or heat-induced illness
 - leading to unconsciousness
 - requiring resuscitation
 - requiring admittance to hospital for more than 24 hours
- loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent
- either of the following conditions which result from absorption of any substance by inhalation, ingestion or through the skin
 - acute illness requiring medical treatment
 - loss of consciousness
- acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected materials

MINIMUM REQUIREMENTS FOR FIRST AID EQUIPMENT

	FIRST AID ROOMS	FIRST AID BAGS SPORTS STAFF	FIRST AID BOXES VEHICLES	FIRST AID PACK TRIPS & OUTINGS
1	Guidance Leaflet	Guidance Leaflet	Guidance Leaflet	Guidance Leaflet
2	40 Individually wrapped sterile adhesive dressings (assorted sizes)	Six individually wrapped sterile adhesive dressings (assorted sizes)	24 Individually wrapped sterile adhesive dressings (assorted sizes)	20 Individually wrapped sterile adhesive dressings (assorted sizes)
3	A supply of saline wipes	10 saline wipes	10 saline wipes	10 saline wipes
4	3 sterile eye pads	3 sterile eye pads	2 sterile eye pads	2 sterile eye pads
5	4 individually wrapped triangular bandages	2 individually wrapped triangular bandages	2 individually wrapped triangular bandages	1 individually wrapped triangular bandage
6	12 safety pins	2 safety pins	12 safety pins	6 safety pins
7	1 Micropore tape	1 Micropore tape	1 Micropore tape	1 Micropore tape
8	6 medium sized individually wrapped sterile un-medicated wound dressings	2 medium sized individually wrapped sterile un-medicated wound dressings	2 medium sized individually wrapped sterile un-medicated wound dressings	6 medium sized individually wrapped sterile un-medicated wound dressings
9	2 large sterile un-medicated <u>ambulance</u> dressings (not less than 15cm x 20cm)	1 large sterile un-medicated <u>ambulance</u> dressings (not less than 15cm x 20cm)	2 large sterile un-medicated <u>ambulance</u> dressings (not less than 15cm x 20cm)	2 large sterile un-medicated <u>ambulance</u> dressings (not less than 15cm x 20cm)
10	2 Burn dressings 10cm x 10cm		2 Burn dressings 10cm x 10cm	2 Burn dressings 10cm x 10cm
11	5 Resuscitation Face Shields	1 Resuscitation Face Shield	1 Resuscitation Face Shield	1 Resuscitation Face Shield
12	1 pair of rustless blunt-ended scissors			
13	Supply of disposable gloves	2 pairs of disposable gloves	2 pairs of disposable gloves	2 pairs of disposable gloves
14	1 conforming disposable bandage (not less than 7.5cm wide)	1 conforming disposable bandage (not less than 7.5cm wide)	1 conforming disposable bandage (not less than 7.5cm wide)	1 conforming disposable bandage (not less than 7.5cm wide)
15	5 Finger Dressings 3.5x3.5cm	2 Finger Dressings 3.5x3.5cm	2 Finger Dressings 3.5x3.5cm	1 Finger Dressing 3.5x3.5cm
16				Calpol and Piriton
17				A supply of 'sick' bags
18	Water repellent face masks			
19	Splash proof eye protectors			
20	Disposable Aprons			
21		One bottle of sterile water	One bottle of sterile water	One bottle of drinking water & a supply of paper cups
22	Supply of paper towels			
23	Supply of yellow disposal bags			

Return to School – Guidelines for Staff Dealing with a Possible Coronavirus Infection

Owing to the nature of Covid-19, precautions will need to be taken if symptoms of Covid-19 are presenting in staff and/or pupils. If a staff member or pupil is displaying symptoms, he/she should go home immediately.

The most **important symptoms of coronavirus (COVID-19)** are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, normal sense of taste or smell (anosmia)

If a **boy develops Covid-19 symptoms** the Pod Staff member must:

- inform the First Aider and SMT duty member of staff.
- maintain as much distance as is reasonable.

If a **boy develops Covid-19 symptoms** the First Aider must:

- remove the boy from the pod room to an isolated room behind a closed door, preferably somewhere with ventilation.
- inform the boy's parent/ carer.
- move the boy outside, if appropriate, and wait with him until he is collected.

When treating a boy with symptoms and a distance of two metres cannot be maintained, the First Aider must wear:

- a fluid resistant face mask.
- a disposable apron.
- disposable gloves.
- eye protection should also be worn, if necessary.

Once the boy is collected, the First Aider should:

- wash his/her hands for 20 seconds.
- wipe down any surfaces the boy has been in contact with, with anti-bacterial spray.
- advise the parent to apply for a Covid-19 test.
- advise that the entire family must self-isolate until a test result returns.
- send a letter to other parents of the pod/year group, in conjunction with the SMT duty member of staff.

If the Covid-19 test is taken and it comes back negative:

- the boy can return to school and his pod; the family can end self-isolation

If the **Covid-19 test** is taken and it comes back **positive**:

- the boy needs to self-isolate for 7 days
- the boy's family needs to self-isolate for 14 days from the time of his first symptom
- the rest of the boy's pod and staff who have worked with the pod should be sent home and advised to self-isolate for 14 days.
 - Their household members do not need to self-isolate unless the boy subsequently develops symptoms
- Public Health England will give further direction in a positive test result for Covid-19.
 - At Durston House, this might involve further self-isolation of other members of staff and boys.

If a **staff member develops Covid-19 symptoms** he/she should:

- inform the SMT Duty member of staff.
- go home immediately.
- apply for testing.
- begin self-isolation for 7 days.
 - Members of his/her household will also have to self-isolate for 14 days
- contact the school when his/her test results return.

Guidance on infection control in schools and other childcare settings

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room) on 0300 555 0119** or

visit www.publichealth.hscni.net or www.gov.uk/government/organisations/Public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. For more information see <https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions>

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

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 by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. 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.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal infection	One injection
	Rotavirus	Orally
	Meningococcal B infection	One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Rotavirus	Orally
4 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Pneumococcal infection	One injection
	Meningococcal B infection	One injection
Just after the first birthday	Measles, mumps and rubella	One injection
	Pneumococcal infection	One injection
	Hib and meningococcal C infection	One injection
	Meningococcal B infection	One injection
Every year from 2 years old up to P7	Influenza	Nasal spray or injection
3 years and 4 months old	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
Girls 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months
14 to 18 years old	Tetanus, diphtheria and polio	One injection
	Meningococcal infection ACWY	One injection

This is the Immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

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Tel: 0300 555 0114.
www.publichealth.hscni.net

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* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.