



Hawkesdown House School

Endeavour • Courage • Truth

FIRST AID POLICY

This is a whole school policy including EYFS.

This policy is written with due regard to DfE documents Guidance on First Aid for Schools: A Good Practice Guide February 2015.

Introduction

This policy outlines the School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents, visitors and the procedures in place to meet that responsibility. The School has taken into account, the requirements of the EYFS legislation, which is that at least one person on the premises, and at least one person on outings, must have a paediatric first aid certificate.

Aims

1. To provide adequate first aid provision and medical care for pupils, visitors and school personnel.
2. To appoint the appropriate number of suitably trained people as appointed persons and First Aiders to meet the needs of the School.
3. Those qualified in First Aid have their training updated every three years.
4. To provide sufficient and appropriate First Aid resources and facilities.
5. To inform staff of the School's First Aid arrangements.
6. To provide information on the correct procedure to follow should First Aid be required.
7. To provide information on the correct Reporting procedures.

Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the School in the same way that parents might be expected to act towards their children (DfE Guidance on First Aid for Schools).

Key Personnel

The Head

Governance has appointed the Head as being responsible for putting the policy into practice and for developing detailed procedures. The Head ensures that parents are aware of the School's Health and Safety Policy, including arrangements for first aid (DfE Guidance on First Aid for Schools).

Appointed Person

The school has appointed Kirsty Alexander to work in conjunction with the Head to manage First Aid in the school. Kirsty Alexander is responsible for the ordering of First Aid resources, assisting colleagues in the administering of First Aid and keeping staff aware of changes in First Aid as and when is necessary.

New staff members should familiarise themselves with members of staff who are trained in First Aid, Anaphylaxis and Paediatric First Aid (please see First Aid sign in Back Office).

First Aid Policy

1. Stay calm
2. Assess the situation
3. Check for any danger
4. Administer First Aid (never give the casualty anything to eat or drink)
5. In the event of a serious accident, an ambulance should be summoned. If a child needs to be taken to hospital, every effort should be made to contact the child's parents/guardians. (All parents/guardians are asked to complete an emergency treatment form on joining the school, so that their wishes in regard to treatment are known.) The child's medical form and emergency treatment form should be taken with the children when going to hospital.
6. Log the incident in the accident book located in the back office.

First Aiders

The Head appoints the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the School. There is a minimum of one qualified person on the School site when children are present. All staff directly working with the children in Foundation Stage have paediatric first aid training.

In the EYFS, all staff are paediatric first aid trained and certificated as per the regulations set out in the Statutory Guidance for the Foundation Stage (2017).

First Aiders must complete a training course approved by the Health and Safety Executive (HSE).

A list of qualified first aiders is available from the office.

The main duties of a First Aider are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional help is called.
- Complete the required record of the incident (see Record Keeping).

Reporting accidents and record keeping

All accidents must be recorded as follows:

Children

- An accident form must be completed by the person attending the incident.
- The person should review the record following the incident to ensure it has been completed accurately and fully and that they have signed it and had it counter signed by the Deputy Head or Head.

Minor incident

Parents are to be informed of minor incidences at the end of the school day or, where appropriate, by the class teacher. They must sign to acknowledge the accident. The white copy of the form is handed to them and the yellow one is kept for filing.

Serious Accident or major incident

In the event of a serious accident, parents will be contacted immediately by a senior member of staff.

- The Head is to be informed of the injury.
- Parents are to be informed of major incidences at the end of the school day or, where appropriate, by the class teacher. They must sign to acknowledge the accident. The white copy of the form is handed to them and the yellow one is kept for filing. A copy must be sent to the Head.

Bump to the Head

- In the event of a child suffering a bump to the head, a Bumped Head Accident Sheet (available in the grey accident folder) must be completed, signed by the Head or Deputy Head, a copy retained in the grey folder and a copy given to the parent on the day of the incident.
- Staff who injure themselves at school are required to fill in the Accident Book in the School Office.
- The Head is to be informed of the injury and retains a copy of the form.
- The Accident Book identifies which incidents are reportable under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995).

Under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) regulations schools are required to report the following to the Health and Safety Executive (0845 300 9923) <http://.hse.gov.uk/riddor/report.htm>; The Head, or in her absence, the Deputy Head, will be the persons responsible for reporting to RIDDOR. Governance will also be informed in each occasion by the Head or Deputy Head.

- a) Deaths
- b) Major injuries
- c) Over-three-day injuries
- d) An accident causing injury to pupils, members of the public or other people not at work.
- e) A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Reference: <http://www.hse.gov.uk/pubns/edis1.pdf>

Visitors

- Visitors must sign in the Signing in Book and make themselves known to the School Secretary. Visitors with specific requirements would be advised to notify the school and an assessment can be made as to assigning them a responsible person.
- Visitors who injure themselves at school are required to fill in the Accident Book in the School Office.
- The Head is to be informed of the injury.

First aid materials, equipment and facilities

- First Aid bags/containers and individual medications must be taken:
 - To off-site PE lessons or park visits.
 - On school trips
 - To football/cricket lessons on Wednesdays (an additional separate First Aid bag will be taken by the football/cricket coach)
 - For afternoon Huff and Puff sessions
 - Individual medications (e.g. Epi-Pens) must be taken with the child when outside of the classroom.

Classroom First Aid containers

Each Class teacher is issued with a First Aid bag. Teachers are responsible for keeping it well stocked, according to the given inventory, and within expiry date. Spare First Aid equipment is kept in the back office in the clear containers. The contents of the classroom containers include but is not limited to:

- Sterile adhesive dressings
- Disposable icepacks
- Bandages
- Safety pins
- Alcohol free cleansing wipes
- Cleansing wipes
- Disposable gloves
- Sick bag
- Other items as determined by the teacher

Additional First Aid containers

These can be found outside the boys' loos, outside the School Office, outside Hawkins room on the upstairs floor, and in the kitchen. The contents of the above containers include:

- Individually wrapped sterile adhesive dressings (Kitchen contents is blue)
- Two sterile eye pads
- Four triangular bandages
- Six safety pins
- Six medium medicated wound dressings
- Two large unmedicated wound dressings
- Disposable gloves

(In accordance with DCSF Guidance on First Aid for Schools).

Accommodation

The First Aid room (as defined by the Education (School Premises) Regulations 1996) is located in the School Back Office. The First Aid Room contains:

- Camp bed with bedding
- Sink with hot and cold water
- First Aid container
- Wipe down First Aid aprons
- Paper towels
- Disposable cups
- Refuse bin
- Telephone
- Record keeping facilities
- A chair is available from the adjacent office
- The nearest WC is along the corridor.

Administering medicine during school hours – for the whole school including EYFS

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Although there is no legal duty that requires school staff to administer medicines, the school has a clear duty of care to the children and follows good practice by supporting children with health needs as part of their accessibility planning duties.

Parental responsibilities in respect of their child's medical needs

Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents complete and sign a medical form when their children join the school. This states that parents must keep the School informed should the medical needs of their child change as they grow up.

They must also complete and sign medication consent forms in the event that any medication needs to be administered during school hours e.g. if it has to be given four times daily even when the pupil is well enough to attend school (Appendix 1)

Children with specific medical conditions

Children with specific medical conditions who either regularly take medicine in order to keep themselves well (e.g. epileptics), or who may need to take prescribed medicine as a matter of urgency (e.g. asthmatics and those with allergies) have more detailed medical forms (Care Plans). These are written up by the parent and the child's medical practitioner and discussed with the Head. Details of the medication are recorded on these.

They should also include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Up to date lists of children with allergies or other medical conditions will be issued at the beginning of each term.

All food allergies and intolerances are recorded on the board in the School Hall (used for lunch). Photographs of children who require an Epi-Pen or have other severe allergies, asthma, epilepsy or diabetes are kept in the Back Office, together with relevant information. Children in the EYFS have red table mats if they have any allergies.

Children who require epi-pens should bring two to the School. One will be kept by the Form teacher and the other in a named box in the Hall.

For children with food allergies or other dietary needs, special attention should be paid when treats by parents are brought to School (e.g. on birthdays). Children who are unable to eat cake or sweets should be given an alternative (previously arranged in consultation with child's parents).

Staff with specific medical conditions should be honest about this and should also have a specific Care Plan. It is in their own interests that their condition and what to do in an emergency is known by all their colleagues

Roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines

No member of staff must administer any medicine to a child unless a medical consent form has been completed by the parent and has been signed by the Head or Deputy Head.

In general, Form Teachers have the responsibility of administering medicine. The medicine is kept in classrooms stored safely away from children or in the fridge in the Back Office if required. There is access to the telephone in the office should they need to get further information from the parent or from the medical practitioner who prescribed the medicine.

For children in the EYFS, the Teacher will always accompany them to the School Office and will give them reassurance and any necessary support and will ensure that the Medical Record is completed correctly.

Before administering any medicine, the member of staff must check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

Administration of medication must be recorded, with the date and time of administration, the name and signature of the member of staff. The administration log is on the medication consent form of the child concerned. Parents/carers should be clearly informed at the end of each day when, how much and how many times the medicine was administered during school hours.

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and immediately telephone the parents. For a child with a Care Plan, the procedures to then follow should be recorded. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

If in doubt about any procedure staff should not administer the medicines but check with the parents or the prescribing doctor before taking further action. If staff have any other concerns related to

administering medicine to a particular child, the issue should be discussed with the Head who will then discuss it with the parent or with the School Doctor.

Procedures for managing prescription medicines which need to be taken during the school day

The Medical Consent form should be handed into the School Office together with the medicine. The parent should give the School Office written details of how the medicine is to be given and when. This should be checked against the prescriber's instructions on the medicine.

Medicines will only be accepted that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (for exceptions see non-prescription medicines below). Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

The School must never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

The School Office will inform the child's Form Teacher of the time the medicine needs to be given and the Form Teacher will arrange for this. For children in the EYFS the Form Teacher will bring the child in person and may administer the medicine.

For children with a Care Plan, the School Office will check the stored medicines at the start of each term and ensure that the medicine has not expired. They will request new medication from the parent when necessary.

Safe storage of medicines

The School Office will store the medicine in an appropriate secure place and if this is a refrigerator, will ensure it is kept in a secure area clearly marked: 'Medicines'.

It is a requirement that if a child has to bring an epipen to school, then two such pens **must** be provided.

Staff medication should not be kept in classrooms, but in the secure, marked medicine box in the Back Office.

Procedures for managing prescription medicines on educational visits and to off-site games

If a child is finishing a course of antibiotics following an illness, it is preferable that they do not join their colleagues on educational visits or to off-site games but stay at home, in order to recover fully from their ailment.

For children with specific medical conditions, the care plan and the necessary medicines must be taken on educational visits and to off-site games. These are the responsibility of the Teacher on Educational Visits and a nominated member of the games staff for off-site games. They should always check that the medicine is in date.

A medical list accompanies all Educational Visits and goes with the games staff to off - site games. Children with medical conditions are listed with brief details of their medication. Staff should be alert at certain times of year for children with asthma or environmentally triggered allergies. Sometimes additional safety measures may need to be taken for outside visits. It may be that a parent or another volunteer might be needed to accompany a particular child.

Non -prescription medicines

Parents may request at times that children are given non-prescription medicine, for example Calpol or Piriton, but any non-prescription medications must be agreed by the School in advance. This is indicated on a child's application form at entry. Guardians are also telephoned before the administration of non-prescription medicines.

There are some possible exceptions, for example painkillers for a child that has had an injury. In such cases, the Head will make the decision after discussion with the parents and then the same procedure must be followed for obtaining a medical consent form from the parent.

Some children are sensitive to the sun, and sun cream, may be administered by staff for younger children until they are old enough to do this themselves.

Children carrying and taking their medicines themselves

Children in should not be allowed to carry or take their medicine themselves. However, it is important that older children, particularly those with specific medical conditions, should learn to manage their own medication.

Record keeping

Each time medicine is given the School, including the Early Years, must keep written records. Good records help demonstrate that staff have exercised a duty of care. In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult and the record signed accordingly.

An official Register for Pupil Medications must be maintained and must contain a record of all occasions when medication is given to a pupil. The Medical Consent Forms are stored in the appropriate section of the Accident Report Folder stored in the office:

- the date the medication was given;
- the time the medication was given;
- the name of the student receiving medication;
- the name of the medication given;
- the exact dosage of medication given;
- the name of the person on the school staff authorised to give medication to the student the signature of the person giving the medication; and
- the signature of the Head/Deputy Head or delegated responsible person.

The Medication Log must be completed by the authorised person giving the medication, immediately after the medication is given.

The Medical Consent Form and the Medication Log must be held and kept in the file marked Medical Register.

In effect, the documentation referred to in (a) above represents an agreement among the parties as to the arrangements made in respect of the medication.

Splinters

Members of staff are not to try to remove a splinter from a pupil with tweezers for legal reasons. The boys should wash their hands thoroughly and parents should be informed of the splinter at pick up time.

Medical Emergencies

A member of staff who is present when a medical emergency takes place should always call for help from another adult and find the nearest First Aider. However, there are some emergencies where prompt action by the adult at the scene can save lives and all staff should be aware of these procedures.

Allergies – Anaphylactic shock

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, (Epi – Pen) depending on the severity of the reaction.

Signs and Symptoms – these will normally occur within seconds or minutes of exposure to the allergen

- Swelling and redness of the skin, flushed complexion
- Itchy raised rash
- Swelling of the throat
- Wheezing and or coughing or difficulty breathing
- Rapid irregular pulse
- Nauseousness and vomiting
- Dizziness or unconsciousness

Management

If these symptoms appear in an affected child the epipen must be used and an ambulance called immediately.

- The pen is pre-loaded and should be injected into the fleshy part of the thigh. Most staff have received training in how to use the epipen, which is very simple, but it must be remembered that swift action is ESSENTIAL. Some children have two or more epipens. If after 5-10 minutes there is no improvement or their condition worsens then the second epipen should be administered.
- A second person must summon a First Aider and inform the School Office. The School Office will then inform the Head/ Deputy Head who will in turn immediately summon an ambulance and inform the child's parents. There should be no delay in calling for an ambulance, should it be impossible to contact the School Office or the Head/ Deputy Head then the member of staff at the scene should make the call.
- Do not forget to tell the School Office that an epipen has been administered so that they may tell the parents and paramedics. The Teacher will have details of expiry dates of epipens and ensure they are replaced by the parents on or before the expiration.
- The Head/ Deputy Head, or other responsible person, will assess the situation and see if the person giving first aid needs assistance and usher any children away from the scene or occupy them in some way.
- If the child is conscious and having breathing difficulties treat as you would an asthmatic by sitting the child upright and loosen any tight clothing.
- If the reaction advances and the child becomes unconscious and is breathing treat as you would the unconscious patient by putting them in the recovery position and monitor closely.
- If the child is unconscious and not breathing, a First Aider must commence cardio-pulmonary resuscitation.
- Give all relevant information to paramedics i.e. sequence of events, known drug/food allergies and any medication/treatment given.
- The school is in possession of an emergency epipen for administration to a child who is experiencing anaphylaxis. This will only be administered with the support of the emergency services via telephone. This is clearly labelled in the school hall.

Asthma

If a pupil is having an asthma attack the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

- Assist with prompt administration of medication - give 4 puffs of blue reliever.
- If no improvement after 4 minutes give another 4 puffs

A second person must summon a First Aider and inform the School Office. The School Office will then inform the Head/ Deputy Head who will in turn immediately summon an ambulance and inform the child's parents. There should be no delay in calling for an ambulance, should it be impossible to contact the School Office or the Head/ Deputy Head then the member of staff at the scene should make the call.

The school is in possession of two emergency inhalers for administration in an emergency where a child's inhalers cannot be accessed. These are clearly labelled in the hall.

Diabetes

Signs and symptoms

High blood sugar (normally slow onset of symptoms)

- Excessive thirst
- Frequent need to urinate
- Acetone smell on breath
- Drowsiness
- Hot dry skin

Low blood sugar (normally quick onset of symptoms)

- Feel dizzy, weak and hungry
- Profuse sweating
- Pale and have rapid pulse
- Numb around lips and fingers
- Aggressive behaviour

Action

For person with low blood sugar give sugar, glucose or a sweet drink e.g. coke, squash followed by a little food.

For person with High blood sugar: A parent should be consulted regarding the correct dose. If they casualty can self-administer their insulin then they can do so. If not, such as in the case of a small child, then a member of staff with experience and training should administer the injection.

If unsure if person is suffering high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will be vital!

Epilepsy

Epileptic seizures are caused by a disturbance of the brain. Seizures can last from 1 to 3 minutes.

Signs and symptoms

- A 'cry' as air is forced through the vocal chords
- Casualty falls to ground and lies rigid for some seconds
- Congested, blue face and neck
- Jerking, spasmodic muscle movement
- Froth from mouth
- Possible loss of bladder and bowel movement

Management

During seizure

- Do NOT try to restrain the person
- Do NOT push anything in the mouth
- Protect person from obvious injury
- Place something under head and shoulders

After seizure

- Place in recovery position
- Manage all injuries
- DO NOT disturb if casualty falls asleep but continue to check airway, breathing and circulation.

Phone an ambulance if seizure continues for more than 5 minutes.

Disposal of Bodily Fluids

The School has a container used for the disposal of Sharps in the Back Office. Soiled items, used gloves, dressings etc. are disposed of in yellow biohazard bags and put in a designated bin for disposal.

Ambulance

The number to dial for an ambulance is 999, or the EU emergency number 112. The nearest hospital to the School is St Mary's Paddington and School post code is W8 7PN. Call an ambulance;

- after administering First Aid and you feel there is a need for a hospital check up
- after placing in the recovery position if the casualty is breathing, but unconscious
- if the casualty is not breathing
- if you are in doubt as to the condition of the casualty

Hygiene/Infection Control

Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or other bodily fluids. Care should be taken when disposing of dressings or equipment. Staff are issued with anti-bacterial hand gel, and should also ensure that normal hand washing routines are followed.

Information and Briefing

All staff should familiarise themselves with the HSE Basic First Aid at Work guide and school policy on First Aid and First Aid Procedure.

Regular briefings are undertaken during staff meetings to update staff on changes to First Aid and administering of medications.

Parents must brief staff on specific requirements including allergies, asthma, etc. as each child's condition, while similar, may require different action.

ADDENDUM TO FIRST AID POLICY

Coronavirus (COVID-19) Pandemic

Symptoms

Any child or member of staff with coronavirus (COVID-19) symptoms or who has tested positive in at least the last 10 days, including someone in their household, should not attend school. If anyone in the school becomes unwell with a new persistent cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they will be sent home and advised to follow the '[stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)', which sets out that they should self-isolate for at least 10 days and should [arrange to have a test](#) to see if they have coronavirus (COVID-19). Other members of their household (including any siblings) should self-isolate for 14 days from when the symptomatic person first had symptoms. Parents will be asked to fill in and sign a health declaration form (details to follow) in advance of children returning to school. This will be re-issued periodically.

Symptoms in children are:

- A high temperature.
- A new continuous cough – this means coughing a lot, for more than an hour, or 3 or more coughing episodes in 24 hrs.
- A loss or change to sense of smell or taste (anosmia) – this means they cannot smell or taste anything, or things smell or taste different to normal.

NHS Test and Trace

In order to reduce the risk of transmission, parents and staff must book a test if they or their child are displaying symptoms. Children, parents and staff must not come into school if they have symptoms, and must be sent home to self-isolate if they develop them in school. All children can be tested, including children under 5. Parents must provide details of anyone they or their child have been in close contact with if they were to test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace. Children, parents and staff must self-isolate if they have been in close contact with someone who tests positive for coronavirus (COVID-19) or in anyone in their household develops symptoms. Anyone who displays symptoms of coronavirus (COVID-19) can and should get a test. Tests can be

booked online through NHS testing and tracing for coronavirus website, or ordered by telephone via NHS 119.

Parents and staff should inform the school immediately of the results of a test:

- if someone tests negative, if they feel well and no longer have symptoms similar to coronavirus (COVID-19), they can stop self-isolating. They could still have another virus, such as a cold or flu – in which case it is still best to avoid contact with other people until they are better. Other members of their household can stop self-isolating.
- if someone tests positive, they should follow the '[stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)' and must continue to self-isolate for at least 10 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10-day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal. Other members of their household should continue self-isolating for the full 14 days.

Quarantine on Return from Abroad

If you are arriving back from a country that is not on the [travel corridor exempt list](#) and you stay there for 4 days from the day after you arrive and you then travel to England, you will need to self-isolate for 10 days, not the usual 14 days. That is because you have spent 4 of the 14 days in a country that is on the exempt list. See the full details here: [Gov.uk Travel Corridors link](#)

Managing a Confirmed Case in School

Swift action will be taken when we become aware of a confirmed case in school. We will contact the local health protection team. The Health Protection team will conduct a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate.

Based on the advice from the health protection team, schools must send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days since they were last in close contact with that person when they were infectious. Close contact means:

- direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)
- proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual
- travelling in a small vehicle, like a car, with an infected person

Household members of those contacts who are sent home do not need to self-isolate themselves unless the child or staff member who is self-isolating subsequently develops symptoms.

If school has two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, we may have an outbreak, and must continue to work with their local health protection team who will be able to advise if additional action is required.

In some cases, health protection teams may recommend that a larger number of other pupils self-isolate at home as a precautionary measure – perhaps the whole site or multiple year groups.

As we are implementing agreed Government controls, addressing the risks we have identified and therefore reducing transmission risks, a whole school closure based on cases within the school will not generally be necessary, and should not be considered except on the advice of the health protection team.

Where a pupil is unable to attend school because they are complying with clinical and/or public health advice (e.g. self-isolating due to being in contact with a confirmed case), we will immediately offer them access to remote education.

Handwashing and hygiene

Coronavirus (COVID-19) is an easy virus to kill when it is on the skin. This can be done with soap and running water and hand sanitiser. We will be implementing a rigorous handwashing regime in line with Government guidance. Hand sanitising/hand washing will take place on entering the school, before and after eating, and ad hoc as necessary. We will also encourage the children to practise good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach. Help will be available for young children who have trouble cleaning their hands independently. We will use games, songs and repetition to embed these routines into the school culture.

Each class will be cleaned thoroughly at the end of each day by the cleaners who have PPE. Regular wiping down of frequently touched surfaces and equipment will take place periodically throughout the day and staff will have wipes and sanitiser available in each classroom. Toilets will be cleaned regularly and pupils will be encouraged to clean their hands thoroughly after using the toilet.

Hand sanitiser (anti-viral) and container soap will be available in each classroom and in other places throughout the School. Pedal bins with lids will be emptied daily.

Contact and mixing between children will be minimised.

APPENDIX 1 – Medication Consent Form



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MEDICATION CONSENT FORM

PLEASE RETURN THIS FORM TO THE OFFICE

Should it be necessary for your child to take medication during school hours, it is important for the following consent form to be completed beforehand. All medication should be brought to the School in the original packaging and given to the School Secretary. It can then be collected by the parent/carer at the end of the day.

A separate form should be completed for each new medication.

Child's name

Child's Form

Name of medication.....

Reason for taking medication

.....

.....

.....

.....

Dosage and frequency.....

For how long (e.g. 3 days)

Any special instructions

I hereby give my consent for my son to be given the medication detailed above by the School Secretary or another member or staff.

Signed
(Parent / carer)

Date

APPENDIX 2 – First Aid Training Record



Hawkesdown House School

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FIRST AID TRAINING RECORD

Member of staff	First Aid Course
(Whole Staff)	First Aid for Schools (Grays Medic) 06.09.17 (Grays Medic - booked for: 07.09.20)
Kirsty Alexander Fiona Galligan Paula Geary Rosanna Laurence Jenny Mackay Marta Marcos Denis Mouzourides Natalia Steenekamp	
Brendan Thomas	First Aid Course to be arranged.
Danielle Hughes	Paediatric First Aid Course (1 day) 15.01.20 (expiry 14.01.23)
Ruzica Dubajic	Paediatric First Aid Course (1 day plus online) 22.01.20 (expiry 21.01.23)
Laila El Imlahi	Paediatric First Aid - 12 Hours 05.04.19 (expiry 04.04.22)
Isabelle Gale	Emergency first aid at work 22.10.18 (expiry 21.10.21)
Sophie Zazzarino	Paediatric First Aid Course (2 days) 12.04.18 (expiry 11.04.21)
Natalia Steenekamp	Paediatric First Aid Course (1 day plus online) 09.03.18 (expiry 08.03.21)
Kirsty Alexander	Paediatric First Aid Course (2 days) 15.03.18 (expiry 14.03.21)
Paula Geary	Paediatric First Aid Course (1 day plus online) 29.09.17 (expiry 28.09.20)
Marta Marcos	Paediatric First Aid Course (1 day plus online) 19.05.17 (expiry 18.05.20 (rebooked for Sept 2020) due to lockdown)
Rosanna Laurence	Paediatric First Aid Course (2 days) 28.10.19 (expiry 27.10.22)
Vanessa Geffriaud	Paediatric First Aid Course (1 day plus online) 17.07.20 (expiry 17.07.23)

- 3 day 'First Aid at Work' course is valid for 3 years. Then a 2-day First Aid at Work Requalification course which is valid for another 3 years.
- 2-day Paediatric First Aid course is valid for 3 years. OFSTED says minimum of 1 person on the premises for EYFS – would need extra for classes going on trips.
- 1 day 'Emergency First Aid at Work' course (previously called 'Emergency First Aid for Appointed Persons') is valid for 3 years. There is no requalification course but another 1 day 'Emergency First Aid at Work' course can be done.
- All staff receive First Aid for Schools training every three years. The course covers the HSE syllabus defined for Emergency First Aid in the Workplace, plus additional topics covering children 5 to 11 years. New members of staff are given training in their induction.