



This First Aid Policy sets out the school's expectations across the whole school including the Early Years and out of school provision and the responsibilities of different staff in contributing to an outstanding learning environment. This forms part of a suite of documents and policies which relate to the welfare responsibilities of the school. In particular this policy should be read in conjunction with the:

Health and Safety Policy	Inclusion Policy	Curriculum, Teaching and Learning Policy:
Early Years Policy	Safeguarding Policy	
Care and Supervision Policy:	PSHE Policy	SEND Policy
Collecting Children Policy	Inclusion Policy	Activate Handbook
Physical Intervention Policy	Risk Assessment Policy	

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The appointed person to manage medical needs and First Aid	Mrs Sharkey
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Opening Statement

Bowdon Prep School is dedicated to safeguarding and promoting the welfare of its pupils and staff; our policies and practices encompass the needs of all our children from Early Years to Year 6 across all aspects of school life including out of school provision. It is the duty of all members of staff, both teaching and non-teaching, to play an active role in ensuring that each child's needs are met. Effective induction practices for all ITT, college and school students, volunteers and visitors aims to promote a consistent approach in meeting the needs of the whole school community.

First Aid

First Aiders and Duties

The Appointed Person

Qualifications and Training

First Aid Materials

Procedures in Minor/ Major Accidents, Incidents or Illness

Reporting and Record Keeping

Summary of First Aid Provision at Bowdon Prep School

Aims:

- Appoint and train suitable numbers of first aid personnel.
- Provide and maintain suitable and sufficient first aid facilities (see First Aid Guidance).
- Ensure that first aid facilities, equipment and personnel are readily available.
- Provide additional training for first aid personnel as necessary to take into account any specific hazards.

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation, Bowdon Prep School undertakes to ensure that there are adequate and appropriate equipment and facilities for providing first aid within the school.

First-aid provision:

- Nine suitable stocked first-aid containers.
- Mrs Sharkey is the appointed person to take charge of first-aid arrangements
- Information for employees on first-aid arrangements

This provision is supplemented with a risk assessment to determine any additional provisions.

First-aid provision is available at all times while people are on the school premises, and also off the premises whilst on school trips.

Responsibilities

The Governors, in association with the Headmistress regularly review the school's first-aid needs, and particularly after any changes, to ensure that the provision is adequate. The Governors are responsible, under the Health and Safety at Works Act (HSWA), for making sure that the school has a health and safety policy. This includes arrangements for the first-aid, based on a risk assessment carried out at Bowdon Prep School and covers:

- numbers of first-aiders/appointed persons
- numbers and locations of first-aid containers
- arrangements for trips
- out of school hours arrangements e.g. afterschool care, parents' evenings

The Governors also make sure that the insurance arrangements provide full cover for claims arising from actions of the staff acting within the scope of their employment. They also take responsibility to make sure that the statutory requirements for the provision of first-aiders are met, that appropriate training is provided and that the correct procedures are followed.

In the event of a claim alleging negligence by a member of staff, action will be taken against Bowdon Prep School and not a member of the teaching staff. Bowdon Prep School will ensure that all insurance arrangements provide full cover for any claims arising from actions of the staff who are acting within the scope of their employment.

The School has a designated member of staff responsible for First Aid.

An appointed person:

- monitors individual care plans;
- ensures all relevant staff are aware of children's conditions;
- ensures that there are a sufficient number of fully trained First Aiders available at all times during sessions at the school
- takes charge when someone is injured or becomes ill;
- looks after the first-aid equipment e.g. restocking the first-aid container;
- ensures that an ambulance or other professional medical help is summoned when appropriate.

The appointed person does not have to be a first-aider and if this is the case they should **not** give first aid treatment for which they have not been trained. However, as good practise we ensure that the appointed person does have emergency first aid training.

The designated member of staff and the Headmistress are responsible for enabling the members of staff concerned to receive adequate first aid training and is responsible for putting the Policy into practise and for developing detailed procedures. The designated person and the Headmistress will ensure that all staff members are aware of the first-aid arrangements. This includes the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the school's first-aid needs. The designated person and the Headmistress will ensure that risk assessments for visits and other school activities are carried out. This is conveyed to the staff on an individual basis and by displaying first-aid notices in the staff room. Notices are displayed in prominent places. It is the responsibility of the Headmistress to ensure sure that parents are aware of the school's First Aid Policy

Teachers' conditions of employment do not include giving first-aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of the pupils at the school 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. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

First-Aider's Main Duties

All first-aiders complete a training course approved by the Health and Safety Executive (HSE) whose contact telephone details are 0845 300 99 23. At the school, the main duties of the first-aiders are:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school.
- when necessary, ensure that an ambulance or other professional medical help is called.

In light of Bowdon Prep School's responsibilities for the pupils and staff of the school, we consider carefully the likely risk to the pupils and visitors, and make allowances for them when deciding on the numbers of first-aid personnel. Where first-aid is provided for staff and pupils, Bowdon Prep School ensures that:

- provision for staff members does not fall below the required standard
- provision for pupils and others complies with other relevant legislation and guidance

Risk assessments of first aid will address the following:

- How accessible is the school for the emergency services and have adequate precautions been taken so that the accident/emergency vehicles can access the site without delay?
- Are there any specific hazards or risks on the site? For example, hazardous substances, dangerous tools or machinery. Temporary hazards, such as building or maintenance work should also be considered and suitable short-term measures put in place.
- Are medical needs supported during trips and outings.
- Are there staff or pupils with special needs or disabilities? For example different first-aid procedures may apply for each age group, such as the resuscitation techniques.
- Accident statistics indicate the most common injuries, times, locations and activities at the site. These are a useful tool in risk assessment, and can highlight areas that need concentration and perhaps tailor made first-aid.
- How many first-aid personnel are required? We consider the likely risks to pupils and visitors, as well as the teachers when deciding on the numbers of first-aid personnel. Bowdon Prep School bases their provision on the results of the risk assessment. When considering how many first-aid personnel are required Bowdon Prep School ensures that:
 - adequate provision for lunchtimes and breaks (A number of lunchtime supervisors also have first-aid training);
 - adequate provision for leave and in case of absences;
 - first-aid provision for off-site activities. If a first-aiders accompanies pupils off the school there will be adequate first-aid provision in the school;
 - there is adequate provision for the practical areas such as physical education;
 - adequate provision for out of hours activities.

Unless first-aid cover is part of a member of staff's contract of employment, staff who agree to become first-aiders do so on a **voluntary basis**. When selecting first-aiders, Bowdon Prep School considers the individual's:

- reliability and communication skills
- ability to cope with stressful and physically demanding emergency procedures
- normal duties. A first-aiders must be able to leave to go immediately to an emergency.

All school staff know how to contact a first-aider. There are agreed procedures in place if an emergency occurs in an isolated area e.g. at the sport field. The procedures that are in place are known, understood and accepted by all. Information is given about the location of first-aid equipment, facilities and personnel. First-aid notices are displayed which are clear and easily understood by all.

Supporting Individual Needs

Where pupils or staff have specific medical needs and a care plan in place, additional consideration will be given and where possible specific support will be given for the pupils educational and emotional needs.

Facilities along with the school environment are reviewed on a regular basis to ensure that individual needs are met including dietary requirements.

A clear structure of communication is in place to ensure that all appropriate members of staff are aware of specific needs.

Qualifications and Training

All first-aiders hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE. Bowdon Prep School arranges appropriate training for their first-aid personnel.

As first-aid at work certificates are only valid for **three years**, Bowdon Prep School arranges refresher training and retesting of competence before certificates expire. If certificates expire, the staff member will have to undertake another course of training to become a first-aider. Bowdon Prep School arranges for first-aiders to attend a refresher course up to three months before the expiry of their certificate. The new certificate takes effect from the date of expiry. A record of first-aiders and certification dates is kept in school.

First-Aid Materials, Equipment and First-Aid Facilities

The First Aid box will be regularly checked to ensure its contents are up to date and in good condition.

The box contains:

- A leaflet giving general guidance
- Sterile wipes
- Sterile triangular bandages
- Adhesive plasters
- A sterile eye pad with attachment
- Crepe bandages
- A sterile gauze
- Micropore tape
- Sterile cornering for serious wounds
- Individually wrapped assorted dressings
- Waterproof disposable gloves
- A disposable bag for soiled material

The location of the First Aid boxes, and the names of the qualified first aiders is clearly displayed on the School premises.

Additional first-aid containers are available for the sport fields and playgrounds, other high risk areas and any off-site activities. All first-aid containers are marked with a white cross on a green background.

These are checked frequently and restocked as soon as possible after use. There is extra stock in the school. Items are discarded safely after expiry date has passed.

Travelling first-aid containers

Before undertaking any off-site activities, the trip coordinator and the Headmistress assess what level of first-aid provision is needed. Following the HSE recommendations, where there is no special risk identified, a **minimum** stock of first-aid items for travelling first-aid containers is used:

- a leaflet giving general advice on first aid
- six individually wrapped sterile adhesive dressings
- at least one large sterile unmedicated wound dressing (approx 18cmx18cm)
- a triangular bandage
- individually wrapped cleansing wipes
- disposable gloves

Bowdon Prep School provides suitable accommodation for first-aid according to the assessment of first-aid needs identified. The area has a washbasin and a WC.

All staff take precautions to avoid infection and follow basic hygiene procedures. Staff have access to single-use disposable gloves and hand washing facilities, and take care when dealing with blood or other body fluids and disposing of dressings or equipment.

In the Event of a Minor Accident, Incident or Illness:

- In the first instance, the designated First Aider will be notified and take responsibility for deciding upon any appropriate action
- If the child does not need hospital treatment and is judged to be able to safely remain at the school, the First Aider will remove the child from the classroom/ activity and, if appropriate, treat the injury/illness themselves
- If and when the child is feeling sufficiently better, they will be resettled back into the class/ activity, but will be kept under close supervision of the remainder of the session
- The First Aider will inform the parents/carers of the incident/ accident/ illness and treatment given either directly or using an accident reporting form as appropriate
- If the injury or illness incurred is such that treatment by the First Aider is deemed inappropriate but does not warrant hospitalisation. The parent/carer will be contacted immediately and asked to collect their child. Until the parent/carer arrives, the child will be kept under close supervision and as comfortable as possible
- All such accidents and incidents will be recorded in detail and logged in the Accident Record Book or Incident Record Book and parents/carers should sign to acknowledge the incident and any action taken

- The first Aid Leader and any other relevant staff should consider whether the accident or incident highlighted any actual or potential weakness in the School's policies or procedures, and make suitable adjustments if necessary

In the Event of a Major Accident, Incident or Illness:

The School requests that parents/carers complete and sign an Emergency Medical Treatment Form enabling the Leader, or any member of staff so empowered, to give permission for emergency medical treatment for their child in the event of a major accident, incident or illness occurring at the school and there being no response from contact numbers provided by the parents/carers.

In the occurrence of such an event, the following procedures will apply:

- In the first instance, the First Aider will be notified and take responsibility for deciding upon the appropriate action
- The First Aider will assess the situation and decide whether the child needs to go straight to hospital or whether they can safely wait for their parent/carer to arrive
- If the child needs to go straight to hospital, an ambulance will be called. The parent/carer will also be contacted. A member of staff will accompany the child to the hospital and will consent to medical treatment being given.
- If the child does not need to go straight to the hospital but their condition means they should go home, the parent/carer will be contacted and asked to collect their child. In the meantime, the child will be made as comfortable as possible and be kept under close supervision.
- Parents/carers will be made fully aware of the details of any incidents involving their child's health and safety, and any actions taken by the school and its staff
- All such accidents and incidents will be recorded in detail and logged in the Accident Record Book or Incident Record Book. Parents/carers will be informed on the same day and asked to sign in the relevant section of the book to acknowledge the incident or accident and any action taken by the Club and its staff.
- The Leader and other relevant members of staff should consider whether the accident or incident highlights any actual or potential weaknesses in the School's policies and procedures, and act accordingly, making suitable adjustments where necessary.

Reporting Accidents and Record Keeping

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995(RIDDOR) some accidents must be reported to the HSE. Bowdon Prep School keeps a record of any reportable injury, disease or dangerous occurrence. This includes:

- the date and method of reporting;
- the date, time and place of the event;
- personal details of those involved;
- a brief description of the nature of the event or disease.

The Health and Safety Officer will review these records at least every month and update risk assessments appropriately.

The following accidents must be reported to the HSE if they injure either the school's employees during an activity connected with work, or self-employed people while working on the schools premises:

- accidents resulting in death or major injury(including as a result of physical violence)
- accidents which prevent the injured person from doing their normal work for more than three days(including acts of physical violence)

The HSE would be notified of fatal and major injuries and dangerous occurrences without delay (e.g. by telephone). This would then be followed up within ten days with a written report on form 2508. Other reportable accidents do not need immediate notification, but they would be reported to the HSE within ten days on form 2508.

An accident that happens to pupils or visitors must be reported to the HSE on form 2508 if:

- the person involved is killed or is taken from the site of the accident to hospital: **and**
- the accident arises out of or in connection with work

Like fatal and major injuries to employees or dangerous occurrences, these must be notified to the HSE without delay and followed up in writing within ten days on form 2508.

In the HSE's view an accident must be reported if it relates to:

- any school activity, both on or off the premises
- the way the school activity has been organised and managed (e.g. the supervision of a field trip)
- equipment, machinery or substances
- the design or condition of the premises

All records should follow the guidelines set out by the HSE.

Accident records

Bowdon Prep School keeps readily accessible accident records, in a written form. These records are kept for a minimum of three years.

The school keeps a record of any first aid treatment given by first-aiders and appointed persons. This includes:

- the date, time and place of incident
- the name (and class) of the injured or ill person
- details of the injury/illness and what first-aid was given
- what happened to the person immediately afterwards (e.g. went home, resumed normal duties, went back to class, went to hospital)
- name and signature of the first-aider or person dealing with the incident

The information in the record book:

- help the school identify accident trends and possible areas for improvement in the control of health and safety risks
- are used for reference in future first-aid needs

In an emergency, the Headmistress/ teacher in charge should have procedures for contacting the child's parent/guardian/named contact as soon as possible. We also consider it good practice to report all serious or significant incidents to the parents e.g. by sending a letter home with the child or telephoning the parents.

Storage of Medication

All medicine brought into school (for staff or pupils) will be placed in a locked cupboard in the medical room or in the fridge in the school office.

The appointed person (Mrs Sharkey) has responsibility for receiving / logging / storing / administering / checking parental consent for medicines. In the event she is not available this duty falls to the first aid trained administration staff in the school office.

Medicines can be classed as substances hazardous to health and as such must be stored securely. It is also important to note that some need to be stored at particular temperatures or away from light. This information will be on the medicine label and in the manufacturer's information leaflet.

Some emergency medication such as adrenaline pens (for children who suffer from allergies) and asthma inhalers are not locked away as children need quick access to these. In these cases pupils have a red medical bag containing the medication and a copy of their care plan. This bag will move around the school with the pupils. Staff must notify the Headmistress in cases where emergency medication is required. Care plans will be in place for all staff and pupils whose conditions require additional risk assessments.

Monitoring

The school governors' curriculum, standards and welfare sub-committee is responsible for monitoring the impact of this policy.

Date of update	(U) Updated (R) Reviewed by	How was updated disseminated	Parents informed	Policy on website
28/9/16	H. Gee (U)	Teacher drive – staff briefing	No	Yes
23/11/2017	H.Gee (R)	Teacher drive – staff briefing	Yes	Yes

Appendix 1

Bowdon Prep School First-Aid Information

First-Aid Personnel

- Mrs Karen Sharkey should be the first point of contact for any accidents involving members of staff.
- The following members of staff have completed a Paediatric First Aid course

Karen Sharkey – expires 10/19

Helen Gee – training booked 11/17

Rachael Ward – expires 10/19

Claire Corrigan – training booked 11/17

Tracey Thornton – training booked 11/17

Debbie Smith – expires 10/19

Maxine Noble – training booked 11/17

Liz Cayzer – training booked 11/17

Eloise Williamson – expires 10/19

Louise Baxter – expires 10/19

Antonia Brewer – training booked 11/17

Lorna Smith – expires 03/20

Sue Walsh – training booked 11/17

Isabelle Monton – expires 10/19

Maria Nassari – expires 10/19

Sue Hughes – expires 10/19

Vicky Quigley – expires 10/19

Sophie Hughes – training booked 11/17

Sue Penny – training booked 11/17

Heather Odiowei – training booked 11/17

Lisa Cheney – expires 05/18

Sarah Turner-Wilson – training booked 11/17

Lynda Abbey – training booked

In the EYSF at least one person with current paediatric first aid certificate will be on the premises at all times and accompany them on school trips and outings. All newly qualified staff in the EYFS will have Paediatric First Aid training

First Aid Boxes

There are 9 first aid boxes in school, in the following locations:

- Office – for school use
- Office – collected daily for outdoor use
- Staffroom
- Sports Hall
- Kitchen
- Caretaker's room

Mrs Sharkey is responsible for ensuring the stock is renewed as necessary.

Medical Room

The Medical Room is situated on the ground floor (in the main school office). No child must be left unsupervised in the Medical Room.

Procedures

Any accident involving an adult must be entered in the Accident Book.

In the event of an accident involving a child, the reporting and recording procedure as detailed on the attached flowchart must be adhered to. In addition, and in all cases, even for minor accidents, the school office must be notified. A report must be made in the Pupil Accident Injury Records chart, which is kept in the school office, and an Accident Notification form sent home. A copy of the Accident Notification is kept in the school office.

In the event of a head injury, a 'head bump' sticker must be fixed to the child's clothing, to make all members of staff aware that the child has received a head injury and must not take part in any sport or outdoor play. Parents are contacted in the event of any head injury.

At the end of every lunchtime a lunchtime supervisor must go to the school office to notify them of any minor injuries, not requiring treatment, so that the necessary records can be made.

Treatment

Basic treatment will be given initially by a member of the office staff, in the Medical Room. A qualified first-aider will be requested to attend if the injury or illness is considered to need an expert opinion. A parent/carer will be notified if it is deemed necessary that the child should be sent home.

Administration of Medicine (also see Administering Medicine Policy)

A Permission to Administer Medicine form must be completed and signed before any medication can be given to a child. Parents must give clear written instructions of required dosage etc. and hand medicine directly to a member of office staff or, in the case of children from Pre Prep and Reception, to a member of staff in that class.

Staff must only administer prescribed medicines to children. On no account leave medication in a child's school bag. Prescribed medicines will be stored correctly as advised on the bottle or packet. If the medicine should be kept in a refrigerator, then it will be stored safely and hygienically.

A member of staff must complete an Administration of Medicine Form, giving details of what medicine, dosage and when it was administered. The parent, when collecting the medicine at the end of the day, should sign this form. If the parent is unavailable to sign the form, a photocopy of it must remain in school. The member of staff who issued the form must ensure the parent does sign and return the original form to school as soon as possible. For Early Years children, we will discuss with parents the procedure for children who are ill or infectious.

Out of school clubs

All providers of out of school and extra-curricular clubs are provided with information regarding first aid and medical needs as part of their induction and as an ongoing process. At the end of the school day when the school office closes medication and lead first aid responsibility is transferred to management of the after school provision who have access to all medical provision and records. In the event of an incident where an incident, accident or medical treatment is needed, a phone call should be made to Heather Odiowei (after school club) who will assist.

Appendix 2

Paediatric First Aid Training

Staff training offers a course which encompasses a practical, hands-on approach that delivers the skills and confidence to use first aid skills in a real life situation. The **course content includes:**

This course covers how to help a baby or child who:

- is unresponsive and breathing
- is unresponsive and not breathing, including:
 - the chain of survival
 - the use of an automated external defibrillator (AED) on a child
- is choking
- is bleeding
- is burnt or has a scald
- has an object in their eye, ear or nose
- has hypothermia or heat exhaustion
- has sickness or a fever
- has a medical emergency, including:
 - meningitis
 - diabetic emergency
 - seizures
 - asthma attack
 - severe allergic reaction (anaphylactic shock)
- has an injury to a bone muscle or joint (including spinal injuries)
- has a head injury
- has swallowed something harmful.

The course also includes basic adult first aid skills, details on accident reporting and administering medication for those working in a childcare setting.

Qualification

On successful completion of this course, Staff receive a **paediatric first aid certificate** which is valid for **three years**.

In line with the statutory framework for the Early Years Foundation Stage, this course can be used as **evidence for an NVQ** in childcare and education.

Appendix 3

Administering Medicine

At Bowdon Prep we wish to ensure that pupils with medication needs receive appropriate care and support at school.

Please note that parents should keep their children at home if acutely unwell or infectious.

Introduction

We recognise the inherent hazards when administering drugs and pharmaceuticals for students, particularly when dealing with allergies.

It is our policy to:

- Maintain strict control over the use of prescribed drug and pharmaceutical administration.
- Ensure that medication will only take place with the written consent of parents/guardians.
- Ensure that 'over-the-counter' medication is strictly controlled.
- Maintain records over the use of medication and inform parents/guardians at the end of every day of the medication administered.
- Ensure that all staff responsible for the administration of medication have been trained in safe handling.

Our school aims to be an inclusive school, meet the needs of, and provide equal opportunities for all the pupils. Parent's cultural and religious views will always be respected.

In trying to fulfil this aim it is accepted that some pupils have special health needs which include taking medication in order that they can continue to attend school. There are also occasions when, under a doctor's instructions a pupil may need to take prescribed medication for a stated length of time.

The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.** Parents are responsible for providing the school with comprehensive information regarding the pupil's condition and medication.

- Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
- Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).
- Each item of medication must be delivered to the Headmistress or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed.** Parents are required to complete the administering medication form to ensure that each item of medication is clearly labelled with the following information:

- Pupil's Name.
- Name of medication.
- Dosage.
- Frequency of administration.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date.

The school will not accept items of medication in unlabelled containers.

- Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.
- The school will keep records, which they will have available for parents.
- If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- The school will not make changes to dosages on parental instructions.
- School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- For each pupil with long-term or complex medication needs, the Headmistress, will ensure that a Care Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.
- *Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.*
- The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
- All staff will be made aware of the procedures to be followed in the event of an emergency.

Staff will **only** administer non-prescriptive medication when there are clear written guidance from the parents on:

- The symptoms the pupil will show if required to take the medication
- The name of the medicine
- The quantity of the medicine
- The time of its administration

- Any side-effects that may result from administration

Staff will not administer adhoc medication for minor complaints – these should be dealt with at home.

There is no legal requirement upon staff, teaching or non-teaching to administer medication. Staff undertaking duties associated with the administration of medication do so on a voluntary basis. We may occasionally have some support staff who are responsible for the meeting of health care needs as part of their duties.

Where staff have been trained and act in accordance with training and medical advice, no question of individual liability will arise.

It is vital that responsibility for pupil safety and wellbeing is clearly defined and that each person involved with pupils with medical needs is aware of what is expected of them. We will work in close co-operation with parents, health professionals and other agencies to provide a suitably supportive environment for pupils with medical needs.

Parental/Guardian Responsibilities

Parents and any others who have legal responsibility for the care of children will keep pupils at home when they are acutely unwell. Parents should request from their general practitioner that dosage schedules for any medication prescribed will not include school hours wherever possible. Parents are responsible for their child's medication. If a child requires medication during school hours, arrangements for its administration will be agreed between the parents and the school. It is the responsibility of the parent to check that medication is not out of date, that there is a sufficient quantity in school, that it is renewed as necessary and that any unused supplies are uplifted for disposal. It is the responsibility of the parents to advise the school in writing of any alteration to the prescribed dosage of medication.

Parents may consider their children to be responsible enough to carry and administer their own medication. In this event the school must be given full written details of the condition/illness from which the child suffers along with written details of the medication to be taken and the self-administration routine. Parents must advise the school in writing if their child is subject to any known allergic reaction e.g. to food stuffs which the child may come into contact with in the course of the school day.

Administration Responsibilities

Our school secretary is the appointed person for first aid and medication and has a responsibility for the administration of medicines and if they are not available the pastoral secretary will fill that role.

Dealing with minor injuries

The above staff and first aid trained teachers will deal with minor cuts and bruises etc. These will be cleaned and occasionally a plaster or cream may be applied to aid the healing process. Parents should inform the school if their child has any allergic reactions to any cream or plasters and neither of these options will be administered.

Appendix 4

Infectious and Communicable Disease Policy

Our school is committed to the health and safety of all children and staff who play, learn and work here. As such, it will sometimes be necessary to require a poorly child to be collected early from a session or be kept at home while they get better. In such cases, the provisions of the Health, Illness and Emergency policy will be implemented.

In accordance with the procedures set out in the Health, Illness and Emergency policy, parents/carers will be notified immediately if their child has become ill and needs to go home. Poorly children will be comforted, kept safe and under close supervision until they are collected.

If a child has had to go home prematurely due to illness, they should remain at home until they are better for at least 24 hours, or according to the times set out in the table below. If a member of staff becomes ill at work, similar restrictions on their return will apply.

If a child or member of staff becomes ill outside school hours, they should notify the school as soon as possible. The minimum exclusion periods outlined in the table below will then come into operation.

If any infectious or communicable disease is detected on the school's premises, the school will inform parents/carers personally in writing as soon as possible. The school is committed to sharing as much information as possible about the source of the disease and the steps being taken to remove it. Ofsted will also be informed of any infectious or communicable diseases discovered on the school's premises.

Head lice

When a case of head lice is discovered at the school, the situation will be handled carefully and safely. The child concerned will not be isolated from other children, and there is no need for them to be excluded from activities or sessions at the school.

When the child concerned is collected, their parent/carer will be informed in a sensitive manner. Other parents/carers will be informed as quickly as possible in writing, including advice and guidance on treating head lice. Staff should check themselves regularly for lice and treat whenever necessary.

Minimum Exclusion Periods for Illness and Disease

<i>DISEASE</i>	<i>PERIOD OF EXCLUSION</i>
Antibiotics prescribed	First 24 hours
Chicken Pox	7 days from when the rash first appeared
Conjunctivitis	24 hours or until the eyes have stopped 'weeping'
Diarrhoea	48 hours
Diphtheria	2-5 days
Gastro-enteritis, food poisoning, Salmonella and Dysentery	48 hours or until advised by the doctor
Glandular Fever	Until certified well
Hand, Foot and Mouth disease	During acute phase and while rash and ulcers are present
Hepatitis A	7 days from onset of jaundice & when recovered
Hepatitis B	Until clinically well
High temperature	24 hours
Impetigo	Until the skin has healed
Infective hepatitis	7 days from the onset
Measles	7 days from when the rash first appeared
Meningitis	Until certified well
Mumps	7 days minimum or until the swelling has subsided
Pediculosis (lice)	Until treatment has been given
Pertussis (Whooping cough)	21 days from the onset
Plantar warts	Should be treated and covered
Poliomyelitis	Until certified well
Ringworm of scalp	Until cured
Ringworm of the body	Until treatment has been given
Rubella (German Measles)	4 days from onset of rash
Scabies	Until treatment has been given
Scarlet fever and streptococcal infection of the throat	3 days from the start of the treatment
Tuberculosis	Until declared free from infection by a doctor
Typhoid fever	Until declared free from infection by a doctor
Warts (including Verrucae)	Exclusion not necessary. Sufferer should keep feet covered.

This list is not necessarily exhaustive, and staff are encouraged to contact local health services if they are in any doubt.

Appendix 5

Asthma

The most common symptoms of asthma are coughing, wheezing, a whistling noise in the chest, tight feelings in the chest or getting short of breath. Not everyone gets all of these symptoms, and some symptoms only occur from time to time.

Physical activity benefits children with asthma in the same way as other children, some children may need to take their inhalers before any physical exertion, and warm up activities are essential, especially in cold weather. Particular care may be necessary in cold or wet weather. If a child feels unwell, they should not be made to do physical activity.

Medicine and Control

There are two main types of medicines used to treat asthma; Relievers and Preventers. Usually a child will only need a reliever during the school day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Preventers (brown, red, orange inhalers, sometimes tablets) are usually taken out of school hours.

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

Inhalers are generally carried by the pupil, although a spare (clearly marked) one is sometimes kept in the School Office. Inhalers should always be available during PE, any other sports activities, and educational visits.

Care plans

All current and new staff are made aware of the policy and staff have knowledge of all the children who have asthma. We have fully trained first aiders who are competent in managing asthma. In addition, all staff are kept up to date with information via the school's Lead First Aider. When a child joins the school the parents are asked to complete a care plan to highlight any medical conditions. In addition to this, all parents of children with asthma are consequently sent an Asthma UK *School Asthma Card* to give to their child's doctor or asthma nurse to complete. Parents are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. *School Asthma Cards* are then sent to parents/carers of children with asthma on an annual basis to update. Parents are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

It is also important that parents inform the school if their child **subsequently** develops asthma. All parents of children with asthma are asked to give us information about their child's medication and their signs and symptoms of an asthma attack. There are three copies of each child's care plan, which are kept in the: first aid room, the School Office and the Headmistress's room. If the child's medication changes, parents are asked to inform the school. These care plans are reviewed annually.

Immediate access to reliever inhalers is vital. Children are encouraged to carry their own reliever inhaler as soon as the parent, doctor and class teacher agree they are mature enough (general advice is from age 7). The reliever inhalers of younger children are kept in the classroom, in a readily accessible place, depending on the child's needs. Reliever inhalers are taken with the children when they move around the school or go on a school trip. All reliever inhalers must be labelled with the child's name by the parent. All inhalers are checked termly to ensure that they are not out of date. We have a register of all children who have an inhaler. School staff are not required to administer medication to children except in an emergency; however, many of our staff are happy to do this. School staff who agree to do this are insured by the School when acting in accordance with this policy. **All school staff will let children take their medication when they need to.**

The school has been advised not to keep a spare inhaler in school for general use or an emergency. It does, however, keep a spacer in the main office. Parents of children who have asthma are asked to ensure that the school is provided with a labelled spare reliever inhaler. The First Aid Leader will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten.

Physical activity and PE lessons

Taking part in PE is an essential part of school life and children with asthma are encouraged to participate fully. Teachers are aware of which children in their class have asthma and they will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. If a child needs to use their reliever inhaler during the lesson, they will be able to do so.

There has been great emphasis in recent years on increasing the number of children and young people involved in exercise and sport inside and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involves pupils with asthma as much as possible, in lunch-time and after-school clubs. PE teachers, classroom teachers and extra-curricular sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

School environment

The school does all that it can to ensure that the school environment is favourable to children with asthma. The school has a non-smoking policy and is aware of the possible effects of keeping pets in the classroom. As far as is possible, the school does not use chemicals in science or art that are potential triggers for children with asthma.

School attendance

The school recognises that it is possible for children with asthma to have special educational needs because of asthma. If a child is missing a lot of school because of asthma, the class teacher will try to provide work for the child to do at home. If the child starts to fall behind in class, the teacher will talk to the learning support co-ordinator about the situation.

Staff guidance

All staff who come into contact with children with asthma are guided what to do in the event of an asthma attack by the posters which are located on display in the staffroom and around the school. The following procedure is displayed on the poster.

Guidance in the Event of an Asthma Attack

- Keep calm
- Encourage the child or young person to sit up and slightly forward – do not hug them or lie them down
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- Refer to the care plan

If there is no immediate improvement:

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5–10 minutes
- The child or young person is too breathless or exhausted to talk
- The child or young person's lips are blue
- You are in doubt
- Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- A colour-coded sticker indicates to all school staff that a child has recently experienced a mild attack.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation, school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Staff should not take pupils to hospital in their own car.

Epilepsy

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout, can happen to anyone at any time. Most diagnosed children never have a seizure during the school day. Epilepsy is a very individual condition. Seizures can take many different forms. Information provided by the parents or health professional is recorded on the pupils Health Care Plan, and this sets out the particular pattern of the child's epilepsy. If a child does experience a seizure in school, details should be recorded and communicated to the parents including –

- Any factors which possibly have acted as a trigger. E.g., visual or auditory stimulation, emotion such as anxiety.
- Any unusual feelings reported by the child prior to the seizure.
- Parts of the body affected by the seizure e.g. limbs or facial muscles
- The timing of the seizure – when it happened and for how long.
- Whether the child lost consciousness
- Whether the child was incontinent

What the child experience when they have a seizure depends on what part of the brain is being affected. Not all seizures involve loss of consciousness. Sometimes a child will remain conscious with symptoms ranging from the twitching or jerking of a limb, looking into space, appearing “blank” or even just experiencing strange tastes or sensations such as pins and needles.

During a seizure it is important that the child is kept safe, and that movements are not restricted. In a convulsive seizure, you should put something soft under the child's head to prevent them hurting themselves. After such a seizure, the child should be placed in the recovery position and kept safe.

An ambulance should be called during a convulsive seizure if

- It is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than set out in the child's Health Care Plan
- There are repeated seizures, unless this is usual for the child, as per the Health Care Plan

Some subtle seizures may go unnoticed, and can be mistaken for daydreaming or not paying attention in class. Afterwards, children often have little or no memory of the seizure, but they may feel tired, be confused or need to sleep. Recovery times vary.

Medicine and Control

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as PE or working in Science labs. Concerns about safety should be included in the pupils individual Health Care Plan.

Diabetes

Diabetes is a condition where the levels of glucose in the blood rise. This is either due to lack of insulin (Type 1 diabetes), or because there is insufficient insulin for the child's needs (Type 2 diabetes). Of all the children that have diabetes, type 1 is the most common.

For Type 1 diabetes, the child normally needs to have daily insulin injections, to monitor their blood glucose level, and eat regularly according to a personal diet plan.

Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child has different symptoms, and these will be clear on the pupils Health Care Plan.

Poor diabetic control is sometimes indicated by

- Greater than usual need to go to the toilet
- Greater than usual need to drink
- Tiredness
- Weight

Medicine and Control

The diabetes of the majority of children is controlled by daily injections of insulin. It is unlikely that these will need to be given during school hours. Most children can manage their own injections, but if doses are required at school, supervision may be required, and a private place to carry it out.

Some children with diabetes need to ensure their blood glucose levels remain stable and may check their blood by taking a small sample at regular intervals.

When staff agree to administer blood glucose tests or insulin injections they must be trained by an appropriate health professional.

Children with diabetes need to be allowed to eat regularly during the day. PE staff should be aware the need for children with diabetes to have glucose tablets or a sugary drink to hand. Some children may ask the PE department to keep a drink for them to have when needed.

Staff should be aware that the following symptoms either individually or combined may be indicators of low blood sugar – a hypoglycaemic reaction – in a child with diabetes.

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling

- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour.

Each child will have different symptoms – these will be indicated on the Health Care Plan. If a child does have a hypo, it is important the child is not left alone and that a fast acting sugar such as glucose tablets or a sugary drink is given immediately. Slower acting starchy food such as a sandwich or a couple of biscuits should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if

- The child's recovery takes longer than 10-15 minutes
- The child becomes unconsciousness

Anaphylaxis

Anaphylaxis is an acute severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwi, and sometimes the venom of stinging insects such as bees, wasps or hornets.

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare, and the more common symptoms would be swelling in the throat which can restrict the air supply, or severe asthma. Less severe symptoms include tingling around the mouth, abdominal cramps, nausea or vomiting.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline. Preloaded injection pens containing a measured dose are available on prescription.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

There are two types of "pens" that would be used – an epi-pen, and an ani-pen. The staff who are First Aiders are trained to administer both. In the first instance, this would be Annette in the Attendance Office.



Opening Statement

Bowdon Preparatory School is dedicated to safeguarding and promoting the welfare of its pupils and staff; our policies and practices encompass the needs of all our children from Early Years to year 6 across all aspects of school life including out of school provision. It is the duty of all members of staff, both teaching and non-teaching, to play an active role in ensuring that each child's needs are met. Effective induction practices for all ITT, college and school students, volunteers and visitors aims to promote a consistent approach in meeting the needs of the whole school community.

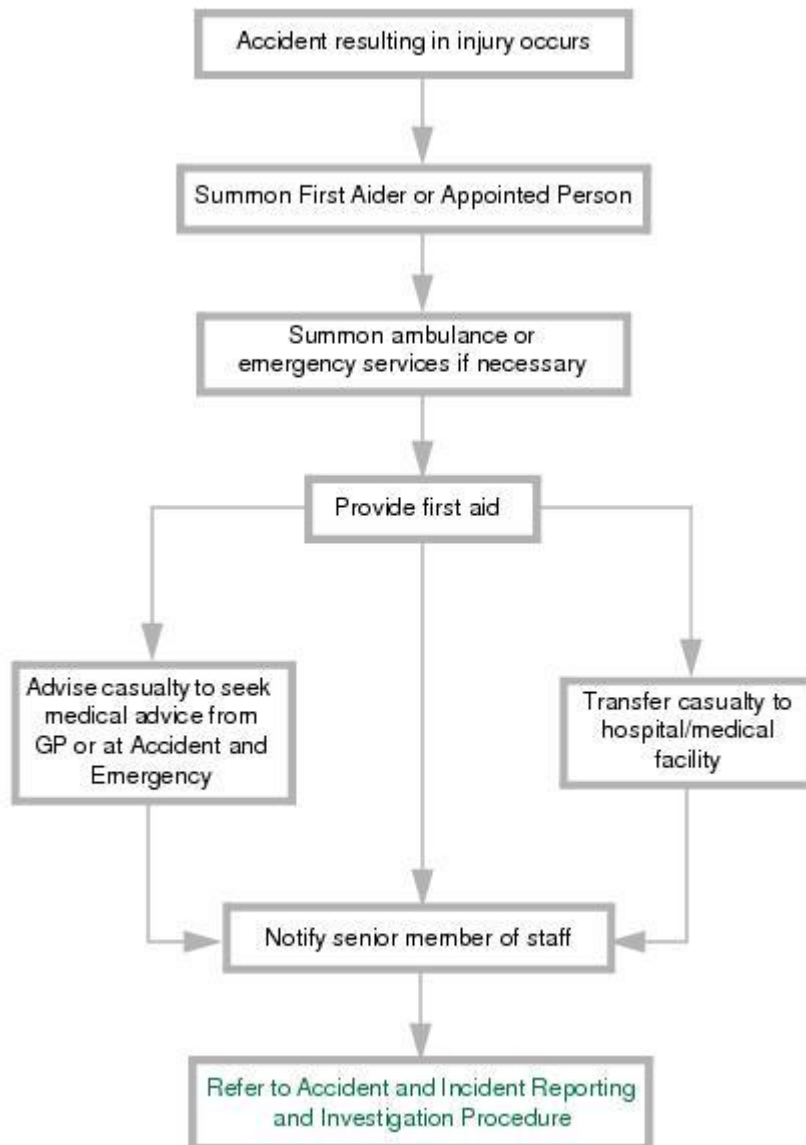
INTRODUCTION

An accident is an unplanned or uncontrolled event that may or may not result in personal injury, damage to equipment, premises or environment. Accidents where no personal injury occurs may be referred to as incidents. We have adopted this policy and related procedures to assist us in the management and control of accidents and their causes. There are legal requirements placed on us by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (See Accident Guidance) which are referred to in this policy.

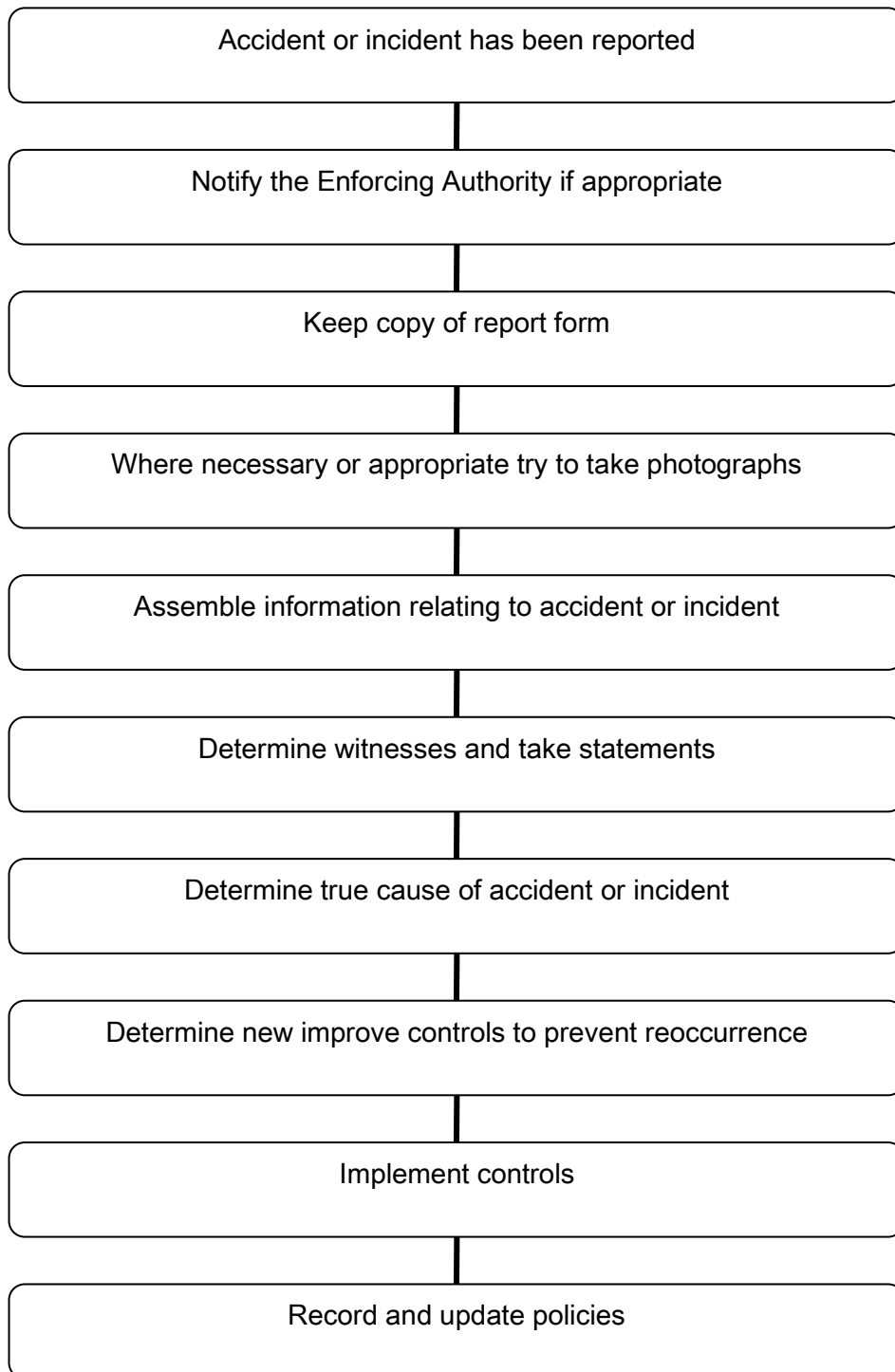
It is our policy to:

- . Record all injuries in our Accident Book and instruct employees on the procedure to be followed.
- . Keep records of all accidents/incidents involving non-employees, ensuring the details of their status e.g. visitor, contractor etc. is recorded.
- . Seek advice on any situation reportable under RIDDOR and any serious 'near miss' incident.
- . Report all injuries, industrial diseases and dangerous occurrences, as detailed in RIDDOR, to the Enforcing Authority.
- . Keep records of all accidents/incidents, detailing those that are reportable and how they were reported.
- . Keep details of occupational ill health, including how this was reported to the Enforcing Authority where appropriate.
- . Investigate all accidents, including 'near miss' incidents, to prevent recurrence.
- . Ensure first aid (see First Aid Policy) provision is readily available.

Accidents - Initial Action Procedure



Accident and Incident Reporting and Investigation



Monitoring

The school governors curriculum, standards and welfare sub-committee is responsible for monitoring the impact of this policy.

Date of update	(U) Updated (R) Reviewed by	How was updated disseminated	Parents informed	Policy on website
28/9/16	H. Gee (U)	Teacher drive – staff briefing	No	Yes
9/11/17	H. Gee (R)	Teacher drive – staff briefing	No	Yes
20/11/17	K.Sharkey (U)	Teacher drive – staff briefing	No	Yes



Bowdon Preparatory School
Intimate Care Policy

This policy sets out the schools expectations for whole school practice including Early Years and Out of School provision and the responsibilities of different staff in contributing to an outstanding learning environment. It should be read in conjunction with the following policies.

Child Protection and Safeguarding Policy	Health and Safety Policy
Early Years Policy	Inclusion Policy
Hygiene Policy	Supporting Medical Needs Policy
Care and Supervision Policy	Positive Behaviour Policy

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Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible. Staff who work with young children or young people will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Intimate care policy for Bowdon Preparatory School

Bowdon Preparatory School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Bowdon Prep recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Our approach to best practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/her as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the same child will not be cared for by the same adult on a regular basis. Wherever possible staff should only care intimately for an individual of the same sex.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, eg marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Child Protection Procedures for details)

Health and Safety

Health and Safety advice for schools can be found in the Health and Safety Policies and Handbook.

Further Guidance

- 'Working Together To Safeguard Children', Inter-Agency Child Protection Procedures.
- Keeping Children Safe in Education KCSIE
- Circular 10/95, Protecting Children from Abuse; The Role of the Education Service. DFEE
www.dfes.gov.uk/publications/guidanceonthelaw/10_95summary
- What To Do If You're Worried A Child Is Being Abused March 2015
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

Monitoring

The school governors, Pastoral and Welfare sub-committee is responsible for monitoring the impact of this policy. This policy will be reviewed as necessary and on an annual basis.

Date of update	(U) Updated (R) Reviewed by	How was update disseminated	Parents informed	Policy on website
Sep 16	H.Gee (u)	Discussed with KCSIE	No	No
3/1/17	H. Gee (U)	Teacher drive – staff INSET	No	Yes
5/1/17	S. Hughes (R)			

Practice and Procedures

Children wearing nappies

When parents request that the school admits a child who is still wearing nappies we will provide information for parents of the policy and practice in the school. This information will include a simple agreement form for parents to sign outlining who will be responsible, within the school, for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset.

A note book is used to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task. This good practice provides reassurance for parents that systems are in place and procedures are in place for staff to follow.

Changing facilities

Bowdon Preparatory School does not have purpose built toilets suitable to be used by people with a disability, however the dignity and privacy of the child is always of paramount concern. The toilets within the Pre Prep will be used for this purpose; a changing mat will be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury.

Equipment Provision

Parents must provide all resources when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, changing mat etc. The school will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

Health and Safety

Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety policy.

Guidance to safeguard children and education staff with regard to situations which may lend themselves to allegations of abuse (Physical contact, first aid, showers/ changing clothes, out of school activities).

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place

where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff being vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

Providing comfort or support to a child

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context and at all times ensure that their contact is not threatening, intrusive or subject to misinterpretation. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Safeguarding Lead (DSL).

Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from the Pastoral and Welfare Leader.

Restraint

Physical contact may be used by members of the school staff to control, restrain or direct children without the use of force. The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self- control.

Any physical restraint is only permissible when a child is in imminent danger of inflicting an injury on herself or on another, and then only as a last resort when all efforts to diffuse the situation have failed. Another member of staff should, if possible, be present to act as a witness. All incidents of the use of Physical Restraint should be recorded in writing and reported immediately to the DSL or the appropriate Headmistress.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to, constitute a criminal offence.

First Aid and intimate care

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (eg assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for. Agreements between the school/organisation, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly.

Physical Education and other skills coaching

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment.

Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Changing clothes

Young people are entitled to respect and privacy when changing clothes. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. However staff should avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore, staff need to be vigilant about their own conduct, eg adults must not change in the same place as children or shower with children.

Out of school trips, clubs etc.

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's policy and all guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

Meetings with pupils away from the school premises where a chaperone will not be present, are not permitted unless specific approval is obtained from the headmistress or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

Changing a child who has soiled herself

- Equipment
- Plastic apron
- Disposable gloves
- Non allergic wet wipes
- Nappy sacks for nappies - place in lined bin
- Nappy sack for soiled/ wet clothes – place in child's bag
- Note to send home plus where possible inform parents directly
- Record of incident in record book (Mrs Sharkey – school office)

If a child soils herself in school a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing.

In either circumstance the child's needs are paramount and she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age appropriate responses.

- The child will be given the opportunity to change her underwear in private and carry out this process themselves.
- School will have a supply of wipes, clean underwear and spare uniform for this purpose. (A supply of clean underwear and spare uniforms are available in the Foundation Stage washing room).
- If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
- If the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- If the emergency contact cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached the Headmistress is to be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the needs of the child.
- The member of staff who has assisted a pupil with intimate care will complete the intimate care form (attached to this policy).

Child Protection/Safeguarding Guidelines

- Ensure that the action you are taking is necessary. Get verbal agreement to proceed
 - CARE – CONCERN – COMMUNICATE.

Pastoral Care Procedures

- Ensure the child is happy with who is changing her.
- Be responsive to any distress shown.

Basic hygiene routines

- Always wear protective disposable gloves.
- Seal any soiled clothing in a plastic bag for return to parents.

In the case of Foundation Stage children, in order to avoid any unnecessary distress, a member of staff may assist the child, with a colleague in attendance, unless a parent has requested otherwise or if the child is reluctant. Parents will be contacted as soon as it is practical to do so.

Appendix 11

Record of Intimate Care

Name of Child	Date	Time	Comments	Staff Involved	Signature

Appendix 12

When to call an ambulance

Before you call for an ambulance, you need to assess the casualty. To do this, follow the steps of the Primary Survey, to see if they have any life-threatening or other serious conditions.

If the area isn't safe for you to assess the casualty, then call an ambulance straight away.

If someone's condition is life-threatening or very serious, then call 999 or 112 for medical help.

If someone's condition isn't serious, then you need to decide if they need treatment or not, and what options there are – for example, to drive them to hospital, or to call their doctor's surgery for medical advice.

When to call 999 or 112

Call 999 or 112 if someone needs immediate medical help. For example, if you think they: have had a heart attack, have a spinal injury, breathing difficulties or if they're bleeding severely.

When you get through to the emergency services, you'll need to give:

- your name
- a description of the condition of the casualty/casualties
- your telephone number or the best number for them to contact you on
- the exact location of the incident
- a description of the type of incident and how serious it is
- details of any hazards, such as gas, damage to power-lines or bad weather conditions.

When to take or send the casualty to hospital

Take or send someone to hospital if they need hospital treatment, but their condition is unlikely to get worse. For example, for a serious burn, a sprain where they can't use their limb, or an eye injury.

Call and ambulance. You should not take them in your own car or arrange for a taxi to take them.