



Alleyne's Junior School Policies & Procedures

First Aid Policy

Name of Policy	First Aid Policy
ISSR	Part 3: Welfare, health and safety of pupils
Reviewed by	Junior School SLT
Author/SLT	Mrs D Fong (Junior School Nurse)/ Mrs E Olley (Junior School Deputy Head)
Date of school review	September 2024
Date of next school review	September 2025

Policy Overview

This policy applies to the Junior School, including the Early Years Foundation (EYFS) and aims to give an overview of the first aid and medical provision within the school. First aid arrangements are continually monitored by the Junior School Nurse and are reviewed every year.

The first line of provision is given through the Junior School Nurse and Junior School First Aiders in the Junior School Medical Room. In the event of an incident or accident in closer proximity to the Senior School than the Junior School, the Senior School Medical Room, located in The Well, is attended. The Junior School Nurse works closely with the Senior School nurses who are available to assist in the event of a more serious accident or incident occurring.

JUNIOR SCHOOL MEDICAL PROCEDURES

The Junior School Nurse is based in the Medical Room and is available from 08.00 – 17.00hrs. The room has two couches to treat pupils as the need arises. The Junior School Nurse is supported by many of the Junior School staff members who have First Aid qualifications. They can assist in treating most minor illnesses and injuries. Parents are informed by the Junior School Nurse or in her absence the Junior School office, of any injury more severe than small abrasions and bumps.

Parents are able to access a summary of the school's medical information via 'The Hub', the school's online information and learning resource (<https://www.alleyns.org.uk/junior/school-life/pastoral-care/medical>) The information includes details of first aid and medical provision in the Junior School.

Medical Information and Consent Forms

On entry to the school parents are asked to complete a medical form (Appendix 1). As well as medical history and emergency contact details, parents are asked to provide written consent for the administration of over-the-counter medication. These are paracetamol, ibuprofen and antihistamine medication. These records are retained as confidential information and kept in a locked filing cabinet in the Medical Room. They are updated annually as required.

When children are taken ill in school, they spend time in the Medical Room where the Junior School Nurse ascertains the seriousness of the problem. Where pupils are well enough, they are returned to class. Should the nurse decide the child requires medication or needs to go home; parents are telephoned to discuss the situation and agree the course of action. Parental consent is sought for over the counter medication such as paracetamol (Calpol) at the time of injury/illness and confirmed by email once administered. Where an accident occurs in school, the nurse follows the procedures outlined later in this document.

All visits to the Medical Room, injuries, accidents, and details of medication given are recorded on the medical section of the school's database system.

All form teachers have medical and dietary requirements for their own classes accessed through the school computer on 'Teacherpool' under headings Organisation and Medical.

Return to School after illness or infections.

Parents are asked to keep their child at home if they are ill or infectious. Parents are asked to telephone or email the school office to inform the school of their absence on 020 8557 1519 or juniorschool@alleyns.org.uk.

Guidance is taken from Public Health England with regards to illness and infectious conditions. (www.gov.uk/government/publications/infection-control-in-schools). Common conditions in schools are highlighted below:

- **Vomiting and diarrhoea** is particularly contagious in a school community and the school follows the Public Health England guidelines of recommending that pupils are kept off school for 48 hours from the last episode of vomiting or diarrhoea.
- **Head lice** should be treated before returning to school.
- **Impetigo** should have lesions that are crusted and healed, alternatively return to school 48 hours after starting antibiotics.
- **Vomiting and diarrhoea** is particularly contagious in a school community and the school follows the Public Health England guidelines of recommending that pupils are kept off school for 48 hours from the last episode of vomiting or diarrhoea.
- **Coronavirus (COVID-19)** is a highly contagious virus spread by coughing and sneezing and touching contaminated surfaces. If any child exhibits COVID-19 symptoms and has tested positive should self-isolate in accordance with Government guidance [here](#). See Appendix 11 for additional information.

Swimming pool

It is the school's swimming pool policy that pupils with Molluscum Contagiosum or any other infectious skin condition should not use the swimming pool unless the site of infection is suitably covered. Pupils with verrucae should ensure that any verrucae are covered before entering the pool hall. Anyone with diarrhoea should be prevented from using the pool for 14 days after the symptoms have passed. This guideline is taken from the Pool Safety Operating Procedure (P.S.O.P).

School Trips and First Aid Kits

Any school trip or sporting fixture has a qualified first aider accompanying the trip. They are responsible for collecting a First Aid Kit and pupils' individual medication from the Medical Room before departure. The First Aid Kits are checked by the Junior School Nurse every half term to ensure the contents remain in date and are fully equipped. The nominated First Aider is responsible for providing first aid when necessary and recording the details of the incident and treatment required. On return to school this information is given to the Junior School Nurse, and she will input the relevant information onto the pupil's medical record. If necessary, the First Aid Kits can be re-stocked at this point. Additional information can be found in the educational visits policy.

Early Years Foundation Stage (EYFS)

Pupils in Reception Class (EYFS) are seen by the Junior School Nurse or paediatric trained first aiders during school time and on school trips. Parents are informed of every accident or incident to their child in Reception (EYFS) and the first aid or medication that has been given. Parents of pupils in the Reception class (EYFS) give us permission to administer inhalers or adrenaline auto-injectors as an emergency procedure without first making contact with them. However, in the case of ALL other medication, parental permission is sought prior to administering medication. If medication is given, parents are informed by email of the name, dose and time the medicine is administered for their own records.

Head Injuries

Any pupil who has sustained a head injury is carefully monitored in the Medical Room for a period of time appropriate to the injury. The Junior School Nurse refers to the NICE Guidelines on head injuries when assessing whether a pupil needs to be referred to A&E. The parent of a pupil who has sustained a head injury is sent an email to notify them of the incident and a Head Injury Advice Sheet is attached for their reference (Appendix 2).

Medicines

A supply of over-the-counter medications such as paracetamol (Calpol) and ibuprofen (Nurofen) is kept securely in a locked cabinet in the Medical Room and administered when appropriate. Parental consent is always sought prior to administering medication. The key is held by the Junior School Nurse and is accessible to the first aid trained office staff only.

Pupils' individually prescribed emergency medication is kept in the Medical Room. These are not locked as they need to be easily accessible in an emergency. Parents are asked to provide full written details for the administration of the medication. Forms are available to download from the Hub (Appendix 1A). In preparation for school residential trips parents sign a form giving consent to their son/daughter being given over the counter medication if required (Appendix 4).

Prescribed antibiotics brought in are stored in a fridge and administered as per the prescription and parents' consent. In the event of a pupil requiring a 'Controlled Drug' this will be stored with the Senior School Nurses in their Controlled Drugs Cupboard. A sharps box is available for the disposal of needles and other sharp clinical waste.

Pupils with existing Medical Conditions

Some pupils have specific medical problems/needs; these are displayed in the MedicRoom. Individualised care plans are drawn up in consultation with parents for those pupils with specific health needs such as diabetes, anaphylaxis, epilepsy etc. Relevant staff are informed and kept up to date of any changes by the Junior School Nurse. Staff who are due to take pupils with medical conditions on educational visits are to discuss the pupil's needs with the Junior School Nurse well in advance of the school trip, as set out in the educational visits policy. On some occasions it is appropriate to have a meeting with the staff member, the parents, pupil, and the nurse prior to the trip. There are specific policies on the care of pupils with diabetes, asthma, and epilepsy and anaphylaxis reaction. These policies cover Asthma (Appendix 5), Diabetes (Appendix 6), Anaphylaxis (Appendix 7) and Epilepsy (Appendix 8).

Asthma

Pupils with asthma in Year 6 are encouraged to carry their own inhalers with them in addition to keeping a spare inhaler in the Medical Room. All inhalers of younger pupils are kept in the Medical Room. A list of pupils with asthma is produced annually and updated when required. This is displayed in the Medical Room and is accessible to staff on 'Teacherpool'. The pupil's individual asthma medication held in the Medical Room will be carried by the nominated first aider for all pupils on an away sporting fixture or school trip. Parents are asked to consent to the use of an emergency asthma inhaler for pupils on the register if their inhaler is not available. (Appendix 2). See Asthma Policy for additional information use of emergency asthma inhaler.

Anaphylaxis

Individually prescribed adrenaline auto-injector pens (AAIs), i.e EpiPens, for those who may suffer severe allergic reactions are kept in the Medical Room in named wallets. Lists are updated yearly for anaphylaxis sufferers or as changes arise. Training is given to staff in the administration of an AAI should it be required in an emergency. Staff ensure that the relevant AAI's are taken with them on school trips.

The school caterers do not knowingly purchase, store, or use nuts or sesame or products containing nuts or sesame. To safeguard the health of pupils with nut and/or sesame allergies, foods and products containing these are not permitted in school and parents are asked to ensure food brought into school does not contain any nuts or sesame.

Generic AAI's for Junior School pupils are held in the dining hall, and in the public toilet (opposite astroturf) and in the nurses medical bag. Parents are asked to consent to the use of an emergency AAI for pupils on the register if their AAI is unavailable.

Staff

Staff visit the Medical Room if feeling unwell or require first aid, medical advice, or a health check. The visits are documented in a book which is kept confidentially and locked in the Medical Room.

Staff trained in First Aid and AED qualifications

An up-to-date list of ALL staff trained in first aid and their qualifications are kept in a folder in the Medical Room or are accessible on 'Teacherpool'.

Health Education

Health Education is an ongoing process. The nurse is available to work with the PSHE coordinator to ensure that pupils receive a balanced programme of Health Education.

Spillages of body fluids

Blood and body fluids have a potential to expose staff and pupils to blood borne pathogens. Blood and body fluid precautions must be applied to all staff and pupils regardless of their presumed or known infective status. First Aiders wear protective gloves when treating wounds or disposing of body fluids. Body fluid spillages should be dealt with as soon as possible with ventilation of the area. Anyone not involved with the cleaning of the spillage should be kept away from the area and protective clothing should be worn when dealing with the spillage such as gloves and aprons. Disposable paper towels should be used to mop up the excessive spillage and then discarded into a yellow clinical waste bag. Detergent and warm water with paper towels should be used to clean carpeted areas. Once initial cleaning has been performed the school's day cleaner should be informed and arrange for the carpet to be cleaned if appropriate. If required, a small body fluid kit is kept in the Medical Room in the Junior School.

PROCEDURE IN THE EVENT OF AN ACCIDENT INVOLVING INJURY TO A PUPIL AT SCHOOL

1. With ALL injuries however trivial, including all head injuries, the pupil should be brought or sent to the Medical Room to be assessed by the Junior School Nurse or office staff that hold extensive First Aid qualification including EYFS.
2. **If a serious accident occurs, call the nurse on 02085571529 (internal extension 1529) to come and assess the situation. An ambulance should be called if necessary, or if less serious the casualty should be escorted to the A&E Department at King's College Hospital by a member of staff, or preferably by a parent.**
3. The Junior School Nurse will take the responsibility for informing parents and if busy the office staff will make contact with the parents.
4. An Accident Form, available from the Medical Room (Appendix 9), Bursar's Office or from the Hub should be completed as soon as possible by the witness to the accident or the Junior School Nurse. Forms should be handed to the Junior School Nurse within 24 hours. A copy of the form will be sent to the Bursar, headmaster and one retained in the pupils' medical notes. This applies to accidents on educational visits outside normal lesson time as well as accidents at school.
5. Some incidents that occur in schools or during school activities must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) (08453009923). **The decision to report an accident to RIDDOR is decided by the Bursar**, but the Junior School Nurse should advise the Bursar if they feel it is likely to need reporting. In addition, the Deputy Head should provide details of staff absences due to an injury at work lasting more than 7 days. Please refer to Incident reporting in schools (accidents, diseases and dangerous occurrences). HSE 2013.

Reportable major injuries include:

- Fracture other than to fingers and toes
- Amputations
- Loss of sight, or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns which cover more than 10% of the body, or cause damage to the eyes or vital organs
- Any loss of consciousness caused by a head injury, or asphyxia
- Any other injury from working in an enclosed space which requires resuscitation or admittance to hospital for more than 24 hours.

Calling an ambulance

In the event of an emergency and an ambulance is required it would usually be the Junior School Nurse or the office staff who would make the call. The ambulance should be instructed to come to Alleyn's Junior School, Hillsboro Road entrance. If necessary, the school security should be contacted to open one of the school gates to allow the ambulance direct access to the school grounds. A member of Senior Management should be told and kept informed of any situation.

Automated External Defibrillator Machines

There are four machines on the Alleyn's School site. There is a list of qualified AED trained staff on Teacherpool under Medical

OPERATIONAL PLAN FOR AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

There are six defibrillator machines at Alleyn's, situated as follows:

1. Reception (Main Building, Senior School)

2. Swimming pool Lobby (Senior School)
3. Junior School First Aid Room (Junior School)
4. The Well (Senior School nurses)
5. Public toilet (opposite the astro-turf)
6. Top field toilets (access code C9876)

These are checked regularly. Staff involved in helping the casualty should do the following:

- Dial 999 for an ambulance.
- Commence CPR
- Send someone (if available) to bring the nearest AED machine.
- Alert Senior School Nurses on 020 8557 1498 (internally, ext 1498) or mobile 07823 539259 or Junior School Nurse on 02085571529 (internally, ext 1529) or mobile 07855465895
- Ring Reception on ext 1458 or 020 8557 1458 from mobiles (Medical Emergency Line) or ext 1500

Please state the exact location of the casualty clearly. Reception will then:

- a) Send a runner to take the reception AED machine to the casualty (if someone has not done so already)
- b) Alert the AED trained First Aiders giving them the location of the casualty.
- c) Inform Security and the Lodge to be ready to direct the ambulance crew and to open any gates.
- d) Inform member of SMT to inform parents (if pupil).

The Nurse and First Aiders will make their way immediately to the casualty and continue/support CPR. The AED machine will be connected to the casualty as soon as it arrives. Any First Aiders not directly involved with the resuscitation should assist with:

- The safety of the casualty.
- Organise for someone to meet the ambulance crew and direct them to the scene.
- Moving on bystanders.
- Be ready to continue resuscitation if the other First Aiders become tired.

After the incident has been dealt with:

- a) An Incident Report should be completed irrespective of whether or not the AED machine was used.
- b) Any equipment used from the pouches should be replaced.
- c) If used, the memory chip should be passed to London Ambulance personnel who will arrange to get it read and produce a printout for our records.
- d) The Incident Report and all associated paperwork are to be handed to Medical Room for filing and safe keeping.
- e) The AED machine should be returned to the location it came from, having first checked that it is reset and restocked ready for future use.

Following an incident, the nurses will arrange a debriefing session with all the staff involved. This is to support those involved and to highlight any concerns that may have arisen and make subsequent alterations to the procedure if necessary.

Appendix 1

Pupil's name:	Pupil's date of birth:
Contact details for two friends or relatives who would collect your child in an emergency in your absence or if for any reason we could not reach you:	
Friend/Relative (1) name and phone:	Friend/Relative (2) name and phone:
Pupil's GP: name, address and phone:	

Please circle YES / NO as appropriate

1	Does your child suffer from any medical conditions (eg asthma, epilepsy, diabetes, eczema etc)? Details:	YES	NO
2	Does your child suffer from allergies (eg hayfever, food, drugs, elastoplast etc)? Details:	YES	NO
3a	Is your child taking any medication? Details:	YES	NO
3b	Does your child need to have individually prescribed medication at school, eg Adrenaline Auto Injector or asthma inhaler? If 'Yes' please complete details on Form A	YES	NO
4	Has your child ever had any serious illness, injury or operation? Details:	YES	NO
5	Does your child wear glasses or contact lenses? When were his/her eyes last tested?	YES	NO
	Is he/she colour blind?	YES	NO
6	Does your child wear a hearing aid or having hearing problems? Details:	YES	NO
7	Which vaccinations has your child been given?	Date given:	
	Pre-school booster	YES	NO
	MMR booster	YES	NO
8	If your child has special dietary requirements or suffers from any food allergy, please give us full details:		

9	Are there any psychological factors that affect your child of which we should be aware eg. recent close family bereavement? Alternatively, you are welcome to write to, or discuss any issues with, the Headmaster or Deputy Head.
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CONSENT FOR MEDICATION		
I consent for my child to be given the following common medicines by the School Nurses whilst at School:		
Ibuprofen (Nurofen) for headaches, period pain and sports injuries, etc (not for asthmatic students)	YES	NO
Paracetamol/Calpol for headaches, period pain and sports injuries, etc	YES	NO
Antihistamine in case of an allergic reaction	YES	NO
Suncream	YES	NO
<p>.....</p> <p>SIGNED DATE</p> <p>.....</p> <p>PRINT NAME</p>		

DECLARATION	
Except as described in this Medical Information Form, I confirm that my child is in good health and I agree to inform the School of any relevant change in my child's medical condition.	
I understand that in a medical emergency, a School nurse or a member of the School staff will support my child. This may include accompanying my child to hospital until a parent or guardian is present.	
When a parent or guardian cannot be contacted, I understand that a School nurse or a member of the School staff may provide verbal or written agreement for anaesthetics or surgery in an emergency when asked to do so by a healthcare professional. The School will make every effort to contact a parent or guardian.	
<p>.....</p> <p>SIGNED DATE</p> <p>.....</p> <p>PRINT NAME</p>	

Medical forms are treated as confidential and are kept securely by the School Nurses.
 Please return completed form to: The Registrar, Alleyn's Junior School, Townley Road, Dulwich, London SE22 8SU.

Appendix 1A

Consent for administering and storing prescription and non-prescription individual pupil medication at school

If your child requires their own individual medication (eg inhaler, epipen, antibiotics etc) please complete the form below to allow staff to store and administer the medication.

Name of Child	Form
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Condition/Ailment

Name of medication
Dosage, time and method of medication to be given

Procedure in emergency

MEDICATION MUST BE IN THE ORIGINAL PACKAGING, WITH A PRESCRIPTION STICKER AND A MANUFACTURER'S INSTRUCTION LEAFLET ENCLOSED

Parent/carer name.....

Contact tel. no.....

Signature.....

Date.....

Appendix 2

HEAD INJURY ADVICE FOR PUPILS

Dear Parent /Guardian

Your son/daughter suffered an injury to the head today at school.

Any child who has sustained a head injury should be observed for 24 hours. **Medical advice should be sought if you notice any of the following signs:**

- The injury was related to loss of consciousness
- Increased difficulty in waking from sleep than usual
- Appears confused or doesn't seem to understand what you are saying to them
- Repeated vomiting
- Severe headache
- Any problems with their vision
- Fits/collapse
- Any abnormal behaviour
- Loss of use of part of the body e.g weakness in one arm or leg
- Dizziness, loss of balance or walking strangely
- Blood or clear fluid leaking from the ear or nose
- Sudden onset deafness in one or both ears.

Do expect your child to be generally more tired, especially in the first few hours after the injury. Immediately after the injury you can allow them to sleep but check them at least every hour for the first 4 hours to make sure they are sleeping normally and can easily be roused.

Do expect them to have some pain over the site of the injury or a general headache. Do encourage them to be quieter than usual and to avoid active/playground games.

If concussion is suspected/diagnosed it is the parents' responsibility to obtain medical clearance before returning to sport (up to 3 weeks)

Further information can be found as follows:

<http://patient.info/health/head-injury-instructions>

<http://patient.info/health/post-concussion-syndrome>

Appendix 3

CONSENT TO ADMINISTER EMERGENCY SALBUTAMOL INHALER

Pupil's name _____

Form _____

- I confirm my child has been diagnosed with asthma and has been prescribed an inhaler for the treatment of acute asthma attacks.
- I have provided the school with a prescribed inhaler for the treatment of acute asthma attacks that is clearly labelled and in date. This will be kept securely but made available to use as required.
- In the event of my child displaying symptoms of asthma, and if their asthma inhaler is not available or is unusable, **I consent for my child to receive salbutamol from an emergency inhaler held by the school.**
- I will inform the school nurse immediately, in writing, if there is any change in dosage or frequency of the medication, or if it is stopped.

Parent's name _____

Parent's signature _____ Date _____

Medical forms are treated as confidential and are kept securely.

On completion, this form should be sent to the school office: Junior School Nurse, Alleyn's Junior School, Townley Road, Dulwich, London SE22 8SU. Email: jsnurses@alleyns.org.uk

Appendix 5

Asthma Policy

Alleyn's Junior School recognises that asthma is a widespread, serious, but controllable condition affecting many pupils at the School. The School positively welcomes all pupils with asthma. Alleyn's aims to do everything possible to ensure that the school environment is favourable for pupils with asthma.

Record Keeping

- When a child joins the School, parents/carers are asked if their child has any medical conditions including asthma on their medical information form.
- All parents/carers of children with asthma are asked to provide an asthma careplan completed by their GP or practice nurse. From this information, the Junior School nurse keeps an Asthma Register (a list of all pupils who have asthma). This is printed and posted in the Medical Room. It is also available to all staff on 'teacherpool' these are updated at the start of each academic year and amended as required.
- Parents and pupils are encouraged to attend an annual Asthma review at the GP surgery/hospital and to inform the School Nurses of any changes in their asthma management.
- Pupils are encouraged to have, and be familiar with, a personal asthma action plan.
- Pupils with a history of severe or unpredictable asthma have individual care plans, circulated to relevant staff.
- Parents are asked to sign a consent form for their child to use the emergency asthma inhaler in the event that their own prescribed inhaler is unavailable (Appendix 3).

Asthma Medicines

- Immediate access to reliever medicines is essential. Parents/carers are asked to provide the child's prescribed reliever inhaler (and spacer/aero chamber if used), which is kept in the Medical Room. The nurse checks the expiry dates of all inhalers at the start of each term. Parents/carers are contacted by the Junior School Nurse when medication expiry dates are approaching, and are asked to provide a new replacement inhaler for the Medical Room. The pupil's individual asthma medication will be carried by the nominated first aider for all pupils on an away sporting fixture or school trip.
- Pupils in Year 6 who suffer with asthma are encouraged to take responsibility and carry their own inhalers and use it as required. Parents are asked to provide a spare inhaler that is kept in the Medical Room as a backup.
- The Junior School has 4 emergency asthma inhaler kits. These are configured as per the *2015 Department of Health Guidance on the use of emergency salbutamol inhalers in schools*. One kit is kept in the First Aid room by the Junior School Nurse. The Boys PE and Girls PE staff each keeps one kit. The fourth emergency asthma inhaler kit is also stored in the First Aid room and can also be drawn by PE staff for all sports lessons, including swimming.
- These kits contain a salbutamol metered dose inhaler, a disposable spacer with instructions for use, and a register of children with asthma who are permitted to use the inhaler if their own prescribed inhaler is unavailable. The Junior School Nurse is responsible for maintaining and replacing any used emergency kits in addition to providing staff training on the use of the inhalers.

PE and Games

- Taking part in sports, games and other activities is an essential part of school life for all pupils. The PE staff are aware of all pupils with asthma in the School from the School Asthma register.

- Pupils with asthma are encouraged to participate fully in all PE and games lessons. PE staff will remind pupils whose asthma is triggered by exercise to come to the Medical Room and take their reliever inhaler before the lesson.

Administration of Emergency Asthma Inhaler Medication by PE Staff

- Because PE lessons sometimes take place in locations remote from the junior school, special provision is made for the administration of the emergency asthma inhalers by PE staff.
- If a pupil needs to use the emergency asthma inhaler during a PE lesson it should be administered immediately under the supervision of - and if necessary with the assistance of - a trained member of PE staff. **Staff are not required to contact the school nurse before administration of the emergency inhaler as prompt delivery of the asthma inhaler medication is the priority.**
- The junior school nurse should be contacted as soon as possible after any administration of the emergency inhaler kits. The junior school nurse will then go to the pupil's location, assess them and decide upon further treatment.
- **If for any reason the junior school nurse is uncontactable or unavailable the Senior School Nurses should be contacted.**
- **NOTE: All PE staff are trained in First Aid and as such are trained to recognise the features of severe/life threatening asthma attacks. If the signs or symptoms of a severe/life threatening asthma attack are present OR if the PE staff are worried about the condition of a child they are instructed to call for an ambulance without delay. The junior school nurse can be informed after an ambulance has been called and will come to the child's location to assess the child, provide assistance and guide further treatment.**

Trips and excursions

- Careful consideration is given to the First Aid requirements and individual medical needs of pupils on visits, including any pupils with asthma. Where necessary, staff are fully briefed with regard to the specific requirements of individual pupils on a visit.
- Parents complete a medical information form when their child starts school. This is updated yearly and maintained on 'Operoo'. Prior to any trip or excursion the nurse will highlight any medical concerns and considerations with the trip leader and ensure they have ALL the relevant information. A First Aid kit should be taken on all visits, including any specific individual medication a pupil may require i.e their inhaler from the Medical Room. This includes Year 6 pupils.
- If pupils carry medication such as an inhaler, then staff should ensure that the pupils have their inhaler with them before departure.

When Asthma is interfering with school life

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the nurses will contact the parents/carers. If PE staff notice that a child is unable to fully participate in PE they will speak to the nurses or directly to their parents/carers.
- The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

Asthma attacks

- Alleyn's Junior School provides an environment where pupils are confident to manage their asthma by ensuring that staff have the skills to assist them if they have an asthma attack. The nurses follow guidelines set out by Asthma UK and Education for Health. Any pupil who has an asthma attack and who still gives rise for concern after initial treatment will be referred promptly to parents/appropriate medical help. The school nurses attend regular training sessions to update their knowledge and keep abreast of changes in asthma care. All staff who have completed a 3 day First-Aid-at-Work course

receive regular training to help recognise and assist a person with an asthma attack and seek further medical help as appropriate.

- Posters detailing 'How to recognise an asthma attack' and 'What to do in the event of an asthma attack' are posted, adjacent to the Asthma Register, in the Medical Room.

Asthma treatment

There are two types of treatment:

1. **Preventers**-these inhalers are usually taken twice daily at home and are normally in a brown container. When taken regularly they make the air passages less sensitive to the triggers that can start an attack. They take 10-15 days to work. This type of inhaler does not help an acute asthma attack and should not be kept at school.
2. **Relievers**-these are the inhalers used in an acute attack to relieve the symptoms of asthma

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummyache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
 - Encourage the child to sit up and slightly forward
 - Use the child's own inhaler – if not available, use the emergency inhaler that is kept in the First Aid Room or with PE staff.
 - Remain with the child while the inhaler and spacer are brought to them
 - Immediately help the child to take two separate puffs of salbutamol via the spacer
 - If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
 - Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
 - If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
-
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
 - Arrange for a member of staff to accompany the pupil to A&E department
 - Contact parents and arrange for them to meet their child at the hospital
 - Continue to reassure the pupil
 - Photocopy school medical records and asthma card to give to the ambulance crew
 - Note timings of start of attack and all symptoms to tell the ambulance crew.

Appendix 6

Diabetes Policy

Diabetes is a long term medical condition where the amount of glucose in the blood is too high because the body can't use it properly. This happens because:

- The pancreas does not make any or enough insulin
- The insulin does not work properly
- Or sometimes it can be a combination of both

Most school-age children who develop diabetes will have type 1 diabetes, which is when the body is unable to produce any insulin. Pupils with this form of diabetes need to replace their missing insulin and will need to take insulin by injection or pump for the rest of their lives. They need to adjust their insulin dose and diet according to their daily routine. In order to do this they need to regularly test their blood sugar levels using a finger pricking device and an electronic blood glucose meter. Insulin is normally administered via an insulin pen or a pump. Normal blood glucose levels are between 3.5-7.0 mmol/l. Hypoglycaemia is a low blood sugar (below 3.5mmol/l). Hyperglycaemia is a high blood sugar, over 10mmol/l and remains high.

Record Keeping

- When a child joins the school parents/carers are asked via a medical form whether their child has any medical conditions such as diabetes
- All parents /carers of pupils with diabetes are contacted by the school nurse and invited to come in with their child prior to starting at Alleyn's to discuss their diabetes. A detailed individualised care plan is drawn up at this meeting and circulated to relevant teaching staff prior to them starting at Alleyn's.
- A photographic list is comprised of all pupils who have diabetes; this is displayed in staff areas. The list is updated as necessary throughout the school year

Diabetic Medicines

Most pupils will carry their insulin with them in school. Some pupils will keep spare insulin and equipment in the Medical Room .

The Medical Room keeps in stock a supply of dextrose sweets, lucozade and biscuits should a pupil have a hypoglycaemic attack.

Pupils' own Glugacon injections are kept in the fridge and hypostop is also stocked in Senior School Medical Room fridge; these are both used to treat more severe hypoglycaemic attacks.

Trips and excursions

- Careful consideration is given to the First Aid requirements and individual medical needs of pupils on visits, including any pupils with diabetes. Where necessary, staff are fully briefed with regard to the specific requirements of individual pupils on a visit.
- Parents complete a medical information form when their child starts school. This is updated yearly via 'Operoo' and updated on ISAM's by the Junior School Nurse. Prior to any trip or excursion the nurse will highlight any medical concerns and considerations with the trip leader and ensure they have ALL the relevant information.
- A First Aid kit should be taken on all visit, including any specific medication a pupil may require as well as emergency contact information for each pupil .

Diabetes and school life

Pupils at Alleyn's who have diabetes are encouraged to participate fully in all aspects of school life including sport and residential visits.

Alleyn's provides an environment where pupils are confident to manage their diabetes by ensuring that staff have the skills to assist them should their blood sugar become too low/high.

Pupils are encouraged to attend their hospital appointments regularly and keep the Nurse updated with any changes in their diabetic management. The School Nurse liaises with pupils' specialist diabetic nurses from the local hospitals as necessary.

Hypoglycaemia

Hypoglycaemia is when blood sugar drops too low, i.e. 3.5 mmol/l or below. **Causes** include:

- too much insulin
- too little carbohydrate
- late/missed meal
- more exercise than usual

Signs include:

- pallor
- sweating
- trembling
- slurred speech
- lack of concentration, vagueness
- altered behaviour e.g. irritable
- weakness

Treatment of low blood sugar, in a pupil who is fully conscious

If at school, send the pupil to the First Aid Room with another pupil to accompany them, as long as they are able. If in any doubt that the pupil is able to get safely to the First Aid Room, telephone the Nurse and ask her to come to the pupil.

Check the blood sugar level (the pupil can usually do this with their own kit). Give **one** of the following;

- 100ml (half to a third of a plastic cup) Lucozade
- 150 ml small carton of fruit juice
- 5 dextrose sweets
- 150 ml fizzy drink eg Coke, lemonade (not diet)

Sit the child down for 5 minutes. If no improvement in 5 minutes, recheck the pupil's blood sugar and give further sugar if blood sugar still below 3.5 mmol/l.

Always follow the sugary drink with starchy food to prevent the blood sugar from dropping again. Good foods include a roll/sandwich, a cereal bar, several biscuits, or a muffin.

The pupil should remain in the Medical Room until their blood sugar is at least 5 mmol/l. Parents may be informed of hypo attack which is at the Nurse's discretion, particularly if pupil is slow to respond.

Treatment of low blood sugar, in a pupil who is drowsy

If at School, telephone the Nurse and ask them to come quickly to the patient.

Hypostop or sugar can be massaged into the child's cheek if they are alert enough to be able to swallow it. Be ready to call an ambulance if no improvement after hypostop. Inform parents of their child's condition.

Treatment of low blood sugar, in a pupil who is unconscious

If the child is unconscious and/or fitting, no attempt should be made to put anything into their mouth. The child should be placed on their side in the recovery position and an **ambulance should be called immediately**. Glucagon can be administered into the outer thigh by anyone trained to do so, whilst waiting for the ambulance to arrive. Parents to be informed as quickly as possible.

Hyperglycaemia

This is when the blood glucose level is above 10mmol/l. Common symptoms include: thirst, frequent urination, tiredness, dry skin, nausea, blurred vision.

Parents should be contacted who may request that the pupil gives extra insulin. Urinalysis may be undertaken if pupil is at school to test for the presence of ketones.

An ambulance should be called if the following symptoms are present:

- Deep and rapid breathing
- Vomiting
- Breath smelling of nail polish remover

PE, Games and other activities

Taking part in sports, games and other activities is an essential part of school life for all pupils. The majority of pupils with diabetes should be able to enjoy all kinds of Physical activity, but they do need to prepare carefully for all forms of physical activity, as all types of activity use up glucose.

Ensure that the pupil has time to check their blood glucose levels prior to starting the physical activity or comes to the First Aid room for the nurse to perform the test.

If it is **above 15mmols** they should not take part in the activity, but should attend the First Aid Room if within school hours and test their urine for ketones. Short-acting insulin should be given by the pupil and they should allow their levels to come down before taking part in any activity.

If the blood sugar is **below 5mmols**, they should be allowed to attend the First Aid Room (if well enough to) and to have some sugar such as Lucozade and then followed up by a snack. It is usually advisable for them to miss the period of physical exercise as blood sugar may drop during the exercise.

If the blood sugar levels are **within normal limits**, they need to ensure that they have eaten enough prior to the activity and to have sugary snacks available during and after the exercise session.

Staff should keep an eye on pupils with diabetes whilst doing sport and physical activities but not single them out for special attention. Staff should know when to intervene if a pupil has signs of low blood sugar levels (see above) and offer sugary snacks and allow the pupil to rest from the activity and check their blood glucose levels. The pupil should be able to continue the activity once they have recovered (blood sugar levels need to be well above 5mmol/l). A pupil's recovery time is influenced by a number of factors, including how strenuous the activity and how much the pupil has eaten recently.

After an activity pupils with diabetes may need to eat some starchy food, such as a sandwich or a bread roll, but this will depend on the timing of the activity, the level of exercise taken and whether a meal is due.

Pupils with **insulin pumps** need to disconnect the pump during contact sports and although some may be waterproof, pupils may prefer to disconnect when swimming. Pumps cannot be disconnected for long periods of time because the pump uses fast-acting insulin. Generally, the pump should be disconnected for no longer than one hour. When the pump is disconnected, no more insulin will enter the body and the blood glucose level will gradually begin to rise. Check that the pupil remembers to reconnect their pump as soon as the activity is over and tests their blood glucose levels.

Appendix 7

Anaphylaxis Policy

Anaphylaxis is a severe and potentially life-threatening allergic reaction. It may occur within minutes of exposure to an allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline, administered via an adrenalin auto-injector. Alleyn's welcomes all pupils with severe allergies and aims to do everything possible to ensure that allergens are kept to a minimum.

Record keeping

- When a child joins the School, parents/carers are asked if their child has any medical conditions including allergies on their Medical Information Form
- All parents/carers of children with severe allergies are contacted by the nurse outlining guidelines for their child whilst at Alleyn's and requirements for provision of adrenalin auto-injectors.
- The nurse keeps an Anaphylaxis List (a list of all pupils in the Junior School who may suffer anaphylaxis or severe allergies. This is available to all staff; lists are posted in the Medical Room and are available on Teacherpool. These are updated at the beginning of each academic year, or as the need arises.

Allergy Medicines

- Immediate access to emergency adrenaline medication, in the form of an adrenalin auto-injector (AAI), is essential.
- Parents/carers are asked to supply **one** set of two labelled adrenalin auto-injectors (commonly an epipen) in case of an emergency. This is kept unlocked in the First Aid Room. Packs are made for each pupil and include their adrenalin auto-injector, a recent photograph of the pupil, and details of the specific allergy, emergency contact details for parents/carers and a hospital care plan if provided.
- Emergency anaphylaxis kits are placed at key points throughout the whole school. This is a combined initiative for both Junior and Senior School. These include generic AAIs, provided by the school with full instructions for use and a photograph list of all the pupils whose parents have consented to their use in the event of an emergency. These can be found in the dining hall and swimming pool. They are easily accessible and a secure tag ensures they remain untampered and in date. Senior School nurse monitor them for expiry dates and use.
- The Junior School Nurse checks the expiry dates of all the individual pupil adrenalin auto-injectors at the start of each term. Parents/carers are contacted by the nurse indicating when medication expiry dates are approaching, and are asked to provide new replacement adrenalin auto-injectors when needed.

Trips and excursions

- Careful consideration is given to the First Aid requirements and individual medical needs of pupils on visits, including any pupils with severe allergy/anaphylaxis. Where necessary, staff are fully briefed with regard to the specific requirements of individual pupils on a visit.
- Parents complete a medical information form when their child starts school. This is updated yearly on Operoo and updated in ISAM's by the Junior School Nurse. Prior to any trip or excursion the nurse will highlight any medical concerns and considerations with the trip leader and ensure they have ALL the relevant information.
- A First Aid kit should be taken on all visits, including any specific individual medication a pupil may require i.e adrenalin auto-injector from the Medical Room.

Allergies and school life

- The school nurses liaise closely with the catering staff and Food Technology (FT) staff in order to provide as safe an environment as possible for pupils with food allergies

- The school caterers do not knowingly purchase, store or use nuts or sesame or products containing nuts or sesame.
- Pupils are encouraged to attend their hospital appointments regularly and to keep the nurses updated with any changes in their allergy management

Anaphylactic shock

- Alleyn's aims to provide an environment where pupils are confident to manage their allergies by ensuring that staff have the skills to assist them if they have a severe allergic reaction. The nurse follows guidelines set out by the Anaphylaxis Campaign. The school nurse attends regular training sessions to update her knowledge and keep abreast of changes in anaphylaxis care. All staff who have completed a First Aid at Work course receive regular training to help recognise and assist a person having a severe allergic reaction and seek further medical help as appropriate
- Staff have a teaching session at the beginning of the academic year in how to recognise and treat a child having an anaphylactic reaction. A selection of trainer adrenalin auto-injectors are available in the First Aid Room for staff to familiarise themselves throughout the year.

Emergency First Aid for Anaphylactic Shock.

Signs and Symptoms of Anaphylaxis:

- A. Airway Obstructed
- B. Breathing Irregularly
- C. Circulation Impaired

If any of the following symptoms are evident with any degree of severity, in a child with a known history of anaphylaxis, it must be presumed that the child is having a severe allergic reaction and emergency treatment for anaphylaxis must be given immediately.

A. Airway Obstructed

- hoarseness
- wheezing
- swollen lips/tongue
- itching sensation in throat
- difficulty in swallowing

B. Breathing Irregularly

- breathlessness
- noisy breathing
- unable to communicate verbally
- severe asthma

C. Circulation Impaired

- pallor
- clammy skin
- rapid or weak pulse
- may be blue around mouth
- sudden weakness/floppy/collapse

Other commonly seen symptoms include: the feeling that something dreadful is happening, flushing of the skin, hives/dramatic itchy rash and abdominal cramps/nausea and vomiting.

Action Plan

1. Administer adrenalin auto-injector into outer thigh; lie child down with feet raised; note time
2. Dial 999 for an ambulance stating that child has collapsed with anaphylactic shock

3. Call the Junior School Nurse on ext 1529 or mobile 07823 539258 if unavailable call the Senior School Nurses on ext 1498 or mobile 07823539259
4. Call Reception to inform ambulance coming
5. Contact Parents; to come to Alleyn's if very nearby, otherwise meet at King's A&E
6. Have Second adrenalin auto-injector ready in case it's needed, 10 minutes after first dose.

Appendix 8

CONSENT TO ADMINISTER EMERGENCY ADRENALINE AUTO-INJECTOR (AAI)

Pupils name _____

Form _____

- I confirm my child has been diagnosed with a severe allergy and has been prescribed an adrenalin auto-injector.
- I have provided the school with **two prescribed adrenalin auto-injectors** in the event of an anaphylactic reaction. These is clearly labelled and in date and will be kept securely but made available to use as required.
- In the event of my child displaying symptoms of an anaphylactic reaction, and if their adrenaline auto-injector is not available, **I consent for my child to be given adrenaline from an emergency adrenaline auto injector held by the school.**
- I will inform the school nurse immediately, in writing, if there are any changes to my child's prescription.

Parent's name _____

Parent's signature _____ Date _____

Medical forms are treated as confidential and are kept securely. On completion, this form should be sent to the school office: Junior School Nurse, Alleyn's Junior School, Townley Road, London SE22 8SU or emailed to jsnurses@alleyns.org.uk

Appendix 9

Epilepsy Policy

Epilepsy is a neurological condition where there is a tendency for people to have seizures which start in the brain. A seizure is a short episode of symptoms caused by a burst of abnormal electrical activity in the brain, typically lasting a few seconds to a few minutes. A seizure can affect the muscles, sensations, behaviour, emotions, consciousness, or a combination of these symptoms and can happen at any time..

There are many different kinds of epilepsy and about 40 different seizure types:

- **Generalised seizures** affect the whole or most of the brain and will always involve a loss of consciousness, although the pupil may not always fall to the floor.
- **Partial seizures** only affect part of the brain and the pupil may remain conscious or there may be some alteration of consciousness.
- **Status epilepticus** this is a longer seizure or series of seizures without regaining consciousness which lasts for 30 minutes or more and is a medical emergency.

Seizures can happen without warning, but in some people certain triggers can be identified:

- Stress, anxiety, excitement
- Hormonal changes
- Not taking medication as prescribed
- Unbalanced diets or skipping meals
- Late nights
- Alcohol and recreational drugs
- Some over the counter and prescription medications
- Illness
- Photosensitive epilepsy

Record keeping

When a child joins the School, parents/ carers are asked if their child has any medical conditions such as epilepsy. Parents and prospective pupils are invited to meet with the nurses prior to starting at Alleyn's to discuss their individual needs.

A detailed individualised care plan is drawn up and circulated to relevant teaching staff prior to them starting at Alleyn's. This can help the school and staff to identify possible triggers and how to avoid them. Staff will be advised on simple First Aid measures to help the child from being harmed by the seizures and when to call an ambulance.

Medication

The majority of people with epilepsy take regular medication with the aim of controlling their seizures, which can generally be taken outside school hours. Side effects can cause drowsiness, poor memory and concentration, confusion, irritability over activity and weight gain.

If a pupil needs to take medication during school hours, the nurse can supervise the pupils taking their medication provided parents have given consent.

Management of Epilepsy

- Try to stay calm, call the school nurse if during school hours.
- Note the time to try to check how long the seizure is lasting.
- Remove harmful objects from nearby. Only move the child if they are in a dangerous place e.g. at the top of stairs or in the road.

- Do not restrain or put anything in the mouth.
- Try to stop other people from crowding and ask them to move away.

When the seizure stops

- Place the child in the recovery position, check their breathing and pulse at regular intervals and be prepared to resuscitate. Wipe away any spit and if their breathing is difficult check to see if anything is blocking their airway like food.
- Examine for and manage any injuries.
- Try to minimise any embarrassment. If they have been incontinent, deal with this as privately as possible.
- Stay with them giving reassurance until they have fully recovered. Inform parents of seizure. Allow pupil to have supervised rest in the medica Room following seizure until they feel recovered.
- Arrange emergency admission if it is their first seizure.
- For tonic-clonic seizure lasting more than 5 minutes, or more than 3 seizures in the hour treat with buccal / intranasal midazolam if prescribed.

Individually tailored dose as per care plan and signed consent in advance by parents. The required dose is drawn up and half the dose is administered quickly to each side of the lower buccal cavity, between the cheek and gum.

Midazolam has a sedative effect similar to diazepam but of shorter duration.

The onset of action usually occurs within 5 minutes. In 80% of episodes convulsions have stopped after 10 minutes. The side effects are similar to IV administration although the timings may differ:

- Respiratory depression
- Hypotension
- Drowsiness
- Muscle weakness
- Slurred speech
- Occasionally agitation, restlessness and disorientation may occur

Call an ambulance for urgent hospital admission if:

- The seizure continues for more than 5 minutes
- One seizure follows another without the pupil regaining consciousness between seizures
- This is their first seizure
- The pupil is injured during the seizure
- You believe that the pupil needs urgent medical attention

Trips and excursions

- Careful consideration is given to the First Aid requirements and individual medical needs of pupils on visits, including any pupils with epilepsy. Where necessary, staff are fully briefed with regard to the specific requirements of individual pupils on a visit.
- Parents complete a medical information and consent form when their child starts school. This is updated yearly on Operoo and updated on ISAM's by the Junior School Nurse. Prior to any trip or excursion the nurse will highlight any medical concerns and considerations with the trip leader and ensure they have ALL the relevant information.
- A First Aid kit should be taken on all visits including any specific individual medication a pupil may require from the Medical Room.

PE, Games and other activities

Pupils are encouraged to take part in all aspects of exercise and physical activity (with supervision where appropriate).

Alleyn's operates a 'buddy system' for swimming and the PE staff are all informed prior to a pupil joining Alleyn's with epilepsy.

Epilepsy and School

Pupils with epilepsy may struggle academically in comparison with their peers and some may have problems with learning and attendance. Close liaison with the Learning Support staff and parents is essential to help the pupil manage the school day. Pupils may be exhausted if they experience night time seizures; seizures during the school day can disrupt their learning.

Pupils are encouraged to attend their regular medical appointments and to inform the school nurse of any changes to their epilepsy management.

Further information is available from www.epilepsy.org.uk.

Appendix 10

ACCIDENT/INCIDENT REPORT FORM

Use this form to report all accidents including near misses. All sections are to be completed

Sections A-E can be completed by a School Nurse or any member of staff to whom the accident is reported. Sections F & G should be completed by the School Nurse.

The form should be sent to the Bursar within 48 hours of the accident. Serious accidents should be reported immediately by telephone (ext 1451) and signed statements from the injured person and from any witnesses giving their accounts of what happened should be attached to this report.

Section A – about the accident

When did it happen?	(Date)	(Time)
Where did it happen? <i>(Building, floor level, room number, etc where appropriate)</i>		
Time seen by Nurse		

Section B – about the injured person (if no-one was injured, go to Section C)

Name			
Age		Male / Female	Pupil / Staff / Visitor / Contractor
If the injured person is a pupil, give the form otherwise give his/her home address			
If the injured person was employed by someone else at the time of the accident, what is the name and address of his/her employer			

Section C – Describe what happened and the events leading up to the incident

Signature of injured person:

Section D - Witnesses

Give names, telephone numbers (& addresses if not pupils or staff) of witnesses, if any.

Section E – The Injury

Describe the injury and which part of the body was affected	
Detail any treatment given, time and by whom	

Sections A-E – Completed by

Name		Email / telephone	
Signed		Date	

Section F - Outcome

Injured person taken directly to hospital? Yes/No Time:		Risk assessment/Action taken:			
If a pupil, have the parents been informed? Yes/No Time:		How to prevent in future:			
Back to class <input type="checkbox"/> A&E <input type="checkbox"/>					
Home <input type="checkbox"/> Time left school:					
If staff member, did the injury cause absence from work?		Has the injured person returned to work?		If yes, when did they return?	
Further information following assessment by GP/A&E:					

Section G – To be completed by the Bursar

Do you believe that the accident / incident is RIDDOR responsible?	Yes / No	
<p><u>Section H – Further information</u></p> Copy of Accident Form to: <p>If pupil - <input type="checkbox"/> Head of Junior/Lower/Middle/Upper School <input type="checkbox"/> Bursar <input type="checkbox"/> Pupil's medical records <input type="checkbox"/> File of accident reports (kept in Medical Room)</p> <p>If visitor - <input type="checkbox"/> Bursar <input type="checkbox"/> Child's school <input type="checkbox"/> File of accident reports (kept in Medical Room)</p> <p>If staff - <input type="checkbox"/> Headmaster <input type="checkbox"/> Bursar <input type="checkbox"/> File of accident reports (kept in Medical Room)</p>		

Appendix 11

Coronavirus (COVID-19) Policy

The purpose of this policy is to raise awareness of COVID-19 in the school setting, clarify practice and provide reassurance.

The severity of the COVID-19 pandemic has been reduced by the vaccination programme. A substantial proportion of adults are now fully vaccinated, with a weakening of the link between infection and severe disease. Risk of infection remains high and vigilance will be required to reduce risks wherever possible. The wellbeing of staff, children and their extended families depends on us all doing our part and following government guidance.

The updated government guidance provides advice on how to protect pupils and staff, with baseline measures to reduce the risk of transmission of coronavirus. The school will continue to adhere to the government advice regarding COVID-19.

The link below provides the updated and current guidance:

<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/>

Identifying Symptoms of COVID-19 infection:

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

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

If any child or member of staff exhibits COVID-19 symptoms, that child or member of staff should stay at home and take a test.

Covid-19 can cause other symptoms including:

- runny nose
- sneezing
- headache
- fatigue (either mild or severe)
- aches and pains
- sore throat
- stomach ache
- conjunctivitis
- a rash on skin or discolouration of fingers or toes

The safety of all our children, their extended families and our staff will continue to depend upon us all acting responsibly, and we will consider these symptoms in the current context of Covid-19.

Government guidance for Living with Covid-19:

<https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19>

The following specific control measures will remain in place:

- Occupied spaces will be kept well-ventilated.

- Regularly touched objects and surfaces will be cleaned and disinfected more often than usual using standard cleaning products.
- Encouraging pupils to wash their hands thoroughly, using soap and running water, with careful hand drying more often than usual. Hand sanitiser will also be available in all classrooms and throughout the school.
- Ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach.
- Face coverings are no longer advised for pupils, staff and visitors in classrooms or communal areas, we would still encourage staff, visitors and parents to wear them in large gatherings, ie assemblies and concerts.
- Staff or pupils advised to stay at home if they develop COVID-19 symptoms and test positive to avoid spreading infection to others.
- If staff or pupils develop coronavirus (COVID-19) symptoms while at school, they will be sent home.

<https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/>

Management of school outbreaks

If the number of positive cases increases substantially extra measures may be required, these measures will be decided through discussion with Public Health England and communicated with the school community.

Remote education will be provided for those children needing to self-isolate at home because of Covid.