LATYMER UPPER SCHOOL LATYMER PREP SCHOOL

FIRST AID POLICY

Person/s Responsible:	DEPUTY HEAD (Pastoral) LUS DEPUTY PRINCIPAL LPS
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Date of next review:	September 2027
School Body Responsible:	Senior Management Team
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Governing Body Responsible:	Audit and Risk Committee
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Introduction

1.1 This policy applies to Latymer Upper School (***LUS***) and Latymer Prep School (***LPS***) (hereafter referred to jointly as '***the School'***).

1.2 This policy complies with the Department for Education's 'Guidance on First aid in schools, early years and colleges' (***DfE Guidance***) and is reviewed annually by the Audit and Risk Committee of the Governing Body. It is made available to parents on the Parent Portal and to staff on Latymer Links under 'Staff/Policies'. A paper copy is available in the School Office upon request.

2. Policy Statement

2.1 To meet our responsibility under the Health and Safety (First Aid Regulations 1981) as amended 2023, the School will work jointly to ensure:

- There are two full time nurses and two part-time job-share healthcare / triage assistants that cover 5 days a week during term time employed by the School. A nurse is available during the School's normal working hours and for after school activities (8am to 5pm). If a School Nurse is unavailable or absent, a qualified First Aider is contactable via Main Reception;

- Sufficient numbers of trained first aid personnel together with appropriate equipment are available to ensure that there is someone competent in basic first aid techniques who can attend an incident onsite involving pupils, staff and visitors, during times when the School is in session;

- All new pupils and staff are given information on where to go for help in the event of an accident as part of their induction into the School. A list of current Qualified First Aiders, First Aid Assistants and Qualified Mental Health First Aiders (referred to collectively as ***First Aiders***) is displayed at multiple locations throughout the school site;

- There is always a First Aider on site at evening events where pupils are in attendance, including school plays, musical evenings and the like;

- Appropriate first aid arrangements are in place whenever staff and pupils are engaged in off-site activities and visits (see the School Trips Policies).

- One of the School Nurses or an advanced first aider from an external provider is in attendance during the School's Sports Days and Founders Day, and appropriate provision of first aid and medical cover is maintained at the Latymer Sports Grounds (Chiswick) on fixture days;

- Appropriate numbers of first aid kits are located throughout the School which are kept suitably stocked;

3. How to contact the School Nurses/First Aider

3.1 The School Nurses can be contacted internally on **x5999 or x5998,** on **020 3004 0299/0498** or on **07966 293147**. The healthcare assistants can be contacted internally on x5997 or 020 3004 0497. The Nurses are contactable between 8am and 5pm. These details are prominently displayed on the Staff Room Notice Board in LUS and LPS and outside the Medical Area.

3.2 If the School Nurses are not available, Main Reception should be contacted (on **x5800**) or the Prep School Office (on **x5700**) and they will call a First Aider.

4. Procedures in the event of an accident, injury or illness

4.1 Ambulances

4.1.1 **If a member of staff or any adult is present at an incident and judges that an ambulance should be called, they should call 999 immediately, and without waiting for the School Nurse or First Aider to arrive on the scene.**

4.1.2 Whenever possible, an adult should remain with the casualty until help arrives.

4.1.3 One of the School Nurses or First Aider should be summoned. If a School Nurse is already on the scene, she will make the decision to call an ambulance.

4.1.4 One of the School Nurses will notify:

- the Security Lodge if the casualty is on the north site (Upper School);
- the Sports Office if the casualty is on the south site (Prep School or Sports Centre)

to open the relevant gates and direct the ambulance crew to the casualty.

4.1.5 One of the School Nurses will then inform:

- parents of the pupil(s) involved in the situation and advise them to go to the relevant hospital department; and
- the Deputy Head (Pastoral) LUS or the Principal or Deputy Principal of LPS, the pupil's Form Tutor and/or Head of Year, the Designated Safeguarding Lead (*DSL*) and the Director of Estates and Facilities or the Facilities Manager;

4.1.6 One of the School Nurses, First Aider or other member of staff will accompany the child in the ambulance to the hospital and will meet the parents there if parents cannot get to the school quickly enough.

4.1.7 An ambulance should always be called in the following circumstances:

- Serious injury or illness;
- Significant head injury (see the School's Head Injuries Policy);
- Period of unconsciousness;
- Possibility of serious fracture or dislocation; or
- If the School Nurse or First Aider considers that they cannot deal adequately with the presenting condition by administering first aid.

4.2 Responding to other accidents and illnesses

4.2.1 If a pupil needs to go to the Medical Area during a lesson, they should get permission from their subject teacher to go either immediately or at the end of the lesson (and in the case of Prep pupils, they should then go to the Prep Office to get a 'School Nurse Card'). They should be accompanied by a responsible friend if necessary, but if there is any concern that the pupil is not well enough to walk to the Medical Area, a member of the nursing team will be sent for.

- Pupils should be aware of, and follow, the Self-Care Tips before presenting to the Medical Area;
- On arrival at the Medical Area, pupils and staff should attend the triage area for assessment;

- Pupils who need to be seen by the School Nurse will then be sent to Medical Room 1 or 2. If the triaging healthcare assistant can treat the pupil without nursing input, the pupil will be treated and sent back to class or break.

4.2.2 If a pupil is mugged in the vicinity of the School they are advised to inform the Security Lodge immediately. If they are injured they should contact the Nurse between 8am and 5pm, or the Security Lodge, Main Reception or Prep School Office outside these hours in accordance with the Procedure for Reporting an Incident such as a Mugging or Robbery. This procedure is made available on My School Portal for parents and pupils and Latymer Links for staff. Advice is regularly sent to all pupils and parents via School Post advising what to do in the event they are mugged. This is usually on a termly basis.

4.2.3 One of the School Nurses will make an initial assessment of a child's accident or illness and provide medical attention as appropriate. Except in the most minor cases, parents will be informed by telephone of the accident or injury, of the medical assistance provided, and any medication given.

4.2.4 Where the initial medical assessment suggests that a child should attend A&E but is not regarded as an emergency, parents will be informed of this by telephone and asked to collect their child and take them to the relevant hospital.

4.2.5 In more minor cases, where medication has been given to relieve discomfort, LUS students are expected to pass that information to their parents or guardian. If it is deemed necessary, a School Nurse will contact the parent or guardian on the student's behalf. Parents of LPS pupils will receive a phone call from one of the School Nurses or from the Prep School office.

4.3 Responding to Infectious Diseases

Appendix 3 of this policy sets out the School's medical plan on responding to infectious diseases.

5. Particular medical conditions including administration of medicine and arrangements for pupils (e.g. epilepsy, diabetes, anaphylaxis nut and other allergies, basic life support,asthma, head injuries and concussion)

5.1 This policy sets out guidance for staff on how to deal with emergency situations, before one of the School Nurses or a First Aider arrives, arising from the following:

- **Epilepsy** - Appendix 4;
- **Diabetes** - Appendix 5;
- **Anaphylaxis** - Appendix 6;
- **Basic life support** - see Appendix 7
- **Asthma** - Appendix 8
- **Head injuries and Concussion** - see the Head Injuries Policy - Appendix 9.

5.2 Parents of new pupils to the School (in signing the Acceptance Form and Parent Contract) are required:

- to inform the School of any medical condition or health needs (e.g. asthma, epilepsy, diabetes, food and other allergies) or disability and to provide any reports or other materials relevant; and
- to update the School of any changes or developments during their child's time at the School.

5.3 ***The School Nurses keep all medical information,*** including medical history and conditions, in a confidential online module and share a summary of that information on a need to know basis with relevant people, including Heads of Year, form tutors and Trip Leaders before pupils go on school trips. This medical summary is also shared through our School Calendar, Co-curricular, Music and Sports Communication Systems, known as **SOCS**, so that the information is available to staff during sporting fixtures which might occur outside normal School hours. Information about food allergies is also shared with the catering department.

5.4 ***Pupils with allergies which may require the use of an adrenaline auto-injector pen*** (***AAI pen***) (e.g. EpiPen, Jext or Emerade) are required to carry two in date AAI pens with them **AT ALL TIMES.**

Pupils are not permitted to leave their primary pens with the School Nurse(s) due to the risk of not having quick or easy access to their pens in the event of an anaphylactic reaction.

In the Prep School, pupil access to AAI pens is made on a case by case basis, taking into account their age and maturity, and, where possible, pupils in the Prep are also encouraged to carry their primary pens with them at all times.

The School Nurses keep several back-up AAI pens (EpiPens), both Junior and Adult doses, in the Medical Area for emergency purposes, e.g. if a child should forget their primary pens. Spare AAIs are also located in Prep Reception and in the Boat House but are for emergencies only and should not be considered as substitutes for a child's primary pens, which should be in their possession or easily accessible at all times.

5.5 ***Pupils bringing non-prescription medication onto the school site***
All LUS pupils should hand in any medication, both prescribed medication and particularly any controlled drugs (e.g. ADD/ADHD medication), and over the counter medication, with the School nurses at the start of the day or term (or the Trip Leaders prior to a School Trip). The medication must be clearly labeled with the pupil's name and form and should include instructions for administration by the School nurses (or Trip Leader). Any medication administered by the School Nurses (or Trip Leader) will be logged on an internal medical record keeping system.

All Prep pupils should lodge any medication brought onto the School site with the Prep School Office at the beginning of the school day. The medication should be clearly labeled with the child's name and form and should include instructions for administration by the Prep School Secretary. Any medication administered by the School Nurses or the Prep School Secretary will be logged on an internal medical record keeping system.

6. Medical Health Care Plans and Vaccinations

6.1 **School Medical**
Pupils are not required to have a school medical. However, they will be seen on a need to basis if they have a long term health condition requiring a medical health care plan.

6.2 **Vaccinations**
The School offers the following vaccinations:

- HPV Vaccination to all pupils in Year 8;
- Diphtheria, Tetanus, Polio (Td/IPV vaccine) and Meningitis ACWY vaccine to all pupils in Years 9 - 10
- Nasal Flu Spray for Years 3-11.

7. Responsibilities

7.1 **Head/Principal**

The Head of LUS and the Principal of LPS via their respective deputies and staff are responsible for:

- Putting this policy into practice and for ensuring that detailed procedures are in place;
- Ensuring that parents are aware of the School's Health and Safety Policy and Procedures including arrangements for first aid;
- Ensuring that this policy is available on the School's website and to staff under Latymer Links under Staff/Policies;
- Overseeing adequate first aid cover.

7.2 **Health and Safety Committee**

The Health and Safety Committee is responsible for:

- Reviewing the Medical Report from the Nurse to identify any recurrent issues;
- Addressing any health and safety issues arising out of Accident Reports and near-misses; and
- Reviewing this policy annually.

7.3 **Deputy Head (Pastoral) (LUS) and Deputy Principal (LPS)**

The Deputy Head (Pastoral) (LUS) and the Deputy Principal (LPS) are responsible for ensuring that:

- Suitable numbers of trained First Aiders are available at all times;
- Appropriate arrangements are followed for off-site activities/trips and out of hours activities; and
- The operation of this policy is reviewed to determine if any changes should be made.

7.4 **School Nurses**

The School Nurses are responsible for:

- Assessing the first aid needs throughout the School in consultation with the Director of Estates and Facilities, the Deputy Head (Pastoral) (LUS) and the Deputy Principal (LPS);
- Deciding on first aid issues and needs (such as an ambulance or other professional medical help);
- Providing first aid cover during normal school hours and for after school activities until 5pm;
- Maintaining and replenishing first aid equipment. Teachers and Trip Leaders taking First Aid kits on sports fixtures and school trips must sign them out (and back in again at the end of the trip). Records will be kept in the Medical Area;
- Maintaining accurate records of first aid treatment given in the Medical Area;
- Ensuring that information detailing pupils or staff with existing conditions that require prompt action such as severe allergies, epilepsy and diabetes etc. is kept up-to-date and staff are kept informed. This information is held and maintained via the 'Medical Centre' module on iSAMS;
- Ensuring that every pupil with a medical condition or illness has an up-to-date medical summary that can be communicated to staff who take pupils off-site, particularly on residential trips and for sporting fixtures. See the relevant School Trips Policy for LUS and LPS;
- Informing parents and relevant pastoral staff when there has been an accident or injury to their child that is not considered minor and/or which requires follow-up advice or further monitoring by parents after school, i.e. for head injuries;
- Reporting on first aid matters to the Health and Safety Committee; and
- Informing the Facilities Manager about pupils and staff who, due to an injury or disability (either short or long term), need a Personal Emergency Escape Plan (***PEEP***).

These PEEPS are prepared by the Director of Estates and Facilities and held in the Estate Director's office**.**

7.5 **Heads of Department**

The Heads of Department are responsible for ensuring that:

- Staff in their department are aware of the location of the nearest first aid kit;
- First Aid procedures are taken into account in risk assessments, particularly for practical work.

7.6 **All Staff**

- All staff have a duty of care towards pupils and should:
    - respond accordingly when first aid situations arise;
    - report incidents to one of the Nurses, including any treatment given;
    - complete an Accident Report form, if appropriate (see paragraph 12 below);
    - inform one of the Nurses when first aid kits need replenishing.
- All staff should be familiar with the list of current qualified First Aiders which is set out in Appendix 1 and on Latymer Links. Paper copies are also displayed in the following locations:
    - Main Reception
    - Prep School Office
    - LUS Staff Workroom
    - LPS Staff Room
    - Security Lodge
    - Sports Centre Office
    - Latymer Sports Grounds (Chiswick) Pavilion
- Staff, specifically Trip Leaders, who take pupils off-site for School trips or sporting fixtures should be alert to and familiar with, the specific medical needs of pupils under their care, including an appropriate response to illness and knowledge of care plan, if relevant (see paragraph 5.3 above);
- Trip Leaders are also provided with consent status for each pupil by the nurses prior to a trip. Where consent has been granted, Trip Leaders can administer 'over-the-counter' (***OTC***) medication. Indeed, all staff, when taking pupils off site for any reason, for example to Games or sporting fixtures, are acting in loco parentis. If OTC medication is required, and staff do not have medical information/consent to hand, they can administer medication if a parent gives verbal consent in person or by telephone. Alternatively, staff can ring the School Nurse for advice and to check the pupil's consent status.
- Staff conditions of service do not include giving first aid, although any member of staff may volunteer to undertake these tasks; and
- All new staff receive information on how to obtain first aid assistance during their induction programme, including names of First Aiders and names and contact details of the Nurses and the location of the Medical Area;
- However, all staff, when taking pupils off site for any reason, for example to Games or sporting fixtures, are acting in loco parentis. If OTC medication is required, and staff do not have medical information/consent to hand, they can administer medication if a parent gives verbal consent in person or by telephone. Alternatively, staff can ring the School Nurse for advice and to check the pupil's consent status.

8. First Aid Personnel

8.1 **School Nurses**

The School has a well-equipped Medical Area, two full-time nurses and two part-time

job-share healthcare / triage assistants that cover 5 days a week during term time. The Medical Area is open between 8.00am and 5pm, and is fully equipped to deal with minor accidents and injuries.

8.2 **First Aid cover**
If both School Nurses are absent for up to one working day, the Deputy Head (Pastoral) LUS will arrange First Aid cover for the absence for the day. If it is a long-term absence, the Deputy Head (Pastoral) will ensure that a replacement / agency nurse is available. If both School Nurses have to leave the school site for any reason during the school day, Main Reception and the Prep School Office are informed and first aid cover is arranged.

8.3 **During term time**
During term time, the School ensures that there is at least one qualified First Aider on site and contactable via the Prep School Office or Main Reception and/or the Security Lodge between 7.30am and 8am.

8.4 **For events held outside normal opening hours**
For events held outside normal opening hours, the event organiser must ensure that a qualified First Aider is available (usually Front of House team or sports centre staff) see the 'Front of House - Staff Guidelines' on Latymer Links under Staff/Policies.

8.5 **For off site activities and visits**
For off site activities and visits, appropriate First Aid arrangements are in place. Further information can be found in the relevant School Trips Policy for LUS and LPS.

8.6 **During school holidays**
During school holidays there is a qualified First Aider in school during working hours and contactable via the Security Lodge.

8.7 **At Latymer Sports Grounds at Chiswick**
At Latymer Sports Grounds Chiswick on Saturdays, during School training sessions and fixtures, the School provides a trained First Aider, nurse, physiotherapist, or a sports therapist trained in emergency first aid. In the event that medical cover is not available a separate risk assessment will be carried out and appropriate action taken.

9. Provision of First Aid Equipment - See Appendix 2 for location of equipment

9.1 First Aid kits
- First Aid kits are located in many areas of the School (set out in Appendix 2) and are clearly labeled in accordance with Health and Safety Regulations. All staff have access to these First Aid kits.
- A First Aid kit should be taken to all off-site activities including sports fixtures and practices.
- Department Heads or Administrators should regularly check their first aid kits and request a new kit from the School Nurses when supplies run low or any of the contents are out of date.

9.2 Emergency Asthma kits (including inhalers)
- Emergency inhalers are kept in the Emergency Asthma Kits.
- Emergency Asthma kits are also located in many areas of the School (as set out in Appendix 2). They are maintained and restocked by the School Nurses as required.

9.3 Defibrillators
The School has five defibrillators as set out in Appendix 2:

9.4 Wheelchair
There are two wheelchairs located in the Medical Area and one in the Sports Centre.

9.5 Adrenaline Auto-Injector (*AAI*) pens
- Spare AAIs are kept in the Medical Area, Prep School Reception, Sports Centre Reception and the Boat House (as set out in Appendix 2).
- If the Medical Rooms are locked, a spare key is available from Main Reception.

9.6 Burn Kits
Burn Kits are located on each floor of the Science Block, the Prep Food and Nutrition Classroom and in the Prep Science Lab.

10. Dealing with bodily fluids and spillages

10.1 In the event of spillage or the presence of bodily fluids, the Security Lodge is called and a cleaner (who has received the appropriate training) is dispatched to deal with the situation using the appropriate chemicals. There are also clinical waste bins in the Medical Area for the safe disposal of anything to do with bodily fluids.

10.2 First Aiders should take precautions to avoid risk of infection when providing first aid. If a First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids which are not their own they should seek advice from one of the School Nurses.

11. Staff Training

11.1 First aid training is provided to staff who wish to undertake this. Regular courses, at least twice a year, are provided by the School. Additional ad hoc training for other medical conditions, e.g. use of AAI pens, specific burns training for those working with heat sources, is provided by the School Nurses when necessary and subject to need.

11.2 ***Qualified First Aider - Advanced level of first aid training:*** Key staff within the School who require an advanced level of first aid training, due to their role within the School or because they are on site outside of normal School hours, are enrolled on a more indepth first aid training course delivered by a suitable training provider who is accredited and monitored by an appropriate professional body, e.g. CTQ or Ofqual. These statutory courses meet with HSE guidance and/or Ofsted registration requirements. Attendees complete a minimum number of practical hours (usually six hours, with additional e-learning requirements) and, on successful completion, receive a first aid qualification which is valid for three years. These courses cover all of the topics included in the basic first aid training course (see paragraph 11.3) but in more depth and adhere to the HSE syllabus or Ofsted registration requirements, depending on the course required for a specific staff member.

11.3 ***First Aid Assistant - Basic first aid training:*** All staff who volunteer to complete a first aid training course, are enrolled on a basic first aid course run by an accredited trainer after which they receive a certificate of attendance that is valid for three years. This basic course covers primary survey, basic life support, i.e. CPR and safe use of an AED/defibrillator, as well as other common first aid topics such as anaphylaxis, asthma, seizures, bleeding and burns.

11.4 ***Qualified Mental Health First Aider:*** Mental Health First Aid training requires staff to complete a 12 hour mental health first aid course. Attendees gain the knowledge and skills

to spot signs of people experiencing poor mental health. These courses do not cover basic life support or any first aid for physical injury.

11.5 See Appendix 1 for a List of Qualified First Aiders, First Aid Assistants and Mental Health First Aiders, and also Latymer Links under Staff/First Aiders.

12. Reporting Accidents, Record Retention and Monitoring

12.1 **Accident Reports**

12.1.1 The School has a legal responsibility to ensure that all accidents occurring on the School site or to pupils involved in school activities outside the School are recorded.

12.1.2 The School records accidents on the School's electronic **Accident Form**, which can be accessed on Latymer Links under 'All the Google Forms' and is then submitted to, and monitored by, the School Nurses and Director of Estates and Facilities on completion.

12.1.3 An Accident Reporting Form:

- should be completed and submitted without delay by the member of staff who witnesses an accident or is the first responder at the scene of an accident;
- should include:
    - the date, time and place of the incident;
    - the name (and form) of the injured or ill person;
    - details of the injury/illness; and the name of the First Aider or person/s dealing with the incident.

12.1.4 Accidents that occur to pupils off-site must be recorded in the same way. All such Accident Forms should be completed and submitted without delay.

12.1.5 If the accident involves a head injury, then the procedure in the Head Injuries Policy must also be followed.

12.2 **RIDDOR Record**

Depending on the nature and severity of an accident, the School Nurses will complete an online record on a Form F2508 to the HSE of any reportable death, specified injury, disease or dangerous occurrence in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (***RIDDOR***). This record must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. If the School Nurses are unavailable, the First Aider on duty or the agency nurse (where relevant) will complete the record. Further guidance on how to make a RIDDOR is available from the HSE website www.hse.gov.uk/riddor/report.htm.

12.3 **Reporting**

- Depending on the nature and severity of an accident, one of the School Nurses will inform the Chair of the Health and Safety Committee, and either the Deputy Principal LPS or the Director of Estates and Facilities as the School's Health and Safety Officer.
- If anyone suffers an injury on site due to a health and safety issue which needs to be addressed, one of the Nurses will email the Director of Estates and Facilities and the Chair of the Health and Safety Committee as soon as possible. This will also be included in the Nurse's termly report to the Health and Safety Committee.

12.4 **Record Keeping**

- Pupil records are kept for seven years in accordance with the Department of Social Security 'The Accident Book B1 510'.
- Accident Reports concerning pupils are kept for three years after they have left the School.
- Accident Reports concerning members of staff are kept for three years.
- RIDDOR records are kept for three years.

12.5 **Monitoring**

The School Nurses provide the Chair of the Health and Safety Committee with statistics on the number of accidents and any patterns of recurring accidents which can:

- help the School identify accident trends and possible areas for improvement in the control of health and safety risks;
- be used for reference in future first aid needs assessments; and
- be helpful for insurance and investigative purposes.

APPENDIX 1

FIRST AID AT LATYMER

Click here[1] for the list of

QUALIFIED FIRST AIDERS;

FIRST AID ASSISTANTS &

QUALIFIED MENTAL HEALTH FIRST AIDERS

Qualified First Aiders:

Advanced level of first aid training completed 6 or 12 hour emergency first aid at work course

This covers all of the topics included in the basic first aid training course (see above) but in more depth and adheres to the HSE syllabus or Ofsted registration requirements, depending on the course required for a specific staff member.

First Aid Assistants:

Basic first aid training completed 3 hour emergency first aid course

This covers primary survey, basic life support, i.e. CPR and safe use of an AED/defibrillator, as well as other common first aid topics such as anaphylaxis, asthma, seizures, bleeding and burns.

Qualified Mental Health First Aiders:

Mental Health First Aid training completed 12 hour mental health first aid course

Attendees gain the knowledge and skills to spot signs of people experiencing poor mental health. These courses do not cover basic life support or any first aid for physical injury.

[1] Also available on Latymer Links under ***'Staff/FirstAiders'***

APPENDIX 2

Location of First Aid Kits, Defibrillators, Spare Emergency Inhalers, AAI Pens & Burn Kits
Also available on Latymer Links

Location of First Aid Kits

1. In the Medical Area 2. Canteen 3. Art Department 4. DT Department 5. Physics Department 6. Chemistry Department 7. Biology Department 8. Library 9. Theatre – Front of House 10. School Office – Upper School 11. Security Lodge 12. Reception – Upper School	13. Staff Lounge 14. Boat House 15. Prep School-Office 16. Prep School-Science Lab 17. Prep School Office-for sport off site/and on site 18. Prep Food Technology Kitchen 19. Cages–Facilities 20. IT. Atrium 21. Sports Centre Office 22. Sports Centre Swimming Pool-side 23. Sports Centre Physio Room x 2 24. Latymer Sports Grounds (Chiswick)

Location of Defibrillators

1. Security Lodge (King Street entrance)
2. Boat house corridor of the Sports Centre
3. Medical Area
4. Sports Centre Reception Area
5. Latymer Sports Grounds (Chiswick)

Location of spare inhalers in Emergency Asthma Kits

1. Medical Area - Room 1 and 2
2. Dining Room
3. Sports Centre Office
4. Security Lodge
5. Main Reception
6. Prep Reception
7. Latymer Sports Grounds (Chiswick)

Location of spare AAIs

1. Sports Centre Reception x 2
2. Medical Area x2
3. Prep School Reception x2
4. Latymer Sports Grounds (Chiswick) x2

Location of Burn Kits

1. Each floor of the Science Block
2. Prep Science Lab
3. Food Technology Room in Latymer House

Contact Number for Nurse in the event of an emergency:
Nurses Direct Lines: 0203 004 0299/0498 **Nurses' Mobile Number:** 07966 293147

APPENDIX 3

Medical Plan: Responding to infectious diseases

The School follows the advice provided by Public Health England (***PHE***) Notes on Infectious Diseases in Schools and Nurseries August 2021 (***the Spotty Book***).

This PHE document provides general guidance for school staff and others with children in their care on the prevention and control of infectious diseases.

The School's policy on dealing with infectious diseases is the following:

1. In general, individuals who are known to be unwell with an infectious disease must not attend school, although a mild presentation of the common cold virus need not necessarily prevent an individual attending. If you are unsure whether or not a child or staff member should be in school, please consult the School Nurse (nurse@latymer-upper.org | 020 3004 0299/0498).

2. If a child becomes ill at school with a suspected infectious disease, parents/carers must be contacted and the child taken home if necessary. The School requests alternative contact telephone numbers in the event that a parent or guardian is unavailable to collect them.

3. Parents should notify the school, preferably the School Nurse, if their child has an infectious disease. Staff members also have a duty to ensure the School is aware if they are unwell or have been diagnosed with an infectious disease.

4. The School should notify parents if a significant risk to other children exists.

5. The length of time an individual should be excluded from school depends on the type of infection they have had.

6. There are no facilities at the School for holding children or staff with infectious diseases. Accordingly, parents/carers, having been advised about this policy, are expected to keep their child away from school. Likewise, staff members are expected not to return to School until they are well or the infectious stage of their illness has passed.

7. The School Nurses are aware of children and staff who are more susceptible to infection due to underlying diseases, treatment or pregnancy. In order to ensure the wellbeing of those individuals whose vulnerabilities may not be known to the School Nurses, emails will be sent to staff and students, when necessary, to highlight outbreaks of infectious diseases.

8. Queries about this topic can be directed to the School Nurses, a GP or the PHE Health Protection Team.

APPENDIX 4

EPILEPSY - Emergency Procedures

A seizure is usually a short event and can look different from person to person, there may be a jerking of the body, confused behaviour or a blank moment and not everyone who has the condition will fall to the ground. They may appear vacant and wander around instead, so it is important for you to help someone having a seizure by staying calm and giving gentle reassurance, keeping the person safe until they recover. Epilepsy is widely misunderstood, so increased knowledge and awareness will help all of us to improve and enhance the lives of children and adults living with the condition.

To learn more and gain further information go to: www.epilepsysociety.org.uk; **http://learn.epilepsy.org.uk/first-aid-for-seizures-in-schools/ epilepsy.org.uk/schools**

If someone is having a seizure:

- Move close objects or furniture away
- Cushion the person's head to reduce any further injury
- Check for an Epilepsy Identity Card or Medic Alert Bracelet stating " Epileptic"
- Make a note of the time
- After the convulsions have stopped, put the person into the recovery position, checking that the airway is clear and try to protect their privacy.
- Stay with the person until they are breathing normally again
- If the person is injured, having any trouble breathing or the seizure is continuing for more than 5 minutes or you are in doubt call 999 state the following clearly and calmly:
    - Name, location address with postcode, length of time seizure has lasted and any rescue medication that was used.

To understand more about epilepsy and how best you can support someone living with the condition, go to: Epilepsy First Aid

APPENDIX 5

DIABETES - Emergency Procedures

1. Hypoglycemia Awareness Recognising a Diabetic Emergency

Hypoglycaemia may occur if a diabetic person's blood sugar level falls too low below 4 mmol/l. This can be caused by the following:

- Administering too much insulin
- Not eating enough carbohydrate food
- Over exerting themselves

2. Symptoms of hypoglycemia

- Feeling shaky
- Sweaty, clammy pale skin
- Hunger and faintness
- Tiredness
- Blurred vision
- Lack of concentration
- Headaches
- Feeling tearful, stroppy or moody
- Going pale

3. Treating hypoglycemia

It is important that you do not leave the person alone during hypoglycemia.

IF THE PERSON IS CONSCIOUS

- Stay calm and ask them to sit down, check their blood sugar (if possible) and give them a sugary drink or glucose tablets or fruit juice. This will raise their blood sugar levels.
- After 10 - 15 minutes, check their blood glucose level. If it is still low continue offering sugary drinks or food until they have recovered
- Check the blood glucose levels again in 20 - 30 minutes to make sure it has returned to normal.

IF THE PERSON IS UNCONSCIOUS

- **Do not attempt to give an unconscious person any sugary drinks or foods as you could block their airway.**
- Check the airway is clear and, if the person is breathing, place them into the recovery position.
- If they are not breathing, perform CPR (cardiopulmonary resuscitation), rescue breaths followed by chest compressions.
- Remain calm and CALL 999 stating clearly: Name, location address with postcode, and state 'hypoglycaemic episode'.
- Please note: if the person is a known diabetic, they may be carrying an emergency kit containing a glucagon injection. Please inform the 999 operator if you can locate this kit and they can guide you through safe use on the injection.

To understand more about diabetes and how best you can support someone living with the condition, go to: Diabetes in Schools

APPENDIX 6

ANAPHYLAXIS - Emergency Procedures

1. ANAPHYLAXIS is a severe allergic reaction at the extreme end of the allergic spectrum, affecting the entire body, and can occur within minutes of exposure. The main causes are attributed to nuts, seeds and seafood (see the School's Allergy Safety Policy).

2. Symptoms (*usually occurs within minutes)*

- Nettle rash (hives) anywhere on the body
- Swelling of lips, tongue, mouth or throat.
- Wheezing, difficulty in breathing, clearing throat or complaining of the sensation of something stuck in their throat
- Increased pulse rate and low blood pressure.
- Lightheadedness, fainting to unconsciousness or collapse.

3. Treatment for severe allergic reaction

- Administer the AAI (e.g. EpiPen, Jext or Emerade) - the adrenaline released from the pen works directly on the heart and lungs to reverse the potentially fatal effects of anaphylaxis
- If symptoms persist, administer a second pen 5 minutes after the first
- An ambulance should be called as soon as the first AAI has been administered because reactions can continue up to **72 hours** after the first presentation of symptoms and more than two doses of adrenaline should only be administered with medical guidance
- When calling the emergency services (999)*, please state "anaphylaxis". The call operator will them prompt the caller for more information which may include:
    - Name, location address with postcode,
    - Type of allergic reaction (e.g. bee sting, peanut ingestion), and
    - Time AAI/s were used and dosage given.
- The staff member should stay with the student until a parent/guardian arrives at the hospital.

4. Aftercare

An updated copy of the child/young persons BSACI Allergy Treatment Plan should be obtained by the parent from the Pediatric Allergy Department and provided to the School for upload onto the iSAMS Medical Module.

5. Further information

- https://www.anaphylaxis.org.uk/
- https://www.nhs.uk/conditions/anaphylaxis/
- https://www.allergyuk.org/

6. Additional Training

Free training courses for schools are available at: Allergywise Training.

APPENDIX 7

BASIC LIFE SUPPORT- Emergency Procedure

The following Basic Life Support advice is taken from St John Ambulance, a charity endorsed by the Resuscitation Council (UK).

For simplified flow charts on Basic Life Support processes for children and adults, published by the Resuscitation Council (UK) in 2015, please click here**.**

Choking Child

If a child appears to be choking, ask them "are you choking?". If the child cannot speak, cry, cough or breathe, they could be choking. In that scenario you should follow these steps:

1. **Cough it out** - encourage the child to cough
2. **Slap it out** - if the child is unable to cough, bend them forward and use the heel of your hand to give up to five back blows between the shoulder blades. Check their mouth to see if the object has dislodged and ask the child to pick it out of their mouth
3. **Squeeze it out** - if the back blows do not work, try up to five abdominal thrusts:
    - Stand behind the child and bend them forward;
    - Link your hands between their tummy button and the bottom of their chest (your lower hand should be clenched in a fist);
    - Pull sharply inwards and upwards.

If the child continues to choke, call 999 for an ambulance. Then, **continue steps 2 and 3 alternately until you have cleared the obstruction, help arrives or the child becomes unresponsive.** See instructions for CPR (cardiopulmonary resuscitation) (6.3 and 6.4) below.

For instruction video, please click here.

Choking Adult

If an adult appears to be choking, ask them "are you choking?". If they can speak, cry, cough or breathe, encourage them to cough the obstruction out. If they cannot cough or make any noise please follow these steps:

1. **Cough it out** - encourage the adult to cough, assist them by supporting their upper body and leaning them forward
2. **Slap it out** - if coughing does not help, encourage them to bend forward and use the heel of your hand to give up to five back blows between the shoulder blades. Check their mouth to see if the object has dislodged and ask them to pick it out of their mouth
3. **Squeeze it out** - if the back blows do not work, try up to five abdominal thrusts:
    - Stand behind the adult;
    - Link your hands between their tummy button and the bottom of their chest (your lower hand should be clenched in a fist);
    - Pull sharply inwards and upwards.

If the adult continues to choke, call 999 for an ambulance. Then, **continue steps 2 and 3 alternately until you have cleared the obstruction, help arrives or the adult becomes unresponsive.** See instructions for CPR (cardiopulmonary resuscitation)(6.3 and 6.4) below.

For instruction video, please click here.

Unresponsive and not breathing - Child:

Please check the safety of the surrounding area before you approach a child in difficulty.

If the child is not responding and you think they are unresponsive, ask them loudly "what's happened?" or say to them "open your eyes!". If safe to do so, place one hand on their shoulder and tap gently. If they still do not respond, it's likely that they are unresponsive.

Open their airway (tilt the child's head back gently with one hand on their forehand and two fingers under their chin) and check, for 10 seconds, to see if they are breathing normally by looking for chest movement, listening for the sounds of normal breathing and seeing if you can feel their breaths on your cheek.

If they are not breathing, you need to start CPR (cardiopulmonary resuscitation – a combination of chest compressions and rescue breaths) straight away. If you are with someone, ask them to call an ambulance immediately.

CPR on a child - FIVE RESCUE BREATHS FIRST:

1. Ensure airway is open
2. Pinch nose firmly closed
3. Take a deep breath and seal your lips around their mouth, then blow steadily into their mouth until the chest rises
4. Remove your mouth and allow the chest to fall, repeat four more times, then give 30 chest compressions using the heel of one hand pressed towards the end of the breastbone in the centre of the chest, ensuring your fingers are not touching the chest. Depending on the age and size of the child, you may need to use two hands ***
5. Lean over the child with your arm straight and press down vertically on the breastbone to at least one third of its depth, release the pressure allowing the chest to come back up but do not remove your hand from the child's chest, repeat the movement 30 times at a rate of 2 per second. Give two rescue breaths (see above).
6. Repeat this process of **30 compressions and 2 rescue breaths** until help arrives or until you are no longer able to continue.
7. If the child starts breathing, put them in the recovery position (example here).

NB: If you are alone, you should start CPR and continue for about a minute before stopping to call for an ambulance or for help. Continue CPR as quickly as possible.

For instruction video, please click here.

Unresponsive and not breathing - Adult

Please check the safety of the surrounding area before you approach an adult in difficulty.

If the adult is not responding and you think they are unresponsive, ask them loudly "what's happened?" or say to them "open your eyes!". If safe to do so, pinch their earlobe or gently shake their shoulders. If they still do not respond, it's likely that they are unresponsive.

Open their airway (tilt their head back and lift their chin) and check, for 10 seconds, to see if they are breathing normally by looking for chest movement, listening for the sounds of normal breathing and seeing if you can feel their breaths on your cheek.

If they are not breathing, you need to start CPR (cardiopulmonary resuscitation – a combination of chest compressions and rescue breaths) straight away. Call an ambulance immediately or ask someone else to do so.

CPR on an adult - 30 COMPRESSIONS FIRST:

1. Kneel next to the adult's chest and lean over them. With your arms straight, place the heel of one hand towards the end of the breastbone and in the centre of the chest. Place the heel of the other hand on top of the first and interlock your fingers making sure your fingers do not touch the chest. Press down vertically to a depth or 5-6 cm. Release the pressure and allow the chest to rise again, do not remove your hands from the casualty. Repeat the movement 30 times at a rate of 2 per second. Give two rescue breaths (see steps 1-3 in section 6.3).
2. Repeat this process of 30 compressions and 2 rescue breaths until help arrives or until you are no longer able to continue.
3. If the adult starts breathing, put them in the recovery position (example here).
   For instruction video, please click here.

APPENDIX 8

ASTHMA - Emergency Procedure

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)
- 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 tummy ache)

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention. However, an asthma attack requires an immediate response.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- If possible, send for the School Nurse immediately
- Reassure the casualty and ask them to take their usual dose of their reliever inhaler (usually blue), if they have it with them. Ask them to breathe slowly and deeply.
- If they have a spacer available, ask them to use it with their inhaler. The inhaler is more effective with a spacer, especially when being used for young children.
- If they have no inhaler, stay with them until the School Nurse arrives. If they are available please call 999 or 112 for emergency help.
- If an inhaler is available, please ensure the casualty is sitting down in a comfortable position.
- A mild attack will normally ease after a few minutes. However, if they don't improve within a few minutes, it may be a severe attack. Ask them to take a puff every 30 to 60 seconds, until they have had 10 puffs. Help the casualty to use their inhaler if they need assistance.
- If the attack is severe, and they are getting worse, becoming exhausted, or if this is their first attack, call 999 or 112 for emergency help.
- Monitor their breathing and level of response. If the ambulance hasn't arrived within 15 minutes, assist the casualty to take a puff of the inhaler every 30 to 60 seconds, until they have had 10 puffs.
- If they become unresponsive at any point, prepare to give CPR (see Appendix 7).
- If their symptoms improve and you do not need to call 999, advise the patient to get an urgent same-day appointment to see their GP or asthma nurse.

For an instruction video and more information, please click here.

APPENDIX 9

HEAD INJURIES - Emergency Procedures

See the School's **Head Injuries Policy - Emergency Management** (para 4).
This is available on the Parent Portal and Latymer Links