

Loyola Preparatory School Policy for First Aid

“Loyola Preparatory School will strive to instil recognition of the talents and achievements of all its members. It will seek to identify and develop a range of skills , techniques and abilities within its pupils which will serve the individual in future life, but will also be put to use as an expression of the Greater Glory of God, both in the personal development of the self and in service to others and the community.”



*Ad Majorem Dei Gloriam
To the Greater Glory of God*

First Aid Policy

This policy applies to all pupils at Loyola Preparatory School including those in Early Years Foundation Stage.

LEGISLATION

The Health and Safety (First Aid) Regulations 1981 set out what employers have to do.

Employers must provide adequate and appropriate equipment, facilities and qualified first aid personnel.

The Regulations do not oblige employers to provide first aid for anyone other than their own staff, but employers do have health and safety responsibilities towards non-employees. The Health and Safety Commission (HSC) guidance recommends that organisations, such as schools, which provide a service for others should include them in their risk assessments and provide for them.

Where first aid is provided for staff and pupils, schools should ensure that:

- Provision for employees does not fall below the required standard
- Provision for pupils and other complies with other relevant legislation and guidance.

First aiders should complete a Health and Safety Executive approved course every three years. Ideally there should be one first aider for every 150 employees and pupils, and a first aid room for numbers over 400.

Under Early Years Foundation Stage requirements, at least one person on the premises and at least one person on outings must have a paediatric first aid certificate. It must be clear from the certificate that the course has covered first aid for children (with the words children, child or paediatric on the certificate).

GDPR Statement – medical records

For the most part, personal data collected by the school will remain within the school, and will be processed by appropriate individuals only in accordance with access protocols (i.e. on a 'need to know' basis). Particularly strict rules of access apply in the context of medical records held and accessed only by the Designated First Aider, or otherwise in accordance with express consent; and pastoral or safeguarding files.

However, a certain amount of any SEN pupil's relevant information will need to be provided to staff more widely in the context of providing the necessary care and education that the pupil requires.

Staff, pupils and parents are reminded that the school is under duties imposed by law and statutory guidance (including Keeping Children Safe in Education) to record or report incidents and concerns that arise or are reported to it, in some cases regardless of whether they are proven, if they meet a certain threshold of seriousness in their nature or regularity. This is likely to include file notes on personnel or safeguarding files, and in some cases referrals to relevant authorities such as the LADO or police. For further information about this, please view the school's Safeguarding Policy.

Finally, in accordance with Data Protection Law, some of the school's processing activity is carried out on its behalf by third parties, such as IT systems, web developers or cloud storage providers. This is always subject to contractual assurances that personal data will be kept securely and only in accordance with the school's specific directions.

MEDICAL POLICY

This policy is applicable to all pupils, including those in the EYFS

AIMS

1. To give a high quality of pastoral care and medical support to all pupils and staff with medical needs in the school and keep parents informed when necessary.

2. To provide First Aid for any casualties when children are present and to provide guidance for all staff and pupils in the school regarding the procedure for First Aid.
3. To be involved where appropriate in Health Promotion and Health Education in school and seek to prevent staff and pupils from placing themselves at risk.
4. To ensure that all protocols and procedures are adhered to on a day to day basis and as well as in an emergency.
5. To ensure that all records are kept up to date.

IMPLEMENTATION

Objectives: It is the school's intention to achieve these aims by the following:-

1. All serious cases should be referred to the Designated First Aider (Miss Baker) and treatment for minor injuries can be provided by all staff who have undertaken the relevant first aid training.
2. By ensuring that an appropriate number of qualified First Aiders is maintained, including the PE and Games staff. A list of First Aiders is included in the policy.
3. By ensuring that all staff are aware of their roles, accountability and responsibilities in respect of Health and Safety and are kept updated on First Aid Procedures.
4. By ensuring that members of staff know where First Aid boxes are located, and that all First Aid boxes / bags are checked regularly (termly) and missing or used items are replaced. The Designated First Aider is responsible for the First Aid boxes / bags and she must be informed if there are any problems.
5. All PE and support staff who travel with teams to other schools are issued with their own First Aid kit and these should be taken whenever the member of staff goes off the school premises with a team.
6. By providing information as necessary through the Designated First Aider on how to care for those with specific health problems. It is the Designated First Aider's responsibility to keep herself and the teaching staff up to date with any specific individual health care needs of pupils within the school.
7. By ensuring that a confidential record on the database on each child is available which includes any special medical needs and that this is available through the school office. All teaching staff should make themselves aware of the specific medical needs and disabilities of those whom they teach.
8. By ensuring that a confidential list of children with allergies and severe medical conditions is available in the staff room, the office, in class registers and the kitchen, and that staff receive training in the use of EpiPens.
9. Parents of all new pupils are required to complete an Essential Information Form providing a brief health summary, if appropriate. The Designated First Aider will liaise with parents as necessary.

Current parents are asked to review and amend this information as needed.

The following information must be completed as thoroughly as possible:-

- a) Parents' address and telephone numbers including mobile telephone numbers where possible.
- b) An emergency contact number should both parents be unavailable.
- c) Relevant medical conditions and up to date details of treatment. Particularly in the case of asthmatics, please see Asthma Policy.

- d) Any changes to a child's medical status or any essential information should be reported to the Designated First Aider so that the optimum care can be given.

APPOINTED PERSONS

It is the policy of Loyola Preparatory School to provide first aid to anyone who becomes unwell or is injured within the school, or when involved with school related activities and to ensure that the school complies with Health and Safety Regulations and good practice.

School provision

For first aid provision to be effective the school will take into account the following factors with on-going review:

An adequate number of trained first aiders

First aid equipment

Risk assessments for each activity/trip

Risk assessments for the number of people on site

Organisation of first aiders

Display of first aid information and how to obtain help

If needed the Designated First Aider should be called to examine any injured person and give such treatment as appropriate or possible.

In the event of the Designated First Aider not being available, the appointed Deputy Designated First Aider (Miss Stratton) should be contacted via the school office.

Within Early Years setting at least one person on the premises and at least one person on outings holds a paediatric first aid certificate.

All staff should make themselves aware of the location of the First Aid boxes.

Disposable gloves should be worn by any member of staff who has to deal with bleeding or spillage of body fluids and the gloves and any contaminated material disposed of safely afterwards in a sealed plastic disposal bag. Gloves can be found in every First Aid box and also in each class room.

In the event of an accident, injury or medical emergency the following steps should be taken to ensure that the correct help is given as quickly as possible:-

- 1) In the event of an obvious medical emergency an ambulance should be called immediately.
- 2) The injured person should not be moved if there is any suspicion that doing so could exacerbate his or her injuries.
- 3) The Designated First Aider should be called to examine the injured person or if absent, the Deputy Designated First Aider or the nearest available First Aider should be contacted.
- 4) If hospital treatment is necessary either an ambulance needs to be called or if a member of staff uses his or her own car to take an injured person to hospital, consideration should be given to the need for another responsible adult to accompany the driver.
- 5) Essential information regarding the injured person and any details of the event must be taken to the hospital with the person.
- 6) The parent(s) or guardian must be contacted as quickly as possible and asked to join their child at school or hospital as appropriate. Members of staff should not wait for parents to arrive to take pupils to hospital unless they are certain that treatment is not urgently required.

- 7) The Designated First Aider or an appropriate member of staff must accompany pupils to hospital if parents have not arrived in time to do so. The member of staff accompanying a pupil should wait at the hospital until the pupil's parent or guardian arrives
- 8) In the event of an accident or medical emergency occurring on the premises outside school hours the same procedure should be put into action and it is the member of staff responsible for the activity or the nearest First Aider who should ensure the correct procedure is adhered to.

Recording of Accidents

All significant injuries and accidents to staff, pupils or visitors must be recorded in the Accident Book.

This Accident book is kept with the Designated First Aider (in PP2 classroom) but completed forms are kept in the Head's office and it is the responsibility of the member of staff attending the incident either on site or away at matches or trips, with support from the Designated First Aider, to complete the Accident Form.

All incidents however minor should be recorded in a General Accidents Book by the First Aider on duty.

All parents receive either a head injury letter, a note in the diary (lower years) to inform them of their child's injury and where appropriate the parents will be telephoned accordingly. If treatment is required whilst the child is in the classroom this is recorded in individual class log books.

KS1 or 2: If a child has a minor injury a note may not be required to be sent home although a record is made in school. The child is encouraged to inform their parents.

EYFS: EYFS parents must be informed of any accident or treatment given to their child.

It is further noted that serious work-related injuries to a member of staff or a child must, by law, be recorded and reported. All accidents which require a visit to accident and emergency department at the hospital or result in more than seven days absence from the work place must be recorded in the accident book and reported by email to RIDDOR within 15 days. The employer is responsible for this, but staff may be asked to prepare the report. What, how, where and when to report is explained on the HSE website. Employers must report:

- deaths
- specified injuries
- over-7-day injuries – where an employee is away from work or unable to perform their normal work duties for more than seven consecutive days
- where there is an accident connected to the work activity which causes injury to pupils, members of the public or other people not at work and they are taken from the scene of an accident to hospital

The requirements are found in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), Incident reporting in schools.

We follow the guidelines for the Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) for the reporting of accidents and incidents. Child Protection matters or behavioural incidents between children are not regarded as incidents and there are separate procedures for this.

The designated school first aider is Miss Baker (paediatric first aid trained). All serious cases should be referred to her, but minor treatments can be provided by all staff. Playground supervisors needing to administer first aid should send a prefect or responsible pupil to the staff room for cover. All staff are expected to respond to such cover upon receipt of the request for assistance and to be familiar with the routines of using the medicine cupboard. All treatments should be recorded with records kept centrally.

- a. The morning playground supervisor's responsibility for administering first aid ceases at the end of playtimes.

- b. Pupils with minor injuries should report to their next class teacher for first aid to be administered.
- c. Class teachers may use their discretion in deciding if a pupil should be sent home due to illness. If in doubt they should consult with Miss Baker.
- d. Pupils who are awaiting collection by parents or guardians should remain in their classrooms so that they remain under the supervision of class teachers or class assistants. Pupils should not be left alone outside the school office. During playtimes such children should be accompanied, at morning break by the class assistant or support teacher of the pupil concerned, during lunch breaks by one of the midday assistants.
- e. Pupils with severe conditions should be sent to Miss Baker who can take them to the dedicated sick bay area where there is a bed available.
- f. Teachers leading activities off the school premises must ensure that pupils requiring inhalers or epi-pens have these on their person. There are 4 emergency inhalers, one on each minibus and two in school.
- g. There must be at least one qualified first aider on site at all times that the school is open and at least one should accompany any outing.
- h. Midday Assistants will follow the same procedures as the whole school. They have a base (room adjacent to lower playground) where they can administer first aid and children can stay with them. All treatment is recorded in one folder and this is kept in this room.

FIRST AIDERS

DESIGNATED FIRST AIDER	DEPUTY DESIGNATED FIRST AIDER
Miss Kathryn Baker (Training undertaken January 2019)	Miss Jenny Stratton (Training undertaken January 2018)

Appointed persons are required to update their training every 3 years.

PAEDIATRIC – FIRST AID CERTIFICATE (2 DAYS) INCLUDING DEFIBRILATOR TRAINING

Kirsty Anthony	Debbie Monkton
Any Reguerio	Roisin Roddy
Neil Bleasdale	Sharon Joyce
Paul Hatzar	Sue Butler
Canda Payne	Deirdre Ali
Victoria Foster	Jenny Coupland
Theresa Savage	Kathryn Baker
Barbara McHardy	Louise Underhill
Sue Gibbons	Michelle McDevitt
Alice Daniels	Kryisia Czerwinke
Laura Lawless	Oz Mavideniz
Gerry Scannell	Cecile Kelly

Training undertaken January 2019

THE FOLLOWING HOLD A FIRST AID CERTIFICATE

Ollie Morah	The FA Emergency First Aid Course	Expires August 2019
Marianne Noble	Paediatric First Aid	Undertaken Nov 2017
Karen Higgs-Smith	Essential First Aid for Teachers and Support Staff	Undertaken Nov 2016
Ingrid Bacani	Essential First Aid for Teachers and Support Staff	Undertaken Nov 2016
Bangon (Dee) Lindon	Essential First Aid for Teachers	Undertaken Nov 2016

SPILLAGES OF BLOOD AND/OR BODY FLUIDS DECONTAMINATION PROCEDURES

INTRODUCTION

Spillages of blood and other body fluids/substances, e.g., faeces, vomit, urine, pus, are substances hazardous to health and present a risk to any individual coming into contact with them and as such must be dealt with in line with the Control of Substances Hazardous to Health (COSHH) Regulations. Appropriate action must be taken to ensure that such spillages are dealt with promptly and correctly. 1.1

GENERAL PRINCIPLES

- i) All spillages must be dealt with as soon as possible
- ii) The correct disinfectant at the correct concentration must be used for the spillage.
- iii) Suitable disposable wipes must be used for disinfecting and cleaning the spillages.
- iv) Staff must wear the appropriate protective clothing, dependant on the nature of the spillage.
- v) All waste generated is clinical waste.

RESPONSIBILITIES

When there has been a spillage of blood, the spillage must be disinfected and the area cleaned as soon as possible after the occurrence.

Use of Automated External Defibrillator (AED)

Loyola Preparatory School AED protocol provides guidelines for the use and care of the Automated External Defibrillator. The AED is applied to patients that are unconscious and not breathing. When electrodes are applied to the patient's chest, the AED will analyse the heart rhythm and will indicate if the heart has a shockable rhythm. If a shockable rhythm is detected the AED will deliver a shock (user will be instructed to press the red shock button) through the electrodes attached to the chest. Those staff with Paediatric first aid training have also been trained to use the AED.

CALLING AN AMBULANCE

In the event of a life threatening emergency, the first aider must summon an ambulance.

- Dial 999
- When asked which service is required, state clearly 'Ambulance'
- When put through to the ambulance control, state clearly what the emergency is and whether or not the casualty is breathing.
- Listen to the operator and follow instructions given. Do not hang up the telephone until you are told to do so.
- Give the operator your exact location.
- Give your telephone number to the operator.
- Someone will be allocated to wait for the ambulance and to direct the crew to the casualty. Inform the school office.
- If the casualty's condition worsens, it is acceptable to call the emergency services back.
- If a decision is made by the ambulance control to send an air ambulance, ensure that the school office and SLT are aware, so that an appropriate area can be kept clear for the helicopter to land.

IDENTIFICATION OF PUPILS WITH SPECIFIC HEALTH NEEDS

- Pupils with particular medical conditions for example asthma, epilepsy, diabetes and disabilities are given suitable support and activities are adapted as appropriate.
- Individual protocols are drawn up for pupils who either have long term medical conditions or conditions that can require swift emergency medication. The plans identify the safety measures

necessary to support pupils with medical needs and ensure that they and others are not put at risk. They also identify any support needed by the school e.g. staff training.

- Parents are involved in the protocol / planning process and are asked to regularly update the Designated First Aider with any changes to treatment or hospital or clinician visits
- The Designated First Aider will work closely with the Teaching Staff to ensure holistic care and support as needed is provided
- It is the responsibility of teachers in charge of educational trips (day and residential) to identify those children with specific individual health care needs and include them accordingly in their risk assessments.

(In accordance with Supporting Pupils at School with Medical Conditions DFE September 2014).

DEALING WITH CHILDREN WHO ARE UNWELL IN SCHOOL

- Parents are asked not to send a child who is feeling unwell in to school. Children should be kept at home if they have:
 - a) Diarrhoea and/or vomiting and should not return to school until they have been symptom-free for 48 hours.
 - b) Have a temperature.
 - c) Have unexplained/undiagnosed rash or spots on the body or face.
 - d) Red and discharging eyes indicating possible conjunctivitis, (in this case treatment should have been in progress for at least 24 hours before a child returns to school as this condition is very contagious).
- If a child has a slight cold they are well enough to come to school. We do not keep children in at break times unless they have become unwell at school or it is a recommendation from a health care professional.
- If a child becomes unwell while in school, or requires medical treatment, has a temperature, is sick or has diarrhoea and is assessed by a first aider as not being well enough to continue the day at school then the parents will be contacted and asked to collect their child. The member of staff dealing with the child will be the person who speaks to the parent so that they can relay information first hand.
- All medication given during the school hours will be administered by the Designated First Aider, or on occasions when the Designated First Aider is not on site, by the Deputy Designated First Aider or member of the teaching staff designated by the Designated First Aider who has been given full information and training. Information regarding any medication given during the school day should be either sent home in a note to the parents via the child, or by phone direct to the parent.
- All medications must be recorded in the file provided (see Record of Medicines Administered to all Children) and all information regarding name, date, time, complaint and medication specified and signed for by the member of staff administering. Specific books will be provided in order to record this information, for those taking children on school trips (Residential).
- If prescription medication is required for any pupil, the parents must fill out a separate 'School Medication Form' to enable it to be given. These forms are available from the school office. All details on the form must be filled in and a separate form completed for each medicine that is required. The Designated First Aider will record on the form each dose given in school and sign for it. A separate record will be made as written confirmation of any medicine administered that day to be handed to the parents on collection of the medicine at the end of the day.
- All prescription medication brought into school must be in its original container properly labelled by the pharmacy with the child's name. This container should be handed over to the Designated First Aider who will store it appropriately in a refrigerator located in the staff room. The parent will come to the office at the end of the school day to collect the medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of medication. There is a refrigerator in the staff room for the safe storage of all medicines requiring

refrigeration (of which daily minimum and maximum temperatures are recorded for audit purposes) and all other medications will be kept in a basket in the staffroom.

- Pupils are not permitted to bring in medication and keep it in their pockets or bag. All medication that may be required during school hours, must be given to, and administered by, the Designated First Aider. Those children suffering from Asthma and require an inhaler are permitted to keep it on them but only if they are in Prep or above. EpiPens are clearly marked and kept in a labelled place within the classroom (all years). All pupils are encouraged to keep a spare inhaler/EpiPen in the classroom. Those pupils in the Pre-Prep / EYFS department have all inhalers/EpiPens in a clearly labelled box in the classroom.

Educational Visits

- For all local educational visits (within a 5 mile radius of the school) a parental consent form (which includes medical consent) is gained at the start of the academic year. If the visit is outside the 5 mile radius parental consent which includes medical consent must be obtained up to 2 weeks prior to the departure via an online (Clarion) permission form.
- Hard copies of medical information and emergency contacts will also be provided prior to departure and these must be returned to the school office for shredding (GDPR) on return of the trip.
- Prior to a trip's departure, the trip leader must appoint a member of staff in charge of first aid and arrange to meet with the Designated First Aider for information and copies of any pupils with specific medical needs protocols as necessary.

Pupils with protocols must be taken into account during the planning of any trip, risk assessments and where necessary must include appropriate staffing.

- The Trip Leader will arrange first aid provision for the trip and liaise with the Designated First Aider regarding any extra medical provision (medicines, EpiPens, inhalers etc) for the trip. The trip leader must ensure that they have 2 EpiPens if there is a child who may need them and also carry the spare inhaler.

Residential, Overseas Visits & Adventurous Activities (i.e. water sports):

- There is an extra [medical consent](#) form required for residential and overseas visits. Hard copies of these forms must be taken on the trip and returned to the school office on your return.
- Adventurous Activities consent must also have parental consent and awareness made of hazards such as Wiles Disease from rats in water.
- External providers who request information on pupils must enter a sharing agreement with the school (GDPR).

At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2005).

Appendices

APPENDIX 2 - ASTHMA

ASTHMA POLICY

Aims

- To enable all pupils with asthma to participate fully in all school activities and to ensure they are not disadvantaged by their condition.
- To ensure that all staff have a clear understanding of what asthma is and how to deal with a pupil having an asthma attack.
- To encourage all pupils to take responsibility for their own medication, if appropriate.
- Pupils, parents, school staff and asthma professionals to work together for a greater understanding of the effect of asthma and to adopt a responsible attitude to its treatment.
- To ensure all information is supplied by parents and kept updated by the Medical Centre by using relevant yearly paperwork and encouraging updates.

Definition of Asthma

Asthma is the most common respiratory disorder of children. Chronic inflammation of the bronchial mucosa and hyper-reactive airways results in bronchoconstriction and reversible airway narrowing. It typically presents with wheeze, dry cough, difficulty breathing and/or chest tightness.

Managing Asthma in School

Pupils with asthma are identified from the Medical Information Sheet. The Designated First Aider will liaise with the parents to ascertain the full extent of the condition and will request an Asthma Treatment Plan to be completed which they will share with the class teacher. A record of individual medical needs is stored electronically under the Shared Area of the Server under Class Lists / Medical Info.

Pupils are encouraged to take responsibility for their asthma from an early age. All pupils in Prep upwards should keep their inhalers on their person. The inhaler should be clearly named and in date. Pupils in EYFS & Pre Prep should hand in their labelled inhaler and spacer to the class teacher. They will be stored in their respective classrooms in a clearly labelled container.

In addition there are also spare reliever inhalers (clearly labelled) in the wall mounted first aid box located in the hall, the first aid box in the corridor near the ramp entrance to school and in each mini bus. At the beginning of each school year, class teachers will be informed which pupils in the form are asthmatic and this will be updated as necessary.

Teachers in charge of school trips or off site sporting activities must ensure that pupils have their inhalers with them. A list of known medical conditions, including asthma, is given to staff at the start of each academic year, are kept in the register and on our pupil database. For safety reasons, pupils who do not have a valid inhaler on their person will not be allowed to take part on school trip.

Parents are responsible for maintaining valid, named inhalers at school. The Designated First Aiders will aim to check, as a courtesy, the condition and expiry date of the inhalers and will also arrange 'spot checks' to make sure asthmatic pupils are carrying their inhalers / have them in the classroom.

Asthma and PE

Exercise has proven health benefits to people with asthma. The school seeks to involve all pupils in sport with support and guidance from the Designated First Aider to the PE staff as appropriate.

Pupils with asthma are encouraged to have their reliever medication available should they need it during a PE lesson and should not leave it in the classroom. Labelled relief inhalers can be given to the teacher in charge at the start of the lesson for safekeeping.

Staff Education

School staff are regularly updated on the care of pupils with asthma. This includes what to do in the event of an asthma attack and that pupils must be allowed to take their medication as soon as needed.

APPENDIX 3 - DIABETES

AIMS

To ensure that all children have equal access to education. To enable the individual to participate in all aspects of the school day (as far as is possible) in a safe and secure environment.

IMPLEMENTATION

A planning meeting with the parents of a child with diabetes will be made by the Designated First Aider and an individual care plan drawn up. This will include input from any secondary care/external services/care providers.

All school staff that will come into contact with the child should have clear guidance with regarding the following;

Emergency contact numbers for the child

Known symptoms of hypoglycaemia and hyperglycaemia

Preparations needed before exercise and PE

The Facts

The impact of diabetes will be different for each individual.

A child with diabetes may need to go to the toilet more frequently than his/her peers.

Sometimes it may be necessary for a child to check their blood sugar. They should be given the opportunity and privacy needed in order to do this.

A child with diabetes must have access to a suitable snack at all times especially when embarking on physical exercise.

Meal times must be regular to help maintain stable blood sugar levels, therefore the child must not be held back at break/lunch.

RESPONSIBILITIES

Designated First Aider's responsibility:

To ensure an up to date health care plan is written for the child and that all relevant staff have access to this information.

To provide information regarding signs and symptoms of hypoglycaemia/hyperglycaemia to all school staff. This may involve using external agencies for training.

All staff responsibility

To help the child to overcome any barriers to learning.

To read any information, including the child's health care plan.

To liaise closely with the Designated First Aider.

If a child has a hypoglycaemic/ hyperglycaemic attack:

Call the Designated First Aider.

DO NOT MOVE THE CHILD OR LEAVE THE CHILD UNATTENDED.

Reassure.

Act in accordance with child's care plan.

Inform parent if necessary, as written in care plan.

Send the child to hospital if appropriate.

MONITORING AND EVALUATION

Governors and SMT will review this First Aid Policy every 3 years.

APPENDIX 4 - ADRENALINE AUTO-INJECTORS (AAI'S)

The School is committed to ensuring the safety of all its pupils and staff at risk of anaphylaxis.

A LIST OF PUPILS WHO HAVE LIFE THREATENING ALLERGIES CAN BE FOUND IN THE STAFF ROOM, KITCHEN, REGISTERS, PUPIL DATABASE AND OFFICE.

- All pupils who have life threatening allergies will have an AAI (Adrenaline auto injector) EpiPen, Jext pen or Emerade issued by their doctor.
- The labelled autoinjector devices are kept in clearly labelled box in the pupil's classroom.
- In the event that the pupil is exposed to the allergen that they are allergic to, the Designated First Aider must be sent for immediately.
- Make sure that the Designated First Aider knows the nature of the problem so that she can bring the correct equipment with her.
- Make the pupil comfortable; preferably sitting or lying on the floor with their back supported. If their breathing is problematic, they may feel more comfortable sitting upright.
- Ask the pupil how they are feeling. If they are experiencing ill effects, administer the injection immediately by following the instructions on the syringe or on the packaging.
- Symptoms may include feeling dizzy or faint, feeling short off breath, swelling of the throat/neck/tongue, profuse sweating or sudden collapse.
- EpiPens / Jext/Emerade contain a drug called Adrenaline Epinephrine.
- Staff receive training within their first aid training on the administration of Anaphylaxis management/use of AAIs Training. If you are unsure of this or would like to know how to use an EpiPen / Jext, please contact the Designated First Aider.
- Loyola Preparatory School is committed to a whole school approach to the health care and management of those members of the school community suffering from specific allergies. The School position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self responsibility, and plan for an effective response to possible emergencies.

APPENDIX 5 : SUN PROTECTION POLICY

BACKGROUND

Why is sun protection important for children and young people?

Skin cancer is one of the most common cancers in the UK and the number of cases is rising at an alarming rate. The good news is that the majority of these cases could be prevented. Most skin cancers are caused by UV radiation from the sun. If we protect ourselves from the sun then we can reduce our risk. This is particularly important for children and young people whose skin is more delicate and easily damaged.

Sunburn in childhood can double your risk of skin cancer. You will not see the damage immediately because skin cancer can take years to develop. But children who are exposed to the sun now are storing up problems for the future.

APPENDIX 6 - AIM

To provide information for staff, pupils and parents that will enable them to make good decisions regarding pupils' health and safety whilst in the summer sun.

To ensure that procedures are implemented at the school, and on relevant trips, to ensure pupils are protected from the effects of the sun.

DEFINITION

Sun safety means that pupils, parents and staff are equipped with the correct information and knowledge of safe practices to ensure that pupils have protection from the sun.

INTRODUCTION

What is a sun protection policy?

This policy has been developed in consultation with the whole school community and is specific to Loyola Preparatory School. These are the key elements to our sun safety policy:

- **PROTECTION:** providing an environment that enables pupils and staff to stay safe in the sun
- **EDUCATION:** learning about sun safety to increase knowledge and influence behaviour
- **COLLABORATION:** working with parents, governors and the wider community to reinforce awareness about sun safety and promote a healthy school.

IMPLEMENTATION

At Loyola Preparatory School we want staff and pupils to enjoy the sun safely. We will work with staff, pupils and parents to achieve this through:

PROTECTION

Shade:

- We provide sheltered areas around the grounds and in the playgrounds. (*Ongoing audit will identify future needs*)

Timetabling:

- The timing of our Sports Days and similar events will be looked at to reduce the risk of the effects of the sun. (*Strongest between 11.00am & 3.00pm*)

Clothing:

- School sun hats are available for parents to buy from the school shop.
- Teachers have been advised to wear hats as necessary, when on playground duty and during sports sessions (... and to set a good example).

Sunscreen:

- We ask that all parents provide sunscreen for pupils to keep at school during the summer term. This should be applied before going into the sun at lunch breaks, sports sessions and matches.
- Sunscreen use will also be encouraged on school trips and staff must ensure that extra sunscreen is taken in case children forget their own.
- Where possible sunscreen will be applied by the pupils themselves. Where assistance might be needed permission to apply sunscreen must be obtained from parents (*particular reference to younger children*).

Hydration

- We ask that all children are supplied with a named water bottle to ensure they remain hydrated. Extra water is available at all times.

EDUCATION

- All pupils will have at least one Sun Safety reminder session per year.
- We will talk about how to be Sun Safety in assemblies at the start of the summer term.
- Parents and guardians will be reminded through the newsletter explaining what the school is doing about sun protection and how they can help at the beginning of the summer term.

- Teachers will be reminded of the key issues of the policy at the start of the summer term in a staff meeting led by the PSHEE Co-ordinator / Pastoral Lead.

ROLES AND RESPONSIBILITIES

Pupils: To remember to dress correctly and to apply sunscreen as necessary.

Staff: To remind pupils to apply sunscreen; to ensure that there are enough shaded areas for pupils to move to when necessary; to monitor the length of time that pupils are in the sun (even in cloudy conditions radiation can still penetrate).

Parents: To provide the pupils with the correct factor sunscreen, the correct protective wear for sports and the correct sun hat, and sunglasses as necessary.

Revised Jan 2019

Review Jan 2022