ST DOMINIC SAVIO CATHOLIC PRIMARY SCHOOL

Name of Policy:	Health and Safety Policy (v3)
Date Adopted:	11th June 2026
Responsible Person:	Headteacher
Review Date:	Summer 2027
Approval:	Full Governing Body
Signed By:	Laura Hulland Headteacher
Signature:	
Date:	11th June 2026
Signed By:	Fiona Cottle Chair of Full Governing Body
Signature:	
Date:	11th June 2026

Health and Safety Policy Changes

Version	Status	Change Detail	Author	Date
2	Live	Asthma and Allergy Action Plans updated	C Willoughby	January 2024
3		3.7 change Key Stage Leaders to Senior Leadership Team	C Willoughby	May 2025
3		*Principle H&S Procedures* 7.5 – call point checks recorded on Smartlog (no longer Fire Alarm Test Record Book)	C Willoughby	May 2025
		7.6 – changed Health and Safety Committee to appointed Health and Safety Governor	C Willoughby	May 2025
		7.7 – critical incident policy changed to Rainbow Plan	C Willoughby	May 2025
		13.1 - changed Health and Safety Committee to appointed Health and Safety Governor and Health & Safety and Buildings committee to Resources committee	C Willoughby	May 2025
		Adrenaline Auto-Injector Protocol Removal of 'An 'Emergency AAI' form should also be completed and signed giving authorisation for the child to use the school's emergency AAI should the child's own not be available for any reason.' Consent is included on updated Allergy Action Plan.	C Willoughby	May 2025
		Lone Working Procedures Health and safety log 'in the staff room' changed to 'on MS Teams'	C Willoughby	May 2025
		Appendix 1: Allergy Action Plan updated	C Willoughby	May 2025
		Appendix 2: Removed as no longer required	C Willoughby	May 2025
		All subsequent appendix numbers updated.	C Willoughby	May 2025
4		Change to wording on General Statement on Health, Safety and Welfare	C Willoughby	May 2026

		Section 1 – clarification that the Governing Board is the employer	C Willoughby	May 2026
		Section 2 – clearer statement around delegation of responsibility; change to wording re evacuation drills	C Willoughby	May 2026
		Section 7 – clarity around staff participation in risk assessments	C Willoughby	May 2026
		Section 8 – statement added re children's taking responsibility for own health and safety	C Willoughby	May 2026
		Procedures Section 1 – clarity around emergency arrangements	C Willoughby	May 2026
		Procedures Section 2 – update to RIDDOR and monitoring	C Willoughby	May 2026
		Procedures Section 3 – updated wording	C Willoughby	May 2026
		Procedures Section 4 – safeguarding statement added for contractors	C Willoughby	May 2026
		Procedures Section 5 – updated wording 5.1	C Willoughby	May 2026
		Procedures Section 6 – update to PAT testing timings	C Willoughby	May 2026
		Procedures Section 7 – update to wording 7.4 and 7.5	C Willoughby	May 2026
		Procedures Section 8 – addition of mental health first aid	C Willoughby	May 2026
		Procedures Section 10 – update to wording	C Willoughby	May 2026
		Procedures Section 12 – addition of point 12.2	C Willoughby	May 2026
		Procedures Section 16 – change to wording	C Willoughby	May 2026
		Procedures Section 17 – change to wording	C Willoughby	May 2026
		Procedures Section 18 – addition of Water Hygiene / Legionella	C Willoughby	May 2026
		Procedures Section 19 – new section number for Vehicles on Site and addition of point 19.2	C Willoughby	May 2026
		Continence Procedures: Child Protection & Safeguarding Issues – statement added re dignity	C Willoughby	May 2026
		First Aid Procedures: Training for Staff – update to wording re pediatric first aid and EYFS Framework; Defibrillator – updated wording to include clear signage	C Willoughby	May 2026
		Lone Working Procedures: Controls – statement added re excessive tiredness	C Willoughby	May 2026
		Appendix 9 – change to wording re nut free policy (based on guidance that no	C Willoughby	May 2026

		setting can guarantee to be nut free)		

St Dominic Savio Catholic Primary School
Mission Statement

Serve the Lord with Joy

Joyful Worship

We love Jesus and the Gospel Values inspire us to worship Him as we pray and sing.

Joyful Learning

Every child works hard and enjoys learning new things to achieve their very best.

Joyful Community

We work together with kindness, caring for one another in our homes, school, Parishes and our wider global family.

ST DOMINIC SAVIO CATHOLIC PRIMARY SCHOOL
Health and Safety Policy

General Statement on Health, Safety and Welfare

St Dominic Savio Catholic Primary School is committed to providing and maintaining a safe, secure and healthy working environment for our staff, pupils, visitors, volunteers and contractors, and for ensuring that the schools' premises and activities do not adversely affect the health and safety or welfare of any person.

The school recognises the importance of promoting positive mental health and wellbeing and is committed to reducing work-related stress and supporting the wellbeing of staff and pupils.

The school aims to integrate health and safety into all activities, decision-making and planning processes so that it becomes an intrinsic part of the school culture.

The Headteacher and the Governing Board recognise and accept their responsibilities for putting the Health and Safety Policy into effect by:

- providing adequate control of the health and safety risks arising from the school's work activities;
- consulting with our employees on matters affecting their health and safety;
- providing and maintaining safe plant and equipment;
- ensuring the safe handling and use of substances;
- providing information, instruction and supervision for employees;
- ensuring all employees are competent to do their tasks, and to give them adequate training;
- preventing accidents and cases of work-related ill health;
- maintaining safe and healthy working conditions; and
- a regular review and revision as necessary of this policy including the organisation for its implementation and the health and safety procedures.

Employees have a duty to protect themselves and others by working safely, co-operating with the senior leadership team, observing all relevant information and instructions and reporting any health and safety matters in the health and safety log. Responsibilities for health and safety and the school's health and safety procedures are set out in the following pages.

Organisation and Responsibilities for Health, Safety and Welfare

The following organisational structure has been approved by the Governing Board to enable us to deliver the principles outlined above. Duties and responsibilities have been assigned to Staff and Governors as laid out below.

1. *Governing Board*

The Governing Board is the employer for the purposes of health and safety and accepts overall responsibility for ensuring compliance with relevant health and safety legislation.

The Governing Board will comply with any directions issued by Wokingham Borough Council (WBC) / Portsmouth Diocese concerning the health and safety of persons on school premises or taking part in school activities elsewhere. The Governing Board is responsible for health and safety matters at a local level. They accept that the delegation of funds from WBC / the Diocese carries with it some power of control and hence increased accountability. However, WBC / the Diocese will be informed of any issue which has significant health and safety implications and which cannot be resolved satisfactorily without their involvement.

2. *Headteacher*

Overall accountability for the day-to-day management of health and safety in the school rests with the Headteacher. Day-to-day responsibility for the management of health and safety is delegated to the School Business Manager. The School Business Manager will advise the Headteacher and Governors of the areas of health and safety concern which may need to be addressed by the allocation of funds. Matters requiring particular consideration by the Headteacher and School Business Manager will include:

2.1 Ensuring that there is an adequate system in place for the undertaking of risk assessment in compliance with the requirements of Health and Safety at Work Regulations 1999;

2.2 Ensuring that there is a management system for monitoring the effectiveness of health and safety arrangements, which form part of this policy;

2.3 Adequate staffing levels for safe supervision;

2.4 The delegated responsibility for maintenance of the premises;

2.5 The purchase of equipment to meet appropriate safety standards;

2.6 The repair, maintenance and testing of school equipment;

2.7 The provision of appropriate protective clothing where necessary;

2.8 The purchase and maintenance of first aid materials and fire-fighting appliances;

2.9 The funding of necessary safety training for staff;

2.10 The arrangements for securing health and safety assistance from a competent source;

2.11 The appointment of a Site Manager;

2.12 The provision of appropriate health and safety information to governors;

2.13 Ensuring termly evacuation drills and weekly fire alarm tests are carried out and appropriately recorded;

2.14 Overseeing all arrangements for educational visits and school journeys;

3. School Business Manager

The Site Manager is responsible to the School Business Manager. The School Business Manager shall:

3.1 In conjunction with the Headteacher, ensure that new risk assessments are written and implemented as required, and that existing assessments are monitored and reviewed;

3.2 In conjunction with the Headteacher, ensure that the correct procedure is followed for the reporting, recording, investigation and follow-up of accidents on the premises;

3.3 Ensure that the correct procedure is followed for the reporting, recording, investigation and follow-up of any health and safety issues raised by members of staff, including taking advice from WBC / the Diocese

3.4 Ensure that first aid provision complies with the First Aid procedures;

3.5 As part of the critical incident team, formulate and review the arrangements for action to be taken in an emergency and ensure that all involved are informed of the arrangements;

3.6 Report to the Headteacher any situation which is unsafe or hazardous to health and which cannot be remedied from within the resources available;

3.7 Ensure that all members of the Senior Leadership Team are kept informed of the names and details of those persons appointed to provide competent health and safety assistance;

3.8 Carry out induction training;

3.9 Ensure that all staff within the school are aware of their specific roles in case of fire and / or emergency.

4. Senior Leadership Team

All SLT members are responsible to the Headteacher (via the School Business Manager) for ensuring the application of this policy to all activities undertaken by their team. In particular, staff holding such positions of responsibility will:

4.1 Ensure that control measures are implemented, monitored and reviewed;

4.2 Ensure that appropriate safe working rules and procedures are brought to the attention of everyone concerned;

4.3 Ensure that accidents (including near misses) are promptly reported and recorded using the appropriate forms;

4.4 Ensure that adequate levels of class supervision are available at all times;
Have access to the School's and WBC's health and safety policies and risk assessments and ensure that their staff are aware of and make use of such guidance including that available in electronic format;

4.5 Identify specific staff health and safety training needs and inform the School Business Manager accordingly;

4.6 Consult with their staff on any matters which may affect their health or safety whilst at work;

4.7 Ensure that levels of first aid provision remain adequate for the activities being undertaken;

4.8 Refer health and safety problems raised by their staff to the School Business Manager

4.9 Ensure that all pupils are given the necessary health and safety information and instruction prior to commencing practical activities which may involve some risk;

4.10 Ensure that good standards of housekeeping are maintained;

5. *Teaching Staff and Teaching Assistants* (including supply teachers)

Teachers and Assistants are responsible for the health and safety of all children while under their control. Teaching Staff and Assistants shall:

5.1 Ensure effective supervision in accordance with the school's health and safety policies and risk assessments. The staff / pupil ratio, the abilities and age of the children involved and the activities to be undertaken all need to be considered;

5.2 Ensure that accidents (including near misses) are promptly reported and recorded using the appropriate forms;

5.3 Remove from use and inform the Site Manager of any equipment / appliance which has been identified as being unsafe and which is in need of repair;

5.4 Ensure that children follow school rules and safety instructions are given prior to commencing practical sessions;

5.5 Ensure that all safety devices and personal protective equipment are suitable, in good condition and used when appropriate;

5.6 Know the location of the nearest firefighting equipment and first aid box, and the emergency procedures in respect of fire or other emergency;

5.7 Ensure that levels of first aid provision remain adequate for the activities being undertaken;

5.8 Ensure that any off-site activity has been risk assessed in advance and complies with policy

6. *Site Manager*

The Site Manager is responsible to the School Business Manager. Duties include:

6.1 Arranging for the repair, replacement or removal from service of any item of furniture, apparatus or equipment, which has been identified as unsafe;

6.2 Taking appropriate action when necessary to prevent injury to others on the site who might otherwise be exposed to unnecessary dangers;

6.3 Participating in termly premises inspections in addition to paying particular, ongoing attention to the building structure, services, access to/egress from the school and main circulation areas;

6.4 Ensure that the cleaners and any other site staff are adequately supervised;

6.5 Advising the School Business Manager of any premises or equipment defect that is identified as being unsafe and taking whatever action is necessary to minimise the risk until repairs can be arranged;

6.6 Liaising with and monitoring, as far as is reasonably practicable, the activities of contractors (including catering, cleaning and grounds staff) visitors and others on the site to ensure that any risks to the health and safety of staff and others are kept to a minimum;

6.7 Ensure that accidents (including near misses) are promptly reported and recorded using the appropriate forms.

7. *All Employees* [including office and temporary staff and volunteers]

All employees have general health and safety responsibilities both under criminal and civil law. Staff must be aware that they are obliged to take care of their own safety and health whilst at work along with that of others who may be affected by their actions.

Employees must also co-operate with the Governing Board and Senior Leadership Team so that they fulfil any legal requirements placed on them as employers and/or persons in control of premises. All employees are required to:

7.1 Comply with all school Policies, take account of existing Risk Assessments and participate

in the process for new Risk Assessments and the revision of existing Assessments as appropriate; participate, where appropriate, in the development, review and implementation of risk assessments;

7.2 Report all defects in the condition of the premises or equipment of which they become aware;

7.3 Report accidents according to the procedures included in this document;

7.4 Report any unsafe working practices to the School Business Manager

7.5 Be familiar with the procedure to be followed in the event of a fire or other serious emergency;

7.6 Make use of all necessary personal protective equipment provided for safety or health reasons;

7.7 Suggest any improvements to the School Business Manager that they consider would improve health and safety standards within the school.

8. *Children*

All members of staff should encourage children to follow safe practices and observe all school safety rules. In particular, all children will be asked:

8.1 To follow all instructions given by any member of staff, including in the case of an emergency;

8.2 Not to interfere with equipment provided for safety purposes e.g. fire extinguishers etc;

8.3 To inform any member of staff if they feel unsafe at any time

Pupils will be encouraged to take increasing responsibility for their own health and safety appropriate to their age and understanding.

9. *Staff Safety Representative*

Health and safety at work law provides for the appointment of trade union appointed safety representatives from amongst the employees. Where the Governing Board is notified in writing of such an appointment, the safety representative shall have the following functions:

9.1 To make representations to the School Business Manager on general matters affecting the health, safety and welfare of employees;

9.2 To carry out workplace health, safety and welfare inspections;

9.3 To attend any safety committee meetings;

9.4 To co-operate with his or her employer in promoting health and safety at work.

Names of appointed Safety Representatives:

Name	**Contact Details**	**Area Covered**
	Via school	
	Via school	

10. *Health & Safety Governor*

The School has a Health & Safety Governor, who reports into the Resources Committee with regard to health and safety.

10.1 The Health and Safety Governor will partake in regular Health and Safety inspections (once per term) with the School Business Manager and the Site Manager.

10.2 The Health and Safety Governor will submit a termly report to the Governing Board for their consideration.

St Dominic Savio Catholic Primary School

Principal Health and Safety Procedures

The following procedures have been established within the School to eliminate or reduce health and safety risks to an acceptable level and to comply with minimum legal requirements:

1. Emergencies

1.1 Procedures for dealing with emergencies and major incidents are included in the School's Rainbow Plan. Procedures for incidents outside normal working hours can be accessed by the Headteacher, Assistant Headteachers, School Business Manager or the Chair of Governors. *Emergency arrangements include fire evacuation, lockdown, severe weather, critical incidents and business continuity arrangements.*

1.2 These procedures will be reviewed at least annually.

2. Accident Reporting, Recording & Investigation

2.1 Employees must report all accidents, incidents, dangerous occurrences, violent incidents, verbal abuse and near misses in accordance with the Accident Reporting Procedure.

2.2 All accidents, dangerous occurrences, and near misses must be reported on the appropriate form (available on MS Teams Health and Safety channel).

2.3 "Near Misses" must also be reported. These are incidents that occur but where no injury or damage is sustained but could, potentially, have been serious incidents. Remedial action taken promptly after a near miss can prevent a serious accident occurring later.

2.4 The School Business Manager must review every incident and ensure a copy is kept at school.

2.5 The Headteacher or School Business Manager must investigate accidents and take steps to avoid recurrences.

2.6 All reportable incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) will be reported without delay in accordance with statutory requirements and Local Authority procedures.

2.7 Reportable over-seven-day injuries must be notified in accordance with current RIDDOR requirements.

2.8 Accident trends will be monitored termly to identify recurring hazards and areas requiring further control measures.

3. Asbestos

3.1 The school maintains and regularly reviews an asbestos management register and asbestos management plan.

4. Contractors

4.1 Contractors are required to read the Health & Safety instructions for contractors on arrival at the School Office and are then asked to report to the Site Manager who will ensure that the contractors adhere to the instructions. School equipment will not be loaned to contractors.

4.2 Contractors must comply with safeguarding and visitor management procedures whilst on site.

5. Drugs & Medications

5.1 Staff have a duty of care towards pupils during the school day and during school activities. Parents/carers complete a Medical Information Consent Form with regard to the storage or administration of drugs and medications in school.

5.2 Staff receive training on specific emergency medications as required.

5.3 Medications such as Epi-pens and Inhalers are named and usually stored in the medical room, although some children under medical guidance carry their medication on their person. Parents/carers remain responsible for ensuring all medications remain in date. The

School also carries out a termly audit of medicines left in its care and remind parents when medication is coming up to its expiry date.

5.4 Most medicines can be taken outside the school day. If this is not possible, parents or carers may come into school themselves to give children the prescribed dose.

Offsite or Residential Visits:

5.5 During any residential visit, any 'over the counter' medicine will only be administered in accordance with parental consent.

5.6 During any offsite visits if a child becomes ill, unless an emergency, a parent or carer will be contacted to collect the child as soon as possible. There are insufficient staff / pupil ratios to remove the child from the group.

6. Electrical Equipment [fixed & portable]

6.1 Portable electrical equipment will be inspected and tested at intervals determined by risk assessment and current Health and Safety Executive guidance. Records are maintained by the School Business Manager. Any other electrical equipment is not permitted on site, unless accompanied by a current PAT certificate or proof of purchase within the previous 12 months. Defective equipment must be taken out of use and reported to the Site Manager.

6.2 The fixed wiring installation is inspected each 5 years by a competent contractor. Records are maintained by the School Business Manager.

7. Fire Precautions & Procedures

7.1 General fire safety, emergency evacuation procedures and fire precautions are centrally held in the main school office.

7.2 All exit doors are clearly marked and emergency evacuation procedures and fire precautions displayed. Fire drill takes place once a term.

7.3 Entrance and exits must be kept clear of any obstruction to ensure the building can be evacuated effectively.

7.4 In the event of a fire alarm all staff on site will evacuate pupils and others to the designated assembly point. The automated fire alarm system is linked to a monitoring service which will contact the emergency services where appropriate.

7.5 The fire alarm system is tested weekly by the Site Manager and serviced at least every six months by a competent contractor and recorded on Smartlog (online Health and Safety recording system).

7.6 Regular inspections of the premises and grounds are undertaken each term by the Site

Manager and the appointed Health and Safety Governor (A fire check list is available in the Fire Log Book.)

7.7 Details of service isolation points (i.e. gas, water, electricity) are located in the Rainbow Plan.

8. First Aid

8.1 The Headteacher will ensure that suitable and sufficient trained first aiders will be available on the site during opening hours. The School Business Manager should retain an up to date list of trained first aiders for the school.

8.2 There is a portable first aid post in the Junior hall, one in the outside toilet (Junior Playground) and one in the Yr2 toilets (Infant Playground). Each class has a basic first aid kit. A portable first aid kit is available to use outside of school and for sports events.

8.3 The contents of the first aid boxes are checked and replenished as necessary. A check should be made at least once a term.

8.4 The school will consider the provision of mental health first aid support and staff wellbeing initiatives as part of its wider duty of care. The school has appointed a Mental Health Lead.

9. Glass & Glazing

9.1 All glass in doors and side panels is safety glass, and any replacement glass will be of safety standard.

10. Handling & Lifting

10.1 Relevant staff will receive appropriate manual handling training in accordance with identified risks and responsibilities and follow the specific Risk Assessment for this activity.

11. Clothing, Hair and Jewellery

11.1 Children must wear appropriate PE kit for any physical exercise. Children must wear clothing and footwear which is safe and appropriate for all activities in accordance with the school uniform policy.

11.2 Long hair should be tied back at all times. Jewellery should only be worn in accordance with the school uniform policy.

12. Lone Working

12.1 All staff and contractors should follow the school's Lone Working Procedures.

12.2 Staff undertaking lone working activities should ensure they have access to a charged mobile phone or other suitable means of communication.

13. Safety Inspections

13.1 Safety inspections, using the premises check list, are carried out each term by the Site Manager, and the appointed Health and Safety Governor, and a report is given to the School Business Manager and the Resources committee.

14. School Trips/ Off-Site Activities and School transport

14.1 The school complies with WBC guidance when planning school trips, who to obtain approval from, when to notify Education Visit Adviser, emergency arrangements, parental authorisation, supervision requirements, first aid provision, name of school visits coordinator, etc. using the on-line programme called EVOLVE.

15. Smoking

15.1 The school buildings and grounds are a non-smoking site.

16. Staff Consultation

16.1 Staff may raise health, safety and wellbeing concerns and make suggestions for improvements to the Headteacher, School Business Manager or Health and Safety Representative.

17 Use of Visual Display Units (VDUs) / Display Screens

17.1 The school will ensure that staff who regularly use display screen equipment, including those working from home where applicable, are provided with appropriate information, guidance and workstation assessments in accordance with current DSE regulations and Local Authority guidance.

18. Water Hygiene / Legionella

18.1 The school will comply with statutory requirements relating to the control of legionella bacteria and water hygiene. Suitable risk assessments, water temperature monitoring, flushing regimes and remedial actions will be undertaken by competent persons and records retained.

19. Vehicles on Site

19.1 No vehicles are allowed to enter the playground area (beyond the side gates) on school term days between the hours of 08.00 and 18.00 without the prior permission of the Site Manager, who will carry out a dynamic risk assessment in each case.

19.2 Appropriate segregation of vehicles and pedestrians will be maintained wherever reasonably practicable.

The following policies and procedures should also be referred to:

Lockdown Procedures
Educational Visits Policy

Adrenaline Auto-Injector Protocol

This school recognises that there are some children in school who are prone to anaphylaxis when they come in to contact with particular allergens, whether that be through touch, inhalation or consumption.

Where children are prescribed with an Adrenaline Auto-injector (AAI) for the treatment of such anaphylaxis the school requests that at least one AAI is made available for the child in school. The AAI(s) will be stored in the school's medical room in a clearly named plastic wallet together with the child's 'Allergy Action Plan', any other medication such as antihistamine which relates to the treatment of the child's allergy and a pen. Office staff maintain a register of AAIs and their expiry dates and will endeavour to remind parents when a new AAI is required.

Since 1st October 2017 the Human Medicines (Amendment) Regulations 2017 allows schools to obtain, without a prescription, Adrenaline Auto-injectors, if they wish, for use in emergencies. This will be for any pupil who has been prescribed an AAI for treatment of anaphylaxis. The AAI can be used if the pupil's prescribed AAI is not available (for example, because it is broken, or empty). St Dominic Savio Catholic Primary School has chosen to keep an AAI in school for use in such emergencies.

THE EMERGENCY KIT

The emergency Adrenaline Auto-injector kit includes:

- 1 x 150 microgram Jext AAI (for use on pupils under the age of 6 – Foundation & Year 1);
- 1 x 300 microgram Jext AAI (for use on pupils aged 6-12 – Year 2 upwards);
- a pen;
- a copy of this protocol, including the administration record.

STORAGE AND CARE OF THE EMERGENCY ADRENALINE AUTO-INJECTORS

The school office staff will ensure that the following checks are made:

- on a monthly basis the AAIs are present and within their expiry date;
- that replacement AAIs are obtained when expiry dates approach;
- annual training of staff in the treatment of anaphylaxis is provided.

PARENTAL RESPONSIBILITIES

In all cases where a child has an AAI in school the school will request that an 'Allergy Action Plan' form is completed and signed annually.

The school asks that parents provide an in-date AAI for use in school at all times. It is best practice that two AAIs are supplied for use in school. The school will request this from parents, but it is the parent's responsibility to provide this. The school will keep a record of expiry dates and requests that replacements are provided in a timely manner when a child's medication reaches its expiry date.

RECOGNITION AND MANAGEMENT OF AN ALLERGIC REACTION / ANAPHYLAXIS

Signs and symptoms include:

Mild-moderate allergic reaction:

Swollen lips, face or eyes
Itchy/tingling mouth
Hives or itchy skin rash
Abdominal pain or vomiting
Sudden change in behaviour

ACTION:

Stay with the child, call to the office for emergency assistance giving the child's name stating allergy pack required – a member of staff will bring this immediately along with a mobile phone – this member of staff will stay with you
Give antihistamine according to the child's allergy treatment plan
Office staff will phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

Airway: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

Breathing: Difficult or noisy breathing, wheeze or persistent cough

Consciousness: Persistent dizziness, becoming pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
2. Use Adrenaline Auto-injector* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS
4. Office staff will use the override key for the main gate and unlock the playground gates if necessary to allow emergency access for the ambulance

*** IF IN DOUBT, GIVE ADRENALINEE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after five minutes, give a further dose of adrenaline using another Auto-injector device, if available.

Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

See appendices 1-2.

Asbestos Management Procedure

The standard we work to
St Dominic Savio Catholic Primary School will effectively manage asbestos in our school to ensure that no person, whether staff, pupil, contractor, volunteer or visitor, is avoidably exposed to the risks associated with asbestos.

Definitions
ACM: asbestos containing material either confirmed or presumed.
Contractor: anyone carrying out work at the school.
Volunteer: a non-employee carrying out work at the school without payment.

What is asbestos?
Asbestos is a material widely used in buildings before 2000. Breathing in it's airborne fibres can be dangerous. ACMs cannot be easily identified from appearance but examples of where it may be found include wall partitions, ceiling tiles, boiler lagging etc. In good condition and left undisturbed, it can be safer to leave ACMs in place.

Our arrangements and procedures
- Our school has been surveyed for asbestos; the asbestos file, which holds a diagram with the location of ACMs clearly marked, is held in the main office.
- As a warning, a label has been placed on known ACMs in main areas.
- This procedure forms part of the induction training for new permanent and temporary staff which includes being shown the asbestos file.
- Staff whose work might bring them directly into contact with ACMs will receive training in the risks and precautions to take.
- ALL contractors will be issued with a copy of the 'Contractors working on site – information and safety advice' leaflet and be shown the contents of the asbestos file. They must sign to confirm they have seen it.
- All staff must be vigilant and report any building damage to the Site Manager.
- A formal visual check of main areas will be included in the termly health and safety inspection.
- In the event of an inadvertent disturbance of asbestos fibres, evacuate the area and inform the Headteacher immediately. The Site Manager will barrier the area off and WBC will take over control. No person will enter the affected area until WBC has declared it safe and the Headteacher has given instruction to do so.

IF IN DOUBT, ALWAYS PRESUME A MATERIAL IS ASBESTOS
Need more information?
Contact the Site Manager or look in the online WBC Health and Safety Manual for Schools.

See appendix 3

This 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.

Where children are prescribed with a reliever inhaler the school requests that an inhaler is made available for the child in school. The inhaler will be stored in the school's medical room in a clearly named plastic wallet together with the child's 'Inhalers for Asthma' form which gives clear details on when the child will need to use their inhaler and dosages.

Since 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). St Dominic Savio Catholic Primary School has chosen to keep a salbutamol inhaler in school for use in such emergencies.

THE EMERGENCY KIT

The emergency asthma inhaler kit includes:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below); Guidance on the use of emergency salbutamol inhalers in schools 12
- a list of children permitted to use the emergency inhaler (see section 4) as detailed on their 'Inhalers for Asthma' form;
- a record of administration (i.e. when the inhaler has been used).

STORAGE AND CARE OF THE INHALER

The school office staff will ensure that the following checks are made:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

PARENTAL RESPONSIBILITIES

In all cases where a child has an inhaler in school the school will request that an 'Asthma Action Plan' form is completed and signed. This form will include authorisation for the child to use the school's emergency inhaler should the child's own not be available for any reason.
The school asks that parents provide an in-date inhaler for use in school at all times. The school will keep a record of expiry dates and requests that replacements are provided in a timely manner when a child's medication reaches its expiry date.

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 tummy ache)

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
- 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

See appendices 4-5

Continence Procedures

Continence and Toileting Issues in Schools

St Dominic Savio Catholic Primary School is committed to equal opportunities, in line with the Equalities Act 2010 and within the context of the school Mission Statement. It is important to be aware of the potential impact of self-esteem and to take every opportunity to support self-esteem and self-confidence in all areas.

The school needs to be prepared to deal with pupils who have wet or soiled themselves and therefore needs to have a continence policy setting out how wetting or soiling incidents will be dealt with. Many young children will have an occasional 'accident', others may be late-developers or there may be an underlying physical or psychological cause for the wetting or soiling. Schools may find that these types of issues become more acute because of the extension of Early Years provision due to both the increase in the number of hour's children may attend nursery and the early admittance to Reception as well as the increasing numbers of children with SEN entering mainstream education.

Child Protection & Safeguarding Issues

This policy will be carried out in conjunction with the school's Safeguarding policy. It may be important to keep a record noting the child's responses to personal care and any changes of behaviour.

The normal process of changing a nappy/ toileting should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process. Few schools will have the staffing resources to provide two members of staff for nappy changing and DBS (Disclosure and Barring Service) and pre-employment checks are carried out to ensure the safety of children with staff employed in childcare and education settings. If there is a known risk of false allegation by a child then a single practitioner should not undertake nappy changing. A student on placement should not change a nappy unsupervised.

Intimate care will always be carried out in a manner that promotes the child's dignity, privacy, independence and wellbeing.

Partnership with parents

Many parents feel anxious and stressed when their child has not gained key self-help skills by the time they start school. Parents are more likely to be open about their concerns regarding their child's learning and development when they are confident that they and their child are not going to be judged for the child's perceived delay in achieving key milestones. A meeting with parents to discuss and agree the required level of support should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child's needs.

The school will endeavour to find out about any religious, cultural or specific family values in relation to personal care management. Have agreed terms for parts of the body and bodily functions that are consistent and agreed across the team and with parents.

Parents will be expected to provide nappies, wipes, sacks and spare clothes where incontinence is regular.

Facilities

The Department of Health recommends that one extended cubicle with a washbasin should be provided in each school for children with disabilities. St Dominic Savio Catholic Primary School has a dedicated cubicle for this purpose with full changing facilities.

WBC recommends that there are two people present, although there is no legal requirement, whenever a school-aged child needs to be changed in a room or area with a no 'vision' panel.

Clean water facilities should be available at all times.

Procedure

The procedure to be followed when nappy and toileting incidents have occurred is set out Appendix 6.

Please see Appendix 7 for an example recording method.

Appendix 8 for detailed Continence Care Plan if required.

Infection Control

It is important that systems are in place to maintain health & safety.

The Department of Health suggests that all incidents of cleaning up of bodily fluid spills be dealt in the manner stated below:

- Spills of body fluids: blood, faeces, nasal and eye discharges, saliva and vomit must be cleaned up immediately.
- Wear disposable gloves. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- Clean and disinfect any surfaces on which body fluids have been spilled.
- Discard fluid-contaminated material in a plastic bag along with the disposable gloves. The bag must be securely sealed and disposed of according to local guidance.
- Contaminated clothing shall be doubled bagged to be sent home.

First Aid Procedures

These procedures will be reviewed every three years or sooner if necessary by the School Business Manager.

This procedure lays out the school's provision for first aid set out in the Health and Safety (First Aid) Regulations 1981 and Early Years Foundation Stage Statutory framework.

Management of First Aid
School provides immediate first aid for staff, pupils and visitors. Contractors working on site and groups hiring the school premises must provide their own first aid.
To ensure the correct management of first aid a risk assessment has been carried out by the School Business Manager and will be reviewed annually (or sooner if there are significant changes at the school) by the School Business Manager working with the governor with responsibility for Health & Safety.

Responsibilities

The Governing Board
As a voluntary aided school the Governing Board is the employer and is responsible for the school's Health and Safety Policy. This First Aid Procedure should be read in conjunction with the Health and Safety Policy. It provides the detail specific to the management of First Aid in the school. The Governing Board will ensure that current insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

The Headteacher
The headteacher is responsible for putting the procedures into practice, developing any further detailed procedures and ensuring that staff and parents are aware of them. In addition the headteacher will:

- Ensure staff are informed of first aid arrangements including the location of equipment, facilities and first aid personnel.
- Ensure new staff and pupils understand first aid arrangements as part of their induction.
- Ensure relevant notices are displayed (e.g. location of first aid equipment, facilities and names of first aiders)
- Monitor the effectiveness of procedures
- Review the school's first aid needs

Teachers and other school staff
Teachers' conditions of employment do not include giving first aid however any member of staff may volunteer to undertake these duties. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times particularly in emergencies, to secure the welfare of pupils at the school in the same way that parents might be expected to act towards their children. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Training for staff

The school will have at least one **First Aider** (with an approved, current First Aid at Work training certificate) on site during school hours. In addition other members of staff will have a current **Emergency First Aid at Work *for Schools*** certificate. ~~There will also be members of staff who receive **Paediatric First Aid** training. Numbers will reflect the current risk assessment and the requirements of the Early Years Foundation Stage Statutory Framework~~. *The school will ensure compliance with the current Early Years Foundation Stage (EYFS) statutory framework requirements for paediatric first aid. At least one person holding a current full Paediatric First Aid certificate will be on the premises and available at all times when EYFS children are present and will accompany children on outings.* Refresher courses will be attended as appropriate to maintain the validation of the certificate. Organising training will be the responsibility of the School Business Manager. ~~A record of training dates and expiry dates of certificates will be maintained. A list of trained personnel will be displayed in a suitable location~~. *The School Business Manager will maintain an up-to-date record of all paediatric first aid qualifications and renewal dates.*

Duties of the First Aider

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- Where necessary ensure that an ambulance or other professional medical help is called. This will normally be a member of office staff but may be another member of staff present at the time.

Appointed Person

This is the person with the responsibility of looking after first aid equipment including restocking and checking all first aid boxes on a regular basis. The appointed person will also order new stock and ensure that spare stock is kept within date and discarded safely after the expiry date has passed. This person will be first aid trained.

First Aid Containers

First aid containers will be:

- **Located** in the first aid room and at sites around the school reflected in the risk assessment.
- Marked with a **white cross on a green background.**

In line with HSE (Health and Safety Executive) recommendations, where no specific risk is identified, the minimum provision will be:

- A leaflet giving general advice on first aid.
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium sized (approximately 12cm x 12cm) individually wrapped sterile un-medicated wound dressings

- Two large sized (approximately 18cm x 18cm) individually wrapped sterile un-medicated wound dressings
- One pair of disposable gloves (non latex)

Travelling first aid kits
These will be taken on all off-site visits. (See also Off Sites Visit Policy and Procedures). Such kits will contain:

- A leaflet giving general advice on first aid.
- Six individually wrapped sterile adhesive dressings
- One large (approximately 18cm x 18cm) individually wrapped sterile un-medicated wound dressing
- Two triangular bandages
- Two safety pins
- Individually wrapped moist cleansing wipes
- One pair of disposable gloves (non latex)
- Plus any other item needed for specialist activities (Teachers should check with the venue regarding first aid arrangements before the visit)

Defibrillator
There is a defibrillator on site located in a locked cabinet outside of the main school gates. *Clear signage identifying the location of the defibrillator will be displayed.* The School Business Manager is the Guardian of the defibrillator cabinet. Once a week a complete check of the cabinet is undertaken and recorded in the school office. This check ensures that all elements of the defibrillator are functioning correctly and that battery packs are in date. There is a diary note on the school's SIMS diary for replacement of the battery packs. The defibrillator is registered with the South Central Ambulance Trust. Upon calling the ambulance service and giving our location full instructions on opening the cabinet and administering the defibrillator will be given. The ambulance service should be called as a matter of course should it be thought that the defibrillator is required. The School Business Manager will ensure that any used defibrillator packs are replaced as a matter of urgency.

First Aid Accommodation
The school will provide a room suitable for medical treatment and for the care of pupils during school hours. The room will be designated and available for use during school hours. The room will have a sink and be located reasonably close to a WC. A refrigerator will also be provided for storage of ice packs or medication.

Hygiene and Infection Control
All staff must take precautions to avoid infection and must follow basic hygiene procedures. Staff will have access to single use disposable gloves, face masks and plastic aprons as well as hand washing facilities.
Care must be taken when dealing with blood or other body fluids and disposing of dressings or equipment.

Reporting Accidents and Record Keeping
Under the ~~Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)~~ *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)* some accidents must be reported to HSE.
The employer must keep a record of any reportable injury, disease or dangerous occurrence. LA (Local Authority) regulations will be followed.

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

- Accidents resulting in death or major injury (Including as a result of physical violence). These will be reported by telephone without delay and followed up within 10 days with a written report on form 2508
- ~~Accidents which prevent the injured person from doing their normal work for more than three days~~ *Accidents resulting in over-seven-day incapacitation* (Including as a result of physical violence). These must be reported within 10 days ~~on form 2508~~ *using the online HSE form.*

The school must also keep readily accessible **accident records** in either written or electronic format. These records must be kept for a minimum of three years.

A record of any first aid treatment given by first aiders and appointed persons or other member of staff will be completed. One copy will be given to the injured person to take home and a duplicate will be retained by school. This record will include:

- The date, time and place of the incident
- The name and class of the injured or ill person
- Details of the injury / illness and what first aid was given
- Name of the first aider or person dealing with the incident

This record will assist the school in tracking accident trends, areas for improvement, future first aid needs, undertaking investigations and will be used in reviewing the school's risk assessments.

Parents
Parents / guardians will be contacted in an emergency or if the school has any concerns about a child. Serious or significant incidents will be reported to the parent by telephone or verbally by the first aider, class teacher or other member of staff. A written record will also be given to the parent.

Procedures for specific medical issues will be outlined as appendices to this policy and will

be reviewed according to new guidance from the school nurse or in the light of changing school need.

See appendix 9

Lone Working Procedures

St Dominic Savio Catholic Primary School is committed to ensuring staff, volunteers and contractors enjoy a safe working environment. Lone working is to be actively discouraged and alternatives should be investigated. However, it is recognised that there are occasions when teaching, support, administrative, premises, cleaning staff or contractors may be required, or choose, to work alone or in isolated situations. This method of working may introduce risks into a normally non-hazardous work activity.

Categories of lone workers
At St Dominic Savio it is likely that a lone worker will most probably fall within one of the following categories:

- Those who work in an otherwise unoccupied building
- Those who work in an isolated part of the building / school grounds
- Those responding to an alarm call out after normal school hours

Definition of lone working
Where staff are engaged in work (either outdoors or indoors) where there are no other people who could reasonably be expected to come to their immediate aid in the event of an incident or emergency.

Risk Assessment
It is the responsibility of the Headteacher to ensure that all members of staff have read and understood the Lone Working Procedure and Risk Assessment.

A risk assessment must be undertaken for each Lone Worker / lone working episode.

Hazards identified will be evaluated by the Headteacher / School Business Manager for the likelihood of causing harm. Measures will be introduced if the assessment shows that existing precautions are inadequate to eliminate or adequately control the hazard. The risk assessment will be subject to review to ensure it is relevant to the current workings of the school.

Contractors will be given a copy of the Lone Working Procedure and Risk Assessment and will be required to complete an assessment relevant to the work they are undertaking before starting work. The contractor is required to fully comply with all aspects of the relevant Health and Safety legislation whilst working on site at St Dominic Savio Catholic Primary School.

Controls
Staff should seek the permission of the Headteacher to work alone in the building outside of normal school hours. Apart from the Headteacher, only the Site Manager, School Business Manager, Assistant Headteacher and AMI Security and Facilities Management Ltd have keys to the building.

The experience and training of all staff and the activities to be undertaken will be taken into consideration before allowing lone working. Lone workers must be considered capable of responding correctly in an emergency situation by the Headteacher. Whenever possible it is recommended that staff work with a partner.
Staff should not enter the school premises if there are signs of a break in or intruders. Normally

the intruder alarm will have been activated, The Banham Group monitor the alarm system, and police are automatically notified if the alarm has been activated by more than one sensor.

Staff should shut doors when lone working and ensure that areas of the school not in use are kept secure. Staff should not place themselves in danger by challenging intruders or vandals but should call the police for assistance.

Staff should not work alone if they have medical conditions that might cause incapacity or unconsciousness.

All lone working staff should establish and record on their risk assessment their own checking in and out system with family, friends or work colleagues. It is advised that lone workers provide a relative or friend with a telephone contact number (Headteacher, Site Manager or School Business Manager) to call if the lone worker fails to return home at the expected time. If they have been unable to check in with family or friends they may register their arrival time 8.30 – 4pm (Monday to Friday) by calling 0118 974 6105 to log in and will be asked to provide reception staff with their name, school and mobile/home telephone number. When they are ready to go home then they are asked to call back on 0118 974 6105 to log out by 4pm.

All lone working staff should sign in on arrival and sign out on departure of the building.

Staff should avoid excessive working hours and ensure appropriate rest breaks are taken to support health, safety and wellbeing.

Staff working alone have a responsibility for making themselves familiar with and following the school's safety procedures and location of safety equipment.

Contractors should have access to their own first aid kit suitable for treating minor injuries.

Lone workers should not undertake activities that involve the handling of money, working at height or any task that has been identified as medium or high risk or which are potentially hazardous given their own level of experience and the nature of the task.

All school personnel are reminded about the importance of maintaining a healthy work / life balance.

It is the responsibility of all school personnel and contractors to adhere to the lone working procedures and to report any difficulties, failure of equipment or general concerns on health and safety to the Headteacher or School Business Manager using the health and safety log on MS Teams.

The School respects the right of the employee, under the Trade Union Reform and Employment Rights Act 1993, to refuse to carry out work where there is a serious and imminent risk of danger. They also can advise others to do the same without being dismissed as a result. Staff should be proactive in bringing any aspect of work-related risks to the Headteacher or School Business Manager.

Following any incident an investigation will be carried out and its findings used to

inform changes to procedures and working practices.

See appendix 10

Appendix 1: Allergy Action Plan

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Allergy Action Plan

CHILD'S NAME _____

EARLY YEARS SETTING / SCHOOL _____

HAS THE FOLLOWING ALLERGIES: _____

Child's date of birth

_____

NHS Number (If known)

_ _ _ / _ _ _ / _ _ _ _

Photo

Emergency contact number

_____

Alternative emergency number if parent / guardian unavailable

_____

CONSENT

☐ I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS).

☐ I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above.

☐ I will ensure that the above medication is kept in date and replaced if used.

☐ I consent for my child's action plan and photo to be displayed within EYS / school

☐ I consent to the use of the school's generic adrenaline auto injector if available (for those that already have an autoinjector prescribed)

Your name (Print)

_____

Your signature

_____

Please circle Parent /Guardian

EMERGENCY TREATMENT

Name of adrenaline auto injector _____

How many adrenaline auto injector been prescribed for use in school? _____

Name of antihistamine (medicine for allergies). _____
Refer to label for dosage instructions

Name of inhaler (if prescribed) _____

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Give antihistamine according to the child's allergy treatment plan.
- Locate adrenaline auto-injector (s)
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.

Watch for signs of ANAPHYLAXIS

(Life-threatening allergic reaction):

Airway:	Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.
Breathing:	Difficult or noisy breathing, wheeze or persistent cough.
Consciousness:	Persistent dizziness / becoming pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE of these signs is present:

1. **Lie child flat.** If breathing is difficult allow to sit.
2. **Use adrenaline auto injector without delay**
3. **Dial 999 to request an ambulance*** and say ANAPHYLAXIS (ANA-FIL-AX-IS)

If in doubt give adrenaline auto injector

After giving adrenaline auto injector

1 Stay with child until ambulance arrives; do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose of** adrenaline auto injector (if available) in the alternate leg

*you can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze)

Allergy action plan will be reviewed on notification of any changes

School Nursing Subgroup V7 August 2023

Appendix 2: Record of auto-injector administration

St Dominic Savio Catholic Primary School

Adrenaline Auto-injector Administration Record

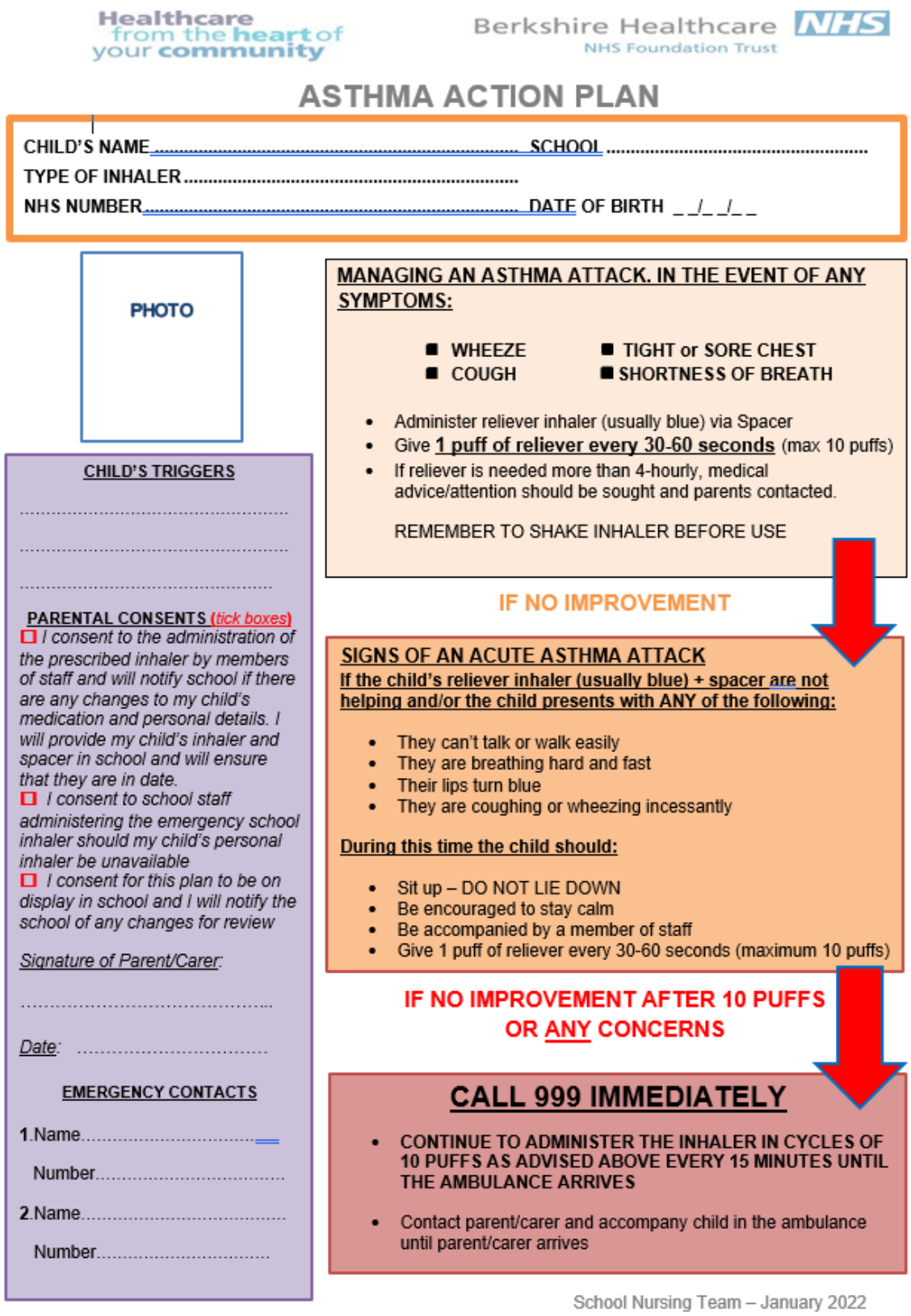
AAI Adminstered		**Administered to:**	**Date:**	**Time:**	**By:**
Jext 150	Jext 300				

Appendix 3: Headteacher Asbestos Checklist

ASBESTOS MANAGEMENT

- ☐ Designate an accessible place for the school's asbestos file to be kept and inform all staff of its location.
- ☐ Tell staff where any asbestos or presumed asbestos is located and how it will be managed to protect everybody's health.
- ☐ Train staff whose jobs might cause them to disturb asbestos.
- ☐ Prepare a local policy / procedure for asbestos management including the actions to take in the event of an accidental release.
- ☐ Bring the procedure to the attention of all staff; ask them to be vigilant and report any damage to asbestos or presumed asbestos.
- ☐ Put a contractors signing in book in place.
- ☐ Refer ALL contractors to the school's asbestos file BEFORE they start work and get them to sign the acknowledgment in the signing in book.
- ☐ Ensure that full asbestos surveys are carried out at the planning stage of a self-managed project involving extensive work to the school.
- ☐ As part of the school's termly health and safety inspection a visual check of all known and presumed asbestos will be made.
- ☐ Report any asbestos related incidents to WBC Property Services and isolate / secure the affected area.

Appendix 4: Asthma Action Plan



Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

ASTHMA ACTION PLAN

CHILD'S NAME..... SCHOOL .....

TYPE OF INHALER.....

NHS NUMBER..... DATE OF BIRTH _ _/_ _/_ _

PHOTO

CHILD'S TRIGGERS

.....

.....

.....

PARENTAL CONSENTS *(tick boxes)*

☐ *I consent to the administration of the prescribed inhaler by members of staff and will notify school if there are any changes to my child's medication and personal details. I will provide my child's inhaler and spacer in school and will ensure that they are in date.*

☐ *I consent to school staff administering the emergency school inhaler should my child's personal inhaler be unavailable*

☐ *I consent for this plan to be on display in school and I will notify the school of any changes for review*

Signature of Parent/Carer:

.....

Date: .....

EMERGENCY CONTACTS

1.Name.....

Number.....

2.Name.....

Number.....

MANAGING AN ASTHMA ATTACK. IN THE EVENT OF ANY SYMPTOMS:

- WHEEZE
- COUGH
- TIGHT or SORE CHEST
- SHORTNESS OF BREATH

- Administer reliever inhaler (usually blue) via Spacer
- Give **1 puff of reliever every 30-60 seconds** (max 10 puffs)
- If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.

REMEMBER TO SHAKE INHALER BEFORE USE

IF NO IMPROVEMENT

SIGNS OF AN ACUTE ASTHMA ATTACK

If the child's reliever inhaler (usually blue) + spacer are not helping and/or the child presents with ANY of the following:

- They can't talk or walk easily
- They are breathing hard and fast
- Their lips turn blue
- They are coughing or wheezing incessantly

During this time the child should:

- Sit up – DO NOT LIE DOWN
- Be encouraged to stay calm
- Be accompanied by a member of staff
- Give 1 puff of reliever every 30-60 seconds (maximum 10 puffs)

IF NO IMPROVEMENT AFTER 10 PUFFS OR ANY CONCERNS

CALL 999 IMMEDIATELY

- CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS AS ADVISED ABOVE EVERY 15 MINUTES UNTIL THE AMBULANCE ARRIVES
- Contact parent/carer and accompany child in the ambulance until parent/carer arrives

School Nursing Team – January 2022

Appendix 5: Parent information letter

Child's name: ……

Class: ……

Date: ……

Dear……,

This letter is to formally notify you that……has had problems with his / her breathing today. This happened when ……

……

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs.

[*Delete as appropriate*]

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours faithfully,

St Dominic Savio Catholic Primary School

Appendix 6: Intimate care procedures

To change a child standing up:

- Take the child discretely to the changing area
- If possible have two people present.
- ~~Always a disposable Latex Apron~~ *Always wear a disposable plastic apron.*
- Always wear gloves for any bodily fluids or faeces
- Remove the child's nappy and place in a plastic bag.
- Clean the child's bottom with the supplied and appropriate wipes or cloth
- Remove the gloves now, before you touch a clean nappy or touch the child's clothes. Remove gloves by peeling back from your wrists. Do not let your skin touch the outer contaminated surface of the glove. Put the gloves in the bag.
- Remove the apron and place in the bag and then double bagged and place in an appropriate bin.
- Place clean nappy on the child
- Dress the child.
- Get the child to wash their hands, wash your hands
- Complete a record of the time of change and those present
- Return child to class

To change a child on a change mat:

- Take the child discretely to the changing area
- Ensure that there are two people present (recommended for school age children but not required)
- Place paper towel on the change mat
- Always wear a disposable apron
- Always wear gloves for any bodily fluids or faeces
- Ask child to lay on the paper towel on the change mat
- Remove the child's nappy and any soiled clothes and place in a plastic bag
- Clean the child's bottom with the supplied and appropriate wipes or cloth
- Remove the paper and put it in the bag
- Remove the gloves now, before you touch a clean nappy or touch the child's clothes. Remove gloves by peeling back from your wrists. Do not let your skin touch the outer contaminated surface of the glove. Put the gloves in the bag.
- Remove the apron and place in the bag and then double bagged and place in an appropriate bin.
- Place clean nappy on the child
- Dress the child.
- Get the child to wash their hands, wash your hands
- Complete a record of the time of change and those present
- Return child to class
- Clean the change mat and ensure any cleansing material is also double bagged
- Wash your hands

Appendix 7: Record of Intimate Care

Date	Child	Staff	Time and duration	Comment	Staff signature

Appendix 8: Continence Care Plan

NAME	**D.O.B.**	**CLASS**

IDENTIFIED NEED:
RESOURCES:
ACTION TO BE TAKEN:
STAFF INVOLVED:

Signature of parent .....

Signature of School staff. .....

Review date.....

APPENDIX 9: Protocol for clinical procedures

The school understands that children may have individual medical need or requirements which may require the school to make reasonable adjustments in order to allow the child to fully access the curriculum and school life. The school is happy to work with parents and the child's doctor and medical advisers to meet the needs of the child within the capacity of the school.

The school will follow the LA Protocol for use of 'Clinical procedures By Staff and Carers in Children's Social Care and Educational Settings' (2005) and use the forms available in the appendices to this document as relevant in each individual case. These are:

IMP 1 – Consent to procedure by parent
IMP 2 – Information to be supplied by GP / consultant / paediatrician
IMP 3 – Certification that staff has been trained in the relevant procedure and is competent
IMP 4 – authorisation from the designated manager / headteacher for staff to carry out the procedure

Staff will be trained to carry out or assist with any procedures on a voluntary basis unless a duty is agreed to be part of the person's job description.
The school will trust staff to act in the best interests of the child using the training they have been given as well as their own professional skills.

Principles
The school understands the importance of supporting the social inclusion of children with disabilities or medical needs.

School will only carry out procedures that can be safely managed within the setting: Risk management, careful and adequate training of staff, provision of support and monitoring will be key elements in decisions taken before implementing any procedure. Insurance will also be checked.

Informed consent will be sought and carers' views will be discussed. Respect and privacy of the child and confidentiality of information will be maintained.

Any procedures carried out or medication given will be recorded.

Health care plan
Any child requiring medical support at school will be required to have a health care plan with authorisations from the GP/consultant and an agreement for that procedure to be undertaken by a staff member or by the child with a staff member supervising or by the child alone. The agreement will be signed by the child / parent / guardian and authorised by the school.

Clinical procedures
The school will carry out the following procedures which are not exclusive but other procedures will be considered on a case by case basis:

- Administration of adrenalinee will be according to care plans for children with allergies. All staff receive training in the administration of adrenalinee by the school nurse on an annual basis. A record of staff trained is maintained.

- Administration of asthma devices – an emergency asthma inhaler is available to be used for children who are prescribed with an inhaler but whose own device is not available.

- Administration of prescribed medication such as antibiotics where these have to be administered more than three times a day. A signed request for the school to administer medication must be completed when this is the case. A record will be kept and witnessed on this form each time the medication is administered.

Photo ID and details of children with allergies and special medical conditions are on display in the Medical Room and Staff room. A summary listing is also available from the Reception office for trips etc. and is run directly from the pupil database.

DEALING WITH CHILDREN WITH ALLERGIES
~~The school has a nut free policy.~~ *The school operates a nut-aware approach and seeks to minimise the risk of exposure to nuts and nut products.* This is communicated regularly through the school newsletter. Details of allergies are held on SIMS and recorded in each register and the school's medical files. Necessary medication is stored in the school's medical room and will be administered where necessary according to the child's allergy action plan. The school meal's kitchen deals with allergies on a case by case basis.

DEALING WITH CHILDREN WITH ASTHMA
As per care plans held in the medical room.

DEALING WITH CHILDREN WITH COMMUNICABLE DISEASES
The latest advice will be sought from the relevant NHS website as necessary.

Appendix 10: Lone Working Risk Assessment

RISK ASSESSMENT FOR:	**LONE WORKING** working in school alone / in isolated locations	
Establishment:	**Assessment by:**	**Date:**
1st Review Date Due :	**Manager Approval:**	**Date:**

Hazard / Risk	Who is at Risk?	How can the hazards cause harm?	Normal Control Measures	Are Normal Control Measures *Y/N/NA*	
				In Place	Adequate
Lone working working in school alone / in isolated locations	Staff Colleagues	Accident / injury, delayed assistance in emergency Physical assault / verbal abuse Cuts / abrasions, muscular skeletal and other physical injuries	• Only agreed risk tasks to be undertaken, Avoid high risk activities (e.g. working at height or with money) • Mobile phone available • Notify head teacher / manager of intention to work outside regular hours. • Reduce time spent working alone so far as is reasonably practicable. • Ensure a colleague, partner, friend etc is aware you are working alone and who to contact in the event of overdue contact. • Notify staff on site of location / estimated duration of task if working on site remote from others. • Adequate security in place. • Access to site controlled e.g. through coded doors etc. • Use of visitor badges / signing in book • Ensure all external doors / windows secured to prevent unauthorised access. • Do not allow access to unknown callers. • External lighting adequate • Key holders should be strictly controlled and numbers kept to a minimum.		

Additional Control Measures *(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).*	**Action by Whom** *(list the name of the person/people who have been designated to conduct actions)*	**Action by When** *(set timescales for the completion of the actions – remember to prioritise them)*	**Action Completed** *(record the actual date of completion for each action listed)*	**Residual Risk Rating**
Consideration given to staff at increased risk i.e. new or expectant mothers, inexperienced staff etc. and lone working activities avoided where practicable.				
DATE OF REVIEW: *Record actual date of review*	**COMMENTS:** *Record any comments reviewer wishes to make. Including recommendations for future reviews.*			
DATE OF REVIEW:	**COMMENTS:**			
DATE OF REVIEW:	**COMMENTS:**			

RESIDUAL RISK RATING	ACTION REQUIRED
VERY HIGH (VH) Strong likelihood of fatality / serious injury occurring	**The activity must not take place at all.** You must identify further controls to reduce the risk rating.
HIGH (H) Possibility of fatality/serious injury occurring	You must identify further controls to reduce the risk rating. Seek further advice, e.g. from your H&S Team
MEDIUM (M) Possibility of significant injury or over 3 day absence occurring	If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely.
LOW (L) Possibility of minor injury only	No further action required.