Dair House School
First Aid, Illness and Medication, Health Policy

Monitoring: Bursar Updated: November 2018 Review: August 2019

Children and young people have the right to be healthy, safe and secure at school. To ensure this we have three health related policies in place at Dair House School:

- First Aid Policy;
- Illness and Medication Policy;
- Health Promotion Policy.

First Aid

First Aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation, the school must ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.
This First Aid Policy also applies to EYFS

Basic principles of First Aid:

- do not move a child if you suspect a fracture of any sort;
- burns or scalds should be held under cold running water for 10 minutes;
- if an individual is not breathing and has no pulse, CPR should be given. Compressions should be given at the rate of 100/120 per minute. If you are trained in CPR you can also give rescues breaths in the ratio of 30 compressions to 2 breaths. An ambulance should be called immediately;
- pressure and elevation to serious cuts will prevent blood loss and shock;
- clean water is best for cleaning wounds;
- keep calm – if you panic, so will your patient.

In an emergency please inform First Aider as quickly as possible indicating that it is a 'RED ALERT' also informing them if it is a burn, fall, head injury, cut etc. The First Aider will take her mobile phone with her in case of having to alert the Emergency Services immediately. The First Aider will take the large First Aid Box located in the Medical Room. A red laminated triangle will be kept in each classroom should a child need to be sent to the office for help in an emergency. A child carrying the red triangle will be treated as priority in the office. The portable, school telephone will be kept in the ASC room every day during 4pm and 6pm for emergencies.

There should be at least three emergency contacts collected by the Registrar for each child and these should be recorded on Schoolbase. One of these contacts should be someone reasonably local to the school and who is easily contactable during the school day.

Accident reporting

All accidents need to be recorded on the Accident Report Forms. Records are kept for 3 years. The original form should go to the Lead First Aider and a copy given to parents. New Accident Report Forms are kept in the Medical Room. If there is an injury to the head, a Head Injury Form must also be completed and a copy given to parents. This form advises parents on precautions to take regarding a head injury and possible concussion.

Accidents to employees or self-employed people working on the premises

The following accidents must be reported to HSE:

- accidents resulting in death or specified injury (please see HSE Specified Injuries to workers);
- accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 10 days of the accident.

HSE must be notified of fatal and major injuries and dangerous occurrences without delay http://www.hse.gov.uk/contact/index.htm . Other reportable accidents do not need immediate notification, but they must be reported to HSE within 10 days on Form F2508.

Accidents to pupils or visitors

Major accidents which involve pupils or visitors who are killed or taken from the site of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment) need to be reported without delay to HSE, followed by Form F2508. There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent. For further details, see HSE Incident reporting in schools - http://www.hse.gov.uk/pubns/edis1.pdf .

Minor accidents to pupils

All types of minor accidents are to be recorded in the accident book. Incidents that require medical attention outside school or a child being sent home are covered by the Accident Report Form. Parents are advised of the incident by telephone or in writing where deemed necessary – this occurs as soon as possible or at least by the end of the school day through the School Office or the class teacher. A Head Injuries form is sent home on the same day where an incident involving head injuries occurs. A note will be kept in the Medical Room Log of all telephone notifications, including details of who contacted parents, the time of call and details of event being notified. If a child is being sent home, there needs to be a record of this too.

Accident reports are continually analysed in order to investigate causes and to take necessary steps to avoid a recurrence. Any incidences that involve a 'near miss' must be reported to the Bursar so that he can take appropriate action.

First Aiders

First Aiders at Dair House School are:

Mrs Lorraine Wyatt	Paediatric First Aid + Diabetic Training
Mrs Mary Ford	Paediatric First Aid + Diabetic Training (EYFS)
Mrs Susan Kumar	Paediatric First Aid
Miss Ghazal Shafi	Paediatric First Aid + Diabetic Training
Mrs Clare Cox	Paediatric First Aid+ Diabetic Training
Mrs Nicky Cumming	Paediatric First Aid (EYFS)

The First Aider takes charge when someone is injured or becomes ill and ensures that an ambulance or other professional medical help is summoned when appropriate.
EYFS – a paediatric trained first aider must be in attendance at all times when EYFS children on site.

First-Aid Boxes

The School will ensure that adequate and appropriate facilities are provided for First Aid. The first-aid boxes will be replenished monthly and will be easily accessible to staff. Notices for the location of the First Aid Boxes are displayed in the staff room and medical room. The replenishment of the First Aid boxes and updating of notices are the responsibility of the Bursar.
The First Aid Kit from the changing room should be taken out by the teacher supervising playtime duty and for any sporting lessons or fixtures. A telephone should also be taken to any sporting fixtures both home and away so that help can be quickly sought in an emergency.
Location of First Aid Boxes:

Room 1:	Medical Room Large removable kit mounted on wall
	Travel kit for trips in tall cupboard
	Travel kit for KS2 swimming in swimming bag
	Travel kit for KS1 swimming in bucket
Room 2:	On hook above sink
Room 3:	In LHS cupboard next to sink
Room 4:	On wall next to sink
Room 5:	LHS cupboard next to sink
Room 7:	On shelf at rear of classroom
Room 8:	In cloakroom cupboard, RHS of door
Room 9:	On shelf above sink
Room 10:	On cabinet behind door
Room 11:	In cabinet at rear of classroom
Room 12:	On bookshelf at rear of classroom

Kitchen:	On the wall near the oven
Changing rooms:	For break time
Minibus	

There is also a Burns Kit in the Kitchen above the sink.

Emergency Treatment

The Children's Act 1989 provides sufficient authority to Heads and Teachers in loco parentis to authorise emergency treatment. Parental consent is obtained at enrolment for any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion as considered necessary by the medical authorities present.

First Aid updates for staff

Guidance on First Aid basics (resuscitation, choking and burns) are displayed on the staffroom noticeboard.

Emergency Protocols

We have children in our school with the following serious medical conditions and thus have specific guidelines for how these are managed at school: Allergies, Asthma and Diabetes.

Allergic reactions

Allergic reactions can be mild, moderate or severe. Most allergic reactions have mild to moderate symptoms, generally involving just one part of the body. For example, if a child has a food allergy they probably experience gastrointestinal symptoms and if they are allergic to latex their skin is most likely to show the reaction.
However, if someone has a severe allergic reaction (Anaphylaxis), many different parts of the body can be affected at the same time and can be fatal. The time it takes for symptoms of anaphylaxis to develop also depends on the cause. The way an individual reacts to a trigger can change over time. So even though they may only have ever had mild to moderate symptoms in the past, it does not mean that they are not at risk of a severe allergic reaction.
The triggers that cause anaphylaxis are not usually thought of as dangerous. The most common causes of anaphylaxis are food and venom (wasp or bee stings), however anaphylaxis can also occur after exercise. These guidelines have been drawn up to provide further information on the recognition of anaphylaxis and a procedure to be followed in the event of any emergency at Dair House School.
When a child has a minor allergic reaction they may experience tingling in their tongue, a rash, coughing and itching. Piriton can be administered for this, with parental permission and the child closely monitored and their parents informed.

If a child has a severe allergy and a severe allergic reaction (Anaphylaxis) and is having difficulty breathing, feeling faint, sweating and dizzy or has signs of facial swelling, then they require their EpiPen immediately. EpiPens are stored in named boxes in the KS1 classrooms and in the Medical Room for those in KS2 for proximity to the dining room.

Instructions on how to administer the EpiPen are kept in these boxes and staff are updated on their use every year:

- the blue cap should be removed from the pen and the injection, which can be given through clothing, administered in the outer thigh at a 90 degree angle and held in place for 5-10 seconds after delivery.
- once the needle is removed, the site should be gently massaged for 10 seconds.
- the child should lie flat with their legs up to keep their blood flowing.
- a child should be monitored closely after an EpiPen has been administered, an ambulance called (even if there are signs of improvement) and parents contacted.
- if there is no improvement in 5-10 minutes after the EpiPen has been administered a further dose, from an additional pen should be given in the opposite thigh.

School should request that parents give them at least two EpiPens per child. The EpiPens should be checked by the First Aid Lead every term to ensure that they are still 'in date'. Boxes containing EpiPens should travel with the child to all school fixtures and any trips outside of school.

Asthma

Asthma is a long-term medical condition that affects the airways. Children and young people with asthma have airways that are almost always red and sensitive. Asthma triggers then irritate these airways, causing them to react. When a child with asthma comes in to contact with an asthma trigger, the muscles around the walls of the airway tighten, the airways become inflamed and a sticky mucus can be formed. These reactions lead to the symptoms of asthma. The signs of an asthma attack are:

- persistent cough when at rest;
- a wheezing sound coming from the chest when at rest;
- difficulty breathing;
- nasal flaring and increased heart rate;
- feeling of a tight chest which younger children may describe as tummy ache.

Call an ambulance immediately if a child:

- appears exhausted;
- has a blue/white tinge around their lips;
- is going blue;
- has collapsed.

If a child is having an asthmatic attack and struggling to breathe:

- keep calm and reassure the child;
- do not put your arm around him / her;
- the child should be resting in a sitting position, facing a chair back with elbows elevated on to the top, away from cold air;
- bring the child their inhaler/spacer and immediately help them (if required) to take two puffs every two minutes (if required) up to a maximum of 10 puffs;
- if the attack shows no signs of abating after 10 puffs or you are worried at all at any time, call an ambulance.

If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

Storage of inhalers

A child with asthma will have a reliever inhaler, which is usually blue in colour. The inhaler should be taken immediately when asthma symptoms start. These inhalers are very safe and effective. Some children can get an increased heart rate and be shaky if they have taken a lot. In an attack, it is better that a child continues to take their inhaler until help arrives.
Children who need inhalers should be taught by parents when and how to administer their own medication. It is important that they do not treat inhalers as a toy but equally they should be allowed to use them as frequently as necessary. It is not harmful if a pupil without asthma misuses another child's inhaler. They may have an increased heart beat or feel a bit shaky but there will not be any long term affects.
Inhalers and spacers are stored in named boxes. In KS1 and EYFS, these are kept in the classrooms. Children in KS2 are considered mature enough to be responsible for their inhalers with agreement from their parents. Their inhalers which they carry should be named and a spare inhaler stored in a named box in the Medical Room.
Exercise can encourage breathlessness thus inhalers will need to be taken to sports activities and be available at playtimes.
Inhalers in school will be checked every term to ensure that they are up to date.

Monitoring and recording asthma attacks

Parents will be asked to complete an Asthma Care Plan and Consent form at the beginning of the school year. All teachers will be aware of which children require inhalers from the Medical Conditions List. Records should be kept of when a child has had an attack Parents should always be told if their child has had an attack that is out of the ordinary or more frequent than usual so that they can update the management plan for their child if need be.
Boxes containing the inhalers should travel with the child to all school fixtures and any trips outside of school.

Emergency Inhalers

We hold two emergency inhalers in school and these can be used by the children who have asthma, in an emergency situation, for example when theirs is lost or empty, with prior signed consent from their parents.

Type 1 Diabetes

Diabetes is a lifelong condition where the amount of glucose in the blood is too high because the body can't use it properly. This is because the pancreas doesn't make any or not enough insulin. Insulin is a hormone produced by the pancreas that helps glucose move into the body cells where it's used for energy. It acts as the 'key' to 'unlock' the cells to allow the glucose in. Once the door is 'unlocked', the glucose can get in to the cells and then be used as fuel for energy. If there's no insulin, glucose builds up in the bloodstream.
Glucose comes from digesting carbohydrate-containing foods which include starchy foods (such as bread, rice, potatoes), fruit, some dairy products, sugar and other sweet food.
Type 1 diabetes develops if the body can't make any insulin and it usually appears before the age of 40. It's by far the most common type of diabetes found in children.
Type 1 is always treated with insulin (either by injection or pump), plus following a healthy balanced diet and getting regular physical activity.
Type 1 diabetes is an autoimmune condition, meaning that the body has attacked and destroyed its own cells (in this case the insulin-producing cells in the pancreas). Nobody knows for sure why this happens, but it is nothing to do with being overweight or any lifestyle factors, and there is nothing that can be done to prevent it.
To make sure that a child with Type 1 diabetes stays well, it is important that their diabetes is managed well at school as well as at home. Both the parents and Diabetes Nurse Specialist will play a key role in liaising with the school and advising staff on how the condition is best managed. The day to day monitoring and management of a child with diabetes in KS1 will be carried out in the classroom by the class teachers. Staff will have an Individualised Health Plan (IHP) for the child. However all staff should be aware of the signs of both high and low sugar levels in a child with diabetes as these can both be dangerous conditions.

Hypoglycaemia (hypo)

Hypoglycaemia (low blood glucose) happens when a person's blood glucose level falls below 4mmol/l. All children with diabetes are likely to have mild hypos from time to time and they can come on very quickly. They might happen because the child:

- has had too much insulin;
- hasn't had enough carbohydrate food;
- has been more active than usual.

Most children will have warning signs of a hypo. These warning signs can include:

- feeling shaky;

- sweating;
- hunger;
- tiredness;
- blurred vision;
- lack of concentration;
- headaches;
- feeling tearful, stroppy or moody;
- going pale.

Hypos must be treated quickly by the staff who are involved in the child's care plan and these individuals must be alerted immediately. If left untreated, the blood glucose level will continue to fall and the child could become unconscious or have a seizure. A child should not be left alone during a hypo nor be sent off to get treatment for it.
In the unlikely event of a child losing consciousness, do not give anything by mouth. Place them in the recovery position (lying on their side with the head tilted back). Call an ambulance, and tell them the child has diabetes, and contact their parent.

Hyperglycaemia

Hyperglycaemia happens when blood glucose levels rise too high. All children are likely to have high blood glucose levels sometimes, and they might happen because the child:
- has missed an insulin dose or hasn't taken enough insulin;
- has had a lot of sugary or starchy food;
- has over treated a hypo;
- is stressed or unwell;
- has a problem with their pump.

The symptoms of hyperglycaemia don't come on quickly and generally build up over a period of hours. They can include:
- thirst;
- passing urine frequently;
- tiredness;
- feeling sick;
- tummy ache;
- blurred vision.

Hyperglycaemia must be treated quickly by the staff who are involved in the child's care plan and they must be alerted immediately. Treatment includes:
- taking an extra dose of insulin;
- drinking plenty of sugar-free fluids;
- allowing the child to use the toilet whenever they need to;
- testing the blood or urine for ketones.

Automated External Defibrillator (AED)

An AED is mounted on the wall in the Reception and Y1 Cloakroom. The AED should only be used when an individual is suffering from a cardiac arrest as opposed to a heart attack. Cardiac arrest is when the heart has stopped thus preventing oxygen reaching the body and most importantly the brain. When cardiac arrest occurs, breathing will also stop or become very abnormal.
Cardiac arrests can happen as a result of:

- Heart and circulatory disease;
- Loss of blood;
- Trauma;
- Electrocution;
- Sudden arrhythmic death syndrome (SADS).

During a cardiac arrest, CPR helps in the circulation of oxygen to the body and this should be started immediately and a 999 call made. Defibrillation can be used to attempt to restore a normal heart rhythm and hence restore blood and oxygen circulation to the body. However, some people in cardiac arrest can have a 'non shockable rhythm' in which case CPR must be continued until the emergency services arrive. The sooner defibrillation can be administered to someone in cardiac arrest, the greater the chance of survival.
If possible, one person should continue with CPR and another set-up and attach the AED. The AED will only administer a shock if the patient's heart is in a shockable rhythm. The AED will continually analyse the patient's heart rhythm and continue to provide ongoing instructions to the user.
Training is not required to use the AED but staff have been advised about its use. The machine has clear audio step by step instructions. Users will be warned to step back when analysing the heart rhythm and prior to giving a controlled electric shock. Paediatric pads should be used for children aged 1-8 years. It is not suitable to use it on a child under 12 months. The AED can be used on a pregnant woman. An emergency operator will also explain how to use the machine if necessary.
The AED is in a locked, alarmed cabinet mounted within adult reach on the wall. The key is left in the lock for emergencies. The Bursar will ensure that the local ambulance service is informed of the make, model and location of the AED and any access arrangements, in order to assist 999 operators and ambulance crews. If the AED has been used, all pads need to be checked and replaced. The AED will checked for a warning light every week by the First Aid Lead and the date it is checked recorded in a notebook above the AED. A useful document, Automated External Defibrillators (AEDs): A Guide for Schools April 2016 outlines the use of this equipment.

Illness and Medication Policy (Also applies to EYFS)

Staff Chaperones

In any instance where a pupil requires even the most basic of examinations (eg stomach pains or cuts/bumps under clothing etc) the member of staff in attendance in the First Aid room should request a chaperone to be present.

Notifiable diseases

A list of notifiable diseases and how to report them is included in Appendix 8: Guidance on Notifiable Diseases and Causative Organisms https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases

The following need to be noted including:

- date and diagnosis of the disease;
- who is affected;
- the name of the disease.

Medical Room Log

A book is kept in the Medical Room where any medical issues/visits to the Medical Room during the school day are logged. Records are kept of the reason and time of a visit, any assessments made and the outcome. This Log will be stored for 3 years. If a child is a regular visitor to the Medical Room, the timing and reasons for their visits can be analysed to see any patterns.

Sick children

If a child is unwell and needs to go home, please take them to the school office where the School Office will contact home and ask a parent or responsible adult to collect the child. A note will be made in the Medical Room recording details such as day, time, reason, who is collecting. If in doubt about the need to send a child home, please take them to the Medical Room for assessment and the School Office will speak with their form teacher before a final decision is made. If children are not well enough to join in all school activities they should not be in school.

Parents are reminded that it is important that the school knows if any children are off school with diarrhoea and vomiting. It is important that they do not return to school until free of symptoms for 48 hours.

Medicine in school (also applies to EYFS)

Parents are primarily responsible for obtaining supplies and administering medicines.
Staff are under no obligation to administer medicine to children. Administration of medication in school will be mainly undertaken by the School Office or another First Aider.
A written indemnity form, signed by the parent, confirming that no member of staff will be held culpable as a result of administering the appropriate medicine, should be completed and kept on the white board in the Medical Room for the duration of the instruction. The medication needs to be clearly labelled, stating the exact dosage and timing of administration. If there are any doubts about a medication, the parent will be asked to come in to administer the medicine to their child.
Medicines should only be brought into school by an adult. A child must never be allowed to administer their own medicine except for agreed asthma inhalers. Medication must be stored in the cupboard or fridge in the Medical Room.
A record will be made on the white board, as well as in the Medical Room Log, of any medication that has been given to a child that day. Details to be recorded include time of administration, the child's name, dosage and who administered the medication. If medicine is given in line with the Medicines Consent Form then this can be confirmed to parents when the medicine is collected by them at the end of the day.
Where there is a need to administer Calpol (or similar) from the school's supply, parents must be contacted before to give initial verbal approval – confirmation of this should then be given to parents when collecting their child.
If a parent has given permission for a medication to be given 'if required', then the parent should be notified by email the same day with the time at which the medication was given. This is particularly important for Paracetamol based products and antihistamines so there is no risk of overdose.
If a parent cannot be contacted to confirm that their child has NOT had a Paracetamol or antihistamine dose that morning, a dose will never be given before 12.30pm. In this situation, if the child in question has a fever and parents cannot be contacted, Nurofen can be given with the Headmaster's consent. Nurofen should not be given to children who have asthma.
Children, particularly in Key Stage 2, will be encouraged to become confident with managing their own long-term medication under supervision. For example, those children requiring creams for Eczema will be encouraged to apply this themselves whenever possible and to give their own inhaler treatments.

Collection and updating of medical information

Medical information is collected from parents by the Registrar at enrolment and recorded on Schoolbase. Relevant medical information is available for all staff in a print-out which is updated and circulated to staff every term by the School Office. This list contains information including the child's name, class, medical condition and where medication is stored. The Medical Conditions List is also available in the Medical Room and Staff Room.

All information on this list is treated as confidential.

Parents are responsible for updating the medical and dietary information that we hold. Communication between parents and school is key and any updates on medical conditions that are given orally or otherwise by parents must be shared with those staff involved in medication as well as class teachers and on Schoolbase, so that everyone is fully informed of the up-to-date management plan at all times. If there are concerns that a management plan isn't working for a pupil, the parents should be contacted to discuss our concerns.

Dealing with special dietary requirements

Parents, of any new children, are asked to complete a form stating any dietary requirements their children have. Any severe food allergies need to be discussed in detail with the child's teachers, catering staff and the School Office. Staff will be informed and given advice on how to deal with problems that could arise. Termly information sheets and updates on any special dietary requirements are issued to all staff by the School Office. Lists of dietary requirements are displayed on the staffroom notice board and in the Dining Hall. Photographs of children with severe allergies or medical conditions are displayed in the staff room so we are all familiar with the needs of these children.

Procedures in place for children with specific dietary requirements:

Foundation Stage and Key Stage 1:

- Nursery children with special requirements i.e. vegetarian wear red aprons whilst children with no specific requirements wear blue aprons;
- Reception children with special requirements i.e. vegetarian wear red aprons whilst children with no specific requirements wear blue aprons;
- Chef will dish up the food on a separate plate in the kitchen for children with very specific dietary requirements;
- Lunch supervisors will place the plate on the table where the child is sitting according to the seating plan.
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Key Stage 2:

- Chef will dish up the food on a separate plate in the kitchen;
- Chef will place the plate on the table where the child is sitting according to the seating plan;
- Any queries should be referred to Chef straight away.

Before any cooking/baking activities are planned and organised, teachers will need to refer to the dietary sheet and if necessary the child's parent.

Infection Control

The standards of basic hygiene must always be encouraged and maintained:

- thorough washing and drying of hands after using the toilet, before handling any food, after handling animals and after dealing with any blood or body fluid excretions or secretions;
- spillages of blood, body fluids and sharps or splash injuries are dealt with appropriately;
- any cuts are covered with a waterproof plaster;
- children are encouraged to use a handkerchief or tissue when they cough or sneeze. The tissue should be disposed of appropriately and hands should be washed as soon as is practicable after nose blowing;
- school and nursery classrooms will be ventilated appropriately;
- children are sent home if they are not well;
- staff will report and take appropriate precautions with their own potentially transmissible infections;
- staff undertaking First Aid should take precautions to avoid infection and must follow basic hygiene procedures;
- staff should have access to single-use disposable gloves and hand washing facilities when dealing with blood and other body fluids.

Head Lice

Children with head lice are not ill and do not warrant being sent home. While a nuisance and an inconvenience, we should not stigmatise or embarrass a child by making an issue of this. Note to be sent home to all children in the class, asking parents to check their child and treat if required.

Hand washing

Thorough hand washing is recognised as the single most effective means of controlling cross infection. Hand washing with warm water and liquid dispensed soap, followed by thorough drying with disposable or separate towels, serves to effectively rid the hands of any germs. To further ensure that cross infection is reduced, it is recommended that hand washing practice should be undertaken by both staff and children before meals, after using the toilet, and when attending to any body fluids or any other potentially infectious material. In the case of younger children, supervision may be required. To assist in this process, it may be useful for the school to undertake a small workshop for nursery children. This will be of particular importance if the school encounters diarrhoea and vomiting outbreak.

Dealing with body fluids

All body fluid spillages should be cleaned up immediately by the person in closest proximity to the spillage. All spillages of blood, faeces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately using a 'Body Spillage Bucket'.
These are located in:

- the Medical Room;
- the Dining Hall;
- the Reception classroom;
- the first floor staff toilet;
- the cupboard on the second floor.

These buckets contain:

- rubber gloves, a face mask and apron, all of which should be worn;
- Cresorb/Sanitaire which should be sprinkled on the spillage;
- paper towels;
- yellow hazardous waste bag;
- Dettol and mop to clean up the area once the spillage is removed;
- a hazard sign.

The mop and bucket should be rinsed and sterilised with a Dettox cleaner after use and the contents replenished if necessary. Several of the cardboard sick bowls will be stored in each classroom.

Sterilising

All medicine spoons and syringes should be sterilised for 30 minutes after use in the Milton Solution in the Medical Room. This solution is renewed every 24 hours. A new, disposable ear cover should be used every time the ear thermometer is used.

Laundry

No sluicing of clothes should be carried out by hand. Soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing. Staff must wear gloves and aprons when handling soiled linen or clothing and hands should be washed thoroughly after dealing with washing.

Health Promotion Policy

Effective schools are characterised by learners who are healthy, well-nourished, resilient, ready to learn and supported by their family and community. Health promotion is the process of enabling individuals to increase control over, and to improve, their *health*. It is particularly important to encourage all aspects of healthy living in the school environment both to protect children's health and to teach healthy living messages form an early age.

Immunisations

Dair House School organises for the Flu Vaccination to be offered to all children in Years 1-3 annually. The Immunisation Team from Buckinghamshire Health Care NHS Trust are invited in during the Autumn term to administer the vaccines. Parents are contacted with information by the school and offered the immunisation. Parents are then required to return a consent form. The vaccinations take place in the school on a pre-arranged morning. The children are well prepared by teachers who have access to appropriate literature and posters.

Emotional wellbeing

Both the social and emotional development of children should be nurtured and developed at school as well as at home. Public Health England promote eight principles within a whole school approach to promote emotional health and wellbeing in schools:

- support from the SMT to ensure that efforts to promote emotional health and wellbeing are accepted and embedded through the curriculum
- involving students in decisions that impact on them so they feel part of and in some control over their life in the school and wider community
- for staff to have knowledge of the importance of emotional wellbeing and be able to identify mental health difficulties in their pupils
- identifying emotional wellbeing needs
- working with parents/carers to promote emotional health and wellbeing
- targeted support and appropriate referral
- an ethos and environment that promotes respect and values diversity.

See Promoting Children and Young people's Emotional Health and Wellbeing.

The Department for Education (DfE) has developed a comprehensive approach to promoting the social and emotional skills that underpin effective learning and positive behaviour in schools, the Social and Emotional Aspects of Learning (SEAL) programme. There are five competency areas which all our staff should all be aware of and encourage in school:
-self awareness; -managing feelings; -motivation; -empathy; -social skills.

For more information see Guidance for Schools on Developing Emotional Health and Wellbeing.

Sun protection

Children's skin is especially vulnerable to damage by the sun's rays. Bad sunburn in childhood can lead to the development of malignant melanoma in later life. Children should be made aware of the dangers of the sun and of the preventative measures that can be taken. In school the following procedures apply in the Summer term:

- children will wear their school sun caps during playtime and sports lessons;
- parents will be asked to apply a high factor sun cream before school;
- children in Nursery will have a high factor sun cream applied before break time with parental permission;
- children will be encouraged to sit/play in the shade on very hot days;
- children will be encouraged to drink plenty of water on hot days.