

# TORMEAD

## **FIRST AID POLICY**

***This whole school policy also applies to the Early Years Foundation Stage (and includes the provision of paediatric first aid)***

### **Introduction**

First aid can save lives and prevent minor injuries from becoming major ones. First aid provision, to include both adequate numbers of appropriately trained staff and the provision of proper equipment, must be available at all times while people are on school premises and also for off-site activities such as school visits.

It is the responsibility of the Governing Body to ensure the correct provision of first aid in the School. The day-to-day responsibility for this is delegated to the Head and the Bursar.

### **Scope**

This policy applies to all pupils. Parents are required to agree to the School's Terms and Conditions on entry to the School; section 7 refers to 'Health & Medical Matters' including permission for Emergency Medical Treatment (clause 7.5).

The School also recognises its obligation to make appropriate workplace first-aid arrangements for its employees and ensures that adequate numbers of appropriately trained staff are on site at all times (to include when the school is not in session during holiday periods).

### **Health Care Lead**

The responsibility for first aid on the school premises rests primarily with the School Health Care Lead (HCL):

Mrs Pauline Farrar

The HCL works on Mondays to Fridays between the hours of 10.00am and 3.00pm. The Wellbeing Centre is also staffed by Penny Borgonon (Pupil Support, and a qualified first aider) and is open from 8.00am to 5.00pm Monday to Friday. There is always a qualified first aider available in the school office from 8.00am to 5.00pm and the Premises Team, all of whom are qualified in first aid, are on site from 7:00am to 10:30pm

The key activities of the HCL include:

- Ensure that the Wellbeing Centre is correctly equipped and that medicines are kept up to date and safely stored
- Ensure that first aid kits are correctly equipped (in accordance with DfE guidelines) and are available in designated areas of the School
- Provide appropriate first aid kits for School visits
- Prepare health care plans for all girls with serious or potentially life-threatening health needs
- Display medical information and photographs for all girls with serious or potentially life-threatening health needs on OneDrive and in hard copy in the School Office and the Wellbeing Centre. Senior School and the Junior School staff should familiarise themselves with the health care needs of these girls
- Provide the Catering Manager with pupil allergen information
- Obtain and keep accurate records of parental consent forms for administration of medicines, which are updated as and when further updated information is provided by parents

- Liaise with the School Office and Heads of Year so that medical details about girls recorded on ISAMS (the school's management information system for pupils) are up to date and correct and that all girls with serious health needs (eg asthma, epilepsy, diabetes) are indicated as such (ie with a red 'flag'). (Only information given in writing by parents may be entered on the system).
- Keep accurate records of all first aid treatment and other treatment administered. Records should clearly state when parents are contacted
- Inform the Head, other relevant members of SLG or the Junior School Senior Team of any issues as they arise
- Ensure that accident forms are completed without delay when appropriate (for both pupils and for staff). All accident forms should be copied to the Bursar who will and follow the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 ('RIDDOR') guidelines to report relevant incidents to the Health and Safety executive where necessary
- Admin Support (Pastoral) keeps an accurate record of staff first aid training and organises renewal training in consultation with Cathy Williams (a member of SLG and a qualified First Aid at Work instructor). Cathy Williams is responsible for considering and ensuring the appropriateness of training courses and training providers

### **General provision and principles**

Senior School girls may go directly to the Wellbeing Centre at break times; permission should be sought from the responsible member of staff at all other times. Junior School girls should be taken or sent to the Junior School office, where first aid can be administered; if necessary the Health Care Lead will be contacted and/or the girl taken to the Wellbeing Centre. In Senior School, if the Wellbeing Centre is not open, staff and girls should go to the School Office and the staff there will arrange for a First Aider to attend to any problems. It is the responsibility of the Health Care Lead or Pupil Support to arrange for parent(s) or designated carer to be contacted if appropriate (e.g. if a girl is unwell and needs to go home).

First Aid boxes are located in several locations around the School including each of the Junior School buildings, Senior School office, Wellbeing Centre, DT room, science block, JCS and Sports Hall. The First Aid boxes are green and meet HSE guidelines.

In the event of an emergency all teaching rooms have a green (urgent medical attention needed) or red (life threatening situation) card which should be removed and a girl sent with it to the School Office where they should immediately show it to one of the office staff who will arrange for immediate and appropriate action to be taken.

Provision of First Aid for after-hours events and non-school events is covered by the Premises Team or a suitably qualified first aider associated with the event.

First aid will be provided to staff as required by the HCL, a member of the School Office team or another member of staff on-site at the time who is suitably qualified in first aid.

### **First-aiders and first aid training**

#### Overview / Guiding Principles

Tormead is committed to providing first aid cover at a level which comfortably exceeds those guidelines stipulated by both the Health & Safety Executive (HSE) and Independent Schools Inspectorate (ISI).

The following approach has been drawn up to take into account the needs of all members of the school community both on site and during educational visits.

## Qualifications

Tormead staff may be required to undertake one or more of the following first aid qualifications, depending upon their role.

Qualification	Duration	Requalification
First Aid at Work (FAW)	3 days	3 years
Emergency First Aid at Work (EFAW)	1 day	3 years
Paediatric First Aid (PFA)	2 days	3 years
Outdoor/ Advanced First Aid (OFA/ AFA)	2 days	3 years

## Levels of Training

Roles which carry a first aid training element are detailed in the table and the paragraphs below. It should be noted that, while we aim to train staff to the levels stated below, it may not always be possible. In such cases, the level of risk will be assessed and any necessary measures put in place to mitigate.

Staff in the roles outlined below are welcome to complete further training should they wish to do so; similarly, any member of staff is welcome to join one of the first aid courses run at Tormead, especially if they will be running or accompanying visits.

	FAW	EFAW	PFA
Senior School Office Staff		✓	
Junior School Office Staff		✓	
Health Care Lead	✓		✓
Pupil Support Officer	✓		
Assistant Bursar (Estates)	✓		
Premises Team	✓		
Junior School Senior Team			✓
EYFS Staff			✓
KS1 Teaching Assistants			✓
Science Technicians		✓	

## Visits

All visits must have appropriate first aid cover in the form of suitably qualified staff. Careful consideration should be given at the planning stage to the level of cover needed, taking into account the location and activities of the visit, transport arrangements, and the specific needs of the girls in the party: for example, travel via two coaches would demand two first aiders. The appointed first aiders should discuss the specific needs of individual girls beforehand with the Health Care Lead.

Local visits, where the girls are travelling by foot, do not necessarily require a first aider to be in accompaniment. After considering the needs of the pupils involved as well as the destination and the level of first aid provision provided, staff planning such visits should make a proposal on their planning documentation which will then be approved or declined by the Assistant Head: Adventure and Service.

In the Senior School, first aiders on visits must hold either an EFAW, FAW or OFA qualification. Staff accompanying adventurous visits such as Sixth Form expeditions, may undertake specific first aid training for these situations.

In the Junior School, first aiders on visits must hold a PFA qualification; this person will also act as the appointed person for adult first aid incidents.

## Duke of Edinburgh's Award

Staff accompanying the Duke of Edinburgh's Award expeditions may undertake either of the following two day (16 hour) qualifications:

- Expedition Care Program (ECP) Exploration Medicine
- Rescue Emergency Care (REC) Outdoor First Aid

The appropriate level of cover required for each expedition will be determined by the Assistant Head: Adventure and Service.

### *PE Department*

Tormead PE teachers are all qualified in first aid, either at EFAW, FAW or PFA level. All training, matches and visits are carefully risk assessed with first aid provision considered specifically.

Sports coaches should be trained in a first aid qualification at the level required by their professional body. The existence of this qualification is confirmed by the Director of Sport upon appointment.

### Delivery of Training

Much of Tormead's first aid training is delivered in-house by Mrs Cathy Williams according to the Resuscitation Council guidelines. She leads regular courses in FAW, EFAW and PFA. Any such course delivered at Tormead also includes defibrillator training and an auto-injector course. Cathy Williams is herself a qualified FAW NUCO instructor (NUCO is an Ofqual and SQA regulated awarding organisation).

If external training in EFAW, FAW or PFA is required, it is usually sourced from either the Red Cross or St John's Ambulance. Training in OFA/ AFA is delivered by Rescue Emergency Care. Staff holding other qualifications will have their level of training assessed individually by Cathy Williams.

Tormead training is delivered to all staff annually by the Health Care Lead (HCL) and Cathy Williams (CWIL). This training covers:

- use of auto-injectors and inhalers (HCL)
- care plans (HCL)
- use of defibrillators and CPR (CWIL)

### Administration & Record Keeping

Accurate records of staff training are maintained on One Drive by Admin Support (Pastoral), who also oversees the schedule for retraining. Certificate originals are kept by the member of staff, with copies kept on file in the Admin Support office.

### Recruitment & Induction

It is the responsibility of the member of staff making the appointment to ensure that the necessary first aid qualification is undertaken. This will normally be the Bursar or Director of Sport. The Assistant Head: Adventure and Service is responsible for ensuring that staff accompanying expeditions are appropriately qualified.

### **Infection Control**

In the event of a girl needing to be excluded from the classroom due to an infectious illness the girl will be escorted to the Wellbeing Centre and placed in the care of the Health Care Lead or Pupil Support.

It is the responsibility of the Health Care Lead to arrange for parents or the designated carer to collect the girl.

If the School has any reason to believe that a girl is suffering from a notifiable disease as published by the Public Health Regulations 1988, the School will inform the enforcing authority through the Health and Safety Executive Incident Contact Centre. In addition the School will act on any advice given by the Health Protection Agency and update Ofsted on actions taken. All girls with vomiting and / or diarrhea may not be in school until 48 hours after the last episode.

Precautions to avoid the spread of infection should be followed at all times

- Hand hygiene
  - Hands should be washed frequently with soap and water eg before eating or taking medicine, after using the WC
  - Girls and staff should be encouraged to use antiseptic hand gel where provided
- Procedures for dealing with the spillage of body fluids
  - No-one should treat a person who is bleeding without protective non-latex gloves if it is at all avoidable (in medical centre and first aid kits)
  - All body fluid spillages (vomit, blood, diarrhoea) must be cleaned immediately. Gloves must be worn for this purpose. Separate sets of rubber gloves should be kept for this purpose and must be cleaned after each use by the Premises Team
  - Absorbent granules should be dispersed over the spillage and left to absorb for a few minutes then swept up into paper. A designated dust pan and brush should be kept for this purpose. The paper should be put into a black dustbin bag, which should be sealed and placed in the external dustbins. The dustpan and brush must be washed after use.
  - The area should then be washed with water and detergent by the Premises Team and left to dry.
  - Hands must be washed thoroughly and dried afterwards.
  - Anyone who is accidentally exposed to body fluids should alert the Health Care Lead immediately.
- Disposal of sharps
  - Used sharps must be placed in a special yellow biohazard container after use; the container is located in the medical room of the Wellbeing Centre
  - The container(s) is disposed of correctly at regular intervals (container must not be more than two thirds full).

## **Administration of Medicines**

### **Prescribed Medicine**

Parents of Senior School girls should contact the Health Care Lead to request the administration of prescription medicine in school. The medicine should be sent into school in its original packaging and it should be accompanied by clear instructions as to usage and when the last dosage was given. Girls should go to the Wellbeing Centre to take their medicine under the Health Care Lead's supervision. Medication is stored in a locked cupboard.

For Junior School girls, the medicine should be handed to the girl's class teacher or the Junior School Secretary with written and signed instructions for its administration. A proforma is available from the Junior School Office for parents to complete.

It is the parent's responsibility to ensure that medicine is available for their daughters as needed and that it is within date. Parents are also responsible for the collection of medicines no longer required and for the disposal of date-expired medicines. Girls who need adrenaline autoinjectors, inhalers must keep one in their school bag and one in the senior or junior school office. Girls with insulin and diabetic equipment must keep one medication pack on themselves and one in the medical room at the Wellbeing Centre.

### **Non-Prescription Medicine**

A limited number of non-prescription medicines or remedies (paracetamol, ibuprofen, throat lozenges, bite and sting cream and antihistamine tablets) may be given to girls whose parents have signed the necessary consent form when joining Tormead. Any girl requiring these during the School day must be sent to the Wellbeing Centre to see the Health Care Lead or, if in the Junior School, to their class teacher, Junior School Secretary or the Junior School member of staff on duty, who will consult the girls' records and take appropriate action. If a parent requests any non-prescription medication other than these to be administered to their daughter, this must be handed directly to the Health Care Lead to be kept in a locked cupboard in the Wellbeing Centre. In the Junior School, non-prescription medicines should be handed to the Class Teacher or Junior School Secretary. These are then placed in the medicine fridge in the staff room or in the lockable storage also in the staffroom. Any such medicine must be clearly named in an appropriate container and be accompanied by written instructions as to dosage and usage. It is the parents' responsibility to ensure medication does not exceed its expiry date. The School will work in partnership with parents to supervise the administration of medicines.

No medication may be carried by girls during the school day, but must be securely stored in the Wellbeing Centre in a locked cupboard or refrigerator. The only exception to this is such emergency medication as asthma inhalers, adrenaline autoinjectors and insulin injections, which girls must carry in their school bag. A spare asthma inhaler and/or adrenaline autoinjector must be kept in the School Office with a named photo of each girl. Non-prescription medicines may not usually be given to girls in school by anyone other than the Health Care Lead or Pupil Support in the Wellbeing Centre. In the event of both the Health Care Lead and Pupil Support being unavailable the school office secretaries (Senior and Junior) may dispense non-prescription medications. An email record of any such dispensing is made to the Health Care Lead for official recording in the Wellbeing Centre.

### **Storage of Medicines**

- Medicines should only be stored in their original containers and in accordance with product instructions.
- The container should be clearly marked with the name of the girl, the name and dose of medicine and the frequency of administration
- In the Senior School medicines are stored in a locked cupboard or locked fridge which is temperature controlled. The fridge temperature is checked daily when in use.
- In the Junior School medicines are stored in the lockable storage or the Staff Room medicine fridge both of which are located in the staff room.
- Controlled medicines are stored in a locked cabinet inside a locked cupboard fixed to a wall in the Wellbeing Centre. 'Controlled medicines' are classified (by law) based on their benefit when used in medical treatment and their harm if misused:

<https://www.nhs.uk/common-health-questions/medicines/what-is-a-controlled-medicine-drug/>

- Medicines that girls may need immediate access to are stored in the medical centre and can be accessed via a locked door.
- The key to the medical room, the medication cupboard and the controlled medication box are kept on the key ring of the Health Care Lead. The key ring is kept in the school office when the Health Care Lead is not onsite. In event of emergency the estates department has copies of the keys.

### **School Visits or Out of School Activities**

If a girl is required to take a prescribed medicine, e.g. antibiotics, during an out of school visit or activity, the Visit Leader should be informed.

All prescription and non-prescription medication required on a school trip needs to be presented to the Visit Leader along with a recording form completed by the parent that states the medication name, dose and dosing schedule for regular medications (e.g. antibiotics) and medication name, dose and frequency allowed of as required medications (e.g. allergy tablets or creams). Generally, all medications provided by a girl will remain with the Visit Leader who will dispense to the girl at the times required or if needed for non-regular medications. Exceptions may occur such as when staying with a host family.

The appointed first-aider on school trips will carry paracetamol and a short-acting antihistamine for use in the event of acute pain or allergic reaction on a school outing. The first-aider will have available a dosing guidelines chart, a medical information and contact details record and a recording form for any medications dispensed on a school outing.

A record must be kept on the form provided in the visits pack of all medicines administered on a visit and this form returned to the Health Care Lead.

Girls who need eg asthma inhalers, adrenaline autoinjectors and insulin injections are required to have these available for use on any visits. One asthma inhaler and/or one adrenaline auto injector is required on a day trip and two asthma inhalers and/or two autoinjectors for residential trips. Failure to provide prescribed emergency medication as above will result in the girl staying behind from a trip.

The PE department has first aid bags to provide sports appropriate first aid care both onsite and off. The bags are red and orange in colour and are stored in the PE office. The PE staff are responsible for checking and maintaining the contents of their travelling first aid bags. The HCL orders and stores extra first aid supplies for the PE department.

### **Automated External Defibrillators**

There are two automated external defibrillators (AEDs) in School. The AEDs are stored in red cases. The first AED is located in the Senior School Office to the left inside the door. The second AED is located in the Sports Hall inside a white, unlocked and unalarmed box to the left inside the main door. AEDs are visually inspected regularly by the premises team and the AEDs sound an alarm when battery levels are low / in need of replacement. The following procedure is based on guidance from the Resuscitation Council (UK) (<https://www.resus.org.uk/resuscitation-guidelines/adult-basic-life-support-and-automated-external-defibrillation/>).

AEDs are for use on casualties in cardiac arrest and greatly increase the chance of survival. THE CHANCES OF SURVIVAL DIMINISH QUICKLY WHEN APPLICATION OF THE

DEFIBRILLATOR IS DELAYED. The aim is to apply the defibrillator in three minutes or less. Cardiac arrest is uncommon but can happen to anyone, although some people have higher risk than others.

Casualties in cardiac arrest will:

- Be unconscious
- Not respond when gently shaken – do not ever shake babies
- Not be breathing normally or not breathing at all

If cardiac arrest is suspected, the procedure below must be followed without delay:

If help is available (from any source):

- An ambulance must be called IMMEDIATELY. Send a red first aid card to the front office without delay.
- The front office will call an ambulance and will dispatch a team of trained staff to the scene.
- If an ambulance is called by other means, the School Office must be notified without delay, so they can send the defibrillator to you and can direct the ambulance on arrival.
- If you are near the Sports Hall, then in addition send someone to fetch that defibrillator.
- In the meantime, commence CPR if you have been trained.
- Once the defibrillator arrives, and if you feel confident to do so, remove it from the case and switch it on. Follow the voice prompts. Otherwise await the arrival of trained staff while you continue with CPR.
- While training is ideal, AEDs may be used by people without training.
- It is ESSENTIAL that no one is touching the casualty when a shock is delivered.

If you are alone and the casualty is an adult or a child above the age of puberty:

- Call an ambulance immediately and fetch the nearest defibrillator
- Follow the voice prompts

If you are alone and the casualty is below the age of puberty:

- Undertake CPR for one minute before following the steps above.

For casualties below the age of eight, insert the paediatric key into the defibrillator located inside the case.

### **Asthma**

There are Emergency salbutamol (Ventolin) Inhaler Kits in the Senior School office, Junior School office, medical room of Wellbeing Centre and PE office. The kits contain an asthma inhaler and spacer to deliver the medication if required. The kits are bright yellow or clear with a green coloured label 'Emergency Asthma Kit'. Emergency salbutamol (Ventolin) may be given to any girl with a diagnosed condition of asthma. The kits are available as a safety measure if the girl has a missing, empty or damaged inhaler. In event of any other child experiencing shortness of breath 999 should be called and the Health Care Lead contacted if she is present in the building.

Emergency procedure – asthma attack

In the event of an asthma attack the following guidelines should be followed:

Recognising an asthma attack:

- Persistent cough
- Wheezing sound when breathing
- Difficulty breathing
- Unable to talk or complete sentences.
- May report a 'tight chest'.

Severe signs: CALL 999 immediately

- Appears exhausted
- Blue or white appearance around lips
- Loss of consciousness or reduced level of consciousness

Action:

- Give salbutamol (Ventolin) 2 puffs of their own inhaler if available or use the School Emergency inhaler with the spacer. Keep child sitting up if possible.
- Continue to give salbutamol (Ventolin) 2 puffs with the spacer every 2 minutes up to 10 puffs. If the child is not improving or you are concerned call 999.
- Continue to give another 10 puffs of Ventolin as above if needed if the ambulance has not arrived.

### **Anaphylaxis**

There are Emergency Adrenaline Auto-Injector Kits (also known as Anaphylaxis Kits) in the Senior School Office, Junior School office, medical room of Wellbeing Centre and Food & Nutrition room. The kits contain an adrenaline auto-injector. The kits are orange and labelled 'Emergency Allergy Response'. Emergency auto-injectors may be given to any girl with a prescribed auto-injector. The kits are available as a safety measure if the girl has a missing or damaged auto-injector, or if they require a subsequent dose of adrenaline during an anaphylaxis. In the event of any other child experiencing symptoms of anaphylaxis, 999 should be called and the HCL contacted if she is present in the building.

Emergency procedure – anaphylaxis (*adapted from allergy action plan (2013) www.bsaci.org*)

In event of anaphylaxis the following guidelines should be followed:

Mild-moderate allergic reaction

Signs & Symptoms:

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

Action:

- Stay with child, call for help if necessary
- Give antihistamine (Piriton or other)
- Contact parents

## Life-threatening allergic reaction (ANAPHYLAXIS)

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

### Action:

- Lie child flat. If breathing difficult, allow to sit
- Give adrenaline auto-injector
- Dial 999 for an ambulance and say ANA-FIL-AX-IS
- If in doubt, give EpiPen

### After giving adrenaline auto-injector:

- Stay with child, contact parent
- Commence CPR if there are no signs of life
- If no improvement after 5 minutes, give a further adrenaline auto-injector

## Calling an Ambulance

- During school hours and on school premises the School Office or Health Care Lead would normally be responsible for calling an ambulance. Out of school hours, on a visit, or **if the situation is life threatening**, the member of staff in charge should dial 999 without delay and call an ambulance. Please speak clearly and slowly. A member of SLG should be informed immediately. The following information should be given to the emergency services
  - Your telephone number (01483 575101 Senior School office, 01483 769073 Junior School office)
  - Your location (Tormead School, Cranley Road, Guildford, GU1 2JD)
  - Exact location within the School (*e.g. first floor in the sports hall*)
  - Your name
  - Brief description of girl's symptoms, emphasising the reasons for calling
  - Instructions to come to the main entrance at the front of school
  - Confirm the ambulance crew will be met and taken to the girl
  - Listen carefully to any instructions given
- Call the parents
- Inform the Office
- A member of staff should accompany a girl taken to hospital and stay until the parent arrives
- Staff should not take a girl to hospital in their own car without prior consultation with a member of SLG

## Girls with Medical Alert

Girls with asthma, epilepsy, diabetes and other chronic conditions, who may need urgent medication or treatment at certain times, are identified by a red flag on the ISAMS system. Many of the girls will have an agreed health care plan, which is agreed by both the girls and their parents.

## Confidentiality

On admission, parents are requested to provide full information concerning their daughter's health.

The Head may at any time require a medical opinion or certificate as to a girl's general health where the Head considers that necessary as a matter of professional judgment in the interests of the girl and/or the School. If the girl is of sufficient age and maturity, they are entitled to insist on confidentiality which can nonetheless be overridden in the girl's own interests or where necessary for the protection of other members of the School community.

Throughout the girl's time as a member of the School, the Health Care Lead has the right to disclose **confidential** information about the girl if considered to be in the girl's own interests or necessary for protection of other members of the School community. Such information will be given and received on a **confidential** "need to know" basis.

The Health Care Lead provides medical services to girls and staff, brief details of which are recorded in a daily log and on ISAMS. Information obtained as part of these services will be given and received on a **confidential** "need to know" basis.

The Health Care Lead will observe the rules on confidentiality set out in the Code of Conduct on professional standards for nurses and midwives issued by the Nursing and Midwifery Council.

The Health Care Lead is able to advise girls about such matters as contraception and sexual health on a confidential basis, provided that she is satisfied that the girl has sufficient maturity and understanding to make such decisions. She will always encourage girls to confide in their parents. **If there are concerns or disclosures of abuse, the School's Safeguarding Policy will apply and concerns will be reported to the Designated Safeguarding Lead or the local children's safeguarding board.**

## COVID-19 – Additional Measures

In line with Government guidance and Tormead's whole school risk assessment, additional measures regarding first aid and infection control have been put in place, which alongside other controls, will maximise COVID security. Specifically, these measures are intended to:

- **Minimise infection.** Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings. In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:
  - direct transmission, for instance, when in close contact with those sneezing and coughing
  - indirect transmission, for instance, touching contaminated surfaces

A range of approaches and actions has been employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced. These include: minimising contact with individuals who are unwell, robust hand and respiratory

hygiene (catch it, bin it, kill it), enhanced cleaning, including cleaning frequently touched surfaces often, minimising contact and mixing, use of personal protective equipment (PPE) where relevant, social distancing measures wherever possible in bubbles and rigorously between staff and staff and pupils, the removal of soft furnishing, soft toys and toys that are hard to clean, reducing the use of shared resources, increased air flow and ventilation and active engagement with NHS Test and Trace

- Minimise contact with individuals who are unwell with COVID symptoms. This will be achieved:
  - First and foremost, by a clear expectation and requirement that pupils, staff and any visitors only attend the School if they are well. Staff and pupils are expected and required to adhere to the latest Government announcements regarding testing and self-isolation. These requirements will be clearly communicated to relevant parties in a timely manner.
  - Staff will be thoroughly briefed on COVID-19 symptoms by the Healthcare Lead <https://www.nhs.uk/conditions/coronavirus-covid-19/> and will be provided with phone numbers to obtain immediate support where there are concerns about themselves or a pupil. Staff should carry and use their own mobile phones for this purpose. Compliant phones have been obtained for staff in EYFS settings. Parents and guardians are able to obtain advice from the Healthcare Lead if necessary, before leaving for School.
  - Staff, pupils and visitors showing symptoms of COVID-19 in School will be rapidly assessed by the Healthcare Lead (or a suitably trained individual if she is unavailable) using the latest Government guidance regarding symptoms and if appropriate will be expected to vacate the premises as soon as possible.
  - Parents and guardians have been asked to update relevant medical information for their daughters to enable an effective assessment of COVID risk to be made.
  - Parents and guardians have been asked to update emergency contact information and to ensure arrangements are in place to collect their daughter promptly, should the need arise.
  - A dedicated and self-contained area of Wellbeing has been allocated for suspected COVID-19 cases awaiting collection. This will be used by both Senior School and Junior School.
  - Risks to others will be minimised by the wearing of face masks and gloves by the affected individual while they remain in the building, (the exceptions being very young children or those with a legitimate medical exemption), and by the attending first aider. Face shields may be worn in addition.
  - Masks, face shields, aprons and gloves will be available for any individuals undertaking unavoidable close proximity first aid.
  - In administering life-saving first aid, such as CPR, first aiders should adopt the latest protocols from the Resuscitation Council UK. These include compression only CPR, the use of a suitable pocket mask if rescue breaths are administered and the thorough washing of hands once treatment is complete. Pocket masks are available with the School's two defibrillators. <https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19>
  - In order to ensure year group separation, additional space has been allocated to Wellbeing and measures put in place to limit the number of visits by pupils

and staff to the minimum consistent with meeting the School's legal and moral duty of care. In particular:

- Pupils, staff and visitors will only attend the site when well
  - Basic first aid will be administered by qualified staff in situ where possible eg Junior School playground, science labs and sports venues.
  - All staff will be provided with specific guidance at inset from the Healthcare Lead enabling them to safely triage when immediate assistance is required for non-COVID-19 concerns. Should it be necessary, the Healthcare Lead should be phoned to attend if moving the pupil is unwise or impossible (eg unconscious, a seizure, fracture or suspected spinal injury). If a pupil is safe to move, in Senior School they should be accompanied by another pupil as usual and use their zone exit and travel around the outside of the building to the Horseshoe Lawn door and ring the bell to be admitted. In Junior School, pupils should be taken to the School Office using a COVID secure route.
  - Staff are expected to adopt a robust approach to trivial requests to visit Wellbeing but in all cases should seek guidance from the Healthcare Lead, or her alternate, if they are unsure.
  - Wellbeing staff and Junior School Office staff are expected to use strenuous efforts to keep year groups separate and to seek immediate advice and assistance from Senior Management should year group separation be in danger of being breached.
  - In no circumstances should staff without a first aid qualification, administer first aid treatment unless it is to save a life.
  - Outside of lesson times, pupils will be briefed to seek assistance from staff in nearby offices, as in any emergency situation, but social distancing must be respected and maintained if at all possible. In the unlikely event that no staff can be located, pupils should seek help from Wellbeing staff or the School Office. They must always use COVID secure routes to these locations.
- Manage suspected COVID-19 cases
    - The Healthcare Lead (or alternate) will adhere to all current reporting guidance in a suspected case  
[https://www.surreycc.gov.uk/\\_data/assets/pdf\\_file/0004/228136/Flowchart-School-response-to-suspected-or-confirmed-cases-of-Covid-19-coronavirus-v1-10-June-2020.pdf](https://www.surreycc.gov.uk/_data/assets/pdf_file/0004/228136/Flowchart-School-response-to-suspected-or-confirmed-cases-of-Covid-19-coronavirus-v1-10-June-2020.pdf)
    - The Healthcare Lead will immediately follow current PHE guidelines for reporting and contact, involving other key senior staff as appropriate, with the aim that the individual concerned will vacate School premises as soon as possible. All pupils will leave the room in question, having first sanitised their hands for 20 seconds, and thorough cleaning of the relevant areas will take place by the School's contract cleaners (MAR), or Premises if MAR are otherwise occupied, wearing gloves and aprons and using their normal cleaning products and DISPOSABLE cloths – using “one site, one wipe in one direction”. All waste from the area (including cleaning cloths) will be double bagged, removed and stored securely and safely awaiting test results or until 72 hours have elapsed. Particular emphasis will be placed on cleaning door handles, light switches, window controls or handles, work surfaces and chairs, remote controls and electronic devices. Where rooms are visibly

- contaminated, cleaning staff will also don PPE to cover eyes, mouth and nose.
- Pupils and staff will only return to the area once cleaning is complete. Room allocation and use has allowed for this eventuality.
  - Information re self-isolation will be re-iterated to relevant parties by the Healthcare Lead.
  - It is the responsibility of the Healthcare Lead to arrange re-stock of the infection packs.
  - Tormead School expects that staff and parents of pupils will be ready and willing to book a test if COVID-19 is suspected, and that they will self-isolate according to the applicable Government guidance. The School expects parents and staff to inform them immediately of test results.
  - All staff, pupils and parents will be made aware of the School's infection control procedures in relation to COVID-19.
  - Should the Healthcare Lead be unavailable or an activity be off-site, staff will be briefed at inset how to proceed.
- Manage Confirmed COVID-19 cases
    - The Healthcare Lead (or alternates) will adhere to all current reporting guidance in a confirmed case and has been issued with a mobile phone to speed communication.
    - On receiving advice from the health protection team, Tormead will send home anyone who has been in close contact with the person who has tested positive, advising them that they must self-isolate according to the latest guidelines.
      - Close contact means:
        - Direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)
        - Proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual
        - Travelling in a small vehicle, like a car, with an infected person
- Contain and Outbreaks
    - Tormead will adhere to all instructions from the local health protection team and implement without delay any additional action if an outbreak is suspected, including the use of a mobile testing unit
    - Tormead has been investigating and will continue to investigate an effective and reliable means of establishing our own testing capability, ideally using rapid test technology.

### **Review**

This policy is reviewed annually by the Senior Leadership Group (SLG) and the Governing Body.

**Date of Last Review:** 1 September 2020

**By Resolution of the Governing Body:**

MRS R HARRIS  
Chair of Governors

MR D BOYD  
Head

19<sup>th</sup> August 2020

