

Health & Safety Policy

Reviewed by CL/KD 2023

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1. First Aid

Aims and Objectives

1. To ensure that all individuals present on The New School site at any time are aware of, and act in accordance with, the school's First Aid Policy.
2. To ensure that staff, students and visitors are proactive on First Aid issues and bring any problem requiring medical assistance to the attention of those responsible for First Aid assistance, as outlined in the First Aid Policy, so as to ensure timely and effective action is taken.
3. To ensure full compliance with the Italian Health and Safety at Work Act (D.Lgs 81/08 – Testo Unico della Sicurezza sul Lavoro).

Policy Statement

- As required under the Italian Health & Safety at Work Act (D.Lgs. 81/08), the school will have a First Aid team made up of staff from both the Primary and Senior departments. (see Appendix C)
- All First Aid Team members will have at least a First Aid at Work Certificate (attestato di Primo Pronto Soccorso Aziendale issued by the school's Medico Competente, Dtssa. Ada Pambianco) in compliance with the D.Lgs. 81/08.
- The First Aid training requirements will be updated every three years.
- The Whole School coordinator/Health and Safety Rep will ensure that courses are organised when required.

Procedures

- Lists of all trained First Aiders and the location of the First Aid Boxes will be displayed in prominent locations including the School Office/Reception, the Performing Arts room window and the notice board outside the staffroom.
- The First Aider list for 2017/18 academic year is attached to this policy – Appendix C.
- One first aider (Gina) will be responsible for providing a fully stocked First Aid box at designated areas throughout the buildings and ensure access to First Aid kits. The boxes are to be checked termly and restocked when necessary.
- First Aid kits contain: Bialcol solution, plasters, cotton wool, plastic gloves, sanitary towels.
- First Aid Boxes are located throughout the school in prominent areas; the office, the lunch area, the Performing Arts room, Annexe staffroom, Chemistry lab, Early Years. First Aid Boxes are routinely re-stocked, however, if a First Aider or other member of staff uses any of the contents, he/she will inform Gina who will restock the box.
- All students suffering from medical conditions such as asthma, epilepsy, anaphylaxis and diabetes, must be registered on the [Student Medical Register](#) in the Drive. These records must be checked and if necessary modified on a monthly basis by class/form tutor on information provided by parents and changes reported to the First Aid Coordinator (Kate) who will notify all staff as necessary. (See [Student Medical Register](#) in Google Drive)
- Medication: should students have any medical condition, previously diagnosed by a doctor, which requires the administration of a specific prescribed medicine at given times/days the First Aid Coordinator (Kate) can store and administer the medication only on completion of **Form A** and a note from the doctor. Teaching staff are not able to take responsibility for this.
- Prescribed Medicines should only be taken to school when **essential**; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day' and can only be administered if the parent/guardian has completed and signed the form with an accompanying doctor's note stating dose and frequency. (see **Appendix D**)
- Class teachers and form tutors can only administer non-prescribed medicine following receipt of **Form A** including written instructions from parents/legal guardians. In these cases the medicine must be provided by the student's family and stored in a safe place that students can't access. (see **Appendix D**)
- The school is not able to take responsibility for injections. In the case a child needs an injection during the school day the parent will be required to come in to administer it or take the child to a qualified nurse.
- Any medicines sent in by parents must have a completed and signed **Form A** (see **Appendix D**) and should be kept out of the reach of all students.
- Vomiting/Soiling Policy - Should a student vomit/soil at school, the following action should be taken:
 - a. The teachers closest at hand will see that the student is looked after first.
 - b. The closest First Aider must take control of the situation and ensure that the student is looked after, the other students nearby are cleared from the area, and that the vomit is dealt with quickly and efficiently. Antibacterial sawdust for covering/disinfecting the vomit is found in a bucket in the annex staffroom, in Early Years and at the back of the Early years lunch area. Rubber gloves are in all

First Aid boxes. Once covered the office should be informed so that cleaning staff can be notified so that floors and other affected surfaces can be disinfected

- c. Should a student soil themselves whilst in the garden the duty teacher should send for another adult (the child's class teacher) who can accompany the child to the Early Years bathroom. Plastic gloves must be worn, child cleaned with wet wipes from first aid box, spare clothes from the office, soiled clothes should be bagged and given to the parents at the end of the day. If it is clear that the child is unwell they should be sent home, If it seems likely that it was just an accident the child, once clean, can return to class.

2. Accident and Incident Recording and Reporting Procedures

An accident is an unfortunate event or occurrence that happens unexpectedly and unintentionally, typically resulting in an injury, for example tripping over and hurting your knee.

An incident is an event or occurrence that is related to another person, typically resulting in an injury, for example being pushed over and hurting your knee.

Dealing with **Accidents** or **Incidents** to Children

1. We keep written records of any accident or incident resulting in Any Head or Non-Trivial Injury (see **Appendix A - Any Head or Non-Trivial Injury Procedure** **Appendix B - Accident Form**)
2. Incidents where another child has hurt or caused another child to get hurt are recorded in the '**Rough Play Book**' (yellow book kept in the Performing Arts room). This book allows staff to track incidents and spot any patterns of repeat behaviour.
(See **Primary Garden Rules - point 24 - 'Teachers are asked to record what they consider to be rough or hurtful play by individuals in the *Rough Play* book, so that patterns of rough or hurtful play can be monitored. The teacher who makes a third entry in the book for an individual child should inform that child's class teacher, who will take steps to deal with this child's pattern of rough play.'**)
3. Students are encouraged to report any accident or illness to a teacher. The teacher will then refer the matter to the nearest available First Aider, if necessary.
4. When an accident/incident occurs at playtime, if the injury is trivial, the duty teacher will administer basic first aid treatment in the garden (1st Aid box can be found on the windowsill in the Performing Arts room). If the duty teacher is in any doubt they should send for a First Aider. If the teacher on duty is a first aider they will need to call for another teacher to come to the garden to take their place. The First Aider will assess the situation. If the injury is to the head or non-trivial the First Aider will initiate the 'Any Head or Non-Trivial Injury Procedure' - (see **Appendix A and Appendix B**).
5. When an accident/incident is sufficiently serious to follow the 'Any Head or Non-Trivial Injury Procedure' the First Aider who has dealt with the injury should be the member of staff who telephones the parents and completes the Accident Form found in the Drive - (see **Appendix B**). This is best done in conjunction with the duty teacher or whoever first dealt with the accident/incident.
6. If the accident is deemed to be serious, with potential health complications, or the injured person is unable to get up by themselves, an Ambulance is to be called immediately, preferably by the First Aider involved.
7. The decision whether or not to call an ambulance will be made by the First Aider involved.
"If in doubt call an Ambulance out!"
8. When an ambulance is called, wherever possible, the student/adult is to be accompanied to hospital by a member of staff (fluent Italian speaker) with whom he or she is most familiar. If the student is distressed, a second member of staff may accompany him/her to hospital.

9. An ambulance will be called IMMEDIATELY under the following circumstances :
Suspected concussion, and their condition was worsening; A broken bone; A seizure; Anaphylaxis; Asthma; Severe burns; Severe blood loss; Cardiac event or the patient has stopped breathing Any other perceived life-threatening condition.
10. The First Aider or the Chairperson will immediately endeavour to contact the parents or next of kin and inform them which hospital the student has been taken to and the name and phone number of the adult accompanying the student.
11. If a hospital visit is required but there is no immediate emergency, the parents will be contacted and asked to take their child to hospital, as this is likely to be less distressing for the student.
12. If a student requires emergency dental or optical treatment, the parents will be contacted and asked to take their child to either their own dentist or hospital (as applicable), as this is likely to be less distressing for the student.

3. General Health and Hygiene Guidelines

Head lice

- If a student is found to have head lice they will need to be sent home immediately, particularly if they are in EYrs, KS1 or lower KS2 as these children tend to have more contact with each other when they play.
- As soon as a case of head lice has been identified the school office will notify by email all parents in either the Primary school or senior school depending on where the case has occurred. (see Appendix F)
- Students can't return to school until their hair has been treated and all lice removed.

Hand washing

- Teachers of students in EYrs and KS1 will remind and actively encourage their students to wash their hands before meals and after using the bathroom.
- Teachers in KS2 will actively remind students about washing hands after the bathroom and before lunch.
- Students in the senior school need to be responsible for their own hygiene but notices in bathrooms and around the lunch area are there to remind them.

Footwear in the gym

- Students can do gymnastics in bare feet where there are mats
- Students must have something on their feet when walking in the communal areas between the rooms. (ie. when going up or downstairs from the changing room to the exercise room or the bathroom.)

Supervision

- Primary students (EYrs - Yr 6) must be supervised at all times of the school day.
- Senior students (Yr 7 - Yr 11) should be supervised at all times of the day. They may stay in a classroom unsupervised only with special permission of a teacher.
- When it is raining the students from Yr7-Yr11 may stay in the villa classrooms during break. The playtime supervisor will be on duty in the villa, checking all room periodically.
- Students in Yr 12 and Yr 13 may be left to work unsupervised and may leave the school grounds during the day provided they have permission from their parents and form tutor.

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Any Head or Non-Trivial Injury Procedure

First Aiders: Kate, Matt, Lucia, Camilla, Gina

- 'head' includes teeth, jaw, nose etc.
- 'non-trivial' includes serious injuries like broken bones, or injuries which have the potential to worsen as the day continues.

1. Immediate Care

Provide immediate care for the child. The teacher on duty must then decide if the injury is minor enough to be dealt with in the garden with what is in the first aid box or if they need to call for a First Aider. (Always bear in mind that if there is any doubt it is always better to call for a First Aider - If you feel the need to put ice on a child's head you should be calling for a First Aider).

2. Send for a First Aider

Send an older child to find a First Aider. If you are a First Aider send for another adult - there should be two teachers on duty at all times. Stay with the injured child until the First Aider arrives. The First Aider will assess the situation. If the child can be safely moved they should be taken to the office and treated there. At this point the [Any Head or Non-Trivial Injury Procedure](#) should be initiated. The First Aider (in conjunction with the duty teacher) must complete the online accident form. The First Aider or the duty teacher who first dealt with the incident should call the parents.

If the child can't be moved - call an ambulance (see point 4)

3. Yellow Sash on Child and phone parent

If the child can be moved the First Aider puts a yellow sash on the child and accompanies them to the office. First Aider/duty teacher phones home to inform the parents that ...

- **Your child has... (say what happened)**
- **Describe the injuries as you see them**
- **Do not give your opinion**
- **Let the parent speak to the child**
- **Parent then decides to collect their child or send them back to the classroom (they must still be wearing the yellow sash if they go back to the classroom).**

If the injury is to the head the parent **must** be advised to monitor their child for the next 24 hrs and that if they see any of the 4 head injury warning signs (drowsiness, vomiting, impaired vision, or excessive pain) they should consult their doctor or local hospital.

Children should not have food or water for 2 hours after the accident.

4. Call an ambulance 118 and phone parent

Call an ambulance if the child is **unable to get up by themselves**, shows any signs of **slurred or incoherent speech, is vomiting, has problems walking, has a headache, has a serious cut needing stitches, is unconscious** or the First Aider is in any doubt.

The First Aider involved or the Chairperson should call the parent and inform them that:

- **Your child has(say what happened)**

- **We are concerned that they have... (describe injury concerns) so we have called an ambulance**
- **Your child is going to ... (name the hospital) and ...(name the adult) is in the ambulance with them.**

Be calm and clear about what has happened and whether the parent needs to come to school or go directly to the hospital. Ensure the parent knows which adult is accompanying their child in the ambulance and if possible give their phone number.

Accident Form

An [Accident Form](#) must be filled in whenever the [Any Head or Non-Trivial Injury Procedure](#) is initiated. The form can be found on gmail 'Drive' and should be filled in by the First Aider who initiated the procedure (in conjunction with duty staff member who called the First Aider).

Follow instructions at the top of the form, ensuring the office, relevant class teacher, Primary Coordinator and Whole School Coordinator receive notification of the completed form.

Yellow Sashes are to be found inside the entrance to The Performing Arts Room, hanging high-up on a hook. The yellow sash ensures that the child is identified as a child who has recently had an accident. Duty teachers will then know to monitor this child if they return to play in the garden. The child must keep the sash on and point it out to their class teacher when they return to class. The class teacher must monitor the child and send the sash to Adam or Gina at the end of the day. The class teacher must inform the person collecting the child of the incident in case this is different to the person contacted earlier by phone.

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Sample Accident Form

ATTENTION: [Click here for the link to the Accident 2023-24 folder](#) Please select File > Make a copy < and give the document a new name, including the words 'Accident Form' the child's name and the date of the accident. Then fill in the form, before sharing it with the child's **class teacher**, info@newschoolrome.com, the **Primary/Senior Coordinator, Whole School Coordinator** and the **First Aider** involved.

Accident Form

Name of child involved: Joe Bloggs

Date of Accident: 12/12/2014

Time of Accident: approx. 12:50

Location of Accident: Near the jungle gym, in the garden.

Adults Present at Time of Accident: Adam, Lucia.

Class Teacher: Mary

First Aider: Florence

Sequence of Events:

Joe banged his knee on a tree

He was able to get up and walk but himself but his knee was clearly painful.

He was upset, he was asked to sit down on the bench while we sent for a first aider and monitored his knee.

Ice-pack was applied.

As some swelling was evident the first aider took him to the office to phone the parents.

He put a yellow sash on.

Checklist (please tick the following ✓)

Immediate care given? ✓

Yellow sash worn by child? ✓

Parents called by First Aider? ✓ (Florence)

Result of calling parents: Parent is collecting child/~~child returning to class~~

Signed by teacher: Adam

Members of the First Aid team

First Aid Coordinator - Kate (Main Villa upstairs)

Office

Gina (office)

Primary

Camilla EAL/EYrs), Kate (main villa upstairs)

Senior

Matt (Physics lab),

Garden supervisor

Lucia (Garden)

Training: 12hrs 1st aid course completed 28/09/20

Update required by 28/09/2024

First Aid boxes

The **First Aid Coordinator** is responsible for making sure the First Aid boxes are fully stocked. They will be checked every half term.

First Aid boxes located in:- Office, Performing Arts, Early Years, Annexe staffroom, the lunch area, Chemistry lab.

All First Aid boxes contain:- cotton wool, Bialcol solution, plasters, plastic gloves, ice packs (2), sanitary towels.

First Aid box in Office also contains:- gauze, scissors, tweezers.

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Medicines

Prescribed Medicines

- Medicines should only be taken to school when **essential**; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.
- Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.
- Medicines that have been taken out of the container as originally dispensed or have had changes made to dosages on parental instructions, **will not** be accepted.
- It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime, negating the need for any medication to be taken at school.


Non-Prescription Medicines

- Non-prescription medicines should **not** normally be brought to school.
- Staff should never give a non-prescribed medicine to a child unless the parent/guardian has completed and signed Form A.
- Staff may administer non-prescribed medicine to a child **only** when the parent/guardian has completed Form A in accordance with our Health and safety Policy.
- All medicines including cough sweets etc should be given to the class teacher/form tutor and kept by them in a safe place out of the reach of children.
- If children are found to have any type of medicine in their possession it should be taken by the class teacher/form tutor, kept in a safe place until home time and then handed over to the parent - reminding them that they must fill in Form A next time.

Form A

Parental agreement for school to administer medicine

The school has a policy that the First Aid Coordinator/teaching staff can administer prescribed/non-prescribed medicine **only** if a parent/guardian of the student concerned has completed and signed this form. (In the case of prescribed medicines there must also be a doctor's letter.)

Date: _____	
Child/Student's name	
Class/Year Group: Teacher/Form tutor:	
*Name and strength of medicine	
Expiry date	
**How much to give (i.e. dose to be given)	
Has your child had this medicine before without adverse effects	
Note: Medicines must be the original container as dispensed by the pharmacy	
Daytime phone no. of parent or adult contact	
<p>The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.</p> <p>signed:</p>	

*If more than one medicine is to be given a separate form should be completed for each one.

**Prescription medicines must have a doctor's letter attached

Any Head or Non-Trivial Injury Procedure

Protocol for calling parents

Yellow Sash on Child and phone parent

If the child can be moved the First Aider puts a yellow sash on the child and accompanies them to the office. First Aider phones home to inform the parents that ...

- **Your child has... (say what happened)**
- **Describe the injuries as you see them**
- **Do not give your opinion**
- **Let the parent speak to the child**
- **Parent then decides to collect their child or send them back to the classroom (they must still be wearing the yellow sash if they go back to the classroom).**

If the injury is to the head the parent **must** be advised to monitor their child for the next 24 hrs and that if they see any of the 4 head injury warning signs (drowsiness, vomiting, impaired vision, or excessive pain) they should consult their doctor or local hospital. Children should not have food or water for 2 hours after the accident.

Call an ambulance 118 and phone parent

Call an ambulance if the child is **unable to get up by themselves**, shows any signs of **slurred or incoherent speech, is vomiting, has problems walking, has a headache, has a serious cut needing stitches, is unconscious** or the First Aider is in any doubt.

The First Aider involved or the First Aid Coordinator or the Chairperson should call the parent and inform them that:

- **Your child has(say what happened)**
- **We are concerned that they have... (describe injury concerns) so we have called an ambulance**
- **Your child is going to ... (name the hospital) and(name the adult) is in the ambulance with them.**

Be calm and clear about what has happened and whether the parent needs to come to school or go directly to the hospital. Ensure the parent knows which adult is accompanying their child in the ambulance and if possible give their phone number.

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Quick Guide

Trivial injuries that can be treated in the garden

- Bumped knee - ice
- Small graze - wash with Bialcol solution, put a plaster on if necessary
- Nosebleed - sit the child down with their head bent forward and ask them to breathe through their mouth. Pinch the soft part of the nose just above the nostrils for a constant 10 mins, reassuring them all the time. If the bleeding hasn't stopped after 30 mins or if patient is on anticoagulants, call an ambulance.
- Fainting - the child may feel sick, have a slow pulse, be pale, have clammy skin, feel like they are going to fall. If someone is about to faint lie them down on the floor with legs raised. Check airway and breathing. Do Not sit them on a chair as they may well fall off. Make sure there is plenty of fresh air, stay with them until well enough to get up. Give plenty of reassurance.

Non-trivial injuries - call a member of the 1st Aid Team

- Cut requiring more than a plaster
- Insect bites and stings - cool them down with cold water or ice. If it is a bee sting check that the sting is out then cool with cold water or ice. Watch out for severe allergic reaction.
- Bump to head requiring ice
- A possible break of a bone
- Sprained or Twisted ankle
- Anything that might get worse
- Anything you cannot confidently treat with Bialcol solution, a plaster and a hug.

What to do

- Stay with the injured child and send an older child to find a First Aider - try office and staffroom.
- If you are the duty teacher stay in the garden
- If the child can be moved the First Aider should take them to the office
- First Aider phones parent
- Parent decides to collect child or send them back to the class
- When the child is collected inform parent of 4 warning signs (if a head injury) and advise to go to doctor or hospital if things get worse.
- If child returns to class they should still be wearing the yellow sash.

Accident form

- First aider should fill this in after speaking to the parent (in collaboration with the duty teacher who first dealt with the accident - they may have more detail as to how the accident happened)
- Form should be completed on the same day
- Form must be shared with: class/form teacher, duty teacher, whole school coordinator, the office, primary/senior coordinator.

How to Handle Day-to-Day Incidents

- **Nose bleeds**

Nose bleeds seem to happen to some children with alarming regularity during their childhood, but they are not usually serious and they are easily treated. Simply sit the person down with their head bent forward and ask them to breathe through their mouth. Pinch the nose just above the nostrils for 10 minutes, reassuring them all the time. If the bleeding hasn't stopped after 30 minutes and it is still severe, call for an ambulance.

- **Fainting**

Fainting occurs when the blood flow to the brain is temporarily reduced. The person may feel sick and feel as if they are going to fall down. Some people do just collapse. If someone is about to faint, get them to lie on the floor with their legs raised. Do not sit them on a chair because there is a real danger they could fall off it and damage themselves. Make sure they have plenty of fresh air and stay with them until they feel well enough to sit up. If someone is prone to fainting regularly, they should visit their doctor to rule out any other causes.

- **Insect bites**

Insects that bite include midges, mosquitoes, ticks and fleas. When an insect bites, they release saliva that can cause redness and swelling, blisters and irritation. Most people experience a small red, itchy raised lump but in others the reaction can be more severe and include blisters. As with any swelling, there will also be a certain amount of heat and irritation, so follow the advice, 'if it's hot, cool it' and the symptoms should subside. Most insect bites get better within a few hours, but advise the person to see their doctor if the symptoms persist.

- **Insect stings**

Insects inject venom into the skin when they sting. The area usually swells and is sore and painful for a few days. Treat stings in the same way as you would an insect bite, with cold cloths to prevent further swelling. The exception to this is a bee sting. Bees leave their sting behind in the skin, along with a venomous sac. Scrape it out immediately with something that has a hard edge, like a credit card or the non-cutting edge of a knife and then cool the wound down with cold cloths, as with an insect bite. Very few people, roughly three in 100, can have an allergic reaction (anaphylactic shock) when they get stung by a wasp. This is a medical emergency because it could prove fatal in a short amount of time.

- **Electrocution (low voltage)**

If someone has been electrocuted, first switch off the electricity at the mains to break the contact between the electricity and the person. Do not touch the person until you are absolutely sure the electricity supply has been cut off, otherwise you are liable to receive an electric shock yourself. Once you are sure it is safe, if the person is still conscious and breathing normally, be sure to comfort and reassure them. A low voltage shock could result in a small burn. A trip to the pharmacy or a walk-in centre should suffice.

Should you discover, once the electrical supply has been cut off, that the person is unconscious and not breathing normally, call an ambulance and carry out basic life support (CPR) whilst waiting for the ambulance to arrive.

- **Sunburn**

If it's hot, cool it. Cool the person down with cold cloths to bring down their temperature and if the area affected can be placed under a cold tap, run water over it for 10 minutes or more. Otherwise keep cold cloths on it. Give them sips of water to drink which will help to prevent heat exhaustion. If the sunburn isn't too bad, apply calamine lotion to soothe the area. Seek medical advice if it is a serious burn or very widespread.

- **Sprains and strains**

For the best treatment for sprains and strains, remember **RICE**:

Rest - rest the injury

Ice -wrap a cloth around an ice pack and apply it to the injury for 10 minutes.

Compression - to reduce swelling, apply a firm bandage to the injury

Elevation - elevate the injury to help prevent swelling

If you are unsure about the extent of the injury, recommend that the person seeks medical advice.

- **Low blood sugar**

Low blood sugar is usually associated with diabetes (hypoglycaemia or hypo for short), but it can also result from other conditions. Low blood sugar starves the brain cells of energy and starts a chain reaction where the person starts to feel weak and faint, they may become confused and/or aggressive and eventually they may lose consciousness. To a bystander, the person may appear drunk. To rectify the low blood sugar, give the person a sugary, non-diet drink, such as a small glass of pure fruit juice, or something to eat, such as a small handful of jelly babies, or at least three glucose tablets and they should respond reasonably quickly. Once they become more alert, give them more food or drink to further stabilize them. If the person does not respond and they are not breathing normally, call for an ambulance and perform basic life support.

- **Asthma**

When someone is suffering from an asthma attack, their airways become narrowed which makes it hard to breathe. As well as breathing difficulty they may wheeze, find it hard to speak and they may become distressed. In more extreme cases, they may have a blue-grey tinge to their lips and nails. For many people, managing mild asthma is part of their day-to-day life and most cope very well. To relieve an attack, many people carry a blue inhaler and children often use a spacer device with it too. To help someone having an asthma attack, encourage them to use their blue inhaler and assist them if necessary. A blue inhaler should lessen the attack within a few minutes. Encourage the person to sit in a comfortable position and breathe slowly and deeply. Do not lie them down. If they appear to be getting worse in spite of their continued use of the blue reliever, call for an ambulance. Should they lose consciousness and their breathing is not normal, be prepared to administer basic life support (see module one) whilst you wait for the ambulance to arrive.

Bleeding, burns and broken bones

Three main principles are:

- 1. If it's hot, cool it**
- 2. If it's bleeding, stop it**
- 3. If it's broken, don't move it**

- 1. If it's hot, cool it**

If the incident is a very severe burn (dry heat) or a scald (wet heat such as steam), you would call an ambulance first. If there is no other qualified help around, try to cool the burn down for at least 10 minutes under cool/tepid, running water or soak a towel or other cloth (that doesn't give off fluffy fibres that stick to the wound). Once it has cooled sufficiently, use strips of plastic cling film and lay them loosely on the wound to protect raw, exposed skin from germs. Clearly, if your hand gets slightly burnt on the cooker or you manage to pour a hot cup of coffee over yourself, you would not call an ambulance, but you would run your hand under a cold tap for at least 10 minutes and apply a clean dressing.

2. If it's bleeding, stop it

Again, it is important to keep things in proportion. If someone has a large gash caused by a knife or other sharp instrument that is pumping blood, call an ambulance and grab any non-fibrous cloth such as a T-shirt (the bigger the better), to apply direct pressure and staunch the flow of blood. A compression bandage (a bandage wrapped very tightly) will do the same job. However if the wound has a foreign object embedded in it such as glass or metal, do not put any pressure on it and do not remove it.

Remember, what cuts going in will also cut going out.

Raise the wound as high as possible to take pressure off it; pressure will cause more Bleeding. A slash wound will bleed externally and look very dramatic, but an impale wound may bleed internally and is by far the more dangerous of the two.

If on the other hand, you cut your finger whilst chopping vegetables, don't call out an ambulance, but do get something clean to hold against the cut and apply pressure to stem the blood flow. In the case of your hand, holding it above your head (or anywhere above the heart) will help it to stop bleeding. The cut may reopen a few times, but systematically staunching the blood flow will eventually cause the blood to coagulate and form a clot. Very severe bleeding can lead to shock.

If it's broken, don't move it

In general, broken bones should not be moved and this is crucial in the case of a suspected spine or neck injury. If the injury is to a limb, for example an arm, it should be supported and Immobilised. Broken bones and fractures need an x-ray and hospital treatment. If the issue is with a finger, thumb or arm, once it is supported and immobilised, they could be taken to hospital by car. If it looks like it is anything more serious, for example a leg or potentially a broken back, do not move them at all and call for an ambulance. This is because the larger the bone, the more potential there is for internal bleeding and the more serious it is. For example, a break to the large thigh bone (femur) could result in a blood loss of up to four pints.

Appendix H

Head Lice

Letter to Parents

Dear Parents,

We have a case of head lice in the one of the lower primary classes

at the moment. It is essential that we eliminate the problem immediately and to do this we would ask you to co-operate with us by checking your child's hair immediately and subsequently on a regular basis. Please do the following:

1. **Check** your child's head for eggs (nits). Lice eggs are small and white and can look like dandruff, except that lice eggs are firmly attached to the hair. The eggs are normally found around the nape of the neck or behind the ears, however, they multiply rapidly so the whole head could be covered with lice eggs within a few days if not treated immediately.
2. **Treat** at once with a lotion or shampoo to kill the eggs (nits). There are lots of head lice products available from chemists; go to your local chemist for advice.
 - a. Apply the product following the instructions on the package carefully.
 - b. Comb with a specific fine-toothed comb (available from chemist) to remove the dead eggs after shampooing. This is made easier by applying a hair conditioner. **All** eggs must be removed.
 - c. Repeat a & b after 7 days or according to product instructions.
3. **Prevent** head lice from spreading in school by:
 - a. Informing the school immediately of a case of head lice.
 - b. Treating the head lice immediately with a specific lotion or shampoo (the whole family must be treated).
 - c. Not sending your child back to school until they are completely free of eggs that is, all dead eggs and these can be removed either with the fine-toothed comb or simply 'one by one' with your nails or scissors.
 - d. Checking your child's hair on a regular basis.

When children return the class teacher will automatically check for eggs. If eggs (dead or alive!) are found we will not be able to re-admit your child.

Si sono verificati alcuni casi isolati di pidocchi nella scuola. Vi chiediamo di controllare accuratamente e regolarmente il vostri bambini per evitare la diffusione dei pidocchi a scuola.

E' molto importante che tutti i membri della famiglia vengano controllati e eventualmente trattati con appositi prodotti specifici. In caso di contagio, avvertire subito la scuola, applicare specifici shampoo o lozioni e tenere il bambino a casa finchè non si eliminano tutte le uova (lendini).