



Saint Felix School

SOUTHWOLD

First Aid Policy

Includes policies for general healthcare, first aid, storage and administration of prescribed and non-prescription medication, and supporting pupils with specific chronic medical conditions (includes care of boarders, and EYFS administration of medicine)

Applicable to Boarding and Early Years Foundation

Proprietor	Mr A Mehta
Date	Spring Term 2025
Review Date	Spring Term 2026
Review Period	Annually
Custodian	School Nurse

To be read in conjunction with the Health and Safety Policy

Amendments

Amendment	Date	Description
1	August 2021	Annual Review and Update
2	February 2023	No significant updates required
3	April 2024	Reviewed
4	November 2024	Updated
5	March 2025	Update First Aid boxes and procedures for replenishing boxes
6	April 2025	Reviewed P Canham
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References:

- A. Keeping Children Safe in Education.
- B. Working Together to Safeguard Children.
- C. Dept of Health – Guidance on the use of Adrenaline auto-injectors in schools.
- D. Dept of Health – Guidance on the use of Emergency Salbutamol Inhalers in Schools.
- E. Information Sharing – advice for practitioners providing safeguarding services to children.
- F. Health and Safety - Reporting of Injuries, Diseases & Dangerous Occurrences Regulations, 2013.
- G. DfE, Guidance on First Aid for Schools.
- H. DfE, Boarding Schools National Minimum Standards.
- I. DfE, Supporting Pupils at School with Medical Conditions.
- J. Public Health Agency – Guidance on infection control in schools and other childcare settings.
- K. Nursing and Midwifery Council, The Code, Professional Standards of Practice and Behaviour for Nurses and Midwives.
- L. NICE, Anaphylaxis Guidelines CG134.
- M. HSE, L74 – First Aid at Work (Third Edition).
- N. HSE, OCE 23 – Cleaning up Body Fluids.
- O. DfE Understanding and Dealing with Issues Relating to Parental Responsibility.

1.0 Introduction. This policy aims to ensure that the school has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury. First Aid will be carried out in a timely and competent manner no matter how major or minor the incident. For the purpose of this policy, first aid is defined as the help that is given to an injured person until professional medical treatment is available.

a. Delegated Responsibilities.

- (1) **Governance.** The Proprietor appoints a nominated person to provide governance oversight of first aid and health, and the required underpinning policies and processes; notice and no-notice checks are conducted.
 - (2) **Head and Head of Operations.** The Proprietor delegates day-to-day responsibility and oversight through the Head to the Head of Operations for ensuring the school has adequate and appropriate first aid policies, equipment, facilities and trained personnel.
 - (3) **Doctor.** The Sole Bay Health Centre provides general care to staff and boarding pupils who are registered at the Practice (01502 722326).
 - Provide general health care to registered pupils. Staff and pupils registered with another practice should seek further advice from their own GP.
 - Provide additional advice if there are significant numbers of sick children.
 - (4) **School Nurse.** The School Nurse is registered on part 1 of the register, based in the school Medical Centre and oversee medical routines for the whole School as set out in this policy and have the delegated responsibility for drafting/reviewing related documentation. The School Nurse is line managed by the Assistant Head – Safeguarding and Pastoral for non-medical matters. When a School Nurse is not available then a member of staff with a first aid qualification may cover the role in the Medical Centre.
 - (a) The School Nurse holds a current NMC registration and keeps professionally updated. Revalidation is checked at annual Professional Development Review.
 - (b) The Compliance manager is responsible for ensuring that members of staff have the appropriate and necessary first aid training (delivered by HSE recommended bodies) and that staff have sufficient understanding and confidence to deliver the required first aid at the point of need.
 - (c) Early Years Foundation Stage (EYFS) requirement for these settings is that at least one person with a current paediatric first aid certificate is on the premises at all times when the children are present. This also applies to outings and trips. Staff who are paediatric first aid trained are collated on the expanded SCR.
 - (d) In the School most, teaching staff are first aid trained and receive update training every three years. Staff who are first aid trained are listed on the training matrix and the Medical Centre have a list.
- b. Staff, Visitors and Pupils.** All staff, visitors and pupils while on school premises are expected to take reasonable care of their own and others' Health, Safety and Welfare.
- c. First Aiders.** The Head of Preparatory organises the training on a rotation basis and a training matrix log are kept and updated by the Head's PA. The Compliance Manager will alert the Head of Preparatory when there are not adequate numbers of first aiders trained. A First Aider is an individual who has completed a course of training in first aid at work that has been approved by the Health and Safety Executive. Under the updated regulations, the school will follow the advice and apply 'best practice' by holding regular refresher training for staff. This will be delivered by an approved trainer, with training records in place as evidence.

From October 2009 the training requirements in accordance with the Health and Safety (First Aid) Regulations 1981 are:

- **First Aid at Work (FAW)** delivered by an approved first aid training provider/organisation. The training consists of 3 days training with continuous assessments to achieve the 3-year qualification. This is overseen by OFQAL.
- **Emergency First Aid at Work (EFAW)** delivered over a minimum of 6 hours contact time. The continual assessment throughout the training session will lead the successful candidates to hold a 3-year certificate.
- A yearly refresher training will be done online with TES learning platform.
- **Paediatric First Aid** training for Pre-school staff and Prep school staff is undertaken every 3 years with a yearly first aid refresher online.

First Aiders are responsible for:

- Responding to first aid situations, including emergencies, common illnesses and injuries
 - For emergencies and accidents, calling the School Nurse in Medical Centre to attend.
 - If serious, to call for an ambulance.
 - Informing the SLT if an ambulance has been called so that guides can be deployed.
 - Ensuring first aid boxes are restocked after use.
 - Documenting any first aid care that they give
 - Carrying out first aid treatment within the training they have received.
 - Maintaining their training, proficiency and competencies
- d. **Appointed Person.** There may be occasion when a FAW First Aider is not available or when a risk assessment determines that one is not required. In these circumstances a group organiser is required to appoint a responsible person, responsible for calling an ambulance should an accident occur. An appointed person is an individual who has undertaken first aid training. Appointed persons are responsible for:
- Responding to first aid situations, including emergencies and common illnesses and injuries
 - Calling the Emergency Services and/or Medical Centre getting further first aid assistance
 - Informing the Site team/Management if an ambulance has been called so that guides can be put out.
 - Ensuring first aid box are restocked after use.
 - Documenting any first aid care given
 - Maintaining own training and competencies
- e. **Other Staff Training.** Staff training should be conducted at least annually and include:
- Awareness of Asthma, Allergies and Epilepsy
 - How to recognise the symptoms and the requirement to raise the alarm quickly if an attack occurs
 - Ensuring staff are competent and confident to support pupils with these ailments and able to fulfil the requirements of the individual care plan.

2.0 Collective Responsibility. The Proprietor, Senior Leadership Team and all staff are collectively responsible for safety and this responsibility includes arrangements for first aid, based on an assessment of the risks presented by the various activities undertaken, either on or off site. Specifically, the School has a duty to provide staff, visitors and pupils with the following information:

- The number and locations of first aid boxes/kits
- Arrangements for dealing with first aid incidents.
- Arrangements for dealing with emergencies.
- Arrangements for offsite activities and trips

2.1 Risk Assessment. A series of risk assessments are undertaken by staff which identifies:

- The potential hazards
- People who may need assistance (pupils, staff members or the public)
- First aid provision, training levels, staff numbers, equipment
- The remoteness/location of the activity and the problems this may incur.
- Access to the emergency services
- The risk assessments are updated annually or as required.

2.2 Practical Arrangements at the Point of Need

- Accident.** In the event of an accident or serious medical emergency the **School Nurse can be internally contacted by telephone (Ext 242)**. All staff should be prepared to contact the emergency services if required and appropriate (dial 9, 999).
- Immediate Capability.** School Nurse and first aid trained staff (some paediatric).
- Medical Centre.** The school Medical Centre is equipped with essential first aid facilities and equipment; including children's own EpiPens, spare EpiPens/Jexts, spare inhalers, a fully stocked first aid cabinet and a 2-bed sick bay.
 - The Medical Centre is staffed by the School Nurse during term-time:
Monday-Tuesday 8:00 – 17:00
The health assistant – Wednesday - Thursday 8.30 – 16.30
Friday 8.30-15.30
 - Outside these times, first aid cover is provided for boarders by the Boarding House Parents and assisting Boarding House staff.
 - Should the medical centre be closed for one or other reason, Senior reception and Prep reception will be available to administer medicine and any other basic first aid requirements.

3.0 First Aid Kits. First Aid boxes are stocked with the minimum contents as outlined by the HSE. The boxes will only contain equipment that staff have been trained to use and relate to the activity taking place. Items may be added according to the first aid needs, where a risk assessment has been completed. No medication should be held in a first aid box and only trained staff should administer emergency medicine. Kits are checked termly by the nurses, replenished as required and that all stock is checked as sterile, where appropriate, and in date.

- If a kit is used, it should be taken to the Medical Centre so that rapid replenishment can take place.** It is the person who administered the first aids responsibility to ensure the first aid box is replenished.
- First Aid Kits are to be taken for all off site activities, including away matches, all sporting events, school trips and any other activities. These first aid kits are held in the Medical Centre to ensure the correct content and will be allocated to each trip using information provided by the lead adult taking the trip.

3.1 First Aid Kit Locations. First Aid kits are conspicuous and coloured green with a white cross. A number are distributed throughout the school at strategic locations.

3.2 Defibrillator Location.

Located in a box on the wall - outside the Learning Hub.

Anybody can use the defibrillator; no training is needed. The 999 staff will instruct on how to use it over the telephone. The access code is C159X, and the defibrillator is noted on the national network such that a 999-call handler can provide the access code to a member of the public. The national network provides email prompts to ensure the ongoing availability of the defibrillator. The defibrillator will be checked and serviced as per regulations and recorded to make sure it is always in working order.

3.3 First Aid Box Contents. The School Nurse is responsible for replenishing the first aid boxes. Boxes are

AREA	PERSON RESPONSIBLE	LOCATION	EQUIPMENT
STAFF ROOM	MEDICAL CENTRE	ON WALL	CABINET
RECEPTION	RECEPTIONIST	SENIOR DEPARTMENT RECEPTION	BOX
CLOUGH	CLOUGH STAFF	IN STAFF ROOM	BOX
KITCHEN	HEAD OF KITCHEN	ON WALL	CABINET
NURSERY	HEAD OF NURSERY	IN NAPPY AREA	BOX
GARDENER HOUSE	HOUSE PARENTS	ON TOP OF DISPY	BOX
SOMERVILLE HOUSE	HOUSE PARENTS	ON TOP OF DISPY	BOX
FAWCETT HOUSE	HOUSE PARENTS	ON TOP OF DISPY	BOX
SCIENCE LAB	TEACHERS	IN OFFICE	BOX
DT ROOM	TEACHERS	CLASSROOM	BOX
MUSIC	HEAD OF MUSIC	ORCHESTRA ROOM	BOX
RECEPTION	RECEPTION STAFF	SENIOR DEPARTMENT RECEPTION	BOX
GYM	HEAD OF SPORTS	IN RECEPTION	BOX
SWIMMING POOL	HEAD OF SWIMMING	IN OFFICE	BOX
MAINTENENCE	HEAD OF ESTATES	IN SHED	BOX
SPORTS HALL FOYER	HEAD OF SPORTS	HUNG ON WALL	CABINET
MINIBUS	FD22 JWP ALAN ELVIN	OPERATIONS	BAG
MINIBUS	HV16 RNA SPARE	OPERATIONS	BAG
MINIBUS	GM19 PCU PAULA SEXTON	OPERATIONS	BAG
MINIBUS	GF19 EWX MARK BARLOW	OPERATIONS	BAG
MINIBUS	SA18 OYV LUCY CAMERON	OPERATIONS	BAG
MINIBUS	HJ18 CEF WAYNE HARRIS	OPERATIONS	BAG
MINIBUS	HJ18 SXZ TREVOR GRAHAM	OPERATIONS	BAG
MINIBUS	YT68 NUP NICKY ORAM	OPERATIONS	BAG

checked once a month. Where contents have been used it will be the person who administered first aid responsibility to replenish the missing items at the medical centre.

SPORTS HALL CABINET TO BE LEFT OPEN FOR THE PUBLIC USING OUR FACILITIES.

Box contents = Triangular Bandage, 2 medium wound bandage, assortment of plasters, tape, sterile wipes, Gloves, grep bandage

4.0 Signs and Information. The school has a responsibility under HSE legislation to ensure that pupils, employees and visitors are aware of the location of first aid boxes and First Aiders. First aid boxes and signage should be green and white complying with the Health and Safety at Work (Signs and Signals) Regulations 1996. Each department must display a HSE approved sign stating the location and name of the nearest first aider. This should be displayed in a prominent place to ensure maximum visibility. Additionally, all first aid boxes should be clearly labelled and easily accessed, if the location of the box is not clearly visible then an additional sign, for example on the cupboard door, is required.

5.0 Arrangements for Pupil's Health and those with Particular Medical Conditions. Parents are requested to complete a health questionnaire prior to starting the school by the admissions team. This documents general medical information, immunisations, allergies and a signed consent form allowing a first aider to administer first aid to their child as necessary. It also gives permission for the first aider to give basic over the counter medications (paracetamol), and any prescribed medications the child may be given. Consent forms together with individual Health Care Cards for each pupil are kept on the electronic site ISAMS. At the beginning of term or when a nurse is notified of a new starter, the nurse will gather the information and add it to the medical files for each child.

- See Annex A procedure in the event of illness.
- See Annex B for Health Records and Supporting Children with Medical Conditions Policy
- See Annex C for the Storage and Administration of Controlled Drugs Policy
- See Annex D for the Early Years Administration of Medication Policy
- See Annex E for the Administration of Medication Policy
- See Annex F for the Asthma Policy
- See Annex G for the Diabetes Policy
- See Annex H for the Epilepsy Policy
- See Annex I for the Anaphylaxis Policy (Allergies)
- See Annex J for Hygiene Procedures for dealing with Spillage of Body Fluids.

5.1 In School Term Time

- If a pupil complains of illness, **the teacher should conduct an initial assessment and apply common sense.** Only if necessary, should the pupil be sent to the Medical Centre with a note to see the School Nurse or first aider on duty
- First Aiders should deal with minor injuries within their personal competency, referring the injured person for primary care provision if necessary. More serious injuries should be referred to the Medical Centre
- The Medical Centre is open during term time only.
- No member of staff or volunteer should administer first aid unless he or she has received HSE approved training, and that training is in date.

5.2 Out of School

- The trip co-ordinator is to check the nominal role of pupils with the Medical Centre prior to departure for any known pupil conditions that require regular or emergency medication. A list will be given to the trip leader from the Medical Centre with information of children who have medical conditions, allergies, or medication to take.
 - In particular, accompanying adults should check that any asthma sufferers have their inhalers with them and any diabetic pupils have the relevant medication.
 - It is also important that any medication (for example **adrenaline devices**) is carried by the member of staff, or a pupil (dependant on age) this requirement should form part of the offsite risk assessment.
 - Where possible the pupil should also carry a spare and, where the need is identified, staff must have received training from the School Nurse to administer the required medication.
- The trip co-ordinator should carry a mobile phone which can be provided by school.
- A risk assessment must be carried out prior to departure and cleared with the member of staff responsible for offsite activities - emergency procedures must be covered as part of this risk assessment.

- If a serious injury occurs during an offsite visit or away Sports fixture, the offsite activities major incident plan should be put into action. The attending member of staff should immediately inform the School (School Nurse) of the situation, and if there is any doubt of the injury, whether they have been seen by a first aider or not, if the symptoms indicate a potential implication to the injured party, they must attend the nearest Accident and Emergency Department for clarification. If members of staff have any doubts, they must take the pupil(s) to A&E without delay keeping the Medical Centre (via dialling the school emergency number) informed.
- If there are any children taking prescribed controlled drugs, then the trip leader must come to the Medical Centre and read and understand the controlled drugs policy.

5.3 Emergency Situations. An emergency situation is determined by the adult who is first on scene. The incident can be downgraded or conversely escalated once an initial assessment has been made. The procedure outlined below should be followed:

- An emergency situation is identified.
 - Is a qualified First Aider immediately available able to deal with the incident within their competency and training?
 - Make an early determination if an ambulance is required as our rural location can cause delays (if an ambulance is called, inform the admin office of the exact location of the emergency so that guides can be put out appropriately)
 - During term time only, the Medical Centre is notified, and the on-duty member of staff will attend the scene (School staff may have to relieve Medical Centre staff if there are inpatients – to be co-ordinated through the admin office)
 - See **Annex K** for a more detailed aide memoire.
- a. The School Nurse on arrival will take control of the incident and will decide on the best way to proceed. If an ambulance hasn't been called and the nurse considers the situation warrants, the Nurse will initiate the callout. The senior member of staff on duty is to be advised of all ambulance callouts so that guides can be appropriately positioned to ensure the ambulance crew attend the injured person in the quickest possible time. The senior member of staff on duty also will start a log for the incident and act as a central point of contact.
 - b. Arrangements are to be made to ensure that pupils are accompanied in the ambulance by a member of staff if parents are unable to be contacted or are unable to get to school before the ambulance is ready to leave.

5.4 Competencies and Protocols. At all times, First Aiders must operate within their own scope of competencies and should not attempt any skills with which they are not trained or confident. All staff who administers first aid must be within the 3-year qualification period. First Aiders must identify themselves to the patient and verbally explain that they are able to treat them. From April 2013, **it has been necessary for First Aiders to request consent from the injured party before treating them. Where the casualty is unconscious First Aiders will use implied consent to treat a casualty.** This requirement will be outlined in the First Aiders' training.

6.0 Calling an Ambulance. If an ambulance is called, it is the attending member of staff or first aider's responsibility to ensure that this is actioned without delay, and that the Site team and the Medical Centre staff have been called/informed so that they can also take action/attend the location. From the internal School phone system, you must dial 999 (or 9, 999# from the phone system) and state:

Ambulance required at

Saint Felix School, Halesworth Road, Reydon, Suffolk IP18 6SD

Telephone number: **01502 722175.**

- Exact location within the site of the person needing help – consider using What3Words.
- Caller's own name and contact details.
- Name of the person needing help and their age

- A brief description of the person's symptoms (and any known medical condition)
- Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
- Don't hang up until the information has been repeated back to you.
- *If you are making a call from a mobile phone – be aware that you will be asked for your mobile phone number.*
- See **Annex L** for the Taking Children to Hospital in a Car

6.1 Guidance – When to Call an Ambulance. An ambulance is to be called in the following circumstances:

- any life-threatening incident
- cardiac arrest
- diabetes event
- a significant head or neck injury
- fitting, unconsciousness, or concussion
- difficulty in breathing and/or chest pain
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- serious break or fracture

7.0 Documentation. It is imperative that accurate documentation of any first aid treatment is recorded. Documentation forms are kept in Medical Centre along with accident forms if needed. Any documentation is copied and kept in patients' medical notes. First Aiders must ensure that the following information is recorded for any incident:

- Name of casualty
- Time and date
- Presenting complaint/injury
- Treatment given/offered.
- Any observations taken about the incident/area.
- Any follow up advice (sent to Medical Centre)/referral to outside agency.

8.0 Health and Safety

8.1 Introduction. A number of risks are inherent to all those involved in dispensing first aid. All staff must take precautions to avoid infection and must follow basic universal hygiene procedures. Single-use disposable gloves are provided within first aid boxes. Additionally, first aiders should ensure that they have access to hand washing facilities both before and after attending to the first aid situation.

8.2 Blood Born Virus. The school has a duty of care to all employees to protect them against risks involved from their work activity. It is important that the school first aid risk assessment contains control measures to protect staff from blood born virus. When dealing with a casualty the first aiders must wear protective gloves (provided in the first aid kits). This will give increased protection against direct contact with bodily fluids/ blood. As an additional precaution any open wounds should also be covered.

If the first aider is at all concerned about cross infection after dealing with a casualty, then they should seek advice from the Medical Centre staff. Such incidents must be reported to the Area Health and Safety Officer as a near miss incident.

8.3 COSHH. The school operates under the guidance of the Control of Substances Hazardous to Health Regulations (2013) and must ensure that the correct procedures are maintained. All staff will work within Universal Safety Precautions while administering first aid, for the protection of themselves and the pupil, as outlined above. All clinical waste will be disposed of through the correct routes; this includes items used out in the field by first aiders and soiled equipment used by the Medical Centre. Yellow bio-hazard bags are available in all first aid boxes. 'Sharps' boxes are available for the disposal of sharp medical equipment (needles) stored and used by Medical Centre.

9.0 Accidents

9.1 **Introduction.** Under the direction of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (1995) amended 2012, certain types of accidents must be reported to the HSE. The employer must keep a record of any reportable injury, disease or dangerous occurrence. This must include:

- Date
- Time
- Personal details of person affected.
- Location of accident
- Nature of event
- Treatment required.

9.2 **Reporting.** All accidents, no matter how small, must be reported, documented by the First Aider attending the incident and passed to the Compliance Officer. This can be done by scan and email to the compliance Officer and/or place in a confidential envelope and placed in the accident tray in reception. This also applies for near miss events that must be monitored as part of the School's Health and Safety Management System. If a child is sent to the medical centre, the nurses will record the incident on ISAMs and complete an accident form if needed.

- a. **Pupils.** Details of an accident will be entered in the child's medical records, parents contacted, and an accident form completed if necessary.
- b. **Staff.** Injuries to staff and visitors should also be reported to the School Nurse.

The following incidents will be reported to the HSE if an **employee** is injured, wherever they are working:

- fractures, other than to fingers, thumbs and toes.
- amputations.
- any injury likely to lead to permanent loss of sight or reduction in sight.
- any crush injury to the head or torso causing damage to the brain or internal organs.
- serious burns (including scalding), which: cover more than 10% of the body; or
- cause significant damage to the eyes, respiratory system or other vital organs.
- any scalping requiring hospital treatment.
- any loss of consciousness caused by head injury
- any other injury arising from working in an enclosed space which: leads to hypothermia or heat-induced illness; or requires resuscitation or admittance to hospital for more than 24 hours.

9.3 **Physical Violence.** Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence. Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

9.4 **Reportable Occupational Disease.** Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. These include:

- carpal tunnel syndrome.
- severe cramp of the hand or forearm.
- occupational dermatitis, e.g. from work involving strong acids or alkalis, including domestic bleach hand-arm vibration syndrome.
- occupational asthma, e.g. from wood dust and soldering using rosin flux.
- tendonitis or tenosynovitis of the hand or forearm.
- any occupational cancer.
- any disease attributed to an occupational exposure to a biological agent.

9.5 **Stress.** Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

9.6 **Incidents to Pupils and Other People who are not at Work.** Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- The death of the person and arose out of or in connection with a work activity.
- An injury that arose out of or in connection with a work activity **and** the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in Section 8.2 **only apply to employees.** If a pupil is injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is **not reportable**.

The responsible person at the school should consider whether the incident was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments, etc.).
- The condition of the premises (e.g. poorly maintained or slippery floors).

9.7 **Accidents to Pupils During Sports Activities.** Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity. The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable. Examples of reportable incidents include where:

- The condition of the premises or sports equipment was a factor in the incident, e.g. where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- There was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

9.8 **Accident Grading System.** Saint Felix School uses the following grading system for accidents:

- **Low level-** No first aid required.
- **Medium level-** First aid required. E.g. Bruising, minor cuts or abrasions, low impact bump, sprains, minor burns and scalds.
- **High Level-** Further medical assistance required- e.g. visit to hospital required, ambulance called, further treatment required.

9.9 **Responsibility/Monitoring and Review**

- It is the responsibility of the attending First Aider, member of staff in charge of the activity when the injury occurred (trips, sporting events) or Houseparent (if the accident happens in the Boarding house) to ensure that the correct information is provided in the accident report which is then passed to the School Nurse so that the appropriate documentation can be completed
- Accident statistics are considered termly at the Health and Safety meeting to identify trends and gaps in procedure.

Annex A - Procedure in the Event of Illness and Care of Boarders

1. **Procedure.** If a child is unwell during lessons, then a member of staff will assess the situation and decide the next course of action, applying common sense.
 - a. **Pre Prep.** The class teacher will assess the situation and then call the named first aider or School Nurse if required.
 - b. **Prep Department.** If a child is unwell during lessons, then a member of staff will assess the situation and decide the best course of action. The child must be accompanied to the Medical Centre by an adult if they:
 - Have sustained a head injury.
 - Are breathless and asthmatic.
 - Have an epileptic episode.
 - Signs of allergy/anaphylaxis
 - Suffer from diabetes.
 - Have acute severe pain.
 - Have vomited.
 - Are unduly distressed.

The School Nurse will provide first aid as required and decide when and if the child can return back to class, and whether to contact the parents. Children with vomiting and/or diarrhoea should remain off school for 48 hours after the last episode.

2. **Sick Bay.** Sick Bay is located in the Medical Centre. During the weekdays the School Nurse or Boarding House staff are available to care for pupils. During the night a member of the boarding team will assist.
3. **Overnight Care.** If a child becomes unwell overnight the Boarding Houseparent's will make a decision whether to seek further professional advice.

Boarders will be assessed the following morning by the School Nurse and if necessary, arrangements will be made for them to see a doctor.

Annex B - Health Records & Supporting Children with Medical Conditions

1. All children (day and boarders) have their own individual health record on iSAMS.
2. Any child with any diagnosed illness or condition will need an Individual Health Care Plan (IHCP). These are formulated with pupils & parents and external medical staff (e.g. hospital) discussed with consent of parents and child with appropriate staff. Close liaison with academic, boarding staff and sports staff with regards to the medical management of needs and support for the child. Consent must be gained from the parent before the pupil's name is put on the medical needs mini list which is kept on the staff notice board. Extra training for staff may be required depending on the individual child's need. The School Nurses will liaise with other professionals and healthcare staff in the community to ensure we can provide a safe environment where the child can participate in all school activities as much as possible.
3. Dietary needs are set out on iSAMS and passed on by medical staff to the catering staff to minimise the risk to pupils of consuming the wrong foods where a food allergy is known to be present. These lists are updated regularly.
4. The boarding house parents also have separate copies of standard welfare/IHCP.
5. All records contain relevant health and welfare information provided by parents and consent for first aid treatment in school and on trips. These records include any significant known drug reactions, major allergies and notable medical conditions, and this information is available to staff likely to administer medication or treatment. All records are held on iSAMS.
6. iSAMS records include identification of the persons with parental responsibility for the boarder, contact details for parents and any other emergency contact arrangements, and any court orders affecting parental responsibility or the care of the pupil.
7. Regular meetings take place between the School Nurse, DSL and the Houseparent's to discuss any children that have been identified as requiring individual support in the way of individual welfare plans or IHCP's protecting confidentially where necessary. The School Nurse will also liaise with teachers in the school about any day pupils requiring any medical intervention or support.
8. Confidentiality of personal information about pupils is protected as the School Nurse adheres to the NMC Code of Professional Conduct, as follows:
 - That any School Nurse and Doctor have an obligation to his/her patient, regardless of age, to confidentiality unless there is considered occasions where not sharing this information with others e.g. academic staff, child protection representative in the school, may put the child at risk of harm.
 - Where information is to be shared it is essential to gain a child's consent if Gillick competent

Annex C – The Storage and Administration of Controlled Drugs

Annex D – Early Years Administration of Medication

Annex E – Administration of Medication Policy

This information that covers the Annex C, D and E can be found in the in the Medicine and Treatment Policy on the Saint Felix Shared Drive.

Annex F – Asthma Policy (Reference D refers)

1. **What is Asthma?** On average 3 children in any one class suffer from asthma; 1.1m children in the UK are currently receiving treatment for asthma. Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. If these become irritated, it can be difficult to breath.

2. Substances that irritate causes the airways to become narrower and irritated - making it difficult to breath and leading to symptoms of asthma.

4. From 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allowed schools to purchase salbutamol inhalers without prescription for use in emergencies. Salbutamol is a relatively safe medicine, particularly if inhaled, but medicines can have some adverse effects and those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm.

a. **Asthma Medicines.** The school recognises that pupils diagnosed with asthma need immediate access to reliever inhaler at all times. All children with this diagnosis should have a named inhaler in their pocket and a spare one in Medical Centre for emergencies.

b. **The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

c. **The emergency inhaler can be used if the pupil's prescribed inhaler is not available (for example because its broken or empty).**

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

d. **The Emergency Kit.** An emergency asthma inhaler kit should contain:

- A salbutamol metered dose inhaler
- At least two plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer.
- Instructions on cleaning and storing the inhaler.
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded.
- A note on the arrangements for replacing the inhaler and spacers.
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plan.
- A record of administration of the emergency inhaler

e. **Staff Responsibilities.** The Medical centre Team:

- Ensuring replacement inhalers are procured when expiry dates approach.
- Ensuring replacement spacers are available following use.
- Ensuring the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
- Ensuring the emergency inhalers are stored at the appropriate temperature and in accordance with manufacturers guidelines – usually <30°C.
- Ensuring the emergency inhaler is kept separate from a child's own inhaler and clearly labelled to avoid confusion.

- Ensuring correct disposal of used emergency inhalers and spacers
- Maintaining an up to date, easy to access asthma register of children that provides the ability for a quick check by staff of children with asthma, that parental consent for the use of the emergency inhaler has been given and a photo of each child (parental consents should be updated regularly – ideally annually)

f. **Staff Training.** All staff should be trained to:

- Recognise the symptoms of an asthma attack, and how to distinguish them from other conditions with similar symptoms.
- Recognising an asthma attack
- Recognising when emergency action is required.
- Be aware of the school's asthma policy.
- Know how to access the inhaler.
- Making appropriate records of asthma attacks

g. **Emergency Inhaler Kit Locations.** Emergency inhaler kits are located as follows:

- Medical Centre

5. Asthma Triggers. A trigger is anything that irritates the airways and causes asthma symptoms. Everybody's asthma is different, and everyone will have different triggers, most have several. It is important that children with asthma get to know their own triggers and try and stay away or take precautions.

a. **Common Triggers:**

- viral infections
- house dust mites.
- pollen
- cigarette smoke
- furry animals
- feathered animals
- pollution
- laughter
- excitement
- stress
- exercise
- grass

b. **Common Signs of an Asthma Attack.**

- Persistent coughing
- Shortness of breath
- A wheezing sound coming from the chest (when at rest)
- Tightness in chest
- Difficulty in speaking in full sentences. Some children will go very quiet.
- Sometimes young children will express feeling tight in the chest as tummy ache.
- Appears exhausted.
- Has a blue/white tinge around lips
- Is going blue.
- Has collapsed.

6. What to do in the event of an asthma attack?

- Keep calm, reassure the child and send for the School Nurse
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down.

- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of ten puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you reach 10 puffs, **call 999 for an ambulance.**
- If an ambulance doesn't arrive in 10 minutes give another 10 puffs in the same way

a. How to use an inhaler (best used via spacer)

- Remove cap and shake inhaler.
- Breathe out gently.
- Put mouthpiece in mouth and as you begin to breathe in, which should be tidal/normal breathing, press canister down and continue to inhale steadily and deeply.
- For a second dose wait for approximately 30 seconds before repeating previous steps.

b. How to use an inhaler with small spacer.

- Remove caps from inhaler and spacer. Shake inhaler and insert into back of spacer.
- Breathe out gently.
- Place mouthpiece of spacer in mouth.
- Press inhaler canister once to release a dose of the medicine.
- Take a deep, slow breath in. If you hear a whistling sound, you are breathing in too quickly.
- Hold breath for about 10 seconds or as long as is comfortable.
- Remove spacer and breathe out.
- To take another dose, wait 30 seconds then repeat steps 1-6.
- Ensure tight clothing is loosened.
- **Reassure the child.**

6. Medical Centre can be accessed by all staff in an emergency. In the Pre-Prep and the Prep, all inhalers are kept in the classroom by the teachers. All school staff will let pupils take their own medicine when they need to.

- All inhalers and medications should be signed in and out of the medication book to enable tracking of all medication held in Medical Centre.
- All inhalers should be clearly labelled, and the expiry dates checked every half term.
- All Aero chambers and Spacers should be clearly labelled and stored with the inhalers. If issued to pupils, aero chambers and spacers should only be used by the named person and washed regularly.
- Reliever inhaler is usually **blue**, taken at the first sign of attack. All first aid kits include a reliever inhaler and small aero chamber (spacer).
- Preventer inhaler is usually **brown**, sometimes white or purple. These are taken in the morning and evening.

7. Record Keeping. The school keeps records of all pupils with asthma and the medicines they take. When the child joins the school or moves up to the Prep school a medical questionnaire is sent out to parents. If the child is noted to have asthma, then more information is asked for, initially by telephone call, followed up by a request for a copy of "My Asthma Plan" or a IHCP to be completed.

8. Asthma care plans are requested for those pupils who have mild asthma. In addition, a "My Asthma plan" is completed for those pupils that have moderate to severe asthma, which are on a preventer and possibly been hospitalised before due to asthma. Care plans need to be reviewed on a yearly basis by the school nurse and

parent/carers. A central asthma register is kept and is available to all staff on the central notice board in the staff room, in all emergency inhaler kits and in Medical Centre.

9. Exercise and Activity - PE and Games. The school ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma. Taking part in sports, games and activities is an essential part of school life for all pupils. All staff know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register. For games teachers to be aware of pupils that have asthma, which are going on an "away" school match and to ensure that those pupils have their inhaler and spacer with them. Pupils are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise or cold in the winter months to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. All pupils need to take their inhaler down to the lesson site with them and are encouraged to use them if need be. All PE, games coaches and classroom teachers are aware of what to do in an asthma attack and received training from a school nurse, who has asthma training. Classroom teachers follow the same principles as described above for games and activities involving physical activity.

10. Additional Roles and Responsibilities. The school will work in partnership with all interested parties including the schools Proprietor, all school staff, school nurses, parents/carer's, employers of school staff, doctors and nurses and pupils to ensure that the policy is planned, implemented and maintained successfully.

a. **All School Staff** have a Responsibility to:

- Understand the school's asthma policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils immediate access to their reliever inhaler.
- Know where the emergency asthma inhaler kits are located.
- Inform School Nurse and parents/carer's if child has an asthma attack.
- Inform school nurse and parent/carer's if pupils are taking more reliever inhaler than they normally would.
- Ensure that pupils have their asthma medication with them if they are going out of school on a school trip.
- Ensure pupils that have been unwell catch up on missed schoolwork.
- Be aware that pupils may be tired due to nighttime symptoms.
- Keeps an eye out for pupils with asthma experiencing bullying.
- Liaise with school nurse, parents/carer's, SENCO and head of department if pupil is falling behind because of their asthma.
- To notify school nurses if they require further training.

b. **PE Teachers.** PE teachers have a responsibility to:

- Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled.
- Ensure pupils have their reliever inhaler with them during activity or exercise and are able to take it when needed.
- If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better to return to their activity (most pupils with asthma should wait at least 5 minutes). If symptoms are getting worse or there is no relief from the inhaler, then to send someone to fetch school nurse. Do not send the asthmatic pupil.
- Remind pupils with asthma whose symptoms are triggered by exercise to use their inhaler before getting changed (10-15 minutes before activity)
- Ensure pupils with asthma always warm up and down thoroughly.
- Ensure when going on away matches that the pupil has their inhaler with them and the 1st aid match kit is taken as it contains a spacer if needed.

- c. **School Nurse.** School Nurse has a responsibility to:
- To work with the teachers in planning and implementing pupil education on asthma in PHSE and group sessions as needed.
 - Organise health promotion within the school to raise awareness of asthma in schools.
 - To review medical questionnaire on all new pupils and flag up those with diagnosed asthma and asthma symptoms.
 - To work with parents/carers to complete a personal asthma action plan.
 - Liaise with parents to ensure continuity of care between school and home with regards to asthma management, recognizing triggers and use of inhalers
 - Ensure that pupils know how to use their asthma inhaler (and Spacer) effectively.
 - To ensure the boarders with asthma are regularly monitored with regards to asthma medication
 - Communicate with school staff if a pupil in their care has severe asthma symptoms (with consent of the child and parent/carer's).
 - Offer the parents and child a copy of their personal "My Asthma Plan".
- d. **Pupils.** Pupils have a responsibility to:
- Treat other pupils with and without asthma fairly,
 - Let any pupil having an asthma attack have their reliever inhaler (usually blue) and ensure a member of staff is called.
 - Tell their parents/carers, teachers, PE teachers and school nurse when they are not feeling very well.
 - Treat asthma medicines with respect and not let their friend use them.
 - Keep a reliever inhaler (usually blue) with them at all times.
 - If borrowed the spare inhaler from Medical Centre to return at home time.
 - To know how to take their own asthma medicines.
 - To know to come to Medical Centre immediately if reliever medication is not helping.
 - To know their own asthma triggers and to avoid them or prevent an asthma attack, by using their reliever inhaler.
- e. **Parents/Carers.** Parent/carers have a responsibility to:
- Inform the School Nurse on the child's admission to the school, (via a medical questionnaire) that the child has asthma.
 - Sign the medical questionnaire form to allow the emergency inhaler to be used if needed.
 - Inform the school nurse if a new diagnosis of asthma is made or the child has asthma symptoms.
 - Read, sign and return their child's personal asthma action plan.
 - Tell the school of any changes to the child's asthma medication.
 - Tell the school of any change in the child's asthma symptoms.
 - Ensure the child's asthma medication and spacer is labelled with their name.
 - Provide the school with a spare named reliever inhaler within its expiry date.
 - Keep the child at home if they are not well enough to attend school.
 - Ensure the child catches up with any schoolwork they have missed.
 - Ensure their child has regular asthma reviews with their doctor or nurse every 6-12 months.

Annex G – Diabetes Policy

1. Children with Type 1 diabetes have the added complication of managing their BG levels, which can make them feel different from their friends and classmates. Handling conversations about their diabetes should always be done sensitively. It's also important to remember that children with Type 1 diabetes are not all the same; the way one child manages their diabetes will be different to another. Every child with diabetes must have an Individual Health Care Plan (IHCP) developed by the child (where appropriate), their parent, a Paediatric Diabetes Specialist Nurse (PDSN) and appropriate School staff. This plan will detail the child's individual care needs.

2. **What is Type 1 diabetes?** Type 1 diabetes develops when the body can't make insulin to manage the levels of glucose in the blood properly, allowing too much glucose to build up. Type 1 diabetes usually develops before 40 years old and is the most common type of diabetes found in children and young people.

3. **Injecting at School.** Pupils who need to inject at school will need to bring in their insulin and injecting equipment. In most cases the equipment will be an insulin 'pen' device rather than a syringe. Some children may want a private area where they can take their injections, others may be happy to inject in public. Both situations should be allowed. Children might need help with injecting, especially if they're younger, newly diagnosed or have learning difficulties. Their parent, carer or PDSN will be able to explain the help they need, demonstrate how the equipment is used and tell you how the pen and insulin should be stored.

a. **Multiple Daily Injections (MDI).** MDI can control blood glucose levels better than twice daily injections. Most children are now started on MDI from diagnosis. Children taking MDI will need an injection with each meal as well as one at bedtime and/ or in the morning. This means they'll need to have an injection at lunchtime, and perhaps at other times of the school day too.

b. **Insulin pumps at school.** Children who use an insulin pump will need to give extra insulin via the pump when they eat or if their blood glucose levels are high, children might need help with this. Their parent, carer or PDSN can teach school staff how to give insulin via the pump and how to look after the pump at school.

4. **Eating.** No food is off limits to a child with Type 1 diabetes, but food and drink choices can affect a child's diabetes management.

a. **Food.** Children with diabetes should follow the same diet that's recommended for all children – one that's low in fat (for older children), salt and sugar and includes five portions of fruit and veg a day. Too many sweets and chocolates aren't good for anyone, so they should be a treat rather than a regular snack. Diabetic foods are not recommended because they still affect blood glucose levels, can have a laxative effect and are expensive.

b. **Snacks.** Children who take insulin twice a day and younger children (no matter how they take insulin) may need snacks between meals. Snacks may need to be eaten during lessons and the choice of snack will depend on the individual child, but could be:

- a portion of fruit
- an individual mini pack of dried fruit
- a cereal bar
- a small roll or sandwich
- biscuits

c. **Older Children.** Older children who take insulin with meals or who are on a pump may not need snacks between meals. The child's parent, carer or PDSN will advise on whether snacks are needed and when, and the best type of snack to be taken.

5. **Highs and Lows.**

a. **Hypoglycaemia (hypo).** Hypoglycaemia happens when blood glucose levels fall too low (below 4mmol/l). Most children and families will call it a 'hypo'. You need to be aware that children with diabetes

are likely to have hypos from time to time and they can come on very quickly. Sometimes there's no obvious cause, but usually it's because the child:

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

(1) How to recognise a hypo. 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.

Symptoms can be different for each child and the child's parent, or carer can tell you what their child's specific warning signs are. They will also be listed in the child's IHCP.

(2) Treating a hypo.

Hypos must be treated quickly. Left untreated, the blood glucose level will continue to fall, and the child could become unconscious or have a seizure. Some children will know when they are going hypo and can treat it themselves, but others, especially if they're younger, newly diagnosed or have learning difficulties, might need help. A child should not be left alone during a hypo or be made to go and get the treatment themselves. Recovery treatment must be brought to the child. In the event of a child having a hypo, here's what to do:

i. If a child's blood glucose levels are too high or too low while at school, they might start to feel unwell. Some children with diabetes may have more frequent absences because of their condition. Things to be aware of and look out for:

- Check the child's blood glucose level (when possible)
- If too low, follow IHCP and give stated treatment.
- Check the blood glucose level again in another 15 minutes to make sure that they have returned to normal or follow IHCP.
- Some children will need a snack after treating a hypo, such as a piece of fruit, biscuits, cereal bar, small sandwich or the next meal if it's due*. The child's parent, carer or PDSN will tell you if they need a follow-on snack.
- Once a hypo has been treated and the blood glucose has returned to a normal level there is no reason why the child can't continue with whatever they were doing. However, it can take up to 45 minutes for a child to fully recover.
- Children should have easy access to their hypo treatments and should be allowed to eat or drink whenever they need to, to prevent or treat a hypo.

li. **Unconsciousness.** In the unlikely event of a child losing consciousness, **do not give them anything by mouth.** Place them in the recovery position (lying on their side with the head tilted back). Call an ambulance, tell them the child has Type 1 diabetes and then contact their parent or carer.

- All parents have an emergency injection of glucagon (a hormone that raises blood glucose levels), which can be given if a child becomes unconscious, and in some cases, this will be available in school.

b. **Hyperglycaemia (hyper).** Hyperglycaemia happens when blood glucose levels rise too high. Most children and families will call it a 'hyper'. 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.
- is unwell.
- has a problem with their pump.

Children on pumps will need to treat high blood glucose levels more quickly.

The School Nurse is to be contacted as additional treatments may be available.

6. School Life.

a. **Physical Activity.** Diabetes shouldn't stop children from enjoying any kind of physical activity or being selected to represent your school in sports teams. But children with diabetes will need to plan for physical activity, which includes checking their blood glucose levels carefully and making sure they drink enough fluids. All forms of activity use up glucose. This can mean that a child's blood glucose level can fall too low, and they'll have a hypo (see highs and lows section). Also, if their blood glucose is high before getting active, physical activity may make it rise even higher. Check IHCP for necessary adjustments prior to physical activity.

The child's parent, carer, PDSN or dietitian will be able to tell you about the specific preparation required, and this will also be included in the child's IHCP.

b. **Day trips.** Depending on what's planned for the trip, you might not need to make any adjustments to the child's usual school routine. Check individual pupils' needs and equipment to take:

- emergency contact numbers
- IHCP must go with the child.

c. **Overnight stays.** When staying overnight on a school trip, a child who injects will need to take insulin injections and test their blood glucose levels (which may include testing at night), even if these aren't usually done in school. If the child can't do their own injections, manage their pump or test their blood glucose levels, they'll need to be done by a trained member of staff. School staff should meet with the child's parent, carer and PDSN well in advance of the trip to discuss what help is required and who will assist the child. A copy of the IHCP must go with the child.

Annex H – Epilepsy Policy

1. The school recognises that epilepsy is a condition which can affect pupils. First aiders should have a clear understanding of what to do in the event of a seizure. The schoolwork's in partnership with the School Nurse and parents to provide a continuation of care for those pupils who suffer from the condition. Staff are informed each year of the pupils at the school who have epilepsy. Copies of individualised health care plans (IHCP) are available for staff to inspect at the Medical Centre.

2. **Epilepsy.** Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness but may be a symptom of some physical disorder. However, its cause, especially in the young, may have no precise medical explanation.

3. **Tonic-Clonic Seizure (Grand Mal).** The Pupil may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking and convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the pupil may bite their tongue. They can also be incontinent. Ensure the safety of the pupil and gently move them away from any dangers such as banging their head on a wall. Speak calmly to the pupil and stay with them until the seizure has passed.

4. **Complex partial seizures.** These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The pupil may appear conscious but be unable to speak or respond during this form of seizure. Ensure the safety of the pupil and gently move them away from any dangers. Speak calmly to the pupil and stay with them until the seizure has passed.

5. **Absence (Petit Mal).** This can easily pass unnoticed. The pupil may appear to daydream or stare blankly. There are very few signs that a pupil is in seizure. These types of episodes, if frequent, can lead to serious learning difficulties as the pupil will not be receiving any visual or aural messages during those few seconds. Therefore, it is important to be understanding, note any probable episodes, check with the pupil that they have understood what has happened and inform parents. Teachers can play an important role in recognising a seizure, recording changes in behavioural patterns and frequency.

6. **Procedure - Total seizure, tonic-clonic (Grand Mal).**

KEEP CALM – pupils will tend to follow your example. Let the seizure follow its own course; it cannot be stopped or altered.

Serious symptoms

- Cold, clammy skin
- Blue-grey tinge around lips
- Weakness/dizziness
- Rapid shallow breathing

Progressing further

- Restlessness
- Aggressiveness
- Gasping for air
- Unconsciousness

Treatment

- Ask the other pupils to leave the room where possible and ask a responsible pupil to fetch a School Nurse/first aider for assistance.
- Note the time of the seizure.
- Protect the pupil from harm. Never move the pupil whilst convulsing unless they are in immediate danger. If possible, move objects that may cause injury away from the immediate area.
- When convulsions have ceased place the pupil on their side – this does not have to be the recovery position but just so that the tongue can fall forward, and excessive saliva can drain out of the mouth.
If breathing is affected, this should be done as soon as possible.

- Support the pupils head and stay away with the pupil until completely recovered.
- Remove to the Medical Centre when safe to do so.
- A School Nurse/first aider should then make a full assessment of the seizure and note any injuries that may have been sustained.
- Allow the pupil to rest and sleep following the seizure as this may be the first in a cluster of seizures. Ensure they remain on their side.
- Inform parents and, if a day pupil arranges for collection.
- If the fit last longer than 5 minutes, call an ambulance immediately, it is very important the pupil is assessed at the hospital. A pupil experiencing a first seizure or cluster **MUST** also be sent to hospital.
- If the ambulance is summoned, then report the seizure in as much detail as you can, especially how long it has lasted.
- In the case of a day pupil a member of staff should accompany the pupil in the ambulance to hospital and stay with them until the parent/s arrive. In the case of a boarding pupil a member of the boarding house staff should accompany the pupil to hospital

Annex I – Anaphylaxis Policy (Allergies)

I. Anaphylaxis.

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline. Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction. Common triggers of anaphylaxis include:

- Peanuts and tree nuts, other foods (e.g. dairy products, egg, fish, shellfish, Kiwi fruit and Soya), Insect stings, Latex
- **For severe reactions these symptoms normally occur 10-15 minutes after food is eaten**

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Emergency state:
 - Difficulty in swallowing or speaking.
 - Swelling of throat and mouth
 - Alterations in heart rate
 - Severe asthma symptoms (see asthma section for more details)
 - Abdominal pain, nausea and vomiting
 - Sense of impending doom
 - Sudden feeling of weakness (due to a drop in blood pressure)
 - Collapse and unconsciousness.



2. **Administration of Medicine.** Medicines legislation restricts the administration of injectable medicines. Unless self-administered, they may only be administered by or in accordance with the instructions of a doctor. However, in the case of adrenaline there is an exemption to this restriction which means in an emergency, a suitably trained lay person is permitted to administer it by injection for the purpose of saving life. The use of an EpiPens to treat anaphylactic shock falls into this category. Therefore, first aiders may administer an EpiPen if they are dealing with a life-threatening emergency in a casualty who has been prescribed and is in possession of an EpiPen and where the first aider is trained to use it. Health and Safety Executive, January 2008.

When anaphylactic shock symptoms are evident, it is vital when the patient is feeling faint or weak, looking pale, or beginning to go floppy that they lay down with their legs raised. **They should not stand up – key is to reduce their heart rate as exertion exacerbates the reaction** High pollen counts can also adversely affect allergic reactions.

If there are also signs of vomiting, the patient should also be placed on their side to avoid choking.

If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

The key action is that aid comes to the patient.

One person must take charge - ask other staff to assist, particularly with making phone calls, and ensure that the following are undertaken.

- Ring 999 immediately to get the ambulance on the way.

- Ring Medical Centre 242 – state what has happened so that they can bring the appropriate medication to the location if pupil doesn't have it with them.
- Use their prescribed adrenaline device (named for the person) or for pupils where both a medical authorisation and parental consent emergency AAls may be used – stay with the pupil until help arrives.
- Ensure that the Site Team is aware that an ambulance is coming onto site.
- Stay in the immediate area to assist/or direct the Emergency Services

IF MEDICAL CENTRE IS UNMANNED EVERY CHILD HAS A NAMED EPIPEN IN A CLEARLY LABELLED PLASTIC BOX - YOU MUST TAKE THE WHOLE BOX LABELLED FOR THE CORRECT CHILD

3.0 Additional Adrenaline Auto-Injectors (AAls) in Schools (Reference C refers). The legislation changed from 1st October 2017 (Human Medicines amendment Regulations 2017) to allow schools to buy additional adrenaline auto-injectors without prescription for use in case of emergency for children who are at risk of anaphylaxis and whose own device is not available or not working (broken or out of date). There are strict rules governing their usage, the guidance is non-statutory:

- The principles of safe usage of AAI(s) are universal and based on recognised good practice.
- AAls must not be locked away in a cupboard or an office where access is restricted – they are to be kept in a suitably safe central location and located not more than 5 minutes away from where they are needed.
- The spare AAI devices held in the clearly labelled Emergency Kit should be kept separate from any pupil's own prescribed AAI, which may be stored nearby.
- AAls are available in different doses.
 - For children under 6 years – a dose of 150 microgram (0.15 milligram) of adrenaline is used.
 - For children aged 6-12 years - a dose of 300 microgram (0.3 milligram) of adrenaline is used
 - For teenagers age 12+ years - a dose of 300 or 500 microgram (0.3 milligram) of adrenaline can be used
- Only for pupils where both a medical authorisation and parental consent have been provided for the spare AAI to be used on them – **they are not for general use** – this includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed an AAI (for this specific consent from a healthcare professional and parent/guardian must be obtained)
- The spare AAls can be used instead of pupil's prescribed AAI(s), if these cannot be administered correctly, without delay.
- Only qualified medical professions (Doctor or Nurse) can administer an AAI **in addition** to the normal prescribed dosage contained in a patient's care plan.

3.1 Location of AAls. The spare AAls will be kept in the Medical Centre.

3.2 Staff with Responsibility. The School Nurses, are responsible person for maintaining the individual anaphylaxis kits. Their responsibilities include:

- Overseeing the protocol for the use of spare AAI(s), monitoring its implementation and maintaining the allergy register
- Checking and recording on a monthly basis the AAls are present in each kit.
- Ensuring the Emergency Anaphylaxis kits contain the right and completed paperwork – normally by reminding parents and requesting replacements.
- Ensuring replacement AAls are obtained when expiry dates approach.
- The correct disposal of used or out of date AAls.

3.3 Register. All pupils with potential anaphylaxis are identified and care plans are in a folder in the staff room and in the main kitchen. The register should be relatively succinct, and include:

- Name of pupil
- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) and if so what type and dose
- A photograph of each pupil to allow a visual check to be made – this requires parental consent.

3.5 **All Staff.** All staff are expected to:

- Understand the causes of anaphylaxis.
- Understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild symptoms.
- Appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective)
- Be aware of the anaphylaxis policy.
- Be aware to check if a pupil is on a register.
- Be aware of how to access the AAI.
- Be aware who the designated member of staff is, the policy and how to access their help.

Annex J – Hygiene Procedures for dealing with Spillage of Body Fluids

1. **Hazards.** Body fluids are a source of both blood borne infections and micro-organisms (bacteria, viruses and fungi). The main risk is infection following hand to mouth/nose/eye contact. There is also a risk of infection via broken skin (cuts or scratches).
2. **Coughing and Sneezing.** Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.
3. **Cleaning of the Environment.** Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.
4. **Cleaning of blood and body fluid spillages.** All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.
5. **Laundry.** Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.
6. **Procedures.** The first aider/school nurse should follow good infection control procedures and include:
 - Ensuring a good standard of ventilation
 - Wear suitable personal protective equipment such as disposable gloves and apron when dealing with blood or other bodily fluids.
 - Use the spillage kits located in the Medical Centre to deal with bodily fluids and scrape up residues into a closable container for safe disposal.
 - Bag up contaminated material that needs laundry or disposal
 - Wash surfaces with detergent before disinfecting. Infection control-in health care settings we would also consider a deep clean after vomit/blood (high risk of infection compared with urine). The General Services Manager should be contacted to ensure the affected area is deep cleaned.
 - If the first aider/ school nurse suspects that they or any other person may have been contaminated with blood or other bodily fluids, the following action should be taken:
 - Wash splashes off skin with soap and running water.
 - Wash splashes out of eye with water or saline pods (in first aid kits)
 - Report incident and take medical advice if appropriate.

Annex K – Accident/Injury Aide Memoire

I. In the event of a serious accident/incident, the supervising member of staff is to assess the situation, decide the best course of action in order to mitigate any further injury, conduct appropriate first aid and call for the nurse. In any emergency situation, it is important to keep calm, to act logically and to consider the following points:

a. **Assess the Situation. Consider the following:**

- What happened?
- How did it happen?
- Is there any continuing **danger**?
- Is there more than one injured person – check **Response**?
- Is there **anyone immediately available** who can help?
- Do I need an ambulance?

Danger
Response
Shout for Help
Airway
Breathing
Circulation

b. **Think of Safety - Consider the following.**

- Do not risk injuring yourself - you can't help if you become a casualty.
- Remove any source of danger from your casualty if safe to do so.

c. **Treat Serious Injuries First – think Airway, Breathing, Circulation**

- In the event of an accident where more than one person has been injured, go to the quiet casualty first - they may be unconscious.
- **DO NOT MOVE** the casualty if there is a risk of significant head, neck or spinal injury, unless there is immediate danger to life.
- If casualty stops breathing, commence mouth-to-mouth resuscitation immediately.
- If the casualty is bleeding seriously then it must be brought under control

c. **Get Help**

- Shout for help - someone may hear you although it may not be obvious that there are people nearby.
- If there is someone with you, tell them to fetch the School Nurse or another member of staff – telephone (Ext 242)
- If an ambulance is required then call 999
- After assessment:
 - Arrange for staff to meet and direct the ambulance.
 - Arrange for adult to accompany pupil to hospital.

d. **Once the Incident is Stabilised**

- Communicate with a member of the SLT.
- If off site, arrange for the rest of the group to return to School/safety.
- Note witnesses – names and addresses. Do not discuss legal liability.
- ❖ Refer any media at the scene back to the Headmaster
- Write down all details while fresh in memory - who/why/what/where/when
- Complete accident form.
 - For Pre Prep and EYFS one copy is placed in the child's file and the other is stapled into home & school contact book
 - Otherwise, the completed accident form is placed in the child's file.

Annex L – Taking Children in an Emergency to Hospital by Car

When a child needs urgent medical attention at a hospital, the first aider/Nurse must ensure they are escorted by the most appropriate member of staff and that parents and tutors are informed and updated.

Where possible, the School Nurse should stay on the premises; however, this is not always possible and the School Nurse will need to discuss this with the Head Teacher, or in his absence one of the Assistant headhead teachers.

Process

- Assess the child in Medical Centre/sickbay or another place as situation necessitates. Administer first Aid. If a child cannot be fully treated at school, consider where they need to be treated.
- In the case of a full/weekly boarder, inform the Boarding House Parents who will contact the parents to make them aware of the situation.
- Inform the Admin office and Headmaster of intention i.e. what/where/who/when.
- If possible, either contact parents yourself or ask reception to do so (best done in person in order to give an accurate account)
- Take school mobile with you (kept in the office) or inform the office of your mobile number (ensure that your own phone is charged and switched on)
- Children under 135cm should ideally sit in the back of the car.
- If you are escorting an ill child, one member of staff will be needed to drive and another to sit in the back with the child. Take vomit bucket, tissues, old towels if necessary and child's details.
- Keep office at school informed of progress and any likely times of return for staff and pupils.
- Complete any formal reports/treatment book records, medical records.