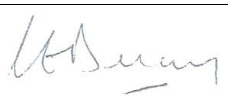
Bellevue Place

EDUCATION TRUST

First Aid Policy

including a policy on the administration of medication

This policy applies to all pupils in the school, including in the EYFS

Signed:	
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First Aid and Medication Policy Statement of Commitment

Halley House School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors.

We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of 2 trained First Aiders on site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing in relation to every instance of accident or first aid or the administration of medicine for pupils in EYFS.

Details of First Aid Practitioners at Halley House School

Name	Date of Training	Qualification	Provider	Expiry Date
Lead First Aider Natasha Scarborough	23/01/2020	In Schools First Aid and Epi Pen training	St John Ambulance	22/01/2023

Deputy Lead First Aider Katanya Findlay	16/10/2018	Paediatric first aid and Epi pen training	St John Ambulance	15/10/2021
Main First Aider Tracey Peacock	19/10/2020	Emergency first aid at work and Epi pen training	St John Ambulance	18/10/2023

Practical Arrangements at Halley House School

Location of First Aid Facilities

- The sick room is located the ground floor in the office for first aid treatment and for pupils or staff to rest/recover if feeling unwell.
- This includes; a bed, first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves and paper towels
- A portable first aid kit must be obtained from the office for school visits.
- Responsibilities of the Trained First Aiders (all support staff are first aid trained)
- Provide appropriate care for pupils of staff who are ill or sustain and injury
- Record all accidents on the first aid form and report it to the First Aid Lead for scanned copies to be sent out to parents/carers.
- In the event of any injury to the head, however minor, ensure that a note from the office is sent home to parents/guardians and a copy placed in the pupil's file. The office will only contact parents if first aid for an head injury has been given after thorough examination. Please refer to Appendix 4 regarding Head Injuries
- In the event of any accident or administration of first aid involving a pupil in EYFS, ensure that written or electronic communication is sent home to parents/guardians and a copy placed in the pupil's file.
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- Inform the Lead First Aider of all incidents where first aid has been administered.

Responsibilities of the Lead First Aider Natasha Scarborough

- Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measure to provide appropriate care for pupils with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).
- Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Co-ordinate First Aiders and arrange for training to be renewed as necessary.
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits.

- On a monthly basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee
- Fulfil the school's commitment to report to RIDDOR, as described below
- Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

What to do in the case of an accident, injury or illness

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see above). The school office should be contacted if the location of a trained first aider is uncertain.

Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed.

The pupil or member of staff should not be left unattended.

The first aider will organise an injured pupil's transfer to the sick room if possible and appropriate and to hospital in the case of an emergency.

Parents should be informed as necessary by telephone by the first aider or school secretary.

A record of all accidents, injuries and the administration of first aid, is maintained in the accident log.

In relation to a head injury, please refer to Appendix 4.

Contacting parents

Parents should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

• Head injury (a head injury advice sheet should be given to any pupil who sustains a head injury) Available from the Lead First Aider
• Suspected sprain or fracture
• Following a fall from height
• Dental injury
• Anaphylaxis & following the administration of an Epi-pen
• Epileptic seizure
• Severe hypoglycaemia for pupils, staff or visitors with diabetes
• Severe asthma attack
• Difficulty breathing
• Bleeding injury
• Loss of consciousness
• If the pupil is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the pupil until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the form teacher.

In EYFS, ALL incidents must be communicated to the parents in writing and a copy placed in the child's file. A parent should sign the school copy agreeing that they have been notified.

Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

Accident reporting

The accident log must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident log will be monitored by the Lead First Aider as certain injuries require reporting (RIDDOR requirements). Care should be taken that the accident log, whether hard copy or electronic, is stored securely so that it can be seen only by those who have authority to read it.

Pupils who are unwell in school

Any pupil who is unwell cannot be left to rest unsupervised in the sick room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the Lead First Aider, the school secretary or the head teacher. In the event a parent is unavailable the school should attempt to contact the secondary contact.

Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill remembers to sign out at the school office.

First Aid equipment and materials

The Lead First Aider is responsible for stocking and checking the first aid kits. Staff are asked to notify the Lead First Aider when supplies have been used in order that they can be restocked. The first aid boxes contain (based on HSE guidance):

- A first aid guidance card
- At least 20 adhesive hypo allergenic plasters (including blue plasters for home economics)
- 4 triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Adhesive tape
- 2 sterile eye pads
- 6 medium sized unmedicated dressings
- 2 large sized unmedicated dressings
- Disposable gloves
- 1 resuscitator
- Yellow clinical waste bag

First aid for school trips

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected from the main office. This must be returned to the main office for replenishing on return. Any accidents/injuries must be reported to the Lead First Aider and to parents and documented in the accident book in accordance with this policy. RIDDOR guidelines for reporting accidents must be

adhered to. For any major accident or injury the appropriate health & safety procedure must be followed. The person responsible for completing a RIDDOR report is Natasha Scarborough.

Emergency care and/or medication plans and treatment boxes

The Lead First Aider/SENCo ensures that staff are made aware of any pupil with an emergency care plan. These care plans are displayed in the staff room. A copy is also kept in the first aid room. Pupils with a serious medical condition will have an emergency care plan and/or personal medication plan drawn up and agreed by the Lead First Aider, parents and, where appropriate, the child's doctor. Emergency first aid bags must always be taken if the pupil is out of school. The boxes are kept in the first aid room.

Pupils using crutches or having limited mobility - Parents must inform the school of the nature of injury and the anticipated duration of immobility. The class teacher will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.

Pupils with medical conditions - A list is available in the staff room and the sick room of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return emergency boxes on completion of the trip. If staff become aware of any condition not on these lists please inform the Lead First Aider.

If a pupil has either temporary or ongoing limited mobility, the school will consider whether the pupil requires a *personal evacuation plan*, for implementation in fire drills and similar occasions. If this is the case, the lead first aider will ensure that a plan is drawn up, taking advice from parents and healthcare professionals, as appropriate, and will ensure that relevant staff are trained in its implementation.

Dealing with bodily fluids

In order to maintain protection from disease, all bodily fluids should be considered infectious. To prevent contact with bodily fluids the following guidelines should be followed.

- When dealing with any bodily fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following bodily fluids must be cleaned up immediately.
- Bodily fluids include:
- Blood, Faeces, Urine, Nasal and eye discharges, Saliva, Vomit

Process

- Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution
- Never use a mop for cleaning up blood and bodily fluid spillages
- All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the sick room.
- Avoid getting any bodily fluids in your eyes, nose, mouth or on any open sores.
- If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.
- Please refer also to Appendix 3 with reference to needlestick injuries

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the Lead First Aider who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other pupils and staff.

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands	

Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	

Administration of Medication in School

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day.

However, it should be noted that:

- No child should be given any medication without their parent's written consent.
- No Aspirin products are to be given to any pupil at school, unless prescribed by a doctor

Parents must be given written confirmation of any medication administered at school, a copy of which will be kept on the pupil's file. Proformas for this are available from the school office, in addition parents can give blanket permission for the use of non-prescription children's dosage medicines at the start of the school year

Children will need to take medication during the school day e.g. antibiotics. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

(i) Non-Prescription Medication

These are only to be administered by the Lead First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained.

A teacher may administer non-prescription medication on a residential school trip provided that written consent* has been obtained in advance. This may include travel sickness pills or pain relief.

All medication administered must be documented, signed for and parents informed in writing.

* Parents are asked to complete a consent form at the start of the academic year to cover the administration of non-prescription medicines when deemed necessary by a school first aider, this includes EYFS children, provided that parents are contacted immediately before the administration of the medication. In all cases which rely on such on-going consent, parents must be informed in writing / electronically on the same day or as soon as is reasonably practicable, that the administration of medication has taken place.

(ii) Prescription-Only Medication

Prescribed medicines may be given to a pupil by the Lead First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained. Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course. The school will accept medication from parents only if it is in its original container, with the original dosage instructions. Prescription medicines will not be administered unless they have been prescribed for the child by a doctor, dentist, nurse or pharmacist. Medicines containing aspirin will be given only if prescribed by a doctor.

A form for the administration of medicines in school is available from the school office.

(iii) Administration of Medication

Any member of staff administering medication should be trained to an appropriate level, this includes specific training e.g. use of Epi-pens

- The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- It is advisable that a second adult is present when administering medicine to EYFS.
- Wash hands.
- Confirm that the pupil's name matches the name on the medication
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document, date and sign for what has been administered.
- Complete the form which goes back to parents
- Ensure that the medication is correctly stored in a locked drawer or cupboard, out of the reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the staff room. All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out of date medication.
- At the end of the school year:
    - all medication should be returned to parents
    - any remaining medication belonging to children should be disposed of via a pharmacy or GP surgery.
- Used needles and syringes must be disposed of in the sharps box kept in the sick room.

(iv) Emergency Medication

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan may be required and this will be completed and agreed with parents and, where relevant, the child's GP.

(v) Emergency Asthma Inhalers and Emergency Adrenaline Auto-injectors (Epi-pens)

For a number of years, it has been possible for schools to keep emergency asthma inhalers to cover the eventuality of a pupil's inhaler being lost or running out during school time. Since October 2017, this provision has been extended to enable schools also to keep emergency Epi-pens. This provision enables schools to purchase Epi-pens, without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

The school has decided to exercise this option; a policy and risk assessment have been created to cover the use and storage of such devices and the training of staff. A sample emergency Epi-pen risk assessment has been added as Appendix 2 at the end of this policy.

Further information can be found on this website: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, email or letter.

In relation to pupils, the list of reportable incidents is less extensive, since the school needs to take into consideration whether the accident is part of the "rough and tumble" of the activity being undertaken, or whether it is as a result of a shortcoming. Further guidance on this aspect of reporting can be found in the HSE guidance "Incident reporting in schools", which can be found here: http://www.hse.gov.uk/pubns/edis1.pdf

Major injuries from schedule 1 of the regulations:

1. Any fracture, other than to the fingers, thumbs or toes.
2. Any amputation.
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (whether temporary or permanent)
5. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
6. Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
7. Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
8. Any other injury lasting over 3 days
9. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
10. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
11. Acute illness requiring medical treatment; or
12. Loss of consciousness
13. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
14. Death
15. A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Further information on RIDDOR reporting requirements can be found on the RIDDOR website;
http://www.hse.gov.uk/riddor/

Deaths and injuries

If someone has died or has been injured because of a work-related accident this may have to be reported. Not all accidents need to be reported, other than for certain gas incidents, a RIDDOR report is required only when:

- the accident is work-related http://www.hse.gov.uk/riddor/key-definitions.htm#work-related
- it results in an injury of a type which is reportable
- Types of reportable injury
- The death of any person

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4) http://www.hse.gov.uk/riddor/specified-injuries.htm

- 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:
- covers more than 10% of the body
- causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
- leads to hypothermia or heat-induced illness
- requires resuscitation or admittance to hospital for more than 24 hours

For further guidance on specified injuries is available.

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

Non fatal accidents to non-workers (eg members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (see above).

Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;

- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.
- Further guidance on occupational diseases is available.
- Specific guidance is also available for:
- occupational cancers
- diseases associated with biological agents

Dangerous occurrences http://www.hse.gov.uk/riddor/dangerous-occurences.htm

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- the accidental release of any substance which could cause injury to any person.

Further guidance on these dangerous occurrences is available.

Additional categories of dangerous occurrences apply to mines, quarries, offshore workplaces and relevant transport systems (railways etc).

Gas incidents

Distributors, fillers, importers & suppliers of flammable gas must report incidents where someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with that gas. Such incidents should be reported using the online form. https://extranet.hse.gov.uk/lfserver/external/F2508G1E

Registered gas engineers (under the Gas Safe Register,) must provide details of any gas appliances or fittings that they consider to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas;
- incomplete combustion of gas or;
- inadequate removal of products of the combustion of gas.

Unsafe gas appliances and fittings should be reported using the online form.

The link below takes you to this guidance

http://www.hse.gov.uk/riddor/reportable-incidents.htm

Reportable Incidents from a Registered Setting

The document below gives details of the events that should be reported to OFSTED, these mirror the RIDDOR requirements with the notable addition of food poisoning

http://www.plymouth.gov.uk/documents-ofstedseriousinjuries.pdf

OFSTED
Piccadilly Gate Store Street Manchester M1 2WD
T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.ofsted.gov.uk

Storage of this policy

A copy of this policy is available on the school website and also in the staff room and school office.

APPENDIX 1: Guidance to staff on particular medical conditions

(i) Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

(ii) Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency box.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.

8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

Epi-pen treatment must only be undertaken by staff who have received specific training.

(iii) Asthma management

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy.

Trigger factors

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

General considerations

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom, not locked away and always accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. A spare named inhaler should be brought to school and given to the class teacher for use if the pupil's inhaler is lost or forgotten.

Recognising an asthma attack

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight

• Possible wheeze
• Difficulty speaking
• Increased anxiety
• Coughing, sometimes persistently

Action to be taken

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.

2. Reassure the pupil.

3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.

4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.

5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the Lead First Aider or a first aider if she not available.

6. Loosen any tight clothing.

7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.

8. Call an ambulance.

9. Accompany pupil to hospital and await the arrival of a parent.

(iv) Diabetes management

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available (disposal of testing strips, needles or other sharps must be done so in the correct way and within a secure sharps container).

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken

1. Follow the guidance provided in the care plan agreed by parents.

2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious:

1. Place pupil in the recovery position and seek the help of the Lead First Aider or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack)

Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken

1. Inform the Lead First Aider or a first aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

(v) Epilepsy management

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.

- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan

Action to be taken

1. Send for an ambulance;
2. if this is a pupil's first seizure,
3. if a pupil known to have epilepsy has a seizure lasting for more than five minutes or
4. if an injury occurs.
5. 2. Seek the help of the Lead First Aider or a first aider.
6. 3. Help the pupil to the floor.
5. Do not try to stop seizure.
6. Do not put anything into the mouth of the pupil.
7. Move any other pupils away and maintain pupil's dignity.
8. Protect the pupil from any danger.
9. As the seizure subsides, gently place them in the recovery position to maintain the airway.
10. Allow patient to rest as necessary.
11. Inform parents.
12. Call 999 if you are concerned.
13. Describe the event and its duration to the paramedic team on arrival.
14. Reassure other pupils and staff.
15. Accompany pupil to hospital and await the arrival of a parent.

(vi) Febrile seizure management

How to recognize a febrile seizure

A febrile seizure usually lasts for less than 5 minutes. The child will:

-

Appendix 2: Sample Risk Assessment for the use of an emergency Epi-pen

SIGNIFICANT ISSUE	HOW TO MANAGE IT	WHO TO BE INFORMED		
		Parents	Staff	Students
Lack of awareness - staff don't know how to administer emergency epipen	● Administration of medicines policy is explained to staff at induction. Staff are also invited to practice following demonstration with the training epipen on a regular basis with the school nurse ● Healthcare plans shared with relevant staff ● Health issues of pupils are identified on iSAMS under the red medical flag	*	*	*
Medication given in error	● Medical needs of children are identified in the medical questionnaire when they join the school. Children diagnosed with anaphylaxis are made known to staff, and their individual care plans are shared. ● Signs and symptoms of anaphylaxis clearly explained ● Procedure for checking medication is carried out - name of child, medication to be given and expiry date verified prior to administration	*	*	*
Emergency medication is not locked away	● Emergency medication is stored in a sealable 'emergency use only' allergy response kit at a height, in the medical room	*	*	

Medication given is out of date	● Medication expiry date is regularly checked by the school nurses, and replaced as necessary	*	*	
Lack of consent	● Written consent is required by parents of children who have anaphylaxis for use of an emergency epipen	*	*	*
School unaware of medical condition	● A process is in place for identifying a child who has anaphylaxis, that requires monitoring in school with the with Health Conditions questionnaire	*	*	*
No healthcare plan in place	● A health care plan must be devised when anaphylaxis is diagnosed, in conjunction with appropriate medical practitioner, parents / guardian and School Nurse using standard forms provided by school/ hospital.	*	*	*
No record of emergency epipen being administered	● 'Administration of Medicines' form to be used when medication is given, which includes information such as parent consent and record of prescribed medicine given. An ambulance is called for when the emergency epipen is used.	*	*	*
Medication not disposed of responsibly	● The emergency epipen used is stored safely out of the way whilst dealing with the child, and then passed on to the emergency services when they arrive.	*	*	

Appendix 3 NEEDLESTICK INJURIES

- If there is any accidental injury to the person administering medicine via an injection by way of puncturing the skin with an exposed needle, then the following action must be taken:
- Bleed the puncture site
- Rinse the wound under running water for a few minutes
- Dry and cover the site with a plaster
- Seek medical advice immediately
    - You may be advised to attend Accident and Emergency for a blood test
    - Information on how the injury occurred will be required

    - Details of the third party involved will be required
    - If the third party is a pupil, then the parents must be made aware that their child's details will have to be given to the medical team who are caring for the injured party.
    - This all needs to be undertaken with the full permission of the Head
- An accident form must be completed

Appendix 4 HEAD INJURY POLICY

1. Introduction

The school's Head Injury Policy has been written in accordance with NICE clinical guidelines, World Rugby Concussion Guidance and England Rugby Club Concussion - Headcase Resources. It has been approved by the Lead First Aider/School Nurse and the Director of PE. Since the majority of head injuries in the EYFS are minor, the staff will manage these incidences themselves and seek advice from the lead first aider if necessary who will instigate the head injury policy if required. (remove the final sentence if the school does not have an EYFS)

2. Background

A head injury is defined as any trauma to the head excluding superficial injuries to the face. Fortunately, the majority of head injuries within school are minor and can be managed at school or at home. However, some can be more severe and it is important that a child is assessed and treated accordingly. The risk of brain injury can depend on the force and speed of the impact and complications such as swelling, bruising or bleeding can occur within the brain itself or the skull.

Concussion is defined as a traumatic brain injury resulting in the disturbance of brain function. There are many symptoms but the most common ones are dizziness, headache, memory disturbance or balance problems. Concussion is caused by either a direct blow to the head or blows to other parts of the body resulting in a rapid movement of the head e.g. whiplash.

It is also important to note that a repeat injury to the head after a recent previous concussion can have serious implications.

3. Process for managing a suspected head injury

All head injuries that occur on the school site must be referred to the Lead First Aider, if on site, for immediate assessment. The exception for this is if the pupil needs urgent medical attention, at which point the Emergency Services should be called first prior to calling the nurse/lead first aider. If there is not a nurse on site, the pupil must be assessed and monitored for at least one hour by a qualified First Aider and referred for medical review as per the guidelines in this document. If in doubt, the First Aider should call NHS 111 for advice or 999.

If after one hour the pupil is symptom free, he/she can return to lessons but must be kept under observation for the remainder of that day. This applies even if the pupil feels it is unnecessary. As concussion typically presents in the first 24-48 hours following a head injury, it is important that the pupil is monitored and assessed as above.

4. Recognising Concussion

- One or more of the following signs clearly indicate a concussion:
- Seizures
- Loss of consciousness – suspected or confirmed
- Unsteady on feet or balance problems or falling over or poor co-ordination
- Confused
- Disorientated – not aware of where they are or who they are or the time of day
- Dazed, blank or vacant look
- Behavioural changes e.g. more emotional or more irritable

One or more of the following may suggest a concussion:

- Lying motionless on the ground
- Slow to get up off the ground
- Grabbing or clutching their head
- Injury event that could possibly cause concussion

IF A PUPIL IS PLAYING SPORTS AND HAS SUFFERED A HEAD INJURY AND/OR IS SHOWING SIGNS OF CONCUSSION, HE/SHE SHOULD IMMEDIATELY BE REMOVED FROM TRAINING/PLAY FOR THE REST OF THE LESSON.

5. Emergency Management

The following signs may indicate a medical emergency and an ambulance should be called immediately:

- Rapid deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity of breathing
- Any signs or symptoms of neck, spine or skull fracture or bleeding for example bleeding from one or both ears, clear fluid running from ears or nose, black eye with no obvious cause, new deafness in one or more ear, bruising behind one or more ear, visible trauma to skull or scalp, penetrating injury signs
- Seizure activity
- Any pupil with a witnessed prolonged loss of consciousness and who is not stable (i.e. condition is worsening)

6. Referral to Hospital

The Lead First Aider, or in their absence, a qualified First Aider, should refer any pupil who has sustained a head injury to a hospital emergency department, using the Ambulance Service if deemed necessary, if any of the following are present:

- Glasgow Coma Scale (GCS) score of less than 15 on initial assessment.
- Any loss of consciousness as a result of the injury.
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury.
- Amnesia for events before or after the injury (assessment of amnesia will not be possible in preverbal children and unlikely to be possible in children aged under 5).
- Persistent headache since the injury.
- Any vomiting episodes since the injury.
- Any seizure since the injury.
- Any previous brain surgery.
- A high-energy head injury. For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 metre or more than 5 stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism.
- Any history of bleeding or clotting disorders.
- Current anticoagulant therapy such as warfarin.
- Current drug or alcohol intoxication.
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected).
- Continuing concern by the professional about the diagnosis.

In the absence of any of the risk factors above, consider referral to an emergency department if any of the following factors are present, depending on judgement of severity:

- Irritability or altered behaviour, particularly in infants and children aged under 5 years.
- Visible trauma to the head not covered above but still of concern to the healthcare professional.
- No one is able to observe the injured person at home.
- Continuing concern by the injured person or their family/guardian about the diagnosis.

For day pupils, it is the responsibility of the parent/guardian to take the pupil to the nearest Emergency Department if it is recommended by the Lead First Aider . The policy for taking pupils to hospital should be referred to in First Aid Policy, with reference also to the safeguarding policy.

7. Questions to ask the pupil to determine issues with memory.

If they fail to answer correctly any of these questions, there is a strong suspicion of concussion

“Where are we now?”

“Is it before or after lunch?”

“What was your last lesson?”

“What is your Form Tutor’s name?”

“What Form are you in?”

8. DO’s and DON’Ts

- Subject to parental consent and any allergies, the pupil may be given Paracetamol but must not be given Ibuprofen or Aspirin as these can cause the injury to bleed.
- If he/she is vomiting or at risk of vomiting DO NOT give him/her anything to eat or drink until completely recovered
- Unless there are injuries elsewhere, monitor the pupil in a semi upright position so that the head is at least at a 30-degree angle if lying down.
- DO apply a covered instant cold pack to the injured area for 15-20 minutes UNLESS the area has an open wound.

9. Head Injury Notifications

- The person supervising the pupil at the time is responsible for contacting:
- The School Nurse/Lead First aider
- The pupil’s parents/carers if a day pupil
- The Pupil’s Form Tutor
- Main Reception and Facilities & Estates Manager if an ambulance is called
- Headteacher if pupil is taken to hospital

If the head injury is minor and the pupil stays at school, the parent/carers should be informed by the Lead first aider or the responsible adult and a Head Injury Letter given to take home (Appendix 4A) and the pupil monitored for potential deterioration of symptoms.

10. Returning to school and sporting activities following a head injury and/or concussion

For minor head injuries, the pupil can return to school once they have recovered. If the pupil has a diagnosed concussion, the symptoms of concussion can persist for several days or weeks after the event therefore returning to school should be agreed with the parents/carers, the School Nurse/Lead First Aider and the pupil’s doctor.

For return to exercise and sporting activities within school for pupils with concussion, the school follows the Rugby Union’s Graduated Return to Play Pathway (RFU 2016) (Appendix 4B). This requires an initial minimum two weeks’ rest (including 24 hours complete physical and cognitive rest) and they can then progress to Stage 2 only if they are symptom free for at least 48 hours, have returned to normal academic performance and have been cleared by the

pupil's doctor or the Lead First Aider. This pathway must be adhered to regardless of the pupil/parents/carers views. The reason for this is a repeat head injury could have serious consequences to the pupil during this time.

The pupil can then progress through each stage as long as no symptoms or signs of concussion return. If any symptoms occur, they must be seen by a doctor before returning to the previous stage after a minimum 48-hour period of rest with no symptoms.

On completion of stage 4, in order for a pupil to return to full contact practice, he/she must be cleared by his/her Doctor or approved Healthcare Professional. This can be the School Nurse.

A School Graduated Return to Play Pupil Progress Sheet has been developed in order to monitor and communicate the pupil's progress and this outlines the 5 stages of the GRTP pathway to follow (Appendix 4C). It should be completed by the PE staff members or Lead First Aider in conjunction with the pupil's parents/guardian. For day pupils it is the parent/guardian's responsibility to inform the pupil's external sports clubs if the child has sustained a head injury and/or concussion.

For ease of reference, the following sporting activities will not be permitted until Stage 5 of the GRTP:

Rugby	Football	Cricket
Basketball	Netball	Rounders

Pupils may still attend Games lessons but an alternative role will be found for them during the session.

11. Reporting

An accident form will be completed by the witness to the event, first aider or School Nurse. If the incident requires reporting to RIDDOR this will be actioned by the Lead First Aider or Head teacher

12. References

Concussion – Headcase Resources England Rugby, available online at:

http://www.englandrugby.com/my-rugby/players/player-health/concussionheadcase/resources/

Head injury: assessment and early management National Institute for Health and Care Excellence (NICE Guidelines CG176 January 2014 Last updated June 2017), available online at: https://www.nice.org.uk/guidance/cg176

World Rugby Concussion Guidance World Rugby Player Welfare, available online at: http://www.irbplayerwelfare.com/concussion

NHS Head Injury and Concussion, available online at: https://www.nhs.uk/conditions/minor-head-injury/

Appendix 4A - Sample Head Injury Letter

Date:

Dear Parent/Carer

We wish to inform you that _____banged his/her head at approximately _____am/pm today. He/she was checked and treated, and has been under supervision since. If any of the following symptoms appear within the next few days it is advised that you seek immediate medical advice.

- unconsciousness, or lack of full consciousness (for example, problems keeping eyes open) drowsiness (feeling sleepy) that goes on for longer than 1 hour when they would normally be wide awake
- difficulty waking your child up
- problems understanding or speaking
- loss of balance or problems walking
- weakness in one or more arms or legs
- problems with their eyesight e.g. blurred vision/dilated pupils
- painful headache that won't go away
- vomiting (being sick)
- seizures (also known as convulsions or fits)
- clear fluid coming out of their ear or nose
- bleeding from one or both ears.

He/she may experience a mild headache and some nausea which should go away within the next few days. If it doesn't then please take your child to see your doctor. If he/she is feeling unwell, we suggest that he/she doesn't return to school until fully recovered.

If you have any queries please do not hesitate to contact us

Yours Faithfully

Natasha Scarborough

Appendix 4B - Graduated Return to Play (RFU 2016)

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

Appendix 4C - X School Graduated Return to Play - Pupil Progress Sheet

Pupil's Name	
Class/Year	
Date of Concussion	
Commencement of GRTP	
Staff Member commencing GRTP	

Stage	**Duration**	**Rehabilitation Stage**	**Start Date**	**End Date**	**Comments**	**Signature/ Role***
1	14 days	Rest – complete physical and cognitive rest without symptoms				
CLEARANCE BY DOCTOR OR LEAD SCHOOL NURSE						
2	2 days	P.E. Lessons/Light aerobic exercise				
3	2 days	P.E. Lessons/Running				
4	2 days	P.E. Lessons/Non-Contact Training Drills				
CLEARANCE BY DOCTOR OR LEAD SCHOOL NURSE						
5	2 days	Full Contact Practice				
6		Return to Full Play				

* Signature can be by Parent/Guardian/PE Teacher/School Nurse/Lead first Aider or a Doctor

END