ST EDWARD'S
PREP SCHOOL & NURSERY

# POLICY FOR FIRST AID AND THE ADMINISTRATION OF MEDICINES

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| **Date of Policy** | September 2025 – Policy Rewrite |
| **Member of staff responsible** | Jonathan Parsons and Janet Elwood |
| **Next Review** | Sept 2026 |
| **Sept 2026** | Changes to reflect Benedict's Law, including:<br>Designated allergy lead<br>AAI procedures<br>Reference to separate Allergies and Anaphylaxis Policy<br>Introduction of new AAIs<br>An update on RIDDOR requirements and when to report accidents.<br>Removal of staff names who have left |

**THIS POLICY APPLIES TO EYFS**

**PAEDIATRIC FIRST AID:**

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| **Janet Elwood** | **Helen James** | **Ben Winship** | **Kelly Turner** |
| **Alison Russell** | **Tamara Hunt** | **Jonathan Parsons** | **Emily Kenefeck** |
| **Nicole Holloway** | **Amy Rush** | **Fiza Afzal** | **Hayley Hagyard** |
| **Helen Cromore** | **Callum Shields** | **Jessica Nogal** | **Jordan Ruddick** |
| **Chloe Willis** | **Tracy Lauder** | **Diane Wilson** | |

**EMERGENCY FIRST AID AT WORK**
**Janet Elwood Alison Russell**

**EMERGENCY SPORTS FIRST AID**
Ben Winship

## 1. Introduction

This First Aid Policy applies to the whole of St Edward's Prep School & Nursery, including the EYFS, After-School Provision and Holiday Club.
It sets out how the school safeguards the health, safety and welfare of pupils, staff and visitors.
Copies are available on the school website and from the school office.

## 2. Purpose

To provide effective and safe First Aid cover for pupils, staff and visitors, ensuring:

- Prompt, competent response to illness or injury;
- Clear lines of responsibility and escalation;
- Accurate recording, monitoring and prevention of recurrence;
- Compliance with EYFS and statutory Health & Safety requirements.

**3. Policy Statement**

St Edward's Prep School & Nursery 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:

- Provide practical arrangements for First Aid on-site, within the EYFS, and during off-site sport, school visits, After-School Provision and Holiday Clubs;
- Ensure First Aid staff renew or extend their qualifications at least every three years;
- Maintain a minimum of two trained First Aiders on site at any one time, including at least one Paediatric First Aider (PFA) whenever EYFS pupils are present;
- Ensure a trained First Aider accompanies every off-site visit or activity (and a PFA for EYFS);
- Record accidents and illnesses accurately, reporting to parents and the HSE where required;
- Keep First Aid kits visible and accessible throughout the school and provide portable kits for trips and sport;
- Make individual arrangements for pupils and staff with medical conditions or care plans;
- Dispose of bodily fluids and medical waste hygienically and safely;
- Contact emergency medical services without delay when required and inform parents or next of kin immediately;
- Communicate clearly to pupils and staff where to obtain medical help;
- Notify parents promptly — by phone and in writing — of any head injury, and record in writing all First Aid or medication given to EYFS pupils.
- Ensure robust arrangements are in place for the prevention and management of allergies and anaphylaxis, in accordance with Benedict's Law and the school's separate Allergy and Anaphylaxis Policy, including access to emergency adrenaline auto-injectors, appropriate staff training and clear individual Allergy Action Plans.

**4. Details of the Designated First Aider**

**Designated First Aid Lead (DFL): Janet Elwood**

- Oversees procedures, training, equipment and compliance;
- Coordinates incident response and ensures cover across the school day, After-School and Holiday Clubs;
- Works with the SBM to review data termly and escalate concerns immediately to SLT;
- Ensures all First Aid and medication facilities are properly maintained.
- The School Business Manager and, in their absence, the Headteacher work with the DFL to ensure the appropriate policies are in place.

**Designated Allergy Lead (DAL): Janet Elwood**

The Designated Allergy Lead oversees the school's arrangements for the management of allergies and anaphylaxis. This includes ensuring that allergy information and Allergy Action Plans are current and accessible; appropriate emergency medication is available; relevant staff are aware of pupils with allergies and understand the action to take in an emergency; and the requirements of the school's **Allergy and Anaphylaxis Policy** are implemented consistently across the school.

**5. Practical Arrangements, Facilities and Equipment**

- **Medical Base:** The Wellbeing Hub contains a treatment bed, hand-wash sink, PPE, sharps box, locked medicine storage and clinical-waste bin.
- **Visibility of Kits:** First Aid kits are visible in every classroom, as well as located in the Wellbeing Hub, Dining Room, Science Lab, Sports Hall, Pre-Prep corridor, Prep corridor, Kitchen, Staffroom and on each minibus.
- **Specialist Sports Kits:** Maintained by the PE Department for off-site fixtures and training.
- **Checks:** Kits are reviewed and restocked half-termly by the DFL or delegated staff.
- **Security:** Medicine cabinets remain locked when unattended; keys are held by the DFL and SLT.

**6. Responsibilities of the Designated First Aider**

**The Designated First Aider is responsible for:**

- Ensuring that all staff and pupils are familiar with the school's First Aid and Medical procedures;
- Ensuring that all staff are familiar with measures to provide appropriate care for pupils with particular medical needs (e.g. diabetes, epi-pens, inhalers);
- Ensuring that a list is maintained and available to all staff of pupils with particular medical needs and appropriate measures to care for them;
- Monitoring and replenishing supplies and ensuring that First Aid kits are replenished every half term. In the interim, the responsibility for this lies with the person using the First Aid kit;
- Ensuring the school has an adequate number of trained First Aiders;
- Co-ordinating First Aiders and arranging for training to be renewed as necessary;
- Maintaining adequate facilities;
- Ensuring that correct provision is made for pupils with special medical requirements both in school and on off-site visits;
- On a monthly basis, reviewing the First Aid incident records to identify any trends or patterns and report to SLT and to the termly Health and Safety Committee;
- Fulfilling the school's commitment to report to RIDDOR if required, as described below;
- Fulfilling their commitment to report to Ofsted any serious accident, illness, or injuries or death of a child in their care and the action taken;
- Liaising with managers of external facilities, such as local sports facilities, to ensure appropriate First Aid provision is in place;
- Contacting emergency medical services as required.

**7. Details of Trained First Aiders**

A list of all trained First Aiders and their qualification dates is kept by the School Business Manager. Currently, almost all staff are qualified First Aiders trained in the required course for their age groups.

**8. Responsibilities of the Trained First Aiders**

Trained First Aiders must:

• Provide appropriate care for pupils, staff or visitors who are ill or sustain an injury;
• Record all incidents and accidents on an accident form or minor injury form;

• In the event of any injury to the head, however minor, ensure that a Head Injury Assessment is carried out (see Appendix A) and that a phone call is made to the parents or guardian;
• In the event of any accident or administration of First Aid involving a pupil in EYFS, ensure that a record is signed by the parents/guardian as soon as reasonably practicable and a copy placed in the first aid incidents file;
• Make arrangements with parents/guardians to collect children and take them home if they are too unwell to continue the school day;
• Inform the Designated First Aider of all incidents where First Aid has been administered via the accident form or minor injuries form.

**9. Recording of Accidents**

All accidents, however minor, are recorded. For playground bumps and scrapes, the supervising adult provides immediate care, records the incident on the Bumps & Scrapes list (spares are kept in the office), gives the child a sticker and sends a brief slip home. Where more in-depth First Aid is required, the child is escorted to the Wellbeing Hub; an Accident Form is completed by both the witnessing adult and the treating First Aider and parents are contacted by phone or in person and sent a copy to acknowledge. Completed forms are submitted to the School Business Manager for review, investigation where required and consideration of RIDDOR.

The SBM monitors accident data on an ongoing basis, brings emerging concerns to SLT without delay and provides timely reports to the Health & Safety meeting. Analysis includes both Bumps & Scrapes and Accident/Incident records.

**10. ALLERGIES AND ANAPHYLAXIS**
The school recognises that allergic reactions can be serious and that anaphylaxis is a potentially life-threatening medical emergency. The school's approach to allergy management reflects the principles of Benedict's Law and is set out in full in the separate Allergy and Anaphylaxis Policy.
The school:

- Has a Designated Allergy Lead, Janet Elwood, who oversees the school's arrangements for allergy and anaphylaxis management.
- Recognises that anaphylaxis can occur in any pupil, including a pupil with no previously diagnosed allergy.
- Ensures staff receive appropriate allergy awareness and anaphylaxis training, including how to recognise the signs of an allergic reaction and respond in an emergency.
- Ensures pupils with known serious allergies have appropriate information and an Allergy Action Plan, which is available to relevant staff.
- Maintains spare adrenaline auto-injectors (AAIs) for emergency use in accordance with the school's procedures.
- Ensures appropriate arrangements are made for pupils with allergies during the school day and when participating in sports fixtures, educational visits and other off-site activities.
- Requires suspected anaphylaxis to be treated as a medical emergency, with adrenaline administered without delay where appropriate and emergency services contacted.

Detailed arrangements are contained within the school's Allergy and Anaphylaxis Policy. Guidance for staff on recognising and responding to an allergic reaction or suspected anaphylaxis is also included in the appendix to this policy.

**10. Sports**

A Sports First Aider supervises training and fixtures and ensures kits are pitch-side. Minor injuries are treated and recorded as above. For major injuries (for example, a suspected fracture or head injury/concussion), immediate first aid is given, 999 is called, the Wellbeing Hub is informed so that parents can be contacted, and an Accident Form is completed on return. Emergency vehicle access to pitches must remain clear at all times. On arrival at away fixtures, coaches check how to summon First Aid or emergency services and confirm the location of the host's First Aid provision.

**11. Summoning Help in an Emergency**

The priority, in any emergency or injury situation, is the safety and well-being of the child or adult affected. Therefore, the member of staff present at any emergency must decide whether to call the Designated First Aider (if not present) or the Emergency Services first. This decision will be influenced to some degree by the knowledge, skill and training of the staff present but also by the injury or condition of the pupil/adult. However, if in any doubt, the Emergency Services (Paramedic Team) should be summoned by dialling 999 before asking for support from the Designated First Aider. It may well be that these two tasks can be performed simultaneously if other staff are present.
Conditions whereby ambulance/paramedic help should be summoned immediately include:
• An unconscious pupil or adult
• Where there is difficulty breathing or breathing has ceased
• Where there has been a head injury, and the pupil/adult is drowsy and not responding to verbal stimulus
• Where there is an obvious fracture of a limb(s)
• Where there is a neck or spinal injury with pain and/or loss of function in limbs/breathing difficulties
• Where First Aid protocols for asthma, epilepsy, diabetes, anaphylaxis have been carried out and the pupil/adult does not respond
• Drowning or near drowning
• Cardiac arrest

If the Emergency Services are called, staff should state:
• That the ambulance service is required
• What has happened
• Whether the casualty is breathing or unconscious
• The name and age of the person injured
• The location of the school (64 Tilehurst Road, Reading RG30 2JH)

**12. Contacting Parents**

Parents/guardians are telephoned as soon as practicable for any head injury (of any severity), suspected concussion, breathing difficulty (including an asthma attack requiring a

reliever), anaphylaxis or use of an auto-injector, seizures or febrile convulsions, suspected sprains or fractures, falls from height or significant impacts, uncontrolled bleeding or deep wounds, severe hypoglycaemia/hyperglycaemia or other acute diabetic episodes, dental avulsions, or where a pupil is generally unwell and cannot continue the day. For EYFS, every instance of First Aid or medicine is recorded in writing and shared with parents; acknowledgement is sought where required.

**Accompaniment and transport to hospital:** If an ambulance is called, a member of staff accompanies the pupil unless a parent is present. If non-emergency transport is required and parents are delayed, an authorised taxi may be used; a member of staff remains with the child. Where a staff member drives a pupil, there must be two adults in the vehicle (driver and accompanying adult). If a member of staff is driving the child to hospital, a second person is required to be in the vehicle in case the child has a secondary unseen injury or if the child goes into shock.

Parents can be informed of smaller incidents at the end of the school day by the form teacher or School Office.

**13. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)**
The School will report accidents, injuries, diseases and dangerous occurrences to the Health and Safety Executive where required under RIDDOR.

Pupils and other people who are not at work: an accident is reportable where it arises out of or in connection with the work of the school and results in the person being taken directly from the scene to hospital for treatment. Accidents arising solely from the normal risks of participation in play or sporting activities are not normally reportable. However, an accident may be reportable where factors such as defective equipment or premises, inadequate supervision, or failings in the organisation or management of an activity contributed to it. Employees: work-related accidents resulting in a specified injury, including certain fractures, or resulting in incapacity for more than seven consecutive days, will be reported in accordance with RIDDOR.

The School Business Manager, in consultation with the Headteacher where appropriate, will determine whether an incident meets the RIDDOR reporting criteria, referring to current HSE guidance where there is any uncertainty.

**14. Location of First Aid boxes**:

- in the Medical Room
- in the School Hall
- in the Reception classroom
- in the Science classroom
- in the Kitchen
- in the Staffroom
- in the Pre-Prep building
- in Peach building
- in the minibuses
- in Snow building
- in the workshop

The SBM is responsible for ensuring First Aid boxes are maintained and checked regularly.

## 15. 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 Trips and Visits Policy, which includes further guidance. A First Aid kit for school trips must be collected from the Medical Room/Office. This must be returned and replenished on return, and any accident forms which have been used must be handed to the Designated First Aider. Any accidents/injuries must be reported to the Designated First Aider and to parents and documented on an accident form in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury, appropriate health and safety procedures must be followed.

## 16. Emergency Care Plans and treatment boxes

Pupils with a serious medical condition will have an Emergency Care Plan drawn up and agreed by the School Business Manager, a Paediatric First Aider and parents.

The Registrar ensures that staff are made aware of any pupil with an Emergency Care Plan. These care plans are kept in the child's individual wallet hanging in the Medical Room.

First Aid boxes must always be taken if the pupil is out of school. The boxes are kept in the Medical Room.

## 17. Pupils with Medical Conditions

### Medication for Pupils with Medical Conditions

Pupils with medical conditions may require medication to be readily available during the school day. Arrangements for storage and accessibility will reflect the pupil's individual needs and, where applicable, their Individual Healthcare Plan or other agreed care plan.

- Inhalers and other routinely required medication are normally stored in the School Office, where they are readily accessible.
- Pupils who have been prescribed adrenaline auto-injectors (AAIs) carry their AAIs with them throughout the school day. During lessons and at lunchtime, AAIs are placed on appropriate hooks in designated locations, including in the Dining Hall at lunchtime.
- The school holds four spare AAIs: two for use within school and two for sports fixtures and educational visits.
- Some pupils have individual care plans which specify different arrangements for the location, storage or administration of medication. Medication may therefore be stored in another appropriate location where this reflects the pupil's needs and enables prompt access when required.
- Staff responsible for a pupil must be aware of the individual arrangements and know where medication is located and how to access it promptly.

  For guidance on how to treat pupils with specific medical conditions, please see the appendix.

**18. Administering Medication in School**

**The Law**

The law states that:

- Anyone can administer a prescription-only medicine to another person provided it is in accordance with the directions of a doctor as outlined on the label. The exception to this rule is in the case of injections.
- Medicines that are prescribed for an individual pupil are that person's property and may not be used by any other person.
- Doses of prescribed medicines must not be varied without the doctor's consent.

**Storage**

Within the school, we keep medication in a designated locked medication cupboard. The only exception to this general rule is in:

- The use of a fridge to store specific medication. We never store the medication at the back of the fridge, as it is too close to sources of cold. We store medication on a shelf with the temperature of the fridge monitored to be between 2-8C.
- The storage of pupil-specific EpiPens for the immediate treatment of students who have gone into an allergic reaction. Staff need to have immediate access to this medication, and they are therefore stored on easily accessible hooks in the Medical Room. Parents will be asked by the School Office to update medication one month before the expiry date. Out-of-date medication will be returned to the parent for safe disposal.
- A generic EpiPen is held by the school for use in case a pupil's specific EpiPen fails.

In the case of a controlled drug such as Ritalin, this is stored in a locked box, within a designated locked locker in the stationery cupboard off the School Office. Access is restricted to SLT and the SENDCo.

Storage of medication whilst out on educational visits is the responsibility of the member of staff leading the activity. As a general guide, medicines are kept on the person of an identified member who then administers them and records when back at school.

Staff medication is stored in staff pigeonholes (it must never be left in the classroom). Medicine requiring fridge storage will be kept in the staff fridge. This is a prohibited area for pupils.

**Receipt of Medication**

When medication is brought into school, the member of staff receiving it must record:

- Current date
- Child's name
- Name of medication
- Dose to be administered
- Time(s) at which it is to be administered
- Date and time of the last dose administered

- Any relevant instructions provided by the parent/carer

Medication will only be accepted where it is in its original packaging, with the medication clearly identifiable and a valid expiry date visible. Loose medication, individual tablets/capsules, or medication removed from or supplied in broken/incomplete packaging (for example, an individual strip of paracetamol) will not be accepted.

**Medication Administration Record**

We strive to establish a clear audit when dealing with the receipt of medicine into the school, its storage, administration and dealing with unwanted and discontinued medication.

The school uses an individual medication administration record sheet. The key information contained on this sheet is:

- Current date
- Child's name
- Time
- Name of medication
- Dose given
- Any reactions
- Signature of staff dispensing

**Non-prescription Medication:**

A 'homely remedy' is a medicine that may normally be bought by a person without calling a doctor. We operate a system of recording 'homely' remedies in the same manner as prescribed medicines.

If a pupil has a 'homely' remedy that will be administered at school, the student's parents are required to put this in writing to the school. This should detail the medication prescribed, type, dosage, frequency and duration of the medication regimen. This form serves as written permission for staff to administer the medication. 'Homely remedy' medications are stored inside a locked drawer in the office or the fridge in the kitchen.

If a 'Homely Remedy' has been administered, then:

- An entry is made in the logbook detailing the reason for administering medication, medication given and time, dose and name of the student involved.

**When giving medicines, staff should follow the protocol below:**

1. Get mentally prepared to administer the medication by concentrating on the task at hand.
2. Check the medicine record for directions.
3. Find the medicine within the medicine cabinet/fridge.
4. Check the label.
5. Measure the dose.
6. Take the medicine to the child or bring the child to the medicine.
7. Inform the child that their medicine is ready for them.
8. Give the medicine.

9. Offer a drink of water.
10. Record immediately what has been given or declined.

**Administering Analgesics**

When giving medicines, staff should follow the protocol below:

1. Ensure written confirmation has been received from parents on entry to the school, confirming their consent to their child receiving analgesics.
2. To ensure adherence to dosage guidelines, analgesics will only be administered after 12.30pm by a designated paediatric-trained member of staff (PFA-trained person for EYFS pupils) unless advised by the parent(s).
3. Inform the parents via email or phone after administering any analgesic, unless already requested to administer by parent(s).
4. Do not exceed the stated dose (taking account of the pupil's age).
5. A record must be kept indicating name, dose, time, reason.
6. Records should be checked before administering to prevent the correct dose being exceeded and to ensure the pupil is not regularly taking other medication.
7. Consider whether to purchase Paracetamol preparations which prevent liver damage in the event of overdose.
8. Keep Paracetamol and Ibuprofen in a secure place which is inaccessible to pupils (do not store in First Aid box).

**Administering Topical Medicines**

These are considered just as important as any oral medicine. We follow the protocols below when using drops. When we open a drop bottle, we record the date of opening on the container.

Unless labelled otherwise, the general guidance for expiry dates is:

- Eye drops and eye ointment – discard four weeks after opening.

**Administering Nasal Drops and Ear Drops**

Nasal Drops:

1. Wash hands.
2. Request that the student sit in a chair.
3. Tilt their head backwards.
4. Put the required number of drops into each nostril.
5. Keep the student's head tilted back for two minutes.
6. Replace the cap on the bottle.

**Ear Drops:**

1. Wash hands.
2. Request that the student lie or sit down and tilt the head to bring the ear uppermost.
3. Gently pull the ear backwards.
4. Put the correct number of drops into the ear. Do not push the dropper into the ear.

5. Get the student to remain in the same position for two minutes.

**Administering Eye Drops and Eye Ointment**

Eye drops:

1. Wash hands.
2. Check when the drops were opened and when they should be thrown away.
3. Tilt the student's head backwards.
4. Pull down the lower eyelid.
5. Put the correct number of drops inside the lower lid without touching the eye.
6. Ask the student to close their eyes.
7. Wipe away any excess with a clean tissue.
8. Replace the cap and store in a cool place.

Eye Ointment:

1. Wash hands.
2. Check when the ointment was opened and when it should be thrown away.
3. Tilt the student's head backwards.
4. Pull down the lower lid.
5. Squeeze half an inch of ointment inside the lower lid without touching the eye.
6. Close the eyes.
7. Wipe away excess with a clean tissue.
8. Replace the cap and store in a cool place.
9. Discard four weeks after opening.

**Inhalers:**
Note – a generic inhaler is kept at school in case the pupil's inhaler fails.

1. Shake inhaler.
2. The child should sit with back straight, leaning slightly forward. This opens the ribcage to allow better breathing.
3. Ask the child to breathe out and to form a tight barrier around the inhaler, inhale and count to ten before asking the child to breathe in again. This will deliver the dose directly into the airway.
4. An asthma attack can be very distressing for a child, so calming techniques should be practised to help the child recover to a normal state.
5. Ask the pupil to rinse their mouth out with water after using a steroid inhaler, i.e. Pulmicort and Becotide.
6. In any case where you are not happy with the child's condition, an emergency ambulance should be called.
7. If the child is using a spacer to inhale, follow the same instructions as above.
8. Do not use soapy water to rinse out spacers as the soap can affect the medication.
9. Specific pupils may have been asked to take their inhalers whilst lying down on beds; follow the specific directions on an individual's medication.
10. Parents will be asked by the School Office to update medication one month before the expiry date. Out-of-date medication will be returned to the parent for safe disposal.

**Sun Cream:**

1. Sun cream use will be encouraged on days when the sun is strong during summer at lunch breaks, during PE lessons and on school trips. Extra sun cream will be made available in case children forget their own.
2. We will send consent forms home asking for permission for pupils and staff to apply sunscreen when needed.
3. Pupils will be asked to re-apply sun cream at regular intervals.
4. If a pupil is not able to re-apply sun cream, a member of staff will provide the school's spare supply or the pupil will be asked to sit in the shade until the lesson or experience outside has finished.

**D&V**

Children with diarrhoea or vomiting are required to stay away from school until they have not been sick or had diarrhea for at least two days (48 hours).
Diarrhoea and vomiting can spread easily.

The following is guidance from the NHS website:

Stay off school or work until you have not been sick or had diarrhoea for at least two days.

If you also have a high temperature or do not feel well enough to do your normal activities, try to stay at home and avoid contact with other people until you feel better

You're most infectious from when the symptoms start until two days after they've passed. Stay off school or work until the symptoms have stopped for two days.

**20. Infectious Diseases**
If a child is suspected of having an infectious disease, advice should be sought from the Designated First Aider who will follow the Health Protection Agency Guidelines to reduce the transmission of infectious diseases to other pupils and staff. See Appendix C. Children who have been suffering from diarrhoea and/or vomiting should not return to school for at least 48 hours after the last episode.

**A VERSION OF THIS POLICY IS AVAILABLE ON REQUEST**

**APPENDIX: Guidance to staff on particular medical conditions**

**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.

**Responding to an Allergic Reaction / Anaphylaxis**
See the school's Allergy and Anaphylaxis Policy and the pupil's individual Allergy Action Plan for full guidance.

If a pupil has an allergic reaction:
- Treat the pupil in accordance with their Allergy Action Plan.
- If anaphylaxis is suspected, administer adrenaline without delay.
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them.
- Use the pupil's own prescribed medication if immediately available.
- The pupil may administer the adrenaline pen themselves, if able to do so, or a member of staff may administer it. Ideally, the member of staff will be trained, but in an emergency anyone can administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, use a spare adrenaline pen.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999, explain that anaphylaxis is suspected and inform the operator that spare adrenaline pens are available. Follow the operator's instructions. In exceptional circumstances, MHRA guidance allows a spare adrenaline pen to be administered to anyone for the purpose of saving their life.
- If, after five minutes, there is no improvement, administer a second adrenaline pen and call the emergency services again to inform them that a second dose of adrenaline has been given.
- Do not move the pupil until a medical professional or paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in the ambulance until a parent or guardian arrives.

REMEMBER EpiPens are not a substitute for medical attention; if an anaphylactic reaction occurs and you administer the EpiPen, the pupil must be taken to hospital for further checks. EpiPen treatment must only be undertaken by staff who have received specific training.

**Asthma**

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

Pupils with asthma need immediate access to their reliever inhaler (the School Office also holds a generic 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 Appointed Person or a First Aider if 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.

**Diabetes**

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.

- 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 three 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 two 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 Appointed Person or a First Aider.
2. Do not attempt to give glucose by mouth as the 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 Appointed Person or a First Aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

**Head Injuries**

If a pupil receives a head injury during the course of the day or if the parents report that a head injury was received outside school, care must be taken about the pupil's ability to take part in physical activity whether during a sports lesson or a physical after school club. Care must always be taken after a head injury to ensure that the correct return to school or return to physical activities is followed.

What to look for - Head injuries

If you think someone has a head injury, there are six key things you should look for:

1. Brief loss of responsiveness
2. Scalp wound
3. Dizziness or nausea
4. Loss of memory of events before or during the injury
5. Headache
6. Confusion

For a severe head injury, you also need to look for:

• reduced level of response
• loss of responsiveness

• leakage of blood or watery fluid from the ear or nose
• unequal pupil size

What you need to do - Head injuries
1. Sit them down and give them something cold to hold against the injury. You can use a cold compress, or a bag of ice or frozen peas wrapped in a cloth.
2. Treat any scalp wounds like a bleed by applying direct pressure to the wound.
3. Check their level of responsiveness, using the AVPU scale below. Make a note of their reactions, especially any changes to their level of response, to pass on to the ambulance in case you have to call one.

The AVPU scale – alert, voice, pain, unresponsive
A – Alert: Are they alert? Are their eyes open and do they respond to questions?
V – Voice: Do they respond to voice? Can they answer simple questions and respond to instructions?
P – Pain: If they're not alert or they're not responding to your voice, do they respond to pain? Try pinching them - do they move or open their eyes?
U – Unresponsive: Do they respond to questions or a gentle shake?

If they are alert or responsive, then their head injury is probably mild, but you should wait with them until they recover.

If they're not alert or responsive, then they may be partially or fully unresponsive, and their head injury could be severe. Call 999/112 for an ambulance and explain their response to the AVPU test.

If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who's become unresponsive. While you're waiting for an ambulance, keep checking their breathing, pulse and any changes in their level of response.

**Epilepsy**
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;
a. if this is a pupil's first seizure,

b. if a pupil known to have epilepsy has a seizure lasting for more than five minutes, or
c. if an injury occurs.

2. Seek the help of the Appointed Person or a First Aider.
3. Help the pupil to the floor.
4. Do not try to stop the seizure.
5. Do not put anything into the mouth of the pupil.
6. Move any other pupils away and maintain the pupil's dignity.
7. Protect the pupil from any danger.
8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow the patient to rest as necessary.
10. Inform parents.
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival.
13. Reassure other pupils and staff.
14. Accompany the pupil to hospital and await the arrival of a parent.