



CRICKLADE MANOR PREP SCHOOL & NURSERY

First Aid Policy

Whole School	Reviewed	Next Review	Signed
School Only	10/21	10/22	<i>CAB</i>
Yes (including EYFS)	2/22	2/23	<i>CAB</i>
Whole school	3/22	3/23	<i>CAB</i>
Whole School	10/22	10/23	<i>CAB</i>
School only	03/23	03/24	<i>CAB</i>

Year	Amendments
2021	<ul style="list-style-type: none"> RIDDOR incident reports to Wishford HQ First aid cabinet in Dining Room Covid details amended in line with Government updates Holding generic Calpol in school
2022	<ul style="list-style-type: none"> Inclusion of reference to EYFS incorporated into the policy Inclusion of generic Piriton
2022	<ul style="list-style-type: none"> New locations of first aid stations across the school Removal of Coronavirus measures
2023	Update to paragraph 19 ref inhalers.

POLICY STATEMENT

1. Introduction

This First Aid Policy applies to the entire setting including the EYFS, After School Club and Holiday Club.

Copies of this procedure are available for viewing and/or downloading on the school's website. A hard copy is available on request from the School Office.

2. Purpose

The purpose of this document is to provide effective, safe First Aid cover for pupils, staff and visitors:

- To ensure that all staff and pupils are aware of the system in place;
- To provide awareness of Health and Safety issues within school and on school trips;
- To prevent, where possible, potential dangers or accidents.

3. Policy Statement

Cricklade Manor Prep 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 time:

- 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 qualifications at least every three years;
- To have a minimum of two 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 and Safety Executive under relevant legislation;
- 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 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 and by phone 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.

4. Details of the Designated First Aider

The Designated First Aider with responsibility for First Aid is **Jacky Barratt** (PA to the Headmaster). She is located in the School Office.

5. 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, illnesses 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;
- Maintaining an up-to-date knowledge and understanding of guidance and advice from appropriate agencies.

6. Details of trained First Aiders

A list of all trained First Aiders and their qualification dates can be found in the medical room.

7. 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.

8. Practical Arrangements

- The Medical Room located next door to the School Office is the location for First Aid treatment and for pupils or staff to rest or recover if feeling unwell. A bed and a nearby bathroom are available;
- Medical supplies are stored in the Medical Room;
- Medication for individual pupils is stored in a locked metal cabinet in the Medical Room;
- A portable First Aid kit must be obtained from the Medical Room for school visits;
- In EYFS a First Aid kit is kept in the EYFS Staff room.

COVID ARRANGEMENTS - Appendix E:

- The medical room is the designated area where pupils or staff are brought if they display symptoms of COVID while they are waiting to be collected.
- Children will be accompanied by a member of the office staff who will wear PPE until parents arrive. Children will be seated on a wipe clean chair and the medical room will be deep cleaned immediately after the child has left the building. If the child needs to use the toilet, there is a designated toilet nearby which will be closed and deep cleaned once the child has left.
- Rooms and equipment likely to have been touched by the child or member of staff will be deep cleaned.

9. Reporting of Accidents and Incidents

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named First Aider. Staff should only administer First Aid if they are trained to administer First Aid themselves.

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 if needed. The pupil or member of staff should not be left unattended. The First Aider will organise an injured pupil's transfer to the Medical Room if appropriate and the Designated First Aider will arrange transport to hospital either by ringing 999 for an ambulance, arranging for a school minibus driver or a local taxi company to drive or whichever means of transport is deemed most suitable by the Designated First Aider. If a child is being taken to hospital and the parent cannot get to the school to go with them, the Designated First Aider or another available member of staff will travel with the child.

Parents should be informed as necessary by telephone by the Designated First Aider, the Headmaster or a member of SLT if they are not available.

10. SPORTS ACTIVITIES (recording of accidents)

It will be necessary for all injuries and accidents to be reported to the School Office by the Sports Coach supervising and an Accident Report Form completed immediately or as soon as possible so that a full record of the incident can be recorded in detail and acknowledged by the parent.

The format of the Accident Form includes:

- Name and Date of birth of the pupil
- Date of Accident/Incident
- Place that incident/Accident occurred
- Details of what happened
- Details of injury treatment given
- Any important forwarded information required
- Outcome

Procedure for pupil medical care:

In the event of a minor injury e.g. a small graze or superficial cut: All pupils should be taken care of by the supervising member of staff responsible for that group at the time of the incident - **ALL** members of games staff have a current First Aid Certificate. First aid kits are taken to sports training sessions and fixtures.

In the event of a major injury e.g. head injury/concussion/broken bone - administer immediate first aid then call an ambulance and advise the school office of events so that the parents can be advised. A member of staff **MUST** accompany the pupil in the ambulance unless the parents are at the fixture. On return to school an Accident Form must be completed.

11. Contacting Parents

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

- Head injury (head injury advice sheet or the RFU Head Case booklet should be given to the parents of any pupil who sustains a head injury - see Appendix A);
- Suspected sprain or fracture;
- Following a fall from a height;
- Dental injury;
- Anaphylaxis and following the administration of an epi-pen (children or adults having an epi-pen administered must be taken to hospital);
- Epileptic seizure;
- Febrile convulsion;
- 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 transport is required, an authorised taxi service can be used if parents are delayed. A member of staff will accompany the pupil until a parent arrives. 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.

In EYFS, all incidents must be communicated to the parents in writing and a copy placed in the first aid incidents file. A parent should sign the accident form, agreeing that they have been notified.

12. Summoning Help in an Emergency situation

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 situation 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 (Calcutt Street, Cricklade SN6 6BB)

The Emergency First Aider should be informed as soon as possible on:

Tel: 01793 754400

Or by sending another child to collect her. **DO NOT** leave the casualty unattended.

If the casualty is a child, the parents/guardians should be contacted immediately and given all the information required. If the casualty is an adult, the next of kin should be called immediately. All contact numbers for parents and staff are kept on 'PASS' or "3sys", which is readily accessible to staff.

13. Accident Reporting

An accident form must be completed for any incident or injury occurring at school or on a school trip or sports fixture. This includes any accident involving staff or visitors. The Accident forms will be monitored by the Designated First Aider as certain injuries require reporting (RIDDOR requirements). Certain serious injuries involving EYFS pupils require reporting to Ofsted.

The Designated First Aider will report patterns and trends of accidents to the SLT on a monthly basis. The SLT will then decide if there are any policy or procedural changes to be made to reduce the number of accidents in any particular area of the school. They will also assess whether there are any pupils who may need assistance or monitoring based on the number of incidents they are involved in.

14. Pupils who are unwell in school

Any pupil presenting with a headache, temperature, earache or other condition that can be initially controlled using Calpol will be sent to the school office who will contact parents by phone to ask for permission to give an appropriate dosage. Parents no longer need to supply their own Calpol as the school will keep a small supply of Calpol 6+ and Calpol Infant suspension (not a generic or store brand version). If however, your child requires a different form of painkiller, you will have to continue to provide this for your child.

If, in the opinion of the First Aid Lead, your child would be better at home than left in school, parents must come to collect them as soon as requested. If the pupil's health deteriorates after giving medication or while waiting for the parents to arrive, we may need to call an ambulance and we will inform parents.

Any pupil presenting with symptoms of allergic reaction such as hayfever or other other condition which would normally be controlled using antihistamine such as Piriton will be sent to the school office who will contact parents by phone to ask for permission to give an appropriate dosage. Parents should continue to supply their own Piriton or antihistamine for regular hayfever or allergy sufferers but we acknowledge that there are occasions when children can struggle with hayfever unexpectedly in certain years when the pollen count is very high.

Staff should ensure that a pupil who goes home ill remembers to sign out at the School Office.

Appendix D gives information on exclusion times for certain illnesses.

15. First Aid Equipment and Materials

The Designated First Aider is responsible for arranging the stocking and checking of the first aid kits on a half termly basis. Staff are asked to restock the kits they use before they need them and notify the Designated First Aider when spare supplies have been used in order that they can be restocked. The First Aid boxes contain:

- A first aid guidance card
- Assorted waterproof plasters x 4 pks
- Eye pad
- Triangular bandage
- Safety pins
- Medium sterile dressing x 4
- Large sterile dressing x 2
- Eye wash phials x 4
- Face shield x 1
- Steristrips (pack 5) x 1
- Disposable gloves x 5 pairs
- Crepe bandage x 2
- Thermal blanket x 2
- Tuff cut scissors x 1
- Kool pak instant ice pack x 4
- Microporous tape x 1
- Cleansing wipes x 20
- Clinical waste bag

Location of First Aid kits is in the first aid room and at strategic points around the school and at Appendix B

16. 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. This must be returned and replenished on return and any accident forms which have been used 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.

17. Pupils using crutches or having limited mobility

Parents must inform the school of the nature of the injury and the anticipated duration of immobility. The form tutor will arrange for a “class buddy” to carry books, open doors, etc. Information about the condition will be discussed in staff meetings and a risk assessment provided by the School Business Manager, to enable all staff to be fully aware of the pupil’s needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for safe transfer around the school. Parents must inform the school of any particular difficulties.

Parents of any child who has a head injury outside school must notify the School Office as soon as practicable after the injury so a decision can be taken about playing sports.

18. Emergency care plans and treatment boxes

Pupils with a serious medical condition will have an emergency care plan drawn up and agreed between the Designated First Aider and the parents. This will be reviewed annually or after a change to the procedure recommended by the child's doctor.

The Designated First Aider will ensure that staff are made aware of any pupils with an emergency care plan. Their care plans are kept in a marked folder in the Medical Room and a list of all pupils with medical conditions is kept in the Staff Room, kitchen and in EYFS.

Emergency treatment boxes must always be taken if the pupil is on a trip out of school. The boxes are kept in the Medical Room. Care plans relating to children in EYFS are also kept in their respective rooms and are read and signed by all members of staff involved in the tuition of the child. Dietary needs are also shared with all staff.

19. Pupils with Medical Conditions

A list is available in the Medical Room and Staff 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 medical boxes to the Medical Room on completion of a trip. If staff become aware of any conditions not on the list, please inform the Designated First Aider.

In the Nursery, all allergy related information is kept in the EYFS Staff room and dietary requirements are shared with the kitchen staff.

Management of Specific Conditions and Emergencies

Pupils at CMP may suffer from medical conditions such as asthma, epilepsy, diabetes and allergies. Information on individual pupils with special medical needs is collated from their medical records. With permission, this basic and essential information is disseminated to those who need to know in order to keep the child safe, e.g. Catering team, tutors and other staff. This will be in the form of a 'Care Plan'.

Those pupils whose condition would require an emergency response e.g. epilepsy, diabetes, allergies, anaphylaxis, convulsions, hypoglycaemia, are identified to a wider group of staff. To aid identification, a list of these pupils is displayed on a designated notice board within the academic staff work room, within the Catering Manager's office, in the medical room and in hard copy in the staff room.

Severe Allergies: Named Epi-pens are available for each individual pupil who may require administration of adrenaline to treat anaphylactic shock. At CMP epipens are kept in the medical room next to the school office. Staff are trained how to use Epi-pens; in particular when there is a pupil with severe allergies in their class or within their care.

Asthma: At CMP, pupils with asthma in the Prep Department (Years 3-6) are responsible for their own inhalers. The children are responsible for taking them to

their lessons, fixtures and school trips. Children with asthma in Pre-Prep Department (Years R-Y2) will keep an inhaler in school which shall be stored in a named box in the medicine cabinet in the Medical room. A Medical Consent Form will need to be completed for parents of Pre-Prep children. In the event of a misplaced inhaler, spare inhalers are stored in the medical room which can be used in extremis but only if the school is aware that a child has a prescription for an inhaler. It is the responsibility of parents of pupils to provide inhalers and to ensure that they are 'in date'. The Designated First Aider will check the dates of all medication held on behalf of children once every half term and notify parents if it is coming close to being out of date.

The Group leader of any educational visit which includes within the group a pupil with a known medical condition should consult the Designated First Aider for advice before leaving. Named medication such as inhalers and/or Epi-pens will be given, if necessary, to the Group Leader or the nominated First-Aider if this is not the same person. It is the Group Leader's responsibility to ensure that information and support has been sought from Designated First Aider before the group leaves school.

Instructions on the management of other specific conditions, general First Aid and CPR can be found within the Health & Safety Manual and in Appendix B and D of this policy.

20. Hygiene Procedures for dealing with Spillage of Body Fluids

Emergency clean up kits ('Spill kits') are located at appropriate places around CMP and in the Medical Room. No person must treat a pupil who is bleeding without protective gloves. These can be found in any First Aid box or Spill kit.

All bodily fluid spillages (vomit, diarrhoea and blood) must be cleaned immediately to reduce the spread of infection. Designated First Aider can be contacted to advise on the situation and ask another member of staff to assist with any clean up. Training in the use of the resources within the Spill kit is managed by the Designated First Aider. Appropriate staff also receive training on induction.

Sponges and water buckets should not be used for First Aid to avoid the risk of contamination. If a spill kit is used this should be reported by the person managing the 'spill', to the Designated First Aider who will arrange for the kit to be replenished.

All contaminated material should be disposed of a yellow clinical waste bag and placed in the yellow waste bin in the Medical Room.

21. 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.

22. Medication in school and EYFS

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 will be given any medication without their parents' written consent;
- No Aspirin products will be given to any pupil at school;
- Parents must be given written confirmation of any medication administered at school;
- All medication must be in date and the dosage stated for the named child;
- All medication must be in its original container.

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.

In the EYFS children should not attend Nursery until 48 hours have elapsed from the start of taking antibiotics.

Non-Prescription Medication

These are only to be administered by the Designated 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.

Prescription-only Medication

Medicines prescribed by the doctor, nurse or dentist prescribed medicines may be given to a pupil by the Designated 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 and what it has been prescribed for.

The school will accept medication from parents only if it is in its original container.

A form for the administration of medicines in school is available from the Designated First Aider or from the Medical Room.

Administration of Medication

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.

- Wash hands
- Confirm 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

- Ensure the medication is correctly stored in a locked drawer or cabinet out of the reach of pupils
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge. All medication should be clearly named with the pupil's name and dosage
- Used needles and syringes must be disposed of in a sharps box kept in the Medical Room.

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.

Staff Taking Medication

Staff medicines are stored in the Medical Room in the metal cabinet.

Staff are advised to seek medical advice if they are taking medication which may affect their ability to care for children. Staff are advised not to take medication into an EYFS setting and medication is stored securely at all times.

Sporting Activity

For pupils who have incurred an injury, advice and an assessment of fitness to return to sport from a medical professional (eg doctor or nurse) should be undertaken before returning to play or train.

During sporting activities, access for emergency vehicles onto the site and directly to pitch side is maintained at all times during matches or practises. All coaches and staff in charge should familiarise themselves with the location of the emergency services access routes in order, firstly to enable them to assist in directing an ambulance if required and, secondly to avoid blocking the access routes at any time.

Coaches or team managers will, on arrival at an away fixture, check what first aid facilities are available and how first aid assistance may be summoned if required.

23. **Guidelines for Reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)**

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.

Major injuries from Schedule 1 include:

- Any fracture other than to the fingers, thumb or toes;
- Any amputation;
- Dislocation of the shoulder, hip, knee or spine;
- Loss of sight (whether temporary or permanent);
- A chemical or hot metal burn to the eye or any penetrating injury to the eye;
- 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;
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours;
- Any other injury lasting over 3 days;
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent;
- Any of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
 - Acute illness requiring medical treatment; or
 - Loss of consciousness
- 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;
- Death;
- A specific dangerous occurrence where something happened which did not result in an injury but could have done.

Major incidents including those where a RIDDOR report is made, will be notified to Wishford HQ using their e-form.

24. Approval and Review

This policy was approved by the Headmaster in October 2021. It will next be reviewed in October 2022

Signed:



Guy Barrett

Headmaster, Cricklade Manor Prep

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 they're responsive and 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.

LOCATION OF FIRST AID BOXES AND SPILL KITS AT CMP

Spare First Aid kits for use on educational visits, additional games fixtures etc, are located in the Medical Room

First aid and Spill kits are located in the following areas/rooms:

- Dining Room
- Wessex House by the Main door
- Saxon House at the bottom of the stairs
- Thames House by the IT Room
- Science Lab
- Sports Hall
- Nursery
- Outside on the wall of Thames House
- Minibuses
- Maintenance shed

Replacement Spill kits are available from the Medical Room or from the Housekeeping team.

Guidance to staff on particular medical conditions

Allergic Reactions

Symptoms and treatment of mild allergic reactions:

- 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 form as detailed in the policy. Observe the child closely for 30 minutes to ensure the symptoms subside.

Anaphylaxis

Symptoms and treatment of anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or feeling a lump in the throat
- Tingling feeling in the lips
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty 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 above 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 stating that it is an anaphylactic reaction and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency box containing the epipen (in the Medical Room in a wall cabinet)
3. Reassure the pupil that help is on the way
4. Remove the epipen from the carton and pull off the safety cap
5. Place the tip on the pupil's thigh at right angles to the leg (do not remove clothing)
6. Press hard into the thigh until the autoinjector mechanism functions and hold in place for 10 seconds
7. Remove the epipen from the thigh and note the time
8. Massage the injection site for several seconds
9. If the pupil has collapsed, lay them on their side in the recovery position
10. Ensure the paramedic ambulance has been called
11. Stay with the pupil

12. Steps 4 - 8 may be repeated if there is no improvement in 5 minutes with a second epipen if you have been instructed to do so by the emergency helpline

IT IS IMPORTANT TO KNOW THAT an epipen is 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

Cricklade Manor Prep recognises that asthma is a serious but manageable 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 and Medical Room. The school has a smoke free policy.

Triggers for asthma:

- Change in weather conditions
- Animal fur or feathers
- Cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils may require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named in-date inhaler which is kept in the Medical Room for the younger children and with the child for the Prep children. Teaching staff will be aware of the 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 aware of where their inhaler is kept and this medication must be taken on any out of school activities.

Recognising an asthma attack:

- Pupil unable to continue with an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken:

1. Ensure the prescribed reliever medication (usually blue) is taken promptly
2. Reassure the pupil
3. Encourage the pupil to sit upright or in whichever position works best for them during an attack
4. Wait 5 minutes with the pupil. If the symptoms disappear the pupil can resume normal activities
5. If symptoms have improved but not completely disappeared, give another dose of the inhaler. Call the Designated First Aider or a First Aider if she is 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 5 minutes or until symptoms improve. Up to 10 puffs can be given
8. Notify parents of the situation
9. If symptoms have not improved, call an ambulance
10. Accompany pupil to hospital and await the arrival of parents

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 the school.

Signs and symptoms of **low** blood sugar (hypoglycaemic attack):

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

This happens very quickly and may be caused by a late meal, missing snacks, insufficient carbohydrates, 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. They should be given a private location to do this e.g. Medical Room.

Action to be taken:

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

Action to be taken if the pupil becomes unconscious:

1. Place the pupil in the recovery position and seek the help of the Designated First Aider or First Aider
2. Do not attempt to give glucose via mouth as the pupil may choke
3. Call 999

4. Inform parents
5. Accompany the pupil to hospital and await the arrival of the parents

Signs and symptoms of **high** blood sugar (hyperglycaemic attack):

- Feeling tired and weak
- Unusually thirsty
- Passing urine more frequently
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone (pear drops smell)
- Blurred vision
- Unconsciousness

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.

Action to be taken:

1. Inform the Designated First Aider or First Aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

Epilepsy

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 the pupil's first seizure
 - b. If a pupil known to have epilepsy has a seizure lasting for more than 5 minutes
 - c. If an injury occurs
2. Seek the help of the Designated First Aider or First Aider
3. Help the pupil to the floor
4. Clear any items on which the pupil might injure themselves
5. Do not try to stop the seizure
6. Do not put anything in the pupil's mouth
7. Move away other pupils and maintain the pupil's dignity

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8. As the seizure subsides gently place the pupil in the recovery position to maintain the airway
9. Allow the pupil to rest as they will be very tired after the seizure
10. Notify the parents
11. Call 999 if you are concerned
12. Describe the event and its duration to the paramedic team on arrival
13. Reassure the other pupils and staff
14. Accompany the pupil to hospital and await the arrival of the parents

Illness and Exclusion Times and Medical Needs

On occasion children are sick (vomit) either at home or at school. Unfortunately, it is not possible to distinguish between the causes and therefore it is essential that the same exclusion rule applies in all cases of vomiting or diarrhoea. In the Health Protection Agency document, “Guidelines for the Control of Infection and Communicable Disease in School and Early Years Settings”, the guidance is:

Diarrhoea and Vomiting exclusion

Diarrhoea and/or vomiting commonly affect pupils and staff and can be caused by a number of different germs, including viruses, parasites and bacteria. Infections can be easily spread from person to person (by unwashed hands), especially in children. In general it is recommended that any staff member or child with diarrhoea and/or vomiting symptoms must stay away or be excluded from the school or Early Years setting until they have been free of symptoms for 48 hours (the “48 hour rule”) and feel well. Personal hygiene whilst ill must be very strict.

If your child is sick at school, we will ask you or your emergency contact to take your child home. They should not return for 48 hours after the last episode. We appreciate that this is inconvenient in many cases, and you may not believe your child is ill, but you will appreciate that we do this in all cases and it should reduce the risk of infection for all the children in school. As an example, if your child is sick at lunchtime on Tuesday, they should not return to school until after lunch on Thursday, provided that there have not been any further episodes of vomiting.

We thank you for your understanding with this. Further guidance on infection control can be found on the Health Protection Agency website.

Other exclusion times (this list is not exhaustive)

Illness	Symptoms	Exclusion time
Chicken pox	Feeling sick, headache, high temperature, aching, painful muscles, spots in clusters anywhere on the body	Children should be kept away from school until all the blisters have formed scabs and they are no longer coming out
Scarlet fever	Widespread fine pink rash which feels like sandpaper to touch, high temperature, flushed face, red and swollen tongue, sore throat	Children should be kept away from school until they have been on a course of antibiotics for at least 24 hours
Slapped cheek	Bright red rash on cheeks, sore throat, headache, temperature, itchy skin	Children should be kept away from school while they are showing the red cheeks symptoms if they are feeling unwell. If not, they are able

		to come to school as the infectious stage has passed
Conjunctivitis	Sticky eyes in the morning, running eyes during the day	Children do not need to be kept away from school but should consult their doctor or pharmacist about cream which can be put on during the day
Norovirus	Sickness, stomach cramps, diarrhoea	Children should be kept away from school for 48 hours after the last episode
Hand, foot and mouth disease	Fever, poor appetite, runny nose, sore throat, blister-like rash on hands, feet and in the mouth	Children should be kept away from school if they have a rash and a fever
Ringworm	Ring like rash anywhere on the body but feet and groin are most common	Children do not need to be kept away from school but the school should be notified to enable more stringent hygiene measures to be put in place
Worms	Most common type is threadworm which looks like small white pieces of thread in stools. Sometimes people also get itchiness around the bottom and genitals	Children do not need to be kept away from school but the school should be notified to enable more stringent hygiene measures to be put in place

Medical Needs

At the time of registering

You would have filled out a medical form containing details of any known medical conditions, allergies, etc. This information is held in the school's database and class teachers and kitchen staff are informed of any specific conditions or requirements.

Please inform the School Office of any change to an existing medical condition or any new condition.

If your child is prescribed medication which needs to be administered during the school day, you will need to complete a Medical Consent Form which can be obtained from the School Office.

Dietary Requirements and Allergies

We are able to cater for most dietary requirements and a vegetarian option is always provided. Please inform the School Office of any changes in requirements.

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Please note that Cricklade Manor Prep is a nut free zone. Please do not bring in any products containing nuts or nut products onto the school site.

DISLIKE is not an allergy; we will encourage children to try different types of new food.