



## SOMPTING ABBOTTS SCHOOL

### FIRST AID POLICY including ADMINISTRATION OF MEDICINE For the Whole School including EYFS

Contents	
Aims	2
Key Personnel	2
First Aid Procedure At Point Of Need	4
Further Care	4
First Aiders	4
Informing Parents	5
Content Of First Aid Kits	6
Arrangements For Pupils With Specific Medical Needs	6
Communicable Diseases	7
Nits	7
Hygiene Procedures	7
Hygiene Procedures For The Spillage Of Body Fluids	7
When To Call An Ambulance	7
Administering Medication During School Hours	8
For the whole school including EYFS	8
a) Parental responsibilities in respect of their child's medical needs	8
b) Children with specific medical conditions	8
c) Roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines	9
d) Procedures for managing prescription medicines which need to be taken during the school day	9
e) Safe storage of medicines	10
f) Procedures for managing prescription medicines on educational visits and to off-site games	10

g) Non-prescription medicines	10
h) Children carrying and taking their medicines themselves	11
i) Record keeping	11
i) Management Procedures and Risk assessment	12
<b>REPORTING TO RIDDOR</b>	<b>12</b>
<b>Appendix 1 MEDICAL CONSENT FORM</b>	<b>13</b>
<b>Appendix 2 LIST OF STAFF FIRST AIDERS</b>	<b>15</b>
<b>Appendix 4: HEAD INJURY LETTER</b>	<b>19</b>

This policy is written with due regard to DfEE documents :  
*Guidance on First Aid for Schools: A Good Practice Guide*.  
*Managing medicines in schools and early-years settings* (DfES/Department of Health, 2005)

## **INTRODUCTION**

This policy outlines the School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents, visitors and the procedures in place to meet that responsibility. At least one person on the premises, and one person on a school outing, will have an appropriate first aid certificate. The School has taken into account the requirements of the EYFS legislation which is that at least one person on the premises when EYFS pupils are on site, and at least one person on EYFS outings, must have a paediatric first aid certificate.

## **AIMS**

1. To provide adequate first aid provision and medical care for pupils, visitors and school personnel.
2. To appoint the appropriate number of suitably trained people as appointed persons and First Aiders to meet the needs of the School.
3. To provide sufficient and appropriate First Aid resources and facilities.
4. To inform staff of the School's First Aid arrangements.
5. To provide information on the correct procedure to follow should First Aid be required.
6. To provide information on the correct reporting procedures.

Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the School in the same way that parents might be expected to act towards their children (DCSF Guidance on First Aid for Schools).

## **KEY PERSONNEL**

### **The Headmaster**

The Headmaster is responsible for putting the policy into practice and for developing detailed procedures. The Headmaster ensures that parents are aware of the School's Health and Safety Policy, including arrangements for first aid (DCSF Guidance on First Aid for Schools). The Headmaster and Bursar regularly carry out a Risk Assessment of the School's first aid policy and requirements, including the needs of individual children with specific medical needs. The Headmaster and Directors ensure that staff are adequately trained to deal with these.

### **Appointed Person**

The school has appointed Mrs J. Carrington, Miss C. Scale and Mrs Sinclair to work in conjunction with the Headmaster to manage First Aid in the school. The appointed personnel are responsible for the ordering of First Aid resources in their section of the School and ensuring that First Aid kits are correctly stocked, assisting colleagues in the administering of First Aid, ensuring an ambulance or other professional medical help is summoned when appropriate and keeping staff aware of changes in the First Aid policy as and when is necessary.

## **FIRST AID PROCEDURE AT POINT OF NEED**

1. Follow the St. John First Aid Treatment recommendations available in First Aid boxes:
  - Keep calm;
  - Assess the situation and either send or call for help.
  - Ensure that nobody else is going to be hurt and that the casualty is in no further danger;
  - Give first aid but only as far as knowledge and skill permit. The patient should be given all possible reassurances and if necessary removed from danger;
  - Never give the casualty anything to eat or drink;
  - Be prepared to give succinct and accurate information about the accident to a first aider or other health professional.
2. Any injury should be dealt with promptly by either the teacher in charge at the time of the accident or by the nearest first-aider. An appointed person will be sent for where necessary and surgical gloves should be worn where appropriate.
3. All staff should know the location of the First Aid kits. These are maintained by the appointed personnel.

New staff members should familiarise themselves with members of staff who are trained in First Aid, Anaphylaxis and Paediatric First Aid (please see list). The Headmaster should always be consulted should an incident require more than basic First Aid.

## **FURTHER CARE**

Should a child need to lie down they should be taken to the First Aid room (as defined by the Education (School Premises) Regulations 1996) in the School Office and parents will be asked to collect the child. The First Aid Room contains:

- A bed with bedding
- Sink with hot and cold water
- First Aid container
- Wipe down First Aid aprons
- Paper towels
- Disposable cups
- Refuse bin
- Telephone
- Record keeping facilities
- A chair is available from the adjacent office
- The nearest WC is along the corridor.

The child should not be left unattended in the First Aid room. (In certain circumstances, it may be more practical for the child to lie on the sofa in the Library where Mrs. Sinclair can be in attendance.)

## **FIRST AIDERS**

First Aiders hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE and their training will include resuscitation of children. Those working with EYFS pupils receive paediatric first aid training. They receive updated training every three years.

The Headmaster and Directors assesses the number of personnel who need first aid training in order that there is at least one person on the premises or on a school trip with appropriate First Aid qualifications, and for the Early Years at least one person on the premises and one person on an outing with paediatric First Aid training. A list of school first aiders will be found at Appendix 2 of this policy.

## **REPORTING ACCIDENTS**

All accidents must be recorded as follows:

### **Children**

- The accident book must be completed by the person attending the incident.
- The person should review the record following the incident to ensure it has been completed accurately and fully and that they have signed it.

#### *Minor incident*

- Parents are to be informed of minor incidences at the end of the school day or, where appropriate, by the class teacher.

#### *Serious Accident*

- In the event of a serious accident, the Headmaster is to be informed immediately.
- Parents will be contacted by the Headmaster, or if he is not available, Mrs. Sinclair.

#### *Bump to the Head*

- In the event of a child suffering a bump to the head, a Bumped Head Letter (Appendix 4) must be completed, signed by the Headmaster or Mrs Sinclair, a copy retained in the child's file and a copy given to the parent on the day of the incident.

### **Staff**

- Staff who injure themselves at school are required to fill in the Accident Book in the School Office.
- The Headmaster is to be informed of the injury and retains a copy of the Accident Form.
- The Accident Book identifies which incidents are reportable under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995).

### **Visitors**

- Visitors must sign in the Signing In Book and make themselves known to the School Secretary. Visitors with specific requirements would be advised to notify the school and an assessment can be made as to assigning them a responsible person.
- Visitors who injure themselves at school are required to fill in the Accident Book in the School Office.
- The Headmaster is to be informed of the injury.
- The Accident Book identifies which incidents are reportable under RIDDOR (The Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995).

## **INFORMING PARENTS**

Parents are immediately informed of head or other serious injuries and given advice accordingly. Parents should be informed of minor injuries, including scrapes and bumps, at the end of the School Day. Parents of children who are taken ill during the school day should be contacted and asked to collect their child from the First Aid room or Library.

Should a serious accident or injury be sustained by a child, the Headmaster, or in his absence Mrs Sinclair will; inform the Parents immediately.

Should a child be absent from School on the day following an injury, either Mrs. Sinclair or the Headmaster will give the family a courtesy call to check on the child's wellbeing.

## **ACCESS TO FIRST AID KITS**

The Headmaster and Bursar ensures that the appropriate number of first-aid containers are available according to the risk assessment of the site.

At Sompting Abbots, the Pre-Prep has two first-aid kits in the Reception Class as well as two first-aid boxes for use on trips outside school and one for taking to the "Walled Garden". For Years 3 to 8, there is one first-aid box in the School Office, as well as three first-aid bags for use at Games and on trips outside school; there is also first-aid available in the Science laboratory with an eyewash station.

First Aid bags/containers and individual medications must be taken:

- To off-site lessons including PE and Games
- On all school trips

Individual medications (e.g. Adrenaline/Ventolin inhalers and Epipens) must be taken with the child when outside of the classroom.

## **CONTENT OF FIRST AID KITS**

Under HSE guidance, first aid kits should contain a minimum of:

- a leaflet giving general advice on first aid (see list of publications in Annex A);
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;

two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;

- one pair of disposable gloves.

Equivalent or additional items are acceptable.

The appointed personnel are responsible for examining the contents of first-aid containers. These should be checked frequently and restocked as soon as possible after use. There should be extra stock in the School Office. Items should be discarded safely after the expiry date has passed.

## **ARRANGEMENTS FOR PUPILS WITH SPECIFIC MEDICAL NEEDS**

Should a child have a specific medical condition, e.g. asthma, diabetes, severe allergy, the Headmaster will compile a **Care Plan** with the cooperation of the child's parent and medical practitioner. The care plan will be placed up on the staff room noticeboard, with a copy given to the form teacher and another in the child's file.

If necessary, staff working closely with the child should have specific training so that they can meet the special needs.

Action to be taken in Medical Emergencies for more common childhood medical conditions, and for any relating to children currently in the school, are in appendix 3

## **Communicable Diseases**

Parents are asked to inform the School should their child have a communicable disease, e.g. chicken pox. The School Office will then put this information in the entrance to the School. If necessary the school will contact RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), (telephone 0845 300 99 23).

## **Nits**

If parents notify the school that a pupil has head lice or nits the class/form teacher will be given letters to issue to the whole class to advise other parents. If staff suspect or are told that a pupil has head lice or nits – frantic, continuous scratching of the head is the most obvious sign – they should arrange for a First Aider to inspect the pupil's hair. If nits are found then the child should be separated from other children, and the parents asked to collect the child. Kindness and discretion must be exercised to both the child and the parent.

## **HYGIENE PROCEDURES**

Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or other bodily fluids. Care should be taken when disposing of dressings or equipment. Staff are issued with anti-bacterial hand gel, and should also ensure that normal hand washing routines are followed.

## **HYGIENE PROCEDURES FOR THE SPILLAGE OF BODY FLUIDS**

No child should be allowed to remain in the vicinity of a spillage of bodily fluids. If possible all adults and children should be removed from the area; however, if a child is injured and it may be unsafe to move him/her then an adult will need to be with them.

The adult should ensure that both s/he and the child are protected from the body fluids. The school caretaker should be called for and he will deal with the spillage appropriately wearing protective clothing as necessary.

The School has a container used for the disposal of Sharps in the Office. Soiled items, used gloves, dressings etc. are disposed of in yellow biohazard bags and put in a designated bin for disposal.

## **WHEN TO CALL AN AMBULANCE**

The number to dial for an ambulance is 999, or the EU emergency number 112. The nearest hospital to the School is Worthing.

Call an ambulance;

- after administering First Aid and you feel there is a need for a hospital check up
- after placing in the recovery position if the casualty is breathing, but unconscious
- after an epipen has been administered for anaphylactic shock, after a severe asthmatic attack, after a diabetic coma, for an epileptic fit where the seizure lasts more than five minutes or if the victim is harmed in the seizure
- if the casualty is not breathing
- if you are in doubt as to the condition of the casualty

## **ADMINISTERING MEDICATION DURING SCHOOL HOURS**

### **For the whole school including EYFS**

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Although there is no legal duty that requires school staff to administer medicines, the school has a clear duty of care to the children and follows good practice by supporting children with health needs as part of their accessibility planning duties.

#### **a) Parental responsibilities in respect of their child's medical needs**

Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents complete and sign a medical form when their children join the school. This states that parents must keep the School informed should the medical needs of their child change as they grow up.

They must also complete and sign medication consent forms in the event that any medication needs to be administered during school hours e.g. if it has to be given four times daily even when the pupil is well enough to attend school (see Appendix 1).

#### **b) Children with specific medical conditions**

Children with specific medical conditions who either regularly take medicine in order to keep themselves well (e.g. epileptics), or who may need to take prescribed medicine as a matter of urgency (e.g. asthmatics and those with allergies) have a Care Plan. This care plan is written up by the Headmaster in consultation with the parent and the child's medical practitioner. Details of the medication are on the Care Plan.

The Care Plan should include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

For children with food allergies or other dietary needs, special attention should be paid when treats by parents are brought to School. Children who are unable to eat cake or sweets should be given an alternative (previously arranged in consultation with the child's parents).



Staff with specific medical conditions will have their own care plan and it will contain guidance as to what to do in an emergency. In the event of an emergency colleagues will always ring for an ambulance immediately.

### **c) Roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines**

No member of staff must administer any medicine to a child unless a medical consent form has been completed by the parent and has been signed by the Headmaster. A consent form will be emailed to parents at the beginning of the academic year.

In general, School Office staff have the responsibility of administering medicine as they can store the medicine safely away from children, and have ready access to the telephone should they need to get further information from the parent or from the medical practitioner who prescribed the medicine. For children that regularly need medicine to keep themselves well it may be that the Form Teacher has the responsibility to administer medicine.

For children in the EYFS, the Form Teacher will always accompany them to the School Office and will give them reassurance and any necessary support and will ensure that the Medical Record is completed correctly.

School Office staff, PE staff, EYFS Form staff and other Form teachers, if necessary, will be trained in administration of medicine by an appropriate Health Professional if this has not been covered in their first aid training.

Before administering any medicine, the member of staff must check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and immediately telephone the parents. For a child with a Care Plan, the procedures to then follow should be recorded. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

If in doubt about any procedure staff should not administer the medicines but check with the parents or the prescribing doctor before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the Headmaster who will then discuss it with the parent or with the School Doctor.

### **d) Procedures for managing prescription medicines which need to be taken during the school day**

The Medical Consent form should be handed into the School Office together with the medicine. The parent should give the School Office written details of how the medicine is to be given and when. This should be checked against the prescriber's instructions on the medicine.

Medicines will only be accepted that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (for exceptions see non-prescription medicines below). Medicines must always

be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

The School must never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

The School Office will inform the child's Form Teacher of the time the medicine needs to be given and the Form Teacher will arrange for the child to come to the office at that time. For children in the EYFS the Form Teacher will bring the child in person and may administer the medicine.

All medicines will be administered in the School Office / First Aid room, away from other children in order that the medicine dosage can be checked carefully and the child given reassurance and support, if necessary.

For children with a Care Plan, the School Office will check the stored medicines at the start of each term and ensure that the medicine has not expired. They will request new medication from the parent when necessary.

#### **e) Safe storage of medicines**

The School Office will store the medicine in an appropriate secure place and if this is a refrigerator, will ensure it is kept in a secure container clearly marked: 'Medicines'.

It is a requirement that if a child has to bring an epipen to school, then two such pens **must** be provided for pupils in the Pre-Prep, and four for pupils in Years 3 to 8 (in order that the Games staff have access to them from the Games First Aid box).

#### **f) Procedures for managing prescription medicines on educational visits and to off-site games**

If a child is finishing a course of antibiotics following an illness, it is preferable that they do not join their colleagues on educational visits or to off-site games but stay at home, in order to recover fully from their ailment.

For children with specific medical conditions, the care plan and the necessary medicines must be taken on educational visits and to off-site games. These are the responsibility of the Form Teacher on Educational Visits and a nominated member of the games staff for off-site games. They should always check that the medicine is in date.

A medical list accompanies all Educational Visits and goes with the games staff to off - site games. Children with medical conditions are listed with brief details of their medication. Staff should be alert at certain times of year for children with asthma or environmentally triggered allergies.

Sometimes additional safety measures may need to be taken for outside visits. It may be that a parent or another volunteer might be needed to accompany a particular child.

#### **g) Non-prescription medicines**

Parents may request at times that children are given non-prescription medicine, for example Calpol if recovering from a cold. If a child is so unwell that he needs non-prescription medicine then he is not well enough to be in school and parents must be asked to keep him at home.

There are some possible exceptions, for example painkillers for a child that has had an injury. In such cases, the Headmaster will make the decision after discussion with the parents and then the same procedure must be followed for obtaining a medical consent form from the parent and signed by the Headmaster.

Some children are sensitive to the sun, and sun cream may be administered by Form staff for younger children until they are old enough to do this themselves (see Slap, Wrap and Hat campaign). Although suncream is not strictly a medicine, the medical consent form should be signed in order for it to be clear that the teacher has parental permission.

#### **h) Children carrying and taking their medicines themselves**

Children in Year 6 and below should not be allowed to carry or take their medicine themselves. However, it is important that older children, particularly those with specific medical conditions, should learn to manage their own medication.

Children with a Care Plan, on entering Year 7, will have a consultative session with their parent(s), the Headmaster, their Form Teacher and a representative from the School Office. If necessary, their prescribing Health Professional should also be present, or this meeting may take place at their surgery. At this meeting, the child's medical needs will be discussed, the best way of managing this in School and the administration of any medicine. The Headmaster will be responsible for the amendment of the Medical Consent Form allowing the child to carry and administer medicine, if this has been agreed by all parties.

This will not be an option for children on controlled drugs, e.g. Ritalin.

#### **i) Record keeping**

Each time medicine is given the School, including the Early Years, **must** keep written records. Good records help demonstrate that staff have exercised a duty of care. In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult and the record signed accordingly.

- a) An official Register for Pupil Medications must be maintained and must contain a record of all occasions when medication is given to a pupil. The Medical Consent Form and the Medication Log comprise this register and the relevant sections must be filled in:
  - i. the date the medication was given;
  - ii. the time the medication was given;
  - iii. the name of the student receiving medication;
  - iv. the name of the medication given;
  - v. the exact dosage of medication given;
  - vi. the name of the person on the school staff authorised to give medication to the student the signature of the person giving the medication; and
  - vii. the signature of the headmaster or delegated responsible person.
- b) The Medication Log must be completed by the authorised person giving the medication, immediately after the medication is given.
- c) The Medical Consent Form and the Medication Log must be held and kept in the file marked Medical Register.

In effect, the documentation referred to in (a) above represents an agreement among the parties as to the arrangements made in respect of the medication. In addition:

- Lists of children with allergies and other medical conditions will be issued at the beginning of each term and placed on Google Drive as well as placed in the staff room. The medication that they have in School is noted on this list.
- All food allergies and intolerances are recorded on the board in the School Hall (used for lunch).
- Staff with medical conditions or allergies are recorded with notes of relevant procedure, which is notified to the rest of the staff.

#### **i) Management Procedures and Risk assessment**

The School has Employers' Liability Insurance to provide cover for injury to staff acting within the scope of their employment and this provides full cover in respect of actions which could be taken by staff in the course of their employment.

The School (i.e. the Proprietor and the Headmaster) will support staff to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Headmaster and Directors are responsible for ensuring that this policy is understood by all staff and that the procedures and record keeping are correctly followed.

The Headmaster, with the Senior Management Team, will regularly review this policy and make amendments as necessary. A risk assessment will form part of this review.

#### **REPORTING TO RIDDOR**

Schools are required to report serious incidents to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), (telephone 0845 300 99 23). Employers must report:

- (a) deaths;
- (b) major injuries;
- (c) over-three-day injuries;
- (d) an accident causing injury to pupils, members of the public or other people not at work;
- (e) a specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

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Approved by S. J. Douch

..... Headmaster

Date 1 September 2022

This policy is reviewed annually

Next review: Sept 2023

**Appendix 1 MEDICAL CONSENT FORM**



**SOMPTING ABBOTTS SCHOOL**

**MEDICAL CONSENT FORM**

Date		
Child's Name		
Class		
Name of Medication		
Prescribed Dose		
Time to be given		
Time last given		
Period of Authorisation	From	To
Comments		
Parent's/legal Guardian's Signature		

Headmaster's signature:.....Date:.....

**MEDICATION LOG**

**Child's Name:.....D o B.....**

Staff administering medicine must check the child's name, the medication and the dose against the prescribing doctor's instructions on the medicine, and the instructions with the medicine especially in regard to the age of the child. They must also check that the medicine has not expired.

Date:	Time	Medicine	Exact Dosage Administered	Administered by (name and signature).

**Comments**

Headmaster's signature:.....Date:.....

## Appendix 2 LIST OF STAFF FIRST AIDERS

Name And qualification	Location	Date of expiry of certificate
Angela Farley - School First Aid and Paediatric First Aid	Brighton	11/04/2025
Chris Gunn - St John's Ambulance School First Aid	Horley	17/8/2025
Claire Scale - St John's Ambulance School First Aid	Horley	12/7/2025
Vince Lawrence - St John's Ambulance School First Aid	Horley	17/8/2025
Claire Amiss - St John's Ambulance Emergency First Aid at Work	Worthing	29/9/2025

### List of Staff Paediatric First Aiders

Name And qualification	Location	Date of expiry of certificate
Joanna Carrington - St. John's Ambulance Paediatric First Aid	Worthing	1/10/2023
Karen Andrews - WSCC Paediatric First Aid	Worthing	15/06/2025
Kirstin Slater - Blended Paediatric First Aid	online	15/10/2024

### In addition to the above the following staff are Lifeguard Trained: June 2021 STA Safety Award for Teachers (including adult and paediatric resuscitation) :

Mr C Gunn,  
Mrs R Kelly,  
Mr V Lawrence,  
Mrs K Miles,  
Ms I Monaghan,  
Mrs K Andrews,  
Mr D Buckingham

## Appendix 3 MEDICAL EMERGENCIES

A member of staff who is present when a medical emergency takes place should always call for help from another adult and find the nearest First Aider. However, there are some emergencies where prompt action by the adult at the scene can save lives and all staff should be aware of these procedures.

### **ALLERGIES – Anaphylactic shock**

**Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment.** When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, (Epi – Pen) depending on the severity of the reaction.

**Signs and Symptoms** – these will normally occur within seconds or minutes of exposure to the allergen

- Swelling and redness of the skin, flushed complexion
- Itchy raised rash
- Swelling of the throat
- Wheezing and or coughing or difficulty breathing
- Rapid irregular pulse
- Nauseousness and vomiting
- Dizziness or unconsciousness

### **Management**

If these symptoms appear in an affected child the epipen must be used and an ambulance called immediately.

- The pen is pre-loaded and should be injected into the fleshy part of the thigh. Most staff have received training in how to use the epipen, which is very simple, but it must be remembered that swift action is ESSENTIAL. Some children have two or more epipens. If after 5-10 minutes there is no improvement or their condition worsens then the second epipen should be administered.
- A second person must summon a First Aider and inform the School Office for that building. The School Office will then inform the Head/Deputy Head who will in turn immediately summon an ambulance and inform the child's parents. There should be no delay in calling for an ambulance, should it be impossible to contact the School Office or the Headmaster/Deputy then the member of staff at the scene should make the call.
- Do not forget to tell the School Office that an epipen has been administered so that she may tell the parents and paramedics. The Form Teacher will have details of expiry dates of epipens and ensure they are replaced by the parents on or before the expiration.
- The Headmaster/Deputy Head, or other responsible person, will assess the situation and see if the person giving first aid needs assistance and usher any children away from the scene or occupy them in some way.



- If the child is conscious and having breathing difficulties treat as you would an asthmatic by sitting the child upright and loosen any tight clothing.
- If the reaction advances and the child becomes unconscious and is breathing treat as you would the unconscious patient by putting them in the recovery position and monitor closely.
- If the child is unconscious and not breathing, a First Aider must commence cardio-pulmonary resuscitation.
- Give all relevant information to paramedics i.e. sequence of events, known drug/food allergies and any medication/treatment given.

## **ASTHMA**

If a pupil is having an asthma attack the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

- Assist with prompt administration of medication - give 4 puffs of blue reliever.
- If no improvement after 4 minutes give another 4 puffs

A second person must summon a First Aider and inform the School Office for that building. The School Office will then inform the Head/Deputy Head who will in turn immediately summon an ambulance and inform the child's parents. There should be no delay in calling for an ambulance, should it be impossible to contact the School Office or the Headmaster/Deputy then the member of staff at the scene should make the call.

## **DIABETES**

Signs and symptoms

High blood sugar (normally slow onset of symptoms)

- Excessive thirst
- Frequent need to urinate
- Acetone smell on breath
- Drowsiness
- Hot dry skin

Low blood sugar (normally quick onset of symptoms)

- Feel dizzy, weak and hungry
- Profuse sweating
- Pale and have rapid pulse
- Numb around lips and fingers
- Aggressive behaviour

### **Action**

For persons with Low blood sugar give sugar, glucose or a sweet drink eg coke, squash

For persons with High blood sugar, allow casualty to self administer insulin. Do NOT give it yourself but help if necessary.

If unsure if a person is suffering from high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will be vital!

## **EPILEPSY**

Epileptic seizures are caused by a disturbance of the brain.  
Seizures can last from 1 to 3 minutes

### **Signs and symptoms**

- A 'cry' as air is forced through the vocal chords
- Casualty falls to ground and lies rigid for some seconds
- Congested, blue face and neck
- Jerking, spasmodic muscle movement
- Froth from mouth
- Possible loss of bladder and bowel movement

### **Management:**

#### **During seizure**

- Do NOT try to restrain the person
- Do NOT push anything in the mouth
- Protect person from obvious injury
- Place something under head and shoulders

#### **After seizure**

- Place in recovery position
- Manage all injuries
- DO NOT disturb if casualty falls asleep but continue to check airway, breathing and circulation.

**Phone an ambulance if seizure continues for more than 5 minutes.**

## Appendix 4: HEAD INJURY LETTER



### SOMPTING ABBOTTS SCHOOL

Date:.....

Dear .....

Your child bumped his head at school today. S/he was seen by a First Aider who deemed him fit to stay at school. However, it is essential to seek further medical advice if any of the following occur:-

1. Increasing drowsiness or loss of consciousness.
2. Persistent vomiting.
3. Difference in the size of child's pupils.
4. Increasing headaches.
5. Blurring of vision or lights before the eyes.
6. Loss of movement of arm or leg.
7. Any other symptom you find worrying about your child.

Please keep us in touch with his condition and do not hesitate to call if you have any concerns.

Yours sincerely,

S. Douch  
Headmaster