



**West Lodge School**

A co-educational prep school for 3-11 year olds

## First Aid Policy incorporating supporting pupils with medical conditions Overview

### First-Aid Procedure

Check for any danger

Stay calm

Assess the situation

Administer First Aid

In the event of a serious accident, an ambulance should be summoned. If a child needs to be taken to hospital, every effort should be made to contact the child's parents/guardians.

All incidents are to be reported to the School Office and are logged centrally.

### First Aid Equipment

First Aid Boxes can be found in the Medical Room, School Office, Kitchen, Year 2, Nursery, Reception, Library, Crèche and ICT Suite, Year 5 and Playground (located under Science cupboard sink).

All medicines are stored safely in the School Office. Staff medication must be kept in a lockable cupboard, out of reach of children or in the School Office.

The School has a defibrillator and a number of staff are trained in how to use this. It is located in the Staffroom.

### First Aiders

Lists of First Aiders are available from the Office and are displayed around the school.

### Ambulance

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

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
- if the casualty is not breathing
- if you are in doubt as to the condition of the casualty.



## Contents

Page	
1	Overview
2	Contents List
3	Aims, The statutory duty of the governing body
4	First Aid Procedure, Strategy
5	Training, First Aiders
6	Reporting Accidents and Record Keeping
7	First Aid facilities, materials and equipment
8	Disposal of fluids, Hygiene/Infection Control, Ambulance
9	Supporting children with specific medical conditions
9	Procedure to be followed, Individual Healthcare Plans
11	Roles and Responsibilities
12	Staff Training and Support
13	The child's role in managing their own medical needs
13	Managing medicines on school premises and record keeping
14	Emergency Procedures
15	Day trips, residential visits & sporting activities, Unacceptable practice
16	Complaints, Review Date
17	Appendix A Common Medical Conditions, Allergies-Anaphylactic shock
18	Asthma, Diabetes
19	Epilepsy
20	Appendix B Individual Healthcare Plan
23	Appendix C Parental Agreement to administer medicine (Healthcare Plan)
25	Appendix D Record of Medicine Administered to Individual (non-Healthcare Plan)
27	Appendix E Staff Training Record
28	Appendix F First Aid Notice

## First Aid Policy incorporating supporting pupils with medical conditions

This policy also applies to the Early Years Foundation Stage (EYFS) and before and after school activities.

The School has taken into account, the requirements of the EYFS legislation, which is that at least one person on the premises, and at least one person on outings, must have a paediatric first aid certificate.

This policy is written in line with the requirements of:-

Guidance on First Aid for Schools DfE 2014

Children and Families Act 2014 - section 100

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014

0-25 SEND Code of Practice, 2014 (SEND Code 2015)

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following policies:-

Health and Safety Policy, SEND Policy, Child Protection Policy, Educational Visits Policy,

Complaints Policy, Exclusion Period for Illness Policy.

### Aims

To ensure that first aid is administered in a timely and competent manner by:

Ensuring that there is adequate provision of appropriate first aid and medical care for pupils and school personnel.

Having in place qualified personnel and adequate first aid equipment.

### The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty by

- Ensuring that written First Aid Policy is drawn up and effectively implemented
- Ensuring that first aid is administered in a timely and competent manner
- Supporting pupils at school with medical conditions.

The governing body have conferred the following functions of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling their statutory duty.

The overall responsibility for the implementation of this policy is given to The Head Teacher, who will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The Office Admin Assistant, will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans. She is also responsible for the ordering of First Aid resources, assisting colleagues in the administering of First Aid and keeping staff aware of the changes in First Aid as and when as necessary.

All members of staff are expected to show a commitment and awareness of the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

## First-Aid Procedure

Check for any danger

Stay calm

Assess the situation

Administer First Aid

In the event of a serious accident, an ambulance should be summoned. If a child needs to be taken to hospital, every effort should be made to contact the child's parents/guardians.

All incidents are to be reported to the School Office and are logged centrally.

## Strategy

### Identification & Awareness

- Parents must inform the school of their child's medical history that may be a cause for concern.
- School personnel must be suitably trained in identifying pupils with expected problems.
- School personnel must report any concerns they have on the medical welfare of any pupil.

## Training

- For the majority of personnel to undertake training in first aid and awareness of medical problems in pupils.

## First Aiders

The Head appoints the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the School. There is a minimum of one qualified person on the School site when children are present. Most staff in Foundation Stage have paediatric first aid training.

In the EYFS a minimum of one person on the premises has a paediatric first aid certificate and a minimum of one person with paediatric training will accompany EYFS on outings.

First Aiders must complete a training course approved by the Health and Safety Executive (HSE) and update training every 3 years.

A list of qualified first aiders is available from the office and is displayed around the school.

The main duties of a First Aider are to:

Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

When necessary, ensure that an ambulance or other professional help is called.

Complete the required record of the incident (see Record Keeping).



## Reporting Accidents and Record Keeping

All accidents must be recorded as follows:

### Children

- The accident form 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, parents will be contacted immediately by a member of staff.
- The Head is to be informed of the injury.

### *Bump to the Head*

- In the event of a child suffering a bump to the head, the parents of the child are to be contacted as soon as possible.

### Staff

- Staff who injure themselves at school are required to fill in the Staff Accident Book in the School Office.
- The Head is to be informed of the injury.
- Under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) regulations schools are required to report the following to the Health and Safety Executive (0845 300 9923) [www.hse.gov.uk/riddor/](http://www.hse.gov.uk/riddor/) ;
  - a) Deaths
  - b) Specified injuries as detailed in RIDDOR 2013
  - c) Over-seven-day injuries
  - d) An accident causing injury to pupils, members of the public or other people not at work which results in death or arose in connection with a work activity and the person is taken directly to hospital.
  - e) A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.
  - f) Occupational diseases as detailed in RIDDOR 2013

Reference: [www.hse.gov.uk/pubns/indg453.pdf](http://www.hse.gov.uk/pubns/indg453.pdf)

### Visitors

- Visitors must sign in the Signing in Book and make themselves known to the School Office. 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 DPA Accident Book in the School Office.
- The Head is to be informed of the injury.

## First Aid Facilities, Materials and Equipment

### Accommodation

The Medical Room is located adjacent to the Staff Room on the ground floor.

The Medical Room contains:

- Medical couch with bedding
- Sink with hot and cold water
- First-Aid boxes
- Paper Towels
- Disposable cups
- Medical refuse bin
- Sick buckets

### Materials & Equipment

- First Aid bags/containers and individual medications must be taken:
- To off-site PE lessons
- On school trips
- Onto the playground during lunchtime by Teachers, Learning Support Staff and Midday Supervisors (First-aid boxes only)
- Individual medications (e.g. Epi-Pens) must be taken with the child when they go offsite.

First Aid bags/containers and individual medications must be returned to their appropriate location after use.

### Content List for First-Aid Boxes

- One Guidance Leaflet.
- Individually wrapped sterile dressings (assorted sizes) appropriate to the type of work carried out.
- Sterile eye-pad.
- Individually wrapped moist cleaning wipes.
- Triangular bandage.
- A pair of disposable gloves.
- Saline eye-wash

Any depletion in stock needs to be reported to the School Office staff; who are responsible for replenishing the boxes and for conducting a check of contents.

### Protection Aids

Disposable gloves must be worn when dealing with all injuries which involve the loss of blood.

Sterile wipes and mouth guards should be used for any mouth to mouth situations.

The appropriate disposal of cleaning and treatment resources is to be ensured at all times.

### Specialised Equipment

Additional training and guidance will be needed for staff on the use of EPIPENS & breathing apparatus when relevant.

Epi-pen training video can be seen here: <https://vimeo.com/247451292>

Asthma breathing apparatus: <https://www.youtube.com/watch?v=nNos-3wdTJU>

The School has a defibrillator and a number of staff are trained in how to use this. It is located in the Staffroom.

The School also holds a spare salbutamol asthma inhaler and a junior epi-pen on site for emergency use.

The School also holds calpol and piriton on site for ad-hoc use with prior parental consent.

An Anti-choking device is located in the main hall and the following training video aims to demonstrate how to save a life in a choking emergency using the LifeVac equipment:  
<https://qrco.de/bbm7La>

#### Disposal of Body Fluids

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

#### Hygiene/Infection Control

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 should ensure that normal hand washing routines are followed.

#### Ambulance

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

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
- if the casualty is not breathing
- if you are in doubt as to the condition of the casualty.

## Supporting Children with Specific Medical Conditions

### Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to West Lodge School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to West Lodge School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

West Lodge School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Head Teacher, and following these discussion an individual healthcare plan will be written in conjunction with the parent/carers and the SENCO, and be put in place.

### Individual healthcare plans

Individual healthcare plans will help to ensure that West Lodge School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Head Teacher, is best placed to take a final view.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are

required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have a statement of EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which West Lodge School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

West Lodge School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that West Lodge School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Template B provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carers and the Head teacher, for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate eg, risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition will be either the Head Teacher or the Head Teacher's PA. Information will only be passed on to other people on a need to know basis.
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

### Roles and responsibilities

Please refer to page 4 for the functions that have been delegated to different members of staff at West Lodge School.

In addition we can refer to the Community Nursing Team for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other healthcare professionals, including GPs and paediatricians should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (eg asthma, diabetes, epilepsy).

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other

partners, including locally elected representatives, how to strengthen links between education, health and care settings.

### Staff Training and Support

Lists of all first aiders are displayed around the school.

Appendix E will be used to record staff training for administration of medicines and /or medical procedures.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

Staff will receive whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Head Teacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

### The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed access to their medication for self-medication quickly and easily with the supervision of an adult; these will be stored in the cupboard in the School Office to ensure that the safeguarding of other children is not compromised. West Lodge School does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

## Managing medicines on school premises and record keeping

At West Lodge School the following procedures are to be followed

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parents' written consent. Parents of EYFS children will be informed of any administration of medicine the same day or as soon as reasonably possible (usually before the medicine is administered).
- The School will only administer medication that is stated on an individual child's Care Plan. For children with short term medical conditions, parents need only to complete the Record of Medicine Administered to an Individual (Appendix D).
- Medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- West Lodge School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- All medicines will be stored safely in the School Office. Children should know where their medicines are at all times and be able to access them immediately.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always be in a readily available state. Asthma inhalers are in individual boxes marked with the child's name.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored and only staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school;
- Staff administering medicines should do so in accordance with the prescriber's instructions. West Lodge School will keep a record (see Appendix D) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;

- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles.

### Emergency procedures

The Head Teacher, or in his/her absence, the Deputy Head Teacher, will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

### Day trips, residential visits, and sporting activities

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

### Unacceptable practice

Although staff at West Lodge School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

## Complaints

Should parents/carers be unhappy with any aspect of their child's care at West Lodge School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Head Teacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the West Lodge School Complaints Procedure.

Reviewed Date: January 2025

Next Review Date: January 2026

Reviewer: Office Manager

## Appendix A      Common Medical Conditions

### 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 antihistamine should immediately be administered followed by epipen must be used and an ambulance called immediately.

- The pen is pre-loaded and should be injected into the fleshy part of the upper 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 epi-pen should be administered.
- A second person must summon a First Aider and inform the School Office. The School Office will immediately call for an ambulance and inform the child's parents. There should be no delay in calling for an ambulance.
- Do not forget to tell the School Office that an epipen has been administered so that they may tell the parents and paramedics. The School Office will have details of expiry dates of epipens and ensure they are replaced by the parents on or before the expiration.
- The Head/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. The School Office will then inform the Head/Deputy Head and 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 Head/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 a person with Low blood sugar give sugar, glucose or a sweet drink eg coke, squash
- For a person with High blood sugar allow casualty to self-administer insulin. Do NOT give it yourself but help if necessary.

If unsure if person is suffering 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 B Individual healthcare plan for.....

Name of school/

setting

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Address

Phone no.





Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

--

Describe what constitutes an emergency, and the action to take if this occurs

--

Who is responsible in an emergency? *(State if different for off-site activities)*

--

Plan developed with

--

Staff training needed/undertaken – who, what, when

--

Form copied to Class Teacher

Parents Signature:	Date:
Class Teacher's Signature:	Date:

## **APPENDIX C - Individual Healthcare Plan**

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

### **Family Contact Information**

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

### **Clinic/Hospital Contact**

Name	
Phone no.	

### **G.P.**

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-  
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Staff training needed/undertaken - who, what, when

Parent signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Staff signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX D - Parental agreement for school to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting

West Lodge School

Name of child

Date of birth

Group/class/form

Medical condition or illness

### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration - y/n

Procedures to take in an emergency

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Staff signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Time given  
Dose given  
Name of member of staff  
Staff initials




Suggested review date -----

# FIRST AID

First Aid boxes are located in the Medical Room (2 outing kits), School Office, Kitchen, Nursery, Reception, Year 2, Library, Year 5, Crèche, Playground (located under sink in Hall), The Computer room.

## Appointed Persons

### First Aid At Work

Mrs A. Chelton, Mrs C. Pruden,  
Mr M. Peebles, Mr D. Ironside.

### Paediatric

Mrs V. Rose, Mrs H. Doherty,  
Mrs N. Ford, Mrs K. Searles, Mrs S. Talluri,  
Mr C. McCabe, Mrs S. Vernon, Mrs C. Stoyles,  
Mrs L Williams, Mrs M. Staples, Mrs S. Collins,  
Miss N. Johnson, Mrs N. Murray, Mrs H. Aysal,  
Mrs M. Bensley.

### Child Protection Appointed Persons

Mr R. Francis, Mr Weighill,  
Mrs Collins.

**Any changes to this document must be notified to the Head Teacher, in order to update the Medical & First Aid Policy and Staff Handbook.**

Updated 16<sup>th</sup> September 2024

