



FALCONS PRE-PREPARATORY CHISWICK

First Aid Policy

Primary person responsible for updates to this policy:

Sharon Falcon

Job Title: Lead First Aider

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1. Qualified First Aiders and Training

We review our first Aid provision on an ongoing basis, adapting to the changing needs of the school. First aid trained staff are on site whenever children are present. We aim to have all EYFS staff trained in paediatric first aid and a good proportion of other staff members to hold a current, relevant first aid certificate. It is mandatory in our School for all staff members, whether first aid certificate holders or not, to complete an annual first aid refresher course provided by EduCare.

A list of first aiders is displayed in the medical room and in the entrance hall outside Reception. The First Aid Lead will be responsible for monitoring expiry dates of qualifications and booking appropriate courses.

2. Administering First Aid

If a pupil is very unwell, is unable to walk or has had a serious injury, staff should assess the situation without moving the pupil. Help should be summoned and a first aider sent to the point of need to assess the situation and administer first aid accordingly.

Where possible, the pupil should be brought to the Medical Room for assessment. Following administration of first aid, a decision will be made as to whether the pupil

- Remains in school and continues with normal activities
- Parent is called to collect the child from school to rest at home or seek medical advice
- Requires urgent medical assistance

3. When to call an Ambulance

In the event of a serious accident or incident a first aider should be summoned immediately. In an emergency however, there should be no delay in calling an ambulance if one is clearly needed.

Situations when an ambulance should be called include, but **are not limited to**:

- Any loss of consciousness as a result of incidents such as accidents/head injuries/illness
- When an AAI (e.g.; EpiPen) has been used
- Suspected bone fractures
- Any severe blood loss or major wounds, burns or scalds
- Seizures of any kind
- Severe asthma attack that is not relieved by an inhaler

Once an ambulance has been called, a member of staff should wait outside the building to direct the emergency crew to the casualty. A member of SLT will contact parents. If parents have not been contactable and/or have not arrived, an appropriate member of staff will accompany the pupil to hospital. Please see Appendix 1 page 8 for specific information.

4. Accident and Illness Reporting

4.1. Accidents or illness involving Pupils

In the event of an accident or illness at school, an **Incident/Illness Report Slip** must be completed (green duplicate book). The fully completed form must be signed and the top copy goes home with the child and the duplicate stays in the book. Any visits to the medical room which don't require an incident/illness slip (e.g.: for a temperature check, feeling generally unwell, etc.) should be recorded on the 'Visits to the Medical Room' form. This is kept in the front of the blue folder in the medical room.

4.2. Accidents involving Members of Staff and other Adults

Any adult involved in an accident at school must complete an **Accident Report Form** (sections 1-3). If the accident is reportable to RIDDOR, section 4 must also be completed.

4.3. Accidents reportable to RIDDOR

Reporting of Injuries, Diseases and Dangerous Occurrence Regulations. The law states that certain types of injuries resulting from accidents at school must be reported to the Health and Safety Executive. Before reporting any incidents to the HSE, Alpha Plus Health and Safety must be contacted for advice. The **Pupil Accident Book** must be completed if the accident is reportable to RIDDOR.

5. Sickness

A child who is feeling unwell will be assessed by a First Aider in the Medical Room. The child must be sent home as soon as possible if displaying:

- Raised temperature
- Diarrhoea and/or vomiting

The School follows the government guidelines from Public Health England with regards to infectious diseases in schools (published 18th March 2017 and updated 3rd March 2021). This

document gives clear guidance for schools on specific diseases and conditions, incubation periods and exclusion periods.

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>

6. Off-Site First Aid Arrangements

For any off-site event, each year group has their own first aid bag which they must take with them on every visit off the school premises. A paediatric first aider will always accompany any EYFS trip and remain with the children at all times. Off-site first aid requirements are guided by the trips risk assessment and reasonable control measures are in place before any excursion is allowed to leave the building.

Any emergency prescribed medication will also accompany the child, within their own dedicated bag.

A field file will accompany any off-site event, which has details of parent contacts, an administration of medicine form and a temporary accident form.

7. Covid-19

During the Covid-19 pandemic, minor first aid will be carried out in the child's classroom. The school adheres to our [Covid-19 Policy](#) where further information can be found.

8. First Aid Equipment

8.1. Location of First Aid Boxes

Internal	External
Entrance Hall outside Reception	Playground
Kitchen	3 Bags for off-site events stored in each year group classrooms
Hall	
Nursery	
First Aid Room	
Outside Year 1	
Outside Library	
Outside Year 2	

8.2. First Aid Box checks and Supplies

The First Aid Lead is responsible for keeping the First Aid Room stocked. A named member of staff is responsible for each first aid box which must be checked on a monthly basis. Once checked, the First Aid Checklist must be completed by the person responsible for the check. This document is found in the FSB OneDrive shared Library - General – Medical.

8.3. Automated External Defibrillator (AED)

The School has an AED which is located in the medical room on the first floor outside the school office. The device has both paediatric and adult pads. The AED is checked weekly and switched on monthly. All staff are encouraged to familiarise themselves with the AED and how it is used in an emergency. This device is registered with the London Ambulance Service and a weekly check is completed and uploaded onto their website. Our own check list is found on the FSB OneDrive shared library – General – Medical.

9. Arrangements for Pupils with Defined Medical Conditions

Section 100 of the Children and Families Act 2014 places a duty on education providers to make arrangements for supporting pupils at their school with medical conditions. These pupils should have full access to education, including school trips and physical education. Arrangements for pupils with certain medical conditions are outlined in separate policies/guidelines found at in the appendices of this policy, which include:

- Allergy and Anaphylaxis Policy (Appendix 2 page 9)
- Asthma Policy (Appendix 3 page 16)
- Epilepsy Policy (Appendix 4 page 20)

Minor bumps to the head are common injuries within the school setting. Our school has devised a Head Bump and Head Injury Policy (Appendix 5 page 23) which will assist staff in managing this injury.

Other medical conditions that may present at the School will be assessed on a case by case basis and appropriate procedures devised and implemented as required.

The School is committed to working with pupils, parents and health providers to develop Individual Health Care Plans (IHCP) where needed. IHCP's will be reviewed annually or as a child's needs change.

10. Procedure for Dealing with Body Fluid Spillage

All staff should take precautions to protect themselves when handling body fluids. Disposable gloves and aprons should be worn. Hands should be thoroughly washed with soap and water after any contact with body fluids.

The School has a supply of Body Spill Granules. In the event of a body fluid spill, the granules should be sprinkled liberally over the spill and left for 3 minutes. The compound should then be scooped up and disposed in a marked biohazard waste bag. Hard floors must then be cleaned with disinfectant solution.

Any spillages on carpets or soft furnishings should be steam cleaned.

11. Administration and Storage of Medicines

The School is committed to meeting its statutory obligations in supporting pupils at school with medical conditions. Any child, including those in the Early Years Foundation Stage who is prescribed medication, either emergency or routine will be fully supported.

Any medicine to be administered by the School, either emergency or routine, should have the following paperwork completed:

- Parental Agreement for Falcons Pre-Prep School to Administer Medicine
- Record of medicine administered to an Individual Child

Any medication brought into school should be handed directly to the school office by parents or guardians where it will be checked by the First Aid Lead before being stored. Non-emergency medicine will be stored in a labelled lockable cupboard in the Medical Room.

Medicine which needs to be stored at low temperature (e.g.: antibiotics) will be kept in the refrigerator in Ms McLaughlin's office.

Staff must also adhere to ensuring personal medication is securely stored and administered in an appropriate place. Staff must keep all personal medication securely away from students, including those in the Early Years Foundation Stage setting where young children are more vulnerable to accidental ingestion. Staff requiring to take medication during the school day must do it in a private location in the school. The First Aid room available for staff to use when appropriate.

The following procedure must be followed when giving any medication to a child:

- Check all above paperwork is complete and signed by parents

- Ask the child his name
- If the person administering the medicine is unfamiliar with the child, check with child's identity with his teacher. If in doubt, a further check on SIMS will show a photograph of the child.
- Complete the 'Record of Medicine Administered to all Children' form.
- An information slip should be sent home with the child noting the medicine given, dosage and time.

11.1. Emergency Medication

If a child has been prescribed emergency medication, such as AAI's or Inhalers, these medicines will be kept with the child at all times. The school will provide a medical bag that attaches at the waist. This bag follows the child wherever he goes in the school and to offsite events, such as PE lessons and trips. The School has its own AAI and reliever inhaler. Guidance on their usage is found in the annexes at the end of this policy.

11.2. Routine or Occasional Medication

The School will only administer prescribed medication which is in its original packaging, is clearly labelled with the child's name, dose and frequency of the medication and is in date with the expiry date visible.

Non-prescription medicines should be in their original packaging with written consent and information for administration completed.

11.3. Controlled Drugs

If controlled drugs have been prescribed, they should be securely stored in a locked cupboard and only named staff should have access. Careful recording of doses administered and amount of controlled drug remaining should be noted.

12. Appendices

12.1. Appendix 1 - Information on Calling an Ambulance

Dial 999 or 112 (Mobile Phones) and ask for an ambulance and be ready with the following information:

1. Your telephone number: **020 8747 8393**
2. Give your location as follows: **2 Burnaby Gardens**
3. State that the postcode is: **W4 3DT**
4. Give exact location in the school where the incident has happened

Ambulance to come to the stated location and a member of staff should be there to meet them

5. Give your name
6. Give name of pupil and a brief description of the pupil's symptoms

IF ANAPHYLACTIC SHOCK is suspected, state this immediately, as this will be given priority

7. Give any medical history and known medications that you know the pupil may take
8. If you are unsure about how to manage the casualty, you can keep the operator on the telephone and they will talk you through steps to take

REMEMBER TO SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED

12.2. Appendix 2 - Allergy and Anaphylaxis Guidelines

1. Introduction to allergies and anaphylaxis

An **allergy** is a reaction the body has to a particular food or substance.

Allergies are very common and particularly so in children. Some allergies go away as a child gets older, although many are lifelong. Substances that cause allergic reactions are called allergens.

The more common allergens include:

- grass and tree pollen – hay fever (allergic rhinitis)
- dust mites
- animal hair
- food – particularly nuts, fruit, shellfish, eggs and cows' milk
- insect bites and stings
- medicines – including ibuprofen, aspirin and certain antibiotics
- mould – these can release small particles into the air that you can breathe in
- household chemicals – including those in detergents

What causes allergies?

Allergic reactions happen when the body's immune system reacts to a substance that is normally harmless. The body makes an "allergy" antibody called Immunoglobulin E (IgE), which sticks to the substance ("allergen") and causes the release of chemicals such as histamine.

Symptoms of an allergic reaction

Allergic reactions usually happen quickly within a few minutes of exposure to an allergen.

They can cause:

- sneezing
- a runny or blocked nose
- red, itchy, watery eyes
- wheezing and coughing
- a red, itchy rash
- worsening of asthma or eczema symptoms

Most allergic reactions are mild, but occasionally a severe reaction, **anaphylaxis or anaphylactic shock can occur.**

This is a medical emergency and needs urgent treatment.

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy.

Symptoms of anaphylaxis

Anaphylaxis usually develops suddenly and gets worse very quickly.

The symptoms include:

- feeling lightheaded or faint
- breathing difficulties – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives); feeling or being sick; swelling of the stomach or stomach pain.

2. Procedure school follows to ensure we are in accordance with statutory requirement “Supporting Children with Medical Conditions”(Department for Education 1st September 2014)

When a new child joins Falcons Pre-Prep, parents complete a pre-admission health questionnaire. If any allergies are noted, parents are invited to school to meet with the First Aid Lead to establish what the school can do to enable a full and safe inclusion in all school activities.

- An Allergy Action Plan must be completed and handed into the school office when the child starts school. This Action Plan will be displayed in the First Aid Room and a copy given to the class teacher (permission of parents must be gained). If a child’s needs are extensive and complicated, an Individual Health Care Plan will also be created, along with input from parents and health care professionals.
- Parents are asked as part of the admissions process if they agree to the school’s spare AAI being used in case of an emergency.
- A Risk Assessment will be completed for all children prescribed an EpiPen.
- Any prescribed medication must be handed in to the School Office and an Administering Medicines Consent form completed by a parent or legal guardian.

- If Automatic Adrenalin Injectors (AAI's) have been prescribed, these will stay with the child **at all times** in a medical bag. NB: Special attention should be given to weather extremes when off-site (at sports events for example). Adrenaline should ideally be stored between 20 degrees and 25 degrees Celsius, although the manufacturer states that temperatures between 15-30 degrees can be tolerated.
- Epinephrine (the adrenalin used in AAI's) is light sensitive and must be stored in its outer case.
- Regular inspection of the AAI should take place and immediate action taken if the liquid appears cloudy, by calling the prescribing pharmacy for advice.
- Expiry dates of any medication will be recorded and kept on the FSB Shared OneDrive in the 'Medical' folder. A paper copy will be kept in the First Aid Room. Expiry dates are checked monthly and any medicines due to expire are noted and parents are informed, giving at least one month's notice.
- A red lanyard will be created for any child with a food allergy. This will contain a photo card with the foods listed that the child should avoid. The teacher in charge of lunch time for that pupil will be responsible for ensuring the child wears the lanyard and that it is clearly visible to catering staff.
- A list of children with food allergies and intolerances will be shared with the catering staff.
- In arts/crafts, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking)
- No birthday cake or similar item is to be brought in from home and distributed to pupils

3. The role of the school catering team in preventing allergen risks

Falcons Pre-Preparatory School is nut-free and sesame-free. The 14 Named Allergens are displayed in our canteen visible to all staff and pupils.

Every effort is made to prevent cross contamination (food containing an allergen accidentally contaminating another food). No sharing of eating utensils or cups and strict handwashing before and after meals.

Catering staff have a list of each child's dietary needs.

A class teacher is always present with their class at lunch time, ensuring pupils wear their lanyards and avoid foods containing known allergens for that child.

Natasha's Law

From 1 October 2021 the [requirements for labelling prepacked for direct sale \(PPDS\) food](#) changed across the UK.

Also known as Natasha's Law, this applies to any food business that produces PPDS food, **primary** and secondary schools, colleges, universities, and **nurseries** that provide food.

PPDS food is food that is packaged at the same place it is offered or sold to consumers. It is a single item, consisting of the food and its packaging that is ready for presentation to the consumer before it is ordered or selected.

For food provided within a school setting, this may mean changes to labelling for foods sandwiches which are packaged on the premises before the consumer orders them.

The changes mean that food made and packaged before the consumer orders or selects them, and sold on the same premises (or site where a business operates from more than one location) it is packaged at, will require labelling.

For schools, this may mean changes to labelling for foods such as sandwiches which are made and packaged on the premises before the consumer orders them.

Here at Falcons Pre-Prep, the only time food is pre-packaged is to prepare for an off-site trip. When lunch is required for these purposes (always sandwiches), orders are obtained in advanced and food made to fulfil these orders. Therefore, with our current arrangements at Falcons, there is no requirement to label these goods at the current time. If this changes or we are planning events which may require pre-packaged food that has not been selected or pre-ordered, the catering staff will be made aware of the legal requirement to label the items.

4. The role of others around the school and training they will receive

Falcons Pre-Preparatory School aims to implement aspects of a “whole school approach” to the management of allergies.

- Regular monitoring of ratios of first aid trained staff to children
- Aim to have all EYFS practitioners Paediatric First Aid trained
- Annual updates via online training (Educare) in first aid for all staff which includes an overview of management of treatment of anaphylaxis
- The office holds a dummy EpiPen which is available for all staff to practise with whenever they wish. A log is kept of all staff who choose to utilise this resource.
- Regular presentations by First Aid Lead at Health and Safety meetings on allergy management in the school.
- Teachers are encouraged to talk about allergies in the classroom setting, so pupils are aware of symptoms that may present in their classmates.

5. Off-Site Procedures.

- Early planning re: catering requirements for the food-allergic child.
- Appropriate risk assessment to be undertaken prior to any off-school activities.
- Child's own emergency medication to accompany child on trip.
- Ensure a first aid trained member of staff is on the trip who is familiar and comfortable with the use of AAI's

ANAPHYLAXIS PROTOCOL

Recognition and management of an allergic reaction/anaphylaxis

Signs and Symptoms include:

Mild-moderate allergic reaction: <ul style="list-style-type: none">• Swollen lips, face or eyes• Itchy/tingly mouth• Hives or itchy skin rash• Abdominal Pain or vomiting• Sudden change in behaviour	ACTION: <ul style="list-style-type: none">• Stay with the child, call for help if necessary• Locate adrenaline auto injectors• Give antihistamine according to the child's allergy treatment plan• Phone parent/emergency contact
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Watch for signs of ANAPHYLAXIS (Life-threatening allergic reaction)

Airway:

Persistent cough
Hoarse voice
Difficulty swallowing/swollen tongue

Breathing:

Difficulty or noisy breathing
Wheeze or persistent cough

Consciousness:

Persistent dizziness
Becoming Pale or floppy
Suddenly sleepy, collapse, unconscious

IF ANY ONE OR MORE OF THESE SIGNS ARE PRESENT:

1. Lie child flat with legs raised (if breathing is difficult, allow child to sit)
2. Use Adrenaline auto injector without delay
3. Dial 999 to request ambulance

*******IF IN DOUBT, GIVE ADRENALINE*******

After Giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand the child up
2. Commence CPR if there are no signs of life
3. Phone parent / emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another auto injector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline auto injector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) - even if no skin symptoms are present

How to administer EpiPen

1. Pull off blue safety cap
2. Hold orange tip approximately 10cms from outer thigh and jab firmly into outer thigh (listen for the click)
3. Hold firmly against the thigh for 3 seconds

EpiPen can be administered through clothing, however, try to avoid seams in trousers. To date the only AAI prescribed and held at Falcons Pre-Prep is EpiPen. Please note that other AAIs (Jext and Emerade) have different times to be held against thigh – Jext 10 seconds and Emerade 5 seconds.

SPARE ADRENALINE AUTO-INJECTOR (AAI)

In line with the Human Medicines (Amendment) Regulations 2017, Falcons Pre-Preparatory School has a spare AAI (EpiPen). We hold the following:

- EpiPen 150 mcg(0.15mg) – recommended for children weighing **less than 25kgs** (average weight of a 7 year old boy in the UK is 23kgs - (source Royal College of Paediatrics and Child Health)

The spare AAI may be used in the following circumstances:

- The child is named on our register of pupils who have been prescribed an AAI or where a doctor has provided a written plan recommending AAI's to be used in the event of anaphylaxis.
- Written consent from the pupil's parent/legal guardian for the use of the spare AAI
- Spare AAI's are only used in pupils where both medical authorisation and written parental consent have been provided.
- A pupils own AAI must be administered in the first occasion. If there is a problem with the child's own AAI(s) (expired, damaged, faulty), then the school's spare AAI should be used.
- **In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate**

In severe cases, an allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenalin can be lifesaving, although severe reactions can require much more than a single dose of adrenalin. It is therefore vital to contact **Emergency Services** as early as possible.

Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.

Supply, Storage and Disposal of AAI's

- The supplier of the spare AAI in Falcons Pre-Prep school is Mangal Pharmacy, 59 Well Hall Rd, Eltham, SE9 6SZ. Telephone: 020 8850 6860
- The AAI's will be stored in clearly labelled boxes, stating the age range each is appropriate for in the **unlocked** Year 2 medicine cabinet. They must be stored at room temperature.
- Falcons Pre-Preparatory School has joined the expiry alert service from Mangal Pharmacy to remind us when the AAI's are reaching their expiry dates. Each month the AAI's will be inspected to ensure they are present and in date.
- Disposal will always be through the Emergency Services. Any used devices must be handed to the ambulance service when they attend.
- Any use of AAI's must be recorded.

Designated Members of Staff who have responsibility for helping to administer spare AAI's

Sharon Falcon – First Aid Lead, Head's PA

Liz McLaughlin – Head

Ref:

www.bsaci.org

www.sparepensinschools.uk

www.gov.uk/dh

https://www.rcpch.ac.uk/sites/default/files/Boys_2-18_years_growth_chart.pdf

12.3. Appendix 3 - Asthma Guidelines

Introduction

Asthma is a disease characterised by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency from person to person. Asthma is a result of inflammation of the air passages in the lungs and affects the sensitivity of the nerve endings in the airways so they become easily irritated. In an attack, the lining of the passages swell causing the airways to narrow and reducing the flow of air in and out of the lungs.

What causes Asthma?

The exact cause of asthma is unknown. Genetics, pollution and modern hygiene standards have been suggested as causes, but there's not currently enough evidence to know if any of these do cause asthma.

Symptoms of an Asthma Attack

All staff within school should know how to recognise and treat an asthma attack.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue

- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

Keep calm and reassure the child

- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs,

CALL 999 FOR AN AMBULANCE

- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Procedure school follows to ensure we are in accordance with statutory requirement "Supporting Children with Medical Conditions" (Department for Education 1st September 2014)

When a new child joins Falcons Pre-prep, parents complete a pre-admission health questionnaire. If asthma has been highlighted, parents are invited to school to meet with the First Aid Lead to establish what the school can do to enable a full and safe inclusion in all school activities.

- A School Asthma Card must be completed and handed into the school office when the child starts school. This document will state the child's personal details, the treatment they are currently prescribed, their asthma triggers, and any other medication required. An Individual Health Care Plan will also be created, with input

from parents and health care professionals. We would encourage an Asthma Care Plan to be completed by the child's parents and health care professionals involved in their treatment.

- Parents are asked as part of the admissions process if they agree to the school's spare Salbutamol Inhaler being used in case of an emergency, in the event of their child's own inhaler being unavailable/empty. They must give written consent for this to happen (Regulation 27 of the Human Medicines (Amendment) (No. 2) Regulations 2014).
- Any prescribed medication must be handed in to the School Office and an Administering Medicines Consent form completed by a parent or legal guardian.
- Expiry dates of any medication handed in to School will be recorded and kept on the FSB Shared OneDrive in the 'Medical' folder. Expiry dates are checked monthly and any medicines due to expire are noted and parents are informed, giving at least one month's notice.
- A spacer device must be provided by parents and kept at school for that child's usage. Spacers must be washed and maintained as advised by manufacturer.

Off-Site Procedures

- Appropriate risk assessment to be undertaken prior to any off-site activities
- Child's own medication to accompany him on any trip
- Ensure a paediatric first aid trained member of staff is on the trip and is comfortable and confident with assisting the child administer his inhaler.

SPARE SALBUTAMOL INHALER

Falcons Pre-prep holds a spare Salbutamol inhaler, in line with the Human (Amendment) (no. 2) Regulations 2014 for use in the event of a child's prescribed inhaler not being available for whatever reason.

Supply and Storage

- The supplier of Falcons Pre-prep 'spare' Salbutamol Inhaler is Mangal Pharmacy, 59 Well Hall Rd, Eltham, SE9 6SZ. Telephone: 020 8850 6860
- A register of children in the school who have been diagnosed with asthma or prescribed a reliever inhaler will be kept on the shared FSB OneDrive – General – Medical Folder. A paper copy is kept with the inhaler.
- The emergency inhaler is kept in the Year 2 medicine cupboard in a labelled plastic bag.

- A monthly visual check of the inhaler should be made by the First Aid Lead, confirming it is in the correct location, there is sufficient remaining, and it is still within its' expiry date. Findings should be recorded on the Spare Inhaler checklist, found on the shared FSB OneDrive – General – Medical Folder.

Who can use school's spare inhaler?

Any child who has been diagnosed with asthma or who has been prescribed a reliever inhaler. These children are placed on school's Asthma Register, a copy of which is kept with the spare inhaler.

Parental written consent must be obtained, using the school consent form for Use of Emergency Salbutamol Inhaler.

Designated Members of Staff Responsible for Administration of Inhalers and Staff Support

Liz McLaughlin – Head

Sharon Falcon – First Aid Lead, Head's PA

12.4. Appendix 4 - Epilepsy Policy

This policy is intended to ensure that Falcons Pre-Preparatory School for Boys fully meets the needs of pupils who have epilepsy and that all pupils who have epilepsy achieve their full potential. It has been prepared with reference to information available from Young Epilepsy.

Falcons Pre-Preparatory School for Boys will ensure that all pupils who have epilepsy achieve their full potential by:

- Keeping careful and appropriate records of students who have epilepsy
- Recording any changes in behaviour or levels / rates of achievement, as causative factors may be the pupil's epilepsy or medication
- Closely monitoring whether the pupil is achieving their full potential
- Early intervention with any educational problems detected as a result of the pupil's epilepsy

Falcons Pre-Preparatory School for Boys will ensure that all pupils with epilepsy are fully included in school life, and are not isolated or stigmatised. We will do this by:

- Supporting pupils to take a full part in all activities and outings (day and residential)
- Allowing pupils with epilepsy to express their views, for example regarding feeling safe, respect from other pupils, teasing and bullying, what should happen during and following a seizure, adjustments to support them in learning, adjustments to enable full participation in school life
- Raising awareness of epilepsy across the whole school community, including pupils, staff and parents

Falcons Pre-Preparatory School for Boys will liaise fully with parents and health professionals by:

- Communicating with parents regularly about how their child's epilepsy is affecting life at school
- Asking for information about a pupil's healthcare, so that we can fully meet their medical needs
- Asking for information about if or how the pupil's epilepsy and medication affect their concentration and ability to learn
- Informing parents and health professionals (with the parent's permission) of changes to the pupil's achievement, concentration, behaviour and seizure patterns.

We will ensure that staff are epilepsy aware and know what to do if a pupil has a seizure.

If needed, there will be a trained member of staff available at all times to deliver emergency medication.

First Aid for Seizures

Action to take if a child is having a seizure:

- Only move the person if they're in danger – such as near a busy road or near stairs, for example
- Remove any harmful objects close to the person
- Cushion their head if they're on the ground
- Loosen any tight clothing around their neck – such as a collar or tie – to aid breathing
- When their convulsions stop, turn them so they're lying on their side in the recovery position
- Stay with them and talk to them calmly until they recover
- Note the time the seizure starts and finishes

When to call an ambulance

Dial 999 and ask for an ambulance if:

- It's the first time someone has had a seizure
- The seizure lasts for more than 5 minutes
- The child doesn't regain full consciousness, or has several seizures without regaining consciousness
- The person is seriously injured during the seizure

Pupils with epilepsy don't always need to go to hospital every time they have a seizure. This will be discussed with parents and health care professionals when designing an Individual Health Care Plan.

Medication

Please refer to section 9 of the First Aid Policy and follow directions given here regarding dealing with any medication prescribed. All staff involved with the child's care must be aware of how any emergency medication is administered.

Sources

Young Epilepsy: <https://www.youngpilepsy.org.uk/>

NHS website: <https://www.nhs.uk/conditions/what-to-do-if-someone-has-a-seizure-fit/>

12.5. Appendix 5 - Head Bump and Head Injury Policy

Minor Bump to the Head

A minor bump to the head is a frequent occurrence in children, particularly those of infant school age. Most of these injuries are mild and don't require hospital treatment but all staff should be able to recognise a head injury that requires further medical intervention.

If a child is asymptomatic (i.e. there is no inflammation, bruising, abrasion or mark of any kind, dizziness, headache, nausea or vomiting) and the child appears well and their normal self, then the incident will be treated as a 'bump' rather than a 'head injury'.

Action to be taken in school for a 'Bump' to the head:

- Child to be assessed by a First Aider
- Cold compress applied to the area
- If the child is asymptomatic, complete a green incident/illness slip and attach 'Head Bump' leaflet
- The child must wear a Head Bump sticker
- Report head bump to the class teacher
- Class teacher to observe for remainder of the school day - if pupil begins to display **Minor Head Injury symptoms**, follow 'Actions to be taken', detailed below. If in any doubt, consult a First Aider for further advice.

Minor Head Injury – no loss of consciousness

A minor head injury will often cause bumps, swelling or bruises on the exterior of the head.

Other symptoms include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

Action to be taken in school for a Minor Head Injury:

- Cold compress to swelling
- Observation
- Complete a green incident/illness slip, complete and attach a 'Head Bump' leaflet
- The child must wear a Head Bump sticker
- Report to class teacher
- **Parent to be informed of the incident by phone call**

- If well enough to return to lessons, class teacher to monitor for remainder of the school day. If any deterioration or concern at all, parents should be re-contacted to collect their child from school and monitor at home or seek further medical advice.

If any head injury occurs during sport, the child must be removed from the game and must not resume play.

Severe Head Injury

If any of the following occurs, the injury will be considered 'severe'.

- Vomits repeatedly (i.e. more than twice, at least 10 minutes between each vomit)
- Loses consciousness or difficulty in staying awake
- Develops weakening of limbs or loses balance
- Seizure of any kind
- Slurred speech
- Visual impairment
- Confusion and unaware of their surroundings
- Has clear fluid coming out of their nose or ears
- Bleeding from ears or bruising around ears

Action to be taken in school:

- Suspect a neck injury if unconscious and do not move the child
- **CALL 999 FOR AMBULANCE**
- Notify parents by phone
- Complete accident form

Source: <https://www.nhs.uk/conditions/minor-head-injury/>