



HEYWOOD PREP  
CORSHAM

# FIRST AID POLICY

**Updated  
February 2020**

## **1. Introduction**

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

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

## **2. Purpose**

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

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

## **3. Policy Statement**

Heywood Prep is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors. We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their qualifications at least every three years.
- To have a minimum of two trained First Aiders on site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under relevant legislation.
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing or by phone to parents or guardians if a child has sustained a bump to the head at school, however minor. and to communicate to parents in EYFS in relation to every instance of accident or first aid or the administration of medicine for pupils in EYFS.

## **4. Details of the Appointed Person**

The Appointed Person with responsibility for First Aid is Harri Ghuman.

## **5. Responsibilities of the Appointed Person**

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- Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measures to provide appropriate care for pupils with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).
- Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Co-ordinate First Aiders and arrange for training to be renewed as necessary.
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits.
- On a monthly basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee.
- Fulfil the school's commitment to report to RIDDOR, as described below.
- Fulfil their commitment to report to Ofsted any serious accidents, illnesses or injuries or death of a child in their care and of the action taken.
- Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

## 6. Details of Trained First Aiders

### Paediatric First Aiders

Name	Expires	First Aid
Harris, Michelle	June 2022	Paediatric First Aid
Ghuman, Harri	May 2022	Paediatric First Aid-Appointed Person
White, Liam	January 2022	Paediatric First Aid
Young, Jade	November 2021	Paediatric First Aid
Selman, Sue	May 2021	Paediatric First Aid
Matcham, Amy	October 2020	Paediatric First Aid
Halliwell, Carly	May 2020	Paediatric First Aid

### Emergency Paediatric First Aiders

Name	Expires	First Aid
Bidgood, Annette	November 2022	Emergency Paediatric First Aid
Carr, Alasdair	November 2022	Emergency Paediatric First Aid
Eccles, Helen	November 2022	Emergency Paediatric First Aid
Edwards, Gareth	November 2022	Emergency Paediatric First Aid
Ruane, Thomas	November 2022	Emergency Paediatric First Aid
Vernon, Amy	November 2022	Emergency Paediatric First Aid
O'Connell, Timothy	June 2021	Emergency Paediatric First Aid

### Emergency First Aiders

Name	Expires	First Aid
Knight, Christopher	December 2021	Emergency at First Aid

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Miller, Anne	March 2020	Emergency First Aid
McGregor, Tracey	February 21	Emergency First Aid
Creighton, Helen	April 2022	WOLT and Paediatric First Aid

## 7. Responsibilities of the Trained First Aiders

- Provide appropriate care for pupils or staff who are ill or sustain an injury
- Record all accidents on an accident form.
- In the event of any injury to the head, however minor, ensure that a phone call is made or an e-mail sent to parents/guardians.
- **In the event of any accident or administration of first aid involving a pupil in EYFS, ensure that a record is kept and parents informed.**
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- Inform the appointed person of all incidents where first aid has been administered via the minor injuries sheet.
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## 8. Practical Arrangements

- The school office is the location for first aid treatment and for pupils or staff to rest/recover if feeling unwell. The School Office has access to water supply, a sink, and a nearby bathroom. In extreme circumstances, where a bed is required, the Staff Room would be used as the nominated sick room and a notice would be attached to the door informing staff not to enter.
- Medical supplies are stored in the Laundry Room.
- A portable first aid kit must be obtained from the Laundry Room for school visits; there are also two Sports First Aid Grab Bags.
- First Aid kits are stored in the following locations:

Location	Type of First Aid Kit Provided
<b>Barn</b>	
School office – in cupboard	Grab bag box
Windowsill outside lower barn classroom	Playground box first aid kit
<b>Nursery</b>	
Entrance hallway	First aid Box
<b>Art Room</b>	
Art Room wall opposite door	First aid Box
	Burns kit
<b>Main School</b>	
School Hall	First aid box
Corridor by G1	First aid box
First floor by F5	First aid box
Top floor by S4	First aid box
Laundry Room	5 x grab bag – to be used for trips
Girls changing room	First aid box
<b>Minibuses</b>	
	First aid box

	First aid box
Maintenance shed	
Inside shed	First aid box
Playground	Mounted First Aid Box

### 9. What to do in the case of an Accident, Injury or Illness

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider if they themselves are not trained to administer first aid. The school office should be contacted if the location of a trained first aider is uncertain.

Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed. The pupil or member of staff should not be left unattended. The first aider will organise an injured pupil's transfer to the School Office if possible and appropriate and the appointed person will arrange transport to hospital either by ringing 999 for an ambulance or arranging for the school minibus driver, a local taxi company to drive or whichever means of transport deemed most suitable by the most senior member of staff present on site at the time.

Parents should be informed as necessary by telephone by the appointed person or Head.

A written record of all accidents and injuries is maintained using accident forms and a copy given to parents.

### 10. Contacting parents

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

- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the pupil is generally unwell

If non-emergency transportation is required, this will be arranged by the school. A member of staff will accompany the pupil until a parent arrives. If a member of staff is driving the child to hospital, a second person is required to be in the vehicle in case the child has a secondary, unseen injury or if the child goes into shock.

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

In EYFS, ALL incidents must be communicated to the parents.

### **11. Contacting the Emergency Services**

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. The Head should be informed immediately upon calling the emergency services, if they are not already aware. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. The member of staff would take with them any emergency medication held for the child and the child's health record and emergency contact details. All cases of a pupil or member of staff becoming unconscious (not including a faint), or following the administration of an Epi-pen, must be taken to hospital.

### **12. Accident Reporting**

An accident form must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident book will be monitored by the Appointed Person as certain injuries require reporting (RIDDOR requirements). Certain serious injuries involving EYFS pupils require reporting to Ofsted.

### **13. Pupils who are unwell in school**

Any pupil who is unwell cannot be left to rest unsupervised in the School Office. If a pupil becomes unwell, a parent should be contacted as soon as possible.

Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill remembers to sign out at the school office.

Appendix 2 gives information on exclusion times for certain illnesses.

### **14. First Aid Equipment & Materials**

The Appointed Person is responsible for re-stocking and checking the first aid equipment/materials. Staff are asked to notify the Appointed Person when supplies have been used in order that they can be restocked. As a guide the first aid boxes contain:

- A first aid guidance card
- Adhesive hypo allergenic plasters
- Triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Adhesive tape
- 2 sterile eye pads
- Medium sized unmedicated dressings
- Large sized unmedicated dressings
- Disposable gloves
- 1 resuscitator
- Yellow clinical waste bag

### **15. First Aid for School Trips**

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure

an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance.

A First Aid kit for trips must be collected from the Laundry Room. This must be replenished upon return.

Any accidents/injuries must be reported to the Appointed Person and to parents and documented in the accident book in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury, the appropriate health & safety procedure must be followed.

Staff should collect medication required for pupils and staff going off site for any activities such as school trips, sports fixtures etc. The medication must be signed out by staff and signed back in on return.

#### **16. Pupils using crutches or having limited mobility**

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

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

#### **17. Emergency Treatment Bags**

Pupils with a serious medical condition will have a Health Care Plan drawn up and agreed by the Appointed Person and parents.

The Appointed Person ensures that staff are made aware of any pupil with an emergency care plan. These care plans are displayed in the staff room. A copy is also kept in the school office.

Emergency treatment bags must always be taken if the pupil is out of school. The bags are kept in the school office.

#### **18. Pupils with medical conditions**

A list is available in the staff room and the School Office of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return emergency bags on completion of the trip. If staff become aware of any condition not on these lists please inform the Appointed Person.

A folder containing care plans for pupils or staff with life threatening conditions is also kept in the staff room for quick access.

In the Nursery all allergy related information is kept in each room and dietary requirements are shared with the kitchen staff by the School Office.

#### **19. Dealing with body fluids**

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed:

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately: Blood, Faeces, Nasal and Eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages, Bio hazard packs are used.

All contaminated material should be disposed of in a yellow clinical waste bag (available in all First Aid boxes and in the Laundry Room) then placed in the appropriate waste bin.

Avoid getting any body fluids in your eyes, nose, mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

## **20. Infectious diseases**

If a child is suspected of having an infectious disease advice should be sought from the Appointed Person who will follow the Health Protection Agency guidelines to reduce the transmission of infectious diseases to other pupils and staff.

Children who have been suffering from diarrhoea and/or vomiting should not return to school for at least 48 hours.

## **21. Medication in School**

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day. However, it should be noted that:

- No child will be given any medication without their parent's written consent.
- No Aspirin products are to be given to any pupil at school.
- School holds a record of any medication administered at school which is available for parents to view.

Medication will be administered to children where required during the school day e.g. antibiotics. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

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

### Non-Prescription Medication

These are only to be administered by the Appointed Person or a designated person if they have agreed to this extension of their role.

A teacher may administer medication on a residential school trip provided that written consent has been obtained in advance. This may include travel sickness pills or pain relief.

All medication administered must be documented, signed for and parents informed in writing.

### Prescription-Only Medication

Medicines prescribed by a doctor, nurse or dentist may be given to a pupil by the Appointed Person or a designated person if they have agreed to this extension of their role.

Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course.

The school will accept medication from parents only if it is in its original container with dispensing label clearly showing the child's name and dosage to be administered.

A form for the administration of medicines in school is available from the Appointed Person.

### Administration of Medication

The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.



- Wash hands.
- Confirm that the pupil's name matches the name on the medication
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document, date and sign for what has been administered. This form remains in the school office.
- Ensure that the medication is correctly stored in a locked drawer or cupboard, out of the reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge. All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out of date medication.
- Used needles and syringes must be disposed of in a sharps box kept in the Laundry Room.

#### Emergency Medication

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan may be required and this will be completed and agreed with parents.

#### Staff Taking Medication

Staff medicines are stored in the school office in individual bags in the cupboard.

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

#### Sporting Activity

- For pupils who have occurred an injury, advice and an assessment of fitness to return to sport from a medical professional should be undertaken before returning to play or train.
- During sporting activities, access for emergency vehicles onto the site and directly to pitch side is maintained at all times during matches or practices. All coaches and staff in charge should familiarise themselves with the location of the emergency services access routes in order, firstly, to enable them to assist in directing an ambulance if required and, secondly, to avoid blocking the access routes at any time.
- Coaches or team managers will, on arrival at an away fixture, check what first aid facilities are available and how first aid assistance may be summoned if required.

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

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter.

Major injuries from schedule 1 of the regulations:

- Any fracture, other than to the fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (whether temporary or permanent)
- A chemical or hot metal burn to the eye or any penetrating injury to the eye.

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- Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
- Any other injury lasting over 3 days
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
- Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
  - Acute illness requiring medical treatment; or
  - Loss of consciousness
  - Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Death
- A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

### 23. Approval & Review

This policy was approved by the Head in February 2020. It will next be reviewed in February 2021 or as required by any change in legislation.



**Signed: Mrs Rebecca Mitchell**  
**Headmistress, Heywood Prep**

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

#### **Allergic reactions**

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

#### **Anaphylaxis**

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face

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- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction, the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken:

1. Send someone to call for a paramedic ambulance stating that it is an anaphylactic reaction and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency bag.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi- pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

Epi-pen treatment must only be undertaken by staff who have received specific training.

The school Epi-Pen can only be used on staff or children that have already been prescribed an EpiPen.

There must be written consent before administrating the school EpiPen in emergencies.

A record must be kept of when, where and on who the EpiPen was used.

The school EpiPen is stored in a locked cabinet and if it expires before it is used, it must be disposed of according to the Government guidelines.

There expiry dates of the EpiPen's must be checked every 6 months.

## **Asthma**

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy.

Trigger factors:

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the School Office. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

Children requiring an inhaler should bring one into school where it will be kept in the School Office in a named bag for use as and when required. Responsible children from year 3 to year 6 will be allowed to carry their inhalers with them in medicine bags.

Recognising an asthma attack

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

Action to be taken:

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the Appointed Person or a first aider if she not available.

6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve. Up to 10 puffs can be given. If things have not improved after that,
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

### **Diabetes**

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available. They should be given a private location to do this eg the School Office, Head's Office or Staff Room.

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

Action to be taken:

1. Follow the guidance provided in the care plan agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious:

1. Place pupil in the recovery position and seek the help of the Appointed Person or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.

3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack) Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken:

1. Inform the Appointed Person or a first aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

## **Epilepsy**

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan.

Action to be taken

1. Send for an ambulance;
  - a. if this is a pupil's first seizure,
  - b. if a pupil known to have epilepsy has a seizure lasting for more than five minutes; or
  - c. if an injury occurs.
2. Seek the help of the Appointed Person or a first aider.
3. Help the pupil to the floor.

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

### **Head Injury**

Children frequently sustain minor head injuries. This section gives details of what symptoms and signs should be looked for in children who have hit their head whilst at school and when medical advice should be sought. If the child has any of the following problems after the injury, medical advice should be sought. If the child remains unconscious or fits for more than a few minutes an ambulance should be called. In the case of other symptoms the child should be taken to see a GP or to A&E by the parents or, if they are not contactable, by the school staff.

- Loss of consciousness
- Vomiting
- Sleepiness
- Fits or abnormal limb movements
- Persisting dizziness or difficulty walking
- Strange behaviour or confused speech

Symptoms may occur straight after the head injury. However, some children may appear well immediately after the injury but become unwell later. The child may show signs of complications up to 4 hours post-injury, so school staff responsible for the child in that period should be aware that the injury has occurred and take the appropriate action if the child develops a problem.

If a child sustains a head injury whilst at school, the following information should be recorded from any witnesses:

- Was the child behaving in an unusual way before the injury?
- What happened to cause the injury?
- If they fell, how far did they fall?
- What did they hit their head against?
- Did the child lose consciousness? If so, for how long?
- How did they appear afterwards?
- Did they vomit afterwards?

- Was the child observed to have any other problem after the injury?

If a pupil sustains a head injury, during sport or otherwise, the following assessment should be made.

Primary Assessment

- An unconscious pupil on the ground must be assumed to have sustained a neck injury until proven otherwise.
- Do **NOT** attempt to move them until they have been properly assessed by the Appointed Person.
- Any pupil with prolonged unconsciousness or who does not respond to questions (within 15 seconds) should be sent to hospital by ambulance for a complete evaluation check.
- The unconscious pupil should not be moved without the aid of personnel trained to handle spinal cord injuries.

If there is any loss of consciousness, even if briefly (including seconds only), the pupil absolutely should not be allowed to continue in any sports or otherwise.

**Restriction post-concussion**

It recommended that children who have suffered concussion during sport or otherwise should not return to sports or be allowed to over-exert themselves until given permission to do so by a doctor.



## Appendix 2

### Illness and Exclusion Times & Medical Needs

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

#### Diarrhoea and Vomiting exclusion

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

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

Thank you for your understanding with this. Further guidance on infection control may be found on the [Health Protection Agency website](#).

#### Other exclusion times (this list is not exhaustive)

Illness	Symptoms	Exclusion time
Chicken pox	Feeling sick, headache, high temperature, aching, painful muscles, spots in clusters anywhere on the body	Children should be kept away from school until all the blisters have formed scabs
Scarlet fever	Widespread fine pink rash which feels like sand paper to touch, high temperature, flushed face, red and swollen tongue, sore throat	Children should be kept away until they have been on a course of antibiotics for at least 24hrs
Slapped cheek	Bright red rash on cheeks, sore throat, headache, temperature, itchy skin	Children should be kept away while they are showing the red cheeks symptoms if they are feeling unwell. If not, they are able to come to school as the infectious period has passed

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

#### Medical Needs

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

Please inform the office of any change to an existing medical condition, or any new condition.

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

#### Dietary Requirements & Allergies

We are able to cater for most dietary requirements, and a vegetarian option is always provided. Please inform the office of any change in requirements.

Please note that Heywood Prep is a Nut Free Zone. Please do not bring any products containing nuts or nut products onto the school site.