THE DOWNS
PREPARATORY SCHOOL
BRISTOL

5.9 FIRST AID AND GENERAL MEDICAL TREATMENT

Aim
The excellent care of the children at The Downs is a vital aspect of the school, indeed the safety, health and welfare of the pupils, including those in Early Years (EYFS), and its employees is a priority of the School.

This policy is drawn up under reference to the DfE 'Guidance on First Aid' and 'Guidance on the use of adrenaline auto-injectors in schools'.

Objectives
- To make appropriate First Aid available to all members of the community as quickly and efficiently as is possible.
- To ensure that the Matrons and other members of staff are suitably qualified First Aiders. In regard to EYFS this will mean Paediatric training - First Aid is provided by competent adults.
- To ensure the appropriate medical resources are available as necessary
- To ensure the proper and effective keeping of records

Update September 2020: COVID-19 Control Measures are detailed separately in the School's rolling risk assessment document.
Update October 2021: The School's COVID-19 Risk Assessment has been further updated to reflect latest DfE/NHS guidance and school practices – stored in MS-Teams 'SLT' folder.

Matrons
The Matrons at The Downs are responsible for the medical care of the children. The Matrons are based in the Medical Room. This is in Charlton House at the top of the stairs. The department's facilities also include a sofa area for those who need to rest.

There are three Matrons, a least one being on duty at all times. The Matrons are all First Aid qualified, and some have worked in the nursing profession. They administer first aid, deal with accidents or emergencies and provide care if someone is taken ill. Many members of the teaching staff are also trained and qualified as First Aiders. (Appendix One: List of First Aiders).

Matrons are easily contacted through the School Office, by mobile or by email.

Arrangements at the Point of Need
As far as is possible at The Downs the Matrons always deal with all injuries and cases of illness.
The School will advise parents as soon as reasonably practicable of their child's injury, illness or infection and will discuss with parents the procedures for responding to their child's condition.

If a child is injured and cannot reasonably be moved, a Matron must always be informed. A member of staff who is First Aid qualified may deal with the situation until a Matron is able to take over the incident. If a First Aider is not on-hand then the injured or ill person must be made comfortable until such time as a Matron (or another First Aider) can manage the situation.

Matrons always attend on-site matches.

In the event of a child being unwell or injured but being able to walk they are allowed to go to Matron as they feel fit. If a member of staff determines that a child needs to be sent to Matron on account of injury or illness they must be escorted by another child who is able to take responsibility.

When on school trips, one of the accompanying adults will be First Aid trained. In the case of the EYFS (Reception Class) one accompanying adult will hold the Early Years Paediatric First Aid Qualification.

In the case that a child is injured at another school when playing sport, the teacher in charge may decide to let the school's Matron or Nurse take charge of the situation. In these circumstances the child will always be accompanied by a member of staff from The Downs – or in very unusual circumstances, a parent from The Downs.

Guidance on when to call an ambulance (advice from St John Ambulance)
It is stressed that whenever possible, a Matron should take responsibility for any injury or illness however, there may be times when they may be unavailable.

An ambulance should be called when there is medical concern and uncertainty in regard to injury or illness.

When managing a casualty you may need to call for an ambulance. Follow the steps below:

There are several numbers you can call in order to reach an ambulance**. From all landlines phone 999**. **From a mobile phone 112.**
They will ask you what service you require. Say ambulance.
They will ask where you are located. Be precise as possible. The post code is often a good means of helping the service locate your exact position.

They will ask you how many casualties.
They will ask what is wrong with the casualty. Tell them what you are sure of (to avoid giving mis-information)
They will ask if other services required
After you hang up you must wait with the casualty until the ambulance arrives. It is helpful to send a 'runner' to attract the ambulances attention when it appears.

Recording and reporting

Any medical treatment administered is recorded by the Matrons. The record includes details of the time, date, nature of the treatment and review.

In the event that a child had been treated, details of the treatment are passed on to the parents by means of a slip.

Accident Log

Where an injury requires further medical attention, or where ongoing referral is recommended by the School, or where an individual requests that the incident is recorded, an accident report form is completed by the individual first attending the injured party or providing the initial treatment. The form is submitted to the Bursar who maintains a log of all reported accidents.
This log is reviewed by the Health and Safety committee each term.
Note that 5.9 Appendix 2 – Accident Log – is a paper form held by Matron for completion as required.

Reference to RIDDOR
(Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013).

The School has a legal duty under RIDDOR to report and record major work related accidents to the Health and Safety Executive. The Bursar is responsible for this but staff may be asked to assist in the preparation of a report. The following occurrences are reportable, but not in all cases and further guidance must be sought from HE before submission.

In the case of *employees*:

- Deaths
- Reportable specified injuries
- Physical violence resulting in certain injury
- Reportable occupational diseases
- Dangerous near-misses

In the case of *pupils and visitors*:

- Death
- An injury that arose out of a work/school activity AND the person is taken directly to hospital
- Specified dangerous occurrences – where something happens that does not result in injury but could have done.

First Aid Boxes
First Aid boxes are checked at the beginning of every term by the Matrons. There is a log of the checks. *This log is held as part of 5.9 Appendix 1 (List of First Aiders).*

First Aid boxes are located in sites where the children and staff are likely to participate in activities that carry a 'guarded risk'. They include:

1. Matrons' Room
2. Science Block
3. Maintenance shed
4. Sports Hall
5. Reception Class
6. The Cleaves - GAP flat (not in use)
7. Scout Hut / Wooden Shed
8. Kitchen (incl. eye wash)
9. Greenhouse / Swimming Pool
10. Chlorine store
11. School Office
12. Coachman's Cottage
13. Boys and Girls Teams
14. Downs Award Scheme – when they leave site

- *The First Aid boxes contain:*

1. Leaflet giving general advice on First Aid
2. Individual wrapped adhesive sterile dressings (assorted sizes) x 20
3. Individually wrapped triangular bandages – x 6
4. Safety pins x 6
5. Medium sized individually wrapped sterile un-medicated wound dressings – quantity x 6
6. Two large and two extra large individually un-medicated wound dressings
7. One survival bag
8. Sterile eye pads
9. Crepe bandages x 2
10. Scissors
11. Cleansing wipes
12. Resuscitation kit x 1
13. Disposable gloves

- Depending upon the location of the First Aid box, additional contents are appropriate. For example, the box in the kitchen contains ointment for the treatment of burns. The box in the Science Lab contains eye wash. The Sports boxes contain ice packs for treatment of bruising and swelling.
- Boxes used for trips also contain piriton, calpol and ice packs.

Defibrillator

A defibrillator is located in the Sports Hall lobby. In this location it is accessible to outside organisation using our facilities as well as the School community. The battery is checked each term by the Matrons' Department and replaced in accordance with manufacturers' guidelines.

Guidance on dealing with body fluids
Spillages of blood, vomit, urine and excreta should be cleared up **promptly**. As far is possible the Matrons will deal with these types of incidents but there may be occasion when they are not available. Teaching Assistants and/or Teachers will then have to take responsibility but they should regard for the Intimate Care Policy. The following general actions must be taken:

- The area must be immediately cleared of people
- Disposable personal protective equipment (PPE) including gloves (latex or nitrile) or equivalent should be worn.
- Any spilt blood or body fluids should be cleaned up with disposable absorbent paper towels.
- All towels and PPE should be disposed of in a yellow clinical waste bag available from the Matrons and disposed of through licensed waste contractors.
- The area must be cleaned up with suitable anti-bacterial solution.

Protocol of Provision of Medicines

No child should have any medicines or cream in their possession.

General
A secure general First Aid Cupboard and a secure fridge are located in the Matrons' Sitting Room.

All pupils are asked to hand in any medicine that they are taking, including vitamin supplements. The general exception is inhalers for the treatment of asthma where the child may have to keep the inhaler to hand at all times.

After lunch and at break, Matrons' Sitting Room (the Medical Room) is staffed by a Matron who administers any medicines a pupil may need.

All medicines are locked up and a written record is kept whenever anything is administered, to include the dosage, the name of the medicine, the child to whom it was given, the date and time and the signature of whoever administered it.

Non Prescribed Medicines
Various 'household' medicines are kept in stock for use when it is deemed appropriate. These are:

- Paracetemol – tablets and liquid such as Calpol
- Antihistamine
- Ibuprofen
- Clarityn
- Strepsils

- Lotions such as – Savlon; Anthisan; arnica; sun block

With consent form parents these medicines are administered according to the instructions on the container.

All expiry dates are checked once a term. Those medicines that are out of date are disposed of.

Prescribed Medicine
Prescribed medicines must only be administered by the Matrons according to the instructions from the pharmacy or parents. Prescribed medicine are kept in the secure cupboard or fridge; but staff also take Calpol and Piriton on school trips in case of need. Staff medication on the premises must be securely stored and out of reach of children at all times. The exception to this are adrenaline auto-injectors so as to allow immediate access.

- **Adrenaline auto-injectors** (eg Epipen®, Jext® or Emerade®) – these are kept in a clearly labelled box above the sink in the (unlocked) Matrons' Room.

All parents are asked to give their written consent to the school administering First Aid or medical treatment. Parents are advised when any treatment has been administered.

Specific Conditions :

Asthma[1]

Symptoms :

The usual symptoms are:
- Wheezing
- Coughing
- Shortness of breath
- Tightness in the chest

Actions :

1. Help the child sit up straight and keep calm
2. Help them to take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs
3. Call 999 for an ambulance IF :

    - Their symptoms get worse while they are using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
    - They don't feel better after 10 puffs
    - You are worried at any time

[1] Source : www.asthma.org.uk

4. You can repeat step 2 if the ambulance is taking longer than 15 minutes

Diabetes[2]

If you think someone is having a diabetic emergency, you need to check against the symptoms listed below to decide if their blood sugar is too high or too low.

High blood sugar (hyperglycaemia)

- Warm, dry skin
- Rapid pulse and breathing
- Fruity sweet breath
- Thirsty
- Drowsiness, leading to unresponsiveness if not treated

Low blood sugar (hypoglycaemia)

- Weakness, faintness or hunger
- Confusion and irrational behaviour
- Sweating with cold, clammy skin
- Rapid pulse
- Trembling
- Deteriorating level of response
- such as an insulin pen or tablets and a glucose testing kit
- Medical warning bracelet or necklace and glucose gel or sweets
- Medication such as an insulin pen or tablets and a glucose testing kit

What you need to do – for high blood sugar (hyperglycaemia)

Allow person to self-administer insulin. If they do not have a rapid and positive response, call 999 or 112 straight away for medical help and say that you suspect hyperglycaemia. While you wait for help to arrive, keep checking their breathing, pulse and level of response. If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat.

What you need to do – for low blood sugar (hypoglycaemia)

Help them sit down. If they have their own glucose gel, help them take it. If not, you need to give them something sugary like fruit juice, a fizzy drink,three teaspoons of sugar, or sugary sweets.

If they improve quickly, give them more sugary food or drink and let them rest. If they have their glucose testing kit with them, help them use it to check their glucose level. Stay with them until they feel completely better.

If they do not improve quickly, look for any other causes and then call 999 or 112 for medical help.

While waiting, keep checking their responsiveness, breathing and pulse.

What you need to do if unsure whether blood sugar is high or low

[2] Source : www.sja.org.uk

If you're not sure whether someone has high or low blood sugar, give them something sugary anyway, as this will quickly relieve low blood sugar and is unlikely to do harm in cases of high blood sugar
If they don't improve quickly, call 999 or 112 for medical help.

If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who's become unresponsive.

Epilepsy[3]

A seizure is the result of a sudden burst of excess electrical activity in the brain.

Signs and symptoms of tonic clonic seizure which is the most common form of epilepsy:

- 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 control

- Management:

During seizure;

1. Protect person from injury and remove harmful objects
2. Cushion their head and shoulders
3. Do NOT hold down or restrain their movement
4. Do NOT push anything in the mouth – it is a myth that they can swallow their tongue
5. Preserve their dignity by moving observers away
6. Stay until the recovery is complete (5 – 20 minutes)

After seizure

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

Call an ambulance if

- the seizure lasts for more than 5 minutes
- you believe it is the person's first seizure

Anaphylaxic Shock

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and

[3] Source : www.epilespy.org

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, as can latex and some prescribed drugs. In its most severe form the condition can be life-threatening, but it can be treated by an Adrenaline Auto-Injector.

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. Paramedics must be informed of the amount of adrenaline administered.

Triggers of anaphylaxis

Anaphylaxis is the result of the immune system, the body's natural defence system, overreacting to a trigger. It is often something caused by an allergy but not always.

Common anaphylaxis triggers include:

- foods – including nuts, milk, fish, shellfish, eggs and some fruits
- medicines – including some antibiotics and non-steroidal anti-inflammatory drugs (NSAIDs) like aspirin
- insect stings – particularly wasp and bee stings
- general anaesthetic
- contrast agents – special dyes used in some medical tests to help certain areas of your body show up better on scans
- latex – a type of rubber found in some rubber gloves and condoms

In some cases, there's no obvious trigger. This is known as idiopathic anaphylaxis.

Symptoms of anaphylaxis
Anaphylaxis usually develops suddenly and gets worse very quickly. Venom based reactions can cause respiratory arrest within 4 minutes.

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 (angioedema), or stomach pain.

What to do if someone has anaphylaxis

Anaphylaxis is a medical emergency. It can be very serious if not treated quickly.

If someone has symptoms of anaphylaxis, you should:

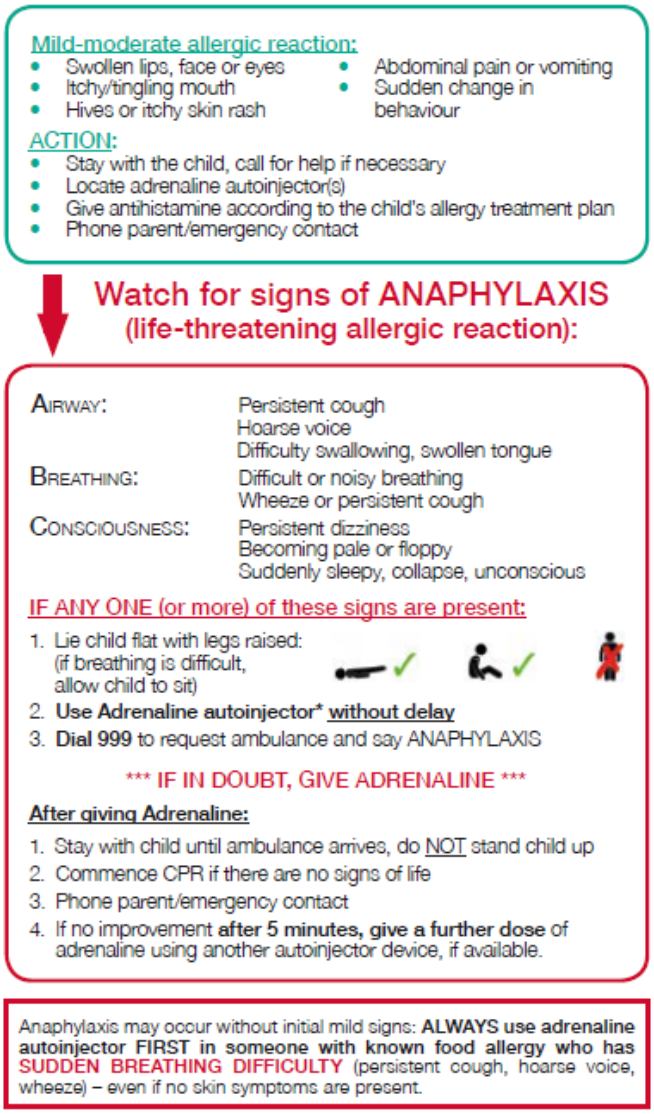
1. **Use an adrenaline auto-injector if the person has one** – but make sure you know how to use it correctly first. Clear instructions are usually displayed on each pen. The use of adrenaline as an injection into the muscle is safe and can be life-saving. This can be administered by non-healthcare professionals such as family members, teachers and first-aid responders.
2. **Call 999 for an ambulance immediately (even if they start to feel better)** – State clearly “ANAPHYLAXIS”
3. **Remove any trigger if possible** – for example, carefully remove any stinger stuck in the skin.
4. **Lie the person down flat** – unless they're unconscious, pregnant or having breathing difficulties.
5. **Give another injection after 5 to 15 minutes** if the symptoms do not improve and a second auto-injector is available.
6. **Tell the paramedics** if the child is known to have an allergy, what might have caused this reaction, and the time the adrenaline auti-injector was given.

If you're having an anaphylactic reaction, you can follow these steps yourself if you feel able to.

It is important to remember that if in doubt adrenaline should be used – the epi pen. It might be that an ambulance has been called and the NHS phone service is guarding against adrenaline. They are not however, at the scene and so a member of staff is allowed the discretion to use an epi pen despite being told otherwise by the HNS phone service. Ultimately without such action a child / person could lose their life. In contrast an adrenalin injection will not be particularly harmful.

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:



Preventing anaphylaxis

The following actions are taken by the school reduce the risk of allergic reactions:

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is acquired from the school Dining Hall, parents should check the appropriateness of foods by speaking directly to the catering

manager. The child should be taught to also check with catering staff, before purchasing.

- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food should not be given to food-allergic children in primary schools without parental engagement and permission (e.g. birthday parties, food treats).
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted depending on the allergies of particular children and their age.
- In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). Consider substituting non-food containers for egg cartons.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the food-allergic child and emergency planning (including access to emergency medication and medical care). (See section below)

- Identifying triggers – parents are advised by school to take their children to their GP to discuss a referral to an allergy clinic for allergy tests should there be detected anything at school that would suggest an allergy that could trigger anaphylaxis
- the schools takes every opportunity to notify children and adults in the community of the possibility of allergic reactions. For example we are a not nut community, gluten free food is always a labelled option, lactose dairy free food and drink is also a labelled option, the kitchen have displayed images of children who have allergies, young children in the Pre-Prep wear lanyards explaining their allergy, a sun-cream alternative is offered by the Matrons.

Spare Adrenaline Auto-Injector Pens in School

The school will hold a single Adrenaline Auto-Injector pen for use as a second adrenaline dose. This will be Emerade® 300 (giving a dose of 300mcg adrenaline). This will be contained in the emergency anaphylaxis kit separate but next to the individual children's adrenaline auto-injector pens. The kit will include:

- 1 Emerade 300 Adrenaline Auto-Injector
- Instructions on how to use the device.
- Instructions on storage of the Adrenaline Auto-Injector.
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the Adrenaline Auto-Injector can be administered.
- An administration record.

The Adrenaline Auto-Injector devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

The spare Adrenaline Auto-Injector in the Emergency Kit should only be used in a pupil where both medical authorisation and written parental consent have been provided for the spare Adrenaline Auto-Injector to be used on them. This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed Adrenaline Auto-Injector. In such cases, specific consent for use of the spare Adrenaline Auto-Injector from both a healthcare professional and parent/guardian must be obtained. The spare Adrenaline Auto-Injector does not have to be the same brand as the student's own

The school's spare Adrenaline Auto-Injector can be used instead of a pupil's own prescribed Adrenaline Auto-Injector, if these cannot be administered without a delay.

School trips including sporting activities

Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safe-guarding etc. Pupils at risk of anaphylaxis should have their Adrenaline Auto-Injector with them, and there should be staff trained to administer Adrenaline Auto-Injector in an emergency.

Monitoring and Evaluation

This policy and procedure is monitored by the Leadership Team and the Health and Safety Committee. When episodes of anaphylaxis takes place and/or an auto-injector is used or there is a severe allergic reaction without anaphylaxis, then a report will be compiled to identify good practice, areas for improvement and sharing of learning. These reports will be given to the bursar to track trends.

References

Department of Health Guidance on the use of adrenaline auto-injectors in schools
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Spare Pens in Schools http://www.sparepensinschools.uk

Allergy UK https://www.allergyuk.org/Whole school allergy and awareness management (Allergy UK)https://www.allergyuk.org/schools/whole-school-allergy-awareness-and-management

Document Control:

Version:	Issued on:	Author:	Details:	Next review date:
1.0	25/09/2019	MAG	First Version	25/09/2020
1.1	16/10/2019	RT	Flow chart from DFE Guidance on the use of adrenaline auto-injectors in schools, use of schools AAI	25/09/2020
1.2	6/2/20	HLW	Guidance on adrenaline auto-injectors; allergic reactions	Nov. '20
1.3	Nov. '20	HLW	COVID-related updates	Nov. '21
1.4	16/10/21	JB	Wording updates to ensure consistency with current practice	Nov. '22

This policy (or Handbook) was updated on	Signed on behalf of the School/Nursery	Date for next review
16/10/2021	*J Barclay*	*1/11/2022*

Additional check box required on all VWFV/'essential' policies and/or those required on ISI Portal and/or websites :

Overview required by Health and Safety Committee - date	Policy upload to ISI Portal - date	Policy uploaded to website(s) - date
January 2022	*October 2021*	*October 2021*