



John Mayne Church of England Primary School

POLICY FOR FIRST AID AND MEDICAL CARE

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Part 1 FIRST AID

Guidance has been drawn from 'DfE- Guidance on First Aid for Schools - a good practice guide' and can be referred to for further information and useful contacts.

General

Consideration is given at all times to the safety and well-being of all people using the school site or engaged in activities connected with the school. Risk assessments are carried out for activities and thought given to safe classroom practice, care of equipment and adequate supervision of pupils in order to minimise the incidence of accidents.

If a child is unwell at school, we will make every effort to contact the parents/guardians. It is very important that we have up-to-date home/work telephone numbers or other contact numbers. Until we have contacted the child's parents we will take any action required in the interests of the child.

Children on short courses of medicines, such as antibiotics, requiring regular administration during the day, should not be sent to school in the first 48 hours. After this, the school is able to administer prescribed medicines in line with its Medicines Policy (see Part 2).

Many of the school staff are trained 'emergency first aiders' and in the event of an accident, appropriate first aid will be given. In the case of more serious accidents, we will contact parents as soon as possible. All head injuries will be sent to a First Aider. We will always inform parents, on a standard form, if their child suffers a knock on the head, which we feel should be monitored by parents even if there are no apparent physical symptoms.

Whilst at school, children are given a routine test in Year R to check height, weight, vision and hearing by the school nursing team.

Accidents

In the event of an accident injuring one or more people, the first priority is to ensure, within the limits of personnel and facilities, the safety of other pupils and adults in the vicinity. In attending to the injured person(s), help may be called from colleagues holding a first aid certificate.

Currently these are: **Paediatric First Aid**

Miss Vicky Brown
Mrs Sarah Petitpierre
Mrs Kyra Christie

Emergency First Aid at Work

Mrs Helen Tester
Miss Mickie O'Brien
Miss Louise Nicholls
Miss Emily Smith
Mrs Kyra Christie
Miss Jade Stallworthy
Miss Vicky Brown
Mr George Perry
Mrs Suzanne Spear
Mrs Sam Frederick
Miss E Bellew

If the accident is of a more serious nature the senior member of staff on site will be informed. A decision will then be taken whether or not an ambulance should be called. The parent(s) must be contacted to ascertain when they can join their child and their wishes with regard to treatment should they be delayed. If it is not possible to contact a parent, and there is an appropriate member of staff available, they will accompany the child in the ambulance. Legally pupils must be sixteen to be given medical treatment without parental consent. As per the school's terms and conditions, the Headteacher may agree to emergency medical treatment if the parents/guardians cannot be contacted.

If the accident is less serious, but hospital treatment is deemed necessary and a parent cannot collect the pupil in good time, a colleague with an appropriately insured car may volunteer to take the casualty to the accident and emergency centre. However, at the discretion of the member of staff concerned, the requirement to have insurance cover may be waived if the injury is judged to be so serious as to require urgent treatment.

A member of staff must accompany and stay with the pupil until the parent(s) arrive. The contact details and the pupil file (if appropriate) must be taken to the hospital. On arrival at the hospital the pupil's contact details are handed over so that the hospital can take responsibility for any further contact with the parents.

The member of staff who was the first on the scene must complete an accident report form (from the office) and submit it to the Headteacher for signature. Minor accidents are treated as appropriate and recorded in the medical accident book.

Location and contents of First Aid Boxes:

1. Medical room cupboard- includes a green first aid bag for trips
2. Foundation Classroom- includes a green first aid bag for trips
3. Playground box- kept in staffroom
4. Office – green first aid bags and boxes for trips

Contents:

1. Emergency booklet
2. Assorted waterproof plasters 10pk (not catering kits)
3. Assorted plasters blue 10pk (catering kit only)
4. Eye pads
5. Triangular bandages
6. Safety pins 6pk
7. Medium dressings 12 x 12cm
8. Large dressings 18 x 18cm
9. Cleansing wipes
10. Pairs of nitrile powder free gloves (not latex)
11. Eye wash
12. Burns treatment
13. Resuscitation mask
14. Cold packs

First Aid Procedures

- In this school most first aid is administered in the Medical room where stock is located and there is some degree of privacy
- Assistance can be obtained from the office (lunch time or class time) or staff room (playtime)
- Gloves should be used when dealing with incidents involving bodily fluids such as blood or vomit
- Any incidents that involve removing or displacing clothes should be dealt with discretely in the medical room in the presence of a staff witness to verify that appropriate procedures were carried out.

Training

The school will ensure that:

- at least two members of staff have completed the First Aid at work training;
- at least one member of staff has completed the Paediatric First Aid training;
- nominated staff regularly update their training, at least every three years;
- at least one member of staff qualified in first aid will be on site when there are children at school.

Off site activities

- A risk assessment must be carried out before any off site activity.
- First aid equipment must be taken in the appropriate first aid bag.
- On coach trips it is advisable to take a bucket in case of travel sickness.
- Asthma pumps and other necessary medication are to be taken along.

Reporting arrangements

- All incidents are recorded in the medical incident/ injury file held in the school office.
- Members of staff completing the file should inform the class teacher and also complete a standard wristband to inform parents of any incident and the action taken. **ALL** head injuries will require the parent to be notified via the school messaging system alongside a wristband.
- Serious incidents should be reported to the LEA and to The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) at the HSE on the forms provided (see guidance in Part 4).
- RIDDOR places a legal duty on employers and people in control of premises to report work-related deaths and major injuries. The easiest way to do this is by calling the Incident Contact Centre (ICC) on 0845 300 99 23 (local rate).

Hygiene/ Infection control

All staff should be familiar with normal precautions for avoiding infection and follow these basic hygiene procedures:

- Easy access to single use gloves and hand washing facilities
- Daily cleaning of toilets, wash hand basins and sinks (contract cleaners)
- Daily cleaning of table tops and contact points such as door handles (contract cleaners)

- Wipes available for computer keyboards (staff)
- Children encouraged to wash hands regularly eg particularly before eating and after use of the toilet

Head and Major Injuries

- Pupils must be seen by a first aider and the Headteacher informed.
- The accident form must be completed.
- Parents must be informed and the parents notified.

Calling the Emergency Services/Hospitalisation

- Head injuries where there is a loss of or suspected loss of consciousness.
- Sudden collapse.
- Major wounds needing medical attention.
- Suspected fractures.
- Spinal injury.
- Use of an EpiPen (anaphylaxis)

Ambulance Information

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

1. Your telephone number

School number 01580 291424 or the mobile number you are calling from (school mobile 07749 247227)

2. Give your location as follows:

**High Street
Biddenden
Kent TN27 8AL**

**MAIN ENTRANCE
High Street, opposite church**

3. State that the postcode is:

TN27 8AL

4. Give exact location in the school where the incident has occurred

[Ambulance to come to the Main Reception and a member of staff will be there to meet them]

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

If ANAPHYLACTIC SHOCK state this immediately, as this will be given priority.

7. Give any medical history and medications that you know this student may take.

Refer to the Pupil Medical Alert list.

8. **If you are unsure of how to manage the Casualty you can keep the Ambulance Operator on the telephone and get them to talk you through what you should be doing.**

OR you can ring them back at anytime.

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

Part 2 THE ADMINISTRATION OF MEDICINES IN SCHOOL

Introduction

It is intended that this should be a clear policy understood and accepted by staff, parents and children that provides a sound basis for ensuring that children with medical needs receive proper care.

The school has the responsibility for devising the policy, and it has been developed in consultation with staff, parents and the Governing Body.

This policy deals specifically with medicines in school. Administration of Personal Care Plans will require additional consideration. The school is anxious that this is a working document that meets the current needs of the children in school and does not anticipate generic situations that have not been discussed with staff. If the need for more in depth details arises out of the needs of a particular child, then the policy will be reviewed.

Relationship with parents

We aim to build on our good relationship with parents in the area of their children's health. We strongly feel as a school that a sick child's place is at home. We will phone home if, in our professional opinion and through our "Duty of Care", we feel a child is unwell. We ask that all contact details are kept up to date in the school office.

We would expect parents to inform us if a child is unwell on the first day of absence when we then phone before 9.30am.

We will administer prescription drugs but only if the appropriate paperwork is completed from the office as set out in the policy below.

Procedures for managing prescription medicines which need to be taken during the school day

- Medicines should only be taken at school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. This in reality means when completing a "4 a day" dose of antibiotics or other course of treatment. As a school we will not administer a '3 a day' course, as it is possible for the three doses to be given in the home environment, during the day.
- We will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- We ask that parents sign a permission form available from the office.
- Named staff must be available to carry this out with a witness (currently this is Mrs Helen Tester and Miss Mickie O'Brien)
- Parents are also welcome to come in to the school to administer medicines at lunch time.
- Medicines will be stored in the fridge in the office.
- Medicine in the form of creams, drops or suppositories will not be administered by staff except in exceptional circumstances and by prior agreement.
- Prescription drugs should be returned to the parents when no longer required
- Ritalin, a prescription drug known as a 'controlled drug' needs to be kept in a more secure environment such a locked cabinet in the Headteacher's office.

Non- prescription drugs

- School staff will never give paracetamol, aspirin or ibuprofen unless prescribed by a doctor
- Parents may come in to school to administer non prescriptive medicines but school staff will not administer these.
- Children must not carry aspirin or other medicines in school.
- When appropriate, throat and cough sweets can be given by parents to the class teacher for safe keeping and monitoring.

Procedures for managing prescription medicines on trips and outings

- Arrangements for taking any necessary medicines will also need to be taken into consideration for any school visit.
- Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plan should be taken on visits in the event of the information being needed in an emergency.
- Permission slips, medical forms and contact details will always be carried.
- Children in Key Stage 2 will be responsible for their own asthma inhalers, whilst a named adult will carry those of younger children as well as the forms and any prescribed medicines needed for the day.

- On residential trips parents may provide and give permission for the administration of travel sickness medication, hay fever relief and emergency use of paracetamol (eg Calpol)

Roles and responsibility of staff managing administration

- Only named staff may be asked to administer prescribed medicines.
- They will need to complete a form when each dose has been administered.
- Additional training needs that arise will need to be brought to the attention of the Senior Management Team.
- Specific advice will be sought from the School Nursing Service when actions are needed to carry out procedures in a care plan
- Appropriate, documented training from Health Professionals will be delivered to named staff as needed
- A list of children with medical conditions is published to staff each year and updated when needed
- Staff should be aware of emergency plans where children have life threatening conditions

The Headteacher (or delegated person) is responsible for day-to-day decisions such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring that all relevant information about pupil needs is shared
- Liaising with parents about agreement of care plans
- Ensuring emergency plans are in place where conditions may be life threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent

Parental responsibilities in respect of their child's medical needs

- There is a need for prior written agreement from parents for any medicines to be given to a child or administered in asthma pumps.
- Parents are responsible for ensuring that any medicines are in date and should supply new medicines as required.
- Medicines held in school should be returned home at the end of every term.
- Parents should provide schools with up to date information about children's medical conditions and be part of any health care arrangements.
- The Headteacher should seek agreement before passing information on to other school staff.

Supporting children with complex or long-term health needs

- The school will aim to minimise any disruption to the child's education as far as possible, calling on the Health Needs Education Service for support and advice as needed, on the impact on learning and supportive strategies.

- The school will carry out a risk assessment and a care plan with the agreement of parents and advice from health professionals.
- The school will call on the Community Nursing Service to deliver advice and support and receive appropriate documented training on any complex procedures (eg tube feeding/tracheotomies).
- Where school staff carry out glucose monitoring, records will be kept with parents and specialist nurse's advice.

Policy on children carrying and taking medicines themselves

- Children have free access to their asthma pumps that are stored in the classroom.
- Prescription medicines will be securely stored, only be given by named staff and records kept.
- Epipens need to be kept near the pupils who need them but staff must be trained in their use for particular children

Staff training in dealing with medical needs

Training needs will be brought to the SMT as and when they arise. The school can call on:

- The School Nursing Service
- Community Children's nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- Eleanor Nurses
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical/ physical conditions and the implications on teaching and learning)

Record keeping

The attached record sheets (see part 4) must be completed by parents and staff.

Safe storage of medicines

- Large amounts of medicine should not be stored and only those pertaining currently to individual children.
- Medicines will be stored according to product instructions in the office and the fridge in the reprographics room.
- Children will know where their medicines are kept.
- Paperwork will be kept in the office.
- Staff medicines will be kept in the staff room.
- Medical and first aid stock will be checked at the end of each term to ensure it is in date

Access to the school's emergency procedures

As part of general risk management processes the school has arrangements in place for dealing with emergency situations (see Part 1). Other children should know what to do in the event of an

emergency, such as telling a member of staff. All staff know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need.

Risk assessment and arrangement procedures (Care Plans)

Where a pupil has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed. Samples are available from the Health Needs Education Service and Specialist Nurses.

Related documents

- 'Including Me' by Jeanne Carlin
- Managing Complex health Needs in Schools and Early Years Settings
- Department of Education and Skills Council for Disabled Children ISBN 1-904787-60-6
- Managing Medicines in Schools and Early Years Settings
- Department for Education and Skills/ Department of Health March 2005 ISBN 1-844178-459-2
- Health and Safety Commission 'Principles of Sensible Risk Management' 2006
www.hse.gov.uk
- 'Medical Conditions at School' produced by the Anaphylaxis Campaign, Asthma UK and Epilepsy Action
- 'Medical Conditions Awareness Sessions' A school healthcare professionals resource. Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action

Part 3 Management and Procedure

a. Asthma: Medicine and Control

General

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.

Children's inhalers are kept in the classroom for immediate access as needed. Inhalers must be taken on school trips and should be available during PE lessons.

Children with significant asthma should have an individual health care plan.

There are two main types of medicines used to treat asthma, relievers or preventers. Usually a child will only need a reliever during the school day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise whilst preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do. For a child with severe asthma, the health care professionals may prescribe a spare inhaler to be kept in the school or setting.

Signs of an asthma attack include:

- Coughing
- Wheezy breathing
- Being unusually quiet
- Being short of breath
- Feeling of tight chest

When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed.

An **ambulance** should be called if:

- The symptoms do not improve sufficiently in 5-10 minutes
- The child is too breathless to speak
- The child is becoming exhausted
- The child looks blue

It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. An Asthma School Card (available from Asthma UK) is a useful way to store written information about the child's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact number for the parent and the child's doctor.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school. Children should have a reliever inhaler with them when they are in school.

Children with asthma should participate in all aspects of the school day including physical activities. Physical activity benefits children with asthma in the same ways as other children. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

The school environment should be asthma friendly, by removing as many potential triggers for children with asthma as possible.

b. Diabetes

General

Diabetes is a chronic disease and occurs when the pancreas does not produce enough of the hormone insulin. Insulin is essential in transferring glucose from the bloodstream into the body cells in order to provide the body with enough energy to function effectively. The injecting of insulin is not a cure - it is a means of controlling the disease.

How Diabetes Is Controlled

Diabetes is controlled by keeping the level of glucose in the blood as close to normal as possible. The normal blood glucose range is 4 – 7 mmol (measurement used in the UK). The levels of glucose in

the blood can vary according to food eaten, level of exercise taken, illness and stress. Hence the way the condition is primarily controlled is through diet, insulin injections and blood monitoring. Consistency in having regular meals, regular exercise and regular insulin is key to managing this condition effectively.

Diet

Children with diabetes can eat the same healthy foods as other children. The kitchen and teaching staff should be aware of the child's diet restrictions, but usually the child is taught to select the right foods.

Mid-morning and mid afternoon snacks may be required. These and regular meals must occur on time so insulin usage is properly balanced and low blood glucose does not occur. This detail of information will be available on the child's Medical Care Plan (M.C.P.).

Exercise

Children with diabetes can participate in all kinds of active sports. However, since exercise burns up a lot of glucose, the child should have an extra snack before planned strenuous exercise to avoid low blood glucose.

Blood Glucose Monitoring

Blood glucose monitoring is the tool for maintaining the fine balance of the blood glucose. Depending how stable the child's diabetes is will determine how frequently the child will need to monitor the blood glucose levels. Good diabetic management requires that they monitor the blood level at least once a day. Specific information for individual children will be on the M.C.P.

This process involves pricking the finger and putting a drop of blood on a chemically sensitive strip and then taking a blood glucose reading on a meter. Older children are taught to do this themselves and younger children may require some assistance.

Insulin Administration

Each child will have an insulin regime that they will follow and this will have been prescribed by their Hospital Consultant and Specialist Diabetic Nurse. Specific information for the child will be available on the M.C.P.

Diabetic Emergencies

If the balance of the blood glucose is upset, either of two diabetic emergencies might occur: hypoglycaemia – a hypo (low blood glucose) or a hyperglycaemia – a hyper (high blood glucose).

The emergency situation you are most likely to encounter in caring for a child with diabetes is a hypoglycaemia – low blood sugar.

Low Blood Sugar (Hypoglycaemia – 'Hypo')

Low blood sugar is caused by:

- Eating too little food.
- Not eating soon enough after a previous meal.
- Too much physical activity without eating.
- Too much insulin.

The symptoms listed below can appear suddenly. Each child may have certain symptoms that they will learn to recognize as a start of a hypoglycaemic attack, these would be detailed in the M.C.P.

Initial Symptoms

- Headache
- Cold and clammy
- Extreme hunger
- Dizziness/weakness
- Fatigue
- Blurred double vision
- Loss of co-ordination

Severe Symptoms

- Mental confusion
- Inability to concentrate
- Shakiness
- Seizure
- Loss of consciousness
- Pale, moist skin
- Shallow breathing
- Rapid pulse rate

For the full medical management of a Hypoglycaemic emergency see the protocol.

High Blood Sugar (Hyperglycaemia –‘Hyper’)

High blood sugar is caused by:

- Too much food
- Too little physical activity
- Not enough insulin
- Illness or infection

Ketoacidosis is a **Medical Emergency** often associated with very high blood glucose levels.

For the full medical management of a Hyperglycaemic emergency see the protocol.

Key Points to Remember

- Treat the child normally, although there has to be an awareness of the child’s condition, they do not want to be singled out.

- Allow the child to follow their diabetic routine that has been agreed with the School and that is detailed in the M.C.P.
- Be alert of the symptoms that may indicate a low blood glucose. Be aware of the behaviour changes that can be caused by this.

School Environment

- Kitchen staff and those providing food and drink alerted to any new pupil starting with diabetes and discuss that individual's care plan with them.
- If necessary to organise for the parents to meet with the kitchen staff to discuss specific requirements.
- Ensure the science and food technology staff are made aware of pupils who have diabetes so that their lessons can be planned accordingly and appropriate precautions taken.
- Ensure photographs of diabetic pupils are displayed in key locations medical room, staff room, main kitchen. (Written consent must be obtained from the parents.)

Participation in School Life

- The diabetic pupil has the same opportunity and access to all school activities as other pupils.
- Update staff of a diabetic pupil's requirements when off site on a day or residential trip with the school.
- Any member of staff taking a pupil off site must be trained in how to administer insulin, to do a blood monitoring test and know how to recognise symptoms for a hypoglycaemic attack

Insulin Storage

- Pupils in Year 6 and below will have their pen stored in the office.
- Pupils' spare Insulin to be stored in the office (or fridge if required) clearly marked with their name and date of birth.
- Parents must organise replacement cartridges a month before expiry date or when the spare cartridge has been used.

Insulin Administration

- The diabetic regime that the pupil is following will dictate when and where the insulin is given. This will be discussed with the pupil's family; the details for this will be found on the pupils medical care plan.

Blood Monitoring

- The diabetic regime that the pupil is following will dictate when this monitoring is done.

Hypoglycaemic Attacks (Low Blood Sugar)

- The pupil must carry around their emergency 'hypo' pack at all times.
- The pupil must be allowed to have a snack as required.

- The Physical Education (P.E) staff must ensure that the pupil has had a sufficient snack prior to a PE lesson. The staff must also be aware that the snack may need to be increased should the lesson involve long strenuous exercise.
- The P.E. staff must have an Emergency 'hypo' pack for when they are off site for sport fixtures.
- All staff must be aware of the management of a 'hypo' and be able to take the appropriate action as detailed in the procedure.
- Replacement Hypostop to be organised a month before the expiry date or when the spare medication has been used.

Diabetic Training

- All staff must have annual training with regard to the general management of diabetes.
- Key staff, such as administration staff, form tutor, P.E staff and other staff who take trips off site must be trained in blood glucose monitoring and insulin administration.

c. Epilepsy

What is a Seizure?

A chemical imbalance in the brain causing a rapid succession of electrical impulses to be discharged from the brain cells.

Causes

- Congenital
- Following a stroke
- Head Injury
- Febrile convulsions
- Unknown causes

Types of Seizures

- Minor seizures (Petit Mal)
- Major Seizures (Grand Mal) – Often referred to as Epileptic Fits
- Febrile Convulsions – Seen mainly in the under 5's

Minor Seizures: Signs and Symptoms

- Blank expressions
- Random twitching
- Jerky movements of the limbs
- Lip smacking
- Plucking at clothing

Management of a Minor Seizure

- Maintain a safe environment for the pupil.
- Reassure and stay with the pupil.
- Once they have started to recover ask if they were aware of what has just happened.
- Inform the parents and monitor for any further episodes

Major Seizures (Epileptic Fits)

This type of seizure is caused by major disturbances in the brain resulting in aggressive fitting throughout the entire body. These types of fits are often managed long term with medication. Increase in stress levels are known to precipitate a fit.

Signs and Symptoms

- May experience an aura
- Fall to the ground with a cry
- Stiffing of the whole body (Tonic phase)
- Violent jerking movements (Clonic phase)
- Eyes rolling and mouth foaming
- Incontinence (Urinary sometimes faecal)

Management of a Major Seizure (Epileptic Fit)

Warning Signs (Aura)

- If the pupil is displaying the warning signs of a forthcoming fit then they should locate an area which would be safe for them to have a seizure safely.

Management During A Seizure

- Maintain the pupil's safety (and yours) at all times – move away any furniture if possible. Objects that cannot be moved out of the way need to be protected with clothing etc.
- Call for help.
- Make a note of the time.
- Try to protect the pupil's head, arms and legs from getting injured in the jerky movements.
- If possible help to maintain their airway by gently tilting the chin upwards – this may not always be possible.
- Loosen any tight clothing around their neck.
- Talk to the pupil reassuringly throughout the seizure.
- Once the jerky movements have ceased try to put them in the recovery position so to maintain their airway.
- Maintain the pupil's dignity at all times.
- Contact an Ambulance if:
 - The seizure is lasting more than 5 minutes.
 - You as a First Aider are concerned in any way.

- They may have injured themselves in any way.
- The pupil does not have a medical history of seizures.
- Contact the parents as soon as possible.

Care Following a Seizure

- Keep in the recovery position until they are fully conscious and aware of their surroundings.
- Keep talking to them, until they are aware of what has happen and check how orientated they are by asking simple questions such as the day of the week, where they think they are etc.
- Be aware that they may have been incontinent during this episode so deal with this sensitively.
- It is not uncommon for a person post a seizure to fall into a very deep sleep – during this phase somebody would need to stay with them. This type of information about a seizure would be on the individuals care plan.
- **However if they were to start fitting again even with a known history of seizures then call for an Ambulance (This is rare to happen and is known as STATUS EPILEPTICUS which requires urgent medical treatment).**

Remember that it is quite distressing as a First Aider to witness a seizure so once the individual is sorted out look after yourself and have a de-brief with somebody who was aware of the situation. Also remember when the individual returns to school they will feel sensitive about the situation. A review of how the episode was managed with the individual may be helpful for the future.

d. Anaphylactic Shock

Definition: Anaphylaxis is a severe allergic reaction – the extreme end of the allergic spectrum. Symptoms may be fatal if not treated quickly with adrenaline. The whole body is affected, often within minutes of exposure to the allergen but sometimes after hours.

Causes

Exposure to a substance to which an individual is allergic, thereby triggering a severe allergic reaction. The most common agents to trigger this are:

- peanuts and other nuts;
- cow's milk;
- eggs;
- shellfish;
- sesame seeds;
- poppy seeds;
- kiwi;
- insect stings;
- latex;
- drugs;
- immunisations.

Symptoms

Symptoms of anaphylaxis are usually quite dramatic and rarely is there any doubt. Occasionally there is a delay and the signs may gradually present themselves.

- Itching (not just skin, sometimes the eyes) can be an early sign.
- Sense of 'impending doom' – early sign.
- A sensation of a lump in the throat (swelling of throat and tongue).
- Difficulty in swallowing.
- Swollen lips.
- Difficulty in breathing.
- Wheeze or stridor (noisy breathing).
- Nettle like skin rash.
- Metallic taste.
- Pallor or flushing of the skin.
- Abdominal cramps and nausea.
- Fast pulse rate.
- Sudden feeling of faintness / dizziness (drop in Blood Pressure).
- Collapse.
- Unconsciousness.

Individuals do not necessarily have all the symptoms, and if pupils can remember a previous reaction they may recognise some of the early signs so **please listen to them**.

Medication

When a child is at risk of anaphylaxis the doctor will have prescribed medication for use in the event of an allergic reaction. This may include antihistamines (e.g. Piriton), adrenaline inhaler and/or adrenaline injection. The administration of the antihistamine varies according to the severity of the reaction.

For individuals who have had a life threatening reaction in the past the use of an Epipen (or Anapen) will be prescribed. These devices are single use, pre-loaded and simple to administer

An Epipen can only be given to the prescribed person and NO OTHER INDIVIDUAL.

Management

Treatment must be started early before the more severe and life threatening features have developed. **If there is any doubt whether a pupil who is an Epipen carrier is having a reaction then adrenaline MUST be administered because the longer the delay in a severe anaphylaxis state, the worse the outcome.**

Any pupil with such an allergic reaction must have a specific care plan designed to meet that pupil's specific need and so enable that pupil to have the same opportunities as their peers.

Key Goals

- The school will work in partnership with the pupils, parents, school staff, health professionals, and school insurers to ensure a successful implementation of a school Anaphylaxis policy and ensure that school records are accurately maintained.
- Every child/adult will have a medical care plan which will be shared with the correct personnel
- The school will ensure that parents complete a consent form for Emergency Treatment, provide 2 Epipens for the use in school and be responsible for the replacement of the Epipens when either it is used or prior to the expiry date.
- The school will ensure that the school environment is favourable to pupils with allergies and that staff are aware of these pupils.
- The school will ensure that the pupil is able to participate in all aspects of school life.
- The school will ensure that the pupil has a good understanding of the implications to themselves of Anaphylaxis.
- The school will ensure that there is peer group understanding of Anaphylaxis and this is done through PSHE.
- The school will ensure that safe storage of Epipens takes place
- Annual Epipen training will be given to all staff, and all new staff will be trained within the first term of their employment.

The School's Partnership Plan

The [key person] will undertake liaison in the following ways:

- meet with the parents prior to the pupil starting so to obtain a full case history about the pupil's specific allergy and explain in detail the plan of care for pupils with severe allergies;
- Inform the staff about a pupil's specific allergy and the plan of care that will be required;
- Keep the [key person] informed about new pupils so ensuring the school insurance cover is suitable.

Documentation

A specific care plan will be written for each relevant pupil to ensure that all key individuals have signed the relevant parts of the care plan documentation.

Copies of the care plan will be kept in the pupil's main school records.

School Environment

- Alert the kitchen staff to any new pupil starting with a food allergy and discuss that individual's care plan with them.
- If necessary, organise for the parents to meet with the kitchen staff to discuss specific requirements.
- Staff to be aware of all pupils with specific allergies so that their lessons can be planned accordingly and appropriate precautions taken.

- Photographs of these pupils will be displayed discretely in key locations e.g. the staff room, kitchen, classroom of pupil?

Participation in School Life

- The [key person] will update other staff of this pupil's requirements when off site on a day or residential trip with the school.

Pupil's Understanding

- Pupil to meet with the Class Teacher to discuss the specific plan of care that has been written for them.
- The [key person] to gain an understanding from the pupil about their level of knowledge and to educate as appropriate with parental consent.

Peer Support

- If appropriate, to educate the pupil's close peer group about the risk that their friend has of Anaphylactic shock (Parental consent for these friends to be sought).

Epipen Storage

- Pupils' spare Epipens are to be stored in a box with the name of the user. To be kept in a safe, clearly marked place which is not locked. Located in the office.
- The [key person] to check the spare pens every half term to ensure that the adrenaline is not cloudy.
- Replacement pens to be organised a month before expiry dates.

Epipen Training

- All staff to have annual training and to sign the Epipen training form [below].
- New staff to be trained within the first term of their employment.

e. Chicken Pox

Chicken pox is an acute infectious disease caused by a virus called Herpes Zoster. It is sometimes referred to as Varicella-zoster virus (this is the medical name for chickenpox).

It is most commonly seen in children under 10 years old, and is more common in the winter and spring.

Transmission

- Highly contagious.
- Person to person contact.
- Airborne droplet infection.
- Incubation period (time from becoming infected to when the symptoms first appear) is from 10-21 days.

- Most infectious period is from 1-2 days before the rash appears.
- Infectivity continues until all the lesions have crusted over (normally 5 – 6 days after onset of illness).

Symptoms

- Usually starts with a fever and feeling unwell.
- Rash then appears in patches usually behind the ears, under the arms, on the trunk of the body and the legs and arms.
- Rash is made up of small, itchy, red spots that turn into fluid-filled blisters within a few hours.
- The blisters usually continue to appear 3–5 days from the start of the first blisters appearing.
- Each blister dries out and scabs within 2-3 days of appearing.

Pregnant staff need to be aware if they have come into contact with a child who has chicken pox.

f. Conjunctivitis

What is Conjunctivitis?

Conjunctivitis is an inflammation of the thin clear membrane (conjunctiva) that covers the white of the eye and the inside the eyelid. It can be caused by bacteria, viruses and an allergic reaction, for example pollen associated with Hayfever. Generally, it is not a serious condition; however bacterial conjunctivitis is infectious and can be spread between people by direct contact. Therefore, the spread of it is more common in the nursery environment.

How to recognise it

Eye(s) will usually look pink and may have a discharge which may be watery or thick with mucous and pus which may sometimes cause the eyelids to stick together.

School Policy

If your child has the above symptoms we would ask that you seek medical advice prior to bringing them to School.

If your G.P. confirms that your child has bacterial conjunctivitis we ask that you keep your child off until they have had 24 hours of antibiotic eye drops before returning to the school.

Please do not hesitate to contact the School if you have any queries regarding this.

g. Sickness and Diarrhoea

In order to minimise the spread of a gastro-intestinal infection we ask you to adhere to the following guidelines:

- If your child has been unwell at home with sickness and/or diarrhoea please keep your child off school for minimum of 48 hours following the last episode of illness.

- **If your child is sick and/or has diarrhoea at school, we will contact you to collect your child as soon as possible. Your child should then remain off school for a minimum 48-hour period following the last episode of illness.**
- When your child returns to school we do ask that they are well enough to be eating their normal diet. This is especially important for young children.
- We ask that you keep us informed about how your child is and whether you have had to seek medical advice for the episode.

Please do not hesitate to contact the School if you have any queries.

h. Headlice

Any reported incident of headlice should be reported to the school office. Parents/guardians will be advised on an appropriate course of action as advised by the local health authority. Regular reminders will be sent home to remind parents to be vigilant in grooming children's hair to reduce the risk of headlice. Current advice is that children with headlice need not be removed from school but that parents should be informed and treatment administered as soon as possible.

i. Suntan Cream

Children are allowed suntan cream in school but it is for their sole use and must be named. They must self-administer this as staff will not help with the application – yes it can be messy! Parents are advised to apply cream before school if possible. Hats and long sleeved light weight tops can prove as effective.

Part 4 APPENDICES

For additional forms / health care plans/ emergency plans/ risk assessment forms etc please see Model Policy for The Administration of Medicines in Schools which is kept on file

Form 1

Parental Agreement Form and School Record Sheet for the administration of medicines
(for use in occasional circumstances)



John Mayne Church of England Primary School
Record of medicine administered to a child

Preliminary details

Name of child	
Class	
Date medicine provided	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Has medicine been prescribed?	
Name of GP + surgery	
Staff signature	
Parent signature	

Record of administered medicines

Date	Time given	Dose given	Administered by	Witnessed by

Form 2

Asthma pumps in Primary Schools

Dear

Your child has an asthma pump in school.

I am writing to inform you of the School's guidelines with regard to asthma pumps in school.

1. All asthma pumps will be kept in a named box within the school office.
2. All asthma pumps will be named.
3. With the pump there will be written evidence of the frequency of usage necessary for each individual child. This to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed.
4. We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day, but it is considered courteous to make the formal requests of the teacher first.
5. If the child needs their pump during breaktimes, a request to a member of staff must be made first before entering the building. If the child always needs their pump during lunchtime, then the child can give it to a Midday Supervisor for safekeeping. It will be the child's responsibility to ensure that the Midday Supervisor is given it, to take back to class following lunch.

If you wish to see the School Medical Policy, please make a request to the school office.

Would you please sign and return the slip below indicating either your agreement or your wish not to keep the pump in the care of the teacher or other staff, thereby taking full responsibility yourself.

Yours sincerely,

Helen Tester
Head Teacher

ASTHMA PUMPS

Please tick as appropriate

- () I agree and accept the above guidelines regarding asthma pumps in school.
() I do not agree to the above guidelines and will retain full responsibility.

Signed Parent/ Guardian

Date Child's name

Sample letter 1

Date

Dear Parent/Guardian,

We would like to let you know that your childclass..... had an accident in school today. We took appropriate action in school (ice pack/rest/applied plaster) and he/she was able to carry on school normally, but you may wish to check when he/she arrives home.

Yours sincerely,

Helen Tester
Head Teacher

Sample letter 2

HEAD INJURY

Date

Dear Parent/Guardian,

Your child class has had a bump on the head today. He/She was able to carry on in class after first aid was given. You may however wish to keep him/her under observation when he/she arrives home.

Yours sincerely,

Helen Tester
Head Teacher

Form 3

Confirmation of Anaphylaxis Training

Procedure

THE ADMINISTRATION OF INTRAMUSCULAR ADRENALINE BY EPIPEN /ANAPEN* IN THE EVENT OF ANAPHYLAXIS DUE TO A SEVERE ALLERGY IN A PUPIL.

*Delete as appropriate

Instructor
(Print Name)

Signature

Designation

Date

Review Date

I declare that I,..... have received instruction, written and verbal, to enable me to carry out the above procedure.

The training I have received included the following details:

- What is Anaphylaxis?
- Signs and Symptoms of Anaphylaxis.
- Medication required.
- Emergency Action Procedure.
- Training video for using Epipens.
- Practice with trainer injection devices.
- Discussion of Care Plans in place for specific pupils

I understand the procedure and feel confident to carry out the procedure unsupervised.

I have been informed of the problems that may occur during the procedure.

I understand the actions required in the event of problems occurring during and after the procedure.

Signature

Date