



HEATHFIELD SCHOOL

First Aid and Medical Care Policy

Policy Area:	Pastoral
Relevant Statutory Regulations:	ISSR Part 3 NMS Part C, Standard 7 Boarders' Health and Wellbeing The Health and Safety (First-Aid) Regulations 1981 Data Protection Act 2018 The Education (School Premises) Regulations 2012 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, amended 2012 First Aid in Schools 2014
Key Contact Personnel in School	
Nominated Member of Leadership Staff Responsible for the policy:	Bursar, Headmistress and Deputy Head (Pastoral and Boarding)
Version:	2024.01
Date updated:	01 September 2024
Date of next review:	01 September 2025

This policy will be reviewed at least annually, and/or following any concerns and/or updates to national and local guidance or procedures.

Introduction

The Health and Safety (First-Aid) Regulations 1981 place a duty on employers to provide adequate First Aid equipment, facilities and personnel to their employees. In its guidance, the Health & Safety Executive ("HSE") strongly recommends that employers include non-employees in their assessment of First Aid needs and that they make provision for the needs of visitors to the school site.

In order to ensure that adequate First Aid provision is provided for staff, pupils, contractors and visitors to Heathfield ("the School"), it is the School's policy that:

- there is a School Nurse in attendance 24 hours a day, either on-site or on-call, during term time;
- a qualified First Aider is available when pupils are present on-site;
- sufficient numbers of trained First Aid personnel, together with appropriate equipment, are available to ensure that there is someone competent in basic First Aid techniques who can attend an incident during times when the School is occupied; and
- appropriate First Aid arrangements are in place whenever staff and pupils are engaged in offsite activities and visits. Further information can be found in the School's Educational and Co-Curricular Trips and Visits Policy.

The Governing Body of the School, who are responsible for the provision of First Aid at the School, have charged the Headmistress with reviewing the policy regularly, and making any changes to procedures that are considered necessary in the light of accidents and injuries reported.

It is School policy to ask parents to keep their child at home if they are ill or infectious, and inform the School immediately. Likewise, the School will contact parents or guardians if a pupil suffers anything more than a trivial injury, or becomes unwell whilst at School, or if there are any worries or concerns about her health. If after the phone call from the nurse, parents wish to take their child home to recuperate they may do so.

Staff conditions of service do not include giving First Aid, although any member of staff may volunteer to undertake these tasks. The School must ensure that there are sufficiently trained staff to meet the statutory requirements and assessed needs.

Access to First Aid

All new pupils and staff are given information on where to go for help in the event of an accident as part of their induction process into the School.

Two defibrillators are kept on site; one is situated in the lobby adjacent to the Assembly Hall and the other poolside in the Swimming Pool. All qualified first aiders are trained to use the defibrillator. The protocol for use of a defibrillator is set out in Appendix 7.

Accident Reporting

The School complies with the National Health and Safety legislation regarding accident reporting as required by The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (“RIDDOR”) as amended. The Senior Nurse must keep a record of any reportable injury, disease or dangerous occurrence. The School has a separate RIDDOR policy which is available on Teams.

The School maintains paper accident report books at the following locations:

- Health Centre
- Swimming Pool
- Sports Hall
- Laundry
- Science Prep room
- Facilities & Estates Manager’s office

At the end of each term, the accident report books are submitted to the Bursar for review to identify any patterns.

Ambulances

Staff will always call an ambulance if:

- there are signs of a stroke, poisoning, drug overdose or evidence of a suicide attempt;
- a casualty is trapped, unconscious, has sudden or severe back pain, chest pain or broken bones;
- there is a serious head injury;
- there is any sign of a heart attack such as severe chest pain or pain in the patients arm or jaw;
- a casualty has suffered a fall from height;
- there is severe bleeding;
- a severe burn;
- there is a severe or growing allergic reaction (anaphalaxis); or
- there is a seizure.

In the event that the Nurse or First Aider in attendance considers that they cannot deal adequately with the presenting condition by the administration of First Aid or if they are unsure of the correct treatment an ambulance should be summoned.

The School issues the following guidance on how to call an ambulance:

From all landlines in the School dial 9 for an outside line, followed by 999. From a mobile phone 112/999.

- They will ask you what service you require. Say 'ambulance';
- They will ask where you are located. Be as precise as possible: the School postcode is SL5 8BQ;
- They will ask you how many casualties. If a child, state 'a child';
- They will ask what is wrong with casualty. Tell them what you are sure of: they are likely to ask for further information such as the casualty's name, date of birth, GP surgery etc. If the casualty is not near a telephone, you will find it helpful to enlist another member of staff to help you with making the call and relaying details;
- They will give you a reference number; note this down in case you need to call back and update them;
- They will ask if other services required;
- After you hang up you must wait with the casualty until the ambulance arrives and send someone to direct the ambulance.

If an ambulance is called then the First Aider or School Nurse should make arrangements for the ambulance to have access to the location of the injured person.

Arrangements should be then made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of staff if parents have not arrived it is not possible to contact the parents in time.

Compliance Issues

This Policy complies with the following legislation:

- Health and Safety (First Aid) Regulation 1981
- The Education (School Premises) Regulations 2012
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- Data Protection Act 2018

Confidentiality

Information given by parent(s) and/or guardian(s) regarding their child's health will be treated in confidence and only shared with other staff when necessary or appropriate.

Disposal of contaminated products

All body fluids are treated as 'clinical waste' and disposed of appropriately in a securely sealed yellow bag to be collected by a nominated waste disposal company for incineration. Non-disposable equipment is washed thoroughly and disinfected using bleach (kept in locked cleaning cupboard); items that need laundering (clothes, bedding etc) are sealed in a red waste bag and flagged to Laundry staff. Staff are required to wash hands thoroughly. For small spillages, anti-viral/anti-bacterial wipes are available from the Health Centre. Gloves are required to be worn and waste disposed of in a yellow bag as detailed above.

Emergency Medical Treatment

In accepting a place at the School, parents are required to authorise the Headmistress to consent to their child receiving emergency medical treatment, including general anaesthetic and surgical procedure under the NHS, on the advice of an

appropriately qualified medical specialist. Every effort will be made to contact parents prior to any treatment being given, and this emergency medical treatment will only be taken if there is insufficient time available to contact parents/guardians beforehand, or where parents are uncontactable in an emergency situation.

Emergency Procedures

If the member of staff taking charge of the incident judges that an ambulance should be called, they will do so immediately, without hesitation and without waiting for a First Aider or Nurse to arrive at the scene. If necessary, a School Nurse or a First Aider will be summoned. If the Nurse is in attendance, she will make the decision as to whether to call the emergency services.

If the Nurse or First Aider present considers that they can deal adequately with the presenting condition they will arrange for the injured person to access appropriate medical treatment without delay.

The protocol for sending a pupil to Accident and Emergency is set out in Appendix 1.

Severe Allergic Reaction - Anaphylaxis

An allergy is a hypersensitivity to a foreign substance that is normally harmless, but produces an immune response reaction in some people. An anaphylactic reaction is the extreme end of the allergy spectrum affecting the whole body and requires emergency treatment to preserve life, with an injection of adrenaline (in school - usually via an auto-injector device such as an EpiPen).

The protocol for dealing with anaphylaxis is set out in Appendix 2.

Epilepsy, Diabetes and Asthma Attacks

An individual care plan will be constructed by the School's nursing staff for any pupil living with diabetes, epilepsy, asthma or any other known medical condition which may require emergency treatment at School. Further details of this plan are available on request from the School Nurse.

The protocol for dealing with asthma attacks is set out in Appendix 3.

The protocol for dealing with diabetes is set out in Appendix 4.

The protocol for dealing with epilepsy is set out in Appendix 5.

First Aid Boxes

First Aid boxes are placed in all the areas of the School where an accident is considered possible or where it is convenient to have a box, such as:

- Science Department
- Sports Centre
- School Kitchens & Cookery Room
- Art Department
- School Minibuses
- Swimming Pool
- Facilities Department
- Laundry
- PE Department
- With Houseparents

First Aid boxes are always made available to groups of pupils who go out of school on organised trips or participate in

sporting events. All boxes are checked by the School Nurse on a regular basis but staff must inform the School Nurse immediately when items have been used so that they can be replaced if necessary.

First Aiders

The School arranges for the training of selected members of staff in First Aid. Lists of members of staff who are qualified as First Aiders or have been trained as Appointed Persons are displayed on notice boards across the School such as in the staff workroom, administration office and Facilities department and are attached as Appendix 8. A rolling programme provides for current staff or new staff to be trained at least every three years.

The School always ensures that a member of staff who is qualified in First Aid accompanies pupils on overnight or high risk activity visits out of school. This member of staff will administer First Aid if a pupil suffers an injury during an outing, and deal with any accident or emergency as appropriate, including summoning an ambulance if necessary. The First Aid staff of sites visited will also be utilised. School nursing staff are always available to offer advice over the phone.

The School has a separate policy for Educational and Co-Curricular Trips and Visits which is available on the School website and on Teams.

Hygiene/Infection control/HIV Protection

Staff are required to take precautions to avoid infection and must follow basic hygiene procedures. Staff are required to take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc.) are placed in a disposable bag and fastened securely. Any pupils' clothes are required to be placed in a plastic bag and fastened securely ready to take home.

The First Aider will take the following precautions to avoid risk of infection when providing first aid:

- cover any cuts and grazes on their own skin with a waterproof dressing;
- wear suitable disposable gloves when dealing with blood;
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- wash their hands after every procedure.

If the First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids which are not their own, the following actions will be taken without delay:

- wash splashes off skin with soap and running water;
- wash splashes out of eyes with tap water or an eye wash bottle;
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- record details of the contamination;
- report the incident to the School Nurse and take medical advice if appropriate.

The protocol for dealing with wound management is set out in Appendix 6.

Medical Care

All parents are required to complete a medical questionnaire before their child joins the School. If any specific medical needs are identified, discussion will take place between the parents and the School and appropriate measures will be taken.

It is the responsibility of parents to advise the School of any changes to their child's medical condition once a child has commenced at the School.

Health Centre and Staffing Arrangements

All pupils and staff in the School have access to the Health Centre, which is staffed by the School Nurse, 24 hours a day Monday to Friday and at various times/on call system over the weekend, during term time. The nurse is responsible for any medical care or First Aid that is required when the School is open. The appointed School Doctor holds twice-weekly surgeries.

Medical Examinations and Immunisations

During their first term, all new pupils will undergo a medical examination by the School Nurse. Parental consent will be sought from time to time regarding their child receiving the routine range of immunisations as recommended by the Department of Health.

Medical Records

The School keeps records of all treatment and immunisations that a pupil receives during her time at the School. This includes records of all accidents and injuries to a pupil and all medicines administered. The School may advise parents if their child has received medical treatment, provided this does not contravene any confidentiality legislation.

All medical records will be stored safely in the Health Centre until a pupil's 25th birthday, when they will be destroyed.

The School also keeps records of all accidents and injuries, and has a procedure in place for ensuring that they are reviewed regularly in order to minimise the likelihood of recurrence.

Medicines and Treatments Brought to School for Pupils

The School's medical staff are unable to dispense any medication that is from overseas that is not written in English and registered for dispensing in the United Kingdom. Parents are required to give the School Nurse any medication that is brought into the School for their child. If a pupil has a medical condition which necessitates regular access to medication, the School Nurse must be advised so that an appropriate regime can be devised. The relevant staff will be informed, in confidence, of any condition that is likely to affect a pupil in any area of school life and the School will work with parents in making arrangements that work best for her.

The School has a separate procedure for administering medicines - please refer to the Administration of Medicines Policy.

The School needs written consent from parents and permission from the School Doctor for the administration of every medication before it is allowed to be given to a pupil. If medication is deemed necessary by the School doctor, the School reserves the right not to contact and inform parents if the pupil is aged 16 or over or has been assessed against the Fraser Guidelines and/or Gillick Competency.

Monitoring

Accident Report Forms can be used to help the Senior Nurse and Bursar to identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes. The Senior Nurse regularly reviews the accident records.

Responsibility

The **Headmistress** is responsible for:

- putting the policy into practice and for ensuring that detailed procedures are in place;
- ensuring that parents are aware of the Health and Safety Policy, including the arrangements for First Aid, by making both policies available on the School's website; and
- overseeing the adequacy of First Aid cover including organisation of qualified staff training programmes and equipment.

The **Deputy Head (Pastoral and Boarding)** is responsible for:

- reviewing the First Aid and Medical Care Policy in consultation with the School Doctor and/or School Nurses; and
- reviewing the operation of the First Aid and Medical Care Policy to determine any changes that might be required to the School's First Aid provision.
- ensuring that appropriate arrangements are followed for off-site activities/trips and out of hours activities.

The **Bursar** is responsible for:

- organising and carrying out First Aid training for staff following advice from the Deputy Head (Pastoral and Boarding);
- drawing up a rota to ensure that suitable numbers of First Aiders are available when pupils are on-site and for events out of hours;
- ensuring that an up to date list of qualified First Aiders is available on Teams and staff noticeboards; and
- on behalf of the Health and Safety Committee, is responsible for making reports under RIDDOR where appropriate.

The **School Nurse**, in consultation with the Health and Safety Committee and the Deputy Head (Pastoral and Boarding), is responsible for:

- assessing the First Aid needs throughout the School;
- maintaining records of accidents;
- deciding on First Aid issues with the Deputy Head (Pastoral and Boarding) and the Bursar;
- providing First Aid cover during term time;
- maintaining accurate records in the pupil's Engage medical record of first aid or any treatment given in the Health Centre;
- organising the ordering, provision and replenishment of First Aid equipment to ensure that First Aid boxes and kits are adequately stocked at all times.
- checking the off-site/mini bus First Aid kits at the beginning of each term (the PE department are then responsible for re-stocking the kits as needed, with supplies provided by the School Nurses and kept in the PE office).
- checking the emergency asthma kits at the beginning of each term and after each occasion when they have been used.
- Ensuring that the Medical Lists/Photoboard detailing pupils with existing conditions that require prompt action such as severe allergies, asthma, epilepsy and diabetes is kept up to date and can be viewed on Teams. The Lists/Photoboard must be available for staff.

Qualified first aiders are responsible for:

- responding promptly to calls for assistance;
- providing first aid support within their level of competence;
- summoning medical help as necessary; and
- recording details of treatment given.

Teachers of PE are responsible for:

- ensuring that First Aid kits are taken on all home/away matches and also during practice sessions;
- restocking the off-site PE First Aid kits on an ongoing basis, in liaison with the School Nurses (who will stock the kits at the start of each term and provide supplies for restocking);
- ensuring the collection from Health Centre of EpiPens, asthma inhalers and any other medication for pupils who require them on home and away matches for pupils who have provided the School Nurses with such

- medication and checking that such pupils are also carrying their own medication; and
- liaising with the School Nurse to ensure that they have up-to-date awareness and knowledge of the medical needs of members of their squads and practice groups.

Science department staff are responsible for:

- ensuring that they are aware of the location of the first aid kits in their laboratories; and
- ensuring that risk assessments are done for any practical work taking place in their laboratories.

Art, textiles and photography staff are responsible for:

- ensuring risk assessments are in place for times when they are incorporating practical work into their lessons for example, the use of saws and other potentially high risk equipment.

Heads of Departments are responsible for ensuring that:

- staff in their departments are aware of the procedures set out in this policy and, where appropriate, the location of the nearest First Aid kits;
- risk assessments, especially for practical work, take account of First Aid Procedures, and any relevant instructions from the School Nurse; and
- if specified in risk assessments, emergency action such as immediate flushing and cooling for burns is carried out without waiting for a qualified first aider or the School Nurse to arrive on the scene.

All staff have a duty of care towards pupils and should respond accordingly when First Aid situations arise. All staff are required to:

- familiarise themselves with the Medical Lists/Photoboards found on Teams detailing pupils with medical needs that require the use of EpiPens and pupils who could require First Aid due to medical conditions such as severe asthma, epilepsy and diabetes;
- familiarise themselves with the list of qualified First Aiders displayed on staff notice boards and on Teams; and
- understand that in general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Spillages of Blood and Body Fluids

All staff are required to take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and when disposing of dressings or equipment.

Spillage kits are available in the Health Centre, staff sitting room or from a Houseparent. As all body fluids are potentially infectious, staff are trained to wear protective clothing, such as gloves, and follow the guidelines outlined in First Aid Procedures, when dealing with spillages.

The yellow clinical waste bags are to be handed into Health Centre for disposal.

Supporting sick or injured pupils

With reference to sick pupils and medicine, the School:

- will make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues and contact the Senior Nurse for advice if we are unsure about a health problem;
- will isolate a pupil if it is felt that other pupils or staff are at risk and contact parent(s) and/or guardian(s) to take pupils home if the pupil is feeling unwell/being sick/have diarrhoea/have had an accident/may have an

infectious disease, whilst using reasonable endeavours to respect a pupil's confidentiality, if appropriate;

- will ring emergency contact numbers if the parent(s) and/or guardian(s) cannot be reached;
- will make every effort to care for the pupil in a sympathetic, caring and sensitive manner;
- keep other parent(s) and/or guardian(s) informed about any infectious diseases that occur and expect parent(s) and/or guardians to inform the Health Centre if their child is suffering from any illness or disease that may put others at risk.

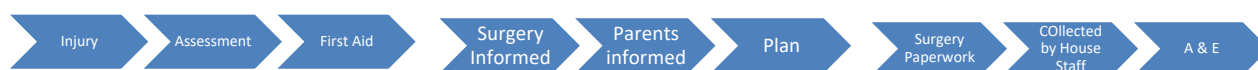
Related Policies

- Administration of Medicines Policy
- Data Protection Policy
- Eating Disorders Policy
- Educational and Co-Curricular Trips and Visits Policy
- Health and Safety Policy
- Mental Health and Wellbeing Policy
- Pandemics Policy
- RIDDOR Policy
- Supporting Pupils with Medical Conditions Policy

Protocol for sending a pupil to Accident & Emergency



Four components of the Process:



Completed By	
<input type="checkbox"/>	<p>First Aider/Staff</p> <p>An ambulance must be called in cases of :</p> <ul style="list-style-type: none"> Seizure lasting more than 5 minutes Uncontrolled bleeding Major injuries Severe Head injuries Unconscious child Suspected neck/spinal injury Severe burns <p>Should always liaise with Health Centre /Nurse On-Call</p>
<input type="checkbox"/>	<p>Health Centre/First Aider Assessment</p> <p>Ask yourself :-</p> <ul style="list-style-type: none"> • Is the pupil's illness/injury life threatening/limb threatening? • Could the illness or injury become worse or even life threatening on the way to hospital? • Could moving the pupil cause further injury? • Does the pupil need the skills or equipment of the ambulance service, Paramedic or Personnel i.e. pain relief, oxygen, x-ray etc? • Would the traffic conditions cause a delay in getting the pupil to hospital? <p>If the answer is YES to any of the above, then call an ambulance. If you have any doubts, err on the side of caution.</p>
<input type="checkbox"/>	<p>First Aider/Staff/ SLT</p> <p>Communication:</p> <p>Member of staff to contact Health Centre (07738032505) – Health Centre to call ambulance and be with patient.</p> <p>Member of staff then to alert SLT on duty (07803425389) and SLT will then arrange for staff at gates and be prepared to assist where directed</p> <p>School Address: Heathfield School, London Road, Ascot, SL5 8BQ – London Road Gate entrance</p>

<input type="checkbox"/>	First Aider/ Staff/Health Centre	A member of Staff must be sent to the London Road Gate entrance to direct the ambulance to where it is needed
<input type="checkbox"/>	First Aider/ Staff/Health Centre/SLT	<ul style="list-style-type: none"> • Health Centre /SLT to liaise with Parents • Plan - Parent/Escort to be arranged to accompany pupil in the ambulance. If the pupil is a Day pupil, the Parents must be informed immediately and may be able to escort the pupil to hospital or meet the pupil in A & E • Parents of Boarders must be informed as soon as possible • During school hours (08.30 – 16.00 Monday to Friday) liaise with Assistant Head (Boarding & Pastoral) using the Escort Duty rota • Outside school hours inform SLT on duty/Boarding House who will arrange a member of staff to escort pupil
<input type="checkbox"/>	Health Centre	To complete relevant paperwork to accompany pupil to A & E - Engage, Emergency Medical Consent form (In pupil file, kept in Health Centre), Patient Information A & E form
<input type="checkbox"/>	First Aider/Staff	If pupil has sustained an injury in School, i.e. – accident/self-harm/ near miss, then an accident form will need to be completed and sent to Health Centre In the case of self-harm – complete MyConcern and inform DSL
<input type="checkbox"/>	Health Centre	Health Centre to complete Medical Tracker
<input type="checkbox"/>	Health Centre	Health Centre to liaise with Parent/Escort on return from A & E Update shared with distribution list for staff awareness

Appendix 2 Severe allergic reaction - Anaphylaxis

An allergy is a hypersensitivity to a foreign substance that is normally harmless, but produces an immune response reaction in some people. An anaphylactic reaction is the extreme end of the allergy spectrum affecting the whole body and requires emergency treatment to preserve life, with an injection of adrenaline (in School - usually via an auto-injector device such as an EpiPen). The reaction usually occurs within minutes of exposure to the “trigger” substance although in some cases the reaction may be delayed for a few hours (**bi-phasic**). Common trigger substances include peanuts, tree nuts, eggs, shellfish, kiwi, insect stings, latex and drugs such as penicillin. **Avoidance of the allergen/trigger substance is paramount.**

Signs and symptoms

The early symptoms of an **allergic** reaction are:

- Itchy, urticarial rash (hives) anywhere on the body;
- Runny nose and watery eyes;
- Nausea and vomiting;
- Abdominal cramping; or
- Tingling when an allergen has been touched.

Where possible remove the “trigger” – the sting, food etc. – get them to spit the food out but **NEVER** induce vomiting.

The pupil’s medical condition must be monitored as it may **rapidly** deteriorate.

Definition of Anaphylaxis:

Anaphylaxis involves one or both of the following features:

- **Respiratory difficulty (swelling of the airway or asthma)**
- **Hypotension (fainting, collapse or unconsciousness)**

Symptoms suggestive of **Anaphylaxis** are:

- skin changes: pale or flushed, urticaria (hives);
- severe swelling of lips or face;
- tongue becomes swollen;
- respiratory difficulty - audible wheeze, hoarseness, stridor;
- difficulty in swallowing or speaking;
- pupil may complain that their neck feels funny;
- feeling weak or faint due to a drop in blood pressure;
- feeling of impending doom (anxiety, agitation);
- pale and clammy skin;
- a rapid and weak pulse;
- may become unconscious.

Treatment - what to do

Treatment depends on the severity of the reaction and may require an emergency injection of adrenaline (EpiPen) to be given **without delay**.

For mild symptoms

An antihistamine and if prescribed, an inhaler should be taken by the pupil/be given by the School Nurse, or in her absence by any first aider and on trips, by the teacher with responsibility for First Aid.

Monitor - the pupil's medical condition as it may **rapidly** deteriorate.

For severe symptoms

Each pupil with a known severe allergy, who has been prescribed an EpiPen must always carry an EpiPen with them at all times. Each pupil also has a spare EpiPen and a named individual management plan in their emergency kit, which must accompany them on all off-site activities.

Treatment for anaphylaxis is adrenaline administered via an auto-injector device (EpiPen) into the thigh muscle and may be given through clothing (avoiding the seam line) noting the time. The adrenaline quickly reverses the effects of the allergic reaction, but it is short-acting. If there is no improvement or the symptoms return, then a second EpiPen may be given after 5-15 minutes. Follow the management plan which includes details of any additional medication to be administered such as antihistamines, an inhaler or steroids (adjuncts). **The pupil must always go to hospital by ambulance if an EpiPen is administered, even if they appear to have recovered.**

Emergency procedure to be followed in school

If a pupil shows signs or symptoms of a severe allergic reaction, the School Nurse will be informed immediately. If for any reason, the School Nurse is not available, a First Aider must be alerted and the following procedure initiated **following the pupil's individual management plan:**

Do not attempt to move the pupil. They may sit up but if they feel faint lie them down and raise their legs (to help preserve their blood pressure)

- **Administer the pupil's own EpiPen or help them to administer it themselves if they are able (note the time - write this on your hand)**
- Remember to give the EpiPen as soon as possible – **adrenaline will do no harm, and can save a life if given**
- **Call an ambulance stating "anaphylaxis" (follow the School procedure for calling an ambulance)**
- Send a responsible person to get the pupil's emergency kit containing the spare EpiPen from the Health Centre
- Monitor the pupil's condition carefully; be prepared to commence cardio pulmonary resuscitation (CPR)
- **If symptoms have not improved or symptoms return, then after 5-15 minutes administer the second EpiPen**
- Give all used EpiPens to the ambulance crew for safe disposal
- A member of staff will accompany the pupil to hospital and stay until the parents arrive
- The School Nurse will record the incident on an accident report form and in the pupil's individual medical record
- **The parents will replace any medication as necessary before the pupil returns to School**

First episode - In the case of a pupil without a previous history of anaphylaxis or allergy reaction

The School Nurse should be contacted without delay if the episode occurs in School. If they are not available or the incident is off-site then an ambulance should be called (stating that the emergency is a suspected anaphylactic reaction) and First Aid measures carried out.

New pupils

- Parents must inform us of their child's allergy on the Confidential Medical Questionnaire Form that they complete when their child joins the School. If the condition develops later, the parents must notify the School as soon as possible.
- The School Nurse will discuss with parents the specific arrangements for their child.
- Parents will need to teach their child about the management of their own allergy including avoiding trigger substances and how and when to alert a member of staff.
- The parents should ensure that their child has been shown how to self-administer an EpiPen by the prescribing doctor or specialist allergy nurse and that this is regularly reviewed.
- Parents must provide the Health Centre with a second EpiPen. Parents will also supply any antihistamine or other medication that may be required. The medication will be kept in a named yellow emergency kit on named hooks in the Health Centre. The emergency medical kit will also contain the individual management plan and emergency contact details.
- Parents are responsible for ensuring that medication is in date and replaced as necessary.
- Parents should keep the School up-to-date with any changes in symptoms or medication and must provide an up-to-date individual management plan from the prescribing doctor.
- Catering staff will take all reasonable steps to ensure that only suitable food is available and will advise pupils on ingredients and appropriate food choices as required.
- Although the catering department can accommodate most food allergies, the parents may need to provide their child with snacks/packed lunches where appropriate.
- A named photograph of pupils with severe allergies is displayed on the Special Medical Needs poster in the Staff Room, Catering Office and on the online staff shared area on Teams.
- **A pupil must carry their EpiPen with them at all times in School together with any other prescribed emergency medication and should wear a medical alert bracelet.**

Training

- Training will be available to all staff in the recognition and treatment of anaphylaxis and allergic reactions, including the use of EpiPens and how to summon help in an emergency.
- An update on allergy/anaphylaxis will take place regularly – preferably annually as staff change.
- An update may also be required when protocols and guidelines are revised.
- Specific training can be given on individual pupils as and when the need arises.
- The training to be provided will cover: prevalence; recognition of signs & symptoms of allergic reactions, including anaphylaxis; differential diagnosis; treatment; roles and responsibilities; storage of medication; and administrative procedures.

School Trips

- Specific arrangements should be made for after-school or weekend activities and for school trips and visits.
- At least one member of staff trained in administering antihistamine and an EpiPen must accompany the group
- The degree of supervision required for the pupil should be discussed with parents and will depend on the pupil's age.
- Where a School trip includes travel by air, a letter for the airline will need to be requested from the School office and signed by one of the School Nurses.

Following any anaphylactic episode, all staff will meet to discuss what occurred, offer support to each other and look at how the emergency procedure worked and the procedure will be amended if necessary.

Appendix 3 - Asthma

The School recognizes that asthma is a common condition affecting children and young people and welcomes all pupils with asthma to the school.

Asthma is a serious but controllable chronic disease affecting 1.4 million children within the UK and is one of the most common causes of absence from school and the most frequent medical condition which requires medication to be taken during the school day.

Asthma can vary in its severity and in presentation according to the individual and can occur at any time.

When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to symptoms of asthma.

Asthma can be controlled by taking medication in the form of an inhaler. A reliever inhaler opens the airways and makes breathing easier. A preventer inhaler makes the airways less sensitive to irritants. **Immediate access to a reliever inhaler is essential.**

Types of inhaler

- Blue - Salbutamol (ventolin) - reliever inhaler – generally delivered via a volumatic spacer device (taken for the immediate relief of symptoms);
- Brown - Beclometasone – preventer inhaler (usually taken only in the morning and at bedtime).

Pupils with asthma learn from their past experience of asthma attacks; they usually know what to do, nevertheless good communication between the pupil and staff is essential.

Triggers

- Grass and hay
- Pollen
- Animal fur
- Viral infections
- Cold, damp weather
- Exercise
- Emotion
- Smoke, pollution and dust

Signs of poor control are:

- Night time symptoms leading to exhaustion during the day and poor concentration;
- Frequent daytime symptoms;
- Using their reliever inhaler on more than two occasions in a week;
- Time off school because of respiratory symptoms.

New pupils

- Parents must inform us of their child's asthma on the Confidential Medical Questionnaire Form they complete when the child joins the School. If the condition develops later, the parents must notify the School as soon as possible.

- The School Nurse will discuss with parents the specific arrangements for their child and will complete an asthma card which will be replaced when there is a change in medication during the year.
- A pupil with asthma should carry their inhaler with them at all times in School.
- Parents should provide the Health Centre with a spare named inhaler in case the pupil's inhaler runs out, is mislaid and for staff to take on trips; providing replacements promptly when requested by the School Nurse. Parents are responsible for ensuring that medication is in date and replaced as necessary.
- A named photograph of any pupils with severe asthma is displayed on the Special Medical Needs poster displayed in the Staff Work Room and the online staff shared area on Teams.
- On request training will be available to all staff in the recognition of an asthma attack and how to summon help in an emergency. All staff should familiarise themselves with the procedure for dealing with an asthma attack.
- Pupils with asthma are encouraged to take a full part in PE at Heathfield and PE staff will remind pupils who have exercise induced asthma to use their reliever inhaler before the commencement of the lesson and during it if needed.
- Specific arrangements should be made for after-school or weekend activities and for school trips and visits.

Common signs of an asthma attack

- Coughing;
- Shortness of breath;
- Wheezing;
- Feeling tight in the chest;
- Being unusually quiet;
- Difficulty speaking in full sentences.

It should be noted that in a typical asthma no wheezing will be audible.

Emergency procedure to be followed in school

Action to take in the event of an asthma attack:

- Keep calm
- Encourage the pupil to sit up and slightly forward – do not hug or lie them down
- **Make sure the pupil takes two puffs of their reliever inhaler (usually blue)** immediately (preferably through a volumatic spacer)
- If the pupil's inhaler is not available the member of staff should access the nearest Emergency Asthma Kit which contains a reliever inhaler and spacer
- Ensure tight clothing is loosened
- Reassure the pupil
- Call the School Nurse

If there is no immediate improvement:

Continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 urgently and request an ambulance (following school procedure) if:

- The pupil's symptoms do not improve in 5-10 minutes
- The pupil is too breathless or exhausted to talk
- The pupil's lips are blue
- You are in any doubt

Ensure the pupil takes one puff of their reliever inhaler every minute until the ambulance arrives.

Caution:

- **Do not give anything to eat or drink**
- **Do not give ibuprofen or paracetamol**

After a minor asthma attack

- Minor attacks should not interrupt the involvement of the pupil in School. When the pupil feels better they can return to school activities.
- The parents/guardian must always be informed if their daughter has had an asthma attack.

Appendix 4 - Diabetes

The School supports pupils attending the School with type 1 diabetes and recognize that they need understanding, encouragement and support to ensure a sense of independence. Most pupils with diabetes have a good knowledge of their condition and can manage it well but good communication between the pupil and staff is essential.

New pupils

When the pupil joins the School, the parents will complete a Confidential Medical Questionnaire informing that their child is diabetic. The School Nurse will then send an individual care plan for completion, unless the family already has an appropriate and up-to-date plan; in which case a copy will be requested. This will include details of the care to be given for hypoglycaemia (low blood glucose) and the emergency treatment that will be needed and instructions on when to call the emergency services. It is crucial to reinforce that parents are experts in the care of their child and should be involved from the outset. They are best positioned to indicate they are ready to share responsibilities with the School. Raising expectations of what is possible and keeping their child at the centre of everything is essential. Collaborative working between healthcare professionals, education staff and the pupil's family will support the School in their day to day management of diabetes including monitoring of the condition, food, physical activity and the pupil's wellbeing.

A copy of the individual care plan will be kept in the Health Centre; spare equipment will be kept in a named box in the fridge as necessary. The pupil's name and photograph will be included on the Special Medical Needs Poster; a copy of which is displayed in the Staff Work Room and also on the online staff shared area in Teams.

Insulin

The pupil will know how to administer their insulin and will carry this with them during the normal school day. However, the School will support them and the School Nurse will discuss with the parents all aspects of the pupil's insulin and its administration. The School will provide facilities for the safe disposal of needles.

The need for regular eating times is recognised by the School and appropriate arrangements will be made. Diabetes management outside school will be the responsibility of the pupil's consultant/diabetes specialist nurse (DSN) and the parent/guardian must inform the School Nurses of any change in the pupil's regime in writing, as soon as they occur. The School will always endeavor to invite the new pupil's DSN to a meeting at the School prior to the child joining.

Day visits

The pupil will need to carry their insulin and blood glucose testing kit and snacks as usual and must plan for the possibility of a delayed return. All staff will be advised of the necessary precautions and the emergency procedures. The staff will collect the pupil's spare emergency kit and a copy of the individual care plan detailing the emergency procedures, for use in the event of a hypoglycaemic episode. They will also carry spare fast acting glucose/snacks/juice boxes. The emergency kit must be returned to the Health Centre immediately on return to the School.

Residential and overnight visits

Parents will be required to complete a detailed medical history form prior to departure which will include the details of insulin with current dosage and frequency. A risk assessment will be carried out and a meeting between the parents and School Nurses will take place. The teacher organising the trip will aim to ensure that there is refrigerated storage for the insulin. The pupil must be confident in the management of their diabetes with regard to dosage administration, monitoring control and adjustment of the dosage when necessary. A copy of the individual care plan and emergency procedures will be taken on the trip. When travelling by air, a letter will be written explaining the medical need for equipment to be carried on the plane – this is requested from the School office and signed by one of the School Nurses. In the event of loss or damage to the insulin, it will be the parents' responsibility to provide extra medication. However, where this is not possible or a delay will occur the trip leader should contact the paediatric department or Accident and Emergency department at the nearest hospital, who will be able to offer assistance.

If following a risk assessment it is felt by the parents and School Nurses that the pupil is not able to manage their diabetes independently, then the requirement for a trained health professional to accompany the trip will be discussed.

PE

The School will ensure that PE staff are aware of the precautions necessary for a pupil with diabetes to take part in sporting activities and on the emergency procedures. PE staff will have a supply of fast acting glucose/snacks/juice boxes available for diabetic pupils when they are off site or at sporting events.

Background

Type 1 diabetes develops when the insulin-producing cells in the body are destroyed by the body's immune system; the body is unable to produce any insulin. It is a long-term medical condition. Insulin is the key that unlocks the door to the body's cells. Once the door is unlocked glucose can enter the cells where it is used as fuel. In Type 1 diabetes the body is unable to produce any insulin so there is no key to unlock the door and the glucose builds up in the blood. Nobody knows for sure why these insulin - producing cells have been destroyed, but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a virus or other infection. Type 1 diabetes can develop at any age but usually appears before the age of 40, and particularly in childhood. Type 1 diabetes accounts for between 5 and 15 per cent of all people with diabetes and is treated by daily insulin injections, a healthy diet and regular physical activity. Insulin is taken either by injections, an insulin pen or via a pump.

The main symptoms of undiagnosed diabetes can include:

- passing urine more often than usual, especially at night;
- increased thirst;
- extreme tiredness;
- unexplained weight loss;
- genital itching or regular episodes of thrush;
- slow healing of cuts and wounds; or
- blurred vision.

If you are concerned that a pupil is showing these symptoms, please contact the School Nurses without delay.

Medication – Insulin

Insulin cannot be given orally as it will be digested. It is administered by either an Insulin pen, injection or by a pump. Insulin may be administered several times a day, so the pupil will carry their pen and blood glucose testing kit with them. Spare insulin will be kept in a labelled box in the fridge. It will be the responsibility of the pupil to be aware of their dosage of insulin. If there is a query during the school day either the parents will be contacted or the named Diabetes Specialist Nurse ("DSN") if the parent is unavailable.

Insulin pump

This continually delivers insulin into the subcutaneous tissue.

The device is worn attached to the pupil's waist. It helps maintain a more stable blood glucose level and as it is easy to vary the dose, gives pupils more freedom with diet and activity.

Using the maximum bolus and maximum basal facility settings can give added reassurance that too much insulin will not be delivered in error.

Each pupil who uses a pump must learn and be confident to carb count, to set/adjust the insulin dose delivery themselves according to their diet, activity and blood glucose levels.

Staff and First Aiders will not be required to know how to carb count, calculate dosages or administer insulin via a pump.

Emergency procedure to be followed in school

Hypoglycaemia - Hypo (below 4mmols/L)

This is the most common short-term complication in diabetes and occurs when the level of glucose falls too low thereby affecting cognitive function.

It is caused by:

- When too much insulin has been taken
- A meal or snack that has been delayed or missed
- Not enough carbohydrate food has been eaten
- Exercise was unplanned or strenuous
- Sometimes there is no obvious cause.

Signs and symptoms:

- Hunger, trembling, shaking
- Sweating
- Pallor
- Fast pulse or palpitations
- Headache
- Tingling lips
- Glazed eyes, blurred vision
- Mood change – anxiety, irritability, aggressiveness
 - Lack of concentration, vagueness, drowsiness
 - Collapse

Action to take

- Contact the School Nurse if they are on site, or in their absence a qualified First Aider

If the pupil is conscious:

- If possible get the pupil to check their blood glucose
- Give orange juice or x3 glucose tablets (The pupil will carry their own, but drinks, glucose tablets and cereal bars are kept in Health Centre)
- If the pupil is conscious, but uncooperative apply Hypostop gel to the inside of the cheek (as per instructions)
- The pupil will need to check their blood glucose after 15 minutes. If it remains below 4mmols repeat as above
- This will need to be followed by a carbohydrate snack (cereal bar, sandwich, a couple of biscuits, fruit etc) unless the pupil has an insulin pump in which case their individual care plan should be followed.
- If there is no improvement in the blood glucose level after 2 cycles, then the parents should be called urgently; if no parental contact can be made then Call 999 and ask for a paramedic to attend

If the pupil is unconscious:

- Place the pupil in the recovery position

Then:

- Contact the School Nurse if they are on site or in their absence a qualified First Aider
- Only the School Nurse or School Doctor can administer an emergency Glucagon injection, which is kept in the Health Centre fridge

Otherwise the First Aider will:

- Call 999 and request an ambulance (following the school procedure)
- Not give the pupil anything to eat or drink
- Organise for the parents to be contacted

Hyperglycaemia - Hyper (14mmols/L or above)

This develops more slowly than hypoglycaemia but is more serious if untreated.

This occurs when there is too much glucose in the blood, therefore extra insulin is needed.

The blood glucose level will be above 14mmols. This can develop over a few days and will be more noticeable if a pupil is away on a school trip.

Hyperglycaemia - It is caused by:

- Too little or no insulin given
- Eating more carbohydrate than their diet allows
- Emotional upset
- Stress
- Less exercise than usual
- Infection
- Fever
- Not conforming to treatment

Signs and symptoms:

- Feeling unwell
- Extreme Thirst
- Frequent urination
- Tiredness and weakness
- Nausea Blurred vision
- Flushed appearance
- Dry skin
- Glycosuria
- Small amount of ketones in urine/blood

Action to take:

- They should check their blood glucose and should be able to titrate their insulin according to their blood glucose level; they should also check for the presence of ketones
- Contact the parents if ketones are present and arrange for the pupil to be collected
- Give fluids (without sugar)
- Contact the named diabetes specialist nurse if the parents cannot be reached

Call 999 and request an ambulance if any of the following signs and symptoms occur:

- Confusion/impaired consciousness/unconsciousness
- Deep and rapid breathing
- Abdominal pain
- Nausea/vomiting
- Breath smells of acetone (like pear drops, nail polish remover) as this can proceed to diabetic ketoacidosis (DKA) which for a diabetic is a medical emergency; with an uncontrollable downward spiral without urgent medical attention

General points

- No diabetic pupil will be allowed leave the classroom alone or be left unattended if unwell and will always be accompanied to the Health Centre;
- A diabetic pupil will be free to check their blood glucose and eat a snack in class as necessary without ever needing to refer to the teacher present;
- Privacy for blood glucose testing will always be available in the Health Centre.

Spare Glucometer

This is kept in the Health Centre; is checked regularly and is available for use by any diabetic pupil.

Glucagon emergency injection kit

This is kept in the Health Centre fridge and the expiry date is checked each term.

Checklist for visits/trips

The following items are to be carried by the relevant person:

Pupil/parents	Staff
Hand gel	Copy of Individual care plan, trip medical form with full contact details of parent/guardian
Blood glucose testing kit and urine testing kit (if B/G testing does not include ketone testing)	School trip information Risk assessment Letter for airline
Insulin plus spare in case of loss/damage	Mini sharps box

Insulin pen and needles plus spares in case of loss/damage	Quick reference flow-chart with photograph of pupil
All insulin pump equipment if applicable	Spare insulin pump equipment if applicable
Fast acting glucose/carbohydrate snacks/juice boxes Extra food in case of a delayed return	Spare fast acting glucose/carbohydrate snacks/juice boxes
Cool bag for transportation of insulin	Ensure suitable refrigeration facilities are available at destination
Medical Alert bracelet	

Appendix 5 - Epilepsy

The School recognises that epilepsy is a common condition affecting children and young people and welcomes all pupils with epilepsy to the School. The School supports pupils with epilepsy in all aspects of school life and encourages them to achieve their full potential. The School believes that every child with epilepsy has the right to participate fully in the curriculum and life of the School, including all outdoor activities and residential trips; assuming health and safety considerations are met following a risk assessment. The School's aim is to meet all the educational needs of the pupil, through discussions with the pupil, parents, Head of Year and the medical team.

Background

Epilepsy is the most common serious neurological condition. It affects about 1 in 200 children under 16 years and is currently defined as a tendency to have recurrent seizures. A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming halted or mixed up. It can be due to head trauma or secondary to drugs, toxins, stress, infections such as meningitis, or of no known cause.

The brain is responsible for all the functions of the body, so what is experienced during a seizure will depend on where in the brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them. Seizures that affect the whole of the brain are known as generalized seizures and only part of the brain, are known as partial seizures. Generalized seizures usually result in a loss of consciousness, which may last seconds or several minutes. Partial seizures only partially affect consciousness.

Generalized seizures – Tonic-clonic

The tonic phase

The person loses consciousness and, if standing, will fall to the floor. Their body goes stiff because all their muscles contract. The eyes roll back and they may cry out because the muscles contract, forcing air out of their lungs. The breathing pattern changes, so there is less oxygen than normal in the person's lungs; because of this, the blood circulating in their body is less oxygenated than usual; causing the skin, particularly around the mouth and under the finger nails to appear blue in colour. This is called cyanosis. The person may bite their tongue and the inside of their cheeks.

The clonic phase

After the tonic phase has passed, the clonic phase of the seizure begins. The person's limbs jerk because their muscles tighten and relax in turn. The person may occasionally lose control of their bladder and/or bowels. It is not possible to stop the seizure; no attempts should be made to control the person's movements, as this could cause injury to their limbs.

After a tonic-clonic seizure

After a short time, the person's muscles relax and their body goes limp. Slowly they will regain consciousness, but they may be groggy or confused. They will gradually return to normal but may not be able to remember anything for a while. It is usual to feel sleepy and have a headache and aching limbs. Recovery times can be different. Some people will quickly want to get back to what they were doing; other people will need a short sleep, whereas, some will need plenty of rest and will need to go home.

Post-ictal state

After a tonic-clonic seizure, some people may be very confused, tired or have memory loss. This is known as a post-ictal state.

Absence seizures (petit mal)

The person briefly loses consciousness (3-30 seconds); they may appear to be distracted or daydreaming and these seizures can occur up to 20 times a day; lasting only a few seconds. There may be a slight drop in muscle tone causing the person to drop something and there may be frequent repetitive movements. In an undiagnosed child these are often mistaken for inattentiveness or daydreaming and their school work may deteriorate.

Complex partial seizures

During these seizures, lasting 1-2 minutes, the person will have impaired consciousness and may do repetitive actions such as lip smacking, scratching, chewing, picking at clothing or rubbing an object. They are unable to articulate their feelings. This may also be interpreted as inattentive behaviour. It is important not to restrain the person, as this may frighten them, but it is essential to keep them safe, by guiding them away from stairs or busy roads. When the seizure ends they may be confused and will require reassurance and monitoring until fully alert.

Triggers

Any of these may cause a seizure to occur:

- Excitement
- Tiredness
- Emotional stress
- Illness
- Fever
- Flickering lights

New pupils

When the pupil joins the School, the parents will complete a Confidential Medical Questionnaire and inform the School that their child suffers from epilepsy. The School Nurse will request a copy of the existing individual care plan; where none exists the parents will be sent an individual care plan for completion. This will include details of any known triggers, the care to be given in the event of a prolonged seizure and the emergency treatment that will be needed.

Where emergency medication has been prescribed by a consultant neurologist, then the consultant must provide a complete and signed individual care plan for emergency medication to be administered in the School.

The School keeps a record of all the medical details of pupil's with epilepsy and keep parents updated with any issues which may affect the pupil. The School ensures that at least one member of staff who is trained to administer emergency medication is in School during normal school hours. Advice about this condition is available to all staff. The pupil's name and photograph is included on The Special Medical Needs Poster; a copy of which is available in the Staff Work Room and in the online staff shared area on Teams. The staff will be informed of any special requirements, such as the most suitable position for the pupil to sit within the classroom.

The epilepsy procedure applies equally within the school and for any activities off the school premises that are organised by the School. A risk assessment will be carried out for educational visits involving the pupil. If the pupil, parent, or member of staff or the medical team have any concerns these will be addressed at a meeting prior to any off-site activity involving the pupil taking place.

Emergency Medication

Named emergency medication, when prescribed is kept in the locked medicines cupboard in the Health Centre and at present can only be given by the School Nurse or School Doctor, when they are on site.

Emergency procedure to be followed in school

First aid for the pupil's seizure type will be included on their individual care plan. Staff will be advised on basic first aid procedures and the School has a team of qualified First Aiders.

There are several types of seizure but in most cases the sufferer falls to the ground and their body becomes rigid due to strong muscular contractions.

- Make sure the area is clear so that they don't hurt themselves
- If possible ease the pupil to the ground
- Do not move them unless they are in danger (top of stairs, by a road etc.)
- Stay calm; send for the School Nurse, giving the name of the pupil
- Note the time the seizure started
- Put something soft under their head (jacket or cushion) or gently cup their head with your hands to stop their head hitting the ground
- Get a responsible person to move other pupils away
- DO NOT put anything into their mouth, or restrain them – allow the seizure to happen

After the seizure:

- Check their breathing
- Make sure that the airway is clear
- If breathing, place in the recovery position
- Monitor and record vital signs: pulse, breathing rate and level of response
- Be prepared to commence cardiopulmonary resuscitation (CPR)
- Note the length of time of the seizure
- They may be confused and disorientated, so talk calmly and reassure the pupil
- The pupil may also have been incontinent, in which case cover them with a blanket to avoid potential embarrassment and preserve their dignity
- When recovered enough arrange for them to be taken by wheelchair to the Health Centre to sleep
- The after effects may be: a bitten tongue, headache, aching limbs and exhaustion
- Inform the parents at the earliest opportunity

Call an ambulance (following the school procedure) if:

- It is the pupils first seizure
- If the seizure lasts for 5 or more minutes and they have not been prescribed emergency medication
- If the seizure lasted for 5 minutes or more and they have been given emergency medication
- They have trouble breathing after the seizure has stopped
- They have not regained consciousness after more than 10 minutes
- They have repeated seizures
- They may have sustained an injury
- You are concerned and need assistance.

Appendix 6 – Wound Management Protocol & Procedure

Wounds

There are 4 categories of wounds:

Abrasions	A graze caused by friction, superficial and partial thickness
Cuts	A break in the skin caused by a sharp object e.g. knife, glass; easy to close
Lacerations	Caused by a blunt force; the skin has burst rather than been cut
Penetrating wounds	Usually unable to visualize the base. These wounds require examination in an Accident and Emergency Department. Cover wound with a temporary dry dressing and send pupil to hospital

Minor wounds do not require referral to a doctor/Accident & Emergency Department, excluding the following complications:

- problems with exploration – excessive pain, unable to visualize all of the wound;
- cleaning or closure of the wound – unable to remove all of the debris/harmful debris e.g. glass and/or difficult shape of wound;
- concern about size or depth or site; or
- mechanism: human bite, animal bite or extreme violence.

Cleaning - general

This reduces the risk of complications after closure

- Place patient in a quiet place and appropriate position. Keep them comfortable and calm; maintain their dignity;
- Use appropriate sterile field to protect patient, environment and yourself;
- Wear protective gloves and apron.

Wound cleaning procedure

Tap water	If drinking water is used there is no evidence to suggest that infection levels are increased. It is readily available and convenient for exploration and cleaning using tap pressure. Alternatively use boiled and cooled water. The infection rate remains 5---10% approximately (Fernandez and Griffiths 2007)
Saline – Sodium Chloride 0.9%w/vPh.Eur	Non-irritant, no antiseptic effect

- Irrigate – using tap pressure or 20/50ml syringe preferably with a 19 gauge needle to increase pressure; hold at a 45 degree angle to wound. Squirt water using pressure to remove debris;

- Use a gloved finger to explore wound or a gauze swab; and
- Irrigate until all debris is removed. Dry using gauze swab.

Dressings

Plasters	<ul style="list-style-type: none"> • Range of sizes • Short term solution • Use until bleeding has stopped • They do not allow the wound to breathe particularly well • Be aware of pupils with latex allergy
Mepitel	<ul style="list-style-type: none"> • Expensive • Range of sizes • Single layer can stay in place for up to 7 days • Dry dressing required on top can be changed without disturbing the wound

- Record all wound cleansing and dressings in daily diary along with pupil details and information about aftercare.
- Ensure appropriate aftercare advice is discussed and recorded and where appropriate parents informed
- Advise pupil when they should return for dressing check/change
- Check the Tetanus status of pupil

If necessary, provide parents with written instructions of what they need to look out for (list below) and when they should seek further immediate medical advice:

- 1. If an increase in pain, swelling and redness is evident;**
- 2. If any red lines are seen travelling away from the wound;**
- 3. If there is an offensive smell coming from the dressing;**
- 4. If the child develops a temperature or diarrhoea**

Appendix 7 – Automatic External Defibrillator (AED) Procedure

What is an Automatic External Defibrillator?

An automated external defibrillator is a portable electronic device that automatically diagnoses potentially life threatening cardiac arrhythmias in an individual and is able to treat them through defibrillation. Defibrillation is the application of electrical therapy allowing the heart to re-establish an effective rhythm.

Overview

In the UK approximately 30,000 people sustain cardiac arrest outside hospital each year. Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by ventricular fibrillation (“VF”) or pulseless ventricular tachycardia (“VT”). The scientific evidence is overwhelming; the delay from collapse to delivery of the first shock is the single most important determinant of survival. If defibrillation is delivered promptly, survival rates as high as 75% have been reported.

The chances of successful defibrillation decline at a rate of about 10% with each minute of delay; basic life support will help to maintain a shockable rhythm, but is not a definitive treatment. (*Resuscitation Council (UK) – The use of Automated External Defibrillators – 2010*).

Children

The School’s AEDs contain pads which are suitable for an adult and child aged 8 years and older

Training

AED trained staff also hold a First Aid qualification.

Annual AED training is provided for staff in conjunction with First Aid Training by the Senior Nurse.

Location of the AEDs

The AEDs are located in main pupil entrance, inside the foyer next to the arch doors adjacent to the Chapel courtyard, and poolside next to the office in the Swimming Pool. There is a green “Defibrillator” sign above the AED, visible from outside as well as inside.

The AEDs are powered by a long life battery clearly displayed (**green** when the battery is fully charged, **red** when the battery is depleted).

The AEDs are checked weekly during term time by the School Nurse on duty.

Emergency procedure to be followed in school

Anyone finding a collapsed individual should shout for help then:

1. Call 999 and request an ambulance (following the school procedure)
 2. Call the Health Centre via extension 310 or on the Nurse Mobile 07738 032505
Please state the exact location of the casualty clearly
 3. Send a runner to take the AED to the location of the casualty
 4. Inform Facilities & Estates Manager or the SLT on duty to be ready to open the gates and direct the ambulance
 5. Check that all the above has been carried out and that an ambulance has been dispatched!
- **The School Nurse and First Aider/s will make their way immediately to the casualty**
 - **CPR will be started as soon as it is established that the casualty is unresponsive and non-breathing by the first trained person on the scene. The AED machine will be connected to the casualty as soon as it arrives.**
 - **Any First Aiders not directly involved with CPR will assist with:**
 1. **The safety of the casualty**
 2. **Moving away any bystanders**
 3. **Be ready to take over CPR if the other First Aiders become tired**
 4. **Organise for someone to meet the ambulance crew and direct them to the location of the casualty**

The School Nurse or a member of the SLT will lead the identification of the casualty and will be responsible for contacting the next of kin as soon the situation allows

In the unlikely absence of a trained individual, and where a delay would occur, the AED can be operated by an untrained individual and they should not be precluded from using the AED (Resuscitation Council Guidelines 2010).

After the critical incident has been dealt with:

- An incident report will be completed irrespective of whether the AED was used or not;
- Any equipment used will be replaced;
- If used, then Cardiac Science will be contacted so that a print-out can be produced and kept with the Medical Records;
- The AED will be checked, restocked and returned to its usual location next to the arch doors;
- Following the critical incident the School Nurses and Bursar will arrange a debriefing session for the staff involved; to highlight any concerns that may have arisen and to make amendments to the AED procedure if necessary;
- An event report form will be completed and returned to the Resuscitation Council (UK) by the School Nurses.

Appendix 8



Heathfield School Ascot

Qualified First Aiders

The following individuals hold a valid Emergency First Aid at Work training certificate:

Staff Member	Expires
Amy Horton	27 April 2026
Andy Valner	27 April 2026
Angela Farrugia	18 April 2026
Anna Milner	18 April 2026
Charlotte Baker	05 June 2027
Clare Wells	27 April 2026
Emma Fish	05 June 2027
Florence Gray	18 April 2026
Gaetane Montant	05 June 2027
Gill Glimmerveen	18 April 2026
Hannah Middleton	05 June 2027
Harriet Bowerman	18 April 2026
Ian Whitehurst	27 April 2026
Isabel Crocker	05 June 2027
Jake Imms	05 June 2027
Janet Liepa	27 April 2026
Janet Talbot	16 March 2025
John Bowers	18 April 2026
Joit Uppal	18 April 2026
Karen White	18 April 2026
Leslie Worrall	05 June 2027

Lou Scott	05 June 2027
Maddie Neagu	27 April 2026
Michelle Battleday	05 June 2027
Nick Sansum	05 June 2027
Paul Brown	27 April 2026
Paul Johnston	18 April 2026
Rylee Boyd	19 April 2025
Sarah Southern	05 June 2027
Steve Chell	27 April 2026
Sue Broomfield	05 June 2027
Tricia Mullens	5 March 2025
Wendy Reynolds	27 April 2026