



Alleyn's Oakfield Policies & Procedures

First Aid Policy

Name of Policy	First Aid Policy
ISSR	Part 3: Welfare, health and safety of pupils
Reviewed by	SLT
Author	Mrs Alison Wright, Head Mrs Zahira Ismail, School Business Manager
Date of school review	February 2026
Date of next school review	June 2026

Policy Overview

This policy applies to Alleyn's Oakfield, including EYFS. It is available to all parents and pupils on the School website and printed copies are available upon request.

Aims

This policy outlines the school's responsibility to provide safe, appropriate First Aid, ensuring best practice. It includes arrangements for First Aid both on site and off site. This policy also covers the school's arrangements for the administration of medication, the care of pupils with medical conditions and for those who are unwell.

We aim to provide a healthy and safe environment for staff, pupils, and visitors to the school. We expect that at all times our staff and pupils will cooperate fully in implementing health and safety initiatives, do everything possible to make sure injuries do not occur to themselves and others and take responsible care of their own health and safety at all times. The School provides practical arrangements at the point of need and in a timely and competent manner.

Legislation

1.Regulations and guidance

This policy draws on the regulations and guidance:

- Health and Safety legislation (Health and Safety First Aid Regulations 1981 (updated 2013) and guidance issued thereto (last amended 2018)
- DFE's guidance document 'First Aid in schools'
- Statutory Framework for the Early Years Foundation Stage 2025.
- Guidance is taken from Public Health England with regards to illness and infectious conditions. (www.gov.uk/government/publications/infection-control-in-schools).
- NICE Guidelines on head injuries when assessing whether a pupil needs to be referred to A&E.
- COVID-19 Government guidance [here](#).

2. Statutory Reporting to RIDDOR

Some incidents that occur in schools or during school activities must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) (08453009923). **The decision to report an accident to RIDDOR is decided by the Alleyn's School COO**, but the Head or School Business Manager of Alleyn's Oakfield should advise the COO if they feel it is likely to need reporting. In addition, the Head or Business Manager must provide details of staff absences due to an injury at work lasting more than 7 days. Please refer to Incident reporting in schools (accidents, diseases and dangerous occurrences). HSE 2013.

Responsibilities

The Head is responsible for ensuring that there is an adequate number of qualified First Aiders on site and supervising children and in attendance on all school trips and outings.

The Head of Pre-Prep is responsible for ensuring the fulfilment of the requirements of the EYFS Framework, in school and on all school trips and outings.

The First Aid Co-ordinator (Sarah Thomas, School Receptionist) is responsible for the maintenance of the contents of the First Aid boxes and other supplies.

The School Business Manager maintains the register of First Aid training and associated refresher dates to ensure that courses are booked to maintain qualifications.

Training

- All staff complete a course on First Aid Essentials every two years, valid for two years, including how to use an epipen and an inhaler
- A list of Alleyn's Oakfield staff who have undertaken the 2-day Full Paediatric and Adult Blended First Aid at Work training course delivered by First Aid for Life is kept in the school offices and staff rooms.
- A list of the first aid qualifications of the staff working in the Pre-Prep who have undertaken full Paediatric Training is kept by the Head of Pre-Prep and used to ensure the regulations of the EYFS Framework are met.
- New staff are provided with school arrangements for First Aid at induction and additionally complete the First Aid Essentials course.

Medical Information and Consent Forms

On entry to the school parents are asked to complete an Individual Health Care Plan form (Appendix 1), as part of their Welcome Pack. As well as medical history and emergency contact details, parents are asked to provide written consent for the administration of over-the-counter medication in accordance with this policy. These are paracetamol, ibuprofen and antihistamine medication, and suncream. The forms also include vaccination status, health and development information, additional emergency contacts. They are updated annually or as required. This form must be returned to the school before a child may begin at Alleyn's Oakfield.

Sharing of Information

The Head and staff treat medical information confidentially. The Head agrees with parents/carers who should have access to records and other information about the child.

Within this agreement form teachers must have necessary medical and dietary requirements for their own classes. This is emailed to them by the School Office before the beginning of the school year and updated as needed.

Parents/carers in the relevant year group will be informed by letter of all cases of infectious illnesses. All staff are also informed by email in case any staff member is or may be pregnant.

First Aid Provision

1. First Aid Kits

The contents of all first aid kits follow Health and Safety Executive recommendations (HSE). They are equipped to deal with everyday medical situations. No medicines or tablets are kept in First Aid kits.

First aid kit contents are checked every half term by the First Aid Co-ordinator (School Receptionist) and items are disposed of if beyond the date of use and replenished as necessary.

Staff must contact the Receptionist if they see that stocks are running low.

First aid kits are green with a white cross. They are clearly available on all floors of both buildings and in both staffrooms.

Additional first aid equipment is held in the main Reception Medical Room and in the Pre Prep Office.

A large portable first aid kit is retained in the school minibus and small portable (bumbag style) kits are collected from the school office for outings and school trips. Residential trips are serviced by large, well-equipped kits

2. AEDs and Auto-injectors

Automated External Defibrillators (AEDs) are located in the Medical Room and Pre Prep

Office and are available for use by school staff and members of the public. No training is required for the operation of the AED as the machine itself gives verbal instructions to the user.

A stock of emergency auto-injectors is maintained in the Medical Room.

3. First Aid Spaces

The Medical Room (which pupils do not enter without an adult) is located within the main Reception in the Prep Building. There are several spaces for storing the different types of medication. See medicines below.

There is also a bin for waste materials, a bed and a wash basin available. This room also houses an external phone line for emergency calls or non-emergency calls. The Medical Room is the designated place for first aid treatment and treatment of sickness.

In the Pre Prep the children are cared for initially in their familiar classroom environment. They are then brought to the Medical Room prior to collection, or if their condition worsens.

Procedures for Administering First Aid

When children are taken ill in school, they spend time in the Medical Room where the school Receptionist looks after the child in the medical room. Where pupils are well enough, they return to class. Should it be decided the child requires medication or needs to go home; parents are telephoned to discuss the situation and agree the course of action. Parental consent is sought via phone call or email for over the counter medication such as paracetamol (Calpol) to be administered at the time of injury/illness and confirmed to parents via email once administered.

1. EYFS

Pupils in Reception Class (EYFS) are seen by the Receptionist or paediatric trained first aiders during school time and on school trips. Parents are informed of every accident or incident to their child in Reception (EYFS) and the first aid or medication that has been given. Parents of pupils in the EYFS give us permission to administer inhalers or adrenaline auto-injectors as an emergency procedure without first making contact with them. However, in the case of ALL other medication, parental permission is sought prior to administering medication. If medication is given, parents are informed by email of the name, dose and time the medicine is administered for their own records.

Choking is a significant risk for young children. In accordance with the EYFS statutory framework and nutrition guidance we take proactive steps to minimise choking hazards and ensure staff are prepared to respond effectively in the event of an incident. (Appendix 2). We keep a Choking Incident Log (Appendix 3).

2. Head Injuries

Any pupil who has sustained a head injury is carefully monitored in the Medical Room for a period of time appropriate to the injury. The School refers to the NICE Guidelines on head injuries when assessing whether a pupil needs to be referred to A&E. The parent of a pupil who has sustained a head injury is sent an email to notify them of the incident and a Head Injury Advice Sheet is attached for their reference (Appendix 4).

3. Medicines

Medicines are stored in the first aid room. A supply of over-the-counter medications such as paracetamol (Calpol) and ibuprofen (Nurofen) is kept securely in a locked cabinet and administered when appropriate. Parental consent is always sought prior to administering medication. The key is held by the School Receptionist and is accessible to the first aid trained office staff only.

Pupils' individually prescribed emergency medication is kept in the Medical Room. These are not locked as they need to be easily accessible in an emergency. Parents are asked to provide full written details for the administration of the medication should they ask the school to administer medication (Appendix 5).

Prescribed antibiotics brought in are stored in a fridge and administered as per the prescription and parents' consent. Medication must be in the original packaging, with a prescription sticker and a manufacturer's instruction leaflet enclosed.

4. Pupils with existing medical conditions

Some pupils have specific medical/dietary needs; these are displayed in the Medical Room. Individualised care plans are drawn up in consultation with parents for those pupils with specific health needs such as diabetes, anaphylaxis, epilepsy etc. Relevant staff are informed and kept up to date of any changes by the School Receptionist. Staff who are due to take pupils with medical conditions on educational visits are to discuss the pupil's needs with the School Receptionist well in advance of the school trip, as set out in the educational visits policy. On some occasions it is appropriate to have a meeting with the staff member, the parents, pupil, and the responsible first aider on the trip.

There are specific policies on the care of pupils with diabetes, asthma, and epilepsy and anaphylaxis reaction. These policies cover Asthma (Appendix 6), Diabetes (Appendix 7), Anaphylaxis (Appendix 8) and Epilepsy (Appendix 9).

5. Prescribed medicines

Prescription medicines are only administered in school when essential, i.e. when it would be detrimental to a child's health if the medicine were not taken during the school day.

No child is given medicine without a consent form being filled in by the parent/carer.

Medicines must be in the original container as dispensed and include instructions for dosage, administration and storage. They must have been prescribed for a child by a doctor, dentist, nurse or pharmacist. We encourage parents/carers to administer medicines at home wherever possible.

Written records are kept each time medicine is given and parents receive an email of the administration (Appendix 10). It is the responsibility of the School Receptionist to ensure that information about any new medication or ongoing medication is kept up to date. Staff can obtain permission forms from the office in Pre Prep and Reception in Prep. This is all noted on the Engage system.

Asthma inhalers, Epipens and related medication are stored in secure cabinets in the Pre-Prep staff room and the Medical Room on the Prep site.

Emergency Situations and First Aid

Posters detailing 'How to recognise various medical conditions such as an asthma attack, epilepsy, anaphylaxis are on display in the Medical Room in case of need.

IF THE SITUATION IS LIFE THREATENING OR BEYOND BASIC FIRST AID THEN AN AMBULANCE WILL BE CALLED. ANY STAFF MEMBER CAN DO THIS AND IT MUST HAPPEN AT THE EARLIEST OPPORTUNITY, WITHOUT WAITING FOR A FIRST AIDER TO ARRIVE ON THE SCENE.

After this:

- If possible contact an appointed First Aider or other adult
- Report the matter to a member of the SLT and School Receptionist who can check the ambulance has been called and assist in the matter
- inform the child's parents ASAP
- a member of staff will accompany the child to hospital and stay with them until a parent or carer arrives.
- Parents are asked to go immediately to the hospital

Non-Emergency Situations and First Aid

Parents should be contacted if there are any doubts over the health or welfare of a child

No member of staff or volunteer helper should administer First Aid unless he or she has received proper training, except in the case of minor cuts and grazes, which can be dealt with if staff feel confident to do so.

For their own protection and the protection of the casualty, staff who administer First Aid should take the following precautions. Hands should be washed before and after administering First Aid. Exposed cuts and abrasions should be cleaned under running water and patted dry with a sterile dressing or by using an alcohol free wipe. Disposable gloves and aprons should be worn when dealing with blood or other bodily fluids and these should be disposed of along with any soiled tissues etc in a tied bag and placed in the appropriate bin.

If staff are concerned about the welfare of a child – or identify injuries which may not be accidental - they should follow the procedure set out in the School's Safeguarding Policy and Procedures.

First Aid Situations Out of School

A school mobile telephone must be taken on visits and to off-site activities – staff are responsible for ensuring these are charged in advance of the visit.

Teachers take a First Aid kit and pupils' medical bags including inhalers and epi-pens on all outings and for off-site PE lessons and fixtures, ensuring that children take their medication when required.

A risk assessment is carried out as part of the preparation for an educational visit. Amongst other visit specific risks this will detail the risks relating to the visit and any known medical issues of the children and staff attending.

Early Birds Breakfast Club and After School Care Club

In clubs which occur outside of school hours, e.g. Early Birds Breakfast Club and After-

School Care club, there will be a designated First Aider (including a paediatric first aider whenever EYFS children are included) present. Access to contact numbers for use in the case of an emergency are kept in a folder.

For adults and staff working out of school hours, the location of First Aid kits are clearly signposted. There is always a member of SLT on site from 7.30am to 6.00pm.

Catering

The school caterers do not knowingly purchase, store, or use nuts or sesame or products containing nuts or sesame. To safeguard the health of pupils with nut and/or sesame allergies, foods and products containing these are not permitted in school and parents are asked to ensure food brought into school does not contain any nuts or sesame.

Recording

1. Minor accidents and first aid administration

All accidents that occur either on or off the school premises which involve pupils are recorded in the carbon accident books which are kept in kept in the school offices, Pre-Prep playground, Prep Staff Room and Nursery.

If an adult on the premises receives treatment for first aid, these accidents are treated and recorded in the Staff Accident Books which are kept in the Pre Prep Office and main Reception.

Records made in the accident books include:

- date, time and place of accident
- name and class (for pupils) of injured or ill person
- details of the injury illness and what First Aid was given
- information detailing what happened to the person immediately afterwards (e.g. went home, resumed normal duties, returned to class, went to hospital)

Records from the Carbon Accident Books are retained in the Medical Room.

Accident records are transferred to the school database and reports are produced weekly for the Head, Head of Learning Success and School Business Manager to analyse, in order to identify any patterns that required be reported to the Health and Safety Action Group.

A record is kept of any administration of prescribed or non-prescribed medicines (Appendix 10)

2. Major and Serious Accidents

Any major accidents will also be reported to the School Business Manager, who will

undertake an accident investigation. The school will report all major accidents to the COO Allyn's School.

In the case of all serious accidents, the injured person or their parent/carer is advised to seek professional medical advice from either their doctor or a hospital Accident & Emergency department. Any such recommendations are also reported in the carbon books.

Serious accidents which are required to be reported to RIDDOR are outlined and the process is described earlier in this policy.

Return to School after Illness or Infection

Parents are asked to keep their child at home if they are ill or infectious. Parents are asked to telephone or email the school office to inform the school of their absence on every day of the absence.

Guidance is taken from Public Health England with regards to illness and infectious conditions. (www.gov.uk/government/publications/infection-control-in-schools). Common conditions in schools are highlighted below:

- **Vomiting and diarrhoea** is particularly contagious in a school community and the school follows the Public Health England guidelines of recommending that pupils are kept off school for 48 hours from the last episode of vomiting or diarrhoea.
- **Head lice** should be treated before returning to school. **If a pupil is found to have headlice parents are called and treatment recommended.**
- **Impetigo** should have lesions that are crusted and healed, alternatively return to school 48 hours after starting antibiotics.
- **Coronavirus (COVID-19)** is a highly contagious virus spread by coughing and sneezing and touching contaminated surfaces. If any child exhibits COVID-19 symptoms and has tested positive should behave in accordance with Government guidance [here](#).

Appendix 1

Oakfield Preparatory School Health Care Plan

Child's Name	
DOB	
Home Address	
Parent 1 Name Parent 1 Contact No	
Parent 2 Name Parent 2 Contact No	
Name & Address of GP	
GP Contact No	
Medical Needs/ Conditions <i>(include symptoms, date of diagnosis & next review date)</i>	
Triggers <i>(please include what constitutes an emergency for your child and the action we should take)</i>	
Medications to be kept in School <i>(include any side effects)</i>	
Dietary Needs and/or Allergies	

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Vaccinations

Has your child had and up to date on the following vaccinations? *(Please provide dates)*

Polio	Yes/No	Date:	Tetanus	Yes/No	Date:
Diphtheria	Yes/No	Date:	MMR	Yes/No	Date:

Child’s Health & Development

Do you have concerns regarding the following? (if so, give details including any professionals involved)

Speech	Yes/No
Hearing	Yes/No
Sight	Yes/No
Behaviour	Yes/No

Emergency Contact (someone other than parents)

Name	
Contact No	
Relationship to Child	

This information is to the best of my knowledge. I give consent to school staff administering medicines in accordance with the school policy. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication. I understand I will need to complete a ‘Permissions to Administer Medicines’ form for each medicine kept at school. *Forms can be obtained from Reception and electronic submission via Parent Portal*

All relevant information with regard to health, medical, dietary and allergy information is transferred to the Engage System.

Appendix 2 – Choking Hazards and Prevention in Early Years

Choking is a significant risk for young children due to their developing chewing and swallowing abilities. In accordance with the Early Years Foundation Stage (EYFS) statutory framework and nutrition guidance, early years providers must take proactive steps to minimise choking hazards and ensure staff are prepared to respond effectively in the event of an incident. Younger children are particularly vulnerable to choking on food and small objects. Common hazards include small round foods (e.g. grapes, cherry tomatoes), firm fruits and vegetables (e.g. apples, carrots), and bread. To reduce risk, all food on our school site is prepared appropriately; small round items are cut lengthways and into quarters, firm foods are softened by cooking, and bread is served in narrow strips to avoid doughy blockages.

During mealtimes, the children are supervised closely by staff trained in paediatric first aid, who are familiar with the signs of choking and the correct emergency response procedures. Should a choking incident occur, the designated paediatric first aider will act immediately in line with first aid training and protocols. The incident will be recorded in the school's choking log and parents will be notified as soon as possible.

Preventative measures also include teaching children to chew food properly and ensuring all staff are aware of individual dietary needs and allergies. As our children have 'snack time' during the day with food provided by parents, guidance is given to parents on what should be included in their snack boxes and how food should be prepared to reduce choking risks. These practices are essential to safeguarding children's health and wellbeing.

Appendix 3 – Choking Incident Log

Date of Incident †	Time of Incident †	Child's Name	Child's Age	Location of Incident †	Description of Incident †	Action Taken	Name of Paediatric First Aider	Time Parents Were Notified	Staff Signature	Head of Pre-Prep Signature

Appendix 4

HEAD INJURY ADVICE FOR PUPILS

Dear Parent /Guardian

Your son/daughter suffered an injury to the head today at school.

Any child who has sustained a head injury should be observed for 24 hours. **Medical advice should be sought if you notice any of the following signs:**

- The injury was related to loss of consciousness
- Increased difficulty in waking from sleep than usual
- Appears confused or doesn't seem to understand what you are saying to them
- Repeated vomiting
- Severe headache
- Any problems with their vision
- Fits/collapse
- Any abnormal behaviour
- Loss of use of part of the body e.g weakness in one arm or leg
- Dizziness, loss of balance or walking strangely
- Blood or clear fluid leaking from the ear or nose
- Sudden onset deafness in one or both ears.

Do expect your child to be generally more tired, especially in the first few hours after the injury. Immediately after the injury you can allow them to sleep but check them at least every hour for the first 4 hours to make sure they are sleeping normally and can easily be roused.

Do expect them to have some pain over the site of the injury or a general headache.

Do encourage them to be quieter than usual and to avoid active/playground games.

If concussion is suspected/diagnosed it is the parents' responsibility to obtain medical clearance before returning to sport (up to 3 weeks)

Further information can be found as follows:

<https://www.nhs.uk/conditions/head-injury-and-concussion/>

<http://patient.info/health/head-injury-instructions>

<http://patient.info/health/post-concussion-syndrome>

Appendix 5

ADMINISTER MEDICINE CONSENT FORM

If your child requires their own individual medication (eg inhaler, epipen, antibiotics etc) please complete the form below to allow staff to store and administer the medication.

The school will not administer medication unless you complete and sign this

Name of Child	Form
Name of medication	
Dosage	
Directions for Storage	
Possible side effects	
Date of medication to be given	
Time medication to be given	

The above information is, to the best of my knowledge, accurate and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication.

Parent/Carer's signature.....

Name.....
.....

Date:.....

Parent/Carer contact number.....

Appendix 6

Asthma Policy

Alleyn's Oakfield recognises that asthma is a widespread, serious, but controllable condition affecting many pupils at the School. The School positively welcomes all pupils with asthma. Alleyn's Oakfield aims to do everything possible to ensure that the school environment is favourable for pupils with asthma.

Record Keeping

- When a child joins the School, parents/carers are asked if their child has any medical conditions including asthma on their medical information form.
- The School keeps a Medical register that includes children with asthma. This is printed and posted in the Medical Room. It is also emailed to all staff at the start of each academic year and as amended as required.
- Parents and pupils are encouraged to attend an annual Asthma review at the GP surgery/hospital and to inform the School of any changes in their asthma management.
- Pupils are encouraged to have, and be familiar with, a personal asthma action plan.
- Pupils with a history of severe or unpredictable asthma have individual health care plans, circulated to relevant staff.
- Parents are asked to sign a consent form for their child to use the emergency asthma inhaler in the event that their own prescribed inhaler is unavailable (below)

Asthma Medicines

- Immediate access to reliever medicines is essential. Parents/carers are asked to provide the child's prescribed reliever inhaler (and spacer/aero chamber if used), which is kept in the Medical Room. The school receptionist checks the expiry dates of all inhalers at the start of each term. Parents/carers are contacted when medication expiry dates are approaching, and are asked to provide a new replacement inhaler for the Medical Room. The pupil's individual asthma medication will be carried by the nominated first aider for all pupils on an away sporting fixture or school trip.
- Pupils in Year 6 who suffer with asthma are encouraged to take responsibility and carry their own inhalers on school trips.
- The School has 2 emergency asthma inhaler kits. These are configured as per the *2015 Department of Health Guidance on the use of emergency salbutamol inhalers in schools*. One kit is kept in the

Medical Room by the School Receptionist. The second is kept in the Pre-Prep Office.

PE and Games

- Taking part in sports, games and other activities is an essential part of school life for all pupils. The PE staff are aware of all pupils with asthma in the School from the School Asthma register.
- Pupils with asthma are encouraged to participate fully in all PE and games lessons. PE staff will remind pupils whose asthma is triggered by exercise to come to the Medical Room and take their reliever inhaler before the lesson.

Administration of Emergency Asthma Inhaler Medication by PE Staff

- Because PE lessons sometimes take place in locations remote from the school site, special provision is made for the administration of the emergency asthma inhalers by PE staff.
- If a pupil needs to use the emergency asthma inhaler during a PE lesson it should be administered immediately under the supervision of - and if necessary with the assistance of - a trained member of PE staff. **Staff are not required to contact the school office before administration of the emergency inhaler as prompt delivery of the asthma inhaler medication is the priority.**
- The School Receptionist is contacted as soon as possible after any administration of the emergency inhaler kits to record the information.
- **NOTE: All PE staff are trained in First Aid and as such are trained to recognise the features of severe/life threatening asthma attacks. If the signs or symptoms of a severe/life threatening asthma attack are present OR if the PE staff are worried about the condition of a child they are instructed to call for an ambulance without delay. Prioritising the child's medical needs, they communicate with the School Receptionist as quickly as possible so that they can support in whichever way best.**

Trips and excursions

- Careful consideration is given to the First Aid requirements and individual medical needs of pupils on visits, including any pupils with asthma. Where necessary, staff are fully briefed with regard to the specific requirements of individual pupils on a visit.
- Parents complete a medical information form when their child starts school. Prior to any trip or excursion the School will highlight any medical concerns and considerations with the trip leader and ensure they have ALL the relevant information. A First Aid kit is taken on all visits, including any specific individual medication a pupil may require i.e their inhaler from the Medical Room. This includes Year 6 pupils.

- If pupils carry medication such as an inhaler, then staff should ensure that the pupils have their inhaler with them before departure.

When Asthma is interfering with school life

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the school will contact the parents. If PE staff notice that a child is unable to fully participate in PE they will speak to the school office or directly to their parents/carers.
- The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

Asthma attacks

- Alleyn's Oakfield provides an environment where pupils are confident to manage their asthma by ensuring that staff have the skills to assist them if they have an asthma attack. The School follows guidelines set out by Asthma UK and Education for Health. Any pupil who has an asthma attack and who still gives rise for concern after initial treatment will be referred promptly to parents/appropriate medical help.

Asthma treatment

There are two types of treatment:

1. **Preventers**-these inhalers are usually taken twice daily at home and are normally in a brown container. When taken regularly they make the air passages less sensitive to the triggers that can start an attack. They take 10-15 days to work. This type of inhaler does not help an acute asthma attack and should not be kept at school.
2. **Relievers**-these are the inhalers used in an acute attack to relieve the symptoms of asthma

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

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

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

- Appears exhausted

- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler that is kept in the First Aid Room or with PE staff.
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
 - If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- Arrange for a member of staff to accompany the pupil to A&E department
- Contact parents and arrange for them to meet their child at the hospital
- Continue to reassure the pupil
- Photocopy school medical records and asthma card to give to the ambulance crew
- Note timings of start of attack and all symptoms to tell the ambulance crew.

Appendix 7

Diabetes Policy

Note, this policy is not currently in use at Alleyn's Oakfield as there are no pupils registered who have diabetes. Should a pupil with diabetes register at Alleyn's Oakfield, this policy will be followed.

Diabetes is a long term medical condition where the amount of glucose in the blood is too high because the body can't use it properly. This happens because:

- The pancreas does not make any or enough insulin
- The insulin does not work properly
- Or sometimes it can be a combination of both

Most school-age children who develop diabetes will have type 1 diabetes, which is when the body is unable to produce any insulin. Pupils with this form of diabetes need to replace their missing insulin and will need to take insulin by injection or pump for the rest of their lives. They need to adjust their insulin dose and diet according to their daily routine. In order to do this they need to regularly test their blood sugar levels using a finger pricking device and an electronic blood glucose meter. Insulin is normally administered via an insulin pen or a pump. Normal blood glucose levels are between 3.5-7.0 mmol/l. Hypoglycaemia is a low blood sugar (below 3.5mmol/l). Hyperglycaemia is a high blood sugar, over 10mmol/l and remains high.

Record Keeping

- When a child joins the school parents/carers are asked via a medical form whether their child has any medical conditions such as diabetes
- All parents /carers of pupils with diabetes are contacted by the school nurse and invited to come in with their child prior to starting at Alleyn's Oakfield to discuss their diabetes. A detailed individualised care plan is drawn up at this meeting and circulated to relevant teaching staff prior to them starting at Alleyn's Oakfield.
- A photographic list is comprised of all pupils who have diabetes; this is displayed in staff areas. The list is updated as necessary throughout the school year

Diabetic Medicines

Most pupils will carry their insulin with them in school. Some pupils will keep spare insulin and equipment in the Medical Room .

The Medical Room keeps in stock a supply of dextrose sweets, lucozade and biscuits should a pupil have a hypoglycaemic attack.

Pupils' own Glugacon injections are kept in the fridge.

Trips and excursions

- Careful consideration is given to the First Aid requirements and individual medical needs of pupils on visits, including any pupils with diabetes. Where necessary, staff are fully briefed with regard to the specific requirements of individual pupils on a visit.
- Parents complete a medical information form when their child starts school. Prior to any trip or excursion the nurse will highlight any medical concerns and considerations with the trip leader and ensure they have ALL the relevant information.
- A First Aid kit is taken on all visit, including any specific medication a pupil may require as well as emergency contact information for each pupil.

Diabetes and school life

Pupils at Alleyn's Oakfield who have diabetes are encouraged to participate fully in all aspects of school life including sport and residential visits.

Alleyn's Oakfield provides an environment where pupils are confident to manage their diabetes by ensuring that staff have the skills to assist them should their blood sugar become too low/high.

Pupils are encouraged to attend their hospital appointments regularly and keep the School updated with any changes in their diabetic management. The School liaises with pupils' specialist diabetic nurses from the local hospitals as necessary.

Hypoglycaemia

Hypoglycaemia is when blood sugar drops too low, i.e. 3.5 mmol/l or below.

Causes include:

- too much insulin
- too little carbohydrate
- late/missed meal
- more exercise than usual

Signs include:

- pallor
- sweating
- trembling
- slurred speech
- lack of concentration, vagueness
- altered behaviour e.g. irritable
- weakness

Treatment of low blood sugar, in a pupil who is fully conscious

If at school, send the pupil to the Medical Room with another pupil to accompany them, as long as they are able. If in any doubt that the pupil is able to get safely to the Medical Room, telephone the School Receptionist and ask her to come to the pupil.

Check the blood sugar level (the pupil can usually do this with their own kit). Give **one** of the following;

- 100ml (half to a third of a plastic cup) Lucozade
- 150 ml small carton of fruit juice
- 5 dextrose sweets
- 150 ml fizzy drink eg Coke, lemonade (not diet)

Sit the child down for 5 minutes. If no improvement in 5 minutes, recheck the pupil's blood sugar and give further sugar if blood sugar still below 3.5 mmol/l.

Always follow the sugary drink with starchy food to prevent the blood sugar from dropping again. Good foods include a roll/sandwich, a cereal bar, several biscuits, or a muffin.

The pupil should remain in the Medical Room until their blood sugar is at least 5 mmol/l. Parents may be informed of hypo attack, particularly if pupil is slow to respond.

Treatment of low blood sugar, in a pupil who is drowsy

Hypostop or sugar can be massaged into the child's cheek if they are alert enough to be able to swallow it. Be ready to call an ambulance if no improvement after hypostop. Inform parents of their child's condition.

Treatment of low blood sugar, in a pupil who is unconscious

If the child is unconscious and/or fitting, no attempt should be made to put anything into their mouth. The child should be placed on their side in the recovery position and an **ambulance should be called immediately**. Glucagon can be administered into the outer thigh by anyone trained to do so, whilst waiting for the ambulance to arrive. Parents to be informed as quickly as possible.

Hyperglycaemia

This is when the blood glucose level is above 10mmol/l. Common symptoms include: thirst, frequent urination, tiredness, dry skin, nausea, blurred vision.

Parents should be contacted who may request that the pupil gives extra insulin. Urinalysis may be undertaken if pupil is at school to test for the presence of ketones.

An ambulance should be called if the following symptoms are present:

- Deep and rapid breathing
- Vomiting
- Breath smelling of nail polish remover

PE, Games and other activities

Taking part in sports, games and other activities is an essential part of school life for all pupils. The majority of pupils with diabetes should be able to enjoy all kinds of Physical activity, but they do need to prepare carefully for all forms of physical activity, as all types of activity use up glucose.

Ensure that the pupil has time to check their blood glucose levels prior to starting the physical activity or comes to the First Aid room for the nurse to perform the test.

If it is **above 15mmols** they should not take part in the activity, but should attend the Medical Room if within school hours and test their urine for ketones. Short-acting insulin should be given by the pupil and they should allow their levels to come down before taking part in any activity.

If the blood sugar is **below 5mmols**, they should be allowed to attend the Medical Room (if well enough to) and to have some sugar such as Lucozade and then followed up by a snack. It is usually advisable for them to miss the period of physical exercise as blood sugar may drop during the exercise.

If the blood sugar levels are **within normal limits**, they need to ensure that they have eaten enough prior to the activity and to have sugary snacks available during and after the exercise session.

Staff should keep an eye on pupils with diabetes whilst doing sport and physical activities but not single them out for special attention. Staff should know when to intervene if a pupil has signs of low blood sugar levels (see above) and offer sugary snacks and allow the pupil to rest from the activity and check their blood glucose levels. The pupil should be able to continue the activity once they have recovered (blood sugar levels need to be well above 5mmol/l). A pupil's recovery time is influenced by a number of factors, including how strenuous the activity and how much the pupil has eaten recently.

After an activity pupils with diabetes may need to eat some starchy food, such as a sandwich or a bread roll, but this will depend on the timing of the activity, the level of exercise taken and whether a meal is due.

Pupils with **insulin pumps** need to disconnect the pump during contact sports and although some may be waterproof, pupils may prefer to disconnect when swimming. Pumps cannot be disconnected for long periods of time because the pump uses fast-acting insulin. Generally, the pump should be disconnected for no longer than one hour. When the pump is disconnected, no more insulin will enter the body and the blood glucose level will gradually

begin to rise. Check that the pupil remembers to reconnect their pump as soon as the activity is over and tests their blood glucose levels.

Appendix 8

Anaphylaxis Policy

Anaphylaxis is a severe and potentially life-threatening allergic reaction. It may occur within minutes of exposure to an allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline, administered via an adrenalin auto-injector. Alleyn's Oakfield welcomes all pupils with severe allergies and aims to do everything possible to ensure that allergens are kept to a minimum.

Record keeping

- When a child joins the School, parents/carers are asked if their child has any medical conditions including allergies on their Medical Information Form
- All parents/carers of children with severe allergies are contacted by the School outlining guidelines for their child whilst at Alleyn's Oakfield and requirements for provision of adrenalin auto-injectors.
- The School keeps a medical list of known conditions like Anaphylaxis or severe allergy in the Medical Room. This list is emailed to all staff. This list is updated and circulated to staff at the beginning of each academic year, or as the need arises.

Allergy Medicines

- Immediate access to emergency adrenaline medication, in the form of an adrenalin auto-injector (AAI), is essential.
- Parents/carers are asked to supply **one** set of two labelled adrenalin auto-injectors (commonly an epipen) in case of an emergency. This is kept unlocked in the Medical Room. Packs are made for each pupil and include their adrenalin auto-injector, a recent photograph of the pupil, and details of the specific allergy, emergency contact details for parents/carers and a hospital care plan if provided.
- Emergency anaphylaxis kits are available in the Medical Room and the Pre Prep Office. They are easily accessible and a secure tag

ensures they remain untampered and in date. The School Receptionist monitors them for expiry dates and use.

- The School Receptionist checks the expiry dates of all the individual pupil adrenalin auto-injectors at the start of each term. Parents/carers are contacted by the School indicating when medication expiry dates are approaching, and are asked to provide new replacement adrenalin auto-injectors when needed.

Trips and excursions

- Careful consideration is given to the First Aid requirements and individual medical needs of pupils on visits, including any pupils with severe allergy/anaphylaxis. Where necessary, staff are fully briefed with regard to the specific requirements of individual pupils on a visit.
- Parents complete a medical information form when their child starts school. Prior to any trip or excursion the School Receptionist will highlight any medical concerns and considerations with the trip leader and ensure they have ALL the relevant information.
- A First Aid kit is taken on all visits, including any specific individual medication a pupil may require i.e. adrenalin auto-injector from the Medical Room.

Allergies and school life

- The School Receptionist liaises closely with the catering staff in order to provide as safe an environment as possible for pupils with food allergies
- The school caterers do not knowingly purchase, store or use nuts or sesame or products containing nuts or sesame.
- Pupils are encouraged to attend their hospital appointments regularly and to keep the nurses updated with any changes in their allergy management

Anaphylactic shock

Alleyn's Oakfield aims to provide an environment where pupils are confident to manage their allergies by ensuring that staff have the skills to assist them if they have a severe allergic reaction. The School follows guidelines set out by the Anaphylaxis Campaign. The school Receptionist attends regular training sessions to update her knowledge and keep abreast of changes in anaphylaxis care. All staff who have completed a First Aid at Work course receive regular training to help recognise and assist a person having a severe allergic reaction and seek further medical help as appropriate

Emergency First Aid for Anaphylactic Shock.

Signs and Symptoms of Anaphylaxis:

- A. Airway Obstructed
- B. Breathing Irregularly
- C. Circulation Impaired

If any of the following symptoms are evident with any degree of severity, in a child with a known history of anaphylaxis, it must be presumed that the child is having a severe allergic reaction and emergency treatment for anaphylaxis must be given immediately.

- A. **Airway Obstructed**
 - hoarseness
 - wheezing
 - swollen lips/tongue
 - itching sensation in throat
 - difficulty in swallowing
- B. **Breathing Irregularly**
 - breathlessness
 - noisy breathing
 - unable to communicate verbally
 - severe asthma
- C. **Circulation Impaired**
 - pallor
 - clammy skin
 - rapid or weak pulse
 - may be blue around mouth
 - sudden weakness/floppy/collapse

Other commonly seen symptoms include: the feeling that something dreadful is happening, flushing of the skin, hives/dramatic itchy rash and abdominal cramps/nausea and vomiting.

Action Plan

1. Administer adrenalin auto-injector into outer thigh; lie child down with feet raised; note time
2. Dial 999 for an ambulance stating that child has collapsed with anaphylactic shock
3. Call the School Office on 0208 670 4206.
4. Contact Parents; to come to Alleyn's Oakfield if very nearby, otherwise meet at King's A&E
5. Have Second adrenalin auto-injector ready in case it's needed, 10 minutes after first dose.

Appendix 9

Epilepsy Policy

Note, this policy is not currently in use at Alleyn's Oakfield as there are no pupils registered who have epilepsy. Should a pupil with epilepsy register at Alleyn's Oakfield, this policy will be followed.

Epilepsy is a neurological condition where there is a tendency for people to have seizures which start in the brain. A seizure is a short episode of symptoms caused by a burst of abnormal electrical activity in the brain, typically lasting a few seconds to a few minutes. A seizure can affect the muscles, sensations, behaviour, emotions, consciousness, or a combination of these symptoms and can happen at any time.

There are many different kinds of epilepsy and about 40 different seizure types:

- **Generalised seizures** affect the whole or most of the brain and will always involve a loss of consciousness, although the pupil may not always fall to the floor.
- **Partial seizures** only affect part of the brain and the pupil may remain conscious or there may be some alteration of consciousness.
- **Status epilepticus** this is a longer seizure or series of seizures without regaining consciousness which lasts for 30 minutes or more and is a medical emergency.

Seizures can happen without warning, but in some people certain triggers can be identified:

- Stress, anxiety, excitement
- Hormonal changes
- Not taking medication as prescribed
- Unbalanced diets or skipping meals
- Late nights
- Alcohol and recreational drugs
- Some over the counter and prescription medications
- Illness
- Photosensitive epilepsy

Record keeping

When a child joins the School, parents/ carers are asked if their child has any medical conditions such as epilepsy. Parents and prospective pupils are invited to meet with the School prior to starting at Alleyn's Oakfield to discuss their individual needs.

A detailed individualised health care plan is drawn up and circulated to relevant teaching staff prior to them starting at Alleyn's Oakfield. This can help the school and staff to identify possible triggers and how to avoid them.

Staff will be advised on simple First Aid measures to help the child from being harmed by the seizures and when to call an ambulance.

Medication

The majority of people with epilepsy take regular medication with the aim of controlling their seizures, which can generally be taken outside school hours. Side effects can cause drowsiness, poor memory and concentration, confusion, irritability over activity and weight gain.

If a pupil needs to take medication during school hours, the School Receptionist organise and support pupils taking their medication provided parents have given consent.

Management of Epilepsy

- Try to stay calm, call the School Receptionist if during school hours.
- Note the time to try to check how long the seizure is lasting.
- Remove harmful objects from nearby. Only move the child if they are in a dangerous place e.g. at the top of stairs or in the road.
- Do not restrain or put anything in the mouth.
- Try to stop other people from crowding and ask them to move away.

When the seizure stops

- Place the child in the recovery position, check their breathing and pulse at regular intervals and be prepared to resuscitate. Wipe away any spit and if their breathing is difficult check to see if anything is blocking their airway like food.
- Examine for and manage any injuries.
- Try to minimise any embarrassment. If they have been incontinent, deal with this as privately as possible.
- Stay with them giving reassurance until they have fully recovered. Inform parents of seizure. Allow pupil to have supervised rest in the medica Room following seizure until they feel recovered.
- Arrange emergency admission if it is their first seizure.
- For tonic-clonic seizure lasting more than 5 minutes, or more than 3 seizures in the hour treat with buccal / intranasal midazolam if prescribed.

Individually tailored dose as per care plan and signed consent in advance by parents. The required dose is drawn up and half the dose is administered quickly to each side of the lower buccal cavity, between the cheek and gum.

Midazolam has a sedative effect similar to diazepam but of shorter duration.

The onset of action usually occurs within 5 minutes. In 80% of episodes convulsions have stopped after 10 minutes. The side effects are similar to IV administration although the timings may differ:

- Respiratory depression
- Hypotension
- Drowsiness
- Muscle weakness
- Slurred speech
- Occasionally agitation, restlessness and disorientation may occur

Call an ambulance for urgent hospital admission if:

- The seizure continues for more than 5 minutes
- One seizure follows another without the pupil regaining consciousness between seizures
- This is their first seizure
- The pupil is injured during the seizure
- You believe that the pupil needs urgent medical attention

Trips and excursions

- Careful consideration is given to the First Aid requirements and individual medical needs of pupils on visits, including any pupils with epilepsy. Where necessary, staff are fully briefed with regard to the specific requirements of individual pupils on a visit.
- Parents complete a medical information and consent form when their child starts school. Prior to any trip or excursion the School will highlight any medical concerns and considerations with the trip leader and ensure they have ALL the relevant information.
- A First Aid kit should be taken on all visits including any specific individual medication a pupil may require from the Medical Room.

PE, Games and other activities

Pupils are encouraged to take part in all aspects of exercise and physical activity (with supervision where appropriate).

Epilepsy and School

Pupils with epilepsy may struggle academically in comparison with their peers and some may have problems with learning and attendance. Close liaison with the Head of Learning Support and parents is essential to help the pupil manage the school day. Pupils may be exhausted if they experience night time seizures; seizures during the school day can disrupt their learning.

Pupils are encouraged to attend their regular medical appointments and to inform the school of any changes to their epilepsy management.

Further information is available from www.epilepsy.org.uk.

