



PRINCE'S MEAD

First Aid & Medicine Policy

FEBRUARY 2021



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PRINCE'S MEAD FIRST AID POLICY

This policy has been produced with regard to the DfE guidance on first aid. It applies to all children at the school, including those in the Early Years Foundation Stage (EYFS).

First Aid at Prince's Mead is under the control of a full time School Matron. In Matron's absence an appropriately trained person can administer first aid if necessary. In addition to Matron, twelve other full time members of staff have completed a 3 day First Aid at Work (FAW) course. A minimum of 47 other members of school staff, including playground staff and bus staff, have completed a one day Emergency First Aid at Work (EFAW) course. A first aid trained member of staff will be present at all on and off- site activities where children are present.

Twelve members of staff have also completed a twelve hour Paediatric First Aid training course. These include all staff in the EYFS, Mrs Leonard (Reception teacher) Miss Edmunds (Reception TA), Mrs O'Siochain (Reception teacher), Mrs Stevenson (Reception TA) and Mrs Rose (Year 1/IT). Other members of staff who have completed the Paediatric First Aid training are Matron (Mrs Oakley), Assistant Matron (Mrs Mitchell), Mrs Charleton, Mrs Noviss, Mrs Welchman and Mrs Pardoe, in addition the after school ballet club teacher, Miss Fenella Burns. A Paediatric First Aid trained member of staff will be present at all times, on and off site, when children in the EYFS are present.

All First Aid training including Paediatric First Aid training is updated every 3 years.

All staff including those within the Early Years Foundation Stage, must seek medical advice if they are taking medication which may affect their ability to care for children and any staff medication must be securely stored in Matron's room at all times.

In addition, no member of staff must be under the influence of alcohol whilst carrying out their duties at school and if this is found to be the case, they will be required to leave the premises.

MEDICAL RECORDS

Parents are required to fill out a Medical Questionnaire when a pupil joins the school, detailing any medical conditions that the child has suffered from or any on-going conditions that need further treatment, as well as normal childhood diseases and immunisations. Matron is responsible for alerting all members of staff to any relevant medical details of pupils in their care.

ACCIDENT REPORTING

The Day Book and the schools intranet system are used for confidential recording of:

- Accidents or incidents that have occurred during the school day, giving full details and treatment
- In the case of pupils in EYFS the school will inform parents of any accident or injury sustained by the child and any first aid treatment given on the same day.

The Responsible Adult/Carer collecting will be informed of any incident and it will also be written in the child's diary.

- Unwell pupils and treatment given
- Authorised and unauthorised absences
- Medication required with parental consent



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- Medication given and by whom
- Messages from Parents and changes to collection

Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

Some injuries or incidents that occur in schools or during educational activities outside school must be reported to the Health and Safety Executive (HSE), under RIDDOR.

It is the responsibility of the Head with the assistance of Matron and the School's Health and Safety Consultant for ensuring that the HSE are informed in accordance with RIDDOR requirements, last updated in October 2013

Reports can be made by telephone (0845 300 9923), or on line via the website <http://www.riddor.gov.uk/reportanincident.html>

FIRST AID BOXES

An extensive range of first aid equipment can be located in Matron's Room. Playground staff also carry a small supply of first aid equipment. Other First Aid boxes and cabinets can be located in the sports hall at the entrance to the gym, tennis pavilion, main school reception, staff room, caretaker's office, dining room, Coach House and DT department. All classrooms carry a small supply of dressings. Sports staff also carry first aid bags for sports activities on and off site. The first aid boxes and cabinets can be recognised by a white cross on a green background. All staff are made aware of the location of these boxes and cabinets. All Prince's Mead minibuses are equipped with first aid boxes. First aid equipment is taken on all off site activities.

The First Aid boxes are always kept stocked up and are regularly checked and logged by Matron.

AED (AUTOMATED EXTERNAL DEFIBRILLATOR)

A Phillips HeartStart AED is located in Matron's Room. The AED is relocated to the Sports after school hours. The school has an AED Policy Co-ordinated by Matron, this can be located in the Central Resources Library (CRL)

ALLERGIES

Matron will ensure that all members of staff including dinner and bus staff are aware of pupils who have allergies, including severe nut, raw egg allergies, and the allergens to be avoided. Matron will also ensure that the procedure to be adopted in the event of anaphylactic shock, where a pupil is susceptible, is clearly understood and that the location and operation of Epipens/Jext pens is known and understood by the School Staff.

An individual Epipen/Jext pen Administration Health Care Plan, with photograph, is created for each child suffering from a possible anaphylactic reaction to an allergen. A separate Epipen/Jext pen Administration Policy can be located on each bus.

Matron will ensure that all School Staff have the opportunity to regularly update their training in the recognition of anaphylactic shock and the administration of Epipens/Jext pens. All new staff are trained by Matron.



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MANAGING OTHER MEDICAL CONDITIONS

The school has a separate Diabetic Policy, Asthma Policy and Epilepsy Policy, coordinated by Matron. These are located in the CRL.

COMMUNICATION

Parents are informed of the procedure and action to be taken should a child sustain an injury or fall ill while at school. This is communicated via a letter from Matron at the start of the new academic year.

In the event of a serious injury or incident at break time or during a sports activity, Matron can be contacted via radio. In Matron's absence another appropriately trained person will control radio communication.

Parents are contacted, where relevant, if their child has been involved in an accident. In the event of a child needing non-urgent hospital treatment the Parent will be contacted to accompany the child to hospital. If an urgent visit is required to hospital, or where it has not been possible to contact the Parent, Matron or an appropriately trained person must accompany the child. See Transfer to Hospital p 6 and 7.

Ideally if a child is unwell, the parents are contacted and the child will go home until he is well again. If this course of action is not possible the child will stay in Matron's Room until the end of day.

BODY FLUIDS AND WASTE DISPOSAL

School Staff are made aware of the potential hazards when dealing with body fluids and clinical waste. To minimise the risk to themselves and others, staff dealing with injuries and sick children have access to protective equipment. Clinical waste is disposed of via a specific yellow container in Matrons room and removed from the school fortnightly.

TRANSFER TO HOSPITAL

In cases requiring transport to hospital, where there is any doubt concerning the condition of the child/adult, an ambulance should be called (Dial 999 or 112).

Definite reasons for the use of an ambulance:

- When a person is unconscious
- During an asthma attack when first aid measures are not controlling the episode.
- Severe head injury with a loss of consciousness has persistent vomiting, or is not behaving normally.
- Any fracture, or suspected fracture, which cannot be fully immobilised
- If there is any chance of neck or spinal injury
- Any injury to the eye, where the jolting of a car could bring on haemorrhage, i.e. object piercing the eye-ball
- There is a possibility of poisoning and the person is not responding normally or has any difficulty in breathing
- The person is having a seizure that lasts more than 3-5 minutes especially if the child is turning blue or having any difficulty breathing



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- There is persistent, uncontrolled bleeding
- The person has chest pain and a cardiac condition is suspected
- If there is any possibility that the person's condition could deteriorate

HOME SPORTS FIXTURES

If an ambulance is needed for a child visiting the school for a match and the guest teacher supervising the child is unable to accompany her/him to hospital, then Matron, in the parents absence, or another member of the Prince's Mead staff will accompany the child to hospital, taking any relevant medical and personal details.

If it is decided by Matron and the supervising games staff that the condition of the child or staff member, or any visitor to the school, is not serious enough to call an ambulance, but that a visit to hospital is necessary then a private car may be used. Two members of staff, one with appropriate first aid training, or one appropriately trained member of staff and a relative of the person concerned must travel to the hospital together.

This is because:

- In a private car there is no skilled help if a further emergency arises
- In a private car there is no means of resuscitation if there is any sudden collapse
- The person in the car can have legal proceedings brought against them and/or the school for negligence
- The private car driver may be unfamiliar with the quickest way to the hospital

If there is little risk of deterioration and the illness or injury is considered to be minor then the parent or guardian alone may accompany the child to hospital.

AWAY SPORTS FIXTURES AND OTHER OFF SITE ACTIVITIES

Where a pupil is injured or taken seriously ill while on an off-site activity or away sports fixture and the accompanying member of staff or the Parent is unable to travel by ambulance with the child to hospital, another adult present or, if at an away sports fixture, a member of staff from the host school, would ideally accompany the child, taking any relevant medical and personal details relating to that child. A full list of all emergency contacts and medical information relating to the pupils will be taken to each match as well as first aid equipment.

If an appropriately trained person decides that hospital treatment is needed but the child is safe to travel in a private car then every effort must be made to arrange for the parent or a named relative or friend, to accompany the child to hospital. If this is not possible then 2 adults, one ideally with first aid training, should accompany the child. Every effort should be made to contact the Parent to obtain verbal permission for this prior to transfer.

Once in hospital, the person or driver accompanying the child, should remain until the parent/guardian has arrived or until completion of treatment.

PRINCE'S MEAD HEAD INJURY PROTOCOL

Prince's Mead School has established this protocol to provide education about head injuries for all school staff and the procedures to be followed in the event of a child suffering a head injury at school or at an offsite activity.



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The aim of this protocol is to help staff to identify a pupil with a head injury, treat and refer to hospital as necessary and to provide appropriate follow-up medical care to enable the pupil to return to normal school activities.

CAUSES OF HEAD INJURIES

Falls and collisions between pupils are the most common causes of head injuries at Prince's Mead. Low force injuries e.g. knocks, bumps, or being hit by a soft object such as a toy or ball are also commonplace. Other causes of head injury at school are sports related trauma, collisions or accidentally being hit by a blunt instrument.

In comparison, incidents that have a higher risk of brain injury to a pupil, either at home or school include:

Falls off bikes and scooters where a child has not been wearing a helmet

Falls from great heights

Being hit at high speed by a heavy or sharp object, cricket ball, cricket bat, or another pupil during a rugby tackle.

RECOGNITION OF CONCUSSION

Signs Observed by others:

- Child/athlete appears dazed and stunned
- Confusion
- Unsure about what they were doing
- Unsure of game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to injury
- Forgets events after injury
- Loss of consciousness (for any duration)

Symptoms Reported by Pupil:

- Headache
- Fatigue
- Nausea and vomiting
- Double or blurred vision
- Sensitivity to light or noise
- Feels sluggish or 'foggy'



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- Problems concentrating
- Problems Remembering

It must be remembered that these symptoms can occur immediately or over a period of time. A child with a mild or moderate score initially could deteriorate over time. All relevant staff should be made aware of the signs of deterioration and accompany the child back to Matron immediately or call an ambulance.

PROCEDURE

A pupil who sustains a minor head bump/injury, should be escorted by an adult to Matron or Mrs Charlton in Matron's absence. If the adult is unable to accompany the pupil, witnessing pupils can take on the responsibility of escorting the injured child to Matron once the child has been assessed by a first aider. If the pupil is not able to be escorted, then Matron or an appropriately trained person in Matron's absence will be called to the scene via the radio or another pupil.

Staff can call an ambulance at any time, either by mobile or via the radio to the holder of the base receiver, if after assessment they consider the injury to be serious.

Matron will use a Head Injury Checklist alongside the Glasgow Coma Scale (GCS) below as an indicator to assess the level of consciousness of the pupil. The GCS is scored between 3 and 15, 3 being the most serious level and 15 the best using the 3 parameters below:

Teachers, games staff and playground staff are made aware of children who have had a head injury. Unless the head bump is extremely minor, a neon green wristband will be applied immediately to alert everyone, including the parents to the incident.

Parents can find information on head injuries, problems that can arise and when to seek medical advice, on the school website.

HEAD INJURY CHECK LIST

Name of Child..... Date..... Time Score Recorded.....

History of Incident (to include time, place and mechanism of injury)

Please tick or cross as appropriate			
Headache		Unusually sleepy or lethargic	
Nausea and Sickness		Sensitive to light and noise	
Confusion or dazed expression		Feeling sluggish or 'foggy'	
Dizziness		Problems concentrating	
Fatigue		Slow response	
Slurred speech		Balance problems	
Blurred or double vision		Clumsy movement	
Doesn't remember events prior to injury		Poor colour	



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Feature	Scale Responses	Score Notation	Pulse bpm	Resps bpm	L Pupil React	R Pupil React				
Eye opening	Spontaneous	4								
	To speech	3								
	To pain	2								
	None	1								
Verbal response	Orientated	5								
	Confused Conversation	4								
	Words (inappropriate)	3								
	Sounds (incomprehensible)	2								
	None	1								
Best Motor Response	Obey commands	6								
	Localises to painful stimulus	5								
	Withdraws in response to pain	4								
	Responds to pain with flexion	3								
	Responds to pain with extension	2								
	None	1								
TOTAL SCORE										

Degree of Head Injury: **MILD** = 13-16 **MODERATE** = 9-12 **SEVERE** = 8 or less

WHEN TO SEND TO A&E

If the pupil is symptomatic of a head injury or has lost consciousness, the pupil should be sent to A&E by ambulance with an adult escort. The parents or guardian of the pupil should be informed as soon as possible of the injury and the subsequent need for a visit to hospital. An accident report should be completed for school records.

If the head injury requires hospital admission and treatment, this must be reported to RIDDOR within 3 weeks.

NECK INJURIES

A neck injury should always be suspected if a child has suffered a head injury, especially if a collision has occurred while playing sport. The pupil should be immobilised to prevent further damage to the neck and Matron contacted immediately via the radio. If serious and the pupil is unconscious, has breathing difficulties, pain, swelling, headache, loss of sensation or paralysis, an ambulance should be called immediately.



WHEN TO RETURN TO SPORT

Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of the pupils. The majority (80-90%) of concussions resolve in a short (7-10 days) period. This may be longer in children and a more conservative approach should be taken with them. During this recovery time however the brain is more vulnerable to further injury.

If a child returns to sporting activities before they have fully recovered this may result in:

- Prolonged concussion symptoms
- Possible long term health consequences e.g. psychological and/or brain degenerative disorders.
- Further concussive event being FATAL, due to severe brain swelling – known as second impact syndrome.

Pupils who have sustained a diagnosed head injury/concussion should rest initially and avoid the following and then gradually re-introduce them:

- Reading
- TV
- Computer games

They may return to school after being cleared to do so by a medical practitioner. A gradual return to non-physical activities should be introduced over a period of time. After consultation with parents and teachers, if symptom free, re introduction to sport will take place after 3 weeks in a step by step Graduated Return to Play (GRTP) programme after clearance from a medical practitioner.

GRADUATED RETURN TO PLAY

The GRTP should be undertaken on a case by case basis with the full cooperation of the players and their parents. This is sometimes quite challenging as the pupil and parents are usually quite keen to resume sporting activities as soon as possible.

A summary of the Rugby Football Union's GRTP is shown in the diagram below:

STAGE	REHABILITATION STAGE	EXERCISE ALLOWED	OBJECTIVE
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming	Increase heart rate and assess recovery
3	Sport specific exercise	Running drills. No head impact activities	Add movement and assess recovery
4	Non contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training	Add exercise + coordination and cognitive load. Assess recover
5	Full contact practice	Normal training activities	Restore confidence and assess functional skills by sports staff. Assess recovery
6	Return to play	Player rehabilitated	Safe return to play once fully recovered.



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A laminated Pocket Concussion Recognition Tool Card will be given to all sports staff as an aide-memoire to help identify concussion in children.

Before a player can commence the exercise element of the GRTP i.e. Stage 2, they must be symptom free for a period of 48 hours allowing them to progress through each stage every 2 days.

If any symptoms occur while progressing through the GRTP protocol, the player must consult a medical practitioner before returning to the previous stage.

It is the responsibility of the parents to obtain medical clearance before their child returns to play. A record of the parents confirmation that clearance has been obtained must be kept by the school. It is not necessary to have written proof from a medical practitioner.

GENERAL PROTOCOL GUIDANCE

- All head injuries will be seen and assessed by Matron or a qualified first aider. Information on the mechanism of injury should be sought from witnesses.
- Mrs Charleton will be contacted in Matron's absence.
- If less serious a child with a head injury will be accompanied to Matron by an adult. If the bump is extremely minor, a first aid trained adult will allow another pupil to accompany the injured child to Matron. Matron will be contacted via radio and called to the scene if the head injury is more serious or if the accident occurs on the sports field or in the sports hall.
- The pupil will be immobilised and Matron contacted via radio if a neck injury is suspected.
- After a head injury/bump a pupil will be supervised for at least 15 minutes unless deemed to be extremely minor.
- A child remaining in school after a head injury, other than minor bumps, will be advised to avoid running around and playing strenuous games and undertaking PE or playing in sports matches and sports clubs for the rest of the day.
- Parents will be contacted immediately by phone, if the head injury is moderate or more severe. They will be informed by phone/wristband/accident sheet or via the child's diary if minor.
- The Head Injury Check List, to include the Glasgow Coma Scale, (GCS) will be used by Matron as a tool in assessing the level of consciousness when the injury is moderate or severe. The results will be recorded at 5-10 minute intervals depending on the severity of the injury.
- The details of the injury and any treatment given will be recorded.
- The child will not be offered any pain relief.
- The school will ensure that if a child is taken to hospital either by ambulance or, if less serious by private car, they will be accompanied by a qualified first aider.
- If a parent collects their child to take them to hospital, a qualified first aider will accompany them in case the child deteriorates on route.
- Parents, the Head, teaching staff and bus staff will be made aware of all significant head injuries and must report any deterioration in the child's condition to Matron immediately.
- Relevant staff will be alerted to minor head bumps. The neon plastic head bump wristbands quickly alert the games staff and parents to a head bump.



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- Games staff have access to all pupils emergency contacts. Parents will be contacted by phone, accident sheet, or face to face if the injury has occurred at an away match or after school sports club. This must be recorded in Matrons daybook on as soon as possible. Parents are able to access information on head injuries and signs of deterioration on the parent portal.

Parents are asked to inform the school of any head injuries that have occurred at home with dates, time and subsequent treatment.

RED AMBER GREEN ADVICE FOR PARENTS

Children have many bangs to the head and it can be difficult to tell if they are serious or not. Most head injuries are not serious and simply result in a bump or bruise, but occasionally head injuries require medical attention.

Follow the advice below if your child has had a head injury and:



Monitor your child carefully over the next 2-3 days. If your child becomes unwell and shows any symptoms in the red or amber box, follow the advice stated



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These things are expected and you shouldn't worry about them

For the next few days your child will probably be pale, quieter than normal and irritable. They may also experience some of the following symptoms

Mild headaches
Feeling sick (without vomiting)
Irritability/bad tempered
Concentration problems
Tiredness or problems sleeping
Lack of appetite



If these symptoms do not go away in 1-2 weeks contact your GP

General Advice

Do not leave your child alone for the first 48 hours
Inform Matron of head injuries sustained at home, even if during the holidays
Give your child Ibuprofen/Paracetamol if they are in pain
Encourage plenty of rest and avoid stressful situations
Give light things to eat
Apply cold compress if area bruised/swollen
Encourage children to wear a helmet at all times when riding bikes or scooters.

Do not let your child join in any vigorous games
Avoid contact sport for 3 weeks
Do not send back to school until completely recovered Try to avoid medicine that will make your child sleepy (e.g. piriton)

ADMINISTERING OF MEDICINES

Matron or an appropriately trained member of staff in Matron's absence can administer prescribed medication if needed during school hours. Written consent from parents will be necessary and must include clear guidance on its usage. On occasions it may be necessary for Matron to administer infant or junior analgesia to a pupil. Verbal consent from the parents/guardians will be sought immediately prior to administration.

Children are not permitted to bring any medication into school themselves. Parents are directly responsible for delivering any medication to Matron and collecting it at the end of the school day.

If travelling on the school bus any necessary medication required by a pupil during the school day may be handed to the bus driver and stored safely before being handed to Matron. The only exceptions to this rule are:

- Pupils who are asthma sufferers with prescribed inhalers
- Children with a severe nut or other allergy who carry Epipens/Jext in their bags
- Other specified emergency medication

All prescribed and OTC (over the counter) medication will be stored in a locked cupboard or fridge in Matron's room. All staff will be made aware of the location of the keys.

Individually named spare asthma inhalers for emergency use will be stored in a clearly marked unlocked cupboard in



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Matron's room. Self administration of inhalers is permitted once the child is deemed competent and their technique checked by Matron.

A small supply of analgesia is kept in a locked cupboard in Matron's Room for staff use only. A written record is kept of any analgesic medication taken and by whom.

- Parents to sign 'Medication Consent Form' detailing child's name, medication to be given, dose and time to be given.
- All OTC and prescribed medicine must remain in the original container, preferably childproof and the original dispensing label unaltered
- General stocks of prescription medicines are not held
- Parents to be contacted if unexpected analgesia is needed during the day. Ascertain from parents when the last dose was given and whether the child has previously had an allergic reaction
- Medication must only be issued to the pupil for whom it has been prescribed
- Any medication given must be recorded in the Daybook in Matron's room with date, time, dose given and signature of person administering. A record must also be made of the medication batch number and the expiry date before administration
- Parents must be informed via the diary of medication given, time and dose. Parents of children in EYFS will be informed by email of any medicines administered in line with the parent's instructions
- Parents must be immediately informed of any adverse reactions
- In the case of drug errors medical advice must be sought and acted upon immediately and the parents contacted. An incident report must be completed and action taken to prevent a recurrence

ADMINISTRATION OF MEDICINES TO SAVE A LIFE

In extreme emergencies e.g. an anaphylactic reaction, certain medicines can be given or supplied without the direction of a medical practitioner. For example the administration of adrenaline by auto-injection (EpiPen) and Chlorphenamine are among those drugs listed under Article 7 of the Prescription Only Medicines Order 1997, for the administration by anyone in an emergency, for the purpose of saving life. Staff at Prince's Mead are trained to administer this medication.

ADMINISTRATION OF MEDICINES ON SCHOOL TRIPS

Sometimes it is necessary for staff other than Matron to administer medicines on residential or overseas trips. A consent form is completed by the parents a few weeks prior to departure. A table summary is compiled by Matron before the trip listing name of pupil, medication to be given, method of administration, dates, times, and doses. Once given the member of staff responsible for medicine administration must sign that this has been done.

Parents must be informed of any adverse reactions.



ADDITIONAL INFORMATION AND ADVICE FOR STAFF

Accident Reporting and Medicine Administration in Matron's Absence

In Matron's absence, any of the first aid trained members of staff listed on Matron's door can treat a child who is injured. Very minor injuries can be treated by any member of staff. More serious injuries must be referred to Mrs Charleton, Mrs Mitchell (Assistant Matron) or any of the other FAW trained staff(as listed on page 19) who have completed the '3 Day First Aid at Work' training.

All accidents, unless very minor, must be recorded in the accident (daybook) on Matron's desk. If you are unable to locate this it may be with Mrs Charleton in reception. Please record all details of the accident/incident e.g. time, who was involved, mechanism of injury and treatment or advice given. The member of staff treating must then sign their name beside the report.

A note of the accident/incident must always go in the child's diary unless so minor that it's not worth mentioning. Please bear in mind that some minor problems, e.g. dust in the eye, could go on to cause an infection so should also be reported to the parent via the diary.

Parents should be contacted by phone as well as the diary entry if the accident is more serious. It could be quite alarming to see their child coming out of school or off the bus with obvious injuries if they haven't been warned in advance.

In Matron's absence Mrs Charleton, any available FAW trained member of staff or the sports staff should deal with all head injuries unless very minor bumps. The head injury should be recorded in the daybook and in the child's diary. This alerts the parents to potential problems that might occur later in the evening. A list of potential problems and when to call the doctor can be found on the parent portal. The child must also be given a neon plastic 'I bumped my head today' wristband to alert other members of staff and the parents to the fact that the child has had a head injury. If the injury is more serious a 'Head Injury Checklist' must be completed every 5-10 minutes to assess the child for a possible decline in consciousness. The Head Injury Checklists and neon wristbands can be found in Matron's room (first drawer on right as you enter the office). Parents must be alerted straight away.

Only Mrs Charleton is permitted to administer medicines in school in Matron's absence unless prior training is given (residential trips). Written permission must be sought from the parent before any prescribed or non-prescribed medication can be given. Occasionally a child needs analgesia while in school and although parents have signed a generic consent when they start at Prince's Mead, verbal permission must always be sought on the day. Printed 'Consent for Medication' forms are also kept in the blue ring binder folder in Matron's cupboard labelled 'Medication Consent' and on the school website. Lifesaving medication can be given by anyone with the appropriate training.

The medicine cupboard and fridge must be kept locked when Matron is absent. The keys are kept in Matron's desk drawer. The inhaler cupboard is always unlocked.

If Matron is absent and you have an off-site activity, please remember to collect inhalers, Epipens and a first aid kit from Matron's room. Each staff member is given a new medical list for their class at the beginning of the new academic year so you should be aware of what you need to take with you. Please ask Matron for a new list if you need one.

Matron also keeps a blue trips file in her cupboard containing contact details, medical details, dietary details and photographs all the children in each year, this should also be included in the medical bag taken on the trip. All children in Yr3 and above should carry their own inhalers in their school bags. A mobile phone must accompany member of staff off site.



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LIST OF PAEDIATRIC FIRST AID TRAINED STAFF 2018

Matron – Mandy Oakley PFAW	Alex Greenaway –PFAW
Ass Matron –Lindy Mitchell PFAW	Jane Leonard -PFAW
Fenella Burn –PFAWs	Caroline Welchman- PFAW
Wendy Noviss – PFAW	Shelly O’Siochain-PFAW
Debbie Charleton -PFAW	Sarah Edmunds –PFAW
Janice Stevenson -PFAW	

LIST OF FIRST AID AND EPIPEN TRAINED STAFF

Mandy Oakley – FAW	Lindy Mitchell - FAW	Alex Greenaway
Debbie Charleton - FAW	Lisa Doyle	Eran Ozgunay
Susan Gritti	Kate Merrick	Peter Thacker
Jon Bell	Claire Stocker	Karen Austin
Jan Lyon	Paul Stiles	Shamimah Meah
Claire Goulding - EFAW	Laura Thomas	Sue Jellett
Linda Hill	Abi Costello	Wendy Osborne
Victoria Baines	Ian Thomas	Sarah Wilkinson
Martin Lewison	Del Wadsworth	Karen Barker - EFAW
Peter Greaves	Sue Williams	Davina Adams
Stephen Messenger	Susan Organ	Donna Stroud
Richard Seymour	Louise Hodson	Richard White
Jean Martin	Saffi Mant	Ray Curtis
Sue Rich	Gillian Jones	Joanna Levine
Mandy Wright	Abigail Fecher	Bonnie Farwell
Alex MacDonald	Heidi Lancaster	Wendy Noviss – FAW
Jane Leonard – FAW	Nickie Windram – EFAW	
Janice Stevenson – FAW	Carl Jones – EFAW	
Shelly O’Siochain - FAW	Sarah Edmunds – FAW	



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LIST OF AUTOMATED EXTERNAL DEFIBRILLATOR (AED) TRAINED STAFF 2018

Mandy Oakley	Jon Bell	Claire Stocker	Abi Costello
Lisa Doyle	Jan Lyon	Paul Stiles	Sue Jellett
Eran Ozgunay	Shamimah Meah	Ian Thomas	Martin Lewison
Alex Greenaway	Del Wadsworth	Wendy Osborne	Sue Williams
Laura Thomas	Stephen Messenger	Peter Greaves	Jean Martin
Sarah Wilkinson	Donna Stroud	Susan Organ	Saffi Mant
Richard Seymour	Mandy Wright	Davina Adams	Karen Barker
Louise Hodson	Abigail Fecher	Sue Rich	
Richard White	Joanna Levine	Gillian Jones	
Heidi Lancaster	Peter Thacker	Ray Curtis	
Bonnie Farwell	Sarah Edmunds	Debbie Charleton	
Fenella Burns	Alex Greenaway	Kate Merrick	
Janice Stevenson	Susan Gritti	Carl Jones	
Shelly Say	Claire Goulding	Karen Austin	

USE OF AUTO-INJECTOR ADRENALINE

Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you **MUST** call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Practical points:

- When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive. Tell the paramedics:
- If the child is known to have an allergy;
- What might have caused this reaction e.g. recent food;
- The time the AAI was given.



The guidance in this document has been developed in conjunction with representatives of the following organisations:

- British Society for Allergy & Clinical Immunology (Paediatric Allergy Group)
- British Paediatric Allergy, Immunity and Infection Group
- Royal College of Paediatrics and Child Health
- Allergy UK
- Anaphylaxis Campaign

GUIDANCE ON THE USE OF ADRENALINE AUTO-INJECTORS IN SCHOOLS

Executive Summary

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

An anaphylactic reaction always requires an emergency response

Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA,¹ and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

This change applies to all primary and secondary schools (including independent schools) in the UK. Schools are not required to hold AAI(s) – this is a discretionary change enabling schools to do this if they wish. Those facilities choosing to hold a spare AAI(s) should establish a policy or protocol for their use in line with "Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England"² (Supporting Pupils), and with reference to the guidance in this document.

Prince's Mead has the following measures in place:

- An individual care plan set out for each child with anaphylaxis, signed by their parent- one in Matrons office, others in strategic places around the school.
- An NHS care plan signed by the medical consultant – kept in Matron's office.
- An allergy alert photo of each child along with their allergen and class name that is place strategically around the school and in each bus so all staff are aware who the anaphylactic children are.

NB – we do not currently have a spare unnamed Epipen/Jext in the school as each child has their own pack with two auto injectors, in addition to this, Matron keeps a pack for each child containing a further two auto-injectors (and antihistamine/inhalers if required) in her office. These are taken on any trip/sporting event the child goes on during school hours.



GUIDANCE ON THE USE OF ADRENALINE AUTO-INJECTORS



WATCH FOR SIGNS OF ANAPHYLAXIS (Life-threatening allergic reaction):

AIRWAY

Persistent cough Hoarse voice
Difficulty swallowing, swollen tongue

BREATHING

Difficult or noisy breathing
Wheeze or persistent cough

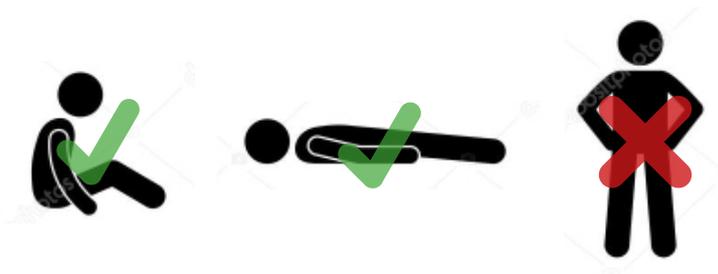
CONSCIOUSNESS

Persistent dizziness
Becoming pale
Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised (if breathing is difficult, allow the child to sit)
2. Use Adrenaline autoinjector * without delay
3. Dial 999 to request ambulance and say **ANAPHYLAXIS**

***** IF IN DOUBT, GIVE ADRENALINE*****



After giving Adrenaline

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.