KNELLER HALL
JUNIOR SCHOOL

Kneller Hall Junior School
Kneller Hall Junior School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential. In our school, the term 'staff', in the context of safeguarding, is inclusive of all staff and is also inclusive of pupils on placement, contractors, agency staff, volunteers and the proprietor.

First Aid Policy, including EYFS

Published: September 2023
Reviewed: August 2026 (Sasha Davies, Headteacher)
Next review: August 2027
This policy is the responsibility of the School First Aider, in conjunction with the Head Teacher. Please note, September 2026 – Kneller Hall Junior School has no Early Years children on roll but reference to EYFS remains in this policy.

This policy is written with due regard to DfE documents:

- *Guidance on First Aid for Schools: A Good Practice Guide* (February 2022)
- *Supporting pupils with medical conditions at school (September 2014, updated August 2017)* : Supporting pupils with medical conditions at school - GOV.UK

Introduction

This policy outlines Kneller Hall Junior School's responsibility to provide timely and competent first aid to pupils, staff, parents, visitors and the procedures in place to meet that responsibility. At least one person on the premises, and one person on a school outing or at the sports ground, will have an appropriate first aid certificate. The School has taken into account the requirements of the EYFS legislation which requires at least one person on the premises to hold paediatric first aid training, when EYFS pupils are on site.

Aims

1. To provide adequate first aid provision and medical care for pupils, visitors and school personnel.
2. To appoint the appropriate number of suitably trained people as appointed persons and First Aiders to meet the needs of the School.
3. To provide sufficient and appropriate First Aid resources and facilities.
4. To inform staff of the School's First Aid arrangements.
5. To provide information on the correct procedure to follow should First Aid be required.
6. To provide information on the correct reporting procedures.

Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at Radnor House Prep School in the same way that parents might be expected to act towards their children (DfE Guidance on First Aid for Schools).

Key Personnel

Governance

Governors are responsible for overseeing the implementation of the policies with regard to First Aid. All serious incidents are reported to Governance and any changes in policy or reviews of procedure are reported at Governance meetings.

The Head
The Head is responsible for putting the policy into practice and for developing detailed procedures, working with the School First Aider. The Head ensures that parents are aware of the School's Health and Safety Policy, including arrangements for First Aid *(DfE Guidance on First Aid for Schools)*. The Head regularly carries out a Risk Assessment of Radnor House Prep's First Aid policy and requirements, including the needs of individual children with specific medical needs. The Head Teacher ensures that staff are adequately trained to deal with these.

Appointed Person (School First Aider)
The school has appointed **Rachida Zahouani** as appointed person. The appointed person is responsible for the ordering of First Aid resources in and ensuring that First Aid kits are correctly stocked, assisting colleagues in the administering of First Aid, ensuring an ambulance or other professional medical help is summoned when appropriate and keeping staff aware of changes in the First Aid policy as and when is necessary.

First Aid Procedure At Point of Need

1. Follow the St. John First Aid Treatment recommendations available in First Aid boxes:
    - Keep calm.
    - Assess the situation and either send or call for help.
    - Ensure that nobody else is going to be hurt and that the casualty is in no further danger.
    - Give first aid but only as far as knowledge and skill permit. The patient should be given all possible reassurances and if necessary, removed from danger.
    - Never give the casualty anything to eat or drink.
    - Be prepared to give succinct and accurate information about the accident to a first
    - aider or other health professional.

2. Any injury should be dealt with promptly by either the teacher in charge at the time of the accident or by the nearest first-aider. The appointed person will be sent for where necessary and surgical gloves should be worn where appropriate.

3. All staff should know the location of the First Aid kits. These are held in the first aid room. A first aid kit is taken out to the playground when Early Years pupils are involved and will always be taken on trips and to the school sports facilities. These are maintained by the Appointed person and checked regularly by the overall school nurse.

New staff members should familiarise themselves with members of staff who are trained in First Aid, Anaphylaxis and Paediatric First Aid. The Head should always be consulted should an incident require more than basic First Aid.

Further Care
Should a child need to lie down they should be taken to the relevant First Aid room, parents will be asked to collect the child when and if necessary. The room contains

- Bed with bedding.
- Sink with hot and cold water.
- First Aid container.
- Paper towels.
- Disposable cups.
- Refuse bin.
- Mobile telephone.
- Record keeping facilities.
- A chair.
- The nearest WC is just round the corner.

The child should not be left unattended in the First Aid Room.

First Aiders

First Aiders hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE and their training will include resuscitation of children. Those working with EYFS pupils receive paediatric first aid training. They receive updated training every three years.

The Head assesses the number of personnel who need first aid training in order that there is at least one person on the premises or on a school trip with appropriate First Aid qualifications, and for the Early Years at least one person on the premises and one person on an outing with paediatric First Aid training. A list of school first aiders will be found in all staff rooms and offices.

Reporting Accidents

All accidents must be recorded in the schools accident reporting system (Evolve):

Children

- The accident form must be completed by the person attending the incident.
- The person should review the record following the incident to ensure it has been completed accurately and fully and that they have signed it.

Minor incident

- Parents are to be informed of minor incidences at the end of the school day or, where appropriate, by the class teacher.

Serious Accident

- In the event of a serious accident, the Head is to be informed immediately.
- Parents will be contacted by the School Secretary, or if she is not available, the Deputy Head.

Bump to the Head

In the event of a child suffering a bump to the head, the accident form sent home will inform parents about the signs and symptoms for concussion to watch out for & act upon should they develop. For EY, a head bump wristband is put on the child, with the time and date of the incident written on so staff and parents are aware.

Staff

- Staff who injure themselves at school are required to record this in the schools accident reporting system (Evolve).
- The Head is to be informed of the injury and retains a copy of the accident form.
- The DPA Accident Book identifies which incidents are reportable under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013).

Visitors

- Visitors must sign on the iPad at Reception and make themselves known to the School Secretary. Visitors with specific requirements would be advised to notify the school and an assessment can be made as to assigning them a responsible person.
- Visitors who injure themselves at school are required to fill in the DPA Accident Book.
- The Head is to be informed of the injury.
- The DPA Accident Book identifies which incidents are reportable under RIDDOR (The Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013).

Informing Parents

Parents are immediately informed of serious injuries and given advice accordingly. Parents should be informed of minor injuries, including scrapes and bumps, at the end of the School Day. Parents of children who are taken ill during the school day should be contacted and asked to collect their child from the First Aid room.

Should a serious accident or injury be sustained by a child, the Head or the School Secretary will inform the Parents immediately. On the sports ground the Head of Games will contact the ambulance and then school so that parents can be contacted immediately. All sports staff carry a mobile phone which is not used unless in emergency.

Should a child be absent from School on the day following an injury, the class teacher should inform the School Office. The School Secretary or the Deputy Head of that Department will give the family a courtesy call to check on the child's wellbeing.

Access to First Aid and First Aid Kits

The School First Aider ensures that the appropriate number of first-aid containers are available according to the risk assessment of the site.
First Aid bags/containers and individual medications must be taken:

- To all off-site lessons including PE and Games.
- On all school trips.

Individual medications (e.g. Antihistamines/Ventolin inhalers and EpiPens) must be taken with the child when off site.

Content of First Aid Kids

Under HSE guidance, first aid kits should contain a minimum of:

- a leaflet giving general advice on first aid (see list of publications in Annex A);
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages (preferably sterile);
- six safety pins;
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
- one pair of disposable gloves.

Equivalent or additional items are acceptable.
The Senior School Nurse is responsible for examining the contents of first-aid containers regularly. These should be checked frequently by the First Aider and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed.

Arrangements for Pupils with Specific Medical Needs

Should a child have a specific medical condition, e.g. asthma, diabetes, epilepsy, severe allergy, the School First aider will compile a Individual Healthcare Plan (IHP)with the cooperation of the child's parent and medical practitioner. The IHP will be placed up on the staff room noticeboard, with a copy given to the form teacher and another in the child's file.

If necessary, staff working closely with the child should have specific training so that they can meet the special needs.

Action to be taken in Medical Emergencies for more common childhood medical conditions, and for any relating to children currently in the school, are in appendix 3.

Communicable Diseases
Parents are asked to inform the School should their child have a communicable disease, e.g. chicken pox. A message will be sent out to inform parents via Parent Portal. If necessary the school will contact RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013), (telephone 0845 300 99 23).

Head lice
If parents notify the school that a pupil has head lice or nits the use of a Parent Portal message is sent to all those in the same year group. If staff suspect or are told that a pupil has head lice or nits – frantic, continuous scratching of the head is the most obvious sign – they should arrange for a First Aider to inspect the pupil's hair. Kindness and discretion must be exercised to both the child and the parent.

Hygiene Procedures
Sanitisation stations are available at all entrances of the school. Staff and pupils are expected to follow good hygiene and clean and sanitise their hands regularly.

Single-use disposable gloves must be worn when treatment involves blood or other bodily fluids. Care should be taken when disposing of dressings or equipment. Staff are issued with anti-bacterial hand gel, and should also ensure that normal hand washing routines are followed regularly.

Hygiene procedures for the spillage of bodily fluids
No child should be allowed to remain in the vicinity of a spillage of bodily fluids. If possible, all adults and children should be removed from the area; however, if a child is injured and it may be unsafe to move him/her then an adult will need to be with them.

The adult should ensure that both s/he and the child are protected from the body fluids. The facilities manager should be called for and he will deal with the spillage appropriately wearing protective clothing as necessary.

Soiled items, used gloves, dressings etc are disposed of in yellow biohazard bags and put in a designated bin for disposal.

When to Call an Ambulance
The number to dial for an ambulance is 999, or the EU emergency number 112. The nearest hospital to the School is West Middlesex Hospital, Twickenham Road, Isleworth, TW7 6AF. 0208560 2121

There is a Minor Accident Treatment Centre in Teddington.

Call an ambulance;

- After administering First Aid and you feel there is a need for a hospital check up.
- After placing in the recovery position if the casualty is breathing, but unconscious.
- After an EpiPen has been administered for anaphylactic shock, after a severe asthmatic attack, after a diabetic coma, for an epileptic fit where the seizure lasts more than five minutes or if the victim is harmed in the seizure.
- If the casualty is not breathing.
- If you are in doubt as to the condition of the casualty.

Administering Medication during School Hours

For the whole school including EYFS

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Although there is no legal duty that requires school staff to administer medicines, the school has a clear duty of care to the children and follows good practice by supporting children with health needs as part of their accessibility planning duties.

a) Parental responsibilities in respect of their child's medical needs

Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents complete and sign a medical form when their children join the school. This states that parents must keep the School informed should the medical needs of their child change as they grow up.

They must also complete and sign medication consent forms in the event that any medication needs to be administered during school hours e.g. if it has to be given four times daily even when the pupil is well enough to attend school (see Appendix 1).

b) Children with specific medical conditions

Children with specific medical conditions who either regularly take medicine in order to keep themselves well (e.g. epileptics), or who may need to take prescribed medicine as a matter of urgency (e.g. asthmatics and those with allergies) have an Individual Healthcare Plan (IHP). This IHP is written up by the First Aider in consultation with the parent and the child's medical practitioner. Details of the medication are on the IHP.

The Individual Healthcare Plan (IHP)should include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

For children with food allergies or other dietary needs, special attention should be paid when treats by parents are brought to School. Children who are unable to eat cake or sweets should be given an alternative (previously arranged in consultation with child's parents).

Staff with specific medical conditions should be honest about this and will also have a IHP. It is in their own interests that their condition and what to do in an emergency is known by all their colleagues.

c) Roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines

In general, the First Aider has the responsibility of administering medicine as they can store the medicine safely away from children, and have ready access to the telephone should they need to get further information from the parent or from the medical practitioner who prescribed the medicine. For children that regularly need medicine to keep themselves well it may be that the Form Teacher has the responsibility to administer medicine.

For children in the EYFS, the Form Teacher or classroom assistant will always accompany them to the Medical room and will give them reassurance and any necessary support and will ensure that the Medical Record is completed correctly.

Before administering any medicine, the member of staff must check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

If a child refuses to take medicine, staff should not force them to do so but should note this in the records and immediately telephone the parents. For a child with a IHP the procedures to then follow should be recorded. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

If in doubt about any procedure staff should not administer the medicines but check with the parents or the prescribing doctor before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the Head who will then discuss it with the parent or with the School Doctor.

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

The Medical Consent form should be handed into the School Office together with the medicine. The parent should give the School Office written details of how the medicine is to be given and when. This should be checked against the prescriber's instructions on the medicine.

Medicines will only be accepted that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (for exceptions see non-prescription medicines below). Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

At EYFS level, medicines containing aspirin will only be administered with a doctor's prescription. The School must never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

The School Office will inform the child's Form Teacher of the time the medicine needs to be given and the Form Teacher will arrange for the child to go to the Medical room at that time. For children in the EYFS, the Form Teacher will bring the child in person.

e) Safe storage of medicines

EpiPens & other medications for children are kept in individual classes or in the medical room. They are taken to all off-site games and PE sessions. On trips these are prepared and taken by the staff. Any medication brought in by staff for personal use is to be kept in a locked drawer or in the staff room. Staff should inform the School Secretary of any regular medication and the Head Teacher should be informed if the side effects of medication are likely to affect their ability to teach or to supervise children.

f) Procedures for managing prescription medicines on educational visits and to off-site games

If a child is finishing a course of antibiotics following an illness, it is preferable that they do not join their colleagues on educational visits or to off-site games but stay at home, in order to recover fully from their ailment.

For children with specific medical conditions, the IHP and the necessary medicines must be taken on educational visits and to off-site games. These are the responsibility of the Form Teacher on Educational Visits and a nominated member of the games staff for off-site games. They should always check that the medicine is in date.

A medical list accompanies all Educational Visits and goes with the games staff to off - site games. Children with medical conditions are listed with brief details of their medication. Staff should be alert at certain times of year for children with asthma or environmentally triggered allergies. Sometimes additional safety measures may need to be taken for outside visits. It may be that a parent or another volunteer might be needed to accompany a particular child.

g) Non-prescription medicines

Parents may request at times that children are given non-prescription medicine, for example Calpol if recovering from a cold. If a child is so unwell that they need non-prescription medicine, the school will do it can to keep the child comfortable, however if they are not well enough to be in school and parents must be asked to keep the child/ren at home.

There are some possible exceptions, for example painkillers for a child that has had an injury. In such cases, the Head will make the decision after discussion with the parents and then the same procedure must be followed for obtaining a medical consent form from the parent and signed by the Head.

Some children are sensitive to the sun, and sun cream may be administered by Form staff for younger children until they are old enough to do this themselves (see Slap, Wrap and Hat campaign). Although sun cream is not strictly a medicine, the medical consent form should be signed in order for it to be clear that the teacher has parental permission.

h) Children carrying and taking their medicines themselves

Competent children should be encouraged to manage their own medications where appropriate.

i) Record keeping

Each time medicine is given, including the Early Years, Radnor House Prep **must** keep written records.

Good records help demonstrate that staff have exercised a duty of care. In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult and the record signed accordingly.

An official Register for Pupil Medications must be maintained and must contain a record of all occasions when medication is given to a pupil. The Medical Consent Form and the Medication Log comprise this register and the relevant sections must be filled in:

- the date the medication was given.
- the time the medication was given
- the name of the student receiving medication
- the name of the medication given
- the exact dosage of medication given
- the name of the person on the school staff authorised to give medication to
- the student the signature of the person giving the medication; and
- the signature of the Headmistress or delegated responsible person.

The Medication Log must be completed by the authorised person giving the medication, immediately after the medication is given. The Medical Consent Form and the Medication Log must be held and kept in the file marked Medical Register.

j) Emergency Inhalers

Emergency inhalers are kept in the Medical Room to be used for children who have asthma and whose parents have given written consent for the use of one if their child's Ventolin inhaler expires, becomes damaged or empty.

A list of children is made known to staff who ensure that the emergency inhalers are taken offsite for Games/PE lessons & on school trips/visits.

k) Automated External Defibrillators (AED)

The school does have a AED and this is kept by the front door. Signs are clearly displayed around the premises as well as outside at the front of the building.
This is checked monthly by the Facilities Manager and is certified.

In effect, the documentation referred to in (a) above represents an agreement among the parties as to the arrangements made in respect of the medication.
In addition:

- Lists of children with allergies and other medical conditions will be issued at the beginning of each term. The medication that they have in School is noted on this list.
- All food allergies and intolerances are displayed in the relevant areas.
- Photographs of children who require an Epipen or have other severe allergies are displayed in relevant areas.
- Staff with medical conditions or allergies are recorded with notes of relevant procedure, which is notified to the rest of the staff.

l) Management Procedures and Risk assessment

The School has Employers Liability Insurance to provide cover for injury to staff acting within the scope of their employment and this provides full cover in respect of actions which could be taken by staff in the course of their employment.

The School (i.e. the School Governance and the Head) will support staff to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.
The Head is responsible for ensuring that this policy is understood by all staff and that the procedures and record keeping are correctly followed.

The Head, with the Senior Management Team, will regularly review this policy and make amendments as necessary. A risk assessment will form part of this review.

Reporting to Riddor
Schools are required to report serious incidents to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013), (telephone 0845 300 99 23).

Employers must report:

- deaths;
- major injuries;
- over-seven-day injuries;
- an accident causing injury to pupils, members of the public or other people not at work;
- a specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

The School Secretary is responsible for reporting and recording any notifiable accident that occurs on school premises to a pupil, member of staff, parent, visitor or contractor to the Head Teacher and to the HSE in accordance with the reporting of injuries, diseases and dangerous occurring parents' regulations (RIDD0R). All notifiable accidents and near misses are reviewed by the school's health and safety committee with a view to assessing whether any measures need to be taken to prevent recurrence.

APPENDIX

H & S FORM 1:

Medication Consent Form

Should it be necessary for your child to take medication during school hours, it is important for the following consent form to be completed beforehand.

All medication should be brought to the school in the original containers and given to the School Secretary or Class/Form teacher. They can then be collected by the parent/guardian at the end of the day.

I hereby give my consent for my son/daughter to be given the medication detailed below by the School First Aider or another member of staff.

Child's Name _____ Form _____

Signed _____ Date _____
(Parent/guardian)

Name of medication

Reason for taking medication

Dosage and frequency

Any Special Instructions

Date Signature

Time	Dose

Medical Emergencies

A member of staff who is present when a medical emergency takes place should always call for help from another adult and find the nearest First Aider. However, there are some emergencies where prompt action by the adult at the scene can save lives and all staff should be aware of these procedures.

ALLERGIES – ANAPHYLAXIS

Anaphylaxis

Anaphylaxis is a **severe, potentially life-threatening allergic reaction** requiring immediate emergency treatment. It can develop rapidly following exposure to an allergen. Common triggers include foods such as peanuts, tree nuts, milk, eggs, fish and other foods, as well as medicines and insect stings such as bee or wasp stings.

Children and young people with diagnosed allergies should have appropriate arrangements in place to reduce the risk of exposure and to ensure that their allergy can be managed promptly in an emergency.

Schools in England must have arrangements for supporting pupils with medical conditions and must comply with the statutory requirements relating to **allergy safety in schools**. These arrangements should include appropriate allergy safety policies, individual healthcare/allergy action plans, staff training, medication arrangements and emergency procedures.

The school should follow the individual pupil's **Allergy Action Plan/Individual Healthcare Plan** where one is in place.

Signs and Symptoms

Anaphylaxis may involve one or more of the following:

- difficulty or noisy breathing, wheezing or persistent coughing
- swelling of the throat, tongue or mouth
- difficulty swallowing or speaking
- hoarse voice
- widespread flushing, rash or hives
- pale, cold or clammy skin
- feeling faint, dizzy, confused or becoming unusually sleepy
- abdominal pain, nausea, vomiting or diarrhoea
- collapse or loss of consciousness

Importantly, **skin symptoms do not have to be present for anaphylaxis to occur**.
Anaphylaxis should be suspected where there are problems affecting the **airway, breathing or circulation**, particularly following known or suspected exposure to an allergen.

Emergency Management

Anaphylaxis is a medical emergency. Treatment must not be delayed while waiting for symptoms to become more severe or for confirmation that the reaction is definitely anaphylaxis.
If anaphylaxis is suspected:

1. **Administer the pupil's prescribed adrenaline auto-injector (AAI) immediately**, in accordance with their Allergy Action Plan and the manufacturer's instructions.
2. **Call 999 immediately** and state that the child is experiencing **anaphylaxis**. Tell the ambulance service that adrenaline has been administered.
3. Remove the allergen or stop further exposure if this can be done safely.
4. The child should normally be kept **lying down** and should not be allowed to stand or walk. If the child is having significant breathing difficulties, they may sit up with their legs extended. If they are unconscious but breathing normally, place them in the recovery position.
5. **If there is no improvement after 5 minutes, a second adrenaline auto-injector should be administered**, if available and appropriate. Where the child has been prescribed two AAIs, both should be available and accessible.

6. A second member of staff should summon a trained first aider and inform the appropriate school office/senior member of staff. **Calling 999 must not be delayed while waiting for the school office, senior staff member or parent/carer.** If necessary, the member of staff at the scene should make the emergency call directly.
7. Staff should remain with the child and continuously monitor their airway, breathing and responsiveness until the emergency services arrive.
8. If the child becomes unconscious but is breathing normally, place them in the recovery position and continue to monitor them.
9. If the child is unconscious and **not breathing normally**, commence CPR immediately and follow the instructions of the 999 emergency call handler. An AED should be used if available and appropriate.
10. A pupil's asthma inhaler may be administered **only where it is prescribed/authorised for that pupil and in accordance with their medical plan or emergency arrangements**. An inhaler must **not be used as a substitute for adrenaline** in suspected anaphylaxis.
11. When the ambulance arrives, provide the paramedics with:

- the child's Allergy Action Plan/Individual Healthcare Plan, where available
- details of the suspected allergen or exposure
- the time and sequence of events
- the symptoms observed
- the time and number of adrenaline doses administered
- details of any other medication or treatment given
- any relevant information about known allergies or medical conditions.

Adrenaline Auto-Injectors (AAIs)
A pupil who has been prescribed an AAI should have their prescribed device(s) readily accessible in accordance with their individual healthcare/allergy plan.

Schools may also hold **spare emergency adrenaline auto-injectors** for use in accordance with the statutory allergy safety guidance and the school's policy. Spare devices are in addition to, and do not replace, the pupil's own prescribed medication.

All adrenaline devices should be:

- readily accessible and not locked away where access could be delayed
- stored in accordance with the manufacturer's instructions and protected from extremes of temperature and direct sunlight
- clearly identifiable and appropriately recorded
- checked regularly to ensure they remain in date and are suitable for use
- accompanied, where appropriate, by the pupil's Allergy Action Plan.

Staff who may be required to respond to an allergic emergency must receive appropriate information and training, including training in the recognition of anaphylaxis and the use of adrenaline auto-injectors.
Used adrenaline auto-injectors should be retained safely for handover to the emergency services where appropriate and disposed of safely in accordance with the school's medicines and waste-disposal procedures.

Individual Allergy Arrangements
For every pupil known to be at risk of anaphylaxis, the school should maintain appropriate records and an individual plan setting out:

- the pupil's diagnosed allergy/allergies
- known triggers and allergens
- signs and symptoms
- prescribed medication and dosage, where applicable
- the location of the pupil's medication
- arrangements for accessing medication quickly
- emergency procedures
- arrangements for staff awareness and training

- arrangements for trips, visits, activities and other situations outside the normal classroom environment
- arrangements for communication with parents/carers and relevant healthcare professionals.

The school should ensure that relevant staff know which pupils are at risk of anaphylaxis, how to recognise an allergic reaction, where the pupil's medication is kept and what action to take in an emergency.

Prevention and Allergy Safety

The school will take reasonable and proportionate steps to reduce the risk of pupils being exposed to known allergens. This includes appropriate arrangements for food, catering, cleaning, educational activities, school trips and other situations in which allergen exposure may occur.

The school will maintain an **allergy safety policy** and ensure that staff understand their responsibilities for preventing and responding to allergic reactions.

The school should record and review significant allergic incidents and near misses and use the findings to improve allergy safety arrangements.

Emergency principle: If anaphylaxis is suspected, **give adrenaline without delay and call 999 immediately**. Do not wait for symptoms to become more severe.

Asthma

If a pupil is having an asthma attack the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

- Assist with prompt administration of medication - give 4 puffs of blue reliever.
- If no improvement after 4 minutes give another 4 puffs

A second person must summon a First Aider and inform the School Office. The School Office will then immediately summon an ambulance and inform the child's parents. There should be no delay in calling for an ambulance, should it be impossible to contact the First aider then the member of staff at the scene should make the call. The Head should then be informed.

Diabetes

Signs and symptoms:

High blood sugar (normally slow onset of symptoms)

· Excessive thirst
· Frequent need to urinate
· Acetone smell on breath
· Drowsiness
· Hot dry skin

Low blood sugar (normally quick onset of symptoms)

· Feel dizzy, weak and hungry
· Profuse sweating
· Pale and have rapid pulse
· Numb around lips and fingers
· Aggressive behaviour

Action

For person with Low blood sugar give sugar, glucose or a sweet drink e.g. coke, squash For person with High blood sugar allow casualty to self-administer insulin. Do NOT give it yourself but help if necessary.

If unsure if person is suffering high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will be vital!

Epilepsy

Epileptic seizures are caused by a disturbance of the brain.

Seizures can last from 1 to 3 minutes

Signs and symptoms

· A 'cry' as air is forced through the vocal chords
· Casualty falls to ground and lies rigid for some seconds
· Congested, blue face and neck
· Jerking, spasmodic muscle movement
· Froth from mouth
· Possible loss of bladder and bowel movement

Management:

During seizure

· Do NOT try to restrain the person
· Do NOT push anything in the mouth
· Protect person from obvious injury
· Place something under head and shoulders

After seizure

· Place in recovery position
· Manage all injuries
· DO NOT disturb if casualty falls asleep but continue to check airway, breathing and circulation. **Phone an ambulance if seizure continues for more than 5 minutes.**

HSE information sheet

Incident – reporting in schools (accidents, diseases and dangerous occurrences)
Education Information Sheet No 1(rev1)

Some incidents that happen in schools, or during education activities out of school, must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). These Regulations require employers and other people to report accidents and some diseases that arise out of or in connection with work. This information sheet gives practical advice to schools on what they need to report and how to do it.

Who should report?

The duty to notify and report rests with the 'responsible person'. This may be the employer of the injured person; a self-employed person; or someone in control of the premises where work is carried out.

See the HSE website http://www.hse.gov.uk/services/education for more information on who the employer is in different types of schools.

What needs to be reported?

Under RIDDOR you must report the following work-related accidents, including those resulting from physical violence, if they injure either your employees, or self-employed people working on your premises:

- Accidents which result in death or major injury must be reported immediately (see 'Reportable major injuries' below); and
- Accidents which prevent the injured person from continuing at his/her normal work for more than three days must be reported within ten days.

You must also report, in writing, any cases of work-related ill health affecting your employees that a doctor notifies you about (see 'Reportable diseases' below).
Dangerous occurrences are specified events which may not result in a reportable injury, but have the potential to do significant harm. A full list is given in *A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013* (see 'Useful HSE publications' for details).

Reportable major injuries

These include:
● fracture other than to fingers, thumbs or toes;
● any amputation;
● dislocation of the shoulder, hip, knee or spine;
● loss of sight (temporary or permanent);
● a chemical or hot metal burn to the eye or any penetrating injury to the eye; ● any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
● any other injury leading to:
- hypothermia, heat-induced illness or unconsciousness;
- resuscitation or requiring admittance to hospital for more than 24 hours; ● loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent;

● either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment; or
- loss of consciousness;
● acute illness which requires medical treatment where there is reason to believe that this resulted infections such leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
● other conditions such occupational cancer; certain musculoskeletal disorders; decompression illness; and hand-arm vibration syndrome.

Who do I report to?
All accidents, diseases and dangerous occurrences may be reported to the Incident Contact Centre. The ICC is a single point of contact for receiving all RIDDOR-reportable incidents in the UK.
You can report incidents by any of the following routes:
● Telephone: 0845 300 9923
● Internet: by completing the relevant form on the ICC website at http://www.riddor.gov.uk/reportanincident.html
● E-mail: riddor@natbrit.com
● Form F2508: by completing the relevant hard copy form and sending it to: Incident Contact Centre from exposure to a biological agent or its toxins or infected material.

Reportable diseases
These include:
● certain poisonings;
● some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
● lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;

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Caerphilly Business Park
Caerphilly
CF83 3GG
Fax: 0845 300 9924
The ICC will forward details of incidents to the local HSE office.

What about pupils and other people who are not at work?
You need to report an accident that happens to someone who is not at work, e.g. a pupil or visitor, if:
● the person involved is killed or taken to hospital;
And
● the accident arises out of or in connection with the work activity.
Like fatal and major injuries to employees, you must notify these accidents by following the procedures given above.

How do I decide whether an accident 'arises out of or is in connection with work'? An accident will be reportable if it is attributable to:
● work organisation (e.g. the supervision of a field trip);
● plant or substances (e.g. lifts, machinery, experiments etc);
● the condition of the premises.

What about sports activities?
Accidents and incidents that happen in relation to curriculum sports activities and result in pupils being killed or taken to hospital for treatment are reportable.

Playground accidents
Playground accidents due to collisions, slips, trips and falls are not normally reportable unless they happen out of work or in connection with work, e.g. because of:
- the condition of the premises or equipment;
- inadequate supervision.

What records must I keep?
You must keep a record of any reportable death, injury, disease or dangerous occurrence for three years after the date on which it happened. This must include the date and method of reporting; the date, time and place of the event; personal details or those involved; and a brief description of the nature of the injury, event or disease.

Where can I find out more?
You can find full details of accident-reporting requirements in *A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013* and *RIDDOR explained: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations* (see below). See also website http://www.riddor.gov.

Useful Links:

https://theallergyteam.com/families/
https://www.anaphylaxis.org.uk/education/benedicts-law/?utm_source=chatgpt.com