CROSFIELDS
SCHOOL

POLICY FOR FIRST AID

Person Responsible:	**Lead Nurse**
Approved By:	**Head**
Review Date:	**2 June 2024**
Next Review Due:	**By June 2025**

First Aid is emergency care given to an injured person (in order to minimise injury and future disability) before professional medical care is available. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils in the same way that parents might be expected to act towards their children. In general, consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

This Policy also applies to EYFS.

Risks

A risk assessment of First Aid needs to ensure adequate provision is available.

This includes:

- The number and ages of pupils
- The normal and occasional activities undertaken within the school
- The number of staff and arrangements for supervision
- The frequency of visitors
- The buildings and grounds
- Pupils and staff with specific conditions, eg asthma, allergies.
- The identification of specific hazards in school.
- When to call for further help.
- The documentation of necessary treatment given.

Pupils with specific acute conditions, e.g. epilepsy, will have their own individual risk assessment produced in conjunction with their personal care plan.

Responsibilities

The Head has responsibility, delegated from the Board of Governors, for ensuring the health, safety and welfare of the pupils, staff and all personnel visiting the school; visitors, contractors, peripatetic staff etc. See *Health & Safety Policy.* He does this through the provision of adequate resources and delegation to competent personnel. Specifically, in relation to First Aid:

- Make proper provision for occupational and pupil health where necessary.
- Investigate and keep a record of accidents, occupational ill health and hazardous incidents.
- Appoint first aid personnel and have first aid provision checked regularly.

Crosfields School employs 2 full time nurses who make up the Nursing Team. Both nurses share responsibility for providing emergency care to all pupils and staff.

The School Nurse reports to the Lead Nurse, who assumes overall responsibility for the health, safety and welfare of pupils and staff.

The Lead Nurse is responsible for the First Aid Policy and associated first aid provision. The Nurses yco-ordinate first aid training and supported by the School Nurse, checks first aid facilities, first aid kits and eye wash stations at least termly and defibrillators weekly.

In respect of Health & Safety, the School Nurse's :

- Maintain awareness of health and safety issues within the school affecting staff, pupils, visitors or the environment particularly where there are concerns for health.
- Ensures that the School is legally compliant with statutory requirements for medical provision. Up-to-date logs and records must be maintained.
- The Lead Nurse acts as Health Adviser on the School's H&S Committee.
- The Lead Nurse provides statistics on a termly basis reporting minor injuries and accidents.
- With the Estates Manager the Lead Nurse , inspects the site to ensure safe practices are being adhered to; supports and reviews Risk Assessments across the School; takes a role in risk assessing large scale events for medical and health needs drawing upon best practice and HSE guidelines wherever possible.
- The Lead Nurse reviews the register of COSHH held by the Estates Manager on a termly basis and ensures that data sheets are held in the Medical Room detailing emergency medical treatment when necessary.
- The Lead Nurse completes RIDDOR reporting as necessary.
- Liaises with UK Health Security Agency, formerly Public Health England, as required.

In respect of first aid, the Lead Nurse is responsible for:

- Advising on appropriate levels of first aid provision
- Identifying first aid training needs
- Organising appropriate training for first aiders
- Maintaining a record of all first aid training of school staff
- Liaising with the health and safety committee on first aid issues
- Advising the school on training and resources needed for pupils with special needs
- Arranging and delivering in house training as requested for administering pupil medication

The Nursing Team is responsible for:

- Providing emergency first aid cover when in school
- Organising provision and replenishment of first aid equipment
- Maintaining accurate records of first aid treatments

All staff, contractors, peripatetic staff and co-curricular providers, should be aware of available First Aid personnel, facilities, and the location of First Aid boxes, defibrillators and general First Aid information.

A qualified First Aider must be available on site during normal school hours, for co-curricular activities, out of hours activities and school holiday working. All school trips and away fixtures must be accompanied by a qualified First Aider. Enterprises is responsible for ensuring there is a qualified First Aider available during any period of hire.

It is our expectation that all staff will have a recognised First Aid qualification although it is accepted that this may not always be the case. A list of qualified First Aiders is available on SharePoint. First-aid training is available from a wide range of training providers. These include:

- those offering nationally recognised, regulated qualifications in FAW and EFAW
- the voluntary aid societies (St John Ambulance, British Red Cross and St Andrew's First Aid)
- those operating under voluntary accreditation schemes
- those who operate independently.

We will check that any provider meets the standards in a number of areas (due diligence). All training providers should be prepared to demonstrate that they:

- are competent to deliver first-aid training
- have qualified trainers
- teach relevant course content in the correct way
- have the necessary quality assurance systems in place.
- Lists of staff with First Aid qualifications are displayed in the Medical Rooms and in the School Office, and on SharePoint.
- The use of a defibrillator is normally included in basic First Aid training but where necessary, anyone can use the defibrillator in an emergency situation.
- Members of staff who may be required to administer medicines must complete training in the administration of medicines.
- Members of staff who may be required to administer an adrenaline auto-injector (Epi-pen) must complete specific training.
- All staff working in the EYFS must hold a paediatric First Aid qualification. There must be one 12 hour Paediatric First Aid trained person on site at any one time.

First Aid Kits are situated throughout the school. Staff taking children off-site for an activity must collect a First Aid kit from the Medical Room. The contents of the First Aid Kits are to be regularly checked and maintained by the School Nurse's. Staff mus ensure they let nurses know when they use anything from a first aid kit. As a minimum, First Aid boxes will include:

- sterile plasters (of assorted sizes), appropriate to the type of work (you can provide hypoallergenic plasters if necessary)
- sterile eye pads
- ndividually wrapped triangular bandages
- safety pins
- large, individually wrapped, sterile, unmedicated wound dressings
- medium-sized, individually wrapped, sterile, unmedicated wound dressings

- micropore tape
- cleansing wipes
- disposable ice packs
- normal saline sterile pods
- scissors
- disposable gloves (at least 2 pairs)
- clinical waste disposal bag

Reporting & Recording of Accidents

RIDDOR

Notification to the enforcing authority at the HSE Incident Contact Centre is the responsibility of the Director of Finacne and Operations, although in practical terms it is likely to be carried out by the Lead Nurse and should be made within 10 days of the incident. A RIDDOR report is required only when:

- the accident is work-related
- it results in an injury of a type which is reportable.

Types of reportable injury

The death of any person All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified injuries to workers. The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
    - covers more than 10% of the body
    - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
    - leads to hypothermia or heat-induced illness
    - requires resuscitation or admittance to hospital for more than 24 hours

For further guidance on specified injuries is available on the HSE website.

https://www.hse.gov.uk/pubns/edis1.pdf

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

Non fatal accidents to non-workers (eg members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances. There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (see above).

Occupational diseases Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome
- severe cramp of the hand or forearm
- occupational dermatitis
- hand-arm vibration syndrome
- occupational asthma
- tendonitis or tenosynovitis of the hand or forearm
- any occupational cancer
- any disease attributed to an occupational exposure to a biological agent

Further guidance on occupational diseases is available on the HSE website.

Dangerous occurrences

Dangerous occurrences are various, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment

- plant or equipment coming into contact with overhead power lines
- the accidental release of any substance which could cause injury to any person

Further guidance on these dangerous occurrences is available on the HSE website.

Gas incidents: Distributors, fillers, importers & suppliers of flammable gas must report incidents where someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with that gas. Such incidents should be reported using the online form.

Registered gas engineers (under the Gas Safe Register) must provide details of any gas appliances or fittings that they consider to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas
- incomplete combustion of gas or
- inadequate removal of products of the combustion of gas

Unsafe gas appliances and fittings should be reported using the online form.

Accidents and Incidents

In the event of an accident, incident or near-miss, a Crosfields Accident Investigation Form is to be completed. This must detail the circumstances around the incident, injuries incurred and immediate actions (including first Aid) taken. The Form is to be completed by the member of staff who witnessed the incident or administered First Aid. The Form should be reviewed by the appropriate Head of Department in order to record immediate corrective action; asses any change in work procedures to prevent re-occurrence and review policy or risk assessments. The Form will be finally reviewed by the Head of Estates and/or Director of Finance and Operations FO before being retained by the Lead Manager.

Information regarding accidents involving children must be retained until the child reaches their 25th birthday. For adults, the information must be held for 6 years.

For the treatment of minor injuries, a note should be made in the locally held First Aid Log or notebook with the First Aid kit.

Administration of Medicines

Children requiring medication during the school day must bring the medicine in its original packaging detailing the medicine, the child's name, dosage and frequency. This must be handed into the School Nurse , School Office or for children in Pre-prep, their class teacher. Parents must complete a Medication Form giving written consent for administration. The member of staff must record the administration of the medicine and return the form to the parents at the

end of the school day or once the course of medicine has been completed. A copy of the form is retained by the School Nurses.

Members of staff are not authorised to administer medication to pupils unless they have completed an e-learning course on Medication Administration. A list detailing which staff have completed the training is kept on the shared drive.

The school cannot accept homeopathic remedies.

Inhalers and epi-pens are normally kept on the person. For children in Pre-prep, inhalers are held in named boxes in the classroom. All spare epi-pens are held in named boxes in the Medical room relevant to them. In the case of Junior School pupils in Acorns Medical Room, Senior School is the Medical Room in the Senior School Building.

Children requiring homely remedies during the course of the school day must seek the support of the School Nurses. See *Homely Remedies Policy*.

Staff should keep any personal medicines on their person or in a secure environment where there is no risk of a child obtaining or ingesting the medicine by accident or ill intent. Staff may seek support from the School Nurses with regard to homely remedies. A small stock will be held in school and issued for self-medication.

Guidance for Away matches or trips

Staff taking children off site are made aware of any health issues pertaining to the children in their care by the School Nurses. . Staff should take a first aid kit, emergency asthma inhaler, if required, and the named Epi-pen for the individual concerned. Pupils must also carry their own named Epi-pen or Inhaler on their person.

If a child is injured off-site the incident must be reported to the Lead Nurse and relevant staff. An Accident/Incident Investigation Form should be completed.

If a child is injured while off-site, and an ambulance is required, the School Office needs to be informed, as soon as possible, so that parents can be contacted and arrangements made for them to meet their child at the hospital or at the site of the accident. A member of school staff should accompany the child to hospital if possible if parents are not present.

If an ambulance is not required but the child needs to visit A&E for assessment a member of staff must accompany the child unless parents are present or can arrive at the scene of the accident within a reasonable time.

Hygiene and Infection Control

All staff must take precautions to avoid infection and must follow basic hygiene procedures. They must have access to single use disposable gloves and aprons situated in all first aid boxes and the medical rooms and must wash their hands after any incident. In the absence of handwashing facilities hand sanitiser is provided at strategic places throughout the school. The maintenance staff are trained to deal with spillage of blood and other bodily fluids and must be called to deal with such material. There are bodily fluid disposal kits in the Medical Room and held by the Maintenance Team. All materials used in these incidents are disposed of in the yellow clinical waste bins.

Covid-19 & Other Infectious Diseases

All must take precautions to avoid transmission of infection and must follow recommended DfE and UKHSA advice for containment of Covid-19 infection. All staff and pupils should follow enhanced hand hygiene and should have access to washing facilities, soap and hand sanitiser at all times.

If a pupil or member of staff develops Coronavirus then they should remove themselves from school immediately and inform the Nursing Team, Head and Director of Finance and Operations . UKHSA current advice is that a positive Covid infection should result in a pupil remaining off school for 3 full days, an adult 5 full days. Day zero is taken as the date symptoms develop or testing by LFD is confirmed. Pupils or staff can return to school once fully recovered and have been without a high temperature for 24 hours.

Procedures Specific to EYFS

All First Aid is logged onto iSams Medical Centre. Parents are informed of any first aid which has been administered. In the Nursery and Reception a letter detailing treatment is sent home. Any child suffering a bump to the head is issued with a medical sticker so all staff are aware of the need to monitor the child. In the event of a more severe injury parents will be contacted immediately and given the option of coming to collect their child.

The first aid logs are monitored by the Head of Early Years and the Lead Nurse and risk assessments are updated as deemed necessary by the Nursing Team.

Specific Medical Needs

For information relating to dealing with Anaphylaxis, Asthma, Diabetes and Epilepsy please refer to the appendices.

Monitoring and Evaluation

Policy and practice will be continually monitored by the Lead Nurse to ensure adequate and effective provision. Any additional reviews may be necessary if there are any significant changes such as new buildings, changes in pupil numbers or major incidents.

Appendix 1

Asthma

This policy had been written with advice from the Department for Education and Employment, the National Asthma Campaign and the school health service. Crosfields School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma. Crosfields School encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils.

Asthma affects the airways, the tubes carrying air in and out of the lungs. With asthma the airways are more sensitive to irritants; they become narrower and produce more mucus. This makes it difficult to breathe.

Asthma may be triggered by

- a viral illness
- exercise
- cold weather
- irritants - smoke, dust, fumes
- emotion
- pollution
- allergens – such as pollen or animal fur/dander

Symptoms may be intermittent or continuous and usually include

- shortness of breath
- coughing
- wheezing
- tightness in the chest
- difficulty in speaking in sentences
- being unusually quiet

Medication & Control

Immediate access to reliever inhalers is vital. Children are encouraged to carry their reliever inhaler as soon as the parents, doctor and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom of the form teacher. An emergency generic salbutamol inhaler is kept in each Junior and Senior School medical rooms for use if the child's own inhaler is faulty, empty or missing. Parents must sign a consent form for this inhaler to be used. **All inhalers must be labelled with the child's name by the parent.** School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this.

All school staff will let children take their own medication when they need to.

Record Keeping

At the beginning of each school year, or when a child joins the School, parents are asked if their child has asthma. Information concerning children with asthma will be kept in the School Medical Register which is available for all school staff to see. If the medication changes at all, parents are asked to inform the School so that the records can be updated accordingly.

PE and Swimming

Taking part in sports is an essential part of school life. P E teachers are aware of which children have asthma from the child's iSams profile.. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise, to take their reliever inhaler before the lesson. Each child's inhaler will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson they will be encouraged to do so.

The School Environment

The School does all that it can to ensure the school environment is favourable to children with asthma.

The School has a no smoking policy.

As far as possible the School does not use chemicals in science and art lessons that are potential triggers for children with asthma. There is a fume cupboard located in the Science Laboratory for use with chemicals. Children can sit out of a lesson should the need arise.

Appendix 1 Procedure to be followed in the event of an Asthma attack

1 Ensure that the reliever inhaler is taken immediately
2 Stay calm and reassure the child
3 Help the child to breathe by ensuring tight clothing is loosened
4 The child should rest sitting up, breathing slowly and deeply
5 Do NOT take the child into cold air
6 Remain with the child until fully recovered

After the attack

Minor attacks should not interrupt a child's involvement in school. After a short rest the child can return to the classroom.

The parents of the child **MUST** be told of the attack.

Emergency procedure

Call an ambulance urgently if:

- The reliever has no effect after 5 – 10 minutes
- The child is distressed or unable to talk
- The child is getting exhausted
- You have any doubts about the child's condition

Continue to give reliever medication x 2 puffs every two minutes up to a maximum of 10 puffs until help arrives.

Appendix 2

School Epilepsy Policy

This policy has been written with advice from the Department for Education and Employment, the British Epilepsy Association and the school health service.

Crosfields School recognises that epilepsy is an important condition affecting around one in one hundred and thirty (1 in 130) children in the UK and welcomes all pupils with epilepsy.

Crosfields School encourages children with epilepsy to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils.

Epilepsy is the most common serious neurological condition. It occurs when the electrical activity of the brain stops working in harmony. It can be due to

- Head trauma
- Secondary to drugs or toxins
- Idiopathic-no known cause

Triggers of epilepsy

- Emotion-stress, excitement
- Tiredness
- Illness and fever
- Flickering lights (1 in 20 cases)
- non-compliance with medication

There are different types of epilepsy, the main ones experienced by school children are

- Tonic clonic – a loss of consciousness and stiffening of the body resulting in a fall to the ground. The second phase involves jerking of the limbs caused by rapid contraction and relaxation of the muscles. During this phase the pupil may bite their tongue or cheek. Once consciousness is regained they may appear confused and not remember the episode. They may be left with a headache, fatigue and aching limbs that persist for days.
- Absence seizure – also known as petit-mal. The pupil briefly loses consciousness but not muscle tone or collapse; they appear to be daydreaming or distracted, this may happen hundreds of times a day. Their performance in school may deteriorate and they can appear inattentive.
- Complex partial seizure – results in impaired consciousness and repetitive actions such as swallowing, looking for something or scratching. It may be interpreted as bad

behaviour. When the seizure ends the child may be confused and will require reassurance and monitoring until fully conscious.

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day.
Some children may require emergency medication to be administered in the event of a prolonged seizure, parents must notify the school if this has been prescribed and provide medication. It should be prescribed by a Dr stating the dose, route and time to be given in the event of an emergency and consent to administer should be given by the parents. Medication should be kept in a designated locked cupboard near to the child's classroom and all staff should be able to access the cupboard in the event of an emergency; medication should accompany the child to any activities or when in the playground. Members of staff should be trained in the administration of emergency buccal midazolam and there should be one such trained member on duty at all times when the pupil is on school premises. A list of trained staff is kept with the School Nurse.

Record Keeping

When a child joins the School the parents are encouraged to tell the School if their child suffers from epilepsy. Information about the type and duration of seizures will be recorded in the School Medical Register which is available for all staff to see. If medication changes at all, parents are asked to inform the School so that the records can be updated accordingly.

School Life

Children with epilepsy will be encouraged to take a full part in school activities. They will not be unnecessarily excluded from any school activity. Staff will be aware of which children have epilepsy from the epilepsy register. Extra care and supervision can be provided to ensure their safety in some activities such as swimming (easily identifiable by wearing distinguishing coloured swim cap) or working in the Science or DT Laboratories. An individual risk assessment would be written for a pupil with epilepsy to identify specific risks.

The School Environment

The School does all that it can to ensure that the school environment is favourable to children with epilepsy. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents are encouraged to tell the School of likely triggers so that action can be taken to minimise exposure to them.

Procedures to be followed in the event of an Epilepsy Seizure :

- Do nothing to stop or alter the course of seizure once it has begun
- Do not move the child unless he is in a dangerous place

- Cushion the head with something soft
- Do not put anything at all between the teeth or in the mouth
- Do not restrain the child's movements
- Loosen tight clothing around the neck (but be careful as it may frighten a semi-conscious child)
- Ensure the child's airway is clear at all times
- As soon as possible, place the child in the recovery position
- If there has been incontinence cover the child with a blanket to avoid embarrassment
- Stay with the child and any others who have witnessed the seizure
- Notify the parents

Emergency Procedure

Call an ambulance :

- If the seizure lasts longer than usual
- If one seizure follows another without the child regaining consciousness
- If the child is prescribed emergency epilepsy medication. There may be a need to administer this and time given should be noted and ambulance crew notified.
- Where there is any doubt

Appendix 3

School Diabetes Policy

This policy has been written with advice from the Department for Education and Employment, the British Diabetic Association and the school health service.

Crosfields School recognises that diabetes is an important condition affecting about one in seven hundred (1 in 700) children in the UK and welcomes all pupils with diabetes.

Crosfields School encourages children with diabetes to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils.

Diabetes is a lifelong medical condition. The carbohydrate in food (bread ,rice, potato and sweet foods) is digested and absorbed into the blood stream as glucose. Insulin is the pancreatic hormone that helps move the glucose from the blood into the body's cells where it can be used for energy.

In diabetes either the pancreas does not make any/enough insulin, or the insulin does not work properly; or a combination of the both.

There are 2 main types of diabetes

- TYPE 1 – usually occurs in young children or young adults and can not be prevented, the pancreas does not produce insulin. Treatment is by insulin taken by injections or via a pump.
- TYPE 11 – is far more common and occurs in older people, but there is a trend for overweight young adults or teenagers to develop this form. The pancreas can make some insulin but not enough, or it does not work effectively. Treatment is by diet, weight loss and oral medication.

Medication and Control

The diabetes of school-aged children may be controlled by two injections of insulin a day or multi injections depending on their individual needs. Most children can do their own injections from a very early age and may simply need supervision and privacy to carry it out. Children will need to monitor their blood glucose levels using a testing machine. Such machines must be labelled with the child's name by the parents and should be kept with the child at all times.
Some children may have an insulin pump connected to their body that delivers insulin directly, in addition to a blood glucose monitor (eg Dexcom) which monitors their blood glucose levels, again attached to their person. In order to monitor the pupil specified members of staff should have access to remotely follow the Dexcom monitor by use of a mobile APP. They can intervene

as necessary when blood glucose levels are too low or too high so that a pupil can be reminded to take additional insulin or glucose. Children should also carry a supply of fast acting sugar (eg glucose tablets, jelly babies, sugary drink). School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this. All school staff will let children take their own medication when they need to.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise.

PE teachers are aware of which children have diabetes from the School Medical Register. They are aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

Record Keeping

When a child joins the School the parents are encouraged to tell the School if their child suffers from diabetes, for their inclusion in the School Medical Register.

Hypoglycaemic Reaction in a Diabetic Child

Staff are made aware that the following symptoms, either individually or combined, may be indicators of a hypoglycaemic episode (hypo- low blood glucose level) in a pupil with diabetes :-

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking
- Lack of concentration
- Irritability

Procedures to be followed in the event of a "hypo" :-

Immediately administer a fast acting sugar such as –

- glucose tablets or
- a glucose rich gel or
- a sugary drink

A slower acting starchy food may be required once the pupil has recovered, some 10 – 15 minutes later, if this is written on their care plan.

- Eg a sandwich or two biscuits, and a glass of milk

If the recovery takes longer, or there is uncertainty, call an ambulance.

Appendix 4

School Anaphylaxis Policy

This policy has been written with advice from the Department for Education and Employment, the Anaphylaxis Campaign and the school health service.

Crosfields School recognises that anaphylaxis, an extreme allergic reaction, can occur in school children and welcomes any child with anaphylaxis.

Crosfields School encourages children with anaphylaxis to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils.

Anaphylaxis is a severe allergic reaction requiring immediate medical attention. The reaction usually occurs within minutes of exposure to the "trigger" substance, although in some cases the reaction may be delayed for as much as a few hours.

Common triggers

- Peanuts, tree nuts
- Eggs
- Shellfish
- Insect stings
- Some fruits kiwi, pineapple
- Drugs such as penicillin and aspirin

Medication and Control

In the majority of cases, children with anaphylaxis go through the whole of their school lives without incident. The most common cause is food, in particular nuts, fish and dairy products but, also, wasp and bee stings. Medication includes antihistamine, adrenaline inhaler or automated adrenaline injection (AAI), depending on the severity of the reaction.

Immediate access to adrenaline injection (eg Epi-pen) is vital. Epi-pens are kept by the children to whom they are prescribed. Parents are asked to ensure that the School is provided with a labelled spare Epi-pen. This must be kept in the school's Nurses Room. All Epi-pens must be labelled with the child's name, by the parent. The pen is kept together with the individual care plan in a labelled box. The spare auto-injector must be taken to any away sporting fixtures or off

site visits. The School Nurse is responsible for informing the trip leader or sports coach of any child who carries an adrenaline injector, the trip leader will then be responsible for carrying the spare to use if required.

Adrenaline injection, by Epi-pen or similar, is easy to administer. Responsibility for administering the injection is on a purely voluntary basis. All volunteers have undertaken training from an appropriate health professional.

Record Keeping
When a child joins the School, the parents are encouraged to tell the School if their child suffers from anaphylaxis for inclusion in the School Medical Register.

School Environment
The School does all that it can to ensure that children with anaphylaxis do not come into contact with allergens and seeks to minimize the risks whenever possible.

This Policy applies also to EYFS.

Allergic Reactions in a Child

Symptoms of Allergic Reaction

Staff are made aware that one or more of the following symptoms and signs will usually appear within seconds or minutes after exposure to the allergen:-

Mild reaction:-

urticaria (nettle rash) over face or whole body and itching.

Runny nose and watery eyes

Nausea and vomiting

dizziness

Severe reaction (anaphylaxis):-

A metallic taste or itching in the mouth

Swelling of the face, throat, tongue or lips

Difficulty in swallowing

Flushed complexion

Abdominal cramps and nausea

A rise in heart rate

Wheezing or difficulty breathing, tightness of the chest

Collapse or unconsciousness

Procedures to be followed in the event of an allergic reaction

1. Mild reaction – antihistamine and observation.

2. Severe reaction - administer an adrenaline injection as soon as possible. This may be administered through clothing directly into the thigh. If necessary a second AAI may be given

Call an ambulance immediately if there is any doubt about the severity and inform them that there is a "child with anaphylaxis" or if the pupil does not respond to the medication. If adrenaline auto-injector is used the child must be taken to hospital by ambulance for a period of observation due to the possibility of further anaphylaxis.

Parents should be informed immediately if their child has had an anaphylactic reaction.