

# MEDICAL POLICY

## Prepared with regard to DfE Guidance on First Aid for Schools

### Aim

To promote the health and wellbeing of all pupils in order that they are best able to reach their potential and participate fully in school life. This is achieved by:

- Monitoring the wellbeing of each child;
- Being available for advice and support;
- Recognising and respecting that each child is an individual with his or her own needs and aspirations;
- Providing links between child, parents/guardians, members of staff and other health professionals.

**The school Medical Room** is there for everyone and is based on a philosophy of:

- Listening
- Healthy living
- Understanding
- Respect
- Trust
- Providing a safe and caring environment

### School Surgery/Medical Centre Contact Details

The Medical Room is where first aid/nursing/medical treatment is prescribed and administered. It is also a port of call for children feeling unsure, homesick or needing to chat.

Phone: 01865 730771  
Postcode: OX1 5ND  
E-mail: [medical@chandlingspst.org](mailto:medical@chandlingspst.org)

Please refer to Annex A for a list of staff training and qualifications.

The following staff have received appropriate training in the administration of medication: Helen Tomlinson, First Aid Coordinator.

It is the intention of the First Aid Coordinator to make every child feel welcome, however big or small the problem, and to see them back into school life feeling confident that, whether they have needed medical treatment or not, they have been listened to and understood.

There is always at least one qualified person on the school site when children are present, who has access to appropriate resources and pupils' medical records.

## **First Aid Policy**

- First Aid is the initial treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance, doctor or other qualified person. First aid is provided promptly and efficiently.
- This first aid policy outlines first aid facilities for pupils, staff and visitors.
- The term ‘first aiders’ refers to the staff members who hold a valid first aid certificate.
- Staff First Aid training is updated every three years.

### **Aim**

- To provide effective first aid cover for pupils, staff and visitors.
- To ensure that all staff and pupils are aware of the systems in place.
- To provide awareness of Health and Safety issues within the school and on school trips, to prevent, where possible, potential dangers or accidents.

### **This will be achieved by:**

- Providing adequate first aid cover as outlined in the Health and Safety Regulations.
- Monitoring and responding to all matters relating to the health and safety of all persons within the school.
- Ensuring that all new members of staff are made aware of first aid procedures throughout the school.
- Ensuring that first aid training is kept up to date.
- Ensuring that first aid kits are adequately stocked and readily available within the school.

First Aid Kits are kept in the following locations:

<p>DT room Food technology room Grounds - Bluebell Woods, Pontoons and Low Ropes Groundsman’s Shed Hockey Shed Kitchen Lantern Hall Main Hall Maintenance Shed Medical Room Middle Leadership Office Mini buses Music Nursery (Garden, Acorn &amp; Lavender Rooms) Orangery Art room Pavilion Playground Prep Art room Reception Playground</p>	<p>Eye Wash Kits: DT room Groundsman’s Shed Food technology room Science store room Medical Room</p> <p>Burns Kits: Food technology room Groundsman’s Shed Kitchen Medical Room Outdoor Learning Science store room</p> <p>There is a mini first aid box in most teaching rooms</p>
---	---

Science store room School Office Stables Staff room Swimming Pool	
---	--

All first aid kits are regularly checked by the First Aid Coordinator.

There is no mandatory list of items for a first aid-container, but HSE recommend that where there is no specific risk identified, a minimum provision would be:

1. a leaflet giving general advice on first aid
2. 20 individually wrapped sterile adhesive dressings of assorted sizes
3. two sterile eye pads
4. four individually wrapped triangular bandages
5. six safety pins
6. six medium sized individually wrapped unmedicated wound dressings
7. two large individually wrapped unmedicated wound dressings
8. three pairs of disposable gloves

We aim to:-

- Ensure that a first aider attends the casualty and treats him/her safely and effectively. This includes wearing protective clothing, i.e. disposable gloves, and seeking assistance from other first aiders if required;
- Ensure that any child who has sustained a significant head injury is taken to hospital and assessed professionally;
- Ensure that if a child goes to hospital by ambulance, they are accompanied by a relative or staff member. The staff member will act 'in loco parentis' if required. (Key medical details for the child should be taken to the hospital as this details the information required by hospital staff);
- Ensure that a record is kept of injury sustained and treatment received using the school's recording and monitoring system;
- Ensure adequate infection control measures are adhered to by the cleaning and clearing of equipment and the correct disposal of used items, e.g. gloves and dressings, to prevent contamination;
- Ensure effective assessment of a child feeling unwell or who is injured;
- Ensure staff, who do not possess a valid first aid certificate, refer an injured child to a first aider. However, if emergency aid is required, it may be necessary for the staff member to initiate simple lifesaving measures;
- Ensure that at the beginning of each term, a list of children with medical requirements is made available to all staff e.g. asthma, allergy and dietary lists;
- Ensure that a casualty will not be moved until assessed by a qualified first aider, unless the casualty is in immediate danger;
- Ensure that a child with any minor injury is accompanied to the Medical Room to be attended to by the First Aid Coordinator.

Every effort is made to minimise the risk of accidents but we recognise that accidents may still occur.

- Any accidents to pupils, staff and visitors will be reported to the First Aid Coordinator and to the Head;
- Details regarding the accident will be recorded. An investigation into any accident may be undertaken to minimise the risk of a similar incident occurring;
- Records will be kept for a minimum of seven years. They are to be monitored termly by the Health and Safety Committee;
- The Head/Deputy will ensure that accidents reportable to the Health and Safety Executive are reported on the appropriate form;
- A regular review and analysis of the accident records will be undertaken to identify any trends and areas for improvement.

### **First Aid Within the School**

Action to be taken:

- Keep calm
- Be aware of danger
- Assess the injured person
- Summon help if required
- Use first aid kit in location to give immediate assistance
- Carry out first aid to the level trained
- If minor injury, accompany casualty to the Medical Room

AND/OR

- If the casualty requires further emergency medical assistance an ambulance will be called and a member of staff will accompany the casualty to hospital.
- Parents will be notified immediately.
- Record details of incident using the school's recording system

### **First Aid Outside the School (during sporting fixtures/events)**

(For a suggested list of items for the first aid kit please refer to HSE Guidance by clicking [here](#) page 32)

- During sporting fixtures, home or away, first aid kits are made available. This enables staff to administer basic first aid.
- Staff must report the incident to the First Aid Coordinator on return to school.

### **First Aid for pupils on approved school trips**

For further information, please refer to the Risk Assessment Policy and Guidelines.

- First aid arrangements are detailed in the risk assessment.
- Any medical conditions/information is conveyed by the First Aid Coordinator to the designated teacher in charge of pupils.
- A medical bag is always taken.
- Medication is carried in the medical bag if required, e.g. asthma inhalers (ALWAYS blue in colour) and epipens, and is the responsibility of the teacher in charge.
- Staff carry mobile telephones to enable communication within the school at any time should an emergency occur. Please note that the use of mobile phones must be in line with the Staff Code of Conduct and Safeguarding Policy.
- Documentation of any accidents will be recorded as per the school's procedures.

## **Suspected Serious Injury**

Examples: Fracture, back or neck injury, head injury, level of consciousness impaired.

- The staff member in charge will assess the injury and if necessary will immediately call for an ambulance.
- The casualty should not be moved until assessment has been made

## **Making your assessment**

- Danger – check that there is no danger to yourself or others close by
- Response – does the child respond to your voice or tapping on the shoulders?
- Check A – Airway  
B – Breathing  
C - Circulation
- Give emergency first aid as appropriate

Depending on your assessment you will then either:

- Move the child
- Leave the child in the same position and observe
- Call an ambulance. Move him/her into the recovery position and observe
- Call an ambulance. Begin mouth to mouth ventilation or CPR

## **Spinal Injury**

If a neck injury is suspected DO NOT put the child in the recovery position unless immediate loss of life is at risk. An ambulance must be called.

## **Head Injury**

If a child loses consciousness, for however short a period of time, appears dazed or confused, or suffers disturbances of vision, the child should receive immediate medical attention. Any child with a suspected head injury must go to hospital. Advice will be given by the First Aid Coordinator as to how long the child should remain off games. This time frame will be adhered to.

## **Reporting and Recording of Accidents**

All schools are required to maintain detailed records of illnesses, accidents and injuries, together with an account of any first aid treatment, non-prescription medication or treatment given to a pupil or employee. The First Aid Coordinator is responsible for keeping the accident recording book.

- We have a duty to report incidents that involve the:
  - [Health and Safety at Work Act 1974](#)
  - [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#)
- For EYFS pupils, parents will be informed of any accident or injury sustained by the child on the same day, or as soon as is reasonably practicable, and any first aid given. Ofsted must be notified of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.

## Reporting Accidents involving employees/non-employees

All accidents involving members of staff, contractors on site etc. are to be recorded by the School. It is a requirement under the Social Security (Claims & Payment) Regulations 1997, that all minor, major and reportable accidents of persons at work are recorded irrespective of whether first aid treatment is given or not. The Accident Report Form used is compliant with all current regulations including Data Protection Regulations.

## Arrangements for pupils with particular medical conditions

### Asthma

- Asthma is the result of inflammation of the linings of the bronchioles and an increase in the production of mucous, causing a dry cough and tightness in the chest. Classic symptoms of asthma include: wheeze, cough, shortness of breath and tightness in the chest.
- The common triggers for asthma are: exercise, cold air, upper respiratory tract infection, grass pollen, emotional stress, exposure to pets, smoke, house dust mites and medicines such as non-steroidal anti-inflammatory drugs.
- There are two main types of inhalers for the treatment of asthma – relievers and preventers.

### Relievers – Bronchodilators (Blue, ventolin)

- These relax smooth muscle, dilating the bronchi and opening the airway.
- Relievers are essential in treating an asthma attack.
- Relievers are a safe and effective medicine and have very few side effects. However, some children may feel shaky if they take several puffs.
- Children cannot overdose on reliever medicines and these effects pass quickly.

### Preventers – Steroids and non-steroidal anti-inflammatory agents (usually brown, orange, purple)

- These reduce and prevent inflammation of the airways and prevent muscle spasm and swelling, thus protecting the lining of the airways. Taking preventer medicines means that a child with asthma is less likely to react badly when he/she comes into contact with an asthma trigger.

### Common signs and symptoms of an asthma attack:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Difficulty speaking in full sentences

### How to help:

- Keep calm
- Encourage the child to sit and lean slightly forward
- Make sure the child takes two (2) puffs of reliever (blue) inhaler immediately (preferably through a spacer)
- Reassure and encourage the child to breathe slowly and deeply
- Loosen tight clothing
- The child may require another 2 or more puffs of reliever inhaler through the spacer (spacers give a more accurate delivery of dosage of medication)

If there is no improvement, and:

- The reliever has no effect after 5 to 10 minutes
- There is an audible wheeze
- The child is too breathless to talk
- The child's lips are blue
- Or if you are in any doubt

**CALL 999 OR 112 FOR AN AMBULANCE STATING ASTHMA ATTACK – CHILD**

and follow the instructions given by the operator.

**Diabetes**

Parents of children with diabetes are responsible for providing diabetes equipment for their children in school and also providing a detailed healthcare plan which has been drawn up for the child by a paediatric diabetes specialist nurse.

What is diabetes?

- Diabetes is a long-term medical condition where the body cannot produce enough insulin. Sometimes those who have diabetes may have a diabetic emergency, where their blood sugar level becomes too high or too low. Both conditions could be serious and may need treatment in hospital.
- Insulin is a chemical produced by the pancreas (that lies behind the stomach). It regulates the blood sugar (glucose) levels in the body. When someone has diabetes, their body cannot keep the blood sugar level within the normal range. Their level can be higher or lower than normal blood sugar.
- There are two types of diabetes:
  - Type 1, known as insulin dependent diabetes
  - Type 2, non-insulin dependent diabetes

Hyperglycaemia

This is where the blood sugar level is higher than normal. It may be caused by a person with diabetes who has not had the correct dose of medication. They may have eaten too much sugary or starchy food or, they may be unwell with an infection.

Signs and symptoms - Look for:

- warm, dry skin
- rapid pulse and breathing
- fruity, sweet breath
- excessive thirst
- drowsiness, leading them to become unresponsive if not treated (also known as a diabetic coma)
- medical warning jewellery or medication

What to do

- If you suspect hyperglycaemia (high blood sugar), they need urgent treatment. Call 999 or 112 for emergency help and say that you suspect hyperglycaemia.
- They may be wearing a medical bracelet or medallion, or have a card on them which can alert you to their condition.
- While you wait for help to arrive, keep checking their breathing, pulse and whether they respond to you.

- If they become [unresponsive](#) at any point, open their airway, check their breathing and prepare to start [CPR](#).

### Hypoglycaemia

This is where the blood sugar level is lower than normal. It can be caused by an imbalance between the level of insulin and the level of glucose in the blood. Someone with diabetes may recognise the onset of a hypoglycaemic episode.

#### Signs and symptoms - Look for:

- weakness, faintness or hunger
- confusion and irrational behaviour
- sweating with cold, clammy skin
- rapid pulse
- palpitations
- trembling or shaking
- deteriorating level of response
- medical warning jewellery or medication.

#### What to do

- If you suspect hypoglycemia (low blood sugar), help the person to sit down. If they have their own glucose gel or glucose tablets, help them take it. If not, you need to give them something sugary, such as a 150ml glass of fruit juice or non-diet fizzy drink; three teaspoons of sugar or sugar lumps; or three sweets such as jelly babies.
- If they improve quickly, give them more of the sugary food or drink and let them rest. If they have their blood glucose testing kit with them, help them use it to check their blood sugar level. Stay with them until they feel completely better.
- If they do not improve quickly, look for any other reason why they could be unwell and call 999 or 112 for emergency help.
- Keep monitoring their breathing and level of response while waiting for help to arrive.
- If they are not fully alert, don't try to give them something to eat or drink as they may choke.
- If they become [unresponsive](#) at any point, open their airway, check their breathing and prepare to give [CPR](#).

### **Seizures including Epilepsy**

#### What are seizures?

A seizure can also be known as a convulsion or fit. In young children, seizures are usually caused by a raised body temperature, often following an infection. This type of seizure, known as a febrile seizure, occurs because the brain is not mature enough to cope with the body's high temperature.

#### Signs and symptoms - Look for:

- loss of or lack of a response
- vigorous shaking, with clenched fists and an arched back
- signs of a fever, with hot, flushed skin and sweating
- twitching of the face
- squinting, fixed or rolled back eyes
- breath holding with a red face and neck
- drooling at the mouth
- vomiting
- loss of bladder or bowel control.



### What to do

Clear any objects away from around the child that could be dangerous. Then place pillows or soft padding, such as rolled up towels, around the child. This will help to protect them from injuring themselves while having the seizure.

- Do not restrain the child or move them unless they are in immediate danger.
- Do not put anything in their mouth.
- Try to cool the child down. Take off any bedding and clothes such as a t-shirt to help cool them. You might need to wait for the seizure to stop to do this. Make sure there is fresh air circulating but be careful not to overcool the child.
- When the seizure has stopped, place them in the [recovery position](#) to keep the airway open. Call 999 or 112 for emergency help.
- While you wait for help to arrive, reassure the child and parent. Monitor the child's level of response.

### Anaphylaxis

- Aim:
  - To ensure children with serious allergies are safe.
  - To educate staff and parents.
  - To raise awareness within the school environment.
- Chandlings Prep School will take every reasonable precaution to protect children from their allergens.
- Anaphylaxis is a severe reaction that can occur when exposed to a particular trigger e.g. nuts, insect bites or medicines.
- During anaphylaxis, cells release histamine in large quantities. The blood vessels become leaky resulting in swelling in the surrounding tissues. It is characterised by the following features:

#### Mild Reaction

- *Tingling, itchiness or metallic taste in the mouth*
- *Watering of eyes and nose, sneezing*

***Breathing is NOT compromised*** - Send the child accompanied by an adult to the First Aid Coordinator for treatment with an antihistamine and observation.

***(NB Antihistamine is effective if the reaction is localised the airway is not impaired)***

#### Severe Reaction

- Hives, redness, generalised flushing, rash, itching
- Swelling-eyes, ears, lips, tongue, face and skin-hands and feet or local area if stung
- Itchiness or tightness in throat, choking, tightness in chest
- Wheezing, hoarseness, hacking cough
- Nausea, vomiting, stomach pain and /or diarrhoea
- Dizziness, unsteadiness, drowsiness, feeling of impending doom
- Fall in blood pressure
- Loss of consciousness
- Coma and death

#### ***Breathing IS compromised - Emergency Protocol***

- Administer ADRENALINE via Epipen (Automatic Intramuscular Injection) as soon as possible.
- Call 999 or 112 and state ANAPHYLAXIS
- Stay with child and monitor airway
- If conscious, keep child sitting down, observe and reassure
- If unconscious, place child in recovery position and monitor airway

- Monitor child's progress – breathing should ease, colour improve and consciousness return
- A second Epipen may be administered after 5 minutes or according to the Allergy Plan
- Be prepared to resuscitate if necessary
- Send the Epipen with the child to hospital
- Record the incident on the child's nursing card and complete an accident form.
- Inform parents/guardian as soon as possible

Please see Annex B for guidelines on how to use an Epipen.

### **Hygiene procedures including dealing with the spillage of body fluids**

Body fluids are a source of infectious micro-organisms (bacteria, viruses and fungi). The main risk is infection following hand to mouth/nose/eye contact. There is also a risk of infection via broken skin (cuts or scratches).

The school will follow guidance from the HSE on [Cleaning Up Body Fluids](#)

- Erect barriers and notices
- Provide dedicated cleaning equipment. Chlorine-releasing disinfectant is suitable, e.g. hypochlorite solution
- Provide closeable containers and bags, labelled 'Clinical waste'
- Provide buckets with disinfectant and long-handled brushes for personal decontamination at the exit point

### **Control procedures**

- Ensure a good standard of general ventilation
- Scrape up residues into the closeable container, for safe disposal
- Bag up contaminated material that needs laundry or disposal, eg bedding, clothing
- Wash surfaces clean with detergent before disinfecting
- Heavily fouled soft furnishings may need bagging for disposal as clinical waste.

### **Personal protective equipment (PPE)**

Respiratory protective equipment (RPE) is not needed.

Other protective equipment

- Provide eye protection – a full-face visor.
- Provide disposable coveralls with a hood.
- Provide a disposable plastic apron.
- Provide wellingtons or waterproof disposable overshoes.
- Provide waterproof, abrasion-resistant gloves, eg nitrile.
- Ensure that all cuts and abrasions are covered with a waterproof dressing before work begins.

### **Cleaning and housekeeping**

Decontamination - Assume that everything that might be contacted by body fluids is contaminated.

- Clean and disinfect the area after the task.
- Change out of work clothing before exiting the area.
- Provide bags labelled 'Clinical waste – Biohazard' for all contaminated PPE.
- Disinfect or sterilise reusable work equipment.
- Ensure that waste from the cleaning of body fluids is disposed of safely according to local rules and regulations.
- Caution: If soiled, bag up work clothes for laundry as a separate load.

### Personal decontamination and skin care

- Wash before eating or drinking, and after touching any surface or object that might be contaminated.
- Provide warm water, mild skin cleansers, nail brushes, and soft paper, fabric towels or hot air for drying. Avoid abrasive cleansers.

### Clinical Waste

#### Sharps

- Sharps are placed in the sharps container, kept in a locked cupboard.
- When full, they are disposed of as per the council's collection scheme.

#### Clinical Waste

- Clinical Waste is placed in a yellow bag and collected by the council.
- General waste is placed in the surgery bins, either for recycling or for standard disposal.

### Documentation and record-keeping

The school will keep a record of any first aid treatment given by first aiders and appointed persons.

This will include:

- the date, time and place of incident
- the name (and class) of the injured or ill person
- details of the injury/illness and what first aid was given
- what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital)
- name and signature of the first aider or person dealing with the incident

This information can help the school identify accident trends and possible areas for improvement in the control of health and safety risks. It can also be used for reference in future first-aid needs assessments.

Please note, in an emergency, the school will contact the child's parent/guardian/named contact as soon as possible. It is also best practice to report all serious or significant incidents to the parents.

### Gillick Competency

- In line with Lord Scarman's comments in his judgement of the Gillick case - "parental right yields to the child's right to make his own decisions when he/she reaches a sufficient understanding and intelligence to be capable of making up his/her own mind on the matter requiring decision."
- No Chandlings Prep School pupil is considered Gillick competent and pupils do not self-medicate. An exception to this is for Prep pupils who are asthma sufferers who are permitted to administer their own medication as instructed by their doctor. It may be appropriate for some pupils with a chronic health condition to start to take greater responsibility for their condition. Any decisions in this respect would be taken following consultation and with consideration of the age and maturity of the pupil. The First Aid Coordinator can provide more details on which pupils may fall into this category.
- If a child refuses the care or medication prescribed and/or requested by parents, a note will be made and the parents informed.

### **Confidentiality**

- All information provided to the First Aid Coordinator, by the child or the parents, is confidential and will only be passed on to staff members or health professionals on a need to know basis.
- All medical notes are kept securely with restricted access.

### **Staff taking Medicines**

Staff must seek medical advice if they are taking medication which may affect their ability to care for children. Staff are responsible for their own medication must be securely stored at all times. The school cannot be held responsible for staff medication and supplies of non-prescription medication are not held for staff usage. Children must not be able to reach or touch any medication and all non-prescription medication, stored in handbags or other, should be kept locked away and secure. All staff are contractually required to update their medical information should it change at any point during the academic year.

All staff are required to sign an annual medical declaration which is held by the Head's PA in her Office. This information is confidential.

## **Annex A - List of staff with first aid training**

*Training is updated every three years and there is always at least one qualified person on school site when children are present*

<b>Name</b>		<b>Course</b>	<b>Expiry Date</b>	<b>Department</b>
Jessica	Ashton	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	05/09/2025	Reception TA
Kate	Bailey	FAA Level 3 Award in Paediatric First Aid (RQF)	23/01/2025	Administration
Kate	Belcher	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/09/2026	Drama
Rebecca	Berry	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2024	Nursery
Phillipa	Biggs	QA Level 3 Award in Emergency First Aid at Work (RQF)	19/04/2024	Science
Charlotte	Bloxham	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	05/09/2025	Year 1
Meme	Boham	Paediatric First Aid (Blended) Oxford College of First Aid LTD	05/02/2025	Nursery
Charlie	Branch	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2024	Nursery
Charlie	Branch	Paediatric First Aid (British Red Cross) - 2 Days Course	21/01/2025	Nursery
Emily	Brawn	QA Level 3 Award in Emergency First Aid at Work (RQF)	03/09/2024	Year 6/ SLT
John	Brodley	QA Level 3 Award in Emergency First Aid at Work (RQF)	19/04/2024	Sports Department
Ellie	Brogan	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/01/2025	Breakfast Club
Richard	Brooks	QA Level 3 Award in Emergency First Aid at Work (RQF)	19/04/2024	Sports Department
Alwin	Brown	QA Level 3 Award in Emergency First Aid at Work (RQF)	20/05/2025	Maintenance
Chloe	Buck	QA Level 3 Award in Emergency First Aid at Work (RQF)	27/11/2026	Year 1 TA
Frances	Buckley	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/09/2026	Year 1
Jackie	Capstick	QA Level 3 Award in Paediatric First Aid (RQF)	04/09/2026	Nursery Manager
Alice	Clarke	QA Level 3 Award in Paediatric First Aid (RQF)	04/09/2026	Reception

Mike	Clarke	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/01/2025	Head of Years 5 & 6
Christine	Cook	QA Level 3 Award in Paediatric First Aid (RQF)	16/09/2023	SLT
Rosie	Curtis	QA Level 3 Award in Paediatric First Aid (RQF)	04/09/2026	Reception TA
Ginnie	Davis	QA Level 3 Award in Emergency First Aid at Work (RQF)	03/09/2024	Learning Support
Steph	Davis	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	05/09/2025	Nursery
Amanda	Dawkins	QA Level 3 Award in Paediatric First Aid (RQF)	04/09/2026	Reception
Alex	Druce	QA Level 3 Award in Emergency First Aid at Work (RQF)	03/09/2024	Sports Department
Helen	Edwards	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	05/09/2025	Art
Gloria	Espinar	QA Level 3 Award in Emergency First Aid at Work (RQF)	19/04/2024	Years 3/4 TA
Leanne	Foster	QA Level 3 Award in Paediatric First Aid (RQF)	04/09/2026	D/Bursar
Shaun	Foster	QA Level 3 Award in Emergency First Aid at Work (RQF)	03/09/2024	Geography/DL
Karen	Francis	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2024	Nursery
Lindsey	Gandy	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/01/2025	Year 6
Daniel	Gilio	QA Level 3 Award in Emergency First Aid at Work (RQF)	20/05/2025	Grounds
Jon	Gjylaci	Emergency First Aid at work (St John's Ambulance)	07/09/2024	Music
Victoria	Groves	Emergency First Aid at work Level 3	08/05/2024	Music
Charlotte	Harrison	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/09/2026	Year 2
Ros	Hanslip	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/01/2025	Year 3
Isabella	Hemsley	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	05/09/2025	Sports Department
Zoe	Hicken	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	05/09/2025	Head of Years 3 & 4
Rachel	Hicks	Forest School Outdoor First Aid Level 3 ITC First	26/04/2025	DT Department
Rachel	Hicks	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/01/2025	DT Department
Laura	Hook	QA Level 3 Award in Emergency First Aid at Work (RQF)	03/09/2024	Year 1

Hayley	Hurford	Paediatric First Aid (British Red Cross) - 2 Days Course	27/08/2024	Year 1 TA
Lucy	Ings-Chambers	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/01/2025	Sports Department
Wojciech	Jaworski	QA Level 3 Award in Emergency First Aid at Work (RQF)	20/05/2025	Maintenance
Beatrice	King	QA Level 3 Award in Paediatric First Aid (RQF)	04/09/2026	Nursery
Claire	Lawrence	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2024	Nursery
Fiona	Love	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/01/2025	SLT
Mary-Cait	Love	QA Level 3 Award in Emergency First Aid at Work (RQF)	03/09/2024	Year 3/4 TA
Jessica	Mackenzie	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/09/2026	Nursery
Rob	Maskrey	QA Level 3 Award in Emergency First Aid at Work (RQF)	19/04/2024	Grounds
Maria	McAloon	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/01/2025	Pre-prep/SLT
Natalia	Mosiichuk	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/09/2026	Nursery
Kim	Nelson	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	05/09/2025	Year 2 TA
Emma	Nixon	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/09/2026	Year 3
Samantha	Palfrey	QA Level 3 Award in Emergency First Aid at Work (RQF)	03/09/2024	Year 6
Melinda	Papp	Forest School First Aid Level 3/16 hours (ITC First)	08/10/2024	Outdoor Learning
Melinda	Papp	QA Level 3 Award in Emergency First Aid at Work (RQF)	03/09/2024	Outdoor Learning
Melinda	Papp	Level 3 Award in Paediatric First Aid (ICT First)	08/10/2024	Outdoor Learning
Helen	Pardo	QA Level 3 Award in Emergency First Aid at Work (RQF)	19/04/2024	Learning Support
Laurence	Pasquini	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/09/2026	MFL Department
Triona	Pearson	QA Level 3 Award in Paediatric First Aid (RQF)	04/09/2026	Nursery
Catriona	Pitt	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/01/2025	Registrar
Catriona	Pole	QA Level 3 Award in Emergency First Aid at Work (RQF)	19/04/2024	Nursery

Catriona	Pole	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2024	Nursery
Pippa	Prosser	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/01/2025	Art Department
Simon	Redman	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/01/2025	Food Tech
Abigail	Richardson	Emergency First Aid at work Level 3	2707/2024	Year 1
Sophie	Rooke	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/09/2026	Reception TA
Sarah	Sandys-Clarke	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	05/09/2025	Year 2
Megan	Sharp	QA Level 3 Award in Emergency First Aid at Work (RQF)	03/09/2024	Head of Music
Emma	Taylor	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/09/2026	Nursery
Krista	Thompson	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2024	Nursery
Daniel	Todd	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	03/09/2024	Year 2 TA/Sport
Helen	Tomlinson	QA Level 3 Award in Paediatric First Aid (RQF)	04/09/2026	First Aid Coordinator
Ruth	Trevitt	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	04/09/2026	Maths Dept
Sam	Umhoefer	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	05/09/2025	Year 4
Hana	Uvirova	QA Level 3 Award in Emergency First Aid at Work (RQF)	03/09/2024	Housekeeping
Emma	Verdon	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	05/09/2025	Learning Support
Hannah	Waldron	QA Level 3 Award in Emergency Paediatric First Aid (RQF)	05/09/2025	Year 2 TA
Emily	Wilkins	Paediatric First Aid (British Red Cross) - 2 Days Course	21/01/2025	Sports dept/Year 5
Clare	Woodall	Emergency First Aid at Work (Medrock Training)	02/09/2024	Music

Triona Pearson	Administration of Medication in Schools	Completed 02/11/2022	Nursery
Catriona Pitt	Administration of Medication in Schools	Completed 11/07/2023	Registrar



Helen Tomlinson	Administration of Medication in Schools level 2	Completed 05/02/2021	First Aid Coordinator
-----------------	---	----------------------	-----------------------

## List of staff with Mental Health First Aid (MHFA) Training

Name	Course	Date
Helen Tomlinson	Youth Mental Health First Aid 2 day course	5 - 6/07/2018
Phillipa Biggs	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Emily Brawn	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Ginnie Davis	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Gloria Espinar	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Shaun Foster	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Laura Hook	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Mary Cait Love	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Maria McAloon	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Rebecca Siriwardene	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Emma Verdon	Mental Health First Aid (MHFA England) 1 day course	02/09/2021
Gillian Beaumont	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Ros Hanslip	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Lindsey Gandy	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Fiona Love	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Laura Maskrey	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Helen Pardo	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Karina Philip	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Grace Previte	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Pippa Prosser	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Abi Richardson	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Helen Tomlinson	Mental Health First Aid (MHFA England) 1 day course	03/09/2021
Sam Umhoefer	Mental Health First Aid (MHFA England) 1 day course	03/09/2021

## **Annex B - Guidelines for using an Epipen** **Children with Severe Allergies**

- After contact with the allergen the child may have minor symptoms – itchy mouth, runny eyes – and should, in the first instance, be given antihistamine as indicated on his/her Allergy Plan
- If the child's condition deteriorates – widespread skin reaction, swollen tongue and lips, noisy/laboured breathing – the following procedure should be followed.

### **Procedure if the attack is serious**

1. Administer Epipen.
2. Send someone to call 999 or 112, stating that the child is suffering from anaphylactic shock.
3. Sit the child upright, observe and reassure. If necessary a further Epipen may be administered.
4. If unconscious, lay the child in the recovery position. Monitor closely and be prepared to resuscitate.
5. Used epipens need to accompany the child to hospital.

### **Storage**

- Each child should have two epipens.
- All children must have access to an Epipen when **off the premises**. Games teachers and expedition takers must ensure that this life saving treatment is to hand. Please collect two epipens for each child and return them when you arrive back in school.
- \*Epipen – one off intramuscular dose of adrenaline. Instructions on how to use it are included in the boxes. **Whenever an Epipen is administered an ambulance should be called.**

### **DIRECTIONS FOR USING EPI-PEN**

1. Pull off the safety cap. (*Never put fingers over black tip, when the safety cap has been removed*).
2. Place black tip on thigh, at right angle to leg.
3. Always apply to the thigh, never to the buttock. The Epipen may be administered through clothing in an emergency situation.
4. Press hard into the thigh until the Epipen mechanism functions. This will consist of a positive click and the feel of the force as the needle is released. (This force may take you by surprise as it can seem very severe. The leg will have to be held still as this is done.)
5. Hold the Epipen there for 10 seconds to allow the unit to empty.
6. Rub the injection area for 10 seconds post delivery.
7. If no improvement after 5 minutes, the dose may be repeated. One would expect colour to improve with easier breathing and return to consciousness.
8. Replace used Epipen in a plastic box and take it to hospital with the child.
9. Record what has been given, when and by whom.

### **Annex C - The First Aid Coordinator is responsible for:**

- Providing day to day medical, nursing, first aid, emergency and pastoral care to all children.
- Maintaining accurate and confidential medical records
- Recording prescribed medication, time and dosage
- Care plans for children with chronic illness or allergy
- Competency assessments for children who carry their own emergency inhalers or epipens
- Filling out accident forms. Accident forms will be kept for a minimum of 7 years.
- Writing and updating school policies and disseminating information to relevant members of staff on a need to know basis
- Liaising with staff and parents
- Organising vaccinations/immunisations in line with public health recommendations.
- Following procedures for the safe disposal of drugs and clinical waste.
- Checking First Aid Kits
- Maintaining Medical Room stock, hygiene and tidiness
- Medication audit – Medical Room stock and children’s prescribed medication. Record of expiry dates.
- Implementing current health promotion initiatives
- Ensuring that the children eat a balanced diet and liaising with other staff members and the kitchens to facilitate this.
- Maintaining in date certification in First Aid

### **Annex D - Storage and Administration**

- All medicines including prescribed, non-prescribed and vitamins must be stored in locked cupboards with the exception of inhalers and adrenaline auto-injectors (AAI’s).
- Medicines should only be administered by the First Aid Coordinator or by someone who has the appropriate qualification and training to administer medication.
- Always check whether the medicine can be kept at room temperature or in the fridge.

### **However, in an emergency, any member of staff may administer an epipen or ventolin (blue) inhaler.**

- Any child who takes regular medication will have this recorded.
- Some children who take regular medication will also have a Care Plan. This care plan will be updated when the child is seen by a medical professional, and the care plan will be reviewed at regular intervals as required.
- If a child requires medication to be administered in school, his/her parent must complete and return a Medicine Request Form providing all the necessary information and permission.

### **Annex E - Medical accommodation**

The school provides suitable and sufficient accommodation in order to cater for the medical and therapy needs of pupils, including:

- accommodation for the medical examination and treatment of pupils;
- accommodation for the short-term care of sick and injured pupils, which includes a washing facility and is near to a WC;
- where there are pupils with complex needs, additional medical accommodation is provided for these needs

## Procedures for First Aid, Health and Hygiene at Chandlings Prep

### 1. Parents' provision

The School requests that all parents/carers complete and sign the medical information and permission forms when their child joins the school: these detail any medical condition, immunisation history and permission to administer medication. Under our terms and conditions, parents/carers provide written consent enabling appropriate members of staff to seek emergency medical advice or treatment for the child in the event of a major accident, incident or illness occurring at school. Pupil records are kept securely in the Heads PS's Office and any digital medical records are kept securely on the School's administration system iSAMS.

Parents are asked to inform the school of any changes to their child's medical information. At the beginning of each school year, an annual reminder will be sent out for parents to provide the School with any new details of either medical conditions and/or contact details.

All First Aid and medical support offered to a pupil by the First Aid Coordinator or First Aider is entered on iSAMS outlining the reason, the treatment provided and any further treatment that may be required.

### 2. First Aid

#### 2.1 *The Medical Room and access to First Aid equipment*

The First Aid Coordinator is based in the Medical Room; the room has 2 beds, a wash hand basin, a lockable medicine cabinet, a lockable fridge and there is a toilet located nearby. The room is the main location for First Aid treatment and equipment.

##### 2.1.1 *Access to First Aid Kits*

First Aid kits are clearly identified with a white cross on a green background and are available in various locations throughout the School. The locations are also marked with a sign with a white cross on a green background so they may be easily found; a list of locations can be found in the [Appendix](#).

Each classroom has a small kit to deal with minor incidents.

In Early Years, staff carry a First Aid kit for outside play and PE lessons.

There are also First Aid kits available for staff to take off-site for school trips and sporting fixtures. These are prepared for use by the First Aid Coordinator and will include any adrenaline auto-injectors and inhalers, as well as emergency medication for pupils with chronic conditions, along with information covering medical and dietary requirements for all pupils involved. General medication provided by parents for use in school is not taken to fixtures and trips unless it has been agreed in writing with the First Aid Coordinator and deemed necessary. In such an instance a note would be added to the pupil's record. Kits are signed out and returned to the Medical Room.

A list of the contents of each type of First Aid kit can be found in the [Appendix](#). Each list is not exhaustive and additional items may be added if the need arises. Staff can request extra items if and when they need them. Replacement items can also be obtained from the Medical Room.

The First Aid Coordinator is responsible for checking and restocking First Aid kits.

### 2.1.2 Automated External Defibrillator (AED)

Early access to defibrillation has been recognized as a significant factor in the survival from incidents of sudden cardiac arrest.

There is an AED on site: It is located in the learning support foyer (Foyer B) off the Main Hall, (entrance to the main hall nearest the tennis courts). Staff with Paediatric First Aid have received training on how to use an AED as part of their training. There is also a training video available for the specific model on the staff intranet homepage.

A visual check is made once each month as to its state of readiness by the First Aid Coordinator or office staff in her absence. A check and signature sheet is located with the AED. Battery and pads are replaced when needed.

### 2.2 Staff Providing First Aid Cover

The First Aid Coordinator is responsible for providing First Aid to pupils, staff, parents, and visitors to the School. The First Aid Coordinator is based in the Medical Room and is on-site from 08.00 until 17.00 every day. There may be occasions when the First Aid Coordinator is called away from the room, during this time she may be contacted via a radio (channel 10) from the School Office. If she is unavailable, her deputy will carry the radio and deal with any emergencies.

All staff providing First Aid cover must hold a valid certificate of competence, issued by an organisation approved by the Health and Safety Executive (HSE). Staff responsible for providing First Aid must be prepared to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. They must ensure that an ambulance is called, when necessary, or other professional medical help is requested.

A list of Staff currently qualified in First Aid can be found in the [Appendix](#).

As a minimum, at least one person with a current Paediatric First Aid certificate is required if Early Years Foundation Stage' pupils are present. A paediatric First Aider must also accompany all school trips/outings undertaken by Early Years Foundation Stage pupils.

There will always be an adequate ratio of staff to pupils with an 'Emergency Paediatric First Aid' qualification or 'Emergency First Aid at Work' present throughout the normal working day and during extra curricular events arranged outside normal working hours.

Our annual review of our training programme ensures an adequate supply of suitably trained first aiders.

### 2.3 Qualifications and training

The Domestic Bursar and First Aid Coordinator facilitate emergency First Aid courses, normally on a termly basis and invite attendance from all members of the School Staff. Records are maintained of those staff who hold a current First Aid qualification (see [Appendix](#))

The staff portal includes training videos for Anaphylaxis and the use of adrenaline auto injectors (AAI's), the use of inhalers and the use of the Automated External Defibrillator (AED). The First Aid Coordinator can provide training and advice to all members of staff upon request and for specific conditions or pupils. All staff receive refresher training for Anaphylaxis, including practising with a trainer pen, at the start of each academic year.

Training is offered to any key staff who may need access to the sanatorium section on iSAMS.

### 2.4 Specific needs

There are a small number of pupils and staff with specific disabilities or chronic health conditions. A record of pupils with conditions such as asthma, diabetes and epilepsy, and those with a severe allergy requiring the use of an adrenaline auto injector (AAI) is compiled and updated regularly by the First Aid Coordinator. Chronic health conditions are flagged on iSAMS. Key information for pupils with chronic health conditions along with a photograph is available for staff to view on the Medical section of the Staff Portal.

Individual Healthcare Plan (IHP) or Allergy Action Plans are set up for pupils with chronic conditions including those with severe allergies requiring an adrenaline auto-injector, epilepsy which is medicated and diabetes. Copies of these are uploaded to the Medical section of the Staff Portal and they are also available to view in the Staff Room. Asthma cards are held for those pupils with an inhaler in school. All plans are kept with the medication for each child and taken on all fixtures and school trips.

Members of staff who wish for specific medical information to be known about themselves are invited to advise the First Aid Coordinator in person.

#### 2.4.1 Use of mobility Aids

If a pupil or member of staff has reduced mobility due to injury or surgery and requires a mobility aid e.g. crutches/wheelchair, information is provided on an individual basis with regards to safe access routes and access to disabled toilets. A risk assessment must be completed by the First Aid Coordinator. A Personal Emergency Evacuation Plan (PEEP) should be developed for anyone with reduced mobility attending the school site.

## 2.5 *Practical Arrangements at the point of need*

Any member of staff who holds a current first aid certificate may deal with minor issues. If an injury appears to be serious the pupil should be referred to the First Aid Coordinator or other qualified First Aider to assess the situation so that the correct action can be taken. The member of staff who witnessed or dealt with the injury in the first instance should fill in an accident form which is available from the First Aid Coordinator. All pupils who have a head injury must be referred to the First Aid Coordinator.

If a pupil is unwell, they should be sent to see the First Aid Coordinator. Depending on the age of the child and the nature of the complaint, the member of staff will judge whether the pupil needs to be accompanied to see the First Aid Coordinator. If the First Aid Coordinator is not in her room, they should go to the School Office and the staff there will contact the First Aid Coordinator via the radio.

The First Aid Coordinator or First Aider will decide on the course of action and whether parents need to be contacted. The School reserves the right to send a pupil home if he/she is a risk to the health and safety of others.

In the Early Years Department, if pupils become unwell, they are cared for in the classroom or in a nearby quiet area, calling for the assistance of the First Aid Coordinator when needed, while their parents are contacted to come and collect them. If First Aid has been administered the parents are informed and asked to sign to confirm that they have been told.

We request that pupils who have sickness or diarrhoea remain at home for at least 48 hours after their last bout of sickness or diarrhoea to prevent the spread of infection.

## 2.6 *Emergency procedures*

In the event of an accident to a pupil, it is the responsibility of the senior person present to ensure that the procedures outlined below are fully observed, whether the accident occurs at Chandlings Prep School or elsewhere.

Full details of the incident should be reported to the First Aid Coordinator as soon as possible.

## 2.7 *Guidance on when to call an Ambulance*

If a pupil needs hospital treatment for a medical emergency an ambulance must be sought immediately.

A member of staff should dial 999. Once called, an ambulance cannot be cancelled. If the emergency is located on the playing fields, a member of staff should be sent to the main gate to direct the ambulance.

**The School phone number is 01865 730771. The School postcode is OX1 5ND.**

Only one member of staff or the child's parent needs to accompany the child in an ambulance. Whenever possible, the child's medical details should accompany him or her.

If a child has to be taken by car, two adults should be present, one of whom can remain with the child until the parents arrive. If on a trip, alternative transport and two members of staff may not be available; staff will inform the school/parents whilst waiting for the ambulance. As long as there is a sufficient number of staff remaining to look after the pupils on the trip, a member of staff will accompany the pupil in the ambulance.

### *2.8 Procedures for obtaining First Aid assistance*

In an emergency, an ambulance should be called immediately 999, followed by the First Aid Coordinator and any other First Aid qualified staff.

However, normally the procedure will be as follows:

#### *2.8.1 In School*

Members of staff who are qualified in First Aid will respond to an injury or illness in accordance with their training.

If a member of staff who is not First Aid qualified requires assistance or advice in dealing with a person who is injured or ill, the first point of contact is the Medical Room (ext. 211). The First Aid Coordinator or a designated First Aider is available at all times, apart from those occasions when she may already be dealing with an emergency. In the unlikely event of there being no reply to a call, the School Office should be asked to contact the First Aid Coordinator via the radio.

If a member of staff is in charge of a group of pupils when such a situation arises, they should normally stay with the pupil. They should send one pupil to the nearest member of staff (normally the next classroom) for assistance. In addition, and if possible, a pupil may be sent to the Medical Room to take the First Aid Coordinator to the exact location.

In Pre-Prep, a laminated card is given to a child to hand to the nearest member of staff informing them that there is an emergency in a particular classroom.

When an incident occurs on the games field the staff will call the School Office to alert the First Aid Coordinator on the radio.

#### *2.8.2 Away from Chandlings Prep (offsite)*

If an accident happens at another school or away from Chandlings Prep, procedures similar to those outlined above must always be followed: an ambulance should, if necessary, be summoned, and full details of any accident should be reported to the First Aid Coordinator, who will then inform the parents, as soon as is practicable .



### 2.8.3 Sporting Fixtures

First Aid cover is provided for all teams, both home and visiting. The games' staff are trained in First Aid and will assess whether further support is necessary. Pupils may then be sent to see the First Aid Coordinator if appropriate. Medical attention should always be sought when serious injury is suspected, and the casualty should not be moved in this instance. Parents must always be informed if a child has been taken to hospital as the result of an injury or accident, so they may choose to meet the member of staff and child at the hospital.

The 'Minibus, Travel and Matches' Policy has further guidance.

### 2.9 Recording of Accidents (Including a reference to RIDDOR)

*Accidents/incidents involving PARENTS and VISITORS to the School* must be reported to the member of staff who is designated to record accidents, normally the First Aid Coordinator, or in her absence a member of the Senior Leadership Team.

*Accidents/incidents involving PUPILS* – All accidents or incidents involving pupils whilst on the school premises, or during an off-site school activity, e.g. sports match or educational visit, must be reported to the member of staff supervising the pupil at the time of the accident/incident. The member of staff who witnessed the accident/incident should complete an Accident/Incident Report Form available from the First Aid Coordinator. They must ensure it is reported to the member of staff who is designated to record accidents, normally the First Aid Coordinator, or in her absence a member of the Senior Leadership Team.

*Accidents involving staff.* For all accidents to staff, contractors and visitors which result in injury – however minor, an Accident/Incident Report form must be completed. This form is available from the First Aid Coordinator. Staff are encouraged to report all injuries, even if first aid is not required. Completed forms are stored in the Medical Room. Anonymized reports are then generated for the Health and Safety Committee Meetings.

*Accidents/incidents involving pupils attending activities run by external providers on the School Premises* - It is the responsibility of the person running the club activity to record the accident. If the incident involves one of the School's pupils or was caused by a fault with the School's facilities or equipment, the School should be advised and given a copy of the accident report.

*RIDDOR* – Some incidents that happen in school must be reported to the Health & Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR 2013) Reportable Specified Injuries.

These include:

- fractures, other than to fingers, thumbs or toes
- any injury likely to lead to permanent loss of sight or reduction in sight
- amputations
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding), which: cover more than 10% of the body; or cause 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, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours
- “Over 7-day injury”: if an injury keeps a member of staff out of school for more than 7 days (not counting the day of the accident but including weekends), the HSE must also be informed within 15 days.

In line with EYFS guidelines (3.51/3.52), registered providers must notify Ofsted (and child protection agencies if applicable) of any serious accident, illness, or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

Further guidance is available from the HSE website:

<http://www.hse.gov.uk/riddor/reportable-incidents.htm>

### *2.10 Suspected serious injury or accident*

These are injuries that do not have to be reported to HSE but are serious. An injury is defined as ‘serious’ if it is seen as sufficiently important for parents of the child to be notified.

Listed below are accidents that are automatically ‘serious’:

- broken, fractured or chipped finger, thumb or toe (or if one of these is suspected);
- a burn;
- severe bleeding (including severe nosebleed);
- fainting or falling unconscious (includes epileptic fit);
- deep cut/wound;
- severe asthma attack;
- dislocated joint;
- any hard knock or bang on the head;
- anaphylactic shock;
- any damage to the face;
- a tooth being knocked out or chipped.

This list is not exhaustive.

*Action required:* The pupil should NOT be moved until an assessment has been carried out. Depending on the assessment, give emergency first aid as appropriate:

- Move the pupil
- Leave the pupil in place and observe
- Call an ambulance and place in the recovery position
- Call an ambulance and commence CPR

If the accident is on the playing fields, a member of staff should be sent to the main gate to direct the ambulance if one is needed.

The First Aid Coordinator should be called and told the exact location of the pupil, the suspected injury and the name of the pupil. For other injuries, if the pupil can walk he/she may be taken to the First Aid Coordinator.

In all 'serious' accidents, the Head and Deputy or Head of Early Years and Bursar need to be informed without delay. In addition

- Parents must be informed as soon as possible (certainly within one hour)
- Major or serious accidents are reported on an Accident Form. The original completed form will be kept in the Medical Room in a designated file
- The Bursar should carry out any necessary investigation and risk assessments reviewed.

### *Head Injuries*

All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence, visual disturbance or drowsiness. If in doubt, or if any of the key signs are exhibited, seek medical help. Staff are reminded to ensure that all volunteers, work experience staff, visiting music teachers and club leaders are aware of our policy with regard to head injuries and that they must notify a member of staff immediately if a child suffers a head injury, even if they don't consider it serious.

A pupil who has sustained a bump or knock to the head is sent to the First Aid Coordinator or in her absence, the designated First Aider for assessment and is then carefully monitored for a period of time appropriate to the injury. Every pupil who has sustained a head injury is given a Head Injury Advice Form to take home to parents advising them of developing symptoms that may require medical investigation. The pupil is also given a head injury sticker so that all staff can continue to monitor the child. Parents are contacted at the time of the incident if the First Aid Coordinator or designated First Aider considers it appropriate. An accident form is completed for significant head injuries. In the event of a concussion, government protocols will be followed for both academic studies and return to sport.

### *Spinal Injuries*

If a spinal injury is suspected do NOT move the pupil. An ambulance must be called and the neck physically immobilised until they arrive and the person holding the neck is told by the paramedic that they can release the neck. Should the pupil become unconscious and the airway be at risk of obstruction, they should be placed in a modified recovery position protecting the neck and back.

It is important to remain calm and reassure the child as they may easily become distressed by the situation, they may be experiencing reduced sensation in arms and legs which could distress them further.

### *Eye Injuries*

If a pupil is hit in the eye and experiences pain or mistiness of vision, even if only temporary, he/she should be referred to a doctor or minor injury unit that same day for assessment. If a pupil has a suspected foreign body in the eye, they will be assessed by the First Aid Coordinator. If the pupil

allows, the eye will be irrigated and reassessed. Where there is no improvement parents will be called to take their child to the minor injury unit for further investigation.

Pupils playing any contact sports should only wear specialist sports glasses. Normal glasses must not be worn; contact lenses are permissible.

### *Facial Injuries*

Minor injuries such as small scratches or bumps to the face are managed with the care appropriate to their needs. For more significant facial injuries, staff will send pupils to be assessed by the First Aid Coordinator or in her absence, the designated First Aider. The injury is carefully monitored and parents are notified if there is a significant scratch to the face, or if swelling, bleeding or bruising is present, or the child complains of continuing or worsening pain.

An accident form should be completed for all serious injuries.

#### *2.11 Minor Injuries or accidents*

An injury is defined as 'minor' when the child is able to be treated by the First Aid Coordinator or a qualified First Aider. Listed below are injuries that could be termed 'minor':

- Small cut /abrasion
- Minor bump or bruise (usually resulting from a fall or running into someone or something)
- Minor nosebleed
- Minor sprain or strain

This list is not exhaustive

#### *Action required*

- A minor incident can be dealt with by the First Aid Coordinator, First Aider or another member of staff.
- If the First Aid Coordinator deals with the injury then the incident is entered onto iSAMS.

#### *2.12 Communication with Parents*

Parents are spoken to (either by phone or in-person) as soon as it is practicable if an accident has occurred to their child. If it is necessary for a child to go to a hospital, the child will be accompanied by a member of staff unless the child's parents can carry this out.

If a child becomes unwell at school, it may be appropriate for the First Aid Coordinator to administer a mild over the counter analgesic. Written permission for the administration of over the counter medication is collected during the admissions process. However, consent to give medication will always be sought from parents of pupils in EYFS before it is administered. A 'Medication Administered' note detailing when and why it was given will also be sent home with the pupil in their prep diary/communication diary.

If a child becomes unwell enough that the First Aid Coordinator decides the child should go home, the parents will be contacted to collect the child. The child will remain in the Medical Room until they arrive.

In the event of an accident occurring at school, parents are informed by phone or on collection by the form teacher. An 'Injury Treatment' note detailing the examination, assessment, treatment and any injury sustained will be sent home with the pupil in their prep diary/communication diary.

For children in the early years and in line with EYFS regulations (3.51), 'Providers must inform parents and /or carers of any accident or injury sustained by the child on the same day or as soon as reasonably practicable of any First Aid treatment given. The injury is recorded and parents are informed.

### **3. Arrangements for pupils with particular medical needs**

On entry to the School, the parent of each child completes a Medical form as part of the admissions process and from this form, the First Aid Coordinator is responsible for maintaining a list of children with medical conditions or problems.

Any child with an ongoing chronic medical condition will have an Individual Healthcare Plan (IHP) drawn up by the First Aid Coordinator in consultation with their parents and input from healthcare professionals if needed. The plan will describe the child's illness, symptoms and treatment and staff are made aware of the plan on a 'need to know' basis. Please refer to the main body of the policy for an explanation, signs, symptoms and action to take for most common childhood conditions. Procedures specific to Chandlings Prep can be found in the [Appendix](#).

#### **3.1 Asthma**

We recognise that asthma is a widespread, serious but controllable condition affecting some pupils at school. We encourage children with asthma to participate in all aspects of school life and to achieve their potential by having a clear procedure that is understood by staff, parents and pupils alike.

Parents should inform the school if their child suffers from asthma, what can trigger an attack and what treatment is effective. Parents are asked to complete a School Asthma Card if their child is asthmatic and any updates to conditions are regularly requested.

Older children with asthma may carry their own inhaler or store it with their Form Teacher in the classroom. As a rule, if the inhaler is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe the child should be allowed to carry the inhaler around at all times. In these circumstances, a second inhaler will be kept in the Medical Room. For younger pupils, inhalers are stored in the Medical Room where they can be accessed in an emergency. All staff should be aware of where the child's inhaler is stored. Parents of all children with asthma are asked to supply a spare inhaler which is stored in the Medical Room. The expiry date of the spare inhaler will be checked regularly.

All medication should accompany a child going on a school outing. Staff accompanying children on an outing should be aware of their medical conditions.

An asthma register including photographs is available to all staff and can be found on the Staff Portal.

In the event of a serious asthma attack, the parents are notified immediately, and the school follows its asthma procedure. See [Appendix](#).

### *3.1.1 Emergency Salbutamol Inhaler*

Following a change in regulations in 2014, schools are able to purchase salbutamol inhalers without a prescription for use in emergencies when a child cannot access their own inhaler.

The emergency salbutamol inhaler may only be used by children for whom the school holds written parental consent for the emergency inhaler to be given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, or where an ambulance crew have given direction for the inhaler to be administered.

The emergency inhaler is stored in the School Office. Disposable spacers are used for each individual and the spacer then discarded. If the emergency inhaler is used it is recorded and parents are informed that their child has needed to use the emergency inhaler.

A record is held by the school of those children whose parents have consented to use of the emergency inhaler. A record is maintained of any use of the emergency inhaler.

### *3.2 Anaphylaxis*

Anaphylaxis is a severe allergic reaction that can occur when a person is exposed to a particular trigger such as nuts, insect bites or medicines. Anaphylactic attacks can be potentially life threatening. On admission to Chandlings Prep parents are asked to inform the school if their child suffers with any allergies. Most children with a severe allergic reaction to a substance will have an Allergy Action Plan set up by their medical practitioner with a copy provided for school.

Children with a severe allergy are generally prescribed an antihistamine to relieve minor symptoms and an adrenaline auto-injector (AAI) such as an EpiPen or Jextpen for symptoms of anaphylactic shock. AAI's are stored in the Medical Room for ease of access. All staff are aware of where pupil AAI's are stored. Parents are asked to supply two AAI's to be stored in the Medical Room. The expiry date of the AAI's will be checked regularly and parents advised accordingly.

All medication should accompany a child going on a school outing. Staff accompanying children on an outing should be aware of their medical conditions.

A register, including photographs of pupils with an AAI, is available to all staff and can be found on the Staff Portal. Copies of Allergy Action Plans can be found on the Staff Portal and in the Staff Room.

In the event of a child experiencing an allergic reaction please follow the anaphylaxis procedure which can be found in the [Appendix](#).

### *3.2.1 Food allergies and tolerances*

On admission to Chandlings Prep parents are asked to inform the school if their child suffers from a food allergy or intolerance. The school kitchen is informed and a photographic list of all special diets is displayed in the dining room serving area. Any changes are communicated to all relevant staff. Parents are encouraged to liaise with the First Aid Coordinator to discuss any dietary requirements.

The Policy for Managing Food Allergies can be found in the [Appendix](#).

Chandlings Prep School is a NUT FREE school and we request that parents do not send in nuts, or any food containing nuts in their child's snacks or birthday treats, or for coffee mornings. However, the School cannot guarantee that food brought into school has not been made in a factory that uses nut ingredients or where there are nuts in the supply chain. Please refer to The Policy for Managing Food Allergies can be found in the [Appendix](#). for guidance on the provision of birthday cake or treats and snacks brought to school.

In the event of a child experiencing an allergic reaction please follow the anaphylaxis procedure which can be found in the [Appendix](#).

### *3.2.2 Emergency Adrenaline Auto Injector*

Following a change in regulations in October 2017, schools are able to purchase adrenaline auto injectors (AAI) without a prescription for use in emergencies when a child cannot access their own AAI or it is not working. The emergency AAI may only be administered to a child at risk of anaphylaxis who has been prescribed an AAI and for whom school has written parental consent for its use, or where an ambulance crew has given direction for this. A register is held by the school of those children whose parents have consented to the use of an emergency AAI. The emergency AAI's are located in the School Office along with a list of children whose parents have given consent for use. Chandlings Prep will provide Junior AAI 150mcg for children aged less than 6 years and AAI 300mcg for children aged 6-12 years. A record is maintained of any use of the emergency AAI.

### *3.3 Diabetes, Epilepsy and other Medical conditions*

If a pupil joins the School with these conditions, the school will work with parents and health care professionals to draw up an Individual Healthcare Plan (IHP) and arrange the appropriate training. This policy will be updated accordingly, further details can be found in the [Appendix](#).

### *3.4 Head lice*

Head Lice are a regular and irritating problem. Pupils should not be excluded from school, but parents/carers will be notified at the end of the day if head lice are found and are expected to take action to deal with the problem. Head lice alerts also occur through notification from parents as well as staff observation. In the event of an outbreak, parents of children in the affected years will be advised.

Parents are encouraged to check regularly with a detection comb to prevent the spread of the problem - hair should be tied back.

### *3.5 Infectious diseases*

Chandlings Prep follows the UKHSA guidance for any exclusion period linked to an infectious disease.

Common infectious diseases (not exhaustive) include:

#### *3.5.1 Diarrhoea and Vomiting*

Any child who has vomited or has diarrhoea will be sent home and should not come back into school until they have been clear of symptoms for 48 hours.

#### *3.5.2 Fever*

Children are to remain at home until free of fever without the aid of medication. When a child has Calpol or a similar medication, this artificially lowers their temperature temporarily making the child appear fully recovered. However, the child must remain at home until fully recuperated, without the aid of medication.

#### *3.5.3 Chicken Pox*

Children may return to school no sooner than 5 days after the first spots appear, all the spots have crusted over and when the child feels well without the aid of medication.

#### *3.5.4 Conjunctivitis*

Does not require time off school, will need to see a GP if the condition does not improve after 2 weeks.

#### *3.5.5 Hand, Foot and Mouth*

It does not require time off school unless unwell.

#### *3.5.6 Impetigo*

Confirmation by a doctor and to remain at home for 48 hours after starting antibiotic treatment has commenced and lesions have crusted or healed.



### 3.5.7 Mumps

May return to school no sooner than 5 days after the onset of swelling.

### 3.5.8 Slap Cheek

It does not require time off school once rash has developed unless unwell.

### 3.5.9 Verrucas

*It does not require time off school but should be covered when swimming.*

With all infectious diseases, an email is sent to the relevant year groups so that parents are informed, in case of pregnancy.

### 3.5.10 Risk of Infectious diseases during pregnancy

If a member of staff becomes pregnant, a risk assessment should be carried out once the staff member has let the school know so that provisions can be made to support their work during the pregnancy. There are several infectious diseases that can cause serious problems to pregnant women and their unborn child, including chickenpox, measles, and slapped cheek disease (parvovirus B19). Immunity should be checked, so that action can be taken if exposed to the viruses.

## 4. Hygiene/Infection Control

In a community such as a school, any infection has the ability to spread quickly and widely. Infectious illness covers a vast number of conditions but the principles of infection control can be applied within the school setting to minimise the spread and protect the pupils and the staff.

All staff should take precautions to avoid infection and must follow basic hygiene procedures and take appropriate precautions when coming into contact with bodily fluids.

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea, vomiting, and respiratory illnesses. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be strongly discouraged.

### 4.1 Hygiene precautions

The following hygiene precautions are recommended as safe practice for all staff. They are common-sense precautions that will protect against blood-borne viruses and infections that may be transmitted via blood or body fluids.

- Always keep cuts or broken skin covered with waterproof dressings.
- If possible, wash and dry your hands before and after giving First Aid.
- Wear disposable gloves when contact with blood or body fluids is likely.
- Avoid direct skin contact with blood or body fluids.
- If blood is splashed onto the skin, it should be washed off immediately with soap and water
- If a sharps injury is sustained or blood is splashed into the eyes or mouth, or on to broken skin (e.g. eczema), it should be washed immediately with plenty of water and medical advice should be sought promptly.
- Always wash and dry hands after removing gloves.
- Teach pupils to avoid contact with other people's blood as soon as they are able to understand how to protect themselves.
- Teach pupils to wash and dry their hands before meals and after using the toilet.

Clinical Waste - always segregate domestic and clinical waste, in accordance with local policy. Used sanitary items, gloves, aprons and soiled dressings should be disposed of in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor.

#### *4.2 Dealing with blood and body fluid spills*

Spillage of body fluids, all spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately. Canisters of powder for spillages are available in all classrooms (PPE should always be worn). Spill kits are available from the cupboard in the Laundry Room, the Medical Room and in the stairwell cupboard by the Domestic Bursar office. Staff should always contact a member of the domestic team should a spillage of body fluids occur once it has been cleared up.

The following actions must be taken by the person dealing with the spill immediately:

- Clear the immediate area of people. Hazard signs and cordoning off may be necessary.
- Collect a Spill Kit from the Laundry Room, The Medical Room or the stairwell cupboard by the Domestic Bursar office.
- Put on PPE
- Sprinkle sufficient powder over the spill. This will solidify a liquid spill in two minutes.
- Using the scoop and scraper provided, remove the now solidified spillage and place it in the yellow biohazard bag.
- Use the disinfectant spray to disinfect the area of the spill.
- Place the scoop and scraper into the bag and tie securely.
- Dispose of the biohazard bag in the yellow bin outside the kitchens.

##### *4.2.1 Cleaning large spills or soft surfaces and fabrics*

- Remove spillage as much as possible using absorbent paper towels.

- Dispose of carefully in a yellow clinical waste bag.
- Clean and disinfect the area following product manufacturer's instructions.
- Do not use a shower spray on vomit.
- Carpets and upholstery may need to be professionally cleaned.
- Remove and dispose of any PPE in a yellow biohazard bag.
- Change out of any contaminated clothing, and wash/shower as necessary.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

#### *4.3 Disposal of Waste*

Regulations require all clinical and biohazard waste to be segregated and collected by an approved licensed clinical waste contractor using the correct yellow clinical waste bags.

The Domestic Bursar will arrange for Sani bins and the First Aid Coordinator will arrange for small sharps bins when required. Should you have concerns over their collection, location(s) or feel that there are additional needs please raise with either of these persons.

### **5. Medicine Policy**

The Medicine Policy ensures the safe and appropriate administration of prescription and over the counter medication should they be required.

If a child needs to take a prescription medicine during a school day, the medicine must be:

- Prescribed by a doctor
- In its original container with pharmacy dispensing instructions, including a legible expiry date
- Accompanied by a completed Medicine Request Form from the parent detailing the reason for the medication, dose, frequency and the length of time for which the medicine is to be taken.

OR

- An over the counter medicine e.g. cough medicine, eye drops or an antihistamine.
- In its original container with instructions, including a legible expiry date
- Accompanied by a completed Medicine Request Form from the parent detailing the reason for the medication, dose, frequency and the length of time for which the medicine is to be taken.

The Medicine Request Form can be found on the parent portal/school website. School staff will not administer any medicine if a request is not received in writing. If there is any change in the type of medication – whether regarding dosage or other changes to the information given on the medicine request form – the request form must be updated or a new form provided. A record will be maintained of any personal medication administered to a pupil (Record of Medicine administered to an individual child). If for any reason a child refuses to take their medication, staff will not attempt to force them to do so against their wishes. If such a situation occurs, the First Aid Coordinator will notify the child's parents/carers and the incident will be recorded on the Record of Medicine administered form.

No Chandlings Prep School pupils are considered Gillick competent and pupils do not self-medicate. An exception to this is for Prep pupils who are asthma sufferers who are permitted to administer their own medication as instructed by their doctor. It may be appropriate for some pupils with a chronic health condition to start to take greater responsibility for their condition. Any decisions in this respect would be taken following consultation and with consideration of the age and maturity of the pupil. The First Aid Coordinator can provide more details on which pupils may fall into this category.

The school holds a small supply of over the counter medications. Written permission is obtained on entry to the school for the administration of identified over the counter medication to pupils on the admission form completed by parents. A list of the current medication held can be found in the [Appendix](#).

### 5.1 *Procedure for administering Medicines (including EYFS)*

Before administering any medication, the following procedures should be followed:

- The reason for giving the medication should be established.
- Check that parental consent to give medication has been given (iSAMS).
- Check the identity of the pupil.
- Check whether the pupil is allergic to any medication. Individual pupil records should show known drug reactions and major allergies and should be checked before medication is requested or given.
- Check that the pupil has not already been given medication or any other medication recently. If medication has been given, get details (e.g. check maximum paracetamol doses).
- Check whether or not the pupil has taken the medication before and, if so, whether any problems occurred.
- Check that the medication is in date.
- For EYFS children parents are contacted to gain permission prior to administering the medication.
- The pupil should take the medication under the supervision of the person issuing it.
- Complete a 'Medicine Administered' note for parents detailing the medication, dose, time and reason for the pupil to take home or parents to be given at the end of the school day.
- In EYFS the procedure is witnessed by two members of staff who sign the note accordingly.
- After administration, complete records as follows: Medical Day Folder entry, record on iSAMS and log in the Medication Folder (school stock) or on the pupil's Record of Medicine Administered form (personal medication).

There is a lockable fridge in the Medical Room for the safe storage of some medicines such as antibiotics. The fridge temperature is recorded daily to ensure any content is kept at the appropriate temperature when in use.

If a child starts to feel unwell during the school day with either a high temperature or pain from an injury/illness then the First Aid Coordinator may consider giving some analgesia. If parental permission is in place, the First Aid Coordinator must confirm that no other medication has been given in the last 4 hours before administering analgesia.

The First Aid Coordinator will need to call parents of children in EYFS before administering any analgesia and also to establish whether any previous doses have been given.

Parents must inform the First Aid Coordinator if any analgesia has been given to their child before the start of the school day.

## 5.2 *Record Keeping and Documentation*

All records should be legible and up to date to provide a complete audit trail. All medication (Prescription, OTC,) brought into the School should be recorded and checked in by the First Aid Coordinator.

Medication administered to a pupil must be recorded in the relevant medicine record folder and on iSAMS without exception. All records must include:

- Name of the pupil.
- Date and time of administration.
- Name, strength and dose of the drug.
- Signature of the person administering the drug.
- Reason for omitting the drug (for prescription meds).
- Reason for giving (for OTC meds)

Full details of first aid visits and all medication administered at school, along with all Medicine Request Forms, are kept in the Medical Room.

## 5.3 *Storage of Medicines*

Medicines are stored in a locked cupboard or fridge in the Medical Room as appropriate, with the exception of asthma inhalers, adrenaline auto-injectors, epilepsy and diabetes medications which need to be available for immediate use. Adrenaline auto-injectors, epilepsy and diabetes medications are kept out of reach of children, but are easily accessible to staff. They are stored in boxes which are clearly labelled to identify the child for which they are prescribed, including their name, photo and key medical details. Asthma Inhalers are stored in a named clear plastic wallet. An emergency Inhaler kit and Emergency Adrenaline auto-injectors can be found in the School Office (see [Appendix](#) for guidance on the use of these). All Medicines are stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which they are dispensed.

The First Aid Coordinator will store, monitor and administer medicines that have been prescribed for an individual pupil. A log of pupil medications held will be maintained and the First Aid Coordinator will notify parents when the expiry dates approach or further quantities will be needed. Parents are responsible for ensuring that date-expired medications are returned to a pharmacy for safe disposal. Staff do not dispose of medicines; unused/expired medication will be returned to parents.

On school day trips and for away matches, inhalers, adrenaline auto-injectors, etc. will be carried by a member of staff. The exception to this rule would be for severe asthmatics, who may be permitted to carry their own inhalers on runs, etc. The First Aid Coordinator can provide more details on which pupils may fall into this category.

If staff are in any doubt as to how to handle/administer medicines when off-site, advice should be sought from the First Aid Coordinator.

#### 5.4 *Administration of medicines to children on a residential school trip*

Should a child require medicine during the time they are away from home, the school requires parents to send in written permission and instructions together with the medicine in its original container with the pharmacy dispensing instructions. Written permission is obtained in advance for the administration of identified over the counter medication to all pupils. The medicines will be kept by a designated member of staff who may administer the medicine in the event of a child feeling unwell with a high temperature or pain. This procedure is documented on the Trips medication record form.

#### 5.5 *Staff Medication*

In line with the EYFS guidelines (3.19) 'staff medication on the premises must be securely stored and out of reach of children at all times'. There is a box of medication that staff may access within the locked medicine cupboard in the Medical Room. A record of medication administered is kept for stock keeping purposes.

Staff must seek medical advice if they are taking medication which may affect their ability to care for children. Should members of staff need to take medication during the school day, it must be kept out of the reach of children and appropriately stored in a locked facility. In the case of emergency medication (e.g. adrenaline auto-injector) staff should carry these around with them but these must be kept out of the reach of children at all times or be stored unlocked in a place which is not accessible to the children.

#### 5.6 *Sun protection*

In hot weather parents are asked to ensure that all children have sunscreen applied at home before coming to School each morning. Parents are requested to provide a clearly labelled bottle of high factor sunscreen for their children to use in School.

Sunhats should be provided by parents for their children. The School will encourage the children to wear them when necessary.

Nursery: Permission is sought during the admissions process for sunscreen to be reapplied by staff. Nursery children should always wear a hat during outside play.

Pre-Prep: Permission is sought during the admissions process for Pre-Prep children to have sunscreen reapplied under supervision and with the support of staff if needed.

Prep: Permission is sought during the admissions process for Prep children to reapply their named sunscreen provided by their parents.

Permission is sought during the admissions process for the use of school factor 50 sunscreen in an emergency and support with application if needed.

If staff are in any doubt as to how to handle/administer medicines, advice should be sought from the First Aid Coordinator.

## **6. Policy for Managing Food Allergies (including nuts)**

### **Introduction**

This policy should be read in conjunction with the Schools' First Aid Health and Hygiene Policy.

Anaphylaxis is a severe allergic reaction at the extreme end of the allergic spectrum, affecting the entire body, and can occur within minutes of exposure, anaphylactic reactions are potentially fatal.

The most common food allergens are

- Milk and dairy products
- Eggs
- Peanuts
- Tree nuts (such as hazelnuts, almonds, cashews, walnuts)
- Fish (such as bass, cod, flounder)
- Shellfish (such as crab, lobster, shrimp)
- Sesame
- Soy
- Wheat

### **Policy Statement**

Within the catering facilities at Chandlings Prep precautions are taken to minimise the risk of anaphylaxis and other allergic reactions occurring. We never knowingly use any peanut, tree nuts, associated nut products or sesame in our cooking on site. Our suppliers provide us with nut free products, but we acknowledge that there can be no absolute guarantee of freedom from nut or sesame traces due to cross contamination that may have occurred somewhere in the food supply chain.

This policy serves to set out all measures to reduce the risk to those children or adults who may suffer an anaphylactic reaction if exposed to nuts or other food allergens to which they are sensitive.

The School aims to protect children who have allergies to nuts or other food allergens yet also help them, as they grow, to take responsibility as to what foods they can eat and to be aware of where they may be put at risk.

Pupils who are known to have food allergies are highlighted to the catering team, a picture and information of allergies is displayed next to the servery and children are encouraged to seek guidance from the catering staff on what they can have. Meals are plated up separately for children with an allergy to any ingredients on the menu for any specific day. The children in Nursery have a placemat with their photo and any allergies clearly displayed which is checked as the meal is placed before

them. This information is also available to teaching staff on iSAMs and staff are required to familiarise themselves with this.

Recipes are analysed and allergens contained therein are highlighted and recorded on a daily schedule displayed by the servery.

We do not allow nuts or nut products to be brought into school. It should be acknowledged that, given current food manufacturing processes, it is impossible to guarantee that all products will be free from possible 'traces of nuts' and other allergens.

Our Managing Nut and Other Allergies policy means that the following items should not be brought into school:

- Packs of nuts
- Peanut butter sandwiches
- Fruit and cereal bars that contain nuts
- Chocolate bars or sweets that contain nuts
- Cakes or other baked goods made with nuts
- Any food items that contain peanuts, tree nuts or nut oils.

***Any child who is known to have a nut allergy must not be given a product which is labelled 'This product may contain traces of nuts' unless specified on iSams.***

Allergic reactions can also be triggered by touching surfaces – such as computer or piano keyboards which may have been inadvertently contaminated. The success of minimising anaphylaxis risk – and all other allergenic reactions - requires the cooperation of pupils, staff and parents.

### **Parents and Carers**

It is essential that the school has full details of all our pupils' allergies and any suspected allergies. This information is requested by the school, and must be provided by parents when their child joins the school and then updated by parents if allergies are discovered or change at a later stage. The First Aid Coordinator should also be provided with an Allergy Plan and any medication (antihistamine and AAI), clearly marked with the child's name. This will be added to the child's medical record and, if necessary, a meeting organised to discuss management within school. The First Aid Coordinator will seek permission for the use of the School's emergency adrenaline auto-injector from parents whose children have a device, as well as the completion of a permission form for those children with a nut or sesame allergy. All children requiring an AAI must have two in date injectors in school.

Parents are asked not to provide pupils with snacks that contain nuts and packaging must be checked as indicated below. A written reminder will be communicated to parents at least once each year.

Any treats brought into school to celebrate a birthday must be a shop bought individually pre-packaged product with a label of ingredients indicating that there are no nuts or sesame. This is due to the extent and range of food allergies that prevail in our school environment. The children will be able to take their treat home at the end of the day and parents can then decide whether the



product is suitable for their child. Unfortunately the school cannot accept home baked goods as a treat for distribution due to issues with cross contamination.

All product packaging must be checked for warnings directed at nut allergy sufferers and if the following or similar are displayed the product must not be brought into school.

**Packaging must be checked for:**

- **Not suitable for nut allergy sufferers**
- **This product contains nuts**
- **This product may contain traces of nuts**

**Children**

All children are reminded about the good hygiene practice of washing hands before and after eating which helps to reduce the risk of secondary contamination.

Whilst the school will exercise all due care and attention, to minimise risk, pupils are expected to self manage their allergy too, having an age appropriate understanding of:

- Foods which are safe or unsafe.
- Their specific symptoms, if an allergic reaction occurs
- Who to inform, if and when an allergic reaction happens
- Letting friends and staff know about their allergy, in case of emergency
- When to seek guidance (and from whom) - if in doubt.
- When appropriate and in discussion with parents some children may have the responsibility to carry their own Epipen

Pupils who are known to have food allergies (e.g. nuts, egg, milk, gluten, fish, molluscs, crustaceans) are introduced to key members of the catering team on their first day at the school, and are encouraged to seek guidance from catering staff on a daily basis, if necessary, on what they can have, from the menu, for lunch. A plated up meal is provided for pupils if the menu includes an ingredient listed on his/her record.

Catering staff receive regular training in respect of food allergies. Food preparation staff take precautions to reduce the risk of cross contamination Our recipes are analysed, and allergens contained therein are highlighted and recorded

**Staff**

Staff must ensure that they do not bring in or consume nut products in school and ensure they follow good hand washing practice. Caution must be taken at certain times of the year such as Easter and Christmas. Staff must adhere to the policy outlined for Parents and Carers should they wish to distribute any treats.

Within the parameters of confidentiality, the school provides to the catering department and other relevant parties, a list of names and photographs of pupils with severe medical conditions including severe allergies. When the school provides packed lunches for trips away, catering staff are provided with a list of children who have allergies and specially labelled packed lunches are provided

accordingly. When pupils take part in single or multi-day school trips, participating pupils' allergies, their respective treatments and other associated requirements are factored into the planning process. Catering staff receive regular training in respect of food allergies. Food preparation staff take precautions to reduce the risk of cross contamination. Our recipes are analysed, and allergens contained therein are highlighted and recorded.

The kitchen produces a daily schedule of safe food in respect of allergies, whilst the counter display menus identify allergens present in the various dishes. We keep detailed allergen information on all our recipes and other food and drink items, enabling catering staff to be able to provide allergen information whenever asked.

### **Anaphylaxis protocol**

How do I recognise an anaphylaxis reaction and what action should I take?

Early symptoms include

- Itchy, urticarial rash anywhere on the body
- Runny nose and watery eyes
- Nausea and vomiting
- Dizziness

Danger signs include

- Swelling of the lips, tongue and throat
- Cough, wheeze, tightness of chest or shortness of breath
- Sudden collapse or unconsciousness

Treatment will depend on the severity of the reaction

**For mild symptoms** A dose of an antihistamine (Piriton or cetirizine) and/or an inhaler may be given by the First Aid Coordinator, First Aider or (on trips away from school) by any adult attendant. The agreed health plan will be in a named medical box stored in the Medical Room or taken away on the trips and fixtures.

**For severe symptoms** (see Emergency procedure, below) an Adrenaline Auto injector (AAI EpiPen, Jext, emerade) device should be used. This should be administered into the thigh muscle (can be delivered through clothing) and will allow the adrenaline to quickly reverse the effects of the allergic reaction. The child must then be taken to hospital.

### **Emergency procedure**

The following procedure must be adopted:

- Call an ambulance and send a responsible person to fetch the child's emergency box
- Call the First Aid Coordinator. If she is unavailable, send a responsible person to the school office and ask for a First Aider
- Monitor the child's condition carefully
- Administer the EpiPen
  - Remove packaging and pull off the blue safety cap from the EpiPen
  - Hold the device about 10 cm from the outer thigh

- Inject – swing and jab the orange tip firmly against the outer thigh and listen for an audible click from the mechanism – hold in place for 3 seconds
- The orange tip extends on removal
- Monitor the child’s progress – a second dose of EpiPen may be required after 5 minutes or according to the Allergy Plan, if the condition has not improved and help has still not arrived
- When the ambulance crew arrives, ascertain where they will be taking the child and give all used EpiPens to the ambulance crew for safe disposal
- Contact the child’s parents, guardian or next of kin and advise them to meet at the hospital, if they are not in the immediate vicinity
- Accompany the child to hospital if the parents have not arrived

## 7. Document information

Version Number:	2.1
Reason for Version Change:	Annual Review
Name of owner/author:	First Aid Coordinator
Department responsible:	First Aid Coordinator’s office
Target Audience:	Public
Date issued:	September 2023
Where available:	School website / Console
Review Date:	September 2024

## Appendix

<b><i>First Aid Kit locations</i></b>	<b><i>Eye Wash/Burns Kit Locations</i></b>
DT room Food technology room Grounds - Bluebell Woods, Pontoons and Low Ropes Groundsman’s Shed Hockey Shed Kitchen Lantern Hall Main Hall Maintenance Shed Middle Leadership Office Mini buses Music Nursery (Garden, Acorn and Lavender Rooms) Orangery Art room Pavilion Playground Prep Art room Reception Playground Science store room School Office Stables Staff room Swimming Pool	Eye Wash Kits: DT room Food technology room Science store room Medical Room  Burns Kits: Food technology room Science store room Kitchen Outdoor Learning Groundsman’s Shed  There is a mini first aid box in most teaching rooms

**First Aid kit contents checklist (guidelines)**

**Classroom First Aid kit checklist**

- 1 x Conforming Bandage
- 1 x Large Dressing Pad
- 10 x Antiseptic Wipes
- 20 x Assorted Plasters
- 3 x Pairs of Gloves
- 1 x Vomit Bag

**Walk/Mobile First Aid kits**

- 20 x Assorted Plasters
- 3 x Large Low Adherent Wound Dressings
- 10 Antiseptic Wipes
- 1 x Tissues
- 1 x Vomit bag
- 1 x Sanitising Hand Gel
- 1 x Instant Cold Pack
- 1 x Personal Resuscitator
- 3 x Pairs of Gloves
- 1 x First Aid Leaflet

**School First Aid Kits**

- 4 x Medium First Aid Dressings
- 2 x Large First Aid Dressings
- 2 x Eye Pad with Bandage
- 2 x Triangular Bandages
- 10 x Antiseptic Wipes
- 20 x Assorted Plasters
- 3 x Low Adherent Pads 5 x 5cm minimum
- 1 x Sterile Swabs 5 x 5cm (Pack of 5)
- 1 x Microporous Tape 2.5cm x 5m
- 2 x Saline Pods
- 6 x Safety Pins
- 1 x Personal Resuscitator
- 1 x Pair of Scissors
- 1 x Foil Emergency Blanket
- 3 x Pair of Gloves
- 1 x First Aid Leaflet

**Mini bus First Aid kits**

- 3 x Sterile Ambulance Dressing 15 x 20cm
- 2 x Eye Pad with bandage
- 24 x Assorted Plasters
- 3 x Large Low Adherent Wound Dressings
- 1 x Conforming Bandage 7.5cm
- 2 x Triangular Bandages
- 10 x Antiseptic Wipes
- 12 x Safety Pins
- 1 x Personal Resuscitator
- 1 x Pair of Scissors
- 3 x Pairs of Gloves
- 1 x First Aid Leaflet

**Over the counter medicines**

The First Aid Coordinator decides which over the counter medications are to be held in school. Currently the OTC medicines held are:

**Paracetamol (syrup or fast melts as appropriate)**

For pain and high temperature with discomfort

<b>Ibuprofen Syrup</b>	Non-steroidal anti-inflammatory drug for pain and high temperature with discomfort
<b>Antihistamine (Chlorphenamine maleate /cetirizine hydrochloride syrup as appropriate)</b>	For the relief of allergies, hayfever, hives or bites and stings
<b>Children's Cough Syrup</b>	Cough syrup for toddlers and children
<b>Travel Sickness tablets</b>	For travel sickness (Residential Trips only)
<b>Anthisan Cream</b>	For the relief of insect bites and stings
<b>Arnica Cream</b>	For bruising
<b>Bonjela</b>	Local anaesthetic for teething and gum pain
<b>Diprobase (Cream)</b>	Emollient cream for dry skin and eczema
<b>Olbas Oil/Vicks Vapour Rub</b>	Decongestant
<b>Sudocrem/Savlon</b>	Antiseptic cream
<b>Throat Lozenges</b>	For the relief of sore throats (6+ years only)
<b>Vaseline</b>	Petroleum jelly for chapped lip or dry skin

## Medicine Request Form

If you wish your child to receive medication during the school day, please complete and return this form to the First Aid Coordinator along with the medication in its original box with instructions and any prescription instructions attached. Please also remember to inform us if you have given your child any medication before they arrive at school.

Miss Helen Tomlinson

First Aid Coordinator

[medical@chandlingspst.org](mailto:medical@chandlingspst.org)

Name of Child:			Form
Name of medication:		Expiry Date:	
Reason for medication:			
Dose to be given and method:			
Time to be given:			
Any other instructions:			
Any side effects the school needs to know about:			
Procedure to take in an emergency:			
Please indicate length of treatment (please tick):	One-off	5 day course	Continuous or ongoing

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

Name of Parent:	Date:
Signature of Parent:	

## Record of Medicine administered to an individual child

Part 2: To be completed by school. Record of medicine administered to an individual child.

Name of Child:	Form:
Name and strength of medication	
Quantity received:	Expiry Date:
Dose:	Frequency:
Quantity returned:	

Date	Time	Dose	Quantity remaining	Tick if Given	Signature



## Additional Information for Medical Conditions

### **Asthma**

Call for help from the First Aid Coordinator. If the First Aid Coordinator is not available, call for a First Aider. Stay calm and reassure the pupil. Attacks can be frightening; the pupil has probably been through this before. It is very comforting to have a hand to hold but do not put your arm around the pupil's shoulder as this is very constrictive. Listen carefully to what the pupil is saying. Loosen any tight clothing. Encourage the pupil to breathe deeply and slowly

Asthma UK advice:

- Help them to sit up straight and keep calm
- Help them take their reliever (usually blue) inhaler every 30-60 seconds up to a maximum of 10 puffs (using a spacer)

Call 999 for an ambulance if:

- Symptoms get worse while they are using their inhaler
- They do not feel better after 10 puffs
- You are worried at any time, even if they have not taken 10 puffs

Whilst you wait for the ambulance, repeat the inhaler treatment of up to 10 puffs if the ambulance takes longer than 15 minutes.

A member of staff should stay with a child having an asthma attack at all times.

The pupil's parents or guardian will need to be informed after an attack even if relatively brief. Minor attacks should not interrupt a pupil's involvement in the school. As soon as the pupil feels better they can return to school activities.

Pupil's inhalers are kept in clear plastic wallets in the Medical Room. There is an additional inhaler in the School Office which can be used in an emergency for people who are prescribed an inhaler but for whatever reason do not have access to it.

A list of pupils with asthma or those prescribed an inhaler (often to help with the relief of breathing difficulties associated with allergens or viral infections) is available on the staff portal and is updated regularly by the First Aid Coordinator. Please contact the First Aid Coordinator for advice, help and support and for further information or training regarding the practical use of inhalers.

### **Diabetes**

School should be informed if a child suffers from diabetes. A detailed health care plan will be drawn up for the child describing the carbohydrate intake, frequency of blood glucose monitoring, insulin regime (if applicable) and signs of poor blood sugar control (hypo/hyperglycemia) for that child. Staff should be made aware of this plan and signs and symptoms of hypo/hyperglycemia (high or low blood sugar) and the treatment of these variations.

For children with Type 1 diabetes, the First Aid Coordinator will assist with monitoring pre-meal blood sugar readings, carbohydrate intake at lunch, and either administer post meal insulin or if the child is able to self-inject, supervise the injection.

Parents should be informed immediately in relation to any diabetic incident and the child monitored in the Medical Room. If a child's recovery takes more than 10-15 minutes or the child becomes unconscious an ambulance will be called.

Monitoring equipment provided by parents, if required, and emergency supplies are kept in the First Aid Room. Children will also carry emergency rations such as biscuits and glucose tablets in their school bags.

If a child is off site on a school trip or away match, staff should be aware of the signs and symptoms of hypoglycaemia and hyperglycaemia, their prevention and treatment and that the necessary equipment is taken including:

- Blood glucose monitoring kit
- Food snacks
- Glucose tablets
- Insulin pen
- Parent contact details

Appropriate training is given to staff as required. A list of pupils with chronic medical conditions, along with any care plans, is available on the staff portal and is updated regularly by the First Aid Coordinator.

### **Epilepsy**

The First Aid Coordinator must be informed if a child has Epilepsy. An individual health care plan should be drawn up in discussion with parents and clinicians if necessary describing the nature and frequency of fits, common precipitating factors and current medication. Staff will be made aware of the health care plan and it will be available on the staff portal.

If a child experiences a seizure during the day details of the precipitants, nature and timing of the fit will be communicated to parents.

In the event of a fit:

- Note the time and length of the fit
- Staff should call the First Aid Coordinator or First Aider
- Clear the area around the child to maintain a safe environment
- Ask other children to move away to ensure as much privacy as possible, cover with a blanket if possible as the child might be incontinent.
- Administer any prescribed medication as per instruction according to the individual health care plan
- Talk to the child and reassure them
- After the fit has passed, place the child in the recovery position
- When sufficiently recovered, take them to the Medical Room and monitor until they are collected by parents.

An ambulance should be called

- If the child has injured themselves badly during the seizure
- If they have problems breathing after the seizure
- If a seizure lasts longer than the time set out in the health care plan, or for more than five minutes if you do not know how long the seizure usually lasts for that child.
- If there are repeated seizures unless this is usual for the child
- If this is a child's first known seizure

Appropriate training is given to staff as required. A list of pupils with chronic medical conditions is available on the staff portal and is updated regularly by the First Aid Coordinator.

### **Anaphylaxis**

Anaphylaxis is a severe allergic reaction with the potential to be fatal very quickly and the aim is to prevent an anaphylactic reaction by treating the allergic response early. Please also refer to the Policy for Managing Food Allergies.

There are a number of pupils who have recognised allergies and a proportion of them are required to carry an auto-injector of adrenaline commonly known as an 'epipen'. An individual Allergy Action Plan will be provided by parents for all children who have a known allergy/ies and who are prescribed an adrenaline auto injector. The plan clearly states what steps to take if the child presents with symptoms and all staff responsible for the child should be familiar with it.

Children and staff who are prescribed an auto-injector are required to have two in date pens in school at all times. The auto-injector should be easily accessible at all times. They are stored in the Medical Room in clear plastic boxes and are clearly labelled with a photograph, name of the pupil and a list of the known allergies. There is an additional auto-injector in the School Office which can be used in an emergency for people who are prescribed an adrenaline auto injector but for whatever reason do not have access to it. The First Aid Coordinator will ensure that the auto-injectors are within their expiration date and request a repeat prescription as necessary.

Pupils and staff MUST have their auto-injectors when off site for example during trips or sports fixtures. The First Aid Coordinator is responsible for ensuring that the required medication is in the medical bag supplied for each trip. It is the trip leader's responsibility to ensure that all medical bags are returned to the Medical Room on their return.

A list of pupils with severe allergies requiring an epipen is available on the staff portal along with their Allergy Plan and is updated regularly by the First Aid Coordinator. The list identifies the trigger and medication. A further list is maintained of all medical conditions including those pupils with a mild reaction, sensitivity or intolerance to a trigger. Alongside this, a board is maintained in the Dining Room showing all pupils with allergies, sensitivities and intolerance to any food products.

### **Training**

The First Aid Coordinator provides annual training to all school staff on how to recognise an anaphylactic reaction and how to use an auto-injector. This training will be mandatory for all staff.

## **Recognising Anaphylaxis**

Signs and symptoms of anaphylaxis (not all may be present)

- Itching
- Swelling in the mouth
- Vomiting
- Hives/rash
- Abdominal pain
- Wheezing
- Difficulty in breathing
- Fainting
- Floppiness
- Collapse

### **Action to take**

- Assess situation
- Give antihistamine if appropriate
- Administer Adrenaline auto-injector
- Call for help Dial 999 to request ambulance, giving as many details as possible
- Contact School Office and Parents

Pupils who present with a mild to moderate allergic reaction should be administered an antihistamine, e.g. Piriton by the First Aid Coordinator or the member of staff responsible if they are out of school. The child should be closely monitored for signs of Anaphylaxis.

If the symptoms progress as described in the Action Plan, pupils who are prescribed an auto-injector should be encouraged to administer their auto-injector themselves. If they are unable to do this, staff can assist following the guidelines set out in the training and an ambulance should be called. If there is any doubt about the severity of an allergic reaction, give the auto-injector and call 999.

If the child's condition worsens at any time or if staff feel the child is very unwell an ambulance should be called immediately by dialling 999. If available a second pen can be given after five minutes, or according to their plan, if there has been no improvement in the child's condition.

### **Follow up**

If the allergic reaction settles following administration of the antihistamine, they can be assessed by the First Aid Coordinator and are likely to need no further follow-up. Parents will be informed at pick up if needed.

Pupils who have used the auto-injector need to go to a hospital by ambulance for a period of observation. Used auto-injectors should be sent with the pupil.

A repeat prescription for an auto-injector should be processed at the earliest opportunity.

## First Aid Procedures in the event of respiratory illnesses such as COVID-19

### Guidance for First Aiders

Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.

If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model - preserve life, prevent worsening, promote recovery.

### Preserve life: CPR

- Call 999 immediately - tell the call handler if the patient has any COVID-19 symptoms
- Ask for help. If a portable defibrillator is available, ask for it
- **For adults:** only deliver CPR by chest compressions and use a defibrillator (if available) - **do not do rescue breaths**
- **For children\*:** use the mouth to mouth shield apron or other suitable covering
- Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation.
- If available use:
  - a fluid-repellent surgical mask
  - disposable gloves
  - eye protection
  - apron or other suitable covering

### Prevent worsening, promote recovery: all other injuries or illnesses

- If you suspect a serious illness or injury, call 999 immediately - tell the call handler if the patient has any COVID-19 symptoms
- If giving first aid to someone, you should use the recommended equipment listed above if it is available
- You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible

### After delivering any first aid

- Ensure you safely discard disposable items and clean reusable ones thoroughly
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible

Because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
- If there is a perceived risk of infection, rescuers should place a cloth/towel over the victims mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- If the rescuer has access to any form of personal protective equipment (PPE) this should be worn.
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

### **Paediatric advice\***

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in this critical situation. For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, this statement should be used:

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.