



# First Aid Policy

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## Summary of changes and reviews

Version	Date	Summary of amendments	By
1.0	Sep 22	Moved to new format and reviewed for staff changes	NR
1.1	Sep 22	Minor updates to accident recording	NR/RW
1.2	9 Jan 22	Clarification regarding administering of medicine and parental notification	OT
1.3	Jan 24	Changes with new role	OT



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## First aid at Hatherop Castle School

Safeguarding and Child Protection are of the utmost importance at Hatherop Castle School. This policy should be read in conjunction with the following policies:

- Safeguarding and child protection
- Boarding Induction of Overseas
- Boarding
- Critical incident
- EYFS
- Health & Safety
- PE & Games
- Risk Assessment
- Staff Handbook
- Travel

### General first aid principles

There is at least 1 qualified first aider on site when children are present and always at least 1 paediatric first aider on the premises when EYFS children are present including during educational visits. The children's wellbeing is of the utmost importance at all times.

At all times First Aid is administered in a timely and competent manner. The procedure to follow is:

- Assess the situation
- Make safe the environment
- Emergency aid
- Get help if needed
- The aftermath

### Personnel

Most staff have a first aid qualification and of those a number have a paediatric first aid qualification and/or a sports first aid qualification. Ms Oriel Townsend – Residential Matron - is responsible for the medical provision at Hatherop although all staff have a duty of care to ensure first aid is delivered when required or further support is called for if the nature of the injury requires another opinion. Ms Townsend carries a radio, and staff should take a radio when any activity happens which is higher risk of injury, such as in games lessons, forest school and during break times. We also have one staff member - Becky Hartshorn – additionally trained in responding to seizures (epilepsy). The front desk staff, Ms Townsend and Simon Bristow and B Hartshorn all carry radios and staff should take a radio when any activity happens which is higher risk of injury.

If the following activities are taking place the member of staff have a radio.

- Any sporting activities - 1 radio should be present in each area (Astro, games pitches, netball and cricket courts)
- All break time duties.
- Any Forest School activity



- Any outdoor learning activity.

The list of staff with first aid qualification, including the date qualification expiry dates, is in the staffroom at the First Aid Station and the school office as well as in Nursery and Pre-Prep.

### Minor injuries

If a minor injury occurs in school, the child/adult is first assessed by the closest first aider. If there is a wound which needs cleaning and dressing this is done by a qualified first aider. If a child falls over in the pre-prep or Nursery a member of staff will deal with the injury there and then record it on CPOMS. If the injury warrants a second opinion, Ms Townsend will be sent for and in her absence another first aider.

If the child is thought to need to be taken to hospital outpatients parents will be immediately contacted and given the option to meet their child at the hospital or collect the child from school and take them to the hospital/doctors of their choice.

We ensure that there is a qualified member of staff on each site at all times. Members of staff on duty at playtimes are to take a green first aid bag out with them and record any incidents on CPOMS.

If a child is unwell and needs to be sent home, this decision is made by Ms Townsend in consultation with parents, and if appropriate DH, Sian Dawson, except in the case of Nursery when the Head of Nursery will make the decision. If the parents cannot be contacted the child will be put to bed in sick bay and medicine will be administered in accordance with the medicine permission slip and monitored by Ms Townsend or another qualified first aider.

If a bump/knock to the head an orange wrist band should be attached to the child's wrist. This alerts all staff in case of delayed symptoms. If medication given write that on the wrist band. Seek a second opinion. Always inform parents even if no medication is given.

If a child is infectious and the parent has notified the school, Headmaster will notify the rest of the school parent body and advise that the child remain away from school for the recommended time as advised by [Public Health England](#).

If a boarder, 111 advice will be sought or the child will be taken to Lechlade Medical Practice.

If a minor emergency – suspected sprain or broken bone in arm for example, but not thought to need a 999 ambulance call out or requiring paramedics to attend as the casualty is breathing, stable and able to walk, parents should be called immediately to come and collect the child from school and they should be advised to take their child to A&E / doctor of their choice. Medicine should be administered and recorded on a wrist band. Hospitals recommend pain relief be given but they need to know what was given and when. If a boarder, Matron or/and boarding staff will take child. A CPOMS record should be made asap after the event.

### Serious Injuries

If a child needs to see a doctor, 111 will be called for advice or 999 will be called for an ambulance. Parents will immediately be contacted. If it is a serious sporting injury for example, the child will not be moved until guidance from 111 or 999 is received. If the decision is to call for an ambulance a suitable member of staff will stay with the patient throughout and accompany the child in the ambulance in the absence of a parent. If a child/adult is suffering some type of anaphylactic shock or choking, the emergency aid (defibrillator) is in the staffroom and will be used and 999/112 MUST be called.

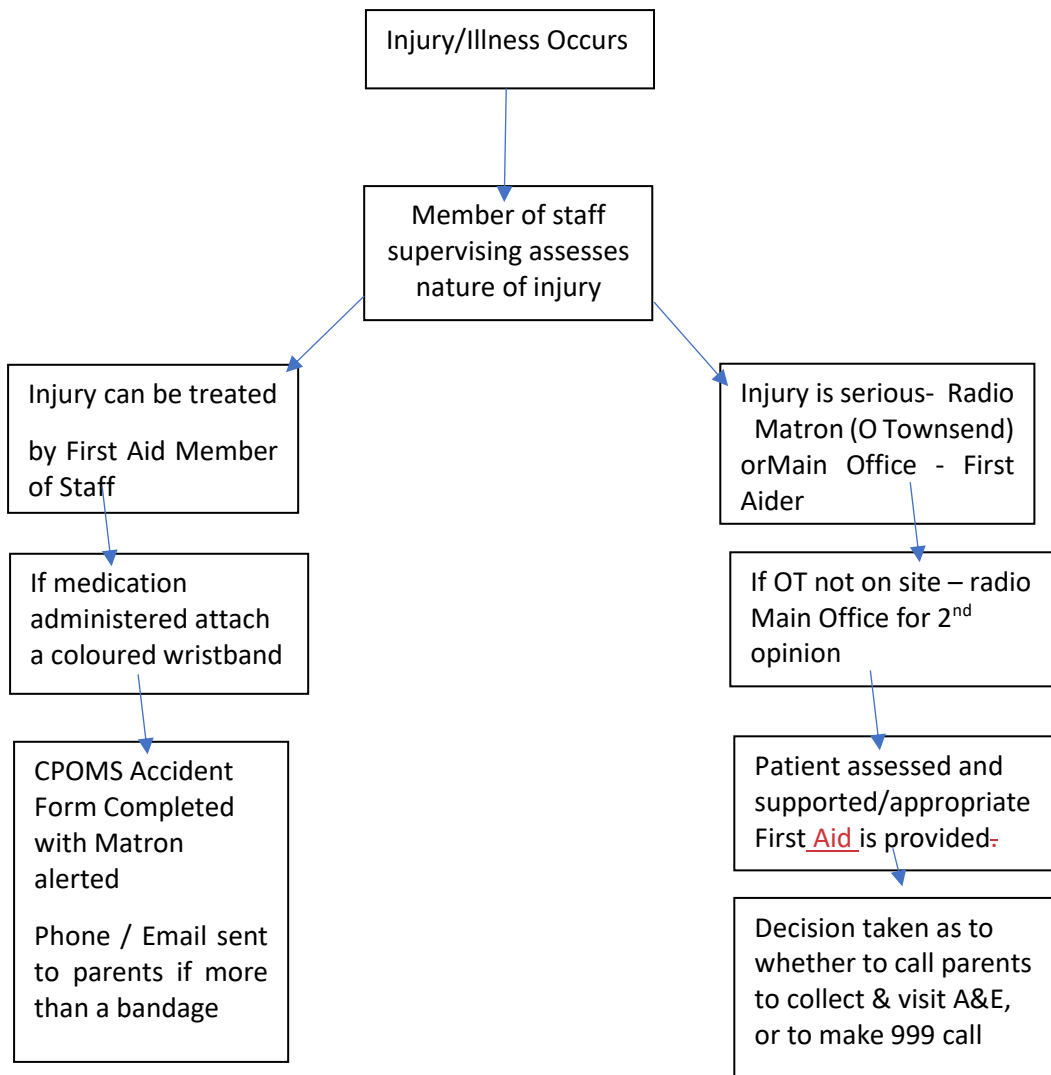
Seek assistance with the patient in an appropriate manner according to the need and by following first aid protocol. Have parents informed with what has happened and what action has been taken. This gives parents the option to meet their child at school or at the hospital. If there is a wound which needs cleaning and dressing this is done by a qualified first aider.

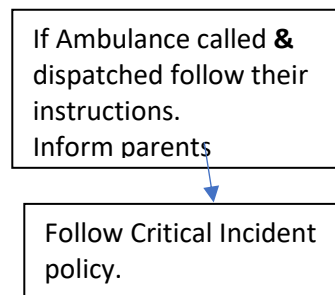


We ensure that there is a first aid qualified member of staff on each site at all times. Members of staff on duty at playtimes are to take the green first aid bag out with them and CPOMS any incidents.

Matron or another member will accompany a sick child in an ambulance -unless parents will meet ambulance at hospital, and she, along with a second member of staff will drive a sick child to a hospital or doctors' appointment using a school mini bus, or her own car if bus unavailable or unsuitable for some reason. School has specific insurance for private car use in these circumstances.

### Flow Chart for Minor/Serious Injury





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### Reporting accidents and injuries to parents and guardians

When an accident occurs no matter where, a written report must be made by the person supervising the activity or trip using the pupil Accident form at the time and signed. This form then is handed to Ms Townsend. These forms are located in the staff room. If a child receives any kind of bump to the head, however minor, parents are telephoned immediately and an orange band is put on their wrist along with any medicine given and time. NHS head injury guidance must be discussed or sent if email contact. All accidents are recorded on CPOMS.

Ms Townsend, office staff or child's teacher will notify parents via email of any incident or medical treatment received during the school day. If boarding, Heads of Boarding – Mr & Mrs Nish will contact parents. Yellow wrist bands are used for medicines, recording what medicine, dosage and time administered. Orange wrist bands are used for recording the same but if there has been a bump to the head. It is the responsibility of all staff to notify parents, in person, by phone or by email of any incidents before they leave school that day. There is nothing for parents to sign, as it was deemed that this meets the statutory requirement to notify parents, including for EYFS. (It was noted that, for children on the bus, their parents wouldn't come into school).

Reporting accidents and ill health is a legal requirement this should be reported to:

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995(RIDDOR)

Any incidents of food poisoning, serious accident, injury or death within our registered EYFS provision must be reported to Ofsted as soon as is practicable but within 14 days. (0300 123 1231)

Any serious accident, illness or injury to, or death of, any child while in the care of Hatherop Castle School will be reported to OFSTED with details of the action taken. Notification will be made as soon as possible, and within 14 days of the incident. We at Hatherop Castle School understand that failure to do this is an offence.

- OFSTED can be contacted on: 0300 123 1231
- Health and Safety Executive: 0845 300 9923



## Medical

Medical care is under the supervision of Matron – Ms Oriel Townsend who liaises closely with staff. Staff are readily contactable by the pupils at all times and whilst on duty the welfare, safety and security of the pupils is their prime concern.

There are individual medical records for all pupils containing relevant health and welfare information provided by parents and recording significant health and welfare needs these include any significant drug reaction, major allergies and medical conditions. The Medical Questionnaire also gives permission for the child to have emergency medical, dental, and optical treatment as required (see appendix 5).

## Illness

When a child or adult is suffering with a sickness and/ or diarrhoea bug they will need to remain away from school or in an isolated room for the 48 hours recommended time set by the [Public Health England](#).

## Care of ill boarders

Boarders who are ill can be moved to the either of the two sick bay areas and are checked regularly and looked after by a boarding member of staff and a log of visits and care given kept. Within these areas, accommodation is provided in order to cater for the medical and therapy needs of pupils including an area for the medical examination and treatment of pupils and accommodation for the short-term care of sick and injured pupils. This includes a washing facility and is near to a toilet facility. Staff are able to summon assistance readily and rapidly if required by phone – as are patients owing to a phone (school numbers only) being located in the sleeping areas. Boarders who feel ill during the night can phone for help. There is a rota of duty staff next to the phones – (a female member is always on overnight duty with a male some evenings) and include the Headmaster, the Head of Boarding and Residential Matron who all live on site.

Detailed medical records are kept and the school arranges any necessary injections for boarders. The qualified staff are available 24 hours a day. Parents are informed whenever a child is ill and they are welcome to collect their child from school and take them home. This is recommended if the illness is likely to be long term. For foreign pupils, their guardian will be contacted by boarding staff.

## Administering medicines

As an Independent School we are able to administer medications. The parent's sign a permission slip at the beginning of each academic year (see appendix 5) and these are held on each child's file with Admissions information. If a child is sent to school with prescribed medicines, parents must complete a medicine form for type, quantity and time to administer etc. and then they are handed in to the Office and on to Ms Townsend if necessary.

The Office or Ms Townsend will dispense these medicines at the required time and ensure the prescribed medicines sheets is signed to show they have been given and received. The same procedure occurs if the child is sent to school with any household medication e.g. Calpol or cough syrup. This is following the protocol for administering medication.

When administering prescribed medication to a child, the prescription label is to be checked and the child asked the following.:

- full name;
- DOB; and
- when the medication was last administered.

## *Protocol for Administering Medication*

Ms Townsend will be responsible for giving medicines with trained First Aiders or House Staff as substitutes in her absence. Any Member of staff administering medication to a child should check:

- the Child's Name;





- prescribed dose;
- expiration date;
- written instructions provided by the prescriber on the label or container; and
- medication form.

The following details are to be recorded:

- date medication is administered;
- name of child;
- name of medication /strength /size or quantity;
- dosage administered;
- time; and
- signature adult and child

If a child refuses or declines to take their medication, contact the parents or designated alternative adult. This should also be recorded

### *Receiving of medications*

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administering. Changes to dosages will not be given on parental instruction. All medication should be brought directly to the school office so that the medication can be stored away safely and securely in surgery.

If a child is administered any of the permitted medicines by Ms Townsend the parents are informed by an email what and exact time medicine was administered only trained staff are allowed to administer medicines.

If a child requires medication i.e. antibiotics throughout the day and they use the school transport, *the parent must hand the medication with a letter to the designated driver*. The driver will then make sure the medication is handed to the correct member of staff. At the end of the day the medication will be handed back to the driver who will return to the parents. This also applies to the EYFS children.

Medication is stored locked and secure. Where directed in the patients' information leaflet that is supplied with a medicine, this will include storage in the medicine fridge in the locked area within the Surgery.

### *Arrangements for children who are competent to manage their own health needs and medicines.*

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within the child's *individual healthcare plan*. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. They may require an appropriate level of supervision.

If it's not appropriate for a child to self-manage, the relevant staff will help to administer medicines for them following the administering medication protocol. An assessment may be carried out by Ms Townsend or Mrs Freebury (The Office) to assess whether the child is self-medication competent by using the HCS assessment form.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Overseas students who bring their own prescribed medication with them must ensure that there is a full English translation in order for us to administer the medication safely. They are asked not to bring in their own over the counter medicines.

### *Controlled Drugs*

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it on to another child for use is an offence. Monitoring arrangements may be necessary.



At Hatherop Castle we keep controlled drugs that have been prescribed for a day or boarding pupil securely stored and locked in a non-portable container and only named staff have access. One box is in the staffroom and another in the boarding common room.

The Controlled drug is easily accessible in an emergency. A record is kept of dosage used and the amount of the controlled drug held in school.

### Administering medicines in the Nursery (including year-round childcare)

Parents must give written consent before staff can give prescribed medication to any child whilst attending the nursery. The medication must be handed to a member of nursery staff in its original container and it will be stored in the secure cabinet in the nursery kitchen. A member of staff with Paediatric First Aid training will administer the medication to the child in nursery at the correct time by the prescription label. When the medication has been administered this must be recorded in the nursery medication book stating the name of the child, the date and time, the name and strength of the medication, the dose given and this must be signed by the member of staff and the parent or carer at the end of the day.

Non-prescribed medicines such as oral suspension Paracetamol may be given to a child if the parent has given permission on the medication form. However, permission from the parent must also be sought by telephone if at all possible and the telephone conversation recorded in the medication book for the parent to acknowledge and sign on collecting the child.

### Staff taking medicines.

There will be occasions when staff need to take medicines during the day. Staff obviously are responsible for doing this following the correct dosage and guidance indication on the medicine. Medicines must be stored in a locked facility that cannot be accessed by the children. This may be in the staff room or in the medical centre. Staff must ensure they only work directly with children if medical advice confirms that the medication they are taking is unlikely to impair that staff member's ability to look after children properly

### Reception and Pre-Prep

#### Dispensing medicine

Parents sign a daily medical permission slip also detailing any medication the child has received before school. If the child is taken unwell whilst at school and may need medicine, a member of staff with paediatric first aid will administrate the medication in accordance with the child's medical permission slip and the parent/carer will be contacted and given the option to collect.

The parent will receive a form / email indicating the medication received, dosage, time and reason, this is also documented on the medication form which is kept in surgery.

#### Incident reporting

If a child has an injury or serious accident whilst in Nursery or Pre-Prep, the closest First Aider will assess the situation and administer first aid, gaining a second opinion from another paediatric first aider if required. This is recorded in the accident book and also a CPOMS entry made. If the child has had a head injury the parents will be contacted. At the end of their child's session the parent must be informed and sign the Nursery accident book or accident form to acknowledge they have been informed. In the event of a head injury, they are given a copy of the NHS head injury guidance.



## Hygiene protocol for dealing with body spillage

If a child is unwell and has vomited or had an incontinency problem during the school day, the child needs to be removed to surgery for protection of cross contamination, a cleaning in progress sign needs to be displayed so the children and staff can find an alternative route, or wait until the area has been cleaned. The cleaning team can be contacted by radio to attend. The child will be provided with suitable clean clothes.

Cleaning materials need to be used with the member of staff wearing protective clothing clean apron and gloves.

A red mop and bucket and disinfectant to be used, all cleaning materials to be disposed of after use in plastic bags sealed and placed in green bin.

All the cleaning materials can be found in the cleaners' cupboards.

## Counselling and mental health

Where a pupil asks for confidential counselling without parental consent, an assessment is made by the Headmaster based on the Gillick Principle, which depends on:

- the maturity of the young person;
- the young person having sufficient intelligence and understanding to enable them to understand what is being proposed i.e. by the appropriate person; and
- the young person having sufficient intelligence and understanding of the consequences of his or her actions.

In cases where the child is not deemed to be Gillick competent and parental consent is not forthcoming, the school will continue efforts to engage the parents (such as offering an opportunity to meet the appropriate staff).



## Appendix 1: Asthma policy

Asthma is a respiratory condition marked by attacks of spasm in the bronchi of the lungs, causing difficulty in breathing. It is usually connected to allergic reaction or other forms of hypersensitivity.

As a school we recognise that asthma is a widespread, serious but a controllable condition and the school welcomes all pupils with asthma.

We ensure that pupils with asthma can participate fully in all aspects of school life, including art lesson, PE, science, visits, outings or field trips and other out-of-hours school activities.

We recognise that pupils with asthma need immediate access to their reliever inhalers at all times this depending on the year the child is in whether it is kept with them, with his/her form teacher or kept in the staff room locked box. Following the child healthcare plan.

The child is encouraged to carry their reliever inhaler as soon as parent, doctor or asthma nurse and class teacher agree they are mature enough. A record is kept on the child's file of the medication they take for asthma. Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler.

Staffs have regular training to cope with and understand a child who has asthma. This is incorporated into the first aid training, so they will know what to do if a child has an asthma attack. Staffs at this school are happy to administer asthma medication to pupils; all staff will let them take their own medicines when they need to.

At the beginning of each academic year a new revised medical questionnaire is sent out to every pupil, this is to update the asthma file as a child's medical condition (Asthma) may have changed. If a child is asthmatic, a ['my asthma plan'](#) will be sent home for the parent to complete.

A file is kept for this information that is available to all the school staff and can also be found on the Childs profile on Complete Ed.

All teachers know which children in their class have asthma and all PE/games teachers at the school are aware of which pupils have asthma from the medical list which also has a photo of the child attached and can be found in the staff room, boys' /girls' changing rooms and on Complete Ed.

Pupils with asthma are encouraged to participate fully in PE/games lessons. Games staff will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so following their care plan.



## Appendix 2: Diabetes policy

### Introduction

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (type 1) or because there is insufficient insulin for the child's needs or the insulin is not working properly (type 2).

About one in 550 school children have diabetes and 2 million people suffer in the UK. The majority have type 1 and normally have to have daily insulin injections, to monitor their blood levels and to eat regularly according to their personal dietary plan.

Each child may experience different symptoms and these must be discussed when drawing up their care plan.

If one notices greater than usual need to go to the toilet or to drink, tiredness and weight loss, this may indicate poor diabetic control and staff will naturally wish to draw any such signs to the parents' attention.

Every child that is diagnosed with diabetes is assessed by a diabetic team, the parents will visit the school setting and arrange training by the diabetic nurse.

Currently, we have one pupil with Diabetes Type 1. He has a care plan on file – the school front desk holds a hard copy in case of emergency, and additionally we hold his hospital care plan. At the present time three members of staff have been trained in the Omnipod system being used, although four more are familiar with the system. All staff will receive basic training on this system at Summer Term INSET and will be required to complete tes Develop CPD training 'Understanding Diabetes' course. (Note: we no longer inject as a pump has been fitted)

### Medicine and control

Diabetes in most children is controlled by injections of insulin each day. Most young children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely they will need more during school hours, although for those who do, it may be necessary for an adult to administer the injection. Most children can inject their own insulin (depending on age and care plan) but with adult supervision and a suitable private place to carry this out (surgery).

Children with diabetes need to ensure that their blood glucose levels remain stable and will need to check their levels by taking a small sample of blood using a small monitor at regular times again most children can do this themselves with adult supervision (depending on age and their care plan) They may need to be tested during break times, before physical exercise or more regularly if the insulin needs adjusting (parents will inform).

When staff agree to administer blood glucose test or insulin injections they should be trained by an appropriate health professional. Administering injections is a matter of personal preference no member of staff will be made to carry out this task without full training and their consent. A copy of the names of staff that have received training and who volunteer to carry out/supervise blood glucose testing, administering of GlucoGel and/or supervising/administering insulin via insulin pen device, can be found within the child's Health Care Plan. The same is so if the child has an insulin pump fitted as insulin amounts still are required to be input into the POD.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class time or before physical exercise. We may need to make special arrangements with the catering department for the pupil with diabetes and indicate which meal time they will attend, also introducing the catering staff to the child so they know which child to look out for.



Staff should be aware of the symptoms for a hypoglycaemic attack (Low glucose levels)

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood change , especially angry or aggressive behavior
- Each child may experience different symptoms this will be discussed with the school staff and also in the health care plan.

If a child has a hypo it is very important that the child is not left alone and that a fast-acting sugar, such as glucose tablets, glucose gel or a sugary drink (Lift) is brought to the child and given immediately. If the child is reluctant to eat, but is still conscious, use the Gluco Gel by squeezing gel gently into the child's mouth around the lower and upper lips & gums. Rub outside the mouth to help encourage absorption (it is absorbed very quickly through the lining of the mouth).

This should be then followed by slow acting starchy food such as a sandwich or two biscuits and a glass of milk when the child has recovered, some 10-15 minutes later.

*An ambulance should be called if recovery takes longer than 10–15 minutes or the child becomes unconscious.*

### Severe Hypoglycaemia

- If the child is unconscious, dial 999 (school phones) 112 (mobile) for an ambulance and explain that the child has diabetes.
- The child should be placed in the recovery position, and nothing should be put in their mouth as this may obstruct their airway.
- Inform the child's parents immediately.

Never leave a Hypoglycaemic child unattended or let them leave class to get help on their own.

Each child with diabetes are recommended by their diabetic team to have a HYPO PACK in school in an easily accessible and known place and a further pack for sport if necessary.

*At the present time our packs are outside Prep 3 classrooms, front desk and in the sports room as we have only one child with this condition.*

Each pack should contain

- Blood glucose monitor /blood glucose testing strips/ blood glucose lasting lancets (all in one case)
- A fast-acting sugar product e.g dextrose tablets or sugary drink
- A longer acting starchy food e.g small pack of biscuits
- A tube of Glucogel
- A note book to record the reading and food given



It is the responsibility of the parent, carer to ensure the HYPO PACK is stocked and contains items that are in date. It is the responsibility of the school to ensure that hypo treatment is recorded and the parents are made aware of anything that needs to be replaced.

Some children may experience hyperglycaemia (high glucose levels) and have a greater than usual need to go to the toilet or to drink. Tiredness or weight loss may indicate poor diabetic control and staff will naturally wish to draw any such signs to the parent attention.

If the child is unwell, vomiting, or experiencing diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be sign of ketosis and dehydration and the child will need urgent medical attention.

Information on our child with diabetes can be found on the pupils' medical file kept with his teacher and on Complete Ed, and a hard copy is with Mrs Freebury on the front desk.

Diabetes should not prevent the child from taking part in school trips, sporting activities, etc. but a little extra care and planning may be needed.



## Appendix 3: Anaphylaxis / epipen policy

Anaphylaxis is an extremely dangerous allergic reaction. The condition is caused by a massive over-reaction of the body's immune system. Severe anaphylactic reactions are very rare, but if the airway or breathing is affected death can occur in minutes.

The most common reactions are to food such as peanuts, citrus fruits etc.

The main chemical that the immune cells release if they detect a 'foreign protein' is called histamine. It is the massive quantities of histamine being released in the body during an anaphylactic reaction that cause signs and symptoms of the condition.

Medical information is provided by the school's Medical Questionnaire. This is completed for every new child and then renewed at the start of every academic year. This information will inform us of any allergies (eg food, medicines, plasters) and also what treatment or medication they are on for this. This could be Cetirizine Hydrochloride (antihistamines) or in more severe cases an Epi-pen is prescribed by the health professions.

Pupils must be made known to all relevant staff including and especially the catering staff. Children are identified by photographs displayed in the catering office.

Food that contains an ingredient to which a child is known to be sensitive must be clearly labelled and an alternative meal provided.

A written protocol for treatment of anaphylaxis should be kept with the Epi-pen and within the class room.

If the child attends nursery the teachers are made aware of the allergies and if they have been prescribed with an Epi-pen. This stays within the nursery at a place accessible to staff but not to children. In the child's own medical bag if they stay for an afternoon session and will be having lunch. The medical bag is to come with them to the school dining room and the member of staff to put it out of reach of children.

If the child is in Pre-Prep Staff will take the medical bag (carrying the Epi-pen) with them on the coach to their swimming lesson

### Signs and symptoms

- Swelling of the face, tongue, lip, neck and eye.
- Difficulty breathing (the child may have the equivalent of an asthma attack as well as a swollen airway).
- Fast, weak pulse.
- Red, blotchy rash on the skin.
- Anxiety

### Treatment of anaphylaxis

- Dial 999 /112 for an ambulance.
- If the child has Airway or Breathing problems they may prefer to sit up as this will make breathing easier
- If the child feels faint however –do not sit them up. Lay them down immediately. Raise the legs if they still feel faint.
- The child may carry an auto-injector or adrenaline. This can save the child's life if it's given promptly.





## Use of an Epi-pen

The Epi-pen should only be administered to the child it has been prescribed to. This should be done by the person who has received training and feels competent to use the device.

The parent should provide the school with the child's action plan for an allergic reaction. That has been discussed with the allergy clinic.

If a child is suspected to be having an anaphylactic reaction for the first time the emergency services should be called immediately (999/112) the operator will tell you how to manage the child while you wait for the first response/ambulance.

Information on children with allergies can be found on Complete ED, medical folder in the staff room, catering office notice board.

Allergies should not prevent the child from taking part in school trips, sporting activities, etc but a little extra care and planning may be needed.



## Appendix 4: Epilepsy policy

Hatherop Castle School recognizes that epilepsy is a common condition that can affect children and welcomes all children with the condition to the school.

Hatherop Castle supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential, this is done by having a policy in place that is understood by all school staff. The policy ensures that all relevant staff receive training about epilepsy (included in the first aid training) and if necessary about administering emergency medication and following the administering medication protocol if on Anti-Convulsant Medication.

When a child day or boarder with epilepsy joins our school or a current pupil is diagnosed with the condition the school will arrange a meeting with the Head, Head of Boarding, parents, and relevant staff to put together a care plan for the child's individual needs, the staff will ensure that his/her friends are aware so that they understand and are not frightened if they see a seizure.

### Medication

If the child is on medication to control the condition then the correct protocol and care plan will be followed for administering medication

### First Aid

First aid for all the pupils' seizure type will be included in the care plan and medical folder (staff room) the staff will receive basic training on administering first aid.

### Learning and behaviour

The school recognizes that children with epilepsy may have special educational needs because of the condition and will follow the learning support policy.

### School environment

Any child with epilepsy may need to rest and recover after a seizure. Matron or a designated member of staff will stay and monitor the child in surgery or sick bay.

Epilepsy seizure Action plan

Treatment of seizure

During the seizure

- Send for Ms Townsend (Matron) / Mrs Becky Hartshawn
- Move bystanders away from the child
- Gently protect the head with your hands or a folded coat
- Time the seizure
- Loosen any tight clothing around the neck to help breathing

Call for emergency assistance 999/112 if the seizure lasts longer *than 3 minutes*, they have a second seizure, injured themselves, it's the child's first ever seizure or it lasts 2 minutes longer than is normal for the child.

After seizure

- Check airway and breathing
- Place the child in the recovery position
- Protect the child modestly before they wake



- Call 999/112 for emergency help if you can't wake them up after 10 minutes
- Consistently monitor airway and breathing
- NEVER place anything in the child's mouth
- NEVER try to restrain the child
- NEVER move the child unnecessarily
- The child will take a while to recover from the seizure and will need to rest.



## Appendix 5: Medical form

It is essential to complete this form **in full** and return it to the School Office

(PLEASE COMPLETE USING BLOCK LETTERS)

<b>Child's name</b>	
<b>Date of birth</b>	
<b>Name of main parent / guardian</b> <i>(first point of contact)</i>	
<b>+</b> <b>Emergency Contact Name &amp; Number</b> <i>(please indicate relationship to child)</i>	
<b>Home address</b>	
<b>Home telephone number</b>	
<b>NHS number</b>	
<b>Contact email address</b> <i>(please also indicate relationship to child)</i>	
<b>GP's name &amp; address</b>	
<b>GP's telephone number</b>	



**Ethnic Clarification:** (Please tick)

**(a) White – British**

- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

**(b) Mixed – White and Black Caribbean**

- White and Black African
- White and Asian
- Any other mixed background

**(c) Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

**(d) Black or Black British**

- Caribbean
- African
- Any other Black background

**(e) Chinese**

**(f) Any other ethnic background**

**IMMUNISATIONS**

Are all immunisations up to date? If not, please advise accordingly.

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**DIETARY REQUIREMENTS**

Does your child have any medically prescribed or other dietary requirement? Please give details:

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## MEDICAL INFORMATION

Has your child suffered from any of the following:

Anaphylaxis	<input type="checkbox"/>	Nut Allergy / Other Food Allergy	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Psychological Problems	<input type="checkbox"/>	Eczema	<input type="checkbox"/>
Deafness / Ear Infections	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Headaches/Migraines	<input type="checkbox"/>	Fits, fainting or blackouts	<input type="checkbox"/>
Hayfever	<input type="checkbox"/>	Other significant condition	<input type="checkbox"/>
	—	(Please state below)	

Please give details below if you have ticked one or more of the boxes above, or if your child has any other significant health problems. Please include details of any current medical treatment (a letter from your family doctor or specialist would be helpful).



Please give details of any current medication, dose and frequency:

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Does your child have any allergies, intolerances or drug sensitivities? Please give details and severity of reaction:

Has the condition been medically diagnosed? **YES / NO**

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Has your child suffered an anaphylactic shock or severe allergic symptoms in the past? **YES / NO**  
(please give details)

If you answered yes to an allergy or intolerance, please note once this completed form has been received, the Catering Manager from Holroyd Howe (Catering Team here at Hatherop Castle) will contact you to arrange a meeting between the parent/pupil/catering team to discuss your child's food requirements in further detail.



Please note:

If deemed serious, no catering will be provided to your child until a parent/guardian and the pupil have met with the Catering Manager to discuss your child's requirements in further detail.

Please also note whilst we can provide meals which do not include nominated allergens, we cannot guarantee that dishes do not contain traces of allergens, as they may be stored and prepared in the same areas as nominated allergens.

Has your child had any accidents, fractures or surgical operations?

YES / NO

(please give details)

Is your child fit for school games and activities including swimming?

YES / NO

(please give details)

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## MEDICATION AND FIRST AID

All medications brought from home must be handed to the School Office.

- I give consent for my child to be given suitable medication and receive first aid for any injury sustained, whilst at school or on a school outing, under the guidance of the Welfare Officer.
  
- I do not wish my child to be given any medication whilst at school and understand I will come and collect him / her if necessary.





I give consent for my child to receive the following:

- Plasters
- Paracetamol: Liquid (Calpol), Tablets or Soluble
- Ibuprofen: Liquid or Caplets
- Antihistamines: Please state name of preferred preparation \_\_\_\_\_
- Cough medicines and throat lozenges (*Strepsils, soothers etc*)
- Deep Heat, Arnica and Savlon: Topical Creams
- Administration of Ventolin Inhaler when necessary as instructed
- Administration of emergency treatment for severe allergic reactions:
  - Piriton, EpiPen, Oxygen,

The correct dose according to the child's age and weight will be administered.

I will supply the School Office with the appropriate medication if required daily.

If my child requires prescribed medications during the school day, these will be handed to the School Office in their actual packaging which must have the dispensing label attached.

This label must include the name of the pupil, the dosage and frequency.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Relationship to child \_\_\_\_\_



## IN THE EVENT OF AN EMERGENCY

Every effort will be made to obtain prior consent should a pupil require emergency treatment. However, if an attempt to contact the parent or guardian fails, the following signature will be taken as authorisation for the Headmaster or Welfare Officer to give such consent.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

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## Appendix 6: First Aid Kits at Hatherop Castle School

Checked by Mrs Walker once every half term

Surgery            Main first Aid Area  
Pre-prep           Art class room and playtime bag  
Nursery            Kindergarten class room and playtime bag  
                         Transition class room and playtime bag  
Science lab  
Art studio  
Sports Changing Room Office  
1 x first aid bags for the relevant playtime area (staff room)  
3 x HCS 8 Seater Vehicles  
2 x HCS 16 seater mini buses  
Front School Office  
Maintenance work station  
Cleaners – laundry room shelf

Kitchen Catering Company provides own First Aid Kits

