

## **First Aid Policy**

### **Introduction**

Kingsmead School employs members of staff who are qualified, experienced and competent to supervise the provision of First Aid to pupils and others who may need it during times when the school is in session. When carrying out this function, the staff member is generally referred to as the School Matron.

Please keep your child at home if he or she is ill or infectious, and phone us on the first day that s/he is ill. An ill child will not be happy in school, and may infect others. Therefore, we will telephone you and ask you to collect your child if he or she becomes ill during the day.

Everyone in the school, including our EYFS children, have access to our Medical Room which is led by Mrs H Thomas and a team of qualified First Aiders and Paediatric First Aiders. They are responsible for any medical care or first aid that your child may require during the school day, or at other times when the school is open. There is a qualified first aider on duty from 8.00am to 6.00pm every day, or at other times when children are in school who is available to administer first aid, to deal with any accidents or emergencies, or if someone is taken ill.

We will *always* contact you at once if your child suffers anything more than a trivial injury, or if he or she becomes unwell during school day, or if we have any worries or concerns about his or her health. We will ask you to collect your child if he or she becomes ill during the school day. We will inform you (EYFS pupils: by note and in person at collection time) if he or she has a minor accident or graze at school.

The good health of boarding pupils is promoted through a partnership between Housemasters / Housemistresses and School Matron.

### **First Aiders**

We always ensure that a member of staff who is qualified in first aid, (paediatric first aid in the case of our EYFS pupils) accompanies our pupils on their visits out of school. He or she will administer first aid in a timely and competent manner if your child suffers an injury during an outing, and will, if necessary, call an ambulance.

### **First Aid Notices**

Lists of members of staff who are qualified as First Aiders or Paediatric First Aiders are displayed on notice boards around the school. Their training is reviewed every three years.

### **First Aid Boxes**

First aid boxes are placed in all the areas of the school where an accident is considered possible or likely.

They can be located in: EYFS & KS1 departments, Food & Nutrition (Central Area), Staff room (Centenary), DT room (Centenary), Swimming Pool, Science Prep room, Main Kitchen, Maintenance Work Shop, Minibus, Surgery treatment room. We always take first aid boxes with us when groups of

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**Including Boarding and Early Years Foundation Stage**

pupils go out of school on organised trips or to participate in sporting events. All boxes are checked by the school matron and replenished as required.

**Automatic Electronic Defibrillator (AED)**

To enhance our first aid provision, school has a one AED which is situated in the Reception Meeting Room. The AED is fully automatic, using voice commands to minimise user error.

**Access to First Aid**

All new pupils (and staff) are informed on where to go for help in the event of an accident as part of their induction into the school.

**Calling an Ambulance – dial 999**

If someone at the school has an accident, staff are trained to summon medical help immediately. The First Aider on duty is normally responsible for summoning an ambulance, and for escorting the pupil to hospital; but all staff are advised in their induction training that if (she/he) is unavailable, they should summon an ambulance themselves. A member of staff will always stay with a child in hospital until their parents have been contacted.

**Emergency Medical Treatment**

In accepting a place at the school, we require parents to authorise the Headmaster, or an authorised person acting on his behalf, to consent on the advice of an appropriately qualified medical specialist to your child receiving emergency medical treatment, including general anaesthetic and surgical procedure under the NHS, if we are unable to contact you in time.

**Body Fluid Spillages** – see attached Annex

**Reporting accidents and record keeping** (Please also see our separate policy on Accident Reporting (RIDDOR))

All members of the school community should report any accident or incident, however minor, as soon as possible after it has occurred. When an injured person is unable to complete their own details of the accident, then the Appointed Person, First Aider and/or witness should do it on their behalf.

Complete an accident report form and enter the details in the accident book.

Reports must contain:

- the date, time and place of the event;
- details of those involved;
- a brief description of the accident/illness and any first aid treatment given;
- details of what happened to the casualty immediately afterwards – for example went to hospital, went home, resumed normal activities, returned to class.

The Headmaster, Bursar and Senior Master should be informed about any incident if it is at all serious or particularly sensitive. For example, when a pupil has had to go to hospital or if one pupil has caused deliberate damage to another or where negligence may be suggested.

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**Including Boarding and Early Years Foundation Stage**

Houseparents must inform parents when any pupil requires hospital treatment or is kept in the Sanitorium overnight.

If, as a result of an accident, an employee is taken to hospital, is unable to work or subsequently becomes absent from work, the Headmaster/Bursar/Line Manager/Head of Department should be notified immediately. The Bursar must report all serious accidents to the HSE as required by RIDDOR.

In an emergency, the Headmaster's office, the Bursary, Reception and the relevant Houseparent have contact details of pupils' parents and guardians. The Bursary has details of employees and their next of kin.

### **Our Medical Care**

We send all new parents a medical questionnaire and ask you to complete it before your son or daughter joins the school.

### **Children with Medical Needs or Special Education Needs who require special adjustments**

If your child has medical needs, special education needs or requires any special adjustments, we will invite you to a meeting with the Headmaster and appropriate Head of Department and the school's Special Education Needs Coordinator and any outside Specialist who has been involved with the care of your child, to discuss thoroughly the regime that is most appropriate for his or her individual care, well before s/he joins the school.

### **Medical Examinations and Immunisations**

Your consent will be sought from time to time to your child receiving the routine range of immunisations recommended by the Department of Health for all children of his or her age.

### **Medical Records**

We keep records of all treatment and immunisations that your child receives during his or her time at the school. We record all accidents and injuries to your child and of all medicines that are given to him or her. We will always tell you in writing if your child has received any form of medical treatment – however minor.

All medical records are stored in the Medical Centre for present pupils and in the administration archive for past pupils until your son/daughter's 25<sup>th</sup> birthday, when they will be securely destroyed. Access to these records is restricted to the Medical Staff.

We keep records of all accidents and injuries, and have a procedure in place for ensuring that they are reviewed regularly in order, where possible, to minimise the likelihood of recurrence.

### **Prescribed Medicines and Treatments Brought to School for Pupils**

Please advise the school matron of any medication that you bring into the school for your child. If your son/daughter has a medical condition which necessitates regular access to medication, please inform the Headmaster and School Matron so that an appropriate regime can be devised. The relevant staff will be informed, in confidence, of any condition that is likely to affect him/her in any area of school life. In the case of EYFS/KS1 the class teacher must be informed. We will work with you in making arrangements that work best for him/her.

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**Including Boarding and Early Years Foundation Stage**

Copies of our Policy for Administering Medicines can be requested from the Headmaster's office.

Please remember that we need your **written consent for every prescribed medicine** before we are allowed to give it to your child.

**Non-prescribed medication**

On admission to Kingsmead School, parents sign a 'Medication in School' form giving consent for non-prescribed medication to be administered.

**KS1 and EYFS**

- Paracetamol suspension (children under 6 and 6 plus)
- Plasters (latex free, hypoallergenic)
- Eurax cream for insect bites

**KS2 and above**

- Paracetamol suspension (children 6 plus)
- Soluble paracetamol 1 – 2 (children 12 plus)
- Simple linctus
- Strepisils (children 7 plus)
- Plasters (latex free, hypoallergenic)
- E45 cream and E45 'anti' itch cream
- Bonjela (Junior)
- Eurax cream
- Savalon antiseptic cream
- Arnica cream

**EYFS Procedures**

- The first aid box is easily accessible to adults and is kept out of the reach of children.
- At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.
- Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

**Paediatric First Aiders for EYFS**

	Contact details		Ext No.
Mrs J Blair	Kindergarten	Verulum	300
Mrs L Bradbury	Accounts	Watts House 1 <sup>st</sup> floor	403
Miss A Coulthard	Year 1 & 2	Verulum 1 <sup>st</sup> floor	301
Miss R Davies	TA		
Mrs L Ellis	Year 5	Watts House 1 <sup>st</sup> floor	228
Mrs A Gibbons	Year 3	Watts House 2 <sup>nd</sup> floor	241/235
Mrs V Gois	Kindergarten	Verulum ground floor	300
Miss A Gryba	TA		300

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**Including Boarding and Early Years Foundation Stage**

Mrs E Harvey	Reception class	Verulum ground floor	300/302
Mrs C Hodgson	TA		
Mrs E Randall	Year 1 & 2	Verulum 1 <sup>st</sup> floor	301
Mrs J Schanck	Nursery	Verulum ground floor	300
Mrs H Thomas	Matron/TA/Houseparent	Meadway/First Aid	408

**Emergency First Aid at Work (for Schools)**

	Contact details		Ext No.
Mrs F Austin	Science Laboratories	Centenary	407
Mr J Christensen	History	Centenary	224
Mr A Cotgrave	PE	Hut 4	231
Mr R Dooley	Science Laboratories	Centenary	407
Mr J Glover	IT/Houseparent	Centenary	404/217
Mrs N Higgs	Art	Centenary	221
Mr J Jenkins	DT	Centenary	224
Mr T Pearson	TA/PE	Hut 4	231
Mr S Rathe	Juniors	Watts House 1 <sup>st</sup> floor	227
Mr J Rees	Geography	Centenary	224
Mrs L Scoffield	Juniors	Watts House Ground floor	236
Mr M Wilson	Maths	Hut 2/Senior Office	226/220

**First Aid at Work**

Mrs L Al-Khabbaz	TA		
Mrs L Bradbury	Accounts	Watts House 1 <sup>st</sup> floor	403
Ms A Byrne	PE	Hut 4	238
Miss R Davies	TA		
Mrs T Evans	Bursar	Watts House 1 <sup>st</sup> floor	404
Mrs S Kellett	PE	Hut 4	231
Mrs J Schanck	Nursery	Verulum	300
Mrs H Thomas	Matron/TA/Houseparent	Meadway	408

The above provides details of the first aiders by building. The sports department will ensure a trained first aider is present for each school match with access to a portable first aid bag.

Please also refer to the School's Child Protection Policy and Staff Code of Conduct available on the School's website.

**KINGSMEAD SCHOOL HOYLAKE TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

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Annexes to First Aid Policy

**Basic First Aid**

Knowing what to do in an emergency is vitally important. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- keep calm;
- if people are seriously injured call **999** immediately; contact a First Aider;
- make sure you and the injured person are not in danger;
- assess the injured person carefully and act on your findings using the basic first aid steps below;
- keep an eye on the injured person's condition until the emergency services arrive.

**Unconsciousness**

If the person is unconscious with no obvious signs of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.

**Bleeding**

Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing

**Burns**

For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.

**Broken bones**

Try to avoid as much movement as possible.

**KINGSMEAD SCHOOL HOYLAKE TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

**Body Fluid Spillage Policy**

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedures for dealing with body spillages.

**Staff Contact**

- The Maintenance Manager to be contacted initially so that he can arrange for a member of his team to clean the area appropriately.
- The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean up Procedure'.

**Initial Clean up Procedure**

- Get some disposable gloves from the nearest First Aid kit.
- Cover cuts/scrapes with a waterproof plaster after washing with soapy water and drying the area thoroughly.
- Place absorbent towels over the affected area and allow the spill to absorb.
- Any article of clothing that has got contaminated with the spill should be wiped clean and then put in a plastic bag and tied up for the parents to take home.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

**Procedure for Blood and Other Body fluid Spillage**

- Gloves and an Apron to be worn at all times.
- If your gloves or apron become cut or torn, dispose of them safely and put on new ones at the earliest opportunity.
- Any soiled wipes, tissues, plasters, dressings etc., must ideally be disposed of in the clinical waste bin (Yellow bag).
- When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area so absorbing the spill.
- If a disposable spillage kit is available then the instructions for use should be followed.
- The area must be cleaned with disinfectant following the manufacturer's instructions.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufactures instructions.
- Wash hands.
- All yellow bags to be disposed of in Yellow bins as the school could potentially be fined if not adhered to.

**Management of Accidental Exposure to Blood**

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

**KINGSMEAD SCHOOL HOYLAKES TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

**Action to take**

- If broken skin encourage bleeding of the wound by applying pressure – do not suck.
- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.
- Report the incident to the School Nurse and Headmaster.
- If necessary take further advice from NHS Direct.
- An accident form will need to be completed and it may need to be reported to RIDDOR.



**KINGSMEAD SCHOOL HOYLAKE TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

**Policy for the care of a pupil who suffers with Asthma**  
**FOR: MEDICAL, TEACHING, AND SUPPORT STAFF**

**Aim:** To provide a safe school environment, which allows the pupil with asthma to participate fully in school life, including all outdoor activities and residential trips.

**Policy:**

- The school recognises that asthma is a condition affecting many school pupils.
- Training sessions as appropriate will be held to brief the above staff about asthma and emergency treatment as per the school procedure.
- An asthma register will be maintained and regularly updated. Relevant staff are made aware of those pupils who suffer with asthma.
- Access to reliever inhalers is vital (always coloured blue). Pupils are encouraged to carry their reliever inhaler with them while at school. (Matron sometimes has a spare inhaler in surgery). In the case of EYFS and KS1, the inhalers are easily accessible for adults to obtain and administer to children. They are named and located above the first aid cabinet kept in F1 classroom.
- All staff will be supportive and encouraging to pupils with asthma. If a pupil needs to use their reliever inhaler during a lesson, they should be encouraged to do so.
- Taking part in sport is an essential part of school life. Pupils with asthma are encouraged to participate fully in all sports and PE. Pupils should take their inhalers onto the sports field and to the swimming pool. In the case of EYFS and KS1, the accompanying adult will take responsibility of the inhalers.
- Pupils must remember to take their inhalers with them when going off site, particularly to matches.
- If inhalers are taken from surgery, they must be signed out and signed back in on inhaler sheet on front of the white cupboard.

**Procedure for treating an Asthma Attack**

**Symptoms of an asthma attack:** Coughing, wheezing, shortness of breath, difficulty in speaking

- Stay calm and reassure the child.
- Sit them upright or lean them forward slightly. Encourage them to breathe slowly and deeply. Loosen clothing.
- Give 2 puffs of blue (Salbutamol/Ventolin) inhaler (using areochamber if needed). This should take effect within minutes.
- Repeat another 2 puffs if relief is not apparent.
- Call Surgery on 212 or via reception 201 or 0
- **Call an ambulance if:**
  - the reliever (blue inhaler) has had no effect after 5-10 minutes and
  - the pupil is distressed or unable to talk
  - the pupil is getting exhausted
  - you have any doubts at all about the pupil's condition
- Telephone parents
- Continue to give reliever medication every few minutes until help arrives or condition improves.

**You should not worry that a child may overdose on their reliever inhaler.**

**KINGSMEAD SCHOOL HOYLAKE TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

**Policy for the Care of a Pupil Who Suffers With Diabetes**  
**FOR: MEDICAL, TEACHING, AND SUPPORT STAFF**

**Aim:** To provide a safe school environment, which allows the child with diabetes to participate fully in school life.

**Policy:**

- Information as appropriate will be given to the above staff about the pupils with diabetes in school.
- It is essential that staff, including kitchen staff, are aware of the diabetic pupil. Any sharing of medical information will be kept to a minimum and discussed with the pupil's parents.
- The diabetic pupil should be encouraged to inform the teacher if he/she is feeling unwell during a lesson. The diabetic pupil may be accompanied by another pupil to the medical room (via Reception) if feeling unwell (as they may be 'hypo'). For EYFS and KS1 pupils an adult will accompany the child.
- All teaching staff should be aware of the pupil's individual care plan regarding treatment of their 'hypo'
- A diabetic pupil will be allowed to leave the classroom to test their blood sugar in the medical room if required, but **must** be accompanied by another pupil.
- A diabetic pupil who is feeling 'hypo' should not be left alone until their blood sugar level has returned to normal.
- If the pupil is unwell in the day, even just a cold, parents will be informed as this can lead to unstable blood sugars.
- Parents will provide an emergency kit for use during school hours and for off-site visits, which should contain a meter for blood testing and a fast acting sugar in case of hypoglycaemia.
- Parents will inform the school immediately of any changes to the child's medication or any relevant information concerning the pupil's diabetic condition.
- The school will safely store any necessary medication prescribed by a medical practitioner to which is attached appropriate instructions for use and administration.
- Discussion with the parents will take place prior to any off-site visit.
- An individual care plan will be drawn up for each pupil, following consultation with the parents and the pupil's diabetic nurse.
- The school has an up-to-date procedure for dealing with a hypoglycaemic or hyperglycaemic episode.  
Expiry dates of all medicines will be checked regularly.
- The child must have an individual self-management plan for the administration of insulin. A copy of this should be provided for Surgery.
- Needles and syringes must be disposed of in the Sharps bin.

**KINGSMEAD SCHOOL HOYLAKE TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

The pupil's individual care plan will include:

- Parent contact numbers and Diabetic nurse details
- Prescribed medication
- Dietary details
- The pupil's daily routine with regard to diet, blood glucose monitoring and requirements prior to sport.
- Signs and symptoms of pupil's hypoglycaemic episode.

This care plan will be made available to all relevant staff.

**Treatment for a Hypoglycaemic episode (Hypo)**

This occurs when the blood glucose level is too low

**Causes of a Hypo**

- too much insulin
- too little food at any time of day
- missed or delayed meal or snack
- not enough food to fuel activity

**Watch out for**

- trembling or shakiness
- hunger
- sweating
- pale looking
- lack of concentration
- drowsiness
- glazed eyes
- mood changes, especially angry or aggressive behaviour
- slurred speech

**What to do**

- IMMEDIATELY give something sugary e.g.  
fizzy drink (non diet), fresh fruit juice  
Lucozade, 2-3 glucose tablets
- Perform a blood sugar test
- Check Care Plan

Hypostop can be massaged into the inside of the child's cheek if they are refusing to drink or eat. These sugars are absorbed quickly, so recovery should take place within 10-15 minutes

- Call Surgery on 212 or go through reception 201 or 0
- Do not leave the pupil alone
- Check blood sugar
- Inform the parents (if necessary)

Follow this with some starchy food to prevent blood sugar falling again, according to care plan, e.g.

- Sandwich
- Two digestive biscuits
- Toast
- Cereal bar
- Piece of fruit, ideally banana

If in the unlikely event the pupil becomes unconscious, **do not** give anything by mouth, place in the recovery position and call an ambulance.

- Inform parents.

**KINGSMEAD SCHOOL HOYLAKES TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

**Treatment for Hyperglycaemic episode**

This occurs when the blood glucose level is too high. It occurs slowly and is far less common than a hypoglycaemic episode. There is time to make a full assessment before deciding on treatment

**Causes of a hyperglycaemic episode**

- less exercise than usual
- more food than usual
- stress or infections
- too little or no insulin

**Watch out for**

- Excessive thirst
- Frequent visits to the toilet
- Vomiting
- Abdominal pain

**What to do**

- Do not restrict access to the toilet
- Report symptoms to the Surgery and parents
- Check blood sugar
- If there is any doubt about this being a hypo, treat this immediately as per protocol.

**KINGSMEAD SCHOOL HOYLAKE TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

**Policy for the Care of a Pupil who Suffers with Epilepsy**  
**FOR: MEDICAL, TEACHING, AND SUPPORT STAFF**

**Aim:** To provide a safe school environment, which allows the child with epilepsy to participate fully in school life, including all outdoor activities and residential trips.

**Policy:**

- The school recognises that epilepsy is a common medical condition affecting many children and young people, and welcomes pupils with epilepsy.
- Pupils may be affected by epilepsy in a variety of ways and it is important that staff are aware of the individual nature of the condition. Parents should complete an Individual Healthcare Plan giving a detailed description of the nature of their child's seizures in order that they may be managed effectively.
- Training sessions as appropriate will be held to brief the above staff about the pupils with epilepsy in school and emergency first aid treatment of a seizure as per the school procedure.
- A register of pupils affected by epilepsy is held in the medical room and relevant staff are made aware of those children who are affected.
- Taking part in sports is an essential part of school life. Pupils with epilepsy are encouraged to participate fully in all sports, including swimming. However it is recognised by the school that swimming in particular poses a potential risk to a pupil with epilepsy. All staff that take pupils for swimming will be made aware of that potential risk through training sessions and discussion with the medical staff.
- Staff will be informed which pupils are epileptic and should take this into account when supervising these pupils in any capacity.
- Any medication that the pupil may need to have during the day is organized with the duty first aider.

**Procedure:**

**WHAT TO DO WHEN SOMEONE HAS A SEIZURE**

- Consult care plan
- Stay Calm
- Call for medical help (ring 212 for surgery or 0 for reception)
- Note the time to check how long the seizure is lasting.
- Protect the child from injury (remove harmful objects nearby).
- Put something soft under their head to prevent injury.
- Only move them if they are in a dangerous place, e.g. in the road, top of the stairs.
- DO NOT restrict or restrain them in any way. Allow the seizure to take its course.
- DO NOT put anything in the person's mouth. There is no danger of them swallowing their tongue and teeth can be easily broken.
- Where there is a care plan in place for a pupil, refer to it.

**KINGSMEAD SCHOOL HOYLAKES TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

**WHAT TO DO WHEN THE SEIZURE HAS STOPPED**

- If possible roll them on to their side in the recovery position
- Check their breathing
- Do all you can to minimise embarrassment. If they have been incontinent, deal with this as privately as possible
- Stay with them, giving reassurance until they have fully recovered.
- Call the parents.

**It is a medical emergency and an ambulance should be called if:**

- The pupil has injured themselves badly
- They are having trouble breathing after the seizure.
- One seizure immediately follows another with no recovery in between.
- If it is the pupil's first seizure

**KINGSMEAD SCHOOL HOYLAKES TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

**Policy for the Care of a Pupil who Is At Risk Of  
Severe Allergic Reaction (Anaphylaxis)**  
**FOR: MEDICAL, TEACHING, AND SUPPORT STAFF**

**Aim:** To work in partnership with pupil, parents, school staff, nurses and doctors to provide a safe environment for the pupil who is at risk of a severe allergic reaction

**Policy:**

- Parents will keep the school up-to-date about any changes to their child's medical status.
- Parents will sign a form to agree the procedures to be taken in an emergency.
- The school has a food plating procedure to reduce the risk of allergic reaction for these pupils.
- Staff will be briefed about the pupils who are at risk of anaphylaxis.
- Training session will be held for all Medical Cover staff.
- It is the responsibility of all staff to be aware of whom the pupils/staff are who have severe allergies (Epipen user lists are in Surgery, Staff room and Kitchen).
- It is the responsibility of the parents to provide at least two Epipens for use in school at all times. These should be labelled with a prescription label for the relevant pupil.
- Pupils with severe allergy will be responsible for their emergency medication and should carry it with them at all times. In EYFS and KS1 the Epipens are kept above the medicine cabinet (in the Nursery room).
- Epipens are kept in the Surgery on top of the blue medicine cabinet and in the Kitchen office.
- Expiry dates for Epipens and Piriton will be checked regularly and parents informed when replacements are needed.
- As some of these pupils also suffer from asthma, an aerochamber / volumatic and ventolin inhaler are available in Surgery. In EYFS and KS1 they are kept above the medicine cabinet (in Nursery room).
- These pupils should not be discouraged from taking part in off site visits. For such visits, liaison will take place with the parents. The member of staff in charge of the pupil will be given emergency medication and must be trained in administering emergency treatment.
- Parents must keep the school updated of any changes to their contact details.

**MILD REACTION:** Hives, Facial Tingling, Eye Irritation, Sore or Itchy Throat/Mouth, Tummy Ache and Vomiting, Possible Accidental Ingestion. (Not necessarily all of these symptoms)

- Call Matron/First Aider on duty (Via reception on 201 or 0
- Give Piriton Syrup (one-two 5ml spoons, according to care plan)
- Observe for minimum of 2 hours
- Contact Parents

**KINGSMEAD SCHOOL HOYLAKE TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

**SEVERE REACTION ( ANAPHYLAXIS):** Collapse, Marked swelling of Face/Throat/Tongue, Blue Lips, Dribbling, Inability to Swallow/Speak, Severe Breathing Difficulty. (Not necessarily all of these symptoms)

- Stay with Pupil/Staff Member.
- Call for Matron/First aid help (Via reception on 201 or 0).
- If the Pupil/Staff Member does not have their Epipen on their person get someone to get theirs from Surgery.
- (Named boxes on top of the blue medicine cabinet in Surgery, Surgery is open at all times for such emergencies). In the case of EYFS and KS1, the Epipen is kept above the medicine cabinet (in Nursery room).
- Use Epipen (straight into the outer thigh through the clothes, midway between the hip and the knee. Hold in place for 10 secs. (Consult care plan and Epipen for instructions on how to use).
- Send someone to dial (9) 999- say “anaphylactic reaction” giving details of the school address and telephone.
- Number. (Details found on Medical Emergencies poster in each building by the telephones).
- Assess the situation. If no, or only slight improvement after 5 mins give Second EPIPEN.
- **When child recovers and is able to take oral medication, give Piriton syrup 5-10mls.**
- **Send someone to direct the ambulance. When it arrives tell them that adrenaline has been given for an allergic reaction. Keep all Epipens and hand to Medics.**
- **If the Pupil/Staff Member becomes unconscious** check Airway, Breathing, Circulation and commence CPR if necessary. If not place in recovery position.
- **Ring parents.**



**KINGSMEAD SCHOOL HOYLAKES TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

**Policy for the Care of a Pupil who Is At Risk Of**  
**Contracting Meningitis/Septicaemia**  
**FOR: MEDICAL, TEACHING, AND SUPPORT STAFF**

**Introduction**

Meningitis occurs when the meninges, the membranes that line the brain and spinal cord, become infected. Viral infection is most common and less severe than a bacterial infection, which is always associated with severe illness. Bacterial strains can also cause septicaemia (blood poisoning). Many people who contract the infection have some symptoms of both meningitis and septicaemia. The first symptoms of both meningitis and septicaemia may be non-specific and can be mistaken for a cold or flu (i.e. fever, vomiting, irritability and restlessness). However, individuals can become seriously ill within hours. Therefore a rapid response to the onset of symptoms is vital.

If the presentation is predominantly one of septicaemia symptoms may include:

- Rapid or unusual patterns of breathing
- Skin that is pale, blotchy. Or turning blue
- Fever with cold hands and feet
- Shivering
- Vomiting
- Red or purple spots that do not fade under pressure (do the glass test)
- Pain from muscle aches or severe limb/joint pain
- Severe sleepiness
- Diarrhoea and stomach cramps

If the presentation is predominantly one of meningitis symptoms may include:

- A high pitched, moaning cry (very young children)
- Fever
- Vomiting
- Severe headache
- A dislike of bright lights
- Drowsy
- Skin that is pale, blotchy or turning blue (Young children)
- A stiff neck (check that they can kiss their knees or touch their forehead with their knees)

**KINGSMEAD SCHOOL HOYLAKES TRUST LIMITED**  
**Including Boarding and Early Years Foundation Stage**

**Procedure:**

- Medical help should be sought immediately
- Parents of the Student should be informed
- The Headmaster or Bursar should be informed
- After confirmation of diagnosis the attending doctor will notify the school and the Consultant in Communicable Disease
- A Consultant from the Health Protection Agency in communicable disease will be assigned to the school. They will give all the advice needed in relation to prevention and control of the infection
- A letter will need to be sent to all school parents informing them that a case of meningitis/septicaemia has been confirmed at the school. They will also need to be informed of any action that may need to be taken as communicated by the;

Communicable Disease Consultant  
Communicable Disease Control,  
North West Regional Office.  
Tel. 0151 482 5688

In conclusion, it is the policy of Kingsmead School that its pupils, staff and other should be kept free from injury wherever possible.