

First Aid Policy

Applies to Pre-Prep and EYFS

Reviewed and approved:	Head of Pre-Prep and Lead Nurse September 2024
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There is a separate First Aid policy which applies to the Prep School, including the Dragon Health Centre

PARENTS' PROVISION OF MEDICAL INFORMATION ABOUT THEIR CHILD

Dragon 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 that their child has as well as information about normal childhood diseases. This information enables appropriate members of staff to seek emergency medical advice or treatment for their child in the event of an accident, incident or illness occurring at school.

Medical records are stored on iSAMS and parents are requested to inform the School of any changes to their child's medical information.

FIRST AID ROOM

The Pre-Prep has two Emergency First Aiders who are also qualified in Paediatric First Aid. These staff take the lead in first aid, taking advice from the Dragon Health Centre (DHC) and local health professionals when needed.

The first aid area is located in the Pre-Prep Office where there is a bed, a hand basin, a first aid cupboard, a lockable medicine cabinet, a refrigerator for ice packs and a toilet nearby.

PRACTICAL ARRANGEMENTS AT THE POINT OF NEED

For minor injuries and if a child is given first aid, the member of staff who attended the incident should input the details into iSAMS. If the injury appears to be serious, the child should be referred to a qualified first aider to assess the situation, so that the correct action can be taken. Advice can also be sought from the DHC, an Injury report should also be recorded.

If a child is unwell, they should be taken to the Pre-Prep Office. The first aider will decide on the course of action and whether parents need to be contacted. The School reserves the right to send a child home if he/she is a risk to the health and safety of others. In the Early Years if a child becomes unwell, they are cared for in the classroom or in a nearby quiet area, calling for the assistance of a qualified first aider when needed, while their parents are contacted to come and collect them. If first aid has been administered, parents are informed verbally at pick up of any injuries requiring first aid.

Children who have sickness or diarrhoea must remain at home for at least 48 hours after their last episode to prevent the spread of infection. All staff should take precautions to avoid infection, must follow basic hygiene procedures and take appropriate precautions when coming into contact with bodily fluids (surgical gloves, apron and where appropriate, a face mask).

GUIDANCE ON WHEN TO CALL AN AMBULANCE

If a child needs hospital treatment for a medical emergency such as a serious asthma attack or an accident-causing physical injury, an ambulance must be called immediately (a member of staff should dial 999). Once called, an ambulance should not be cancelled under any circumstances. Only one member of staff or the child's parent need accompany the child in an ambulance. The ambulance team will be informed of the child's details, name, date of birth, medical information.

Children should be accompanied to hospital by a familiar adult who can stay with them until their parents arrive. If transported by car, there should always be two members of staff in the car.

The first aider or a member of the Pre-Prep Leadership Team will inform the parents whenever practically possible.

The Head will be informed.

RECORDING OF ACCIDENTS (INCLUDING REFERENCE TO RIDDOR)

Some incidents that happen in school either to children, staff or visitors must be reported to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Please see these regulations for further information (<http://www.hse.gov.uk/riddor/>).

The School's Health & Safety Officer (based on the Prep site) would carry out this process.

SERIOUS ACCIDENTS/INCIDENTS

These are accidents that do not have to be reported to HSE but are serious. An accident 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. If a serious accident occurs, the Head of Pre-Prep, the Head and Chief Operating Officer should be informed. Parents should be informed as soon as possible and the accident must be recorded on the accident form on Kace. If further investigation is required, this should be carried out by the Head of Pre-Prep, Head of Estates, and the Health & Safety Officer and reported to the Head & Chief Operating Officer.

MINOR INJURIES IN SCHOOL

Please see the Day Book Procedures for Early Years (Appendix 1) and the Day Book Procedures for Years 1 – 3 (Appendix 2) for detailed information.

For children in the Early Years, any injury is recorded on the EYFS software, Arc Pathways, parents are informed verbally at pick up of any injuries requiring first aid and are asked to sign and date a digital copy of the accident report. Ideally, if a child is not well, the parents are contacted and the child goes home until they are well again. If this course of action is not possible, the child will remain at school until the end of the day. They will be observed in the School Office or EYFS classroom.

NAMES OF THOSE QUALIFIED IN PAEDIATRIC FIRST AID

All members of staff receive basic First Aid awareness training from DHC staff. Key staff have attended a level 3 Emergency First Aid at work course and a number have attended the 2-day Paediatric First Aid course. Qualifications are updated every three years. Please see a separate list of staff qualified in Paediatric First Aid and/or Emergency First Aid.

There will always be at least one qualified paediatric first aider on site at times when children are present (including before and after school) and there will always be at least one qualified paediatric first aider on each trip or outing.

The Paediatric First Aid Certificate gained by staff adheres to the requirements of the Early Years Foundation Stage Statutory Framework for the Early Years Foundation Stage, April 2017, Annex A: Criteria for effective PFA training. The Certificate makes clear that the course taken covers First Aid for children, referring explicitly to 'Paediatric First Aid'. All EYFS personnel (qualified to Level 2 or 3 after 30/6/16) will hold a Paediatric First Aid Certificate within the first 3 months of employment, renewable every three years.

ACCESS TO FIRST AID KITS

- Basic first aid kits are provided in each classroom and kits that are more comprehensive can be found in the School Office and Reception cupboard as set out at Appendix 3.

- Kits are available for Sports Staff to take offsite to games.
- In Early Years, a member of staff remains in the classroom to deal with bumps and bruises during break times. Staff from the DHC check first aid kits regularly. Replacement items can also be obtained from the DHC or ordered through the School Office.
- A first aid kit will be taken on all off-site visits or outings, together with the relevant child medical information; this is the responsibility of the trip leader. Any treatment given while off-site must be recorded on iSAMS on return.

MEDICINES

Should a child need to take medicine during a school day, the medicine must be:

- Prescribed by a doctor.
- In its original container with pharmacy dispensing instructions written in English, including a legible expiry date.
- Accompanied by a consent form from the parent detailing the time the medication is to be given.

The medicine must have:

- The name of the child clearly written in English on the pharmacy dispensing instructions.
- The frequency of the dose and the length of time for which the medicine is to be taken.

OR

- For a short term over the counter medicine for example, cough medicine, eye drops or antihistamine, a signed consent from parents is required including dosage and time of administration.
- The day book entry on ISAMS details what has been given to whom and when.

Should a child feel unwell during the day due to a high temperature or pain, and the School has not received the child's own medication, parents will be contacted and permission gained to give Paracetamol suitable to their age group on each occasion it may be required. The School has a small supply of Paracetamol for this reason; it is kept in the locked medicine cabinet in the School Office. It will not be given without parental consent on each occasion; the dosage given will be documented on ISAMS.

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 aider will notify the child's parents/carers and the incident will be recorded on ISAMS.

If there is any change in the type of medication – whether regarding dosage or other changes to the information given on the permission to administer medication form – a new form must be completed.

ADMINISTRATION OF MEDICINES TO CHILDREN ON RESIDENTIAL SCHOOL TRIPS

Should a child require medicine during the time they will be away from home, the School requires the parents to send in written permission and instructions together with the medicine in its original container with the pharmacy dispensing instructions in English.

PROCEDURE FOR ADMINISTERING MEDICINES (INCLUDING EYFS)

When administering medication, the following procedures should be followed:

1. The reason for giving the medication should be established.
2. Check the consent to give medication form has been signed by parent or guardian.
3. Check whether the child is allergic to any medication.
4. Check whether or not the child has been given any other medication recently, and if so, what (e.g. check maximum paracetamol doses).
5. Check whether or not the child has taken the medication before and, if so, whether any problems occurred.
6. Check the expiry or 'use by' date on the medication package or container.
7. The child should take the medication under the supervision of the person issuing it.
8. For EYFS children, parents are informed at the end of the school day, or as soon as is practicably possible, of any medication administered during the day.
9. There is a fridge in the staff workroom for the safe storage of some medicines such as antibiotics.

STAFF MEDICATION/OTHER SUBSTANCES

- 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 is kept out of the reach of children and appropriately stored.

ARRANGEMENTS FOR CHILDREN WITH PARTICULAR MEDICAL CONDITIONS

All children with on-going medical conditions will have an individual healthcare plan drawn up by a DHC nurse in consultation with their parents and input from health care professionals if needed. The plan will describe the child's illness, symptoms and treatment and staff should be made aware of the plan.

Asthma

We recognise that asthma is a widespread, serious but controllable condition affecting some children at school. We encourage children with asthma to participate in all aspects of school life and to develop their potential by having a clear policy that is understood by staff and children alike. Parents should inform the school if their child suffers from asthma, what can trigger an attack and what treatment is effective.

Asthma inhalers and spacer are stored in a named pouch with the child's care plan in the School Office. The asthma inhaler and spacer should have the child's name clearly written on it.

If the care plan dictates that treatment is needed more regularly, they will be stored in the classroom.

DHC staff will check the expiry date of inhalers 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. In the event of an asthma attack the parents are notified immediately.

For more detailed instructions on how to treat a child with asthma, please see the Notes for the Treatment and Care of Children with Asthma (Appendix 4)

Food allergies and intolerances

Dragon School aims to be a nut free school and we request that parents do not send in nuts, or any food obviously containing nuts in their child's break-time snacks, treats for birthdays or in any packed lunches. However, the School cannot guarantee that food brought in to School has not been made in a factory that uses nut ingredients or there are nuts somewhere in the supply chain. If there is any doubt, treats brought into School will not be shared.

Parents must advise the School if their child suffers from a food allergy or intolerance. The school kitchen is informed and a photographic list of all children with special diets is displayed in the kitchen area. These lists are available for staff and any changes are communicated to all relevant staff. Parents are encouraged to liaise with the DHC staff to discuss any dietary issues.

Anaphylaxis – serious allergic reaction (e.g. nuts, dairy products, eggs)

- All staff are given regular training by a member of DHC staff. This is also now covered in Paediatric First Aid Courses
- Class Teachers and all other staff are made aware of all children who have a serious allergic reaction. This is detailed on their iSAMS page, on the list of children with serious medical conditions displayed in the School Office and is circulated to staff.
- AAI are stored in the School Office together with the child's care plan
- Class Teachers need to be aware of the potential risks of food being brought into school to be shared with the rest of the class; parents are reminded regularly that the School is a nut free school. If there is any doubt about the safety of food then the food will not be shared.

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

- Itching
- Swelling in the mouth
- Vomiting
- Hives/rash

- Abdominal pain
- Wheezing
- Difficulty in breathing
- Fainting
- Floppiness
- Collapse

Where some of these symptoms are present, follow the instructions in the child's care plan, inform parents as soon as is practicable and inform the Head of Pre-Prep, Head and Chief Operating Officer.

For more detailed instructions on how to treat a child with Anaphylaxis, please see the Notes for the Treatment and Care of Children with Anaphylaxis (Appendix 5)

Diabetes

Parents must inform the School if their child suffers from diabetes. A detailed health care plan will be drawn up for the child in conjunction with the Community Diabetes Nurse and the John Radcliffe Hospital team describing daily routines for the child and signs of poor blood sugar control (hypo/hyperglycaemia) to look out for. Staff should be made aware of this plan and signs and symptoms of hypo/hyperglycaemia (low or high blood sugar) and the treatment of these variations.

For children with Type 1 diabetes, school staff will be trained to take pre-meal blood sugars readings, calculate carbohydrate intake at lunch, and administer insulin.

Signs of hypoglycaemia include:

- Hunger, weakness or faintness
- Pallor, sweating or clammy skin
- Drowsiness or confusion
- Nausea
- Shallow breathing
- Unusual or aggressive behaviour

If any of these symptoms are present blood sugar readings should be taken and recorded by a trained member of staff. A sweet drink, glucose tablet or biscuit may be given to raise blood sugar levels.

The child should be treated according to the care plan and parents contacted when appropriate.

Signs of hyperglycaemia include:

- Thirst
- Greater need to go to the toilet
- Tiredness and weight loss

Parents need to be informed. If the child is unwell, vomiting, or giving off a smell of acetone the child needs urgent medical attention.

Monitoring equipment and emergency supplies are kept in the relevant classroom.

Guidance notes and up to date photographs of the affected children are kept in the Kitchen and School Office. The whole staff are informed of the outline care for the child and what to look out for. The information is also held on iSAMS.

If a child is off site on a school trip or away match, a trained member of staff should accompany them and take the relevant equipment and care plan with them.

Epilepsy

The DHC must be informed if a child suffers from epilepsy to enable them to draw up a care plan describing the nature and frequency of fits, common precipitating factors and current medication. Staff will be made aware of the health care plan and appropriate training given.

- 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, staff should call a first aider.
- Clear the area around the child to maintain a safe environment.
- Ask other children to leave the room with another member of staff or stay away to ensure as much privacy as possible.
- After the fit has passed, the child should be placed in the recovery position.
- When sufficiently recovered, and it is safe to do so, make them comfortable where they are or take to the School Office and monitor until they are collected by parents.

An ambulance should be called if:

- This is the child's first fit.
- The child has injured themselves badly during the seizure.
- They have problems breathing after the seizure.
- 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.
- There are repeated seizures unless this is usual for the child.

Burns

Any child that sustains a burn must be assessed by a qualified first aider (First Aid at Work) and the Dragon Health Centre consulted on 511 if necessary.

Treatment for Minor burns

- Any minor burn should be submerged under cold running water for at least 20 minutes.
- If running tap water is not available, then bottled water can be used and applied to the affected area.

- The DHC should be consulted for next steps and parents informed.
- The burn should not be cleaned with cotton wool as this will stick to the burn.

Treatment for scalds or larger burns

- Stay calm.
- Assess the severity of the scald or burn.
- Reassure the child.
- Assess how the child is feeling, if they are feeling light headed then sit them down.
- If they are shocked, then lay them down in the recovery position and dial 999.
- If the affected area of skin is exposed, then submerge this under cold water for at least 20 minutes.
- In the event of a large scalded area of skin then please do not remove the child's clothing as blistering may have developed and this will remove large areas of skin. Apply cold running water to this area (bottled water can be used to flood the area).
- For larger burns cling film can be applied to the affected area.
- If the child is feeling well, contact their parents who can take them to A&E or their GP. If parents cannot be reached, school staff will take the child to A&E while school staff continue to contact parents.

Concussion

Concussion occurs when there has been a disturbance to the normal function of the brain without any structural damage occurring. Concussion can be caused by a direct blow to the head or if the head is shaken after the body has been struck. It is important to recognize that most people who develop concussion may not have been knocked unconscious.

Concussion can affect a child or young person's thinking, memory, mood, behaviour and level of consciousness. The majority of people who sustain concussion do not require any treatment as they normally get better by themselves but some people can have the symptoms of concussion for several days, weeks or occasionally they can last longer.

HEAD LICE

Head lice are a regular and irritating problem. Children should not be excluded if they have head lice but parents/carers should be notified. Parents should be responsible for their child's health and hygiene and should check regularly with detection combs. Head lice alerts occur through notification from parents and from teacher or learning assistant observation. Letters are sent home to the whole class/year group.

INFECTIOUS DISEASES

If the School has reason to believe that a child is suffering from a notifiable disease identified as such in the Health Protection (Notification) Regulations 2010, they inform the Local Authority Proper Offices. Notifiable diseases listed by the UK Health Security Agency are outlined on the document displayed in the School Office: Guidance on infection control in

schools and other childcare settings. Some, including skin diseases, demand an exclusion period. If staff are concerned about a child with a particular infection, they should consult the qualified first aiders or DHC staff.

SUN PROTECTION

In hot weather parents are encouraged to provide sunscreen for their children and apply it before children come to School. Extra sunscreen may be sent to School with the child's name on the bottle to allow for further applications of cream during the day. When deemed necessary, staff may apply sunscreen to children who cannot do so for themselves, where prior permission has been given by the parents.

Children will be encouraged to wear hats in sunny weather and play in shaded areas.

HYGIENE PROCEDURE FOR SPILLAGE OF BODY FLUIDS

In the School Office there is a supply of gloves, disposable wipes, antiseptic hand wash, absorbent granules, yellow bags for the disposal of infected waste, and a foot pedal bin.

Spills of body fluid including blood, urine, faeces, vomit, saliva, nasal and eye discharge must be cleared up immediately. Please inform the Cleaning Manager of any cleaning that is required.

Waste Disposal

Yellow clinical waste disposal bags are available for any materials contaminated with bodily fluids. These bags are collected regularly for incineration.

APPENDIX 1 - EARLY YEARS DAY BOOK PROCEDURES

First aid for all children other than those in EYFS will be administered in the School Office. All visits and treatments are recorded on iSAMS by trained staff. In EYFS, children are treated by EYFS staff who will make records of each treatment/incident on the EYFS software, Arc Pathways. Parents are informed verbally at pick-up and are required to digitally sign to confirm that they have been told about the injury.

All injuries and illnesses should be recorded and all sections filled in, including:

- Cuts, grazes, bumps and bruises
- Nose bleeds
- Temperature
- Head aches
- Vomiting

ADMINISTRATION OF ANY PRESCRIPTION / NON-PRESCRIPTION MEDICATION

Consent must be obtained in writing or via mail from parents detailing the child's name and the dose of medication and at what time it needs to be given. Medication should be in a clearly named container with dosage instructions in English. If for any reason medication is not given at the specified time, parents will be contacted to ensure that they are happy for a later dosage to be administered.

In addition, the following need to be recorded in the day book but further action will be needed:

Visible cuts, grazes and bumps to the face

- Record on ISAMS
- Contact parents straight away

Nosebleeds

- Record on ISAMS
- Email parents straight away

Dental Injury

- Record on ISAMS
- Speak to parents straight away
- Complete injury form on ISAMS

Administration of Salbutamol (Ventolin) inhaler

- Record on ISAMS
- Contact parents

Minor head injuries

- Record on ISAMS
- Give a bumped head sticker
- Give a head injury form to the child's teacher to go home
- Contact parents

Significant injury or trip to hospital

- Record on ISAMS
- Phone parents
 - If parents are uncontactable, try emergency contact number. If necessary, an appropriate staff member will accompany child to hospital taking the emergency consent form with them. This is stored in the School Office.
- Complete injury form on KACE.

If paracetamol is required, parents should be contacted before the dose is administered.

All first aid boxes in classrooms contain a sheet and pen. Whenever any first aid is administered off site, this should be recorded on the sheet and the sheet then handed to the School Administrator on return to school. The information will then be documented in the Day Book.

When going off site, it is the class teacher's responsibility to take asthma inhalers with them and record any treatment given on return to school.

It is the Class Teacher's responsibility to ensure that there are always sheets in the bag.

If a staff member is unsure of appropriate action to take, contact DHC (511) for advice.

APPENDIX 2 - DAY BOOK PROCEDURES FOR YEARS 1, 2 & 3

First aid for all children other than those in EYFS will be administered in the School Office. All visits and treatments are recorded on medical ISAMS by trained staff. In EYFS, children are treated by EYFS staff who will make records of each treatment/incident.

All injuries and illnesses are recorded and all sections filled in, including:

- Cuts, grazes, bumps and bruises
- Nose bleeds
- Temperature
- Head aches
- Vomiting

ADMINISTRATION OF ANY PRESCRIPTION / NON-PRESCRIPTION MEDICATION

Consent must be obtained in writing or via email from parents detailing the child's name, the dose of medication and at what time it needs to be given. Medication should be in a clearly named container with dosage instructions in English. If for any reason medication is not given at the specified time, parents will be contacted to ensure that they are happy for a later dosage to be administered.

In addition, the following need to be recorded in the day book but further action will be needed:

Visible cuts, grazes and bumps to the face

- Record on ISAMS
- Speak to parents straight away

Nosebleeds

- Record on ISAMS
- Email parents straight away

Dental Injury

- Record on ISAMS
- Speak to parents straight away
- Complete injury form on ISAMS

Administration of Ventolin inhaler

- Record on ISAMS
- Inform parents

Minor head injuries

- Record on ISAMS
- Give a bumped head sticker

- Give a head injury form to the child's teacher to go home
- Contact parents

Significant injury/trip to hospital

- Record on ISAMS
- Phone parents
 - If parents are uncontactable, try emergency contact number. If necessary, an appropriate staff member will accompany child to hospital taking the emergency consent form with them. This is stored in the School Office.
- Complete injury form on Kace

If paracetamol is needed, parents should be contacted before the dose is administered.

All first aid boxes in classrooms contain a sheet and pen. Whenever any first aid is administered off site, this should be recorded on the sheet and the sheet then handed to the School Administrator on return to school. The information will then be noted in the Day Book.

When going off site, it is the Class Teacher's responsibility to take inhalers with them and record any treatment given on return to school. The inhaler packs should be signed out of school and back in again upon return. This is checked by the Pre-Prep Administrator.

It is the Class Teacher's responsibility to ensure that there are always sheets in the bag.

If a staff member is unsure of appropriate action to take, contact DHC (511) for advice.

APPENDIX 3 - FIRST AID LOCATIONS

First aid kits can be found in the following locations:

- Each Classroom
- Pre-Prep Photocopying Room
- School Office
- Reception Staff Cupboard

AAls can be found in the School Office

Inhalers can be found in the School Office

APPENDIX 4 - NOTES ON THE CARE AND TREATMENT OF CHILDREN WITH ASTHMA

Asthma is an inflammatory condition where the bronchioles (airways) become swollen and irritable. The airways become narrow and this narrowing or obstruction of the airways causes difficulty in breathing. Asthma is one of the most common long-term medical conditions for children.

When a person with asthma comes into contact with something that irritates the airways (an asthma trigger), the muscle around the walls of the airways tighten, the airways become narrower and the lining of the airways become inflamed and start to swell. Sometimes sticky mucous or phlegm builds up which can also cause narrowing of the airways.

The most common triggers are viruses and allergens (for example dust and pollen). All of these reactions cause the airways to become narrower and irritated, this makes it more difficult to breathe and can lead to symptoms of asthma. The School positively welcomes all children with asthma and ensures they can fully participate in all aspects of school life.

Asthma symptoms

Common asthma symptoms include ([Asthma - NHS \(www.nhs.uk\)](http://www.nhs.uk))

- A tight chest
- Wheezing
- Coughing
- Feeling breathless
- Night time cough (especially in children)
- Attacks triggered by exercise, exposure to allergens and other triggers

Not everyone with asthma will get all of these symptoms. Some people experience them occasionally but there are a few people who will get them from time to time.

The affected person may be distressed and anxious, and in severe attacks their skin and lips may turn blue.

Common triggers

- Illness including coughs, common colds and chest infections
- Allergens
- Exercise
- Emotional factors
- Animals including cats and dogs
- Some food and drinks
- Weather conditions

The severity of asthma can vary from mild to severe and its occurrence can be episodic. This means that children can be well for long periods of time and then have severe relapses.

The major principle behind the policy is immediate access for all children to reliever medication. Therefore, all children in School should have access to a reliever medication. These are stored in the School Office.

Treating a severe asthma attack

- Sit the child or adult down in an upright position (some may find it helpful to lean forward) and try to reassure them.
- Loosen any tight clothing.
- Ensure a responsible adult stays with them.
- Get another adult to ask the office to bring the child's inhaler and care plan.
- Administer 2 (separate) puffs of their reliever inhaler (blue) via their spacer device. If this is not effective then up to 10 separate puffs of this inhaler can be administered.
- Call (9) 999 if there is no improvement in symptoms; continue to administer the reliever inhaler (1 puff per minute) until help arrives.
- Do not cuddle the child.

Broncho-dilators (relievers, blue inhalers)

- Everyone with asthma should have a reliever inhaler (broncho-dilator).
- Reliever inhalers are normally blue (known as Salbutamol, Ventolin, and Bricanyl).
- Relievers are medicines (inhalers) that are taken immediately (2 separate puffs when required) to relieve asthma symptoms. They quickly relax the smooth muscles surrounding the narrowed airways. The narrowed airways open wider which makes it easier to breathe again.
- In acute severe asthma high doses of a reliever can be given by a spacer (10 individual puffs) or in some instances a nebuliser machine (delivers salbutamol in solution).

How to use the inhaler and spacer

- Remove the cap from the end of the blue inhaler.
- Shake the blue inhaler.
- Place the inhaler in the end of the spacer device.
- Get the child to breathe out then place his/her mouth round the mouth piece.
- Press the end of the canister once.
- Ask the child to take a deep breath in and then out (slowly up to 5 times).
- Remove their mouth from the mouth piece, take a breath out then repeat the steps above one more time.

APPENDIX 5 - NOTES FOR THE TREATMENT AND CARE OF CHILDREN WITH ANAPHYLAXIS

Anaphylaxis is an extreme and severe allergic reaction. The whole body can be affected, often within minutes of exposure to the substance allergen which causes the allergic reaction

Common causes: foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, and Brazil nuts), sesame, fish, shellfish, dairy products and eggs. Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection. In some people: exercise can trigger a severe reaction - either on its own or in combination with other factors such as food or drugs.

Mild & Moderate Symptoms

- swollen lips, face eyes
- itchy/tingling mouth
- hives or itchy skin rash
- abdominal pain or vomiting
- sudden change in behaviour

Action for mild & moderate symptoms

- stay with the child, reassure, call for help if necessary
- give antihistamine or inhaler as prescribed on child's allergy plan
- contact parents, Head of Pre-Prep, inform DHC

Symptoms of a severe allergic reaction (life threatening allergic reaction)

- generalised flushing of the skin
- nettle rash (hives) anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure)
- collapse and unconsciousness
- persistent cough, hoarse voice
- swollen tongue
- persistent dizziness / pale or floppy / suddenly sleepy
- collapse, unconscious

Action and treatment for a severe reaction

- lie child flat
 - if breathing is difficult, allow to sit)
- give AAI (EpiPen/Jext, if in doubt, give EpiPen)

- dial (9)999 for an ambulance and say ANAPHYLAXIS

After giving the EpiPen:

- stay with child, place in recovery position
- contact the Head of Pre-Prep, parent/guardian and Head
- make a note of the time the injection is given
- commence CPR if there are no signs of life
- if no improvement after 5 minutes give a second AAI (EpiPen or alternative adrenaline auto injector device if available)
- ensure injury form filled in

In the event of anybody having an anaphylaxis the attending member of staff will:

- ensure that the event has been fully and correctly documented
- organise a de-briefing session for attending staff
- speak to parents
- ensure that the parent brings in any new AAI (EpiPens/medication/inhaler)

Adrenaline auto-injectors are prescribed for those believed to be at risk. Adrenaline (also known as epinephrine) acts quickly to constrict blood vessels, relax smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help to stop swelling around the face and lips.

EpiPen

The EpiPen has a spring-loaded concealed needle that delivers a single measured dose when the pen is jabbed against the muscle of the outer thigh.

Visit www.epipen.co.uk for more information, to watch a video demonstration

Each child will have individual emergency pouch in the School Office containing:

- The allergy action plan
- Adrenaline pen
- Inhaler/antihistamine medication (when appropriate).
- Yellow or white label on the corner of the Care Plan

All staff are informed of those children who may require an adrenaline pen, a list is displayed in selected areas of the school.

These pens are for emergency use, for the attending member of staff to administer when deemed necessary

2 yellow pens: 0.3mg (for individuals over 30 Kg)

2 white pens: 0.15mg (for individuals under 30 Kg)

Storage of EpiPens

- The EpiPen is light sensitive and must not be exposed to bright light.

- It should be stored in its box at room temperature and should not be stored in the fridge.
- It should be stored in a safe but accessible place
- Each EpiPen should be clearly labelled with the child's name and stored with the child's individual Care Plan. When going off site, the Epipen pack should be signed out of school and back in again upon return. This will be checked by the Pre-Prep Administrator.

Parents/guardians must:

- Inform the School and DHC of any allergy the child might have.
- Send any medical information regarding the allergy.
- Send any medical Care Plans outlining the care needed.
- Ensure Care Plans are regularly updated.
- Update the DHC nurses of any changes to allergies or care.
- Parents of day children will be responsible for supplying two AAIs/medications/inhalers (if needed) antihistamine tablets or suspension if required.
- When parents are requested to bring in more supplies this should be done as soon as possible.
- When a child leaves the School, it is the parent's responsibility to take the AAI home. The staff will remind parents by e-mail (a maximum of three times before the medication is disposed of).

APPENDIX 6 - NOTES FOR THE TREATMENT AND CARE OF CHILDREN WITH CONCUSSION

Always consider concussion when anyone receives a blow to the head and if concussion is suspected the child/adult should be assessed by a medical professional.

Signs and Symptoms of Concussion:

- Knocked unconscious
- Headache
- Dizziness
- Blurred vision, double vision, flashing lights
- Nausea
- Vomiting
- Feeling dazed/disorientated
- Confusion
- Slurred speech
- Generally feeling unwell
- Ringing in the ears
- Sleepiness
- Poor co-ordination of balance
- Sensitivity to light/noise
- Inappropriate emotions (laughing, crying, angry)
- Fatigue

Danger signs:

- Loss of consciousness
- Unresponsive
- Clear fluid coming out of both ears
- Convulsions
- Increasing drowsiness
- Worsening of headaches
- Clutching head
- Prolonged nausea
- Vomiting
- Worsening of slurred speech
- Deafness in one or both ears
- Severe neck pain

Management

- Remember basic first aid
- Assess where the injury occurs
- If a child falls to the ground then assess for any injuries

- Check for any loss of consciousness and give this information to the medical person in attendance.
- If the child is conscious and has no neck injuries, move to a safe place
- Sit the child down, be calm and look for obvious signs of injuries
- Apply ice to the affected area
- Observe and monitor for any further signs of concussion
- Reassure the child
- Do not leave alone

If there are any concerns, the child should be assessed by a health care professional as soon as possible

If the child is unconscious then do not move because their neck may have been damaged due to head injury. Follow the head injury policy and call an ambulance.

CHILDREN GOING HOME WITH PARENTS

- If child goes home with a parent give a head injury instruction sheet.
- Advise to keep off school for at least 24 hours and to seek medical help if they have any concerns.
- Children should be symptom free before returning to school (parents can seek advice from their own doctor).
- Parents should update the Dragon Health Centre (Prep site) with any relevant information.
- If concussion has been diagnosed the child should remain off games for at least 3 weeks.

On return to school

Children should be symptom free before they return to School and parents should advise School staff of any relevant information from health professionals.

APPENDIX 7 - NOTES FOR THE CARE OF CHILDREN WITH A DENTAL INJURY

Dragon School has insurance cover for dental injuries that involve permanent damage to adult teeth. If a child sustains a significant injury to an adult tooth, that indicates permanent damage, the Chief Operating Officer must be informed of all details as soon as possible.

A full injury report must be completed by the member of staff supervising the child at the time the injury occurred and copied to the Chief Operating Officer. Any conversations with the parents or dental professionals must be documented with all details discussed included.

If parents wish to query the type of insurance the school is covered by, they should contact the Chief Operating Officer directly.

BROKEN, CHIPPED OR KNOCKED OUT TOOTH, AFTER A BLOW TO THE FACE

- If the tooth is chipped, you should make a non-emergency dental appointment to have it checked by a dentist.
- If the tooth has been knocked out, or is badly broken, the child will need to see a dentist immediately.

Action to be taken with knocked-out tooth that you still have

The earlier a knocked-out tooth is re-implanted, the more likely it is to embed itself back into the gum.

- Handle the tooth by the white part at the top (the crown) and avoid touching the root.
- Do not scrape or brush the tooth.
- If the tooth is dirty, rinse it with milk or a saline (salt water) solution and try to put the tooth back into its socket in the mouth as soon as possible. Do not rinse the tooth with water or alcohol.
- If you cannot re-implant the tooth, the tooth should be held in between the cheek and gum until a dentist is seen, alternatively store the tooth in a clean container and cover it with milk or a small amount of the child's saliva.

The child should ideally be seen by a dentist within one hour of tooth being knocked out. The above advice only applies to adult teeth – children's milk teeth should not be re-implanted as an adult tooth will soon grow in its place. If it has already been re-implanted, the dentist will check that the tooth is in place correctly. The tooth will then be splinted to the teeth next to it to hold it in place while it heals.

Complete an injury report on KACE.

APPENDIX 8 - NOTES ON INTIMATE CARE OF CHILDREN AT THE PRE-PREP

Intimate care is any care which involves washing or touching a child's intimate personal areas. This will most often involve cleaning a child after they have soiled or injured themselves.

Dragon School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children.

The School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and their dignity will always be preserved with a high level of privacy, choice and control. The safeguarding of both staff and children should be considered during intimate care and any concerns reported to the appropriate member of the safeguarding team.

INTIMATE CARE AT THE PRE-PREP

- Intimate care will most likely be reactive after the child has soiled/injured themselves.
- The child will be always be cared for by a familiar member of staff.
- Any actions will be explained fully before being carried out. This will be done in terminology that the child understands.
- The child's consent will be gained before intimate care is given.
- The child's privacy will be respected and maintained.
- The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities.

APPENDIX 9 - NOTES ON THE USE AND STORAGE OF CONTROLLED DRUGS

Some children are prescribed controlled drugs by medical specialists. The common ones used include Ritalin, Equasym and Concerta XL. The following guidelines must be adhered to when storing and recording the drugs.

Systems in place to ensure the safe administering and management of controlled drugs:

- Evidence should be provided by the doctor who has prescribed the medication.
- All relevant information should be sent to the School to be filed.
- Ensure all documentation sent to the School is in English.
- There is good communication between the school doctors and attending specialist/parents.
- All children on controlled drugs have a care plan specific to their needs.

STORAGE

- All controlled drugs will be identified to staff when prescribed to a child at the Pre-Prep.
- All controlled drugs will be locked in a separate lockable box inside the Pre-Prep locked medical cupboard.
- All controlled drugs will be stored in their original container with the name of the drug and dose and the name of the child on the box/bottle.

RECORDING

- All controlled drugs will be recorded in a child's own drug record book as well as being recorded on ISAMS when administered.
- All staff administering the medication must give sample signatures recorded at the front or back of the book.
- The following details must always be recorded in black ink each time the drug is administered:
 - Name of child
 - Date and time of administration
 - Medication and dose
 - Quantity left in container after administering dose
 - Signature of 1st staff member
 - Signature of 2nd staff member

Any errors must be crossed out with a straight line and the signature of the person who made the error written beside it. Never use a commercial mistake corrector.