

This procedure applies to all pupils in the school, including those in the EYFS.

Emergency First Aid care is available as needed in school at all times for pupils, teachers, support staff and visitors on site.

First Aid

First Aid will be carried out by those in school who hold a current Paediatric First Aid Certificate.

The school will have at least one appropriately trained first aider on each site where children are present. A paediatric first aider will always be where children are present under our care.

First Aid boxes are held in the School Office, Sunrise Classroom, Turquoise room, the School Minibuses and at the Sports Pavilion at the Games Field. The school First Aid boxes are checked and re-stocked regularly by the school secretary.

Accident and treatment records are kept on the MIS system for all injuries (as of April 2022) These are completed by the member(s) of staff who witnessed/treated the injury, and copies are shared with parents and form tutors via Engage. The Head/Deputy Head and/or Head of Lower School are also informed of serious injuries. Where the Head or delegated persons deem it necessary, parents are contacted by phone about an injury to their child. If the injury is of a serious nature, parents are informed immediately, if it is minor, they are notified on collection.

Sick and injured

Pupils or staff will initially be treated by a First Aider and then referred to the nearest open minor Injuries Unit or Torbay Hospital if appropriate. Note individual child's protocols for serious health/medical conditions as necessary. These are kept on Engage, and in the child's individual file. Any medical/health issues are noted in the child's profile in Engage.

We are mindful of our obligations under RIDDOR (Reporting injuries, Diseases and dangerous Occurrences Regulations, 1995) under which we are required to report to the Health and Safety Executive, tel: 0300 003 1747

Emergency Procedures

If a major accident or incident occurs in school that requires medical assistance, a First Aider will be asked to attend. The Tutor in charge of the lesson/activity remains in charge of the casualty until someone arrives. The casualty will be assessed, first aid administered as appropriate and, if necessary, an ambulance requested or a member of staff, usually the

Head, will transport them to the nearest open minor Injuries Unit or Torbay Hospital if appropriate. Parents/guardians will be informed at once and, if possible, asked to meet them at the hospital.

Medicines in School

All medicines are kept in the First Aid cupboard in the School Office including staff's own personal medication and are not routinely given to pupils. If a pupil requires medicine during the school day, the parent must sign a form via Engage giving the details of the dosage, timing etc. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist. The medicine will be kept either in the First Aid cupboard or in the fridge, as appropriate. There is a list of children with protocols and other medical conditions/allergies which is kept in Engage; medication labelled with the name is kept in the First Aid cupboard or the fridge, and also in the school minibus if necessary. Pupils should not carry medication with them in school.

Asthma Inhalers

These are to be kept either in the First Aid cupboard or in the pupil's school bag as necessary. Other specific requirements are detailed later.

Bodily Fluids

If bodily fluids are spilled, they are dealt with in the appropriate hygienic way with the use of disposable aprons and gloves and the area is disinfected.

First Aiders

Paediatric First Aiders: (training September 2021)

Alexandra Cottell

Alison Duncan

James Lowden

Mitchel Bellham

Hannah Charley

Matthew Amery

Serena Bedford (EYFS)

Rachel Davies (EYFS)

Lucy Jones (EYFS)

Simon Brewer

Anna Cleave

MEDICAL GUIDELINES FOR NON MEDICAL STAFF

Minor Injury and Minor Illness

All children have medical records in their engage profile. Staff should refer to these in the first instance if the child is unwell.

- Most childhood injuries and illnesses are self-limiting and relatively harmless.
- In all cases the duty staff member should decide if the child needs to be seen by the appointed First Aider to assess the injury or illness and they will decide on any further action or treatment.
- If further advice is needed the parent should be contacted. If they are unavailable, consult members of the Senior Management Team who will ring the doctor's surgery where the child is registered.

Major Injury or Illness

- These are rare but children are at more risk, especially of serious injury.
- In the event of more serious illness or injury urgent action may be needed.
- For advice on Diabetic, Haemophilia and Asthmatic emergencies – see separate guidelines.
- If treatment is needed immediately for example an unconscious child then:
 - Dial 999 for an ambulance.
 - Give first aid if confident and able to do so.

The first priority is to call for urgent paramedic help as the child may require hospital treatment.

The **protocols** for those children who have potential life-threatening conditions are in (i) on engage, (2) the office file, (3) the minibuss (for games lessons and school trips).

Infectious Diseases

Listed below are extracts from the Health Protection Agency (HPA) website, giving information on what to do in the case that a child is suffering from an infectious illness. The School follows the guidelines laid down by the HPA in these matters. Included below are only the most common childhood ailments; however their website has comprehensive advice on further illnesses should it be required.

Illness	Recommended period to be kept away from school.
Diarrhoea and vomiting	48 hrs from last episode of diarrhoea and vomiting
Chicken pox	5 days from onset of rash
Impetigo	Until lesions are crusted or healed
Measles	5 days from onset of rash
Warts and verrucae	none
Head Lice	none
Tonsillitis	None
COVID	Follow current government guidelines

Listed below are some of the most common medical conditions a child may have an Individual Healthcare Plan for school. Here you will find a brief explanation of each condition and some of the most common symptoms displayed. As each person may display a different set of symptoms and therefore require a different approach in treating the condition, the details of how to treat these conditions will be clearly described in each individual's personalised Healthcare plan, available to all staff on Engage.

Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. Blood sugar is controlled by a hormone called Insulin which is produced by the Pancreas.

When food is digested and enters your bloodstream, insulin moves glucose out of the blood and into cells where it is broken down to produce energy. If you have diabetes, your body is unable to break down the glucose into energy because there is either not enough insulin to move the glucose or the insulin does not work properly. There are two main types of diabetes, Type 1 – where the body's immune system attacks and destroys the cells that produce insulin and Type 2 – where the body does not produce enough insulin or the body's cells do not react to insulin. Type 2 diabetes can be managed through a healthy diet and exercise. Type 1 diabetes must be externally controlled by regularly injecting insulin.

Symptoms a person with diabetes may show include, feeling very thirsty, urinating more than usual, feeling very tired, weight loss and blurred vision.

Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. The most common allergens causing anaphylactic reactions are, foods including nuts, fish, eggs and milk, medicines including non-steroidal anti-inflammatory drugs (NSAIDS) and antibiotics and insect stings such as bee and wasp stings. In some cases, there is no obvious trigger, and this is known as idiopathic anaphylaxis.

Symptoms of anaphylaxis include, breathing difficulties, wheezing, itching, hives (itchy red rash), vomiting, swelling of mouth/lips, clammy skin, and collapsing/losing consciousness.

Epilepsy

Epilepsy is a condition that affects the brain and causes frequent seizures. Seizures are bursts of electrical activity in the brain that temporarily affects how it works. Seizures can affect people in many ways depending on which area of the brain is involved.

Symptoms possibly displayed include uncontrollable jerking and shaking "fitting", losing awareness, and staring straight into space, becoming stiff, collapsing, strange sensations such as unusual tastes/smells or a tingling in your arms and/or legs.

Supraventricular Tachycardia (SVT)

SVT happens when the electrical system that controls your heart rhythm is not working properly, which causes your heart to suddenly beat much faster. A normal resting heartrate is between 60 and 100 beats per minute (BPM), but with SVT your heartrate suddenly goes above 100bpm. This can happen when you are exercising or when you are resting. This often lasts just a few minutes, but it can last for several hours. It can also happen just once a year, or up to several times a day. SVT can be triggered by tiredness, caffeine, alcohol, or drugs. Often there is no trigger. Other less common symptoms can include, chest pain and feeling breathless, tired, or sick.

Hypermobility

Hypermobility means your joints are more flexible than other peoples. A lot of the times this is no problem for people, however it can cause significant pain to some.

Symptoms may include, frequent sprains or strains, frequent dislocation of joints, poor balance and/or co-ordination and sometimes digestive problems such as diarrhoea or constipation.