

13a Truro School Prep First Aid Policy

A copy of this policy is published in the following areas:

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On the website.

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A. Introduction

Truro School Prep accepts the responsibility to ensure adequate provision of first aid to both employees and pupils alike. It also recognises that beyond the immediate response to injury or illness, there is an important pastoral element to the provision of first aid, to both pupils and staff, and that high quality provision forms an integral part of making this a happy school. First aid is therefore undertaken in recognition of the need for privacy and by a well-qualified professional.

B. First aid qualified staff

- **The Medical Care Lead is Mrs Katrina Cameron-Luzmoor**, who holds various first aid qualifications. She reports to the Assistant Head (Pastoral).
- **All teaching staff and teaching assistants** are given regular first aid training. There are qualified paediatric first aiders within the Pre-Prep and Prep School. It is the school's policy that there should always be at least one qualified paediatric first aider on each school site.
- **The caretakers** are trained to the 3-day standard, to ensure coverage for OPS staff outside of normal school hours.

C. Related responsibilities of the Medical Care Lead (or in their absence, the staff member who attends)

The Medical Care Room is located on the first floor of Treliske House and this is where the Medical Care Lead is based.

The main responsibility of the Medical Care Lead is to look after the first aid needs of the pupils and staff in the school and to provide comfort and support.

KEY FIRST AID/MEDICAL/DIETARY FUNCTIONS

To:

- adhere to the school's Health and First Aid Policy and assist in the revision of this policy at the appropriate time;
- manage the first aid needs of Prep School pupils (age 7 to 11) and to assist with more serious incidents in the Pre-Prep (age 3 to 7);
- maintain and undertake regular audits of the first aid resources around the school and to take responsibility for ordering new resources as and when required;
- resource first aid kits for sports matches and school trips;
- administer and store pupils' medication as and when required, and according to written instruction of the parent/carer;
- accompany pupils to hospital when necessary and to consult with parents/carers appropriately;
- maintain and update pupil medical records and to disseminate appropriate information to the staff when necessary;
- liaise with relevant NHS contacts regarding vaccinations;
- undertake, organise and deliver relevant medical training and disseminate information as is necessary;
- communicate with Teaching and OPS staff regarding children's medical needs;
- collate consent forms for trips and produce booklets;
- keep up-to-date the Dietary Information Sheet, noting Purple Club members therein;
- keep up-to-date the Traffic Light Form alerting staff members to medical/dietary needs;
- input and update medical information on SIMS.

D. Related responsibilities of the Head

To:

- monitor all accident reports and forward paperwork to the Medical Care Lead who maintains the Accident Record File;
- initiate investigation where the cause of injury is as a consequence of inappropriate behaviour;
- undertake risk assessments where the cause of injury has health and safety implications;
- based on the information on the accident report, consult with the Health and Safety Officer in relation to any serious injuries to pupil/staff and decide if the incident should be reported under RIDDOR. Any RIDDOR reportable incidents also form part of the agenda for the termly Health and Safety meeting;
- recognise patterns in incidents and initiate appropriate action to minimise the risks;
- ensure that first aid procedures are understood and adhered to by all staff and that appropriate training is provided as required.

E. Injury & Illness during normal school hours

- **Location of treatment:**
First aid that cannot be conducted in situ, is carried out in the Medical Care Room which is located on the first floor of Treliske House and this is where the Medical Care Lead is based. In the Pre-Prep, first aid is conducted in a suitably quiet area, usually the staff room, the library area, or the classroom, depending on the injury and time of day.
- **First aid coverage for sports at school:**
The teacher should take one of the red first aid kits (kept in the equipment store cupboard in the Sports Hall) out to the field for any games or sports for use in the event of an injury. First

aid should be administered and, if deemed necessary, the Medical Care Lead should be called.

- **Minor injury:**

Prep: at the discretion of staff and if circumstances allow, any first aid trained member of staff can treat the pupil in situ. Otherwise, pupils/staff should be sent to the Medical Care Room.

Pre-Prep: any first aid trained member of staff can treat the pupil. If they have any concerns, a Pre-Prep paediatric first aider should be called, who will decide if they can treat the person themselves, or if they need to be taken (by an adult) to see the Medical Care Lead (or if the Medical Care Lead should be called over to Pre-Prep).

- **Any form of injury to the face and head:**

- Prep: staff must send Prep pupils to the Medical Care Room for the attention of the Medical Care Lead (or ask the Medical Care Lead to attend). If the Medical Care Lead is unavailable, the pupil must be seen by a paediatric first aider, who should contact the Deputy Head if they have any concerns.

- Pre-Prep: staff must send for a Pre-Prep paediatric first aider. If the paediatric first aider has any concerns, they must then send for the Medical Care Lead, who will then assess the injury. If the Medical Care Lead is unavailable, the Deputy Head must be called.

- **More serious injury, particularly to the neck, back, head or leg:** the pupil/staff must not be moved and should be made as comfortable as possible, whilst maintaining manual in-line stabilisation of the head, neck and spine. The Medical Care Lead must be called to assess the situation. The decision to summon an ambulance will be made by the Medical Care Lead and the Head (if the Head is absent, the Deputy Head will be called). This phone call will be made from the Reception Office, unless the severity of the injuries is such that any delay could be life threatening, and the parents/carers/next of kin of the injured pupil/staff informed.

- **Minor illness:**

If the child is a little unwell at home with a normal temperature and the parent/carer has made the decision to send the child to school, the child should be encouraged to persevere and remain in class. If a staff member feels the child has deteriorated or is too unwell to concentrate, they should have their temperature checked. Any child with a high temperature of 38 degrees celsius or more will need to be collected from school. It is recommended that it is the responsibility of the parent/carer to administer medication if they wish. Antipyretic medications such as paracetamol and Ibuprofen are not always recommended as treatment for high temperatures, but can be used to treat distress or relieve pain caused by a high temperature. Each child should be assessed individually and increased level of concern should be applied to children with a history of febrile convulsions. Do not administer Ibuprofen to children with Chickenpox or to children who have asthma.

Vomiting/Diarrhoea:

It is the school's policy where diarrhoea and vomiting have occurred that the pupil is sent home as soon as possible. Whilst awaiting collection, the child should be looked after by:

- Prep: the Medical Care Lead in the Medical Care Room. If the Medical Care Lead is unavailable, the child must be looked after by another member of staff in the Medical Care Room. If nobody is available, the child must await collection in the Reception Office.

- Pre-Prep: a teaching assistant, or the class teacher if available.

Children and staff must not return to school until **48 hours** after the last bout of diarrhoea or vomiting. Should a child or member of staff return before the 48-hour period, they will be asked to return home. According to NHS guidance, any pupil or member of staff should not swim in a shared pool for two weeks after the last bout of diarrhoea or vomiting.

- **Hygiene/Infection Control:** where there is a spillage of bodily fluids (e.g. blood, vomit, urine or stools) staff should in the first instance keep pupils well away. A member of the school's Domestic Cleaning team with appropriate protective clothing should then be called to clear up and, only if the cause is not known, inform the Medical Care Lead and the Head.
- An ambulance should be called for any injury or illness which lies beyond the scope of the Medical Care Lead or other paediatric first aider present. **If in doubt, staff should err on the side of caution and call an ambulance.**

F. Procedures for recording & notifying

- Any visitor with illness or injury attending the Medical Care Room will be recorded in the 'First Aid Room Visitor Record' folder. Same procedure for the Reception Office; EYFS; Pre-Prep who all have separate folders.
- School Accident Books (duplicate version) are kept:
Medical Care Room; EYFS; Pre-Prep staff room; swimming pool.
Any injury of note should be recorded in the duplicate School Accident Book, ideally by the member of staff who witnessed the incident.
The white copy must always go to the Head on the same day, who will then forward all forms to the Medical Care Lead for filing in the accident folder. The blue duplicate copy stays in the book.
- Parents/carers should be informed of any injury of note. This will be done by the Medical Care Lead in Prep or the attending first aider/allocated member of staff in the other areas.
- Any form of injury to the **head, face or neck** will require the staff member to also complete a **Head Injury Form**. The original copy should go to the parents/carers the same day as it contains important after-care advice. A photocopy of the Head Injury Form should be stapled to the back of the Accident Form for the Head's attention. Any head injury must be reported to the child's parent/carer by **phone**.
- Other injuries: in Pre-Prep these are reported at the end of the day, verbally and by note. In Prep these are reported by the Medical Care Lead via email or phone.
- Parents/carers or next of kin are contacted by phone if the injury needs further monitoring or treatment.
- Where hospitalisation is required, the Medical Care Lead and one other member of staff will accompany the casualty to hospital. Reception Office will consult with the parents/carers/next of kin and the first aider will wait for the arrival of the parent/carer or next of kin before returning to school.

G. First aid coverage for school trips/fixtures

- Medical Care Lead to write and keep up to date a Traffic Light Form for each year group, noting any medical/dietary needs. The Medical Care Lead will display up-to-date hard copies on the medical board in both Staff Rooms and will also upload a link to the staff shared area and Daily Bulletin. The trip leader is responsible for checking the information in the Traffic Light Form and preparing for the trip accordingly.
- All school trips must take a first aid kit which can be obtained from the Medical Care Room or Pre-Prep Staff Room.
- On school trips, the lead member of staff must complete a 'School Trip Check List' and then hand this into the Reception Office before departure. This is to ensure that all necessary medication and other required items are taken on the trip.
- Any child that requires travel sickness pills must bring them to the Medical Care Lead (Prep) or Trip Leader (Pre-Prep). These must be clearly labelled and in the original box with their name, class, dosage and what time to be given. A 'Parental Consent for Administration of Medication' form must be filled in by parent/carer.
- All Early Years' school trips will have a qualified paediatric first aider.

H. First aid coverage during out-of-school hours

- From 7:45am to 9:00am and 4:30pm to 6:00pm staff will be responsible for any first aid required by pupils in their care (normally the club leader). The Head, Deputy Head, EYFS Coordinator or KS1 Coordinator (or Caretaker by default, if no one else is available) should be informed of the incident. Notification and recording procedures must be followed, as per Item F of this policy.
- In the Pre-Prep, the after-school care club will have a qualified paediatric first aider.
- A qualified first aider will always be in attendance at after-school/weekend trips/fixtures.

I. Provision of intimate care

Intimate care includes any procedure which involves the examination, washing, touching or treatment of any area of a pupil's body that would normally remain covered and private.

Pupils in the Prep and Pre-Prep are encouraged to develop a high level of self-care and independence. Staff will encourage pupils to attend to their own personal needs wherever this is possible and safe to do so, by providing guidance.

- In the event that intimate care is required, privacy for the pupil will be provided, usually in the Medical Care Room, both by the use of screens and the closing of the door, or for Pre-Prep pupils and EYFS in the changing facilities of the Nursery, where other pupils have been removed.
- Where regular assistance with intimate care is required (e.g. for the application of creams), this will only be undertaken on the instruction of parents/carers and in line with their instructions, and will only be undertaken by staff who are appropriately qualified and with due regard to the pupil's privacy and dignity.
- In the event of a toileting accident, a pupil will be given support that recognises their need for privacy and dignity. If needed, support will be given by no more than one member of staff (*usually for the younger pupils in the EYFS*), but where possible pupils will be encouraged and supported to change themselves.
- Intimate care will most normally be provided by a member of the Pre-Prep team or the Medical Care Lead and usually, to maintain privacy, on a one-to-one basis. The member of staff will ensure that a second member of staff is aware of where they are and what they are doing, but will not normally ask that member of staff to attend, in order to maintain the pupil's privacy and dignity.
- Where there is a need for an older pupil (Year 3 and above) to be examined by the Medical Care Lead following an accident, a second member of staff of the appropriate gender may be asked to attend, but only with the permission of the pupil and if at all possible, the pupil's parent/carer. If in any doubt, any such examination will be left to the parent/carer or the emergency services unless the urgency to provide first aid overrides all other considerations.
- In the event of intimate care being given, parent/carer will be informed.

These procedures also apply to all wrap-round care provided by the school, such as Breakfast Club and Supper Club.

J. Medication

- There are occasions when pupils may need to bring medication into school when recovering from an illness. Therefore, all parents/carers are asked to complete a 'Parental Consent for Administration of Medication' form containing their child's medical details. These details will be obtained before the pupil joins/returns to the school. The only medication that should be brought into school is that which is prescribed or on written advice of the pupil's parent/carer. Any medication must be handed into class teachers within the Pre-Prep and the Medical Care Lead in the Prep School with the parental consent form/letter outlining the nature of the illness and the time of the dosage plus any relevant information. We cannot accept responsibility for any medication unless written permission is given, with full details including both the date and duration and we must be informed of the time of last dose. This information is then recorded on the whiteboard in the Pre-Prep staff room or in the Medical Care Room in Treliske House.
- All medicines are stored in accordance with product instructions and in the original container in which they were dispensed. Advice from the parent/carer (i.e. medical care plan or permission form) should be stored with it. Medication that requires refrigeration must be locked in one of the medicine fridges (located in the Medical Care Room and Pre-Prep Staff Room).

- Staff are responsible for their own medication, but those that require refrigeration may be locked in one of the medicine fridges (located in the Medical Care Room and Pre-Prep Staff Room).
- **AD HOC NON-PRESCRIBED MEDICATION:** Truro School Prep keeps a small supply of children's paracetamol (e.g. Calpol), ibuprofen and antihistamine. This can only be administered if permission is granted from the child's parent/carer. This permission can be given either in writing or verbally but must be obtained on each occasion. The medication must be administered by a member of staff who is qualified to do so, provided they have confirmation from the parent/carer and the Medical Care Lead or Reception Office. The member of staff administering the medication must write details immediately on the whiteboard in the Medical Care Room (child's name, type of medicine, amount and time) or in the Pre-Prep Staff Room.

K. Adrenaline Auto-Injectors (e.g. EpiPen/Jext)

An auto-injector (AAI) is used to give an emergency dose of **adrenalin** in the event of anaphylactic shock. This is a severe allergic reaction to a stimulus (e.g. foods, insect stings and synthetic materials etc) and may be characterised by problems with airway, difficulty breathing, poor circulation, sudden swelling, rash, disorientation, panic or even loss of consciousness.

- Pupils with allergies are identified in the school's medical records (as per the information given by parents/carers on the 'Medical & Dietary Questionnaire'). It is the responsibility of parents/carers to inform the school if their child has been prescribed with an adrenaline auto-injector and to supply the correct number of AAIs to be kept at school at all times:
Nursery & Pre-Prep: 3 x AAIs required (2 in Willday House and 1 in Treliske House);
Preps 3-6: 2 x AAIs required (Treliske House).

Important note: the supplied AAIs are *in addition* to the correct number of AAIs that the parent/carer must keep with the child when not on the school premises.

- The Medical Care Lead will make contact with the child's parent/carer prior to starting at Truro School Prep, to discuss finer details of the allergy, medication and treatment required.
- All AAIs are checked regularly by the Medical Care Lead to ensure they are in-date and undamaged.
- Parent/carer to supply a copy of any Allergy Action Plan to the Medical Care Lead.
- It is the responsibility of the parents/carers to supply antihistamine liquid if required as part of their Allergy Action Plan.
- Staff who have AAIs are encouraged to inform the Medical Care Lead and give clear direction on where this is kept e.g. handbag, coat pocket.

The school has taken the following steps to ensure that those who have been prescribed AAIs can be given quick and prompt treatment in the event of **anaphylactic shock** in school or on school trips:

- All individually prescribed AAIs for pupils **are kept at the back of the Reception Office** in named boxes in an unlocked cupboard with clear AAI signage.
On trips, the trip leader will carry the pupil's AAIs and a copy of their IHP in a named travel pouch. A trip checklist prompts the trip leader to do this.
- The school keeps three pouches of spare EpiPens for emergency use, each pouch containing one 0.15mg and one 0.30mg EpiPen (in the Medical Care Room; the Reception Office and the Pre-Prep Staff Room). The Medical Care Lead ensures that all protocol for keeping, storing and disposing of a spare AAI is followed.
- Several members of staff (*see Appendix 1*) have been trained to use AAIs and if available should be asked to administer them – time is of the essence, and if no trained member of staff is available immediately, the school authorises any member of staff to use the adrenaline auto-injector, following the instructions noted on the AAI and under the instruction of the emergency services.
- The emergency services must be informed, preferably prior to administration; in all cases of use, the recipient will be admitted to hospital by ambulance.

- The AAI/s must be made safe and retained, timings noted and all given to the paramedics.
- Parents/carers must be informed at the earliest opportunity.

In the event of a member of staff or **a pupil who has not got an adrenaline auto-injector going into anaphylactic shock**, the member of staff attending should, on contacting the emergency services, inform them that the school has spare AAIs, and ask whether one of these should be administered. Staff must be prepared to inform the operator of the dosage and expiry date noted on the AAI and must only administer under the instruction of the emergency services' operator.

L. Inhalers

Parents/carers whose children are prescribed inhalers must supply the Medical Care Lead with a copy of their personal Asthma Action Plan, informing the school of their required procedure (e.g. dosage and timing).

In addition to the main inhaler/spacer which the child should keep in their school bag (Pre-Prep) or blazer/PE bag (Prep), parents/carers must also provide the school with a second inhaler (and spacer if applicable). These spare inhalers will be on hand for the child, should they forget to bring in their main inhaler; also, this second inhaler will be taken by the lead member of staff if the child is going off site for a trip or fixture. These second inhalers will be clearly labelled and stored either in the medicine cabinet in the Nursery washroom, on the shelf above the medicine cabinet in the Pre-Prep Staff Room, or for Years 3-6 in the inhaler cabinet in the Medical Care Room. All inhalers and spacers must clearly state the pupil's name.

USE OF INHALERS ON TRIPS:

1. Pupils on a trip who are prescribed an inhaler (as according to the medical information given to the school by parents/carers) will be listed on the trip's Risk Assessment. The trip leader will ensure the pupil's spare inhaler from the cabinet in the Medical Care Room or from the Pre-Prep Staff Room is taken on the trip. In all circumstances, pupils should be encouraged to take and use their own inhaler.
2. If in any doubt that use of the inhaler is appropriate, the member of staff should contact the parents/carers, whose contact numbers can be found on the consent forms that accompany the trip.
3. Following initial treatment as per the child's Asthma Action Plan/IHP, if the child has not improved at 5 minutes, an ambulance must be called and parent/carer contacted..

PROTOCOL FOR THE USE OF SCHOOL'S OWN EMERGENCY INHALERS

The school holds spare asthma inhalers (blue: salbutamol) to be used only in emergency situations and where a child does not have access to their own inhaler. These school inhalers are located:

- Medical Care Room: inhaler cabinet;
- Nursery: first aid cabinet;
- Pre-Prep: Staff Room on shelf above first aid cabinet;
- Swimming pool: first aid drawer;
- PE department: large red first aid kit bags.

The school's emergency inhalers may only be used according to the following protocols:

1. Only children who have been prescribed an inhaler and who would normally have their own inhaler with them may make use of the school's emergency inhaler, unless instructed otherwise by 999.
2. Parent/carer must have completed a 'Consent for Administration of School's Emergency Inhaler' form.
3. A pupil should only use a school inhaler when they do not have ready access to their own.
4. Use of the school inhaler should be supervised by a member of staff and once used should be returned to the staff member for safe keeping.

5. The staff member should then inform the Medical Care Lead or Pre-Prep paediatric first aider of the timings/dosage given at the earliest opportunity and that the inhaler has been used, so they can then check that the pupil is responding appropriately and also ensure that the inhaler has not been exhausted. A written record of when and who has used the school inhaler must be kept so that we can monitor their use.
6. Following use of the mouthpiece, the *school inhaler* should be cleaned with an antiseptic wipe and then returned to its usual location.
7. All school staff will be briefed about these protocols by the Medical Care Lead annually.

M. Epilepsy

When a child with epilepsy is due to start school, a meeting will be arranged for the family with the Head and/or Deputy Head and Medical Care Lead to establish how the epilepsy may affect their school life and activities. They will also discuss the course of action if emergency treatment or medication is required. Following the meeting, an IHP will be drawn up by the Medical Care Lead identifying first aid measures or medications of which staff need to be aware. This school IHP will be reviewed by the parent/carer before being distributed.

In any emergency situation another pupil should be sent to fetch the Medical Care Lead or PSLT member, or if in doubt call 999.

All staff involved with the pupil will be made aware of the IHP and should be sufficiently aware of the following procedure of first aid:

- Stay calm;
- If the child is convulsing, lie them down on the floor and put something soft under their head;
- Protect the child from injury e.g. clear the area around them;
- Never try to put anything in their mouth or between their teeth;
- Time how long the seizure lasts if possible;
- If it lasts longer than usual for that pupil or continues for more than five minutes, then call 999 and, if any rescue medication has been provided by their parent/carer, then the child should be given their recommended dose, only by a member of staff who is fully trained in the administration of rescue medication. If applicable, this will be noted in the child's ICP and on the Traffic Light Form; their rescue medication will be clearly labelled and locked in the medicine cabinet in the Medical Care Room on the top floor of Treliske House. Protocol for the management of a controlled drug in school must be followed.
- If it is the child's first seizure call 999;
- When the child finishes their seizure, stay with them and reassure them. If they are unconscious, place in the recovery position;
- Do not give food or drink until they have fully recovered from the seizure;
- Maintain the dignity and privacy of the child as far as is possible;
- Note any possible triggers, if applicable.

If other pupils are around, endeavour to remove them from the situation but be prepared to discuss it with them after the event in such a way that promotes a positive and understanding attitude.

The Medical Care Lead or other staff member involved will consult with the family to explain the event and endeavour to work with the family for the best outcome.

Parents/carers would be expected to supply any information about medication changes, treatment or support required.

N. Diabetes

- Pupils diagnosed with diabetes are supported by the Medical Care Lead who will assist with the supervision of blood tests and management of their condition based upon advice and information provided by the parents/carers and medical professionals. In the absence of the first aider, the child's Form Teacher will be the next responsible adult.
- An IHP will be written by the Medical Care Lead, following consultation with parents/carers and the child's nurse, and will be approved by them before distribution.
- Medical Care Lead has undertaken Type 1 Diabetes basic online training (training programme as recommended by the pupil's nurse).
- Depending on the age of the pupil, parents/carers will decide with the Head if the pupil can carry their medication in their school bag throughout the school day. Should this not be deemed appropriate, then the medication will be kept in the locked medicine cabinet in the Medical Care Room.
- Attention not to be drawn to the pupil's condition. Pupil to be provided with a discreet location to take readings/administer medication (usually the Medical Care Room).
- Staff members who are diagnosed with diabetes and use a mobile phone for monitoring their condition *must* ensure the Medical Care Lead and/or a member of PSLT are informed. Their mobile phone must not be used in front of a child, as per the school's Mobile Phone Policy

O. Other illnesses

- Pupils diagnosed with a serious illness are supported by the Medical Care Lead, who will assist with supervising the administration of any medication and will support the management of their condition, based upon advice and information provided by the parents/carers and medical professionals. In the absence of the Medical Care Lead, the child's Form Teacher will be the next responsible adult.
- Medication must be given by an appropriately trained member of staff.
- An IHP will be written by the Medical Care Lead, following consultation with parent/carer and the child's nurse where applicable, and will be approved by them before distribution.
- Medical Care Lead and the pupil's Form Teacher to have regular discussion with the child's nurse where applicable.
- Attention not to be drawn to the pupil's condition. Pupil to be provided with a discreet location to take readings/administer medication (usually the Medical Care Room or an appropriate space in Pre-Prep).
School to support the child with learning should they be absent from school due to their illness, if deemed appropriate.

P. Health-related dietary requirements

- If a parent/carer has informed the school via the 'Medical & Dietary Questionnaire' or in writing that their child has a dietary issue that will affect their health or well-being, then the Medical Care Lead will inform the Catering Department via the Support Services Manager.
- The child will be added to the school's 'Purple Club' which alerts staff members that the pupil has a specific dietary need that must be monitored. Parent/carer/pupil will be given the option for the pupil to wear a Purple Club badge (voluntary) but the pupil must always be at the front of their class queue for lunch and be served by the Catering Department with purple trays and equipment.