



WREKIN  
PREP

# FIRST AID POLICY

## 2025 - 2026

Last review: January 2026

Date for next review: January 2027

# First Aid Policy

## Introduction

At Wrekin Prep, we are committed to ensuring that every pupil (including EYFS), the staff and visitors, will be provided with competent First Aid, in the event of an accident or illness.

The School is also committed to enabling all pupils to have full access to the curriculum, including those who have both short and long term medical needs. To this end, we are committed to ensuring that the impact of their medical difficulties upon their life in school is minimised as far as possible. All staff who work with such pupils should understand the nature of their difficulties and how best to support them.

While there is no legal or contractual duty on teachers to administer medicines or supervise pupils taking their medicines, we would wish to support our pupils where we can. This policy has been drawn up using the DFE guidance on First Aid for schools. The Health and Safety (First Aid) Regulations 1981 relate only to employees, recommending one qualified First Aider for every 50 employees. However, under common law, employers and employees have a duty to look after the children in their care and administer First Aid where necessary.

## Key Personnel

Between the hours of 7.30am and 5:45pm First Aid will normally be administered by the two school Matrons who are based in the Matron's Room. They hold certificates of competence in Paediatric First Aid and Safer Handling of Medication. Wrekin College will always have at least one qualified nurse on the site when children are present.

In the EYFS setting, provision is made for at least one person, who has a current paediatric first aid (PFA) certificate to be on the premises at all times when children are present, and must accompany children on outings.

First aid training is coordinated by The School Matrons, who keep copies of certificates and make sure that qualifications are kept up to date.

If First Aid is required when Matron is not available, the School Office should be notified, and the nearest First Aider will be contacted. An up-to-date list of the many trained First Aiders on the school staff is available outside Matron's Room. Lists are also around the school, in the school office, the staff room and above each first aid box.

Medical staff are also available at the Wrekin College Medical Centre until 6pm.

## First Aid Equipment and Information

A fully stocked and suitable first aid room is situated on the ground floor (Matron's Room) and is supervised by the school Matrons. The Matrons are responsible for checking first aid boxes each half term, staff need to report to Matrons when items have been used so that supplies can be replenished quickly. Staff are to report the reason for the First Aid use and then this can be recorded onto the individual child's record. First Aid boxes, (marked with a white cross on a green background) can also be found in the following places:

- The Early Years Foundation Stage cloakroom.
- Outside Matron's room.
- The Science room, (eye wash station).
- The Games changing rooms.
- The kitchen & (Eye wash station).
- The Upper School landing (near Evacuchair)

## Defibrillators

The school has two defibrillators, which are kept outside Matron's Room, within the Prep School building and in the Sports Centre. Staff who have completed their First Aid training have had instruction as to how to use a defibrillator.

The defibrillators have been registered with West Midlands Ambulance Service and 'The Circuit' in order for the ambulance to find it quickly.

**The advice given is:**

If you think someone is suffering from a heart attack, you should deploy the defibrillator and follow the instructions which the machine gives you, e.g. on whether to shock or not.

**School minibuses**

The school's minibuses have a prominently marked First Aid box on board, which is readily available for use and is maintained by Wrekin College staff.

**Hygiene and infection control when dealing with a medical incident**

Common sense infection control measures (such as hand washing and the use of disposable gloves and aprons when dealing with blood or bodily fluids) must be followed by all staff when dealing with medical incidents.

Hand washing facilities are available throughout the school.

Single use, disposable, gloves, are to be found in all medical boxes around the school. Matron also has a supply of disposable gloves, aprons and yellow clinical waste bags.

Matron should always be called to deal with the clearing up of bodily fluids. Items that are contaminated must be disposed of in a yellow clinical waste bag and placed in a separate clinical waste bin, situated in Matron's room. Clinical waste is taken to the Wrekin College Medical Centre to be disposed of by a specialist waste company.

Wrekin Prep uses Guidance on infection control in schools and other childcare settings provided by the Public Health Agency.

**Pupils with known medical conditions**

The matrons provide a confidential list of pupils, with known medical and dietary conditions, to each Class Teacher. A list of pupils with special dietary needs, and /or nut allergies is kept in the kitchen, staff room, and Matron's room. Photographs of children at risk of anaphylaxis are also displayed in those places.

A list of asthmatic children is displayed both in the girls' and boys' changing rooms, and Matron's room. This list is also emailed to staff annually or following any changes.

See separate sections for asthmatics, epilepsy, diabetes and anaphylaxis.

**Accident recording and record keeping**

Where there is an accident or medical emergency and first aid assistance has been provided the person who has administered First Aid must record the incident according to procedures set out below.

All accidents/incidents are recorded on iSAMS, with all serious accidents/incidents are recorded on Smartlog.

**First Aid Treatment**

In the event of minor incidents resulting in bruises, cuts and grazes, pupils will be sent or escorted to Matron's Room for assessment and treatment as necessary.

- An online record on iSAMS of first aid treatment is kept by Matron and must include:
- Date time and place of incident
- Full name of injured/ill person
- Detail of the injury/illness and what first aid treatment was given.

- Any review of the person's condition.
- Name of the first aider dealing with the incident.

The matrons will be responsible for ensuring that parents are notified of a significant accident or injury sustained such as a potential concussion by a child, with a phone call to parents.

Children with minor injuries, will be sent an email at the discretion of the Matron and the severity of the injury. This will state the date and time of the injury, treatment received, and by whom. Matron will also contact parents, when she feels necessary, to seek information, inform them of any concerns, or arrange for a child to be collected due to illness.

In the case of vomiting or diarrhoea we ask that the child does not return to school until 48 hours after the last bout of sickness / diarrhoea in accordance with HSE and school policy.

### **Head Lice**

If a case of head lice is reported, a standard head lice email/note will be sent to all parents of children in that year group.

### **Reporting to the HSE**

Matrons will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

Dan Rowlinson, Operations Manager, and the Prep School Head, will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding) which:
    - Covers more than 10% of the whole body's surface area; or
    - Causes significant damage to the eyes, respiratory system or other vital organs
  - Any scalding requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

For EYFS pupils, Ofsted will also be notified and will also be notified of any instance, in connection to medicines, which leads to such an event. For children in EYFS, notification will be made to Ofsted as soon as reasonably practicable, but in any event within 14 days of the incident.

Procedure in the event of an accident or injury.

If an accident occurs, then the nearest available adult should assess the situation, and decide on the next course of action. This may involve calling for an ambulance immediately. Matron or a First Aider should also be called for as soon as possible. Dan Rowlinson, Operations Manager, should be notified at the earliest opportunity.

The member of staff who witnessed the incident/accident must electronically record this on Smartlog.

## **Ambulances**

Any person who believes that a situation requires it may telephone an ambulance. After an ambulance has been requested, Matron should be informed, and the office should also be notified.

Parents will be informed as soon as is practicable. Another member of staff should await the arrival of the emergency services and direct them appropriately.

Should a child require hospitalisation, they will be accompanied to the hospital by their parents and/or Matron, or in her absence, a member of staff.

## **Head Injuries**

Head injuries, however minor, should be reported to Matron and the child assessed by the Matron who will follow the guidelines. Refer to separate Head Injury Policy.

## **School Trips/ Residential**

Every precaution is taken with regard to safety on school visits.

At least one Paediatric First Aider is present on every trip throughout the school and the EYFS.

First Aid kits, medical and dietary information and parent emergency contact details are sent on all trips.

Spare asthma inhalers and EpiPens are sent with children who are prescribed them.

Children with diabetes are accompanied by a First Aider trained by the NHS diabetes team, to support and supervise children with their condition.

Children needing medicines to be administered by a member of staff must have completed a consent form and the teacher will have completed an online course in administration.

## **Administration of Medicines/Medication in School**

From time to time, parents request that the school administers medicines/medication.

For children who are suffering from minor ailments (coughs, colds etc) or Chronic Medical conditions requiring medication.

## **Minor Ailments**

If a child needs to receive medication, whilst in school, parents will need to complete a medicine consent form, available from Matron.

The consent form will state:

- The name of the child
- The child's class
- Name of medicine/medication
- Reason for medicine/medication
- Date (s) to be given
- The time (s) to be given
- Parent's signature
- Date

All medicine/medication in school must be clearly labelled and in the original bottle.

All medicine/medication that is brought into school must be taken to Matron by a parent/guardian and a consent form signed. If Matron is unavailable, the medicine/medication must be taken to the School Office and a consent form signed. The medicine/medication will then be administered in accordance with the instructions by Matron or, in her absence, by a member of staff. The person administering this medicine/medication (as per written parental instructions) takes no responsibility for any adverse reaction the child may suffer. Permission for Calpol, throat soother, 4Head menthol stick (for headache,) cough syrup, Piriton and sore mouth gel is obtained when the child first enters school. If a child requires Calpol or

Piriton whilst in school, the child's parents will be telephoned by Matron to inform them of her action and a note sent home.

### **Refusing Medication**

If a pupil refuses to take medication, Matron will inform the parents as soon as possible.

See [www.gov.uk/guidance/notifiablediseases](http://www.gov.uk/guidance/notifiablediseases) for an up-to-date list of RIDDOR Notifiable Illnesses and Diseases

Asthmatics in school. See Asthma Policy (Appendix A)

Diabetics in school. See Diabetic Policy (Appendix B)

Epileptics in school. See Epilepsy Policy (Appendix C)

Anaphylaxis in school. See Anaphylactic Policy (Appendix D)

Head Knock, Head Injury and Concussion Policy (Appendix E)

## Appendix A

# Asthma Policy

This policy has been written with advice from The National Asthma Campaign, the Local Education Authority and the School Health Service, the Governing Body and pupils.

### Background

Wrekin Prep recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. We encourage pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils.

Supply teachers and new staff are also made aware of the policy.

### Asthma medicines

Immediate access to reliever medicines is essential.

As our children take part in physical activities over at the Wrekin Senior site, and the sports hall, swimming pool and playing fields are some distance from us, every asthmatic child should have an inhaler with them.

All children in LS and US who are asthmatic, should have two salbutamol/emergency inhalers in school (parents to ensure that they are replaced if lost, run out or go past date of usage). One inhaler will be kept in the Sports Dept Room by the changing rooms. Sports staff will take the child's inhaler with them from there for swimming/PE/Games lessons (onsite) or fixtures (offsite). Class teachers will also collect the inhaler when a child is on a school trip or going to chapel.

The other inhaler will be kept with Matron for emergencies. Both inhalers will be labelled, and Matron will inform parents when a replacement is needed.

Should a child have a period of worsening asthma that requires them to carry their inhaler at all times then the parents should let Matron know, who will disseminate to staff.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however the Matrons and many of the staff are happy to do this. All school staff will let pupils take their own medicines when they need to.

The emergency Salbutamol inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler; AND for whom written parental consent for use of the emergency inhaler has been given.

### Records

Parents of every asthmatic child admitted to the school are asked to complete an asthma form, even if the child has seasonal or mild asthma. Forms are updated annually (at the start of every academic year). Asthma inhalers will only be administered with a completed and signed form.

A register is kept in the Matron's room of every asthmatic child and asthmatic staff. This records likely asthma triggers, the type of inhaler used (in or out of school), the dosage, and the expiry date of the spare inhaler kept with Matron. Matron will be responsible for checking the expiry dates of inhalers kept with her, and will notify the parents before expiry.

Matron will record on the pupil's iSAMS record, when use of the inhaler is needed. Staff with asthma and parents of an asthmatic child, are responsible for informing the school about all aspects of their asthma.

#### The emergency kit

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- Guidance on the use of emergency salbutamol inhalers in schools
- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

School keeps more than one emergency asthma kit, one in the staffroom and the other in Matrons room.

## Appendix B

# Diabetic Policy

The incidence of diabetes amongst children and young people is increasing. Within Europe, the UK has the highest number of children diagnosed with diabetes and the lowest number of children achieving good diabetes control (DOH 2007).

Diabetes management can affect daily activities such as school attendance, participation in co-curricular activities, social inclusion and family life, having an impact on the child's mental health, emotional wellbeing and development (DOH 2007).

It has been shown however, that improved management and control of diabetes in children can improve academic performance and school attendance, reduce hospital admissions, and reduce the chances of developing long term complications of diabetes (DCCT 1993).

The Department of Health (2007) therefore recommends that children and young people be offered a range of diabetes management options and support which has the potential to improve control and encourage/enable self-management and hence lessen the impact diabetes has on their lives.

What does this mean for school?

Diabetes management can be in the form of multiple daily injections or a small, computerised pump (Continuous subcutaneous insulin infusion). Staff should be aware of which therapy the child is receiving.

Schools should try to provide good levels of support which enable parents to work rather than having to attend school to test blood glucose levels, administer insulin or deal with concerns regarding the pump. They should provide an appropriate environment for these activities and allow children with diabetes to take part in the full range of school activities (DOH 2007).

This requires:

- Completion of a Medical Management Plan, working alongside the Paediatric Diabetic Team.
- Storage of blood glucose monitoring equipment, insulin pen and insulin, and hypoglycaemia treatments in accordance with school policy on the safe storage of medicines in school.
- Maintenance of consumables needed for diabetes management in school via student's parents/guardian.
- Safe storage of used sharps in an approved container – provided and disposed of by parents.
- Record of diabetes related activities performed by/on behalf of the student.

Due to the layout of our school, diabetic children will carry their blood glucose monitor and fast acting glucose with them to enable the rapid detection and treatment of hypoglycaemia. This will not only encourage and support self-management and reduce time spent out of class but also reduce delays in hypoglycaemia treatment.

Treatment of hypoglycaemia (low blood sugar):

Wash hands and check blood glucose. If below 4mmols/l, give 10-20 grams of fast acting carbohydrate to eat or drink e.g. 3-6 glucose tablets, Fruit Pastilles, Starburst sweets or 100-200mls squash (non-diet). Wait 15 mins then re-check blood glucose levels. If still below 4 mmols/l, give more sugary food as above. If blood glucose is still below 4mmols/l refer to the child's specific care plan for next steps. Once levels are above 4 mmols/l, then give some starchy food such as 2 biscuits, packet of crisps, cereal bar or next meal if due.

If the child is unconscious, having a seizure (convulsion), or unable to swallow effectively, place in the recovery position and call an ambulance (999 or 112). Do not give anything by mouth.

Treatment of hyperglycaemia (high blood sugar):

Allow easy access to drinks and toilet facilities. Be aware that concentration levels, energy levels and mood will probably be affected by high blood glucose levels. Matron will check ketone levels and react accordingly. If unwell in any way, e.g. headache, nausea, vomiting, lethargy, contact will be made with parents. Ask to check ketones.

## Appendix C

# Epilepsy Policy

## Epileptics

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds, and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder. However, its cause especially in the young may have no precise medical explanation.

## Tonic Clonic Seizures (arinal mal)

The person may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth, and the person may be incontinent.

## Tonic Seizures

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip smacking. The person appears conscious but may be unable to speak or respond during this form of seizure. Ensure safety of the person, gently guide them away from dangers and speak calmly to the person and stay with them until they recover.

## Absence Seizures

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs of an absence seizure. This can lead to serious learning problems as the seizures may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore it is so important to be understanding, note any absence and inform parents.

Teachers can play an important role in the recognition of epilepsy and in the recognition of changing patterns or an increased rate of seizures.

## Procedure for an epileptic seizure

### Total Seizure

- Keep calm- pupils will tend to follow your example! Let the seizure follow its own course. It cannot be stopped or altered.
- Ask the other pupils to leave the room and ask a responsible pupil to fetch another adult.
- Call or send for help from the school matron (located in her room and on ext 729)
- If the school matron is not available, call for a First Aider contact the school office and they will let you know the location of the nearest first aider.
- Note the time
- Refer to the pupils individual health care plan
- If the pupil has emergency medication ask a member of staff to collect it from the matron's room.
- Administer the prescribed medication as per instruction kept with the emergency medication according to the individual health care plan.
- Protect the pupil from harm. Only move the pupil during the seizure if you have to for their protection. If possible move any objects that may hurt them, rather than move them from dangerous objects.
- As soon as possible (normally post seizure) place the pupil on their side; this does not have to be a true recovery position just so that the tongue falls forward so that any saliva can drain out of the mouth easily.
- Put something under their head to protect them from facial abrasions if at all possible.

- Try not to leave the pupil alone if at all possible. If you need to leave the pupil make sure there is something behind their back to try to maintain a sideways position.
- Talk quietly to the pupil to reassure them but do not try to restrain any convulsive movements.
- Do not place anything in their mouths.
- Minimise any embarrassment as during the fit the pupil may be incontinent, cover them with a blanket to keep warm.
- Once recovered, move them to the matron's room.
- If possible ask other pupils to leave matrons room
- Allow the pupil to sleep on their side. Do not leave them alone as the seizure may be the first of a cluster, leave with the matron or First Aider.
- Call the pupil's parent or guardian and request the pupil to be collected from school so that they can sleep as long as they need to. If the seizure occurs in the morning they may even be able to return to school in the afternoon. This is a very individual decision and will be up to the parents to decide.
- If the seizure lasts five minutes or longer, call an ambulance immediately.
- If a seizure lasts that long it is likely to last longer. It is very important that the pupil goes to hospital and gets the proper treatment within one hour of the beginning of the seizure. If you are concerned or the pupil has received an injury e.g. due to a fall, call an ambulance. We are advised it is better not to call an ambulance if the seizure lasts less than 5 minutes as they are better off left in peace and quiet.
- When the ambulance arrives, report to the paramedic details of the seizure, especially how long it has lasted. If the parent arrives, report the details of the seizure to them.
- An appropriate member of staff must accompany the pupil in the ambulance and stay with them until the parents arrive.
- Ensure that any pupils who were present during the seizure have a chance to talk it over with the school matron or another appropriate member of staff.

## Policy

Wrekin Prep recognises its responsibility in dealing with pupils with epilepsy appropriately

- Wrekin Prep understands the importance of ensuring the pupils feel safe and secure.
- Wrekin Prep recognises that epilepsy is a common condition affecting many pupils and welcomes pupils with epilepsy.
- Wrekin Prep encourages, helps and supports pupils with epilepsy to achieve their potential and to participate fully in aspects of school life.
- Pupils with epilepsy will have an individual health care plan.
- All Wrekin staff through reading this document should have a clear understanding of the condition epilepsy and what to do in the event of a pupil having an epileptic seizure.
- Some pupils may have emergency medication but it is not carried by the pupil so it is vital that all staff know this is kept in the matron's room.
- The school Matron provides training for all staff on the use of epileptic emergency medication.
- Pupils are encouraged through the schools PSHE programme to understand their condition so that they can support their friends.
- Wrekin Prep advises pupils with epilepsy to provide spare clothing to be kept in school, especially underwear and socks.
- All staff teaching and non-teaching will be informed of pupils with epilepsy by the school matron.
- A printout of pupil's medical conditions and individual health care plans is available to all staff and is kept confidentially and are available from the school matron.
- Advice and further information is available from the school matron.

Wrekin Prep is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

## Appendix D

# Anaphylactic Shock Policy

This policy has been written with advice from Allergy UK.

### Background

Anaphylaxis (reaction to a particular substance e.g. nuts, peanuts, eggs, wasp stings, bee stings) is a serious, potentially life threatening, condition affecting an increasing number of people. Wrekin Prep positively welcomes all children with anaphylaxis. We encourage pupils who suffer from anaphylaxis to achieve their potential in all aspects of school life, by having a clear policy that is understood by school staff and pupils.

Supply teachers and new staff are also made aware of the policy.

The school environment must be favourable to children with anaphylaxis.

Teaching and catering staff are notified of all children with food allergies. At mealtimes, children requiring a special diet use a grey tray to reinforce this. No nuts are used in the menu or allowed in the school. Whenever the planned curriculum involves cookery and experiments with food items, known to cause an allergic reaction, suitable alternatives and measures will be taken.

### Records

All new parents are sent an Anaphylaxis Form in their enrolment packs and are requested to complete it if their child suffers from any allergy requiring the prescribed use of an Auto-injector. Parents of children on the NHS Anaphylactic Register must also send a copy of their care plan to Matron. Forms are updated annually. Auto-injectors and antihistamines will only be administered following completion of an Anaphylaxis Form.

The form is used to maintain an Anaphylaxis Register, which is kept in Matron's room. This records likely causes of an anaphylactic reaction, foods to be excluded from the child's diet and the signs and symptoms of which to be aware. This information is also stored on the child's medical record on iSAMS.

A copy of the Anaphylaxis Form will be kept with the child's spare Auto-injector.

Each child with an allergy of this severity has a notice, with their photograph. This details their allergies and where their Auto-injector is located. These are kept in Matron's room and the staffroom.

### Auto-injector

Immediate access to a child's auto-injector is essential. Matron will be responsible for checking the expiry date of any auto-injector kept with her, and will notify the parents before expiry. Parents will be responsible for providing the school with an "in-date" auto-injector and updating the school about all aspects of their child's anaphylaxis.

### All Pupils

Two auto-injectors for our children will be kept in a labelled, unlocked cupboard, in Matron's room. One auto-injector will be kept as a spare or as a second dose if needed in an emergency.

On educational visits / sports fixtures, the auto-injector must be taken. Matron will pack the auto-injector along with the asthma inhalers needed for the trip. The class teacher must ensure that the auto-injectors are taken and take responsibility for it.

### Transfer of Medical Skills

A qualified instructor will give training sessions regularly, to members of staff who wish to receive it. No member of staff has to administer an auto-injector; but do so on a purely voluntary basis.

Training will detail symptoms of anaphylactic reaction and the stages and procedures for administration of medication.

### Staff Indemnity and Training

Wrekin Prep fully indemnifies its staff against claims for negligence, providing they are acting within the scope of their employment, have been suitably trained and are following Wrekin Prep guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be assured about the protection their employer provides.

The indemnity would cover the consequences that might arise where an incorrect dose was inadvertently given or where the administration was overlooked.

Staff training will occur on an annual basis (at the start of the academic year) and all new staff that join will go through this as part of their induction/inset.

#### IN THE EVENT OF A MILD ALLERGY:

##### Common signs of an attack may include:

##### Mild-moderate allergy

- Feeling unwell
- Restlessness
- Itching/sneezing
- Metallic taste in the mouth
- Urticarial rash (nettle)
- Flushed face and neck
- Nausea/vomiting

#### IN THE EVENT OF A SEVERE ALLERGY:

##### Severe allergy

- Difficulty in swallowing
- Difficulty in breathing
- Unable to talk
- Blue lips
- Pale and clammy
- Weakness
- Collapse

Symptoms can appear in a few seconds or up to a couple of hours after exposure.

Not all of these symptoms may be present at the same time.

Triggers may vary depending on Individual plans. Matrons will have information on all those students who have allergies and a list will be available to all staff at the beginning of term, whilst the catering team will also be informed prior to any child starting at the school.

#### EMERGENCY TREATMENT

##### Two adults present

1<sup>st</sup> adult phone ambulance 999 or 112 (if no reception from a mobile). Stating Anaphylaxis reaction giving adrenaline.

##### Second adult – give auto-injector

- Remove cap from end.
- Place on the upper outer side of the thigh.
- Press until click is heard – hold down for a count of 3, as prescribed.
- Give a used auto-injector to the ambulance crew.
- Remain with the child and check breathing and pulse.
- If no improvement, give a second auto-injector, if available after 5 minutes.
- Head and parents to be informed at the earliest opportunity after the incident.

Children in the school are taught about anaphylaxis in a sensible manner. This is done during PSHE lessons.

Wrekin Prep works in partnership with all interested parties, including staff, parents, Governors, doctors and children to ensure this policy is implemented and maintained successfully.

#### Appendix E

# Head Knock, Head Injury & Concussion Policy

## Introduction:

Wrekin Prep takes any injury or knock to the head very seriously.

Despite many precautions being taken, risks being assessed, activities carefully planned and close supervision; children can still take a knock to the head which can be a very minor head bump, head injury or result in concussion.

If a pupil receives a knock to the head, the member of staff will stop the child from taking part in the activity.

If the pupil is participating in sport and a serious head knock or concussion is suspected. They will be removed from play.

**'IF IN DOUBT, SIT THEM OUT.'**

## At Wrekin Prep:

1. In the event of a head bump of any nature on the school site, a member of staff will escort the pupil to Matron for assessment immediately.
2. Following Matron's assessment of the head bump, if the pupil is deemed well and is not displaying signs of concussion or serious head injury. Matron will place a red wristband on their wrist, telephone the parents and inform relevant staff that the pupil has received a head bump and is safe to be in school and can return to lessons.
3. Matron will ask staff to monitor the pupil closely for signs of deterioration as a result of the head bump and to return to Matron if concerned.
4. If a pupil has sustained bruising or a cut to the head, School would advise resting from sport for 48 hours or until any wounds have healed.
5. If Matron suspects that the pupil has a serious head injury or concussion, she will contact parents and advise that they take the pupil to A&E or see their G.P that day. Out of hours they can contact 111.
6. The pupil will remain with Matron until they are collected by a parent / guardian.
7. Any loss of consciousness and Matron will call 999 or 112 and administer First Aid accordingly.
8. All details of the accident/incident will be recorded on ISAMS by Matron.
9. Please refer to the NHS head injury advice sheet:  
<https://www.nhs.uk/conditions/head-injury-and-concussion>
10. Please refer to the England Rugby guidance:

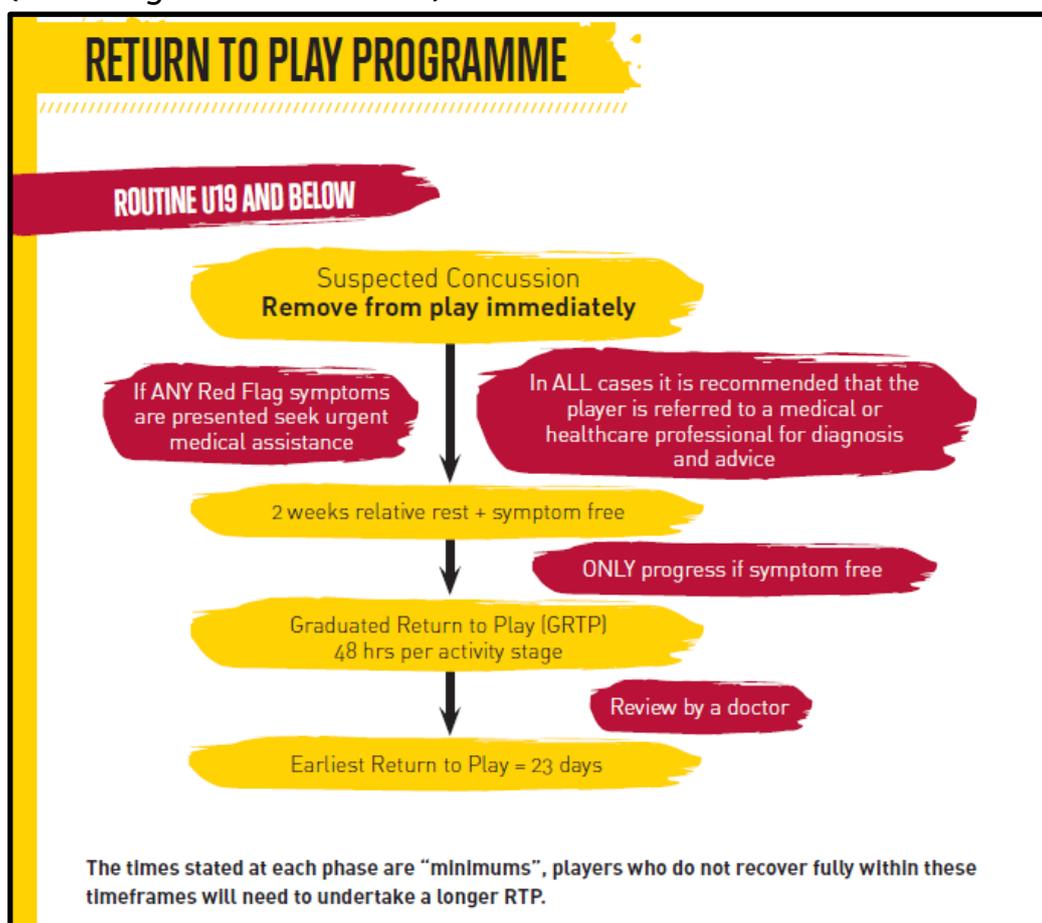
If a serious head injury is diagnosed by any medical services, the pupil will be added to the graded return to play pathway.

Parents should inform any club or external team of any head injury or if the injury is sustained outside of school, at a club, the parent must inform the school as a duty of care to the pupil.

If a pupil is suspected of concussion they will rest and if symptom free, progress in the Graduated Return To Play protocol (GRTP) stated below as recommended for ages U19 and below.

The routine Return to Play Pathway is shown in the diagram below following a diagnosed or suspected concussion.

(according to RFU Guidelines):



The GRTP follows 6 stages that a player must go through every 24hrs before they can return to full contact rugby.

Players should not be forced or be pressured to return to play until they have completed their GRTP. Concussion is taken seriously and can have a huge effect on a person short and long term.

Below is the GRTP Six-Stage Process:

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

### Off site

If the pupil sustains a head bump / head injury or concussion whilst off site, the pupil will be assessed by a First Aider.

'IF IN DOUBT, SIT THEM OUT.'

On return to school the pupil will be seen by Matron, who will inform parents on the head bump / injury / concussion. She will treat and advise accordingly and this will be recorded on ISMAS.

Serious head injuries will be recorded on Smartlog.



## Residential Medical Consent Form

### Administration of medication

If your child is on regular / prescribed / essential medication, please complete this medical form with the necessary details, to support staff to safely administer medicine.

Date for medicine/s to be taken:

Name of school

Name of child

Date of birth

Class

Medical condition or illness

Wrekin Prep - Residential Week

### Medicine

Name/type of medicine

*(as described on the container)*

Route/method of administration

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – Y/N

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to the following members of staff

[agreed member of staff]

I give consent for school staff administering medicine to do so in accordance with the school policy. Medication should be in date, labelled and in the original packaging, including instructions for administration, dosage and storage. I understand that I should supply and dispose of any medication that the school holds for my child.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_