WREKIN
PREP

FIRST AID POLICY

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).

The 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 scalping 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. The School 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/ Residentials

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 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 Anaphylaxis and Severe Allergy Policy (Appendix D)

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

Last review: October 2026

Date for next review: October 2027

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 on the defibrillator wall.

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 sidewards 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

Anaphylaxis and Severe Allergy Policy

1. Policy Statement and Principles

Wrekin Prep is committed to ensuring the safety, health, and well-being of all pupils, staff, and visitors. The school recognises that severe allergies and anaphylaxis are potentially life-threatening conditions.

This policy aims to ensure that:

- Every pupil with a diagnosed allergy or at risk of anaphylaxis is fully supported to participate in all aspects of school life.
- All school staff understand their duty of care, can recognise the signs of an allergic reaction, and are trained to administer emergency treatment (including Adrenaline Auto-Injectors) without delay.
- Clear protocols exist for the storage, maintenance, and emergency administration of both pupil-specific and school-held emergency spare Adrenaline Auto-Injectors (AAIs).

2. Legal Framework and Guidance

This policy complies with:

- The Equality Act 2010 (supporting pupils with medical conditions)
- DfE Statutory Guidance: *Supporting Pupils at School with Medical Conditions*
- Department of Health & Social Care Guidance on *Guidance on the use of adrenaline auto-injectors in schools*
- MHRA Medical Safety Alerts on Adrenaline Auto-Injectors
- Benedict's Law standards regarding mandatory training, immediate accessibility, and emergency response protocols

3. Individual Healthcare Plans (IHPs) and Allergy Register

1. Medical Records: Prior to entry, parents/carers must complete the Medical Information Form detailing any known allergies, previous reactions, and prescribed medication.
2. BSACI Allergy Action Plan / IHP: Every pupil prescribed an AAI must have an up-to-date Individual Healthcare Plan (IHP) accompanied by a formal BSACI (British Society for Allergy & Clinical Immunology) Allergy Action Plan signed by their medical practitioner/consultant.
3. School Allergy Register: Matron maintains an electronic Allergy Register on iSAMS, updated dynamically and reviewed termly. Key information, including pupil photographs, specific triggers, symptoms, and AAI locations, is securely displayed in Matron's room, the staffroom, and the kitchen (with due regard to privacy).
4. Catering & Curriculum: The school operates a strict nut-aware policy (no nuts or nut-containing ingredients allowed on site). Catering staff receive daily lists of pupils with food allergies and pupils wear coloured lanyards in Upper School, Lower School pupils have an allergy card. Coeliac pupils have plated meals to avoid cross-contamination.

4. Provision and Accessibility of Adrenaline Auto-Injectors (AAIs)

Pupil-Specific AAIs (Two Prescribed Devices)

- In accordance with MHRA guidance, parents must provide two in-date AAIs for their child at all times.
- Storage and Proximity: Immediate access to AAIs is essential. AAIs must never be locked away. Auto-Injectors are stored in Matron's room and the emergency pen is kept on the defibrillator wall.

- Excursions and Sports Fixtures: Designated trip leaders must verify that both AAIs are collected prior to departure. No pupil with a prescribed AAI will be permitted to leave site for a visit or fixture without two in-date devices.

School Emergency Spare AAIs (Generic Stock)

Under the Human Medicines (Amendment) Regulations, Wrekin Prep holds a central stock of generic emergency spare AAIs (e.g., EpiPen / Jext).

- Emergency spare AAIs are kept in unlocked, centrally located First Aid stations (including Matron's Room, the defib wall, and the Sports Centre).
- A school spare AAI may be administered to a pupil if:
    - The pupil's own prescribed AAI is defective, depleted, or unavailable; AND
    - Written parental consent and medical authorisation for emergency AAI use are recorded in their IHP; OR
    - Directed by 999 or 112 emergency call handlers in an immediate life-threatening emergency.

5. Staff Training, Duty of Care, and Indemnity

1. Mandatory Staff Training: In accordance with Benedict's Law principles and the school's non-delegable duty of care, all teaching, administrative, sports, and catering staff receive mandatory annual training at the start of the academic year (and during induction for new starters).
2. Scope of Training: Training covers allergen avoidance, recognition of mild-to-severe symptoms, practical administration of all UK-prescribed AAI brands (EpiPen, Jext, Emerade), resuscitation procedures, and emergency communication protocols.
3. Duty to Act: All staff members are expected to administer an AAI in an emergency. Administration of an AAI is not on a voluntary basis.
4. Employer Indemnity: Wrekin Prep fully indemnifies all staff members against any claims of negligence when administering medical treatment or emergency AAIs in good faith and in accordance with school guidelines and training.

6. Emergency Recognition and Action Plan

Recognition of Symptoms

Mild to Moderate Allergic Reaction	Severe Allergic Reaction (Anaphylaxis)
• Swelling of lips, face, or eyes • Hives, nettle rash, or red skin • Tingling mouth or metallic taste • Abdominal pain, nausea, or vomiting	• AIRWAY: Swelling of tongue/throat, difficulty swallowing or speaking • BREATHING: Hoarseness, persistent cough, severe wheeze, stridor • CIRCULATION: Pale, cold, clammy, dizziness, confusion, collapse/unconsciousness

Emergency Response Protocol
If anaphylaxis is suspected, ACT IMMEDIATELY:

1.Position the Pupil and Stay Calm: Crucial positioning protocol.
• DO NOT allow the pupil to stand or walk.

• Lie the pupil flat with legs elevated.

• If breathing is difficult, allow them to sit on the floor with legs extended forward—do not place them in a chair.

• If pregnant, lie on the left side. If unconscious, place in the recovery position.

2.Administer the Adrenaline Auto-Injector (AAI): Do not delay adrenaline.
• Retrieve the pupil's AAI immediately.

• Check brand instructions and administer into the outer middle thigh through clothing if necessary:

– EpiPen: Swing and push firmly until it clicks; hold for 3 seconds.

– Jext: Push firmly into outer thigh until it clicks; hold for 10 seconds.

– Emerade: Press firmly into outer thigh; hold for 5 seconds.

• Note the exact time of administration.

3.Call Emergency Services (999 or 112): Immediate medical transfer.
• Dial 999 or 112 immediately and state: "ANAPHYLAXIS - ADRENALINE GIVEN".

• Provide clear location details and inform them if a school spare AAI was used.

4.Monitor and Prepare Second Dose: 5-minute interval rule.
• Stay with the pupil continuously.

• If there is no improvement or symptoms worsen after 5 minutes, administer a second AAI in the opposite thigh.

• Hand all used AAIs to the paramedic team upon arrival.

5.Notify Parents/Carers and Headteacher: Post-event notification.

• Contact parents/carers immediately after 999 has been dispatched.

• Inform the Headteacher and Matron.

7. Policy Review and Maintenance

- Expiry Audits: Matron conducts monthly checks of all school spare AAIs and pupil AAIs, issuing notifications to parents 30 days prior to expiry.
- Review Cycle: This policy is reviewed annually in consultation with clinical advice and updated regulatory guidance.

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.

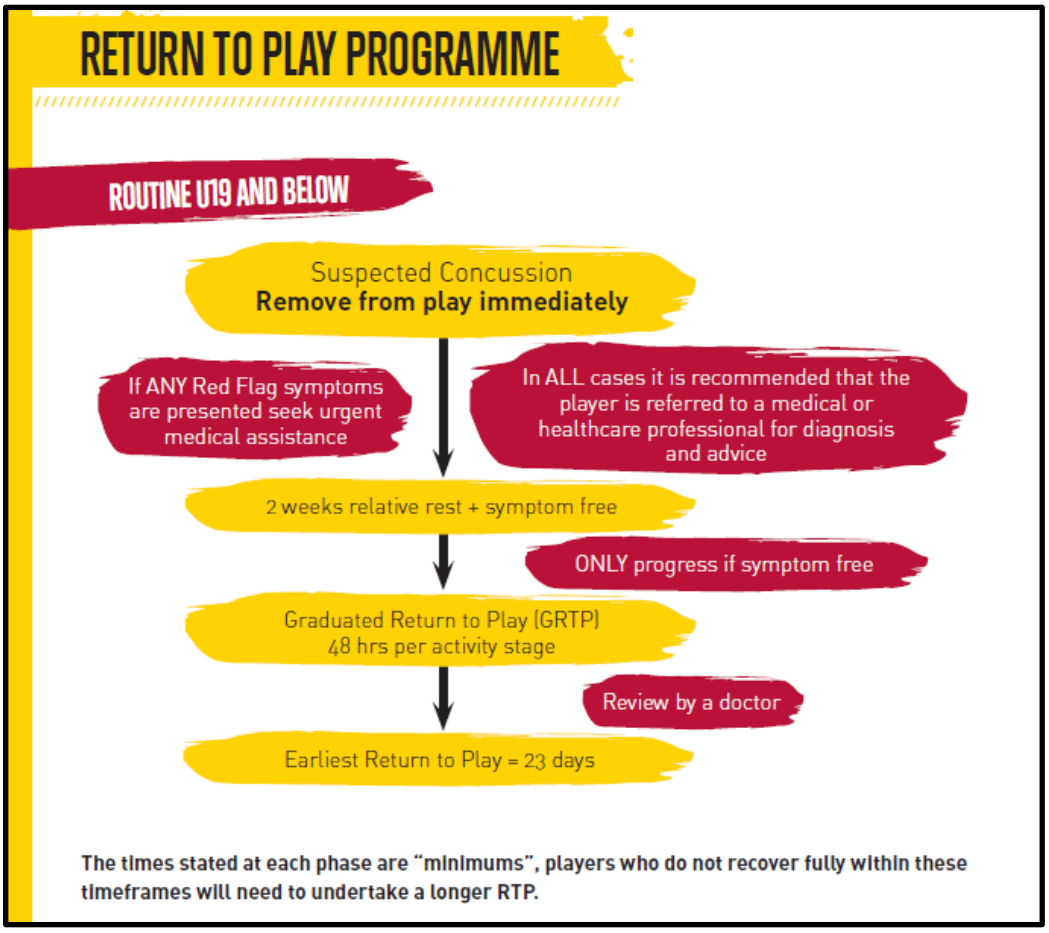
9. Please refer to the NHS head injury advice sheet:
https://www.nhs.uk/conditions/head-injury-and-concussion

10. Please refer to the England Rugby guidance:
https://www.englandrugby.com/run/player-welfare/headcase

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	Wrekin Prep - Residential Week
Name of child	
Date of birth	
Class	
Medical condition or illness	

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 _____