FIRST AID POLICY

This policy should be read in conjunction with the concussion policy and the positive mental health policy.

First Aid is emergency care given to an injured person (in order to minimise injury and future disability) before professional medical care is available. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils in the same way that parents might be expected to act towards their children. In general, consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. The confidentiality and rights of boys as patients are appropriately respected.

1) Background

a) Ludgrove Preparatory School is a full boarding prep school for approx. 190 boys aged 8 – 13. In addition, there are some 110 Staff in total (the majority engaged in Low-Risk activities), approx. half of whom are part time and some 23 of whom are resident.

b) The School's First Aid Policy is designed to comply with best practice and to meet the legal obligations of the School as:

i) a boarding School,
ii) an educational establishment, and
iii) a place of work.

The School has and implements appropriate policies for the care of boarders who are unwell and ensures that the physical and mental health, and emotional wellbeing of boarders is promoted. These include first aid, care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of household remedies.

c) The School provides nursing care 7 days a week. The nursing team is made up of Registered Nurses working on rotation 7.00am-9.00pm. Outside of these hours first aid cover is provided by a matron who holds a first aid qualification.

d) A number of members of the teaching staff and non-teaching staff, who are trained and qualified as first aiders are able to give emergency first aid. The names of first aiders are published in first aid notices that are displayed around the School.

e) First aid boxes are in all potentially high risk areas, as well as in the Nurses room (the School Nurse regularly checks and replenishes the first aid boxes).

f) Outside term time, the number of staff working at the School is typically 20-25 all involved in Low and Medium Risk activities.

g) Arrangements for pupils with particular medical conditions, for example asthma and epilepsy, are in included on Appendices II & III respectively.

i) Proper arrangements are in place to ensure that spillages of body fluids are safely and promptly cleared up and hygienically disposed in accordance with safe practice. Personal protective clothing (gloves, aprons) are available for use by all staff.

Responsibilities
The responsibility for Health and Safety, which includes first aid, rests with the Governing Body and the Estates Bursar on a day to day basis. The Headmaster is responsible for putting the policy in place, including informing staff and parents. All staff should be aware of available first aid personnel, facilities, and the location of first aid boxes.

First aid provision must be available at all times, including out of school trips, during games and matches, and at other times when the school facilities are used e.g. Parents' Meetings.
Adequate first aid cover will be provided in all school buildings, as well as during break times and overnight. If a staff member is on a trip then they must have access to a mobile telephone in order to summon help.

First aiders must have attended a recognised first aid course approved by the Health and Safety Executive (HSE) and attend refresher courses every 3 years. They will be reliable, have good communication skills, an ability to cope with stress and able to absorb new knowledge.

The HSE states that first aid does not include the administration of medicines, although there is no legal bar to doing so. Ludgrove School has an 'Administration of Medicines Protocol' (see Appendix 1) which clearly identifies the procedures and responsibilities of staff. All nurses, matrons and designated key staff for residential trips have completed Opus online medication administration training.

It is the responsibility of the Headmaster, to ensure good first aid practice is being carried out within the school and at events and activities organised by the School.

- First Aid kits are situated in various locations around the School, see Appendix IV.
- Sports first aid bags are held in the Medical Room. They are available pitch side and for away matches.
- Day trip first aid bags are available for all educational visits and any necessary equipment for individual children with health care needs are provided by Nurse.
- The contents of the first aid boxes and first aid bags are to be regularly checked and maintained by Nurse (with the exception of those kept in the minibuses and workshops which are maintained by the Maintenance Dept.).
- All medicines are to be kept in a locked cabinet in the Medical Room. The Nurse will hold the key and be responsible for regular stock checks.

Action Rationale

1 The School Nurse or a Matron with the First Aid at Work qualification will be available at all times to deal with any first aid incidents when the children are in School.

- To ensure the safety of the children when at School
- To comply with the National Minimum Boarding Standards (which permit first aid to be given by a qualified nurse or first aider)
- To comply with the Department for Education recommendations

2 The School Nurse will hold an appropriate first aid qualification in addition to nursing qualifications. At least 2 matrons will hold the HSE First Aid at Work qualification, and 1 matron will hold the HSE Emergency First Aid at work qualification. All will revalidate every 3 years.

- To comply with HSE guidelines during term times

- To ensure first aid knowledge, including resuscitation skills, is up to date and meet DfE recommendations

3 A selection of staff in the School will hold an Emergency First Aid at Work certificate.
- To comply with HSE guidelines during both term time and School holidays
- To ensure prompt first aid treatment in an emergency

4 Copies of all first aiders' certificates are held in the Study
- To ensure all first aiders have a valid first aid certificate

5 The School Nurse will be responsible for ensuring first aid kits are distributed around the School, particularly in high risk areas and will maintain a list of the locations.
- To ensure first aid supplies are immediately to hand in all areas of the School
- To ensure first aid supplies are available when the children are not in School or the Medical Room is unattended

6 All first aid kits located around the School will contain appropriate and in date supplies and be contained within a green box or bag with a white cross.
- To meet DfE/HSE recommendations
- To ensure the correct first aid supplies are in each location

7 The first aid kit located in the kitchen will contain blue food-handlers dressings.
- To comply with HSE requirements

8 The School Nurse will keep a supply of first aid kits for school trips and outings.
- To comply with DfE recommendations
- To ensure the safety of the children when off the school site

9 All first aid kits for school trips and outings will contain identical supplies and be contained within a green box with a white cross
- To meet DfE/HSE recommendations
- To ensure staff are familiar with the contents of the first aid kits

10 Each school minibus & vehicle will contain a First Aid kit, the contents of which shall be identical.
- To meet HSE requirements
- To ensure staff are familiar with the contents of the first aid kits

11 The School Nurse will be responsible for checking the contents/expiry dates of all first aid kits at least every term (except for those in the minibuses and workshops which are maintained by the Maintenance Dept.).
- To comply with HSE/DfE guidelines
- To ensure all first aid kits are well stocked and contents are in date

12 The School Nurse will know the location of the School Accident Book (kept in the Medical Room) and be aware of how and when to report an accident.
- To meet HSE requirements
- To record the 'what', 'where', 'how' & 'when' of every occurrence.

13 In the event an ambulance is needed to take a child or adult to A&E, in the first instance it is the responsibility of the on-duty nurse to call an ambulance, but this will also be performed by any first aider or any member of staff, all of whom have had training in how to manage a medical emergency

- To ensure that all children and staff receive professional medical care quickly.

14 The School Nurse and / or Estates Bursar is responsible for reporting any notifiable accident that occurs on school premises to a pupil, member of staff, parent, visitor or contractor to the HSE in accordance with the Reporting of Injuries Diseases and Dangerous Occurrence Regulations (RIDDOR).

- To ensure compliance with HSE RIDDOR

15 The School Nurse is pitch side on rugby match days.

16 Lifesigns provide pitch side first aid cover at all rugby match days.

Reporting & Recording of Accidents
Ludgrove School recognises that:
We have a duty to report incidents that involve the:

- Health & Safety at Work Act 1974
- Social Security Regulations 1979
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

An unreliable accident / incident reporting system, or the under reporting of near miss incidents could lead to dangerous occurrences recurring which may result in personal injury to staff, parents or visitors.

Breach of the statutory requirement to report specific incidents to the Health & Safety Executive (HSE) may lead to prosecution.

The Appointed Person
This person has the responsibility of taking charge during an incident and summoning help if needed. A staff member who has completed the First Aid at Work course (or the School Nurse) is always on the premises throughout periods of school operation and will assume this role in the event of an incident.

Some other staff receive first aid training specific to their areas and the records are held in the Study.

Procedures
At Ludgrove School we make every effort to minimise the risk of accidents but we recognise that accidents may still occur. All accidents to pupils, staff, parents and visitors will be recorded by the School Nurse and reviewed by the Headmaster as required.

For children the following procedure shall be followed:

Once the child has been treated, all details regarding the accident will be recorded. Daily 'minor scrapes and knocks' will be recorded in the individual child's daily care plan. Any significant accident or injury will be recorded in the Accident Book kept in the Nurse's room, parents will be informed by telephone after the incident. An investigation into the accident should be undertaken immediately or at least on the same day. A judgement should be made as to what can be done to reduce the risk of similar accidents occurring again.

In the event of a serious incident and if it is deemed necessary, the appointed person will call an ambulance. The Headmaster will contact the child's parents. A member of staff will accompany the child to hospital in the ambulance.

Procedure following injury to staff or visitors:

Once the individuals have been treated, all details regarding the accident will be recorded in the accident book kept in the Estates Managers office. An investigation into the accident should be undertaken immediately or at least on the same day. A judgement should be made as to what can be done to reduce the risk of similar accidents occurring again.

Accident Records should be kept for 3 years, accidents involving minors should be kept until the person(s) involved reach 21 years of age.

The Headmaster will ensure that accidents, which are reportable to the Health & Safety Executive, are reported using the Riddor reporting system. Guidance can be found at www.hse.gov.uk/riddor

Treatment

Gloves are to be worn at all times when dealing with any body fluids. Body fluid spillage supplies are available from the Nurse. All soiled dressings, gloves etc will be disposed of in a clinical waste bin. This is located in the Laundry / Wash Room/ Nurses room and is emptied regularly by the Nurse. Wounds will be cleaned and appropriate dressings applied.

HSE Recommendations for First Aid Cover:
Term Time: 1-2 Appointed Persons (i.e. max 100 workers at any time in Lower Risk Activity, with max 5-6 in Medium Risk activities)
School Holidays: 1 Appointed Person (i.e. max 20 workers in Low/Medium Risk Activity)

Reviewed 15th December 2023
By Rebecca Salt

APPENDICES

Appendix I

Administration of Medicines Protocol

1) Policy Statement
a) By having a policy we are providing a sound basis for ensuring the proper and safe administration of both prescribed and over the counter medications.
b) The School provides nursing / first aid cover 24 hours a day, 7 days a week during term time to provide medical care (including first aid) to pupils and first aid to staff and visitors. The Medical Room is manned by a Registered Nurse 7am-9pm. Outside of this time, first aid cover is provided by a Matron who holds the First Aid at Work qualification.

2) Non-prescription/over the counter medications.
All non-prescription medications are stored in locked cupboards in the Medical Room. Stocks are obtained from Rose Street Pharmacy, Tesco Pharmacy, Boots online and Sellers Medical. A record of stock levels is maintained by the nurses and checked weekly. When non-prescription medications are administered, an entry is made into the pupils daily care plan on ISAMS and a stock medication file so a record is kept at all times.

3) Prescribed medications
a) All prescribed medication brought into school must be supplied by a recognised pharmacy or by the pupil's home GP.
b) Medication will only be issued to the pupil for whom it has been prescribed.
c) Medication must be in its original container / packaging
d) The original dispensing label must not be altered.
e) All medication must be in English and prescribed in the U.K.

4) Vitamins and Homeopathic Medications
Ludgrove will not permit vitamins and supplements in line with most schools. Approval will only be given if there is a proven medical need in writing from a GP or medical specialist. Vitamin D will be excluded from this.
Our Nurses are not able to administer homeopathic medication.

5) All medication is administered under a protocol:-
a) Medication will only be administered by the Nurse / appointed matron (all of whom have completed the Opus Medicines Awareness Course for Schools) within the medical room if signed permission has been obtained. Parents are asked to sign their permission for medication to be administered on the joining medical forms.
b) The identity of the pupil must always be checked.
c) The administration sheet which is updated daily must match the label on the drug.
d) Immediate initialising of the administration sheet.
e) Recording non-attendance or refusal.
f) All medication must not have reached its expiry date.
g) Any medicine that requires being stored at low temperatures is put in the locked designated fridge in the surgery. A daily temperature check is kept. The fridge is kept locked at all times.
h) Controlled drugs are kept in a locked non-portable cupboard and only the nursing team can administer them. These medications are recorded in a controlled drugs book in addition to the daily

administration log and ISAMS. The nurse administrating the medication is responsible for completing all of these documents as they are sole workers apart from during a handover period.

i) In the case of asthma inhalers boys who use an inhaler daily do so under the supervision of the School Nurse to ensure correct usage/dosage.

j) Boys who use an asthma inhaler on an ad hoc basis are given practical instructions by the School Nurse as to their proper usage so that they are capable of using them correctly while unsupervised, if required.

k) Trips away from school: any medication that is required away from school on a school trip is dispensed and labelled with clear instructions for the lead member of staff to administer at the correct. This is verbally handed over the member of staff and documented both at school and in a trip book, which is kept by the nursing team.

6) Medicine Cupboard Stock List

[If ever in doubt check the instructions on the bottle/packet or ask]

Pain Relief

Paracetamol 500mg Tablets – at least 4hrs between doses – no more than 4 doses in 24 hours

Paracetamol Elixir 250mg/5ml – at least 4hrs between doses – no more than 4 doses in 24 hours

Ibuprofen Elixir 100mg/5ml – 3 - 4 times a day

Ibuprofen Tablets for over 12 years – 3 - 4 times a day

Allergy Relief

Chlorphenamine Elixir 2 mg in 5ml – 4 – 6 hourly max. 30 mls in 24 hrs

Cetirizine 10mg Tablets – once a day

Indigestion

Milk of magnesia – 5mls

Cold Remedies

Strepsils

Olbas Oil

Anxiety & Homesickness Relief

Bach Rescue Night

Skin Care

Arnica

Sudocream

E45 Itch relief cream

Daktarin Powder

Anthisan Cream

Eye Care

Optrex Eyewash

Travel Sickness

Cinnarizine/ Stugeron 15 mg – 1 tablet 20 mins before travel

Burns Cream

Acriflex/Chlorhexadine Gluconate 0.25%

Mouth Care

Bonjela Teething Gel 2 month plus

Vaseline

Staff Only

Ibuprofen 400 mg Tablets

Paracetamol 500mg Tablets

Piriton 4 mg tablets

Cough Remedies

Simple Linctus for 12 years and over – 5mls

Simple Linctus (paediatric) – 5 -10 mls

Glycerin Lemon & Honey – 5 mls

Appendix II

First Aid Protocol for Asthma

1) Aims
a) To enable all pupils with asthma to participate fully in school activities.
b) To ensure all staff are able to deal with a child who has an asthma attack
c) To ensure compliancy
d) To help all pupils staff and parents are well informed about asthma and to adopt a responsible attitude to its treatment.

2) What is asthma?
Asthma is a disorder of the lungs. Underlying sensitivity and inflammation causes air passages or bronchial tubes to become narrowed, making it difficult to breathe in and out. Sudden narrowing produces what is usually called an asthma attack.

3) How does asthma affect children?
a) Children with asthma may develop episodes of attacks of breathlessness and coughing during which wheezing or whistling noises may be heard coming from the chest. Tightness felt inside the chest is sometimes frightening and may cause great difficulty in breathing.
b) Individual children are affected by their asthma in different ways. One child may have very occasional, brief and mild attacks whilst another may be forced to not attend school, be unable to participate in games and need regular treatment.

4) What causes an asthma attack?
a) Asthma is a physical disorder of the lungs which the air passages become sensitive a variety of common stimuli. It is not an infectious disease nor is it a psychological disease, although strong emotions lead to symptoms.
b) Collecting information on individual pupils
c) All parents are asked to declare their child's asthma.
d) The Nurse will carry out a baseline peak flow of all new pupils
e) Any boarder showing signs of asthma will be assessed and referred to the school doctor.
f) A termly list will be published to all staff of the current asthmatics.

5) Use of inhalers preventative inhalers
a) These are usually brown or orange and contain steroids. These are taken regularly to reduce the sensitivity of the air passages so that attacks no longer occur or are only mild.
b) This type of inhaler does not help during an attack.

6) Relief inhalers
a) These are generally blue and are used to relieve pupils when breathless, coughing or wheezing.

7) Use of inhalers in School
a) All children should have a spare inhaler kept in the medical room. All pupils have their own labelled inhaler kept in the inhaler trolley in the Medical Room. Pupils must not share their inhalers.

8) In the event of an asthma attack:
a) Call the Nurse for assistance.
b) If a pupil becomes breathless wheezy or coughs continually.

c) Keep calm.
d) Let the pupil sit down in a position they find comfortable Do NOT let them lie down.
e) Encourage slow deep breathing.
f) Loosen any tight clothing.
g) Ensure the blue reliever is taken promptly and properly if possible via a spacer.

9) Signs of a severe asthma attack
a) The relief medication does not work.
b) The pupil is breathless enough to have difficulty in talking normally.
c) Blue tingeing around the mouth.
d) Pulse rate is greater than 120 beats per minute.
e) Rapid breathing of 30 breaths per minute.

10) Action
a) ANY of these signs means it is severe
b) Call the emergency services
c) Stay with the pupil
d) Keep trying the relief inhaler every 5 – 10 minutes. Do not worry about overdosing.
e) Inform the parents.

Further information about asthma and emergency treatment can be found in the document 'Guidance on the use of Emergency Salbutamol Inhalers in Schools' (Sept 2014)
https://www.gov.uk/government/publications/emergency-ashtham-inhalers-for-use-in-schools

Appendix III

First Aid Protocol for Epilepsy

FIRST AID FOR SEIZURES IS QUITE SIMPLE AND CAN PREVENT A CHILD FROM BEING HARMED DURING A SEIZURE

For a known epileptic, a child will have an individualised care plan.

There are different types of seizures which need different management.

1) **Tonic – clonic seizure**
   The person loses consciousness; the body stiffens, then falls to the ground. This is followed by jerking movements. A blue tinge may appear around the mouth. Loss of bladder/bowel movement may occur. After a few minutes the jerking should stop and consciousness slowly returns.

   Do
   a) Call the Nurse for help
   b) Protect the person from injury
   c) Cushion their head
   d) Aid breathing by placing in recovery position once the seizure has finished
   e) Be calmly reassuring
   f) Stay with the person

   Do not
   a) Restrain
   b) Put anything in the persons mouth
   c) Attempt to move unless in danger
   d) Give anything to eat or drink until fully recovered
   e) Attempt to bring them round.

   Medical Assistance
   a) Call for an ambulance if one seizure follows another, the person is injured or you feel urgent medical attention is required or if the seizure continues for more than 5 minutes.
   b) Some children have medicine prescribed for this emergency and will be administered by the nurse.

2) **Absence seizure – daydreaming or switching off**
   In the event of a simple partial seizure which can be twitching, numbness, sweating, dizziness or nausea with visual disturbance, hearing loss strong smell or taste or a strong déjà vu.
   a) Reassure
   b) Guide from danger
   c) Be calmly reassuring
   d) Stay with them until recovered
   e) Call the Nurse

Appendix IV

First aid policy for Diabetes

Signs and symptoms of low blood sugar level (hypoglycaemia)

The onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise than normal, warm weather, too much insulin and stress. Symptoms may include:

* looking pale
* glazed eyes
* blurred vision
* confusion/incoherent
* shaking
* headache
* change in normal behaviour-weepy/aggressive/quiet
* agitated/drowsy/anxious
* tingling lips
* sweating
* hunger
* dizzy

Action to be taken

* Give fast acting glucose (Lucozade drink or glucose tablets or jelly babies) This will raise the blood sugar level quickly
* Call School Nurse
* After 5 - 10 minutes follow this up with 2 biscuits, a sandwich or a glass of milk (or child's own regime in their care plan)
* Do not leave the casualty unaccompanied at any time
* Allow access to regular snacks and check blood sugar level again
* Inform parents as soon as possible
* Never leave the child unaccompanied

Action to be taken if the pupil becomes unconscious

* Place casualty in recovery position and call School Nurse
* Do not attempt to give glucose by mouth as this may cause choking
* Telephone 999
* Inform parents/next of kin as soon as possible
* Accompany casualty to hospital and await arrival of parent

Signs and symptoms of high blood sugar level (hyperglycaemia)

This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal. Symptoms may include:

* feeling tired and weak
* feeling thirsty
* passing urine more often
* nausea and vomiting
* drowsy
* breath smelling of acetone
* blurred vision
* unconsciousness

Action

* inform School Nurse at once
* arrange for blood glucose testing if possible
* recovery position for unconsciousness
* inform parents/next of kin as soon as possible
* call 999 and accompany casualty, await arrival of parents/next of kin

For those children with sensor based glucose monitoring, check any alarms with finger prick blood glucose and follow the child's own care plan.

If a pupil requires pump therapy this is to be discussed with the parents/guardians on an individual basis and a plan developed.

Diabetes management on trips and away matches

The member of staff in charge for each trip will need to attend the surgery for a full handover of the child's care. The nurses will supply a checklist of treatment and what to do in an emergency for the child. The Nurse on duty will be available by phone for any queries.

Appendix V

First aid policy for treatment growth hormone deficiency

Growth hormone (GH) is a substance in the body that helps children grow and develop. It is made by the pituitary gland, a small gland between the lobes of the brain.

GH deficiency happens when the body does not make enough growth hormone to allow a child to grow at a normal pace.

One of the most visible signs of growth failure is a height that is much shorter than most other children the same age. This is called short stature. But some children can have growth failure even if they don't have short stature.

Often, doctors don't know why a child has GH deficiency. When a cause is found, it's often related to problems with the pituitary gland or with the brain around the pituitary gland

Growth disturbance caused by growth hormone deficiency is usually treated with somatropin, available in multiple preparations, which are already recommended in NICE's technology appraisal guidance on somatropin.

Treatment usually lasts until growth is completed, in the late teens.

Any child prescribed growth hormone, will need to be seen by an endocrinologist and they will need to provide a doctor's report to the school doctor, once the school doctor is happy, the school nurses will aid the child to give their injections. This will be on a case-by-case basis.

Appendix VI

First Aid policy for Anaphylaxis

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later.

Causes can include foods, insect stings, and drugs. Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure.

Common UK Allergens include (but are not limited to) Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

On entry to the school, it is the parent's responsibility to inform the school Nurse of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with their GP or allergy specialist.

Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.

Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication.

The school Nurse will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication. It is the parent's responsibility to ensure all medication is in date however the school Nurse will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

The school Nurse keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given. Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

Allergy Action Plans Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto injector.

Ludgrove recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional and provide this to the school.

Emergency Treatment and Management of Anaphylaxis What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen. Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth • swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.

CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness. The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal. If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

It opens up the airways. It stops swelling. It raises the blood pressure. As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

Keep the child where they are, call for help and do not leave them unattended.

LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.

USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given.
AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.

CALL 999 and state ANAPHYLAXIS (ana-fil-axis). If no improvement after 5 minutes, administer second AAI. If no signs of life commence CPR.

• Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain: • Two AAIs i.e. EpiPen® or Jext® or Emerade® and an up-to-date allergy action plan. These are kept in the nurse's room on top of the fridge.

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes. AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

Ludgrove has purchased spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) These are stored in the pantry by the defibrillator.

The school Nurse or head of pastoral will inform the Catering Manager of pupils with food allergies.

Adapted from Allergy Wise UK 2023.

Appendix VII

Location of First Aid Kits & Defibrillator

No	Location	Equipment
1	Medical / Nurses Room	Sports First Aid kits
2	Kitchen	Burns First Aid kit Catering First Aid kit
3	Science Lab	Eye Wash Station First Aid Kit
4	Sports Hall	Sports First Aid Kit
5	Art and DT	Eye wash station First Aid Kit
6	Work Shops	Standard first aid kit (maintained by Maintenance Dept.)
7	Cricket Pavilion	Standard First Aid Kit
8	Swimming Pool	Standard First Aid Kit
9	Minibuses x 2	Standard First Aid Kit x 2 (maintained by Maintenance Dept.)
10	Top pitches	Medicine box – ice pack, Salbutamol inhaler
11	Golf course	Ice packs, foil blankets, Salbutamol inhaler

The defibrillator is located in the main hall between the pantry and study.

Appendix VIII

First Aid Kit Contents

Swimming Pool Kit - standard first aid kit
Minibus First Aid Kit Contents – standard first aid kit
Sports Hall First Aid Kit
Ice Packs
Triangular Bandage
Eye Wash Pods
Adhesive wound dressing x 5
Assorted plasters
Scissors
Cleansing wipes
Eye pad
Large wound dressing
Medium wound dressing
Finger dressings
Crepe bandage x 3

Sports First Aid Kits
Leaflet for First Aid Advice
Cold Spray
3 Instant Ice Packs
Crepe Bandage
4 x Pods of Saline Eye Wash
Triangular Bandage
Scissors
Gauze Swabs
1 pack of steri-strips
2 x adhesive dressings
Foil Blanket
Assorted plasters
Fabric strip dressing
Packet of tissues
Tape
Vomit bags and yellow clinical waste bag
10 non-alcohol wipes
1 eye pad
1 large wound dressing
1 medium wound dressing
Pairs of disposable gloves
1 mouth to mouth protector

Appendix IX

Sick Boy Policy

If a boy becomes unwell and is admitted to sick bay, parents will be informed by the School Nurse.

If after 24 hours in sick bay, they still remain unwell, parents may then on arrangement take their child home. However on occasions such as the outbreak of a tummy bug or virus, this may have to be reviewed due to the limited space in sick bay.

Boys should not return to school after having sickness or diarrhoea before they have been symptom free for a minimum of 48 hours. Otherwise, we advise boys with any other infection, with a temperature, or if medically unfit for school to remain at home until better.

Appendix X

FORM C – Ludgrove Medical Consent and Allergy Form

Your son's name:_____ (block capitals)

1. Medical Consent

☐ I give consent for my son to receive medical, dental or optical treatment in school. This will take the form of Ibuprofen/Paracetamol, cough mixture, etc., the dressing of cuts and abrasions and treatment of minor injuries. Such treatment may be given to relieve a headache or other pain, to help recovery and enable your son to return quickly to class thus avoiding missing work. If we are concerned about your son in any way, we will of course contact you by telephone or email immediately.

☐ I give permission for my son to be given medical treatment in school and also agree for a nominated member of staff to take my son to the doctor's surgery (Wokingham Medical Centre), the local hospital, dental surgery or optician for treatment if necessary.

☐ Where emergency treatment is vital and waiting for parental consent would place my son at risk, I give consent for treatment to proceed.

☐ I give permission for my son to have a routine medical examination by the school doctor on entry and for any necessary medical information to be released to the headmaster and relevant staff should it be in the best interests of my son's well-being.

Vitamins, supplements, over the counter & homeopathic medication.

nder new NHS regulations, over the counter regular medications such as hayfever tablets are no longer prescribed and parents will need to provide these, in addition to a letter confirming why they are needed. In addition, supplements and vitamins can no longer be given to the boys unless there is a proven medical need in writing from a GP or medical specialist. Our School Nurses cannot administer homeopathic medicines.

If a GP or Consultant is seen during the holidays or term time please inform the school nursing team if you think it is relevant to their ongoing care at school.

Please refer to the First Aid Policy on our website for further information regarding medical care at Ludgrove.

Parent's name: _____ (block capitals)

Parent's signature:_____Date:_____

2. Food Allergy / Intolerance

Ludgrove understands that allergies/intolerances present a serious problem for some people.

Please provide details of any food allergies, including special requirement and dietary information. Please return a copy of the medical diagnosis with this form (this can be a doctor's or a dietician's diagnosis letter).

3. Nut-Free Ludgrove

Ludgrove is a nut-free school. No nuts whatsoever are used in cooking and staff are prohibited from bringing any food containing nuts onto the premises. Please help us to ensure the safety of our pupils by supporting our nut-free status:

☐ I confirm that we will not bring **any food** containing nuts to Ludgrove (including pitch side, in the car park or in cars).

While Ludgrove can make arrangements to provide foods in which allergens are not included as an ingredient, we cannot guarantee that traces of nominated food allergens can remain completely absent from dishes, as these foods may be handled and stored in the same areas as nominated allergens.

FORM C – Ludgrove Parental Consents Form

Name of pupil: _____ (block capitals)

3. Parents' Address List Consent

Many parents have asked if we can provide a list of all parent's addresses and telephone numbers. The list would be circulated **only** amongst the parents of Ludgrove.

I do	I do not	give permission for my contact details including parents' names, addresses, email addresses, home and mobile phone numbers to appear on the Ludgrove Parents' Address List and understand that this is circulated *only* amongst the parents of the School.

We cannot include you in this address list unless we have confirmation from you.

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4. Photography Consent

The school would like your written permission to use photographs and recorded images of your son in accordance with General Data Protection Regulation and other current guidance.

I do	I do not	give permission for Ludgrove School to use my/our son's image/recording on internal display boards, the school website, school social media accounts, the school magazine, other school publications and any other marketing material which may be sent to other parents and prospective parents.
I do	I do not	agree to support the school in implementing the rules and regulations stated in the Ludgrove ICT Policy which are detailed on the school website at www.ludgrove.net/schoolpoliciesandisi.

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5. School Trip Consent

I do	I do not	give permission for my son to take part in school trips and other activities that take place off school premises and to be given first aid or urgent medical treatment during any school trip or activity. I understand that the trips and activities covered by this consent include all visits (including residential trips) which take place during weekdays, holidays or a weekend, adventure activities at any time and all off-site sporting fixtures.

Each of those with parental responsibility to sign and complete below:

First Signature: _____ Second Signature: _____

Name in full: _____ Name in full: _____

Date: _____ Date: _____

Ludgrove School

Graduated Return to Activity and Sport (GRAS) Form for Pupils:

Each stage is a minimum of 24 hours

Date of injury _____

Stage	Rehabilitation Stage	Exercise Allowed	Objective	Stage achieved (concussion symptom free) YES/NO	PE staff to sign and date
1	Initial Relative Rest	24-48 hours after concussion Take it easy, phone and computer screen time should be kept to a absolute minimum to help recovery	Recovery		
2	Return to Daily Activities and Light Physical Activities	Following 24-48hours initial rest period (minimum 24hours after concussion event)	There may be mild symptoms with activity which is ok. If symptoms become more than mildly worsened by any mental or physical activity in Stage 2, rest until they subside.		
3	Aerobic Exercise and Low-Level Body Weight Resistance Training	Start Stage 3 when symptoms allow e.g., mild symptoms are not worsened by daily activities/light physical activities	If symptoms more than mildly increase, or new symptoms appear, stop, and rest briefly until they subside. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild		

			symptoms occurring		
4	Rugby-Specific Non-Contact Training Drills and Weight Resistance Training	No earlier than **Day 8**	If symptoms more than mildly increase, or new symptoms appear, stop, and rest briefly until they subside. Resume at a reduced level of exercise intensity until able to tolerate it without more		
5	Full Contact Practice	No earlier than **Day 15**	A player should ONLY move to Stage 5 when they have NOT experienced symptoms at rest from recent concussion for **14 days**		
6	Return to play	No earlier than **Day 21**	Symptom free at rest for preceding 14 days and continues to be symptom free during pre-competition training.		

In accordance with the RFU guidelines _____ (Name) has completed a program of GRAS under supervision and can now return to play contact sports. (copy of GRAS to parents/School Nurse)

Signed Pupil _____Date _____

PE Staff Member _____Date _____