



First Aid Policy

Implementation Date: August 2015
Date / Term of last review: Michaelmas Term 2025

This policy applies to the whole school including those in the EYFS.

This policy also includes the following Oakwood policies within its Appendices:

- Appendix A:** Staff First Aid qualifications (including PFA)
- Appendix B:** Anaphylaxis, Allergy & Asthma
- Appendix C:** Spillage of Bodily Fluids
- Appendix D:** Clinical Waste
- Appendix E:** Head Injury & Concussion

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Website	Required	✓
Internal Staff purposes only		

1. **Aims and objectives**

- 1.1. This policy outlines the school's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The policy is reviewed annually.
- 1.2. The aims of the first aid policy are to:
 - Ensure that first aid provision is available at all times while people are on school premises and also off the premises whilst on school visits.
 - Ensure a timely and competent response to all incidents.
 - Appoint the appropriate number of suitably trained people as Appointed Persons, First Aiders and Paediatric First Aiders to meet the needs of the school.
 - Provide relevant training and ensure monitoring of training needs.
 - Provide sufficient and appropriate resources and facilities for off-site activities as well as in school itself.
 - Inform staff and parents of the school's First Aid arrangements.
 - Keep accident records and to report to the HSE (0845 3009923) as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Act 1995.
- 1.3. Additional policies are contained within the appendix section of this policy:
 - Administration of Medication
 - Asthma & Anaphylaxis Policy
 - Spillage of Bodily Fluids Policy
 - Clinical Waste Policy
 - Head Injury & Concussion Policy

2. **Personnel**

- 2.1. The Headteacher is responsible for the health and safety of the employees and anyone else on the premises. This includes the teachers, non-teaching staff, pupils and visitors. The Headteacher is responsible for putting the policy into practice and for developing detailed procedures. The Headteacher should ensure that the policy and information on the school's arrangements for first aid are available to parents.
- 2.2. The Operations & Logistics Manager must ensure that a risk assessment of the school is undertaken and that the appointments, training and resources for the First Aid arrangements are appropriate and in place. Insurance arrangements should be in place to provide full cover for claims arising from the actions of staff acting within the scope of their employment.
- 2.3. Teachers and other staff are expected to do all they can to secure the welfare of the pupils.

3. **Procedures and Practical Arrangements**

- 3.1. Risk Assessment
Reviews are required to be carried out by the Operations & Logistics Manager at least annually and when circumstances alter. Recommendations needed to prevent or control identified risks are forwarded to the Headteacher.
- 3.2. Re-assessment of first aid provision:

As part of the school's annual monitoring cycle:

- The Headteacher reviews the school's first aid needs following any changes (e.g. staff, site, activities).
- The appointed First Aid coordinator monitors the number of trained first aiders, alters the number if necessary as instructed by the Headteacher, arranges refresher courses and organises training sessions.
- **Updated training must be carried out every three years, or when a qualification is due to expire, whichever is sooner.**
- The Operations & Logistics Manager monitors emergency first aid training received by other staff, e.g. peripatetics.
- The appointed First Aid coordinator checks the contents of the first aid bags and boxes half termly and ensures staff have access to the first aid kits in all key teaching areas.

3.3. Provision:

The Headteacher makes arrangements to ensure that the required level of cover of First Aiders, Appointed Persons and Paediatric First Aiders is available at all times and the level of risk.

3.4. Staff Qualifications and Training:

First Aiders will hold a valid certificate of competence issued by an organisation approved by the HSE. Appointed persons will undertake a minimum of one day emergency first aid training. Key personnel will hold a specific HSE-approved PFA qualification ensuring that all regulatory requirements of the Early Years Foundation Stage are met with at least one person, at all times being on the premises and at least one member of staff accompanying any Early Years Foundation Stage outing having a current paediatric first aid qualification as a minimum requirement. All personnel holding first aid qualifications, accurate to the time of review, are listed at Appendix A to this policy.

3.5. Pupil Knowledge and Understanding:

We recognise the importance of pupils' knowledge and understanding of first aid, appropriate to age. We use opportunities to bring in outside speakers and experts (ie RNLI, St John's Ambulance, West Sussex Fire Services, etc) to talk to pupils in school enrichment sessions and assemblies.

3.6. Every year, pupils in the Prep School undertake some basic life-saving instruction as part of 'Drowning Prevention Week' and Year 6 pupils complete some basic first aid training as part of their academic enrichment programme in the summer term.

3.7. First Aid Materials, Equipment and Facilities:

The First Aid Coordinator ensures that the appropriate number of first aid containers is available.

- All first aid containers must be marked with a white cross on a green background.
- Each school minibus must carry a first aid container.
- First Aid containers must accompany PE/Sports teachers off-site and on the sports pitches.
- First Aid containers should be kept near to hand washing facilities and in a first aid supervision area.
- Spare stock should be kept in school and monitored by the appointed First Aid coordinator.

3.8. Responsibility for checking and re-stocking:

- In school – the Operations & Logistics Manager delegates the responsibility to the appointed First Aid coordinator.
- On school trips/coaches/minibuses – the trip leader.
- For off-site PE – the Games department teacher.

4. **Accommodation**

- 4.1. There are two specific, suitable rooms for medical treatment and short-term care during school hours. The Pre-Prep (including the EYFS) use the "First Aid Room" with a telephone and is situated next to washbasins and lavatories. The Prep School uses the office for initial medical treatment and assessment and the First Aid Room beyond the girls toilets and next to the PE office, in the main house, with a telephone (in the PE office) and with a washbasin and lavatories, is provided for the short-term care of sick and injured pupils. This room offers a space for rest and quiet until the child is collected by their parents. Both facilities offer immediate access to drinking water.

5. **Hygiene/Infection Control**

- 5.1. Basic hygiene procedures must be followed by staff. PPE is available to all staff. Single-use disposable gloves must be worn when treatment involves blood or other body fluids. If body fluids are spilt, the First Aider must use the designated spillage packs and the Maintenance Department must be informed immediately so that a 'deep clean' can occur. The area of spillage should be cordoned off until this has taken place. Dressings, equipment and bodily fluids are to be disposed of in medical, yellow, closed-top bins in the yellow 'Contaminated Waste' sacks provided. A separate policy on dealing with the spillage of bodily fluids exists for the guidance of maintenance staff or anyone else required to deal with such spillages.

6. **Prescribed Medicines**

- 6.1. ALL MEDICINES brought into school by parents must be handed in to the child's form teacher or to the School Office for safekeeping. A consent form (Administration of Medication) must be completed and signed **before** medicine is administered. This includes treatment for Asthma (please refer to the *Anaphylaxis, Allergy & Asthma policy* for further information in Appendix B).
- 6.2. Medicines must be securely stored, with the consent form, in either the school office (for pupils from Year 2 and above) or in the Pre-Prep First Aid Room (for pupils in Kindergarten to Year 1) or in Nursery (for Nursery pupils). The form teacher to whom the medicine is handed is responsible for ensuring that the medicine is taken to the relevant location for storage. Medicines may need to be refrigerated. Fridges for this purpose are in the Nursery, the Pre-Prep First Aid Room and the School Office. A lock is permanently fixed to the fridge and the key kept out of children's reach.
- 6.3. Prescribed medicines must be administered, in strict accordance with the directions on the container, by either the School Office staff, Nursery staff or Pre-Prep duty First Aiders if the Pre-Prep form teacher is not available.
- 6.4. Before administering the medicine, the staff member must check the following:
- the identity of the child,
 - the intended recipient of the medicine according to the pharmacy/doctor's label on the bottle/packet,
 - the correct dosage according to the pharmacy/doctor's label,
 - the time that the medication is due, and
 - that the dose of medicine has not been given already by another staff member.
- 6.5. The staff member administering the medicine must note the date and time on the Administration of Medication form. **Every** administration of prescribed medicine (and the checks listed above) must be

witnessed by a second member of staff, who should countersign the Administration of Medication form.

- 6.6. All medicine must remain securely stored until collected by a pupil's parents. The form teacher (in the case of pupils up to and including Year 1) or the School Office staff are responsible for ensuring that medicine is not left at school once the course has finished; they are to ensure that any leftover or expired medication is returned to the relevant parent.

7. **Practical arrangements at point of need**

- 7.1. In the case of very minor incidents (cuts and grazes), Pre-Prep and Nursery staff must clean the wound with sterile water or an antibacterial sterilized wipe and apply a dressing where required. Accident forms need not be completed for superficial grazes and bumps where no swelling or immediate bruising is apparent: such incidents are to be noted on a 'Daily Occurrences' sheet in the Pre-Prep Resources room.
- 7.2. Prep School staff should send the child with an escort to the nearest hand basin to wash and dry the wound. On return, a dressing should be applied if required. Again, superficial cuts and bumps need not be recorded on an accident form however, if regular accidents occur in the same area, incidents must be recorded on SMARTLOG .
- 7.3. Major incidents involving severe bleeding or serious injury, the casualty must not be moved. Make them comfortable at the place of incident and notify an additional member of staff to call the office. The office will ensure the emergency services are called if appropriate and ensure a Paediatric First Aider (PFA) qualified member of staff is immediately called to the scene.
- 7.4. In the event of a minor injury where the pupil is able to move, the pupil should be taken to the closest First Aid area. If necessary, a PFA qualified member of staff is called immediately, who will make a decision regarding any specific action to be taken or whether to call an ambulance. The attending First Aider must telephone the parents as soon as is practicable if the child has received a head injury, even if the child has not attended hospital.
- 7.5. In the event of a child needing to be taken to St Richard's Hospital Casualty Department, a first aider and a driver will accompany the child. Only one member of the teaching staff should be involved with the hospital trip (make use of ancillary staff and teaching assistants.) Parents will be contacted by the Office as soon as possible and invited to meet their child at casualty.
- 7.6. As mentioned above, accident forms must be completed for all but superficial bumps and grazes.
- 7.7. Completed accident forms must be filed in the Accident Book in the secure cabinet in the Pre-Prep First Aid Room for Pre-Prep and EYFS children, and should be handed in to the School Office in the case of Prep School children.
- 7.8. Parents will always be contacted if a child suffers anything more than a trivial injury, or if he or she becomes unwell during the school day, or if the school has any concerns or worries about his or her health. We will ask parents to collect their child if he or she becomes ill during the school day.
- 7.9. All staff on duty must wear a high vis jacket, carry a radio and a small first aid bag. Staff to administer first aid for minor injuries or radio the office for assistance in the event of requiring additional medical assistance.

8. **Reporting of accidents/injuries, diseases and dangerous occurrences**

8.1. Please see the section below on accident reporting (RIDDOR).

9. **Patent Medicines**

9.1. Patent medicines (e.g. Calpol, Nurofen) are held by the FAW staff for emergency use. Consent to administer patent medicine is sought from parents at the time of registration by the completion of the 'Confidential Consent and Information' form. **Please check the form before giving such medicine.** Copies of these forms are held securely in the Nursery for Nursery pupils, and in each First Aid treatment area (see 'Accommodation'). The original of each form is kept on the individual pupil's file in the school Office.

9.2. Each dose of medicine given must be recorded on the 'Daily Medicine Sheet' held in the Pre-Prep First Aid Room and the School Office, and this sheet must be checked before any medicine is given to ensure that the correct period of time has elapsed between doses. The reading record/pupil planner must also be checked to ensure that medicine has not been given at home before children have arrived at school.

9.3. The administration of patent medication must be communicated to parents when they collect their son or daughter, either verbally or via the child's reading record (Pre-Prep) or pupil planner (Prep School). **If parents have administered any medication at home before bringing their child to school, this must be communicated to the form teacher in the case of Pre-Prep children, or noted in the pupil planner for Prep School children.** This will help to avoid the chance of giving a second dose too soon.

10. **Sickness**

10.1. In cases of obvious distress, send an escorted Prep School child to the office immediately. In the Pre-Prep and EYFS departments, a FAW qualified member of staff will be called by the teacher or staff member present. The FAW qualified staff member on duty will be called by the office staff. A vomiting child must be supervised at all times. A child with a temperature must be checked every 10 minutes. Temperature should be taken every thirty minutes if possible except when the child is sleeping, then no longer than one hour between recordings. ***In both cases, parents should be notified and asked to collect as soon as possible.***

11. **Medical Questionnaires**

11.1. Parents must complete and sign a confidential Parental Consent and Medical Information for each pupil. The original form will be kept on the individual pupil's file in the school office, in a secured filing cabinet, and for Pre-Prep pupils, including Kindergarten but not Nursery, a copy will be held in a marked folder in a secure cupboard in the Pre-Prep First Aid room. Forms for Nursery children are held in a secure cabinet in the Nursery. The form must be updated and re-signed if any information is changed.

12. **Arrangements for pupils with particular medical conditions**

- 12.1. All cases of long-term illness/ailments (e.g. epilepsy or diabetes) must be treated in accordance with the guidance of the family practitioner and their Individual Health Care Plan (IHCP). If necessary, a designated member of staff will receive specialist training (e.g. to supervise a diabetic child who can measure his/her blood sugar and administer insulin using an epipen).

13. **Asthma & Anaphylaxis**

- 13.1. Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.
- 13.2. Most allergic reactions are mild, causing minor symptoms but some can be very serious and cause anaphylaxis which is a life-threatening medical emergency.
- 13.3. People can be allergic to almost anything, but serious allergic reactions are caused most commonly by food, insect venom (such as a wasp or bee stings), latex and medication.
- 13.4. Allergic disease is the most common chronic condition in childhood. On average, one or two children in every class of 30 will have a food allergy so it's vital the whole school community understands allergy, risk prevention and knows what to do in an emergency.
- 13.5. A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.
- 13.6. Having a robust Allergy and Anaphylaxis Policy ensures everyone at Oakwood:
- is clear on procedures
 - understands their responsibility for reducing the risk of allergic reactions happening
 - knows how to respond appropriately if an allergic reaction occurs
- 13.7. Please refer to the *Anaphylaxis, Allergy & Asthma appendix B* for further information.

14. **Exclusion illnesses**

- 14.1. If pupils or staff experience vomiting or diarrhoea, pupils must be collected from school immediately to limit the spread of infection and both pupils and staff must not return to school until a full 48 hours after the last incidence of such illness. Similarly, pupils or staff who suffer a raised temperature in conjunction with cold or flu like symptoms must also not come to school until their temperature has been normal for 24 hours. These measures are in place to help limit the spread of infectious illnesses.
- 14.2. In the case of chickenpox, children must remain off school until every spot has crusted over. Advice on safe return to school for all other illnesses (e.g. measles, mumps, slapped cheek) must be sought from a doctor.
- 14.3. In all cases use the guidance of the list held in the School Office. For further direction, the Operations Manager will contact the Health Protection Agency who will advise.
- 14.4. Parents in school will be notified if there is a case of chickenpox, measles, mumps, slapped cheek etc.

15. **Swimming Pool**

- 15.1. The swimming pool staff should ensure that they have a working radio which should be tested at the start of each day. Actions to be taken in an emergency in or near the pool are contained within the Emergency Action Plan.
- 15.2. Children with open or weeping wounds must not swim. All wounds must be covered with an appropriate, waterproof dressing.

16. **Record Keeping**

- 16.1. Staff administering first aid are required to complete statutory accident records that are kept for a **minimum of seven years**. (see The Accident Book). This should include:
 - The date, time and place of the incident;
 - The name (and class) of the injured/ill person;
 - Details of injury/illness and what first aid was given;
 - Name and signature of the first aider dealing with the incident.
- 16.2. A photocopy is made of the form and given to the parents on collection of the child or emailed to parents during the course of the day. The parents sign the original accident record form or acknowledge the email. The form is then held with the central records.
- 16.3. The appointed First Aid Co-ordinator will report to the HSE (0845 3009923) as required if necessary to comply with RIDDOR 1995. A separate policy exists governing the reporting of accidents. All staff who deal with a reportable incident must inform the appointed First Aid co-ordinator of the details of the incident that day. A list of such reportable incidents is held in both the school Office and the Pre-Prep first aid and resources room.

17. **EYFS**

- 17.1. Any notifiable disease to any child in the EYFS will be reported to the local health protection unit (HPU) and Ofsted where appropriate. Any accidents falling into the RIDDOR guidelines will be reported to Ofsted.
- 17.2. Medication – We will also inform parents when their child has received medication. This is tracked on the administration of medicines form which is attached to the medication and returned home at the end of each session/day.

18. **RIDDOR and Accident Reporting**

- 18.1. **Which accidents require recording and reporting?** The HSE Information Sheet on accident reporting makes clear that pupils and visitors to a school "are not at work". The reporting requirements are therefore restricted to cases when a person is killed or taken to hospital, or if the accident arises out of or in connection with the work activity. The guidance explicitly excludes playground accidents due to

collisions, slips, trips and falls, unless they happen because of the condition of the premises or equipment, or due to inadequate supervision. This is further defined as:

- work organisation (e.g. the supervision of a field trip)
- plant or substances (e.g. lifts, machinery, experiments, etc)
- the condition of the premises.

- 18.2. **The Accident Book / H&S Reporting Tool:** The appointed First Aid coordinator in conjunction with the Operations & Logistics Manager are responsible for ensuring that an accurate record is kept of all accidents (more serious than a superficial bump or graze) that happen to pupils, staff, visitors and contractors at the school, or on school-led activities outside school.
- 18.3. All staff complete an accident form, unless they are so incapacitated that doing so is impracticable. In such cases the form should be completed by a witness. The wording of the form is designed to encourage a logical and thorough record of every accident in a common format, leading the reporter through each stage. Details recorded include: the name and status of the person injured, when, where and how the accident occurred, what happened, what injury resulted and whether the injury was sufficiently serious to meet the criteria, known as a "Notifiable Accident," that require it to be reported to the Health and Safety Executive (HSE).
- 18.4. Completed accident report forms are forwarded to the Operations Manager for any further action that may be necessary (see below). Forms are kept in a folder, with separate sections for accidents to pupils, staff and visitors for a minimum of three years. In order to ensure strict privacy, as well as compliance with the Data Protection Act (DPA), they are stored in a locked filing cabinet in the Pre-Prep Resources/First Aid Room or in the School Office. Accident reports are monitored termly by the Operations & Logistics Manager, who provides an annual report to the Governors at the meeting of the school's Health and Safety Committee (as part of the Buildings and Grounds committee) and trends are monitored.
- 18.5. **What is a notifiable accident?** The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), places a statutory duty on employers (and others) to report work-related deaths, major injuries, injuries lasting over three days, together with work related diseases, and dangerous occurrences (near miss accidents) to their local Health and Safety Executive (HSE) office via the national Incident Contact Centre (ICC) who will pass details on to the local HSE office. An accident that is sufficiently serious to require reporting to the ICC must also be recorded in the accident book.
- 18.6. **Employees and Contractors:** RIDDOR specifies that the following work-related accidents to employees or contractors working on the premises should be reported immediately for accidents which result in death or major injury, and within ten days for injuries that prevent the injured person from continuing his/her normal work for more than three days. The HSE's leaflet 'Incident-reporting in schools (accidents, diseases and dangerous occurrences)', defines the list of reportable major injuries. It also explains the procedure for reporting an accident. A copy of this publication is held in the school office, or can be downloaded at www.hse.gov.uk/pubns/edindex.htm.
- 18.7. **Pupils and Visitors:** RIDDOR requires that accidents to someone who is not at work (i.e. pupils and visitors) should be reported to the ICC if the person is killed or taken to hospital, **and** the accident arises out of or in connection with the work activity.
- 18.8. Playground accidents that do not require a pupil being taken to hospital are only reportable if they result from "the condition of the premises or equipment, or inadequate supervision". The notification process for pupils and visitors is identical to the one for staff.

18.9. **Who will report notifiable accidents and injuries?** The appointed First Aid Coordinator, or, in his or her absence, the Operations & Logistics Manager will report all notifiable accidents or injuries. Staff attending to an incident or accident which is reportable must inform the Operations & Logistics Manager or the appointed First Aid Coordinator as soon as possible once the incident has been attended to and the person injured is safe, but within 24 hours at the latest.

18.10. **Accident Investigations:** All notifiable accidents need to be investigated in order to:

- Prevent recurrences and learn from events
- Keep statistics so that trends can be identified and discussed by the Health and Safety Committee
- Report to insurers in support of a claim (if appropriate).

Copies of all statutory accident report forms should therefore be sent to the appointed First Aid Coordinator. At Oakwood, it is our policy to encourage all members of staff to take an active interest in improving the health and safety of our community. Members of staff are therefore urged to report near misses, or trivial accidents that could potentially have been more serious to the Operations & Logistics Manager so that they can be investigated, and any defects put right.

The investigation will normally be carried out by the Operations & Logistics Manager but may involve other members of staff. Witness statements may be taken, and in serious cases, a full written report, including photographs and recommendations will be produced for the SLT and the Health and Safety Committee. The Health and Safety Committee formally discusses accidents once a year.

18.11. **Safety Equipment:** We are strict in ensuring that pupils always wear the recommended protective equipment both in curriculum activities and in organised sport. Any pupil can expect not to be allowed to play sport without the following essential safety equipment, such as mouth guards, shin pads etc. We supply cricket helmets and pads, and goal-keeping equipment for hockey and football. We supply safety goggles, gloves and overalls for Science and DT. Staff are supplied with all the safety equipment needed for their work, such as ear-defenders, reinforced footwear, gloves, masks etc. Their induction training makes clear that failure to wear the equipment can be treated as a disciplinary issue. The Operations & Logistics Manager maintains a register of Personal Protective Equipment issued. He or she is responsible for ensuring that worn-out or unserviceable equipment is replaced when necessary.

18.12. **Insurance:** Oakwood School has £5 million of Employers' Liability Insurance and £25 million of public liability insurance, as well as a group travel policy and an "occasional use" motor policy, both of which are described in more detail in the policy governing Educational Visits. We recommend Personal Accident Insurance cover to all parents and this may be added to the school fees. The Business Manager is responsible for arranging insurance, and dealing with the Insurers in the event of a claim.

APPENDIX A

First Aid Qualifications

All staff holding the full 12-hour paediatric first aid qualification are listed below and these are also displayed in the office, Pre-Prep Conservatory (near the Pre-Prep playground), the Kindergarten notice board and in Nursery.

Paediatric First Aiders (12 hours) @ September 2025

Jenny Allum
Catherine Baker
Clare Bradbury
Kirsty Evans
Monique Gardiner
Jesscia Hepworth
Julia Martin
Anne Morley
Chloe Reed
Karen Small
Corina Smith
Sarah Stevenson
Emma Tarry
Ben Taylor
Beth West
Jenny Western
(16)

All staff are required to have undertaken some first aid training (face to face or Educare) and the First Aid Coordinator monitors staff first aid training. [Staff first aid qualifications tracker.](#)

APPENDIX B

Anaphylaxis, Allergy & Asthma

1. Aims and Objectives

- 1.1. This policy outlines Oakwood School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to becoming an Allergy Aware School.

2. Anaphylaxis is a severe allergic reaction

- 2.1. Allergy occurs when the immune system overreacts to a substance or 'trigger' in the person's environment that is typically harmless. The substance or trigger is called an allergen. The immune system responds by making an antibody to attack the allergen and this starts off a range of immune system reactions.
- 2.2. Allergies can be mild, moderate or severe. Anaphylaxis is the most severe type of allergic reaction. Hospital admissions for anaphylaxis have increased five-fold in the last 20 years and anaphylaxis from food allergy reactions has doubled in the last 10 years.
- 2.3. People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. Definitions of Key Terms

- 3.1. **ANAPHYLAXIS:** Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.
- 3.2. **ALLERGEN:** A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.
- 3.3. Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.
- 3.4. **ADRENALINE AUTO-INJECTOR:** Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI's, adrenaline pens or by the brand name EpiPen.
- 3.5. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidents. For the purposes of this Policy we will refer to them as Adrenaline Pens. Once someone is diagnosed at risk of anaphylaxis, it is important to always carry an adrenaline auto injector and an ASCIA Action Plan for Anaphylaxis, which is completed and signed by a doctor.

- 3.6. The spring-loaded automatic adrenaline auto injectors are designed to deliver a single pre-measured dose of adrenaline. EpiPen® comes in 2 doses:
- EpiPen® for children over 20kg and adults
 - EpiPen Jnr® for children who weigh between 7.5kg and 20kg.

3.7. **ALLERGY ACTION PLAN:** This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. We recommend the BSACI Allergy Action Plan paediatric templates which include versions for: people without a prescribed adrenaline pen, people prescribed with different brands of adrenaline pen. [Paediatric Allergy Action Plans – BSACI](#)

3.8. **INDIVIDUAL HEALTHCARE PLAN:** A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

4. Adrenaline injection Pens

4.1. [See the government guidance on Adrenaline Pens in Schools.](#)

5. Storage of adrenaline pens

- 5.1. Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- 5.2. If a pupil has a severe allergy and has an auto-injector in school, their information (photo, name and details of their allergy) are clearly displayed in prominent areas of the school for staff information. Auto-injectors are clearly labelled and pupils may carry their auto-injector on themselves in a clearly labelled carry bag or held with form teachers. A second pen is available in the main school office (Prep) and the First Aid Room (Pre-Prep). Children should carry their auto-injector pens with them to lessons throughout the school day to ensure easy access at all times. For Pre-Prep children, this is performed by teaching assistants.
- 5.3. Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- 5.4. Spare adrenaline pens must not be kept locked away
- 5.5. Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator)
- 5.6. Used or out of date pens will be disposed of as sharps

6. Spare pens

6.1. This school has 5 spare adrenaline pens to be used in accordance with government guidance. This is located in the school dining room. The KITT Medical supply is located on the Hastings Block wall, next to the defibrillator.

- 6.2. One adrenaline pen is stored with the child and the second either in the school office (Prep School) or the First Aid Resources room (Pre-Prep). Cupboards are clearly signposted. The First Aid Coordinator is responsible for:
- Reviewing and monitoring the supply of the auto-injector pens in the school site.
 - There is clear signage on how to use the KITT Medical auto injector pens. A 'break in case of emergency' key is located underneath the KITT Medical device. This is checked weekly by the Estates team.
 - The supply and usage of pens. Should a pen(s) be required to be used, this needs to be reported immediately to the KITT Medical team who will issue a replacement pen immediately.
 - There are two adult doses and two child doses available within the KITT Medical device.

7. Adrenaline pens on school trips and match days

- 7.1. No child with a prescribed adrenaline pen will be able to go on a school trip/match without two of their own pens.
- 7.2. Adrenaline pens will be kept close to the pupils at all times eg. not stored in the hold of the coach when travelling or left in changing rooms.
- 7.3. Adrenaline pens will be protected from extreme temperatures.
- 7.4. Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.
- 7.5. Staff will consider whether to take spare pens to sporting fixtures and on trips.

8. Triggers for anaphylaxis

- 8.1. There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.
- 8.2. Some of the more common triggers (allergens) that can lead to anaphylaxis include:
- food – any food can be a trigger. However, the foods that account for about 90% of allergic reactions are shellfish (such as lobsters, prawns, crabs, oysters), fish, eggs, milk, wheat, peanuts, tree nuts (such as almonds, cashews, pecans and walnuts), sesame and soy
 - insect bites and stings – including bees, wasps, jack jumper ants, green ants and fire ants. Ticks (arachnids) can also trigger anaphylaxis
 - medicines – some prescription drugs (such as penicillin), over-the-counter medicines (such as aspirin) and herbal preparations.
- 8.3. Less common triggers include exercise, anaesthetic drugs and latex.
- 8.4. Sometimes, despite many investigations, a person's trigger allergen/s cannot be identified. These are referred to as 'unknown triggers'.

9. Signs and symptoms of anaphylaxis

- 9.1. Anaphylaxis can occur within minutes. It mostly occurs within 20 minutes to 2 hours after exposure to the allergen. Signs and symptoms may be mild at first, but can rapidly worsen. A small number of people suddenly develop signs and symptoms of a severe allergic reaction (anaphylaxis) without any signs of a mild to moderate allergic reaction.
- 9.2. Signs of a mild to moderate allergic reaction include:
- swelling of lips, face, eyes
 - hives or welts appearing on the skin
 - tingling mouth
 - abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy).
- 9.3. Signs of a severe reaction (anaphylaxis) include:
- difficult/noisy breathing
 - swelling of tongue
 - swelling/tightness in the throat
 - difficulty talking and/or hoarse voice
 - wheeze or persistent cough
 - persistent dizziness or collapse
 - pale and floppy (in young children).

10. Responding to Allergic Reaction / Anaphylaxis – Please refer to posters below

- 10.1. If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- 10.2. A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- 10.3. This will be administered by the pupil themselves [if age appropriate] or by a member of staff. Ideally the member of staff will be trained, but in an emergency, anyone will administer adrenaline.
- 10.4. If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- 10.5. If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, dial 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- 10.6. The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- 10.7. Further adrenaline doses may be given if no response after 5 minutes. Commence CPR at any time if the person is unresponsive and not breathing normally.
- 10.8. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

- 10.9. NOTE: Always give adrenaline autoinjector first, and then asthma reliever puffer if someone with known asthma and severe allergy to food, insect or medication has sudden breathing difficulty, even if no skin signs (hives or welts) are present.

11. Training

- 11.1. Staff are given training on how to use an auto-injector and asthma inhaler through annual first aid training and all staff attend an annual asthma and anaphylaxis refresher session during INSET on the symptoms, diagnosis and treatment of allergic reaction, anaphylaxis, asthma and the correct administration of an Epi-pen and asthma inhaler.
- 11.2. The school is committed to training all staff annually to give them a good understanding of allergy. This includes:
- Understanding what an allergy is.
 - How to reduce the risk of an allergic reaction occurring.
 - How to recognise and treat an allergic reaction, including anaphylaxis.
 - How the school manages allergy, for example Emergency Response Plan, documentation, communication etc
 - Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them.
 - The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying.
 - Understanding food labelling.
 - Taking part in an anaphylaxis drill.

12. Roles and Responsibilities

- 12.1. Oakwood School takes a whole-school approach to allergy management.

13. First Aid Coordinator

- 13.1. The First Aid Coordinator is responsible for:
- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the Admissions Team for new joiners).
 - Ensuring information is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs.
 - Ensuring the information from families is up-to-date, and reviewed annually (at a minimum).
 - Coordinating medication with families. Whilst it's the parents and carers responsibility to ensure medication is up to date, the nursing team should also have systems in place to check this and notify the parents when they see the expiry date is approaching.
 - Keeping an adrenaline pen register to include Adrenaline Pens prescribed to pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
 - Regularly checking spare pens are where they should be, and that they are in date.
 - Replacing the spare pens when necessary.
 - Providing on-site adrenaline pen training for other members of staff and pupils and refresher training as required eg. before school trips.

14. Admissions

14.1. The admissions manager is likely to be the first to learn of a pupil or visitor's allergy. They should work with the First Aid Co-Ordinator and any appropriate staff to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team)
- Visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision

15. All staff

15.1. All school staff, to include teaching staff, support staff, domestic staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs) are responsible for:

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed
- Being aware of pupils with allergies and what they are allergic to
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if you have not received any in the last 12 months
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

16. All parents

16.1. All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.
- Providing the First Aid Coordinator with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hayfever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.

17. Parents of children with allergies

17.1. In addition to the above, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams
- Ensure medication is in-date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food they are allergic to.
- Consider the use of the Me and My Allergies video (MAMA) as provided by [The Allergy Team](#).

18. All pupils

18.1. All pupils at the school should:

- Be allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.
- Ensure that ingredients used in any home baking or products brought in from home are clearly labelled 'nut free' and/or a full list of ingredients is supplied with the food.

19. Pupils with allergies

19.1. In addition to the above pupils' responsibilities, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk, (this will depend on age and may not be appropriate with very young children).
- Avoiding their allergen as best as they can.
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction.
- If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose.
- Understand how and when to use their adrenaline auto-injector.
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.
- Where pupils are permitted to leave the school site during the school day should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help. With younger children, the adult in charge will be aware of children with allergies and ensure they have the correct medication with them.

20. Information and Documentation

20.1. The First Aid Coordinator coordinates the records for epi-pen and asthma training.

21. Register of pupils with an allergy

- 21.1. The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, alongside the location of these items and their expiry date. In addition, a record of pupils with an allergy where no adrenaline pens have been prescribed is maintained. This information is available to staff on the school's network and displayed within the staff room.
- 21.2. Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:
- Known allergens and risk factors for allergic reactions
 - A history of their allergic reactions
 - Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
 - A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
 - A photograph of each pupil
 - A copy of their Allergy Action Plan. See definitions for the BSACI templates.

22. Assessing Risk

- 22.1. Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:
- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking
 - Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
 - Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils.
 - Planning special events, such as cultural days and celebrations
- 22.2. Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

23. Food in School, including all catering in School

- 23.1. The school is committed to providing a safe meal for all students, including those with food allergies. Due diligence is carried out with regard to allergen management when appointing catering staff.
- 23.2. All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- 23.3. Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures.
- 23.4. The catering team will endeavour to get to know the pupils with allergies and what their allergies are supported by all school staff.

- 23.5. The school has robust procedures in place to identify pupils with food allergies. Children are identified as having an allergy within the management information system and form teachers are familiar/made aware at the start of each year. Photographs of children with medical needs are placed in the staff room notice board and within the kitchen noticeboard next to the servery (out of sight).
- 23.6. Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request. Where individuals have allergies to food fall outwith the 'main 14' allergens, extra processes may be required and will be discussed with the parents/pupils/staff member directly.
- 23.7. Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed. In this instance, ingredients listings are visibly placed on the outside of the fridge and in the staff room areas.
- 23.8. Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the Catering Manager via the School Office. The weekly menu is published on the schools weekly 'Friday Flyer' announcement. A list of ingredients for the weekly menu is available on the school's website. The majority of food is made in the school kitchens using fresh ingredients. Foods that are labelled 'may contain nuts' are avoided and not served to children. Foods labelled 'may contain nuts' are kept within their original packaging and served only to adults during staff meetings or such.
- 23.9. Food provided at breakfast club and after school club will follow these procedures.
- 23.10. Packets which detail 'may contain nuts' even though nuts are not explicitly detailed in the ingredients should not be brought into school. These **must** not be shared or consumed by any children whilst at school.
- 23.11. Food which is available for sale through school lead charity activities, must be provided 'nut free'. A list of ingredients must be supplied to the Charity Leader, prior to the event and must be displayed at the event. To avoid cross contamination and to support children to avoid their allergens, there should be a separate table provided to promote the allergen free products and a separate member of staff allocated to ensure the products sold follow strict hygiene measures.

24. **Food brought into school**

- 24.1. From time to time, children will bring in goods from home to sell at a school charity fundraiser event or to celebrate a birthday. Parents and staff are regularly reminded in school communication surrounding the event, that food sent in from home must be nut free. Where home baking is brought into school, a full set of ingredients must be provided.
- 24.2. As per 23.10, packets which detail 'may contain nuts' even though nuts are not explicitly detailed in the ingredients should not be brought into school. These **must not** be shared or consumed by any children in school.

25. **Food bans and restrictions**

- 25.1. Oakwood continues to be aware of allergies and the impacts they cause. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.

- 25.2. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important that you don't give the impression of one allergen being more dangerous than others.
- 25.3. Oakwood School endeavours to offer our children and staff a 'nut free' environment. We try to restrict peanuts and tree nuts as much as possible on the site and carefully check all foods coming into the kitchen.
- 25.4. By using in house catering, Oakwood can ensure that products served to the children have been checked for nut free ingredients. Staff are reminded to be allergy aware and to remain vigilant when children bring food in from home or in a packed lunch on a school trip. All allergens are treated in the same way and one allergen is not deemed as being more dangerous than others.
- 25.5. All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

26. Food Hygiene

- 26.1. Pupils will wash their hands before and after eating and the sharing, swapping or throwing food is not permitted.
- 26.2. Children's water bottles are clearly labelled and brought in from home on a daily basis.
- 26.3. In food preparation, gluten free ingredients are all stored within their original packaging as supplied and in a closed lid container.
- 26.4. Gluten free foods are prepared in the kitchen preparation room using different chopping boards (mauve) and are made at a separate time to other food preparation.
- 26.5. Dairy free foods are prepared in the kitchen preparation room using only different chopping boards (white). Ingredients are clearly marked as being dairy free only.
- 26.6. Butter is not widely used within the school kitchen, margarine is used to reduce risk of dairy contamination.

27. School Trips and Sporting Fixtures

- 27.1. Staff leading the trip will have a register of pupils with allergies with medication details detailed on the risk assessment. Allergies will be considered on the risk assessment and catering provision put in place. Where the trip requires an overnight stay, communication with the venue prior to the visit will be made and/or consultation with the parents to ensure all parties are confident with the feeding arrangements.
- 27.2. Where a child has provided the MAMA video, this can be sent to the school or trip venue in advance of the child attending to endeavour to reduce the risk to as low as practically possible.
- 27.3. All staff accompanying the trip have been trained to recognise and respond to an allergic reaction as part of the school's annual anaphylaxis inset training.

- 27.4. Packed lunches are provided by the school's catering team who have detailed knowledge about the children's food allergies. Specific arrangements are made for children who have known allergies and their food individually wrapped and identified by writing their name on the lunch.
- 27.5. If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal. In some cases, it may be appropriate to send the child's individual MAMA video.

28. Insect Stings

- 28.1. Where pupils have been identified as having a known allergy to an insect, for example a known insect venom allergy, we recommend that they should:
- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
 - Avoid wearing strong perfumes or cosmetics
 - Keep food and drink covered
- 28.2. The school estates team will monitor the grounds for wasp or bee nests. Pupils should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.
- 28.3. Presently, the school does not keep bees on site, but specific arrangements would need to be made in the future if the position changed.

29. Animals

- 29.1. It is normally the dander that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:
- A pupil with a known animal allergy should avoid the animal they are allergic to
 - If an animal comes on site a risk assessment will be done prior to the visit
 - Areas visited by animals will be cleaned thoroughly
 - Anyone in contact with an animal will wash their hands after contact
 - If an animal visit the school (e.g. a teacher's dog), parents will be made aware and consideration and adaptations will be made
 - School trips that include visits to animals will be carefully risk assessed

30. Allergic Rhinitis / Hayfever / Environmental allergies

- 30.1. Where it has been identified that children have a pollen or seasonal allergy, children should stay indoors when grass is being mowed. Where high pollen counts are being experienced and it is impacting children during the day, children should be permitted to remain indoors.
- 30.2. Teachers are requested to close windows during times of high pollen counts to reduce allergens in the environment.
- 30.3. Animals are discouraged from entering the classroom environment. There are exceptions to this where it is known that a teacher's dog will be present. For further specific information on this arrangement, please refer to the *Schools Dog policy*.

31. Inclusion and Mental Health

- 31.1. Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.
- 31.2. No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- 31.3. Pupils with allergies may require additional pastoral support including regular check-ins from their Form Tutor or Head of Pastoral and Head of Welfare if necessary. Wave 2 support is available with specialist ELSA trained individuals for those children who indicate their mental health is being impacted.
- 31.4. Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.
- 31.5. Bullying related to allergy will be treated in line with the school's anti-bullying policy

EMERGENCY ALLERGY FIRST AID BOX LOCATION

KITT Medical – CONTAINS 4 AUTO INJECTOR PENS. 2 ADULT & 2 CHILD DOSES

Dining Room: CONTAINS AUTO INJECTOR, ALLERGY RELIEF ORAL SOLUTION & ASTHMA INHALER

School Office: CONTAINS ALLERGY RELIEF ORAL SOLUTION & ASTHMA INHALER

Gym: CONTAINS ALLERGY RELIEF ORAL SOLUTION & ASTHMA INHALER

Pavilion: CONTAINS ALLERGY RELIEF ORAL SOLUTION & ASTHMA INHALER

32. Asthma Guidelines

- 32.1. This policy conforms to the guidelines set out by the National Asthma Campaign in accordance with the Department of Education and as advised by the NHS School Nurses Department.
- 32.2. Oakwood School recognises that asthma is an important condition, which affects many children.
- 32.3. All children with asthma are encouraged to participate in all activities at Oakwood and all staff are aware of the policy and procedures to be followed in the event of an attack.
- 32.4. Staff training is undertaken on a regular basis.

32.5. It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

33. Medication

33.1. Immediate access to reliever inhalers is vital. Pre-Prep staff with children in their forms suffering from asthma should hold a named inhaler for each child with the condition in the classrooms.

33.2. Prep School children should have an inhaler in their sports bag, in their swimming bag and in the school office. One may also be given to their form teacher. If a child usually uses a spacer, one must also be kept at school. **All of these must be clearly labelled with the child's name.**

33.3. Spare 'school' inhalers and spacers are kept in the gym, Pre-Prep First Aid Room and the Office and they are only to be used in an emergency situation.

34. Documentation

34.1. At the beginning of each school year, or when a child joins the school, parents are asked if their child has Asthma. If medication is altered, parents are requested to inform the school immediately. Details of which children suffer from Asthma are given to each form tutor as an 'Ailments List'.

35. Games and PE

35.1. Sport is an important part of school life. Members of staff are aware of which children suffer from Asthma. These children will be encouraged to participate fully in games and PE and encouraged to use their inhalers before taking part in any sport. They must do a few warm up exercises beforehand. Inhalers must be taken to 'away' matches, and all asthma sufferers must have a named inhaler in their swimming bags.

36. School Environment

36.1. The school has a strict NO SMOKING or VAPING policy. All products used for cleaning, fertilisation, painting etc are checked for health and safety reasons before use and a COSHH register kept. Use of such items is kept to a minimum.

36.2. The Art, DT and Science departments use environmentally friendly products for crafting and cleaning.

36.3. The school is situated in a natural, animal friendly environment. It is also surrounded by plants and trees, many of which are triggers. **Precautions are taken to ensure that unnecessary contact is avoided.**

37. Reporting Allergic Reactions

37.1. The school will log allergic reactions incidents and near misses on the School Health and Safety reporting tool



MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**.

Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

APPENDIX C

Spillage of Bodily Fluids

1. Aims and objectives

- 1.1. This outlines the school's responsibility to deal safely and hygienically with spilled body fluids. The aims of this policy are to:
- Ensure that any spillages of bodily fluids are dealt with in an effective, hygienic, safe and timely manner, in accordance with HSE and NHS guidelines.
 - Minimise risk of harm or infection to staff and pupils.
 - Ensure that the relevant personnel are trained to deal with spillages of bodily fluids and to ensure monitoring of training needs.
 - Provide sufficient and appropriate resources and facilities.
 - Inform staff of the school's arrangements.
 - Keep accident records and to report to the HSE (0845 3009923) as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Act 1995.

2. General/Routine Safety Procedures

- Dedicated cleaning equipment must be used. A marked mop and bucket must be kept for this purpose only.
- Deal with any spillage of blood/body fluids as soon as practically possible.
- Care must be taken to avoid skin, eye, and mucous membrane contamination during the cleaning and disinfection of spillages.
- Staff must always cover cuts and lesions with a waterproof dressing whilst on duty.
- Accidental exposure to blood/body fluid must be reported to the Operations Manager.

3. Personal Protective Equipment (PPE)

- Wear a plastic disposable apron.
- Wear disposable gloves.
- Protect eyes and mouth with goggles and mask if splash or spray is anticipated.
- Wear protective footwear when dealing with extensive floor spillages.
- **Always dispose of PPE and contaminated waste in the yellow 'contaminated waste' bags which must then be placed into the yellow contaminated waste bin.**

4. Disinfection of Blood and Body fluid spills

- 4.1. Disinfection aims to reduce the number of microorganisms to a safe level. Patent disinfectant should be used in all areas of spillage.

5. Procedure for Dealing with Spillage

- 5.1. If a member of staff is present at the time of illness or spill, he or she must first attend to the casualty. Once the casualty has been stabilised, the staff member should cover the area of spillage with absorbent powder or granules located in the nearest first aid pack. The area of spillage should then be cordoned off to prevent other pupils or staff from coming into contact with the spillage. The maintenance department must then be informed (via the school office) so that a deep clean of the area can take place.

6. **Spill of blood or other body fluid visibly contaminated with blood**

- **Contained spill of blood:** Wearing PPE, apply absorbent powder/granules from Body Fluid Disposal kit over the spill ensuring complete coverage. Wait for two minutes. Use disposable cloths or paper towels to scoop waste debris into a clinical waste bag. Clean the area with detergent and water. Use a spillage kit where available.
- **Dispersed spill of blood:** Wearing PPE, absorb the spill with disposable cloths or paper towels. If the spill covers a large area, use the 'contaminated waste' mop and bucket. Disinfect the area with an appropriate disinfectant. Wait for two minutes. Clean area with detergent and water. Discard cloths, paper towels or mop-heads into a clinical waste bag. Disinfect the bucket with a solution containing patent disinfectant or a bleach solution.

7. **Spill of body fluid not contaminated with blood**

- 7.1. Wearing PPE, absorb the spill with disposable cloths or paper towels. If the spill covers a large area, use a mop and bucket. Clean the area with detergent and water. Disinfect the area with an appropriate disinfectant. Wait for two minutes. Rinse. Discard any cloths, paper towels or mop-heads into a clinical waste bag. Disinfect the bucket with a solution containing patent disinfectant or a bleach solution.

8. **Urine**

8.1. **If urine is not bloodstained, hot soapy water is sufficient.**

- 8.2. **NEVER** pour a chlorine-based disinfectant directly onto urine. If urine is bloodstained, absorb the spill with disposable cloths or paper towels. If the spill covers a larger area, use an appropriate mop and bucket. Disinfect the area with an appropriate disinfectant. Wait for two minutes. Clean the area with detergent and water. Discard any cloths, paper towels or mop-heads into a clinical waste bag. Disinfect the bucket with a patent disinfectant or a bleach solution.

9. **Carpeted Areas**

- 9.1. When spillage has occurred in a carpeted area, treat according to the type of spillage outlined above. Contact the Operations or Estates Manager as soon as possible so that deep-cleaning of the carpet can be arranged.

APPENDIX D

Clinical Waste

1. Aims and objectives

- 1.1. The aim of this policy is to demonstrate the approach of Oakwood school to remove, contain and dispose of Clinical waste in a responsible manner. The following policy must be followed as recommended by the HSE (Health and Safety Executive). The school holds a 'Waste Transfer Note' with Medisort. The objective of this policy is to:
 - Have clear procedures for the identification, handling, storage, collection and disposal of Clinical Waste.
 - Ensure all employees understand the procedures when dealing with Clinical Waste.
 - Provide sufficient and appropriate resources and facilities.
 - Ensure that the waste carrier removing the Clinical Waste is licensed to do so.

2. Introduction

- 2.1. This policy outlines the school's responsibility to provide adequate and appropriate disposal of Clinical Waste for the school, including pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The policy is reviewed annually.

3. What is clinical waste?

- 3.1. **Clinical waste** is defined as any waste which may cause infection to any person coming into contact with it. This may consist wholly or partly of: human or animal tissue; blood or other body fluids; excretions; drugs or pharmaceutical products; swabs or dressings; syringes; needles or other sharp instruments. It is waste which unless rendered safe may prove hazardous to any person coming into contact with it.
- 3.2. **Offensive waste** describes healthcare and similar municipal waste, apart from clinical and hazardous waste, which may cause offence to people by appearance or smell. Examples include nappies, feminine hygiene products, used but uncontaminated PPE (has not been in contact with an infected patient) and incontinence waste. This is non-infectious waste and does not require specialist treatment or disposal.
- 3.3. Waste from domestic first aid, self-care and sanitary products are disposed of via the yellow bins rather than in domestic waste as a precautionary measure.
- 3.4. Control measures are put into place to ensure the health and safety of Oakwood Staff.
- 3.5. All staff dealing with yellow bags or bins should wear protective gloves.

4. Procedures and Practical Arrangements

- 4.1. Clinical waste is stored in designated areas before treatment or disposal.

- 4.2. Yellow, close-topped bins are provided in numerous locations as receptacles for Clinical Waste. Feminine hygiene bins are provided in toilets across the school site for the disposal of feminine sanitary wear. Both types of bins are lined with yellow bin bags provided by the Waste carrier. Only bags provided by Medisort should be used in the bins. A 'sharps' box is available for use in the Science Lab. for disposal of scalpels following science workshops. Nappies may be disposed of in the regular waste, unless the contents may cause infection to anyone coming into contact with them.
- 4.3. Collections are frequent enough to ensure the storage capacity of the site is not exceeded.
- 4.4. These bags are removed from the bins and transferred to a large, locked yellow wheeled bin from where the bags are collected by Medisort. Collection of the bags is arranged on an ad hoc basis. Bags may be filled to a capacity of 7Kg.
- 4.5. The yellow wheeled bin is sited by the changing rooms at the swimming pool. Medisort also collects the sharps box by arrangement.

5. Effective recording of the receipt and transfer of waste materials.

- 5.1. West Sussex County Council have tendered the contract for waste collection to Medisort who collect and dispose of clinical waste at their Treatment Facility in Littlehampton.
- 5.2. A receipt is given when bags are collected.

APPENDIX E

Head Injury & Concussion

1. Introduction

1.1 The aim of this policy is to:

- Ensure understanding of the key terms and the link between head injury and brain injury
- Identify sport activities which carry a risk of head injury
- Underscore the importance of creating suitable risk assessments for sport activities being undertaken by the School; and
- Provide clear processes to follow when a pupil does sustain a head injury.

1.2 This policy applies to:

- School staff (including part time or occasional employees or visiting teachers)
- Pupils of the School
- Parents of pupils at the School; and
- Any other individual participating in any capacity in a School activity. For example, this would include a contractor providing sports coaching, or a volunteer on a School trip.

1.3 A head injury could happen in any area of School life. This policy focuses on sport activities (both contact sports and non-contact sports) where the risk of head injuries happening is higher but can be used for head injuries which occur in another context.

2. Definitions

2.1 The following terms are used in this policy:

- **Head injury:** means any trauma to the head other than superficial injuries to the face
- **Traumatic Brain Injury (TBI):** is an injury to the brain caused by a trauma to the head (head injury)
- **Concussion:** is a type of traumatic brain injury (TBI) resulting in a disturbance of brain function. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions
- **Transient Loss of consciousness:** is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout'
- **Persistent loss of consciousness:** is a state of depressed consciousness where a person is unresponsive to the outside world. It can also be referred to as a coma
- **Chronic Traumatic Encephalopathy (CTE):** is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain and eventually lead to dementia
- **Contact sport:** is any sport where physical contact is an acceptable part of play for example rugby, football and hockey

- **Non-contact sport:** is any sport where physical contact is not an acceptable part of play but where there are nonetheless potential collisions between players and between players and the ball, for example cricket and netball.

3. The risks

3.1 Playing contact and non-contact sport increases an individual's risk of collision with objects or other players and collisions can cause a head injury, which can cause a traumatic brain injury such as a concussion.

3.3 It is very important to recognise that a pupil can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.

3.4 Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.

3.5 The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE).

4. Preventative steps to reduce the risks

4.1 Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created and this risk assessment should be tailored and:

- Identify the specific risks posed by the sport activity, including the risk of players sustaining head injuries;
- Identify the level of risk posed;
- State the measures and reasonable steps taken to reduce the risks and;
- Identify the level of risk posed with the measures applied.

4.2 The governing bodies of most sports played in Schools have each produced head injury guidelines that are specific to their sport. Those responsible for risk assessing sport activities should have regard to the relevant and latest guidelines when carrying out their risk assessment.

4.3 Potential measures to reduce the risk of players sustaining head injuries while playing sports might include:

- Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above);
- Removing or reducing contact elements from contact sports, for example removing 'heading' from football;
- Removing or reducing removing the contact elements of contact sports during training sessions;
- Ensuring that there is an adequate ratio of coaches to players in training;
- Ensuring that pupils are taught safe playing techniques;
- Ensuring that pupils are taught to display sportsmanlike conduct at all times and maintain respect for both opponents and fellow team members equally;
- Using equipment and technology to reduce the level of impact from collision with physical objects (e.g. using padding around rugby posts, using soft balls, not overinflating footballs etc.);

- Using equipment and technology to reduce the level of impact from collision between players (e.g. gumshields, helmets etc);
- Coaching good technique in high risk situations (such as rugby tackles);
- Ensuring that the playing and training area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines);
- Ensuring that a medical professional is easily accessible during training and matches.

5. Head injuries sustained outside of school

5.1 As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain.

5.2 It is therefore very important that our school, pupils and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.

5.3 Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents of the pupil concerned should promptly provide the School with sufficient details of the incident, and keep the School updated of any developments thereafter. This would apply, for example, if a pupil suffers a concussion playing rugby for an external rugby club or if a pupil sustains a head injury while taking part in an informal game of sport, for example in the local park.

5.4 The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, considering whether a return to play plan should be established under this policy.

5.5 In turn the School will inform parents where a pupil has sustained a head injury causing a concussion at School.

6. Procedure to follow where a pupil sustains a head injury at school

6.1 The welfare of pupils is of central importance. Any person to whom this policy applies should adopt a cautious approach if they are in any doubt as to whether a head injury has occurred and/or whether the head injury has caused a concussion.

6.2 Where a pupil sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the pupil from play where it is safe to do so and seek appropriate medical advice from a qualified first aider.

6.3 Those individuals to whom this policy applies should be aware of the symptoms of a concussion. The British Medical Journal has published a one page 'Pocket Concussion Recognition Tool' to help identify concussion in children, youth and adults. The tool identifies the following signs and symptoms of suspected concussion:

- Loss of consciousness;
- Seizure or convulsion;
- Balance problems;
- Nausea or vomiting;
- Drowsiness;
- More emotional;
- Irritability;
- Sadness;
- Fatigue or low energy;

- Nervous or anxious;
- “don’t feel right”;
- Difficulty remembering;
- Headache;
- Dizziness;
- Confusion;
- Feeling slowed down;
- “Pressure in head”;
- Blurred vision;
- Sensitivity to light;
- Amnesia;
- Feeling like “in a fog”;
- Neck pain;
- Sensitivity to noise;
- Difficulty concentrating.

6.4 Where a pupil displays any of the symptoms above, they should not be permitted to return to play and should be assessed by a qualified first aider in school or medical professional.

6.5 The qualified first aider or medical professional should determine whether the pupil is displaying any “red flag” symptoms in which case the ambulance services should be called on 999. The Pocket Concussion Recognition Tool at identifies the following red flags:

- Athlete complains of neck pain;
- Increasing confusion or irritability;
- Repeated vomiting;
- Seizure or convulsion;
- Weakness or tingling/burning in arms or legs;
- Deteriorating conscious state;
- Severe or increasing headache;
- Unusual behaviour change;
- Double vision.

6.6 The School will ensure that the pupil’s parents are notified of the head injury as soon as reasonably possible, and in any case on the same day of the incident.

6.7 The School will ensure that an accident form is completed as soon as reasonably practicable whenever a pupil suffers a suspected head injury and parents are informed.

7. Managing a return to play following a head injury

7.1 Any pupil that has suffered a head injury and showed symptoms of concussion should be subject to a graduated return to play programme (GRTP).

7.2 The GRTP should be developed in consultation with a suitably qualified medical professional and be tailored to the specific circumstances of the individual (including the type of injury sustained and the relevant sport).

7.3 The return to play guidance for sport is that following a diagnosed concussion a child can return to gentle exercise (where there’s no risk of impact) 14 days after they are symptom free. They can then return to full play 21 days after the concussion if symptom free at rest for 14 days and during the pre-competition training phase unless cleared fit to return sooner by a medical professional.

7.4 It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of School whilst they are subject to a GRTP.

8. Breaches of this policy

8.1 The School takes its duty of care very seriously. The School will take appropriate action against any person found to have breached this policy. For example:

- if a member of staff fails to report a head injury, the School would consider the matter under the School's staff disciplinary policy;
- if a parent fails to report to the School a head injury their child sustains outside of School, the School would consider the matter under the terms of the School parent contract.
- if a pupil attempts to return to play in breach of their GRTP plan, the School would consider the matter under the School's pupil disciplinary policy;

9. Useful Links

[Head injury and concussion – NHS](#)
[UK Concussion Guidelines for Grassroots Sport](#)
[UK Government: If in doubt, sit them out](#)

10. Concussion Recognition Tool

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

Annexure 1 Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground / Slow to get up
- Unsteady on feet / Balance problems or falling over / Incoordination
- Grabbing/Catching of head
- Dazed, blank or vacant look
- Confused / Not aware of plays or events

Annexure 2 Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

<ul style="list-style-type: none"> - Loss of consciousness - Seizure or convulsion - Balance problems - Nausea or vomiting - Drowsiness - More emotional - Irritability - Sadness - Fatigue or low energy - Nervous or anxious - "Don't feel right" - Difficulty remembering 	<ul style="list-style-type: none"> - Headache - Dizziness - Confusion - Feeling slowed down - "Pressure in head" - Blurred vision - Sensitivity to light - Amnesia - Feeling like "in a fog" - Neck Pain - Sensitivity to noise - Difficulty concentrating
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3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
 "Which half is it now?"
 "Who scored last in this game?"
 "What team did you play last week / game?"
 "Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- | | |
|--|---|
| <ul style="list-style-type: none"> - Athlete complains of neck pain - Increasing confusion or irritability - Repeated vomiting - Seizure or convulsion | <ul style="list-style-type: none"> - Deteriorating conscious state - Severe or increasing headache - Unusual behaviour change - Double vision - |
|--|---|
- Weakness or tingling / burning in arms or legs

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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