Creative Inclusion
LEARNING STUDIO

Creative Inclusion: An Independent Alternative Specialist Provision

First Aid Policy

Effective Date: July 2025
Approved by: Advisory Board September 2025
Review Date: July 2026

Rationale

Creative Inclusion is committed to providing emergency first aid provision to deal with accidents and incidents affecting employees, learners and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by Creative Inclusion regarding all staff, learners and visitors.

Creative Inclusion will take every reasonable precaution to ensure the safety and wellbeing of all staff and learners. Details of such precautions are noted in the following policies:

- Health and Safety Policy
- Behaviour Policy
- Safeguarding and Child Protection Policy
- Administration of Medication Policy
- Educational Visits' Protocol

The Head of Provision has overall responsibility for ensuring that Creative Inclusion has adequate and appropriate first aid equipment, facilities, and personnel and for ensuring that the correct first aid procedures are followed.

Aims

- All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure this policy is followed in relation to the administration of first aid.

- All staff will always use their best endeavours to secure the welfare of the learners.

- Anyone on Creative Inclusion premises is expected to take reasonable care for their own and others' safety.

- The aim of this policy is to:
    - Ensure that Creative Inclusion has adequate, safe and effective first aid provision for every learner, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor.
    - Ensure that all staff and learners are aware of the procedures in the event of any illness, accident or injury.
    - Promote effective infection control.

- Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should contact Reception to contact the emergency services in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the Creative Inclusion site. Out of hours and during Creative Inclusion holidays staff should dial 999.

To achieve the aims of this policy, Creative Inclusion will have suitably stocked first aid boxes. Where there is no special risk identified, a minimum provision of first aid items is:

- A leaflet giving general advice on first aid
- Medium sterile dressings x 6
- Large sterile dressings x 2
- Triangular bandages x 3
- Safety pins x 6
- Eye pad sterile dressings x 2
- Sterile Plasters x 20
- Sterile cleansing wipes x 30
- Adhesive tape x 1 roll
- Finger sterile dressing x 3
- Resuscitation face shield x 1
- Foil blanket x 2
- Burns dressing x 2
- Shears x 1
- Conforming bandage x 2
- Eyewash pods x 5
- Three pairs of disposable nitrile gloves.
- Ice packs x 2

The lead first aider is responsible for examining the contents of first aid boxes. These should be checked frequently and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed. First aid supplies are held in the staff office, routine requests for items should be logged on the Facilities log, and supplies will be delivered to the appropriate contact points. In the event an urgent refill is required staff must contact the lead first aider.

First aid boxes are located in the following areas:

- On the wall of each floor's stairwell
- Reception
- Main Staff Office
- First Aid Room
- Training Kitchen
- Head of Provision's Office

First Aiders

The main duties of the first aiders are to give immediate first aid to learners, staff or visitors and to ensure that an ambulance or other professional medical help is called, when necessary.

First aiders are to ensure that their first aid certificates are kept up to date through liaison with the Creative Inclusion lead first aider.

Staff are only able to treat injuries and illnesses they are trained to treat.

First aiders have a responsibility to ensure all first aid kits are properly stocked and maintained, including checking for expiry dates of products.

Staff are trained in accordance with the needs and the ages of the learners in our setting. For example, with learners with serious medical issues we will have additional staff trained in Basic Life support but not full first aid. Creative Inclusion will have an Emergency First Aid at Work trained person.

The leadership team are trained in First Aid at Work which covers all first aid incidents.

Creative Inclusion has members of staff trained as Mental Health First aiders; they are trained to recognise the warning signs of mental ill health and have the skills required to approach and support someone.

Mental Health First Aiders:

- Joanne Vance
- Oscar Graham
- Holly McGlasson

Mental Health Nurse:

- Linsay Hanlon

Roles and Responsibilities

The Head of Provision is responsible for:

- The development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of Creative Inclusion specifically, have been conducted.
- Ensuring that there are enough appointed first aiders within Creative Inclusion based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for Creative Inclusion site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for learners and others complies with the relevant legislation and guidance.
- Ensuring that an ‘appointed person’ is selected to take the lead in first aid arrangements and procedures for Creative Inclusion.

- Ensuring that all staff and parents are made aware of CREATIVE INCLUSION's policy and arrangements regarding first aid.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that all learners and staff are aware of the identities of Creative Inclusion first aiders and how to contact them if necessary.

Staff are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Securing the welfare of the learners at Creative Inclusion.
- Making learners aware of the procedures to follow in the event of illness, accident or injury.

First aid staff are responsible for:

- Completing and renewing training as dictated by the Proprietary Body.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.

The First Aid Lead is responsible for:

- Ensuring that all staff and learners are familiar with the Creative Inclusion's first aid and medical procedures.
- Ensuring that all staff are familiar with measure to provide appropriate care for learners with medical needs (e.g. Diabetic needs, Epi-pens, inhalers).
- Ensuring that a list is maintained and available to staff of all learners with medical needs and appropriate measures needed to care for them.
- Monitoring and re-stocking supplies and ensuring that first aid kits are replenished.
- Ensuring that Creative Inclusion has an adequate number of appropriately trained First Aiders.
- Co-ordinating First Aiders and arrange for training to be renewed as necessary.
- Maintaining adequate facilities.
- Ensuring that correct provision is made for learners with special medical requirements both in Creative Inclusion and on off site visits.
- On a half-termly basis, reviewing First Aid records to identify any trends or patterns and report to the Health and Safety committee

- Fulfilling Creative Inclusion's commitment to report to RIDDOR, as described below
- Liaising with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- Contacting emergency medical services as required.
- Maintaining an up-to-date knowledge and understanding of guidance and advice from appropriate agencies.
- Taking charge when someone is injured or becomes ill.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Partaking in emergency first aid training, and refresher training where appropriate, to ensure they have knowledge of:
    - What to do in an emergency.
    - Cardiopulmonary resuscitation.
    - First aid for the unconscious casualty.
    - First aid for the wounded or bleeding.
    - Maintaining injury and illness records as required.

First Aid Accommodation

The designated First Aid Room is on the second floor split level.

The room may be used to enable the examination and treatment of learners and staff. There will be additional first aid supplies in this room, along with a list of trained first aiders.

Emergency Procedure in the Event of an Accident, Illness or Injury

If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately, or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aid administration.

In the event that the first aider does not consider that he/she can adequately deal with the presenting condition by the administration of first aid, then he/she should arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, one or more of the following actions will be taken:

- Administer emergency help and first aid to all injured persons. The purpose of this is to keep the accident victim(s) alive and, if possible, comfortable, before professional medical help can be called. Also, in some situations, action now can prevent the accident from becoming more serious, or from involving more victims.

- Call an ambulance by dialling 999. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to make the move without making the injury worse.
- Make sure that no further injury can result from the accident, either by making the scene of the accident safe, or (if they are fit to be moved) by removing injured persons from the scene.
- See to any young people who may have witnessed the accident, or its aftermath, and who may be worried, or traumatised, in spite of not being directly involved. They will need to be taken away from the accident scene and comforted. Younger or more vulnerable children may need parental support, and so parents should be called immediately.
- When the above action has been taken, the incident must be reported:
    - To the Head of Provision
    - To the parents/carer of the patient(s)
    - In LearnTrek

Responding to an incident can be stressful for the first aider. Following the incident, the first aider may require support such as a debrief from any ambulance crew on scene, an appointment with their GP, or mental health support from external helplines and websites located at the bottom of the government page 'Promoting and supporting mental health and wellbeing in schools and colleges'.

Contacting parents

In the event of incident or injury to a learner, at least one of the learner's parents must be informed as soon as practicable.

Parents must be informed in writing of any injury to the head, minor or major, and be given guidance on action to take if symptoms develop.

In the event of serious injury or an incident requiring emergency medical treatment, the learner's class teacher will telephone the learner's parents as soon as possible.

A list of emergency contact details is kept at reception/staff office.

Consent

Parents will be asked to complete and sign the following forms when their child is admitted to Creative Inclusion:

- Management of medical conditions by Creative Inclusion staff
- Request for Creative Inclusion to give medication
- Off-site medical and consent form, which includes emergency numbers, details of allergies and chronic conditions

These forms will be updated periodically.

Staff do not act 'in loco parentis' in making medical decision as this has no basis in law – staff always aim to act and respond to accidents and illness based on what is reasonable under the circumstances and will always act in good faith, while having the best interests of the child in mind – guidelines are issued to staff in this regard.

Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any learner taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a learner becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

Illness

When a child becomes ill during the day, the parents/carer will be contacted and asked to pick their child up from Creative Inclusion as soon as possible.

The first aid room will be available for withdrawal and for learners to rest while they wait for their parents/carer to arrive to pick them up. Learners will be monitored during this time.

Head Injuries

All head injuries are potentially serious because they can damage the brain and make someone lose responsiveness. The severity of a head injury depends on how someone hit their head and how hard the impact was.

A head injury may cause damage to the brain tissue or to blood vessels inside the skull or even break the skull (a skull fracture). Clear fluid or watery blood leaking from the ear or nose, and a deteriorating level of response, are some of the signs of serious injury.

These are the most common things which may happen if someone has had a head injury:

- **Concussion** is a brief period of unresponsiveness – someone with concussion may be confused, but only for a short time, followed by complete recovery.
- **Cerebral compression** – a severe blow to the head can cause bleeding or swelling inside the skull that can press on the brain – this is called cerebral compression and is life-threatening.
- **Skull fracture** – if there is a head wound this is a sign that there may be deeper damage within the head, like a crack or break in the skull (skull fracture), which may be serious.
- **Spinal injury** – you should always assume that someone who has had a head injury may also have a neck (spinal) injury and treat them for this as well

In the first instance a first aider shall be called. The first aider will decide if an ambulance is required, following their assessment of the patient.

Note that an ambulance will not always be necessary for all knocks to the head.

Sample Head Injury Letter

Date:

Dear Parent/Carer We wish to inform you that _____banged his/her head at approximately _____am/pm today. He/she was checked and treated and has been under supervision since.

If any of the following symptoms appear within the next few days it is advised that you seek immediate medical advice:

- unconsciousness, or lack of full consciousness (for example, problems keeping eyes open) drowsiness (feeling sleepy) that goes on for longer than 1 hour when they would normally be wide awake
- difficulty waking your child up
- problems understanding or speaking
- loss of balance or problems walking
- weakness in one or more arms or legs
- problems with their eyesight e.g. blurred vision/dilated learners
- painful headache that won't go away
- vomiting (being sick)
- seizures (also known as convulsions or fits)
- clear fluid coming out of their ear or nose
- bleeding from one or both ears.

He/she may experience a mild headache and some nausea which should go away within the next few days. If it does not then please take your child to see your doctor. If he/she is feeling unwell, we suggest that he/she does not return to Creative Inclusion until fully recovered. If you have any queries please do not hesitate to contact us

Yours sincerely

Infectious Diseases

If a learner is suspected of having an infectious disease advice should be sought from the First Aid lead who will follow the Public Health England guidelines overleaf to reduce the transmission of infectious diseases to other learners and staff.

Illness	Period of Exclusion	Comments
Chickenpox	Until all vesicles have crusted over	Pregnant women at any stage of pregnancy should inform their midwife and GP that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 4 days from onset	Preventable by MMR vaccination x 2 doses. Pregnant women should inform their midwife and GP about contact immediately.
Impetigo	Until lesions are crusted or healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash	Preventable by MMR vaccination x 2 doses. Measles can result in early delivery or loss of baby. Pregnant women should notify their Midwife and GP immediately. Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Children can return after first treatment	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	Child can return 24hrs after commencing appropriate antibiotic treatment	Antibiotic treatment recommended If more than one child in the setting has scarlet fever- contact PHA Duty room for further advice.
Shingles	Exclude only if rash is weeping and cannot be covered.	A person with shingles is infectious to those who have not had chickenpox and should be excluded from CREATIVE INCLUSION if the rash is weeping and cannot be covered or until the rash is dry and crusted over.

Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	
Hepatitis A	Exclusion may be necessary	Consult Public Health England
Meningococcal meningitis	Until recovered	Some forms of meningococcal disease are preventable by vaccination. No need to exclude siblings or other close contacts.
Viral meningitis	Until fully recovered	Milder illness. No reason to exclude siblings or close contacts.
Threadworms	None	Treatment is recommended for the learner and family members
Mumps	5 days from onset of swollen glands	Preventable by vaccination MMR x 2 doses
Head Lice	None once treated	Treatment is recommended for the learner and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off CREATIVE INCLUSION with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off CREATIVE INCLUSION until they feel better. If an outbreak occurs consult the PHA Duty room.
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular Fever	None	
Tonsilitis	None	There are many causes, but most cases are due to viruses and do not need antibiotics.
Whooping cough	48hrs after commencing antibiotics or 21 days if antibiotics not used.	Preventable by vaccination. After treatment, non-infectious coughing may continue for some weeks. PHA will organise contact tracing if necessary.
Covid 19		Covid-19 presents a low risk to children. This combined with the high vaccination rate in the population, means there are no longer specific rules relating to Covid-19 in CREATIVE INCLUSIONs. Advice is to stay at home and avoid contact with other

		people until you no longer have a high temperature or until you feel better.

Administration of Medication in CREATIVE INCLUSION

CREATIVE INCLUSION aims to support as far as possible, and maintain the safety of, learners who require medication during the day. However, it should be noted that:

- No child should be given any medication without their parent/carer's written consent.
- No Aspirin products are to be given to any learner at Creative Inclusion.

Parents/carers must be given written confirmation of any medication administered at Creative Inclusion, a copy of which will be kept on the learner's file. Proformas for this are available from Creative Inclusion Office and the First Aid Room, in addition parents/carers can give blanket permission for the use of non-prescription, children's dosage medicines at the start of the Creative Inclusion year.

Children will need to take medication during the day e.g. antibiotics. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

Non-Prescription Medication

These are only to be administered by the Lead First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained. A teacher may administer non-prescription medication on a residential Creative Inclusion trip provided that written consent* has been obtained in advance. This may include travel sickness pills or pain relief.

All medication administered must be documented, signed for and parents informed in writing.

Parents are asked to complete a consent form at the start of the academic year to cover the administration of non-prescription medicines when deemed necessary by a Creative Inclusion first aider if parents are contacted immediately before the administration of the medication. In all cases which rely on such on-going consent, parents must be informed in writing / electronically on the same day or as soon as is reasonably practicable, that the administration of medication has taken place.

Prescription-Only Medication

Prescribed medicines may be given to a learner by the First Aid lead or a designated person if they have agreed to this extension of their role and have been appropriately trained. Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course. Creative Inclusion will accept medication from parents only if it is in its original container, with the original dosage instructions. Prescription medicines will

not be administered unless they have been prescribed for the child by a doctor, dentist, nurse or pharmacist. Medicines containing aspirin will be given only if prescribed by a doctor. A form for the administration of medicines in Creative Inclusion is available from the Lead First Aider and the First Aid Room.

Administration of Medication

Any member of staff administering medication should be trained to an appropriate level, this includes specific training e.g. use of Epi-pens:

- The medication must be checked before administration by the member of staff confirming the medication name, learner name, dose, time to be administered and the expiry date.
- A second adult should be present when administering medicine.
- Wash hands.
- Confirm that the learner's name matches the name on the medication.
- Explain to the learner that his or her parents have requested the administration of the medication.
- Document any refusal of a learner to take medication.
- Document, date and sign for what has been administered.
- Complete the form which goes back to parents.
- Ensure that the medication is correctly stored in a locked drawer or cupboard, out of the reach of learners.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the Medical Room. All medication should be clearly labelled with the learner's name and dosage.
- Parents should be asked to dispose of any out-of-date medication.
- Used needles and syringes must be disposed of in the sharps box kept in the First Aid Room.
- At the end of the Creative Inclusion year:
    - all medication should be returned to parents
    - any remaining medication belonging to children should be disposed of via a pharmacy or GP surgery.

Emergency Medication

It is the parents' responsibility to inform CREATIVE INCLUSION of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a Health Care Plan may be required, and this will be completed and agreed with parents and, where relevant, the child's GP.

Emergency Asthma Inhalers and Emergency Adrenaline Auto-injectors (Epi-pens)

For several years, it has been possible for schools to keep emergency asthma inhalers to cover the eventuality of a learner's inhaler being lost or running out during school time. Since October 2017, this provision has been extended to enable schools also to keep emergency Epi-pens. This enables Creative Inclusion

to purchase Epi-pens, without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

Creative Inclusion asthma inhalers and Creative Inclusion AAIs are only allowed to be used on learners where both medical and parental authorisation has been given. Creative Inclusion asthma inhalers are stored in the Asthma kit and AAIs are stored in the First Response kit (both located in the main Staff Office). These are clearly labelled with a list of learners with consent, instructions for use, administration record and checklist (batch no. and expiry dates).

The First Aid lead (TBC) and the Deputy Lead (TBC) are responsible for maintaining the inhalers & AAIs, obtaining replacements and disposal when used or out of date. Records of use of AAIs should be made and the paramedics & parents/carers notified and whether this was the Creative Inclusion's spare or the learner's own device.

Trips - AAIs are to be always kept at Creative Inclusion and only the learner's own devices should be taken on trips. Senior learners should carry their own AAI on trips but the member of staff in charge of First Aid on the trip should carry spares for the Senior learners. Further information can be found on this website: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-CREATIVE INCLUSIONs

Sample Risk Assessment for the use of an emergency epi-pen

Significant Issue	How to Manage It	Who to be Informed		
		Parents	Staff	Learners
Lack of awareness - staff don't know how to administer emergency epipen	Administration of medicines policy is explained to staff at induction. Staff are also invited to practice following demonstration with the training epipen on a regular basis with the CREATIVE INCLUSION First Aid Team. - Healthcare plans shared with relevant staff - Health issues of learners are identified on LearnTrek under the red medical flag	*	*	*
Medication given in error	- Medical needs of children are identified in the medical questionnaire when they join the CREATIVE INCLUSION. Children diagnosed with anaphylaxis are made known to staff, and their individual care plans are shared. - Signs and symptoms of anaphylaxis clearly explained - Procedure for checking medication is carried out - name of child,	*	*	*

	medication to be given and expiry date verified prior to administration			
Emergency medication is not locked away	Emergency medication is stored in a sealable 'emergency use only' allergy response kit at a height at Reception	*	*	
Medication given is out of date	Medication expiry date is regularly checked by the Lead First Aider, and replaced as necessary	*	*	
Lack of consent	Written consent is required by parents of children who have anaphylaxis for use of an emergency epipen	*	*	*
Creative Inclusion unaware of medical condition	A process is in place for identifying a child who has anaphylaxis, that requires monitoring in CREATIVE INCLUSION with the with Health Conditions questionnaire	*	*	*
No healthcare plan in place	A Health Care Plan must be devised when anaphylaxis is diagnosed, in conjunction with appropriate medical practitioner, parents / guardian and Lead First Aider using standard forms provided by CREATIVE INCLUSION/ hospital.	*	*	*
No record of emergency epipen being administered	'Administration of Medicines' form to be used when medication is given, which includes information such as parent consent and record of prescribed medicine given. An ambulance is called for when the emergency epipen is used.	*	*	*
Medication not disposed of responsibly	The emergency epipen used is stored safely out of the way whilst dealing with the child and then passed on to the emergency services when they arrive.	*	*	

Needlestick Injuries

If there is any accidental injury to the person administering medicine via an injection by way of puncturing the skin with an exposed needle, then the following action must be taken:

- Bleed the puncture site
- Rinse the wound under running water for a few minutes
- Dry and cover the site with a plaster
- Seek medical advice immediately
    - You may be advised to attend Accident and Emergency for a blood test
    - Information on how the injury occurred will be required

    - Details of the third party involved will be required
    - If the third party is a learner, then the parents must be made aware that their child's details will have to be given to the medical team who are caring for the injured party
    - This all needs to be undertaken with the full permission of the Head of Provision
- An Accident Form must be completed.

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

By law any of the following accidents or injuries to learners, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter. The member of staff with responsibility for overseeing RIDDOR reporting is Joanne Vance.

In relation to learners, the list of reportable incidents is less extensive, since the Creative Inclusion needs to take into consideration whether the accident is part of the "rough and tumble" of the activity being undertaken, or whether it is as a result of a shortcoming. Further guidance on this aspect of reporting can be found in the HSE guidance "Incident reporting in schools", which can be found here: http://www.hse.gov.uk/pubns/edis1.pdf

Major injuries from schedule 1 of the regulations:

- Any fracture, other than to the fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (whether temporary or permanent)
- A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours.
- Any other injury lasting over 3 days.
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
- Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin.
- Acute illness requiring medical treatment
- Loss of consciousness.
- Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Death.

- A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

Further information on RIDDOR reporting requirements can be found on the RIDDOR website; http://www.hse.gov.uk/riddor/

Reportable Incidents from a Registered Setting

The document below gives details and guidance on the events that should be reported to OFSTED, these mirror the RIDDOR requirements with the notable addition of food poisoning. https://www.milliesmark.com/sites/default/files/mm-serious_incident.pdf

OFSTED
Piccadilly Gate, Store Street, Manchester, M1 2WD T: 0300 123 1231 Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.ofsted.gov.uk

Visits and Events Off-Site
Refer to Educational Visits' Protocol.

Storage of Medication
See Administration of Medication Policy.

Automated External Defibrillator (AED)

There is a fully automated external defibrillator (AED) situated in SR1 3EQ.
To access the AED, call 999 and explain that a person is not breathing. They will give the code to access the AED. In order to raise awareness in case of a cardiac arrest, the majority of CREATIVE INCLUSION staff have been briefed on how to use the AED by the Lead First Aider. In addition, hands on training will be provided through three yearly Paediatric First Aid/Emergency First Aid at Work/CREATIVE INCLUSIONs training which the majority of staff attend.

Dealing with bodily fluids

In order to maintain protection from disease, all bodily fluids should be considered infected. To prevent contact with bodily fluids the following guidelines should be followed:

- When dealing with any bodily fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following bodily fluids must be cleaned up immediately.
- Bodily fluids include:
    - Blood, Faeces, Urine, Nasal and eye discharges, Saliva, Vomit

Process

- Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution

- Never use a mop for cleaning up blood and bodily fluid spillages
- All contaminated material should be disposed of in a yellow clinical waste bag (available in all first aid boxes) then placed in the clinical waste bin in the sick room.
- Avoid getting any bodily fluids in your eyes, nose, mouth or on any open sores.
- If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

Guidance to staff on particular medical conditions

Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the learner has a Care Plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency box.
3. Reassure the learner help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the learner's thigh at right angles to the leg (there is no need to remove clothing).

6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the learner has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the learner.
12. Steps 4-8 may be repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the learner must be taken to hospital for further checks. Epi-pen treatment must only be undertaken by staff who have received specific training.

Asthma management

Creative Inclusion recognises that asthma is a serious but controllable condition, and Creative Inclusion welcomes any learner with asthma. Creative Inclusion ensures that all learners with asthma can and do fully participate in all aspects of Creative Inclusion life, including any out of Creative Inclusion activities. Taking part in PE is an important part of Creative Inclusion life for all learners and learners with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of learners with medical conditions kept in the Medical Room and circulated to all staff. Creative Inclusion has a smoke free policy.

Trigger factors

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

General considerations

Learners with asthma need immediate access to their reliever inhaler. Younger learners will require assistance to administer their inhaler. It is the parents' responsibility to ensure that Creative Inclusion is provided with a named, in-date reliever inhaler, which is kept in the classroom, not locked away and always accessible to the learner. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a learner to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Learners must be made aware of where their inhaler is kept, and this medication must be taken on any out of CREATIVE INCLUSION activities. As appropriate for their age and maturity, learners are encouraged to be responsible for their reliever inhaler,

which is to be brought to Creative Inclusion and kept in a Creative Inclusion bag to be used as required. A spare named inhaler should be brought to Creative Inclusion and given to the lead 1st Aider for use if the learner's inhaler is lost or forgotten and stored in the asthma kit at Main Office.

Recognising an asthma attack

- Learner unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken

1. Ensure that prescribed reliever medication (usually blue) is taken promptly. If no improvement take one puff of their reliever inhaler (blue) every 30-60 seconds up to a maximum of 10 puffs. Call 999 if symptoms get worse whilst they are using their inhaler, if they don't feel better after 10 puffs or if you are worried at any time. You can repeat step 1 if the ambulance is taking longer than 15 minutes.
2. Reassure the learner.
3. Encourage the learner to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the learner can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the Lead First Aider or a first aider if she not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the learner takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany learner to hospital and await the arrival of a parent.

Diabetes management

Learners with diabetes can attend CREATIVE INCLUSION and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any learner with diabetes attending CREATIVE INCLUSION.

Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrates, more exercise, warm weather, too much insulin and stress. The learner should test his or her blood glucose levels if blood testing equipment is available.

- 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

1. Follow the guidance provided in the Care Plan agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or three glucose tablets. (Learners should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the learner to have access to regular snacks.
6. Inform parents.

Action to take if the learner becomes unconscious:

1. Place learner in the recovery position and seek the help of the Lead First Aider or a first aider.
2. Do not attempt to give glucose via mouth as learner may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany learner to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack)

Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken

1. Inform the First Aid lead or a first aider
2. Inform parents
3. Learner to test blood or urine
4. Call 999 (v) Epilepsy management

How to recognise a seizure

There are several types of epilepsy, but seizures are usually recognisable by the following symptoms:

- Learner may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face.
- Possible incontinence.

A learner diagnosed with epilepsy will have an Emergency Care Plan

Action to be taken

Send for an ambulance if:

1. this is a learner's first seizure.
2. a learner known to have epilepsy has a seizure lasting for more than five minutes or if an injury occurs.
3. seek the help of the Lead First Aider or a first aider.
4. help the learner to the floor.
5. do not try to stop seizure.
6. do not put anything into the mouth of the learner.
7. move any other learners away and maintain learner's dignity.
8. protect the learner from any danger.
9. as the seizure subsides, gently place them in the recovery position to maintain the airway.
10. allow patient to rest as necessary.
11. inform parents.
12. call 999 if you are concerned.
13. describe the event and its duration to the paramedic team on arrival.
14. reassure other learners and staff.
15. accompany learner to hospital and await the arrival of a parent.
16. keep a written record of the episode in the learners Epilepsy Care Plan Record.

Raising Awareness of this Policy

We will raise awareness of this policy via:

- the CREATIVE INCLUSION website
- the Staff Handbook
- communications with home

Equality Impact Assessment

Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex and sexual orientation.
This policy has been equality impact assessed, and we believe that it is in line with the Equality Act 2010. As it is fair, it does not prioritise or disadvantage any learner, and it helps to promote equality at this CREATIVE INCLUSION.

Monitoring and Review

This policy will be reviewed annually and any changes made to this policy will be communicated to all members of staff.

All members of staff are required to familiarise themselves with this policy as part of their induction programme.