

# First Aid Policy



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## 1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

## 2. Legislation and guidance

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

## 3. Roles and responsibilities

In all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided your assessment of need has taken into account the nature of employees' work, the number of staff, and the location of the school. The appointed person does not need to be a trained first aider.

Section 3.1 below sets out the expectations of appointed persons and first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in section 2. If you don't have an appointed person you will need to re-assign the responsibilities listed below accordingly.

All schools should adapt this section to reflect their circumstances, in line with their assessment of first aid needs.

**During coronavirus:** employers should discuss their updated risk assessment with first aiders and appointed persons for their input and so they are confident about providing the right assistance.

### 3.1 Appointed person(s) and first aiders

The school's appointed:

- Shaila Osman
- Samantha Mackenzie
- Zarah Gadatara
- Shamila Jussab

They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

Our school's appointed first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

### 3.2 The head of school

The head of school is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

### 3.3 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

## 4. First aid procedures

### 4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the head or school, deputy director or assistant head of school will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

**During coronavirus:** first aiders will follow Health and Safety Executive (HSE) guidance for [first aid during coronavirus](#). They will try to assist at a safe distance from the casualty as much as possible and minimise the time they share a breathing zone. Treating any casualty properly will be the first concern. Where it is necessary for first aid provision to be administered in close proximity, those administering it will pay particular attention to sanitation measures immediately afterwards including washing their hands.

### 4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the relevant member of staff prior to any educational visit that necessitates taking pupils off school premises. This risk assessment will be checked by either the head of school, deputy director or deputy head of school.

There will always be at least 1 first aider on school trips and visits.

**During coronavirus:** we will take account of any government advice in relation to educational visits during the coronavirus pandemic.

## 5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- Reception (at the desk)
- 

## 6. Record-keeping and reporting

### 6.1 First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- A copy of the accident report form will also be added to the pupil's educational record by the head of school
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

### 6.2 Reporting to the HSE

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

The proprietor will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death

➤ Specified injuries, which are:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalding requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

➤ Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)

➤ Where an accident leads to someone being taken to hospital

➤ Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)  
<http://www.hse.gov.uk/riddor/report.htm>

## 7. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3).

Staff are encouraged to renew their first aid training when it is no longer valid.

## 8. Monitoring arrangements

This policy will be reviewed by the deputy director annually.

At every review, the policy will be approved by the head of school and board of trustee.

## 9. Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions



#### Appendix 1: list of trained first aiders

STAFF MEMBER'S NAME	ROLE	DETAILS
<b>Shaila Osman</b>	Head of School	Paediatric Infant and Child First Aid Level 3 (VTQ) 05/04/2022
<b>Samantha Mackenzie</b>	Deputy Head of School	Paediatric Infant and Child First Aid Level 3 (VTQ) 05/04/2022
<b>Zarah Gadatara</b>	Deputy Director	Paediatric Infant and Child First Aid Level 3 (VTQ) 05/04/2022
<b>Shamila Jussab</b>	Deputy Director	Paediatric Infant and Child First Aid Level 3 (VTQ) 05/04/2022
<b>Christine Mackenzie</b>	Receptionist	Paediatric Infant and Child First Aid Level 3 (VTQ) 05/04/2022
<b>Faheem Jan</b>	ESOL Site Manager	Paediatric Infant and Child First Aid Level 3 (VTQ) 24/09/2022

## Appendix 2: accident report form example

NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
INCIDENT DETAILS			
Describe in detail what happened, how it happened and what injuries the person incurred			
ACTION TAKEN			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.			
FOLLOW-UP ACTION REQUIRED			
Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	

### Appendix 3: first aid training log

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE ATTENDED	DATE FOR TRAINING TO BE UPDATED (WHERE APPLICABLE)
E.g. first aid			
E.g. paediatric first aid			
E.g. anaphylaxis			

## Appendix 3 – Practical Arrangements at Jus'T'Learn

### Location of First Aid Facilities

The sick room is located on the first floor outside the Jus'T'Learn communal area for first aid treatment and for pupils or staff to rest/recover if feeling unwell. This includes a bed, first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves and paper towels.

A portable first aid kit must be obtained from the office for school.

### Responsibilities of the Appointed Person

Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.

Ensure that all staff are familiar with measure to provide appropriate care for pupils with particular medical needs (e.g. Diabetic needs, Epi-pens, inhalers).

Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.

Monitor and re-stock supplies and ensure that first aid kits are replenished.

Ensure that the school has an adequate number of appropriately trained First Aiders.

Co-ordinate First Aiders and arrange for training to be renewed as necessary.

Maintain adequate facilities.

Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits.

On a monthly basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee

Liaise with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.

### What to do in the case of an accident, injury or illness

A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see above). The school office should be contacted if the location of

a trained first aider is uncertain. Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed. The pupil or member of staff should not be left unattended. The first aider will organise an injured pupil's transfer to the sick room if possible and appropriate and to hospital in the case of an emergency. Parents should be informed as necessary by telephone by the first aider or school secretary. This will be followed up in writing and a record kept at school. A written record of all accidents and injuries is maintained in the accident book.

## Contacting parents

Parents should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

- Head injury (a head injury advice sheet should be given to any pupil who sustains a head injury) Available from the appointed person
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the pupil is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the pupil until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the form teacher.

## Contacting the Emergency Services

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

## Accident reporting

The accident book must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident book will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements).

## **Pupils who are unwell in school**

Any pupil who is unwell cannot be left to rest unsupervised in the sick room. If a pupil becomes unwell, a parent should be contacted as soon as possible by the appointed person, the head of school, deputy director or deputy head of school.

Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a pupil who goes home ill remembers to sign out at the school office.

## **First Aid equipment and materials**

The appointed person is responsible for stocking and checking the first aid kits. Staff are asked to notify the appointed person when supplies have been used in order that they can be restocked. The first aid boxes contain:

- A first aid guidance card
- At least 20 adhesive hypo allergenic plasters (including blue plasters for home economics)
- 4 triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Adhesive tape
- 2 sterile eye pads
- 6 medium sized unmedicated dressings
- 2 large sized unmedicated dressings
- Disposable gloves
- 1 resuscitator
- Yellow clinical waste bag

## **First Aid for School Trips**

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected from the main office (Registrar). This must be returned to the main office (Registrar) for replenishing on return. Any accidents/injuries must be reported to the appointed person and to parents and documented in the accident book in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury, the appropriate health & safety procedure must be followed.

## **Pupils using crutches or having limited mobility**

Parents must inform the school of the nature of injury and the anticipated duration of immobility (a risk assessment will be completed). The form tutor will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil

to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.

## **Emergency care plans and treatment boxes**

The appointed person ensures that staff are made aware of any pupil with an emergency care plan. These care plans are displayed in the staff room. A copy is also kept in the sick room. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents. Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the sick room.

## **Pupils with medical conditions**

A list is available in the staff room and the sick room of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return emergency boxes on completion of the trip. If staff become aware of any condition not on these lists please inform the appointed person.

## **Dealing with body fluids**

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

When dealing with any body 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 body fluids must be cleaned up immediately.

Bodily fluids include: Blood, Faeces, Nasal and eye discharges,  
Saliva, Vomit

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 body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the sick room. Avoid getting any body 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.

## **Infectious diseases**

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other pupils and staff.

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	Minimum 5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife 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	Minimum 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	Minimum 5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close
Scarlet Fever	Minimum 5 days after commencing	Antibiotic treatment recommended
Slapped Cheek	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhea and vomiting	48 hours from last episode of diarrhea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be	Consult the Health Protection Agency



Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	Minimum 5 days from onset of	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verruca	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	

## Medication in School

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day.

However, it should be noted that:

No child should be given any medication without their parent's written consent.

No Aspirin products are to be given to any pupil at school.

Parents must be given written confirmation of any medication administered at school, a copy of which will be kept on the pupil's file. Proformas for this are available from the school office.

Children will need to take medication during the school 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 appointed person 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 school 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 school first aider. In all cases which rely on such on-going consent, parents must, nevertheless, be informed in writing that the administration of medication has taken place.**

## Prescription-Only Medication

Prescribed medicines may be given to a pupil by the appointed person 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.

The school will accept medication from parents only if it is in its original container

A form for the administration of medicines in school is available from the appointed person.

## Administration of Medication

The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.

Wash hands.

Confirm that the pupil's name matches the name on the medication

Explain to the pupil that his or her parents have requested the administration of the 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 pupils.

Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the staff room. All medication should be clearly labelled with the pupil'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 sick room.

## Emergency Medication

It is the parents' responsibility to inform the school 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.

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)

By law any of the following accidents or injuries to pupils, 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.

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; or

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

### **Storage of this policy**

A copy of this policy is available on the school website and also in the staff room and school office.

### **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 pupil 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 pupil 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 pupil'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 pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
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 pupil must be taken to hospital for further checks.

**Epi-pen treatment must only be undertaken by staff who have received specific training.**

### Asthma management

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils 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 pupils with medical conditions kept in the staff room. The school 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

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom, not locked away and always accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. A spare named inhaler should be brought to school and given to the class teacher for use if the pupil's inhaler is lost or forgotten.

## Recognising an asthma attack

- Pupil 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.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil 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 appointed person 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 pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

## Diabetes management

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

### Signs and symptoms of low blood sugar (hypoglycemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil 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 3 glucose tablets. (Pupils 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 pupil to have access to regular snacks.
6. Inform parents.
- 7.

### Action to take if the pupil becomes unconscious:

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

## Signs and symptoms of high blood sugar (hyperglycemic attack)

Hyperglycemia – develops much more slowly than hypoglycemia 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 appointed person or a first aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

## Epilepsy management

### How to recognise a seizure

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

- Pupil 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 pupil diagnosed with epilepsy will have an emergency care plan.



## Action to be taken

1. Send for an ambulance;
  - a. if this is a pupil's first seizure,
  - b. if a pupil known to have epilepsy has a seizure lasting for more than five minutes or
  - c. if an injury occurs.
2. Seek the help of the appointed person or a first aider.
3. Help the pupil to the floor.
4. Do not try to stop seizure.
5. Do not put anything into the mouth of the pupil.
6. Move any other pupils away and maintain pupil's dignity.
7. Protect the pupil from any danger.
8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow patient to rest as necessary.
10. Inform parents.
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival.
13. Reassure other pupils and staff.
14. Accompany pupil to hospital and await the arrival of a parent.