



St Philomena's Catholic School First Aid and Medication Policy

This policy is designed to ensure that first aid is administered in a timely and competent manner. It applies to all pupils in the school, including those in the Early Years Foundation Stage (EYFS).

CONTENTS

First Aid and Medication Policy Statement of Commitment	2
Practical Arrangements at St Philomena's Catholic School	2
Location of First Aid Facilities	2
First Aid Equipment and Facilities	3
Details of First Aid Practitioners at St Philomena's Catholic School	3
Responsibilities of the Lead First Aider	4
Responsibilities of the Trained First Aiders	4
What to do in the case of an accident, injury or illness	5
Contacting parents	5
Contacting the Emergency Services	5
Accident reporting	6
Pupils who are unwell in school	6
First aid for school trips	6
Emergency care plans and treatment boxes	6
Dealing with bodily fluids	6
Handing and dealing with a sharp	7
Infectious diseases	8
Administration of Medication in School (I) Non-Prescription Medication (II) Prescription-Only Medication (III) Administration of Medication (IV) Emergency Medication (V) Emergency Asthma Inhalers and Emergency Adrenaline Auto Injectors (Epi-pens)	9
Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)	11
APPENDIX - Guidance to staff on particular medical conditions (I) Allergic reactions (II) Anaphylaxis (III) Asthma management (IV) Diabetes management (V) Epilepsy management	12

First Aid and Medication Policy Statement of Commitment

St Philomena's Catholic School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors.

We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of 2 trained First Aiders on each site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing in relation to every instance of accident or first aid or the administration of medicine for pupils in EYFS.

Practical Arrangements at St Philomena's Catholic School

Location of First Aid Facilities and Health Care Plans

The Medical Suite is located in the School Office 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, disposable aprons, paper towels and a portable first aid kit which must be obtained from the School Office for off-site activities.

Pupil Health Care Plans are located in the Medical Suite.

Location of First Aid Kits Within School

First aid kits are kept in the following locations:

- Minibus
- School Office
- Reception Class
- Staff Room
- Kitchen/Food Technology classroom in Jubilee House

First Aid Equipment and Materials

The Lead First Aider is responsible for stocking and checking the first aid kits. Staff are asked to notify the Lead First Aider when supplies have been used in order that they can be restocked. The first aid boxes contain (based on HSE guidance):

- Checklist of first aid box contents
- List of pupils with medical conditions and allergies
- Record of pupil accident and sickness sheet
- Off-site visit emergency & critical incident leader role instructions.
- At least 10 adhesive hypoallergenic plasters (including blue plasters for home economics)
- 1 triangular bandages (slings)
- 6 safety pins
- 1 pair of scissors
- 2 instant cold packs
- 6 cleaning wipes
- Adhesive tape
- 1 sterile eye pad
- 2 medium sized unmedicated dressings
- 2 large sized unmedicated dressings
- 3 pairs of disposable gloves
- 1 face shield
- 1 pair of disposable plastic tweezers
- 1 yellow clinical waste bag

Details of First Aiders at St Philomena's Catholic School

The Lead First Aider at St Philomena's Catholic School is the school secretary, Terri Freight. At least one qualified person is on school site whenever children are present.

EYFS: At least one person who has a current paediatric first aid certificate is on the premises and available at all times when children are present. A paediatric first aider will always accompany children from Reception class on outings.

A list of staff who are first aid qualified, including paediatric first aid, is displayed in the Medical Suite and available to parents from the school office. Training is renewed every 3 years.

Name	Date of Training	Qualification	Provider	Expiry Date
Terri Freight	22 March 18	Qualified First Aider	Frinton Training	23 March 2021
Jane Reis	19 March 18	Paediatric First Aider	Frinton Training	20 March 2021
Jane Gillies	23 January 2017	Paediatric First Aider	Frinton Training	24 January 2020
Tracy Warriner	19 March 2018	Paediatric First Aider	Frinton Training	22 March 2021
Joanna Bingham	22 March 18	Qualified First Aider	Frinton Training	23 March 2021
Julie Westlake	4 January 2019	EFAW	Frinton School of First Aid	3 January 2022
Belinda Neale	4 January 2019	EFAW	Frinton School of First Aid	3 January 2022
Kathryn Oxley	4 January 2019	EFAW	Frinton School of First Aid	3 January 2022

Treasa Cains	4 January 2019	EFAW	Frinton School of First Aid	3 January 2022
Neil Whitfield	4 January 2019	EFAW	Frinton School of First Aid	3 January 2022
Emma Whitfield	4 January 2019	EFAW	Frinton School of First Aid	3 January 2022
Monica Campbell	4 January 2019	EFAW	Frinton School of First Aid	3 January 2022
Louise Gardner	4 January 2019	EFAW	Frinton School of First Aid	3 January 2022
Philippa Mathews	4 January 2019	EFAW	Frinton School of First Aid	3 January 2022
Cheryl Kirby	4 January 2019	EFAW	Frinton School of First Aid	3 January 2022
Annabel Sharman	4 January 2019	EFAW	Frinton School of First Aid	3 January 2022
Lotte Juhl-Routledge	4 January 2019	EFAW	Frinton School of First Aid	3 January 2022

Responsibilities of the Lead First Aider

- Ensure that all staff are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measures to provide appropriate care for pupils with particular needs (for example, diabetic needs, Epi pens, inhalers).
- Ensure that a list and pupil Health Care Plans are 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.
- Coordinate 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 Head Teacher.
- Fulfil the school's commitment to report to RIDDOR, as described below.
- Liaise with managers of external facilities, such as the local swimming pool, to ensure appropriate first aid provision.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies.

Responsibilities of the Trained First Aiders

- Provide appropriate care for pupils and staff who are ill or sustain an injury.
- Record all accidents centrally in the accident book (to be found in the School Office).
- In the event of any injury to the head, however minor, ensure that parents are informed and a note stating this is added to the accident book.
- In the event of any accident or administration of first aid involving a pupil in the EYFS, this is logged in the accident book and parents are verbally informed at the end of the school day.
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- Inform the Lead First Aider of all incidents where first aid has been administered.

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 Medical Suite if possible and appropriate, and to hospital in the case of an emergency.

Parents should be informed as necessary by telephone by the school secretary and a record kept at school. A record of all accidents, injuries and the administration of first aid 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 letter should be given to any pupil who sustains a head injury and this is available from the Medical Suite)
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis and following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia 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 may 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 class teacher.

In the EYFS, ALL incidents must be verbally communicated to the parents and the parent must sign the school copy agreeing that they have been notified.

Contacting the Emergency Services

An ambulance should be called 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 away fixtures, or on a school trip. This includes any accident involving staff or visitors. The accident book will be monitored by the Lead First Aider as certain injuries require reporting (RIDDOR requirements). The

accident book is stored securely in the School Office so that it can be seen only by those who have authority to read it.

Pupils who are Unwell in School

Any pupil who is unwell cannot be left to rest unsupervised in the Medical Suite. If a pupil becomes unwell, a parent should be contacted as soon as possible by the school secretary or the head teacher. In the event a parent is unavailable the school should attempt to contact the secondary contact.

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 for School Trips

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) 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 school secretary; this will contain a list of the pupils attending the trip and an accident reporting sheet. This must be returned to the school secretary for replenishing on return. Any accidents/injuries must be recorded on the reporting sheet provided in the first aid boxes which is then placed 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 and safety procedure must be followed. The person responsible for completing a RIDDOR report is the Head Teacher.

Emergency Care Plans and Treatment Boxes/Bags

The Lead First Aider ensures that staff are made aware of any pupil with a Health Care Plan. Pupils with a serious medical condition will have a Health Care Plan drawn up and agreed by the Lead First Aider, parents and, where appropriate, the child's doctor. These care plans are placed in a folder in the Medical Suite. A copy is also given to the class teacher. Emergency treatment boxes/bags must always be taken if the pupil is out of school. The boxes/bags are kept in the Medical Suite and returned to the School Office on completion of the trip.

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 regarding mobility around the school must be completed and agreed with parents. The form teacher 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.

Pupils with medical conditions: Lists are available in the Medical Suite and in the first aid boxes/bags 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. If staff become aware of any condition not on these lists they must inform the Lead First Aider.

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 bodily fluids (blood, faeces, urine, nasal and eye discharges, saliva, vomit) must be cleaned up immediately using the equipment provided in the yellow Biohazard Kit held in the Medical Suite.

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 bags/boxes) then placed in the waste bin in the Medical Suite.
- 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.

Handling and Disposing of a Sharp

According to the Health & Safety Executive, a sharps injury can potentially cause infections such as blood borne viruses (BBV) including Hepatitis B (HBV), Hepatitis C (HCV) and the immunodeficiency virus (HIV).

An injury can occur when an individual is in contact with a contaminated sharp which is infected with blood or bodily fluid. It may also occur when sharps are not stored or disposed of properly.

Where a sharp is used or found:

- All children must be moved away from the area in order to prevent accidental injuries.
- The School Office or head teacher must be informed to request the sharps' disposal box.
- Staff must wear suitable protective gloves.
- All syringes, packaging and all other used material must be immediately disposed of in the Sharps Disposal Container located in the Medical Suite.
- If a member of staff/pupil sustains a suspected needle-stick injury medical assistance should be sought immediately and must be entered into the Accident book.
- Once used the Sharps Disposal Container must be kept in a locked cabinet.
- Once filled, the box must be sealed immediately and collected by a clinical waste collection company to be disposed of.

Sharps Injury

The (HSE) provides the following advice in case of injury from a contaminated sharp:

- Encourage the wound to bleed gently, ideally by holding it under running water.
- Wash the wound using soap and water.
- Do not scrub the wound while washing.
- Do not suck the wound.
- Dry the wound and cover it with a waterproof dressing.
- Seek medical advice as effective prophylaxis medication is available.

Infectious Diseases

If a child is suspected of having an infectious disease advice should be sought from the school secretary who will follow the Public Health England guidelines below to reduce the transmission of infectious diseases to other pupils and staff:

CONDITION	RECOMMENDED PERIOD TO BE KEPT AWAY FROM SCHOOL	COMMENTS
Diarrhoea and vomiting illness	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming should be for 2 weeks following last episode of diarrhoea
Flu (Influenza)	Until fully recovered	
Chicken Pox	Five days from onset of rash	Please alert the school (risk to pregnancy)
German Measles	Five days from onset of rash	Please alert the school (risk to pregnancy)
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing and reduce infectious period
Measles	Five days from onset of rash	Please alert the school (risk to pregnancy)
Slapped Cheek	None	Please alert the school (risk to pregnancy)
Warts and Verrucae	None	If an outbreak/cluster occurs, consult GP Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Conjunctivitis	None	If an outbreak/cluster occurs, consult GP 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
Head lice	None once treated	Seek Pharmacist/GP advice Treatment is recommended for the pupil and close contacts if live lice are found
Scabies	Until treatment has commenced	Two treatments one week apart for cases. Treatments should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Hepatitis A	Exclusion may be necessary	Consult Public Health England
Meningococcal meningitis 1	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 contacts
Viral meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatments is recommended for the pupil and family members
Cold sores	None	Avoid contact with sores
Mumps	Five days from onset of swollen glands	Preventable by vaccination (MMR x 2 doses)
Glandular fever	None	
Tonsillitis	None	

Administration of 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.
- No Ibuprofen to be given to asthmatics.

Parents must be given written confirmation of any medication administered at school, a copy of which will be kept in the medical information file. Proformas for this are available from the School Office.

Parents can give blanket permission for the use of non-prescription, children's dosage medicines at the start of the school year.

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

(I) Non-Prescription Medication

Parents are asked to complete a consent form as part of the admissions process to cover the administration of non-prescription medicines when deemed necessary by a school first aider. This includes EYFS children, provided that parents are contacted immediately before the administration of the medication. In all cases that rely on such ongoing consent, parents must be informed by telephone on the same day or as soon as is reasonably practicable, that the administration of medication has taken place.

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 by telephone.

(II) Prescription-Only Medication

Prescribed medicines may be given to a pupil by the Lead First Aider. 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, 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.

For the administration of medicines in school parents must contact the Lead First Aider. This information is then added to the medical information file.

(III) Administration of Medication

Any member of staff administering medication should be trained to an appropriate level, this includes specific training such as the use of Epi-pens.

- 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.
- A second adult is present when administering medicine.
- 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 any refusal of a pupil to take medication.
- Document, date and sign for what has been administered.
- Ensure that the medication is correctly stored in the locked first aid cupboard, in the Medical Suite out of the reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the School Office. 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.
- At the end of each term:
 - All medication should be returned to parents.
 - Any remaining medication belonging to children should be disposed of via a pharmacy or GP surgery.
- Used needles and syringes must be disposed of in the sharps box kept in the Medical Suite.

(IV) 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 is required and this will be completed and agreed with parents and, where relevant, the child's GP.

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

If a pupil is prescribed an asthma inhaler or Epi-pen, it is the parents' responsibility to provide the school with an in-date inhaler or Epi-pen, clearly named and labelled by the dispensing chemist.

For a number of years, it has been possible for schools to keep emergency asthma inhalers to cover the eventuality of a pupil'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 provision enables schools 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. The school has decided to exercise this option; a policy and risk assessment have been created to cover the use and storage of such devices and the training of staff.

Further information can be found on this website:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

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

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. The member of staff with responsibility for overseeing RIDDOR reporting is the Head Teacher.

Major injuries from schedule 1 of the regulations:

1. Any fracture, other than to the fingers, thumbs or toes.
2. Any amputation.
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (whether temporary or permanent).
5. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
6. 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.
7. Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours.
8. Any other injury lasting over 3 days.
9. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
10. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin.
11. Acute illness requiring medical treatment.
12. Loss of consciousness.
13. 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.
14. Death.
15. 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

APPENDIX: GUIDANCE TO STAFF ON PARTICULAR MEDICAL CONDITIONS

(I) 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.

(II) Anaphylaxis

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

Symptoms 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

General considerations

Pupils who are susceptible to severe allergic reactions and have been prescribed an Epi-pen need immediate access to their Epi-pen. It is the parents' responsibility to ensure that the school is provided with a named, in-date Epi-pen, which is kept in the School Office, always accessible to the pupil and not locked away. It is the parents' responsibility to provide a new Epi-pen when out of date. Pupils must be made aware of where their Epi-pen is kept and this medication must be taken on any out of school activities.

Parental consent is given for pupils who have been prescribed an Epi-pen to administer the school's emergency Epi-pen. This is recorded on a yellow permission slip and kept in the Health Care Plan file in the Medical Suite.

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 (if necessary write this on their forehead).

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.

Steps 4-8 maybe 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.

(III) 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 the pupils Health Care Plan kept in the Medical Suite. 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 School Office, always accessible to the pupil and not locked away. 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.

Parental consent is given for pupils with Asthma to administer the school's emergency inhaler. This is recorded on a yellow permission slip and kept in the Health Care Plan file in the Medical Suite. Staff record the amount of doses given and the date on the sheet included in the emergency inhaler kit. Parents are informed by letter.

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 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 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.

(IV) 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 (hypoglycaemic 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 the Medical Suite and sent in first aid kits where it is felt to be appropriate. 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.

Action to take if the pupil becomes unconscious:

1. Place pupil 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 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 (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 (or like pear drops)
- Blurred vision
- Unconsciousness

Action to be taken

1. Inform the Lead First Aider or a first aider
2. Inform parents
3. Pupil 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:

- 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 a Health Care Plan

Action to be taken

1. It is not always necessary to call for an ambulance. An ambulance must be called if:
 - a pupil known to have epilepsy has a seizure lasting for more than five minutes or if an injury occurs.
 - if this is a pupil's first seizure
2. Seek the help of the Lead First Aider 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.
5. Move any other pupils away and if possible cover the pupil with a blanket to maintain pupil's dignity.
6. Protect the pupil from any danger.
7. As the seizure subsides, gently place them in the recovery position to maintain the airway.
8. Allow patient to rest as necessary.
9. Inform parents.
10. Call 999 if you are concerned.
11. Describe the event and its duration to the paramedic team on arrival.
12. Reassure other pupils and staff.
13. If necessary accompany pupil to hospital and await the arrival of a parent.