



## 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).

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## **FIRST AID AND MEDICATION POLICY STATEMENT OF COMMITMENT**

St Philomena's 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 school premises 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 SCHOOL**

### **Location of first aid facilities and health care plans**

The first aid room is located in the School office for first aid treatment and for pupils or staff to rest/recover if feeling unwell. This includes a fold out bed, first aid supplies, a water supply and sink, an adjacent toilet 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 first aid room.

### **LOCATION OF FIRST AID KITS WITHIN SCHOOL**

First aid kits are kept in the following locations:

- School Office
- Playground
- Reception Class
- Staff Room
- Minibuses

As all class teachers are paediatric first aid trained, basic first aid supplies are kept in each classroom to allow them to deal and treat minor injuries such as cuts and grazes and to monitor a child if they say they feel unwell. Supplies include a yellow clinical waste bag, disposable gloves, antiseptic wipes, plasters and a sick bowl, together with an accident and sickness recording book.

### **Automated external defibrillator (AED)**

A semi-automatic AED is kept in the first aid room and all staff are trained to use the device. It is always accessible for use and not locked away. The device has a built in visual battery check function which ensures the device is always ready to use. The Principal First Aider is responsible for checking the device on a monthly basis.

### **First aid equipment and materials**

The Principal First Aider is responsible for stocking and checking the first aid kits at least once a month. Staff are asked to notify the Principal First Aider when supplies have been used in order that they can be restocked. The first aid boxes contain:

- Checklist of first aid box contents
- List of pupils with medical conditions and allergies
- Accident and sickness recording book
- Yellow clinical waste bag
- Disposable gloves
- Individually wrapped sterile plasters of assorted sizes
- Individually wrapped cleaning wipes
- Instant cold packs
- Triangular bandage
- Safety pins
- Pair of scissors
- Adhesive tape
- Sterile eye pad
- Medium sized sterile, individually wrapped, unmedicated wound dressing
- Large sized individually wrapped, unmedicated wound dressing
- Face shield
- Disposable plastic tweezers

### **DETAILS OF FIRST AIDERS AT ST PHILOMENA'S SCHOOL**

The Principal First Aider at St Philomena's School is Mrs Sara Smith; the Headteacher is trained to the same level and acts as her deputy. There are at least two qualified paediatric first aiders on school premises whenever children are present.

**EYFS:** There are at least two qualified paediatric first aiders on school premises whenever 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 First aid room and available to parents from the school office. Training is renewed every 3 years.

<b>Name</b>	<b>Qualification</b>	<b>Provider</b>	<b>Expiry Date</b>
Sara Smith	Level 3 Paediatric First Aid Administering Medication	Frinton First Aid	28/09/2023 01/2023
Philippa Mathews	Level 3 Paediatric First Aid	Hands on First Aid	01/09/2024
Lotte Jensen	Level 3 Paediatric First Aid	Hands on First Aid	14/11/2024
Jane Reis	Level 3 Paediatric First Aid Administering Medication	Hands on First Aid	01/09/2024 07/10/2022
Treasa Cains	Level 3 Paediatric First Aid	Hands on First Aid	01/09/2024
Bethan Venables	Level 3 Paediatric First Aid	Hands on First Aid	01/09/2023
Jo Bingham	Level 3 Paediatric First Aid	Hands on First Aid	01/09/2024
Julie Westlake	Level 3 Paediatric First Aid	Hands on First Aid	01/09/2024

Neil Whitfield	Level 3 Paediatric First Aid	Hands on First Aid	01/09/2024
Kathryn Oxley	Level 3 Paediatric First Aid	Hands on First Aid	01/09/2024
Beth Reis	Level 3 Paediatric First Aid	Hands on First Aid	01/09/2024
Alison Finger	Level 3 Paediatric First Aid	Hands on First Aid	05/04/2024
Katie Noremborg	Level 3 Paediatric First Aid	Hands on First Aid	01/09/2023
Michelle Corton	Level 3 Paediatric First Aid	Hands on First Aid	01/09/2023
Lorraine Swinbourne	Level 3 Paediatric First Aid	Hands on First Aid	01/09/2023

### **RESPONSIBILITIES OF THE PRINCIPAL 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, EpiPens, inhalers).
- Identify pupils who may need to have an individual health care plan and work with parents to put a plan together if necessary.
- Ensure that a list of pupils with health care plans is maintained and available to staff, detailing the specific 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.
- Maintain a central first aid file (kept in the school office) which contains all accident records and the administration of medication.
- Review first aid records on a monthly basis to identify any trends or patterns and report to the Headteacher.
- Fulfil the school's commitment to report to RIDDOR, as described below.
- Liaise with managers of external facilities, such as the local cricket club and tennis club, to ensure appropriate first aid provision is in place.
- 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, detailing the date, time, location, injury sustained and treatment given.
- In the event of any injury to the head, however minor, ensure that parents are informed and record in the accident file.
- In the event of any accident or administration of first aid involving a pupil in the EYFS, this is logged in the accident file 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.

### **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 first aid room if possible and appropriate, and to hospital in the case of an emergency.

Parents should be informed as necessary by telephone and a record kept at school. A record of all accidents, injuries and the administration of first aid is maintained in the accident file.

### **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 first aid room)
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis and following the administration of an EpiPen
- 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 and not fit enough to remain in school

If parents are delayed and non-emergency transportation is required, a school vehicle may be used to transport the injured person to the doctors or a hospital. 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, parents are notified of **ALL** incidents on the same day, either by ClassDojo or verbally on collection. An separate accident book is kept for Reception class children.

### **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 or following the administration of an EpiPen must be taken to hospital.

### **ACCIDENT REPORTING**

The relevant accident book must be completed for any accident or injury occurring at school, at away sports fixtures, or on a school trip. This includes any accident involving staff or visitors. The accident book will be monitored by the Principal First Aider as certain injuries require reporting (RIDDOR requirements). The accident file 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 first aid room. If a pupil becomes unwell, a parent should be contacted as soon as possible by a member of staff. 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 is signed 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 office; this will contain a list of the pupils attending the trip and an accident reporting sheet. This must be returned to the Principal First Aider for replenishing on return. Any accidents/injuries must be recorded on the reporting sheet provided in the first aid kit which is then placed in the accident file 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 Business Manager.

### **HEALTH CARE PLANS AND TREATMENT BAGS**

The Principal 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 Principal First Aider, parents and, where appropriate, the child's doctor. These care plans are kept in the first aid room. A copy is also given to the class teacher.

If a pupil has an emergency treatment bag, they must always be taken if the pupil is out of school. Depending on the age of the pupil, and in full consultation with parents, the bags are either carried by the pupil or kept in the first aid room.

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 class teacher will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed with all staff in a staff meeting to ensure all staff are 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: Details of all pupils with medical conditions are kept in the first aid room and in the first aid boxes/bags. Details of pupils who have a serious allergy or medical condition are displayed in the first aid room and in the staff room. Individual class teachers are always notified of pupils in their class who have a medical condition. This information is useful for lesson planning and for risk assessments when organising an educational visit. If staff become aware of any condition not on these lists they must inform the Principal 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 first aid room.

#### **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 first aid 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.

### **HANDLING AND DISPOSING OF A SHARP**

According to the Health and 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 must be contacted to request the yellow sharps disposal container.
- 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 first aid room.
- 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 file.
- Once used the sharps disposal container must be kept in a locked cabinet.
- Once filled, the container must be sealed immediately and taken to a local pharmacy, doctors or hospital 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 Principal First Aider 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	
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 1 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 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.

Parents can give blanket permission for the use of non-prescription medication such as paracetamol, ibuprofen, antihistamine cream and sun screen at the start of the school year.

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 notified of any medication administered at school on the same day. All medication administered must be documented and signed for by the member of staff administering the medicine.

There will be occasions when pupils 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. If medication is required during the school day, parents must complete a medication form detailing the name of the medication, dose needed and time to be given.

### **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 (such as liquid paracetamol and antihistamine) 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 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 the same day.

### **Prescription-only medication**

Prescribed medicines may be given to a pupil by a trained member of staff. Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course. This information is held in the general first aid file for the duration of the course and then stored in the pupil's personal file.

The school will only accept medication from parents 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 UK doctor, dentist, nurse or pharmacist.

Medicines containing aspirin will be given only if prescribed by a doctor.

### **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 EpiPens.

- 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 first aid room out of the reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the first aid 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.
- At the end of the academic year:
  - 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.

### **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.

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

If a pupil is prescribed an asthma inhaler or EpiPen, it is the parents' responsibility to provide the school with an in-date inhaler or EpiPen, 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 EpiPens. This provision enables schools to purchase EpiPens, 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.

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)**

RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences arising out of or in connection with work. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR.

The member of staff with responsibility for overseeing RIDDOR reporting is the Business Manager.

Incidents that sometimes result from schools' activities and are reportable under RIDDOR include:

- Injuries and ill health involving employees

- Injuries involving pupils and other people not at work
- Dangerous occurrences

Detailed guidance about RIDDOR reporting and online reporting procedures can be found at [www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm).

Information specific to schools can be found at <https://www.hse.gov.uk/pubns/edis1.pdf>.

## APPENDIX: GUIDANCE TO STAFF ON PARTICULAR MEDICAL CONDITIONS

- Asthma management
  - Head injury
  - Allergic reactions
  - Anaphylaxis
  - Diabetes Management
  - Epilepsy Management
- 

### 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. 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. Depending on the age of the pupil, their inhaler is either carried by the individual at all times or kept in the first aid room. 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 and to provide a new inhaler when out of date. Inhalers are kept in the first aid room, always accessible to the pupil and not locked away. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities. 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.

Parental consent is obtained for pupils who have been prescribed an asthma inhaler to administer the school's emergency inhaler if necessary. This consent is stored in the first aid file. All staff are made aware of pupils who have been prescribed an inhaler, and information is displayed in the staff room and first aid room. If the school inhaler is used, staff record the number of doses given, together with the date and time administered on the sheet included in the emergency inhaler kit.

#### 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. Loosen any tight clothing.
5. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
6. If symptoms have improved but not completely disappeared, give another dose of their inhaler and call for a trained first aider to assist.
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 and ask another member of staff to notify the parents.
9. Accompany pupil to hospital and await the arrival of a parent.

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### HEAD INJURY

A minor bump to the head is common in children, particularly those of primary school age. If a child is asymptomatic (there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting) and the child appears well, then the incident will be treated as a 'bump' rather than a 'head injury'.

### Action to be taken

<b>Low risk head bump</b> No wound/lump, child presenting as well and coherent.	First aid administered if required, message sent to parents via ClassDojo to inform them that their child bumped their head at school today.
<b>Medium risk head bump</b> Wound/lump, child presenting as well and coherent.	First aid administered, family telephoned to advise of injury and to discuss. Head injury information sheet sent home with child.
<b>Serious head bump</b> Possible wound/lump, child presenting as incoherent, sleepy, vomiting, etc.	First aid administered, ambulance called or child taken to A&E and family telephoned.

### ALLERGIC REACTIONS

#### Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If a consent form has been completed for the affected pupil, administer the recommended dose of antihistamine to a child who displays mild symptoms only. Complete and sign the appropriate medication form, detailing the type of medication, dose given, date, and time the medication was administered. Observe the child closely for 30 minutes to ensure symptoms subside. Notify parents that medication has been administered to their child.

## **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 EpiPen need immediate access to their EpiPen. Depending on the age of the pupil, the EpiPen is either carried by the individual at all times or kept in the first aid room. If kept in the first aid room it is always accessible to the pupil and not locked away. EpiPens must be taken on any out of school activities.

It is the parents' responsibility to ensure that the school is provided with a named, in-date EpiPen, which is kept in school. It is the parents' responsibility to provide a new Epi-pen when out of date. Younger pupils must be aware of where their EpiPen is kept.

Parental consent is obtained for pupils who have been prescribed an EpiPen to administer the school's emergency EpiPen if necessary. This consent is stored in the first aid file. All staff are made aware of pupils who have been prescribed an EpiPen, and information is displayed in the staff room and first aid room.

### **Action to be taken**

1. Send someone to call for an ambulance and inform parents. Arrange to meet parents at the hospital.
2. Locate or send for the EpiPen if it is stored in the first aid room.
3. If the pupil is able to self administer, encourage and support them to do so.
4. Remove the EpiPen from the carton and pull off the 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 EpiPen 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 them on their side in the recovery position.
10. Stay with the pupil until they are handed over to a paramedic.

If there is no improvement after 5 minutes, steps 4 to 8 may be repeated with a second EpiPen if instructed to do so by the emergency services.

**REMEMBER:** EpiPens are not a substitute for medical attention. If an anaphylactic reaction occurs and you administer the EpiPen the pupil must be taken to hospital for further checks. EpiPen treatment must only be undertaken by staff who have received specific training.

## **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 their blood glucose levels if blood testing equipment is available. Symptoms include:

- 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. Do not send the child out of your care for treatment alone.
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 first aid room 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. Allow the pupil to have access to regular snacks.
5. Inform parents.

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

1. Do not attempt to give glucose via mouth as pupil may choke.
2. Place pupil in the recovery position and seek the help of the Principal First Aider or a first aider.
3. Ask another member of staff to contact the parents.
4. Call for an ambulance.
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. Symptoms include:

- 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. Pupil to test.
  2. Inform the Principal First Aider or a first aider and ask another member of staff to contact the parents.
  3. Call for an ambulance if necessary.
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**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 Principal First Aider or a first aider and ask another member of staff to contact the parents.
3. Help the pupil to the floor.
4. Do not try to stop the seizure.
5. Do not put anything into the mouth of the pupil.
4. Move any other pupils away and if possible cover the pupil with a blanket to maintain pupil's dignity.
5. Protect the pupil from any danger.
6. As the seizure subsides, gently place them in the recovery position to maintain their airway.
7. Allow pupil to rest as necessary.
8. Call for an ambulance if you are concerned.
9. Describe the event and its duration to the paramedic team on arrival.
10. Reassure other pupils and staff.
11. If necessary accompany pupil to hospital and await the arrival of a parent.