

SAINT CHRISTINA’S SCHOOL: FIRST AID POLICY (Including Administration and Storage of Medicines)

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| Review Initiated by | ASG |
| Last Review | Autumn 2021 |
| Next Review | Autumn 2022 |

This Policy applies to the whole school including Early Years Foundation Stage (EYFS), is publicly available on the School website and on request a copy may be obtained from the School Office.

1. Legal Status:

- This policy is drawn up and implemented to meet the requirements outlined in the Independent School Standards Commentary on the Regulatory Requirements (2021), Part 3, Standard 13.
- Complies with Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR). The school is mindful of its duty to report to the Health and Safety Executive (0845 3009923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act 1995 (RIDDOR).
- Complies with the Guidance on First Aid for Schools Best Practise Document published by the Department for Education (DfE).
- Complies with the Health and Safety (First Aid) Regulations 1981 (amended 1997)
- COVID: Since March 2020 updated guidelines around treatment of children and staff for COVID-19 are published within the Risk Assessments around the reopening of the School from lockdown and in information shared with parents and staff.

2. Introduction

2.1. This policy sets out the First Aid and Medicines arrangements implemented at Saint Christina’s School including the EYFS. It should be considered in conjunction with the other key policies of the School which ensure that the health, welfare and safety of its pupils, staff and all those on the premises at all times.

2.2. Regard has been given to the following regulations, guidance and frameworks:

- EYFS Statutory Framework
- ISI Inspection Commentary on the Regulatory Requirements Handbook
- DfE – Guidance on First Aid for Schools
- HSE Incident reporting in schools (accidents, diseases and dangerous occurrences)
- Guidance for employers

3. Aims

- To ensure that First Aid provision is available at all times while people are on the School premises and to pupils, staff and volunteers while off the premises during School activities and trips;
- To ensure that the School has the appropriate number of suitably trained people as Appointed Persons and First Aiders/Paediatric First Aiders to meet the needs of the School and to maintain a record of that training;
- To provide relevant training and ensure monitoring of training needs;
- To provide sufficient and appropriate resources and facilities;

Saint Christina’s School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.

- To ensure that all staff are aware of First Aid procedures and their responsibilities under this policy;
- To ensure that all accidents are recorded, and, where appropriate, reported and investigated;
- To ensure the immediate welfare of pupils, staff and visitors who are taken ill at School;
- To ensure that First Aid is administered in a timely and competent manner.

3.1. Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. Staff should dial 999 for the emergency services in the event of a medical emergency and make clear arrangements for liaison with ambulance services on the School site and parents / guardians.

4. Equality Statement

4.1. At Saint Christina's School we are committed to ensuring equality of education and opportunity for all pupils, staff, parents and carers receiving services from the School, irrespective of race, gender, special educational needs and disability, religion or socio-economic background. We aim to develop a culture of inclusion and diversity in which all those connected with the School feel proud of their identity and able to participate fully in School life.

5. Responsibilities

- The Governing Body:** will be tasked to assume operational responsibility for ensuring that there is adequate and appropriate equipment, facilities and trained personnel to deliver First Aid and temporary care for those who may be injured or become unwell on School Premises and for pupils, staff and volunteers engaged in School activities whilst off site. They will also be responsible for ensuring that all staff, parents and pupils are aware of, and have access to, this policy.
- The Headteacher:** will be responsible for ensuring that all staff, parents and pupils are aware of, and have access to this policy.
- The Health and Safety Co-ordinator:** will regularly (at least annually) carry out a First Aid risk assessment and review the School's First Aid needs to ensure that the School's First Aid provision is adequate. Be responsible for ensuring that relevant staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence and expertise in relation to First Aid. The Health and Safety Co-ordinator is the Bursar (Jo Reilly).
- All Staff:** will read and ensure they are fully conversant with this Policy and the procedures described within it. They must also understand that they are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the School. In addition to this staff must inform Georgia Djiabouras if they become aware of a missing item or use up a supply of a material.

6. Appointed Persons

6.1. The Appointed Persons for First Aid is Georgia Djiabouras (DB)

6.2. An Appointed Person's duties are to:

- look after the first aid equipment and ensure that first aid kits are always fully stocked,
- take charge when someone is injured or becomes ill
- ensure that an ambulance or other professional medical help is summoned when appropriate

7. First Aiders

7.1. All staff receive First Aid Training within the INSET programme

7.2. The following have received training and have been appointed as Paediatric First-Aiders for the School:

- Georgia Djiabouras (School First Aid Lead)
- Artur Kalinowski (TA)
- Fran Randle (Head of EYFS)
- Jamie Raveney (Director of Sport)
- Alicia Nunes (Rec Teacher)
- Isabella Clark (Rec TA)
- Fabiana Salazar (Rec TA)

7.3. **EYFS:** There is always a minimum of one Paediatric First Aider on site during school hours (8.00 am – 5.00 pm) and to accompany all EYFS trips.

7.4. In addition to those trained as Paediatric First Aiders, all staff receive basic First Aid Training.

8. Arrangements

- Saint Christina's has a treatment room available with a sink, chairs and fold-away bed and First Aid Kit. For the duration of the building work, the Staff Room has been designated as the emergency treatment room and while in use as such will not be used by staff.
- Georgia Djiabouras is responsible for ensuring there is adequate stock of basic First Aid equipment. All First Aid boxes are monitored and restocked at regular intervals by Georgia Djiabouras or, in the case of classroom First Aid kits, by the class teachers / teaching assistants who will liaise with Georgia Djiabouras regarding stock. GD maintains a log of first aid kit / stock checks.
- As part of the trips and expeditions planning documentation, staff are required to formulate Risk Assessments and within the process trip leaders are required to consult on First Aid Kits and discuss with / inform Georgia Djiabouras of any additional requirements. They are also required to ensure appropriate First Aid cover is provided within the staffing. On trips involving EYFS children, there will always be a Paediatric First Aider.

8.1 First-Aid kits throughout the School contain:

- First Aid Guidance Leaflet
- Disposable gloves
- Assorted plasters
- Sterile dressings, including eye-pad, finger dressing, medium and large flow wrapped dressings and burn relief dressing

- 2 triangular bandages
- Conforming bandage
- Microporous Tape
- Emergency Thermal Blanket
- Mouth to Mouth Resuscitation Device
- Scissors
- Sterile wipes
- Safety pins

8.2 The arrangements for first-aid will be adequate to cope with all foreseeable major incidents.

- The number of certified first-aiders will not, at any time, be less than the number required by law.
- Staff are trained every 3 years by a Health and Safety Executive approved trainer. Training courses meet regulatory requirements for EYFS First Aid training (12 hour course Paediatric First Aid) is provided currently to members of staff listed in paragraph 7.1 of this policy.
- Whole School / group / individual training is also given for such aspects as Anaphylaxis, use of Epipens and any specialised care that may be required to meet the needs of the pupils.
- A list of First Aiders can be found in the School Office and Staffroom.

8.3 First Aid kits are held at various locations throughout the School. These locations are:

- School office (ground floor),
- First Aid room
- Exit to playground
- Classrooms

9. Procedures including Accident Reporting

9.1 All incidents which require treatment (however minor) are to be dealt with by an adult and should be recorded in the Pupil Accident Book by the member of staff responsible at the time of the accident. A First Aid bag is always taken out by the playground supervisors and all incidents reported to the class teacher.

9.2 A First Aid Kit is taken to PE lessons and sporting fixtures (on or off-site)

9.3 Parents will be informed of all significant accidents or injuries to their child and of any significant First Aid treatment given and a minor injuries form in these situations will be completed and sent home. Parents will be informed on the same day as the incident or as soon as is practicable (E58). First Aid stickers may be used in EYFS/KS1.

9.4 **ALL** head injuries must be recorded. The report should indicate where on the head the bump was received, as complications may develop after some delay. Parents will be contacted directly by phone to let them know that their child has received a bump to the head. Parents are provided with guidance on what to do following a head bump.

9.5 Parents will be informed of any serious incidents or those causing a lot of distress immediately or as soon as is practicable. Any accident / incident which causes concern must be reported to the Headteacher and / or Bursar. If there is another child involved (e.g. a bite), his/her name should be noted. If a breach of discipline was involved, this also should be recorded in the Accident Record File by the teacher overseeing the incident.

- 9.6 Injured children who have fallen to the ground should not be moved until they do so of their own accord – to avoid exacerbating any injury.
- 9.7 **In the event of a person collapsing on site or being seriously injured, the nearest responsible person should dial 999 or 112 immediately.** Parents must be contacted immediately in such cases.
- 9.8 Where no ambulance is needed but it is deemed that a child needs professional medical attention parents will be asked to transport the child to hospital. If the parents cannot be contacted, a child will be accompanied to hospital using a car or taxi by School Staff. Staff will stay at the hospital until parents arrive.
- 9.9 A First Aider should be consulted whenever an injury appears serious (i.e. the child cannot continue play or work) or if there is any doubt about an injury.
- 9.10 Where vomiting or diarrhoea has been reported, a pupil must not return to School until 48 hours after the last episode of vomiting and diarrhoea.
- 9.11 Parents of pupils most at risk are alerted if a child or adult in the School has been diagnosed with an infectious illness. E.g. the School might send a letter to parents listing main symptoms to look out for and to contact their G.P. if in doubt.
- 9.12 The School will take all necessary steps to comply with the Report of Injury, Diseases and Dangerous Occurrences Regulations 1995 [RIDDOR].
- 9.13 Maintenance of adequate accident records and the reporting of those necessary to the Health & Safety Executive will be the responsibility of the Bursar and / or the Health & Safety Representative. All information will be kept for three years.
- 9.14 The School will arrange for all accidents and ‘near misses’ to be investigated to determine the need for any remedial action. The persons responsible for deciding who will carry out the investigation is the Bursar and / or the Health & Safety Representative. Where appropriate, a copy of the report will be made available for discussion at the next Governors or Staff or Safety Committee Meeting.
- 9.15 The Bursar, Joanne Reilly, is the safety representative for the School. Members of staff will liaise with her and with the Headteacher on all safety issues.

10. Biohazards

10.1 All staff dealing with a biohazard spill are to:

- Take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular avoid blood or body fluids reaching the eyes or the areas inside the mouth and nose;
- Wear appropriate protective clothing;
- Use the biohazard spill kits provided by the School (located in Science and First Aid Rooms);
- Immediately after every clean up of blood or body fluid, hands including arms to the elbow must be washed with warm water and soap. This should be performed even if gloves have been worn. Wash all areas that have come into contact with blood;
- Dispose of materials in yellow biohazard bin located in First Aid Room;
- All biohazard spills are to be reported to the Health and Safety Co-ordinator (Bursar).

11. Reporting Incidents – RIDDOR

Saint Christina’s School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.

11.1 Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) some accidents must be reported to the HSE. This applies to employees, pupils, Staff and visitors to the School. The School must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of event; personal details of those involved and a brief description of the nature of the event or disease.

11.2 Accidents that must be reported:

- If employee / pupil injured during an activity connected with work / School or self-employed people while working on the premises;
- if resulting in death or major injury (including as a result of physical violence);
- where the injured person is prevented from doing their normal work for more than three days.

11.3 Fatal and major injuries and dangerous occurrences must be reported without delay. All incidents can be reported online (details at www.HSE.gov.uk) but a telephone service is also provided for reporting fatal and specified injuries **only** - call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

12. Administration of Medicines

12.1 This procedure applies to the administration of all medicines and includes over the counter medicines, prescription medicines and homeopathic remedies.

12.2 Medical data is collected when children join the school and then renewed annually. Outside of these data collection points, parents are asked to update the school of any change in the medical information relating to their child at the point that it happens.

12.3 When children are unwell, the best place for them is at home with a parent or carer.

12.4 When a child is infectious or unwell e.g. winter vomiting sickness, parents will be asked to remove them from the school setting in line with the recognised NHS guidelines for the particular illness. E.g. where a child has been physically sick, they must remain away from school for 48 hours after the last bout of sickness (see 9.10); e.g. where a child has chicken pox they must remain away from school until the spots start scabbing over (recognised as the point at which the infectious phase has passed). In such cases, the School will communicate with parents of children affected by the illness of another child, in order to inform them of the situation and allow them to monitor their own child for symptoms.

12.5 Prescribed medicines for long-term medical conditions or where a doctor regards a child fit to return to School, provided prescribed medication is taken during School hours, are kept securely in the First Aid Office. If necessary the parent / carer may come to School to administer certain medicines.

12.6 Prescription medication may only be administered by school staff if prescribed by a doctor, dentist, nurse or pharmacist. Medicines containing aspirin must have been prescribed by a doctor.

12.7 For any medication administered by a member of staff there must be written permission from the parents / guardians who will be required to complete the 'Parental Agreement' form located on the T drive, detailing timing, dosage etc.. The administration of any medicine [e.g. timings and dose] must be recorded on the 'Record of Medicine Administered to a Child' form

which is added to the central 'Medical Conditions and Allergies' folders and distributed to the appropriate class 'Medical Conditions and Allergies' folder and the parents/guardians informed (E53).

12.8 Where medicine is to be administered to a child, parental permission will be required in advance. It is School policy not to administer any medication outside of these permissions. If the School deems it necessary to consider administering, for example, Piriton, this will not be done without permission.

12.9 All medicines kept in School must be clearly labelled with:

- The child's name, the dosage, when it is to be administered.
- Unused medicine will be returned to the parent.

12.10 These procedures apply equally to School visits and residential trips for which record sheets are provided.

12.11 Asthmatic pupils in KS2 look after their own inhalers. Younger children's inhalers will be kept securely in an accessible place in the classroom and will be taken by a member of staff on external trips.

13. Particular Medical Conditions (*e.g. Asthma, Diabetes and Allergies*)

13.1 Each pupil is to have a pupil information form completed by their parents, who should include details of any special medical conditions or requirements, such as asthma, diabetes or allergies.

13.2 The member of staff in charge of a School trip must ensure, when completing the risk assessment for the trip, that they are aware of any pupil with particular medical requirements, and that a supply of any medication appropriate to such requirements is taken on the trip.

13.3 Further details about specific conditions are appended to this policy

14. Individual Health Care Plans

14.1 Georgia Djiabouras, the class teacher and parents will agree an individual health care plan (IHP) with the parents of a pupil with special medical requirements. Completed health care plans should be returned to the School Office and will be retained by them.

14.2 Copies will be distributed as follows:

- Class Teacher
- First Aid Co-ordinator
- Parents

14.3 A photograph of each pupil with a health care plan, marked with the name of the pupil concerned and accompanied by brief details of the pupil's special medical requirements, food allergies and / or diagnosis, is to be displayed in the Staff Room. In addition to this the School kitchen receives information about food allergies. Children wear badges at lunchtime to highlight any allergies or intolerances.

14.4 Individual named boxes with supplies of spare medication are stored in the classrooms and First Aid Room for:

- pupils at risk of anaphylaxis (e.g. antihistamines and EpiPen);
- for pupils with diabetes (e.g. glucose drinks);
- for pupils with asthma (e.g. spare inhalers).

15. Staff Medicines

- 15.1 Staff must ensure that personal medication is kept securely and that it is inaccessible to pupils. To this end, medication must be locked in personal lockers or kept securely in the staffroom.
- 15.2 If staff are taking medication that may affect their ability to care for children they should inform the Headteacher and seek medical advice. The School must ensure that those members of staff only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly.
- 15.3 First Aid will be administered to staff as required. The same procedure as is applied to children should be applied. This includes the calling of an ambulance should it be required.

16. Monitoring and review

- 16.1 The Governing Body, Headteacher, First Aid Co-ordinator, and Senior Leadership Team will monitor and evaluate the effectiveness of the First Aid and associated procedures. This policy is subject to annual review.

APPENDIX 1:

Basic First Aid

Knowing what to do in an emergency is vitally important. Remember your training and remain calm. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- If people are seriously injured call 999 / 122 immediately; contact the Duty First Aider.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

| Unconsciousness |
|---|
| If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services. |

| Bleeding |
|---|
| Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing. |

| Burns |
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| For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance. |

| Broken bones |
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| Try to avoid as much movement as possible. |

Embedded Objects and Splinters

An object embedded in a wound (other than a small splinter) should not be removed as it may be stemming bleeding, or further damage may result.

In principle leave splinter in place, carefully clean the area with warm soapy water; use sterile dressing to cover it, Report to parents, if the child is particularly uncomfortable contact parents.

APPENDIX 2: Guidelines for dealing with Asthma

This Procedure/ these Guidelines is an Appendix to the First Aid Policy.

Distribution: Available to Staff only via Internal Policy Library

1. General Guidelines

- 1.1. In an asthma attack the muscles of the air passage go into spasm, making breathing out particularly difficult. An attack may be triggered by an allergy, nervous tension or exercise.
- 1.2. Pupils who suffer from asthma usually know how to cope with an attack and are likely to carry medication (blue inhalers), which dilate the air passages. Reliever inhalers (usually blue) are a very safe and effective medicine and have very few side effects. Some children and young people may get an increased heart rate and may feel shaky if they use their inhaler a lot. However during an asthma attack do not worry that the pupil is overdosing on the inhaler. Children and young people cannot overdose on reliever inhalers and the side effects will pass quickly.
- 1.3. Where pupils are old enough to do so (KS2), they are responsible for bringing their own inhalers to school and administering them to themselves when required. It is very important that they carry their inhalers with them at all times especially during games lessons and sport fixtures at other schools. A spare inhaler may be kept by GD in the First Aid Room for use in an emergency. Parents are encouraged to supply a Spare inhaler which should be clearly labelled with their child's name.
- 1.4. All inhalers should be accompanied by written consent from parents/guardians or the family's Registered Medical Practitioner. The written consent must state the pupils name, the medication, the dosage and the time when the medication is to be administered.
- 1.5. Parents must ensure that they inform the School immediately of any changes to this medication.
- 1.6. In line with the Department of Health guidelines for managing asthma in schools (September 2014), from the 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler and spacer (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) for use in emergencies. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, lost or empty) where a parent has given their consent for this to happen.
- 1.7. GD will provide a list of all asthmatic pupils who have parental consent to use the emergency salbutamol inhaler. This information will be available on a list which will be located with the emergency inhaler in the First Aid Office for easy reference in an emergency.
- 1.8. GD is responsible for maintaining the emergency inhaler kit and ensuring that all the inhalers are in full working order and in date. If the inhaler and spacer are used, the plastic spacer should not be reused (thus avoiding possible risk to cross-infection). It can be given to the pupil to take home for future personal use. GD will provide replacement inhaler & spacers as necessary.

2. Managing pupils with asthma

- 2.1. Staff should be aware of those pupils under their supervision who have asthma.
- 2.2. Games staff should ensure that all pupils with asthma have their salbutamol inhaler prior to commencement of a session.
- 2.3. Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack. (Staff to seek advice from Duty First Aider.
- 2.4. If a pupil feels unwell, the Duty First Aider should be contacted for advice.
- 2.5. A pupil should always be accompanied to the Surgery if sent by a member of staff.
- 2.6. **School Trips / Fixtures:** An appropriately First Aid trained member of staff should accompany any trip / fixture, and take responsibility for the safe storage of pupil's medication, unless it is agreed and understood with parents that a pupil can look after it themselves and it is appropriate for them to do so - see medical form. Staff supervising a trip must be aware of the pupil's condition and of any relevant emergency procedures.

3. Issues which may affect learning

- 3.1. Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.
- 3.2. Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. **However, they should not be forced to take part if they feel unwell.**

4. Signs and symptoms of an asthma attack

- a) Difficulty in breathing, especially breathing out.
- b) Wheeziness when breathing out.
- c) Blueness of the skin.
- d) Distress and anxiety.
- e) Difficulty in speaking.
- f) Dry, tickly cough.

5. Procedure – asthmatic pupil with own inhaler or parental consent to use the emergency salbutamol inhaler

- a) Help the pupil to take their usual dose of reliever inhaler (usually blue) immediately. Or send for the emergency salbutamol inhaler and spacer (before administering the emergency inhaler, check that we have parental consent to use the emergency salbutamol inhaler).
- b) Keep the pupil calm; get them to take slow steady breaths.
- c) Make sure the pupil is sat upright. Ensure any tight clothing is loosened.
- d) If the symptoms have improved, continue to sit with the pupil until they feel well enough to return to lessons.

- e) If there is NO IMPROVEMENT, continue to give a further 2 puffs of the reliever inhaler (1 puff at a time) every 2 minutes. (They can take up to 10 puffs of their inhaler)
- f) **If the pupil DOES NOT start to feel better after taking the relieve inhaler as above or if you are worried at any time call 999 for an ambulance.**
- g) If an ambulance does not arrive within 10 minutes continue to use the reliever inhaler (give 2 puffs and then 1 puff every 2 minutes, up to 10 puffs)
- h) Parents should be informed of the asthma attack. If an ambulance is called or a child has been hospitalised, parents should be informed at the earliest oppo
- i) Record the incident as outlined in the First Aid Policy and inform relevant staff including GD so she can replace the inhaler/spacer as necessary.

APPENDIX 3: Guidelines for dealing with epileptic pupils

This Procedure/ these Guidelines is an Appendix to the First Aid Policy.

Distribution: Available to Staff only via Internal Policy Library

1. Complex partial seizure

A convulsion, or seizure, consists of involuntary contractions of many of the muscles in the body, caused by a disturbance in the function of the brain. Convulsions usually result in loss of, or impaired, consciousness. There are many forms of epilepsy and the level of consciousness varies for each individual.

1.1. Signs and symptoms – a minor seizure (complex partial)

- a) Sudden “switching off” the casualty may be staring blankly ahead (like daydreaming)
- b) Slight or localised twitching or jerking of the lips, eyelids, head, or limbs.
- c) Odd “automatic” movements, such as lip-smacking, chewing, fiddling with clothing or making noises.

1.2. Procedure

- a) Help the pupil to sit down in a quiet place. Remove any possible sources of harm, for example hot drinks or sharp objects, from the immediate vicinity.
- b) Send for Matron or the person on first aid duty. Talk to the pupil calmly and reassuringly.
- c) Stay with the pupil until Matron arrives. **DO NOT LEAVE THE PUPIL UNATTENDED.**
- d) Once the pupil feels well again they can then be escorted over to surgery to rest.

2. Tonic clonic seizure

This condition is characterised by recurrent, major disturbances of brain activity, resulting in violent seizures and severe impairment of consciousness. Epileptic seizures can be sudden and dramatic, but the pupil may have a brief warning period with, for example, a strange feeling or a special smell or taste.

2.1. Signs and symptoms – a major seizure (tonic clonic).

An epileptic seizure usually follows this pattern.

- a) The pupil suddenly falls unconscious, often letting out a cry.
- b) The pupil will become rigid, arching his/her back.
- c) Breathing may cease. The lips may show a grey-blue tinge and the face and neck may become congested.
- d) Convulsive movements begin. The jaw may be clenched and breathing may be noisy. Saliva may appear at the mouth, blood-stained if the lips or tongue have been bitten. There may be loss of bladder or bowel control.

- e) The muscles relax and breathing becomes normal; the pupil will recover consciousness, usually within a few minutes.
- f) The pupil will feel dazed, or behave strangely in a state of “automatism” being unaware of their actions. A seizure may also be followed by a deep sleep.

2.2. Procedure

- a) If you see the pupil falling, try to support them or ease their fall. Try to give them space and move away bystanders. Remove any possible source of harm from the immediate vicinity. Send for a First Aider / support.
 - **DO NOT** leave the pupil alone.
 - **DO NOT** lift or move the pupil.
 - **DO NOT** use force to restrain the pupil.
 - **DO NOT** put anything in the pupil’s mouth.
 - Loosen clothing around the pupil’s neck, if possible protect his/her head.
- b) When the seizure has stopped place the pupil in the recovery position. Stay with the pupil until fully recovered.
- c) **If the pupil is unconscious for more than ten minutes or convulsing for more than five minutes, or is having repeated seizures CALL AN AMBULANCE using 999.**
- d) Inform parents and record the incident.

APPENDIX 4: Guidelines for dealing with diabetic pupils

This Procedure/ these Guidelines is an Appendix to the First Aid Policy.

Distribution: Available to Staff only via Internal Policy Library

1 Diabetes

- 1.1. About 1 School age child in 700 has diabetes. The condition results if the person's normal hormonal mechanisms are unable to control the amount of sugar in the blood. This level needs to be monitored and 2 injections of insulin are normally needed each day to bring the level under control. It is also necessary to eat regularly. Other methods of insulin control include use of an 'insulin pump' device which replaces insulin injections.
- 1.2. From an early age, children with diabetes are able to test their own blood sugar level and do their own injections. These injections are usually done before and after School. If a meal or snack has been missed, or if the pupil has been taking part in a particular strenuous activity, he/she might experience a hypoglycaemia episode, commonly known as a hypo. This happens when the blood sugar level falls too low. Symptoms will vary and these will be discussed when drawing up the pupil's health plan.
- 1.3. It is important that in the event of a hypo some fast acting sugar, such as glucose tablets or a chocolate bar is given immediately. If after 10-15 minutes there is no sign of improvement, an ambulance should be called.
- 1.4. Many children with diabetes now have their condition regulated by a fully-automated pump that is attached to their body, which means it is unlikely that they will suffer from hypoglycaemia. This information, therefore, exists to guide staff, to see and understand symptoms where this mechanism fails.

2 Medication and Control

- 2.1. Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an Individual Pupil Risk Assessment. In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.
- 2.2. An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch.
- 2.3. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish

Saint Christina's School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.

with the pupil and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

- 2.4. The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date.
- 2.5. All diabetic pupils will require a medical form which parents or guardians should complete prior to starting at The Saint Christina's School. The medical form should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file. Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

3 **Managing pupils with diabetes**

- 3.1. Staff should be aware of those pupils under their supervision who have diabetes.
- 3.2. Games staff should ensure that all pupils with diabetes have a lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- 3.3. Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode.
- 3.4. If a pupil feels unwell, the Duty First Aider should be contacted for advice.
- 3.5. A pupil should always be accompanied by an adult to the First Aid Room if sent by a member of staff.
- 3.6. **School Trips / Fixtures:** An appropriately First Aid trained member of staff should accompany any trip / fixture, and take responsibility for the safe storage of pupil's medication, unless it is agreed and understood with parents that a pupil can look after it themselves and it is appropriate for them to do so - see medical form. Staff supervising a trip must be aware of the pupil's condition and of any relevant emergency procedures.

4 **Issues which may affect learning**

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level: Encourage the pupil to eat or drink some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia, after the activity is concluded, encourage the pupil to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

5 **What to do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode**

- 5.1. **Hypoglycaemia** is when the blood sugar levels falls below normal (4mmols) and causes a chemical change to the brain. Resulting in a "HYPO ATTACK".

5.2. Signs and symptoms of hypoglycaemia

- a) A history of diabetes; the pupil will sometimes but not always, recognise the onset of a hypo attack.
- b) Weakness, faintness or hunger.
- c) Palpitations and muscle tremors.
- d) Mood changes, lack of concentration, confused, emotional or may even be violent.
- e) Sweating.
- f) Cold, clammy skin.
- g) A strong, bounding pulse, shallow breathing.
- h) Shaking
- i) A deteriorating level of response, drowsiness.

5.3. Procedure - conscious casualty: If the pupil is having a hypo attack (blood glucose level below 4mmols) the following procedure should be followed:

- a) A pupil who is having a 'hypo attack' **MUST NOT** be sent out of a classroom or anywhere alone. It may, however, be appropriate to accompany the child to a quiet place out of the classroom to receive immediate First Aid should this be feasible.
- b) Fast acting sugar should be given immediately. Examples of these are: Glucotabs x 2, Lucozade, sugary drinks e.g. Coke, Tango, Fanta (not diet drinks): mini chocolate bars and fruit juice. Most diabetics carry these sorts of things.
- c) If the pupil is reluctant to drink, encourage them to take Glucogel (a glucose gel) into the inside of their cheek and then massage it gently from the outside. The glucose will be absorbed through the lining of the mouth and it will help recovery. GD has a supply of Glucogel in the First Aid Room.
- d) Check the blood glucose levels after 15minutes. If the pupil's blood glucose level is still below 4mmols. Repeat the above guidelines and give more fast acting sugar.
- e) The pupil should start to feel better within 10-15minutes, once their blood glucose levels are over 4mmols. The child may feel nauseous, tired or have a headache.
- f) Once the pupil has recovered, follow up the fast acting sugar with some slow acting starchy food such as 2 biscuits and a glass of milk.
- g) Record the incident and inform the relevant staff.
- h) Parents or Guardians must be informed. It may be appropriate for the child to be taken home from School

5.4. Procedure - unconscious casualty

- a) In the unlikely event of the pupil losing consciousness **DO NOT** give the pupil anything by mouth.
- b) It is vital that an unconscious pupil is placed in the recovery position and that **an ambulance is called through 999 or 122** (make sure the ambulance staff are aware that the pupil is diabetic). Do not leave the pupil alone.

- c) If a child does lose consciousness they should come round eventually and is unlikely to come to any immediate harm if they are kept in the recovery position and the ambulance services are attending.

6. A hyperglycaemia (high blood sugar):

6.1. Hyperglycaemia is when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst, passing urine frequently, vomiting, abdominal pain
- A change of behaviour

6.2. Care of a child in a hyperglycaemic episode:

- a) Do not restrict fluid intake or access to the toilet.
- b) Parents should be notified where a hyperglycaemic episode occurs and appropriate staff should be called to monitor the situation.
- c) Contact the Hospital if concerned.

APPENDIX 5: Guidelines for dealing with Anaphylaxis

This Procedure/ these Guidelines is an Appendix to the First Aid Policy.

Distribution: Available to Staff only via Internal Policy Library

1 Anaphylaxis

- 1.1. This is the name given to an extreme allergic reaction that **requires urgent medical treatment**. Nuts, fish and dairy products are the most common causes of allergy, but bee and wasp stings can also cause allergic reactions. In severe cases, these reactions can be life threatening, but they can be treated with medication.
- 1.2. The most severe cases are normally treated with an Epipen (a device that looks like a fountain pen) which is pre-loaded with the correct dose of adrenaline. The needle is not revealed, it is easy to use and is normally injected into the fleshy part of the thigh.
- 1.3. For some children the timing of this injection is crucial and procedures must be in place to ensure that this can be swiftly done in the case of an emergency.

2 Medication and control

- 2.1. Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an Epipen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.
- 2.2. Medication for an individual pupil must be kept in a locked cabinet which is readily accessible, in accordance with the School's health and safety policy. If a pupil has an Epipen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.
- 2.3. **It is important that key staff in the School are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.**
- 2.4. It is not possible to overdose using an Epipen as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back.
- 2.5. All pupils who have anaphylaxis will require a medical form which parents or guardians should complete prior to starting at Saint Christina's School. The medical form should give basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file.
- 2.6. Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an

allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

3 Managing pupils with anaphylaxis

- 3.1. Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.
- 3.2. Staff should ensure that all pupils who have an epipen prescribed to them, have their medication located in their classrooms. Parents are asked to supply a minimum of two epipens for their child one of which will be labelled and stored in the First Aid Room. Following the change in government policy the school is also allowed to maintain a number of spare epipens which are also kept in the First Aid Room.
- 3.3. Staff should ensure that they know what to do if a pupil has an anaphylactic reaction – training is available and periodically updated. The School has training material that Staff can use should they wish to update themselves.
- 3.4. If a pupil feels unwell, advice and back up should be sought from an appropriately trained First Aider.
- 3.5. A pupil should always be accompanied to the First Aid Room if sent by a member of staff.
- 3.6. **School Trips / Fixtures:** An appropriately First Aid trained member of staff should accompany any trip / fixture, and take responsibility for the safe storage of pupil's medication, unless it is agreed and understood with parents that a pupil can look after it themselves and it is appropriate for them to do so - see medical form. Staff supervising a trip must be aware of the pupil's condition and of any relevant emergency procedures.

4 Issues which may affect learning

- 4.1. Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimize risk whenever possible.

5 What are the main symptoms?

- 5.1. Itching or presence of a rash, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness

6 What to do if a pupil has an anaphylactic reaction

- 6.1. Ensure that a paramedic ambulance has been called (**999 or 122**) and summon assistance immediately from an appropriately trained First Aider
- 6.2. Stay calm and reassure the pupil. Follow the actions detailed in the Health Care Plan agreed with parents. Administer the epipen as instructed / trained and as needed.
- 6.3. Contact Parents

APPENDIX 6: Staff First Aid Training Record

All staff listed have been trained in Basic First Aid.

Staff with * next to their name have been trained in Paediatric First Aid.

| 2021/22 | FIRST AID | FIRST AID |
|-----------------------|------------|---------------|
| | TRAINING | RENEWAL |
| | | Every 3 years |
| BARBOSA, Sandra | 24/04/2019 | 23/04/2022 |
| BURKE, Dan | 24/04/2019 | 23/04/2022 |
| CLARK, Isabella* | 19/10/2021 | 19/10/2024 |
| DE-VAUGHAN, Anita | 24/04/2019 | 23/04/2022 |
| DJIABOURAS, Georgia * | 09/08/2020 | 09/08/2023 |
| ELLISDON, Louise | 24/04/2019 | 23/04/2022 |
| FERNANDES, Feona | 24/04/2019 | 23/04/2022 |
| FRANZ, Patrizia | 24/04/2019 | 23/04/2022 |
| GLOAG, Alastair | 24/04/2019 | 23/04/2022 |
| HAMILTON, Michelle | 24/04/2019 | 23/04/2022 |
| HIRST, Simon | 24/04/2019 | 23/04/2022 |
| HUDSON, Jo | 24/04/2019 | 23/04/2022 |
| KALINOWSKI, Artur * | 09/11/2021 | 08/11/2024 |
| LOEWENSTEIN, Rudolf | 24/04/2019 | 23/04/2022 |
| NUNES, Alicia* | 19/10/2021 | 19/10/2024 |
| OVERING, Mandy | 24/04/2019 | 23/04/2022 |
| RANDEL, Fran* | 24/04/2020 | 23/04/2023 |
| RAVENEY, Jamie* | July 2019 | July 2022 |
| REILLY, Jo | 24/04/2019 | 23/04/2022 |
| RHODES, James | 24/04/2019 | 23/04/2022 |
| SALAZAR, Fabiana* | 08/10/2021 | 08/10/2024 |
| SEPHTON, Lisa | 24/04/2019 | 23/04/2022 |
| SUMPTER, Chloe | 02/02/2018 | 01/02/2021 |
| WILLIAMSON, Sophie | 24/04/2019 | 23/04/2022 |