First Aid, Accidents and Medication Policy

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Statement of Commitment

Madginford Primary 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 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/carers 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/carers 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.
- Off-site accidents - The trip leader is responsible for ensuring that any off-site accidents are reported to the relevant parent/carer.

Details of First Aid Practitioners

Location of First Aid Facilities

The Medical Room is located in Wheel Building outside the School Office for first aid treatment and for pupils/staff to rest/recover if feeling unwell. This includes: a sofa, first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves and paper towels.
A portable first aid kit and emergency inhaler kit must be obtained from the medical room for school visits.

List of First Aiders and contact details kept in: School Office (H&S file)

First Aid boxes are located in: Every classroom and Medical Room

Location of Emergency Inhalers: Kept in classes with relevant children

Location of Epi-pens: Secured stored in Medical Room

Responsibilities of Trained First Aiders

- Provide appropriate care for pupils of staff who are ill or sustain and injury
- Record all accidents centrally on the accident sheet (found in the School Office or Medical Room), which are then passed to the school Admin Assistant who will make a copy for individual pupil files.
- In the event of any injury to the head, however minor, ensure that a note from the School Office is sent home to parents/carers and a copy placed in the pupil's file.
- First aid treatment form will be completed (copies in medical room), e.g. Head Bump note.
- Make arrangements with parents/carers 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.

Responsibilities of Lead First Aider

- Ensure that all staff and pupils 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 medical needs (e.g. Diabetic needs, Epi-pens, inhalers).
- Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Co-ordinate First Aiders and arrange for training to be renewed as necessary.
- Maintain adequate facilities.
- Ensure that correct provision is made for pupils with special medical requirements both in school and on offsite visits.
- On a monthly basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee
- Fulfil the school's commitment to report to RIDDOR, as described below
- Liaise with managers of external facilities, such as the local sports facilities, 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

What to do in 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.
- A first aider, who will provide immediate first aid and summon additional help as needed, should see any pupil or member of staff sustaining an injury whilst at school.
- An adult must accompany early Years and KS1 children to the School Office.
- Other class member can accompany KS2 children to the School Office.
- The pupil or member of staff should not be left unattended.
- The first aider will organise an injured pupil's transfer to the Medical Room if possible and appropriate and to hospital in the case of an emergency.
- Parents/carers should be informed as necessary by the first aider or School Office.
- This will be followed up in writing and a record kept in the Accident Book.

Contacting Parents/Carers

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

- Head injury – a head injury advice sheet should be given to any pupil who sustains a head injury and a telephone call made to advise parents/carers
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & 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 will be used if parents/carers are delayed. A member of staff will accompany the pupil until a parent/carer arrives.

Parents/carers can be informed of smaller incidents at the end of the school day by the Class Teacher. In EYFS, ALL incidents must be communicated to the parents/carers in writing and a copy placed in the child's file. A parent/carer should sign the school copy agreeing that they have been notified.

Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent/carer 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

An Accident Reporting sheet must be completed and handed to the Admin Assistant who will then complete the Accident Book. This must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident log will be monitored by the Lead First Aider as certain injuries require reporting (RIDDOR requirements).

Pupils who are unwell in school

Any pupil who is unwell cannot be left to rest unsupervised in the Medical Room.

If a pupil becomes unwell, a parent/carer should be contacted as soon as possible by the Lead First Aider, the School Office or the Headteacher. In the event a parent/carer 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/carer. Staff should ensure that a pupil who goes home ill remembers to sign out at the School Office.

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):

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

First Aid for School Trips

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (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 along with an emergency inhaler kit. This must be returned to the School Office for replenishing on return.
Any accidents/injuries must be reported to the Lead First Aider and to parents/carers and documented in the Accident Book in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury, the appropriate health & safety procedure must be followed.

Emergency Care Plans and Treatment Boxes

The Lead First Aider ensures that staff are made aware of any pupil with an emergency care plan.
These care plans are displayed in the Staff Room and a copy is also kept in the Medical Room. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the Lead First Aider and parents/carers.

Emergency treatment boxes are kept in the Medical Room and must always be taken if the pupil is out of school.

Pupils using crutches or having limited mobility – Parents/carers must inform the school of the nature of injury, the anticipated duration of immobility and any particular difficulties. The Class Teacher will arrange for a 'class partner' to carry books, open doors, etc. Information about the condition will be discussed in staff meetings in order to be fully aware of the pupil's needs.

Pupils with Medical Conditions

A list is available in the Staff Room and the Medical Room of all pupils who have a serious allergy or medical condition, as well as in each Classroom.

This information is useful for lesson planning and for risk assessments prior to a school trip.
Please return emergency boxes on completion of the trip.

If staff become aware of any condition not on these lists, please inform the 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 following bodily fluids must be cleaned up immediately.
- Bodily fluids include: Blood, Faeces, Urine, Nasal and eye discharges, saliva, vomit.

Process:

- Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution
- Never use a mop for cleaning up blood and bodily fluid spillages
- All contaminated material should be disposed of in a yellow clinical waste bag (available in all First Aid boxes) then placed in the waste bin in the Medical 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.

Broken Leg / Crutch Guidelines

The Class Teacher should discuss following points with any pupil who requires crutches while at school:

- To have a 'buddy 'assigned to them to help them move around the school site, by carrying their bag and the other crutch as necessary.
- To mobilize around the school using their crutches at all times.
- To wear a pair of shoes which have a good grip e.g. trainers.
- To hold the banister, on staircases, with one hand and use a crutch in the other hand for support. They are NOT to use both crutches on any stairs.
- To use all the staircases. Detail any staircases which might be an issue for them to use and think of alternative routes and adapt accordingly.
- To leave all classes at least five minutes before the end of the lesson.
- State areas of the school which made need special consideration.
- To take time moving between lessons and not to worry about being late.
- NOT to participate in sport until they are given medical permission. This includes NOT playing football or any other games at break time which potentially increases the risk of hurting themselves further.
- To make any member of staff aware when they are feeling tired from mobilizing with crutches.

Other Guidelines:

- In the event of a fire the teacher in charge of the lesson is to take responsibility for safely escorting the pupil out of the building.
- If a pupil is unable to access a class then an alternative arrangement may have to be made.
- The parents/carers are to be available at short notice should the pupil require to go home earlier than planned.

Infectious Diseases

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

Illness periods of exclusion

Chickenpox
5 days from onset of rash Pregnant women up to 20 weeks and those in last 3weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.

German Measles
For 5 days from onset of rash Pregnant women should inform their midwife about contact.

Impetigo
Until lesions are crusted or healed Antibiotic treatment by mouth may speed healing.

Measles
Five days from onset of rash.

Scabies
Until treatment has been commenced Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts.

Scarlet Fever
Five days after commencing antibiotics Antibiotic treatment recommended.

Slapped Cheek Syndrome
No exclusion period – Pregnant women up to 20 weeks must inform their midwife about contact.

Diarrhoea and vomiting
48 hours from last episode of diarrhoea or vomiting – exclusion from swimming may be needed.

Hepatitis A
Exclusion may be necessary Consult Public Health England.

Meningococcal meningitis
Until recovered. Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.

Viral Meningitis
Until fully recovered.

Milder illness

- Threadworms – None, although treatment is recommended for the pupil and family members.
- Mumps – Five days from onset of swollen glands.
- Head Lice – None once treated, although treatment is recommended for the pupil and close contacts if live lice are found and school to send message for parents/carers in that year to be vigilant.
- Conjunctivitis – None; children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better.
- Influenza – Until fully recovered.
- Cold sores – None but avoid contact with the sores, no sharing of water bottles.
- Warts, verrucae – None but verrucae should be covered in swimming pools, gymnasiums and changing rooms, trainers to worn during indoor PE lessons.
- Glandular fever – None.
- Tonsillitis – None.

Any children being treated for cancer or on high doses of steroids must seek medical advice.

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 written consent from the parent/carer.
- No Aspirin products are to be given to any pupil at school, unless prescribed by a doctor.

Parents/carers must give written confirmation of any medication to be administered at school, a copy of which will be kept on the pupil's file. These forms are available from the School Office, however, wherever possible the timing and dosage should be arranged so that the medication can be administered at home. Any medication that is brought into school whether it is prescribed or not, should be in the original container with full instructions and, if prescribed, the prescription label.

The school does not hold generic pain relief in school.

Non-Prescription Medication

These are only to be administered by the Lead First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained. A teacher may administer non-prescription medication on a residential 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, witnessed and parents/carers informed in writing.

Prescription-Only Medication

Prescribed medicines may be given to a pupil by the Lead First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained. Written consent must be obtained from the parent/carer, clearly stating the name of the medication, dose, frequency and length of course. The school will accept medication from parents/carers only if it is in its original container, with the original dosage instructions. A form for the administration of medicines in school is available from the School Office.

For all children, including those in the EYFS, prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse, or pharmacist, and where medicine is administered to a child, including in the EYFS, parents/carers will be informed the same day or as soon as reasonably practical. A form for the administration of medicines in school is available from the School Office.

Administration of Medication

- Any member of staff administering medication should be trained to an appropriate level, this includes specific training, e.g. use of Epi-pens
- The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- In the absence of a school nurse, it is advisable that 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 their parents/carers have requested the administration of the medication.
- Document, date and sign for what has been administered or any refusal of a pupil to take medication
- Ensure the Lead First Aider is aware that the medicine has been administered so that a notification can be sent or complete the form which goes back to parents/carers.
- Ensure that the medication is correctly stored in a locked drawer/cupboard, out of the reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the Medical room. All medication should be clearly labelled with the pupil's name and dosage.
- Parents/carers should be asked to dispose of any out of date medication.

At the end of the school year

All medication should be returned to parents/carers or any remaining medication belonging to children to be disposed of via a pharmacy or GP surgery. Used needles and syringes must be disposed of in the disposal bin kept in the Medical Room.

Emergency Medication

It is the responsibility of the parent/carer to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances, a health care plan may be required, and this will be completed and agreed with parents/carers.

Controlled Drugs

Controlled drugs must be kept in a locked container within the locked medicine cabinet in the Medical Room. The key for both is kept with the Lead First Aider. Administration of controlled drugs must be witnessed by another staff member, following 'Administration of Medication' directions above and recorded in the 'Controlled Drugs Recording Book'.

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.

Types of Reportable Incidents

Deaths and injuries

If someone has died or has been injured because of a work-related accident this may have to be reported. Not all accidents need to be reported, other than for certain gas incidents, a RIDDOR report is required only when:

- the accident is work-related: (http://www.hse.gov.uk/riddor/key-definitions.htm#work-related)
- it results in an injury of a type which is reportable
    - The death of any person (Regulation 6)
    - Specified Injuries to workers (Regulation 4)
    - Injuries to workers which result in their incapacitation for more than 7 days (Regulation 4)
    - Injuries to non-workers which result in them being taken directly to hospital for treatment, or specified injuries to non-workers which occur on hospital premises.

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified injuries to workers

(http://www.hse.gov.uk/riddor/specified-injuries.htm)

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (Regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs serious burns (including scalding) which: covers more than 10% of the body
- causes significant damage to the eyes, respiratory system or other vital organs

- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which: leads to hypothermia or heat-induced illness
- requires resuscitation or admittance to hospital for more than 24 hours

Further guidance on specified injuries is available.

Over-seven-day incapacitation of a worker Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

Non-fatal accidents to non-workers (e.g. members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances. There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent. If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury'.

Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work.

These diseases include (Regulations 8 and 9):

- carpal tunnel syndrome
- severe cramp of the hand or forearm
- occupational dermatitis
- hand-arm vibration syndrome
- occupational asthma
- tendonitis or tenosynovitis of the hand or forearm
- any occupational cancer
- any disease attributed to an occupational exposure to a biological agent

Further guidance on occupational diseases is available.

Specific guidance is also available for Occupational cancers and diseases associated with biological agents

Dangerous occurrences

(http://www.hse.gov.uk/riddor/dangerous-occurences.htm)

Dangerous occurrences are certain, specified near-miss events but not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;

- plant or equipment coming into contact with overhead power lines;
- the accidental release of any substance which could cause injury to any person.

Further guidance on these dangerous occurrences is available.

Additional categories of dangerous occurrences apply to mines, quarries, offshore workplaces and relevant transport systems (railways etc). Gas incidents Distributors, fillers, importers & suppliers of flammable gas must report incidents where someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with that gas. Such incidents should be reported using the online form (https://extranet.hse.gov.uk/lfserver/external/F2508G1E) Registered gas engineers (under the Gas Safe Register) must provide details of any gas appliances or fittings that they consider to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment.

The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas
- incomplete combustion of gas
- inadequate removal of products of the combustion of gas

Unsafe gas appliances and fittings should be reported using the online form (http://www.hse.gov.uk/riddor/reportable-incidents.htm)

Reportable Incidents from a Registered Setting

The document below gives details of the events that should be reported to OFSTED, these mirror the RIDDOR requirements with the notable addition of food poisoning: (http://www.plymouth.gov.uk/documents-ofstedseriousinjuries.pdf)

Address: OFSTED Piccadilly Gate Store Street Manchester M1 2WD
Telephone: 0300 123 1231
Textphone: 0161 618 8524
Email: enquiries@ofsted.gov.uk
Website: www.ofsted.gov.uk

This policy should be used in conjunction with the Intimate Care Policy and the Supporting Pupils with Medical Conditions Policy.

Guidance to Staff on Particular Medical Conditions

Allergic reactions Symptoms and treatment of a mild allergic reaction: • Rash • Flushing of the skin • Itching or irritation If the pupil has a care plan, follow the guidance provided and agreed by parents/carers. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

Anaphylaxis Children who require an Epi-pen should have two Epi-pens in school at all times. One carried on them at all times and one in the Medical Room. When Epi-pens are in the classroom they must be kept in the designated locker. This locker must be kept shut but not locked.

Symptoms and treatment of Anaphylaxis

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

- 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

Action to be taken:

1. Send someone to call for a paramedic ambulance and inform parents/carers. Arrange to meet parents/carers at the hospital.
2. Send for the named emergency box.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 may be repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

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

Asthma management

All children with asthmas should have one inhaler in school at all times. The school has emergency inhalers in the following locations: Medical Room Wise Hall Cedar Hall The emergency inhalers can only be used by children whose parents/carers have given permission. This list can be found in with the emergency inhaler kit. The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities.

Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the Staff Room. Trigger factors may include:

- 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 responsibility of parents/carers to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom, not locked away and always accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the responsibility of parents/carers to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept, and this medication must be taken on any out of school activities. As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required.

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 puffs taken separately.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved, but not completely disappeared, inform parents/carers and give another dose of their inhaler and call the Lead First Aider or a first aider if not available.
6. Loosen any tight clothing.
7. If there is no improvement continue to make sure the pupil takes two puffs of their reliever inhaler every two minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent/carer.

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) happen very quickly and may be caused by:

- a late meal
- missing snacks
- insufficient carbohydrate
- too much exercise
- warm weather
- too much insulin
- stress

The pupil should test their blood glucose levels if blood testing equipment is available. Signs and symptoms of low blood sugar Hypoglycaemia – develop quickly:

- Pale skin
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking or dizziness
- Headache
- Change in normal behaviour (weepy/aggressive/quiet)
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger

Action to be taken:

1. Follow the guidance provided in the care plan agreed by parents/carers.
2. Give fast acting glucose-either 50ml glass of Lucozade or three glucose tablets. (Pupils should always have their glucose supplies with them) but extra supplies will be kept in emergency boxes to raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by two 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/carers.

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/carers.
5. Accompany pupil to hospital and await the arrival of a parent/carer.

Signs and symptoms of high blood sugar (hyperglycaemic attack) Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated, and can be caused by:

- too little insulin
- eating more carbohydrate
- infection
- stress
- less exercise than normal

The pupil should test their blood glucose levels if blood testing equipment is available. Signs and symptoms of high blood sugar Hyperglycaemia:

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

A pupil with hyperglycaemia will need insulin.

Unconsciousness

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. Telephone 999.
3. Inform parents/carers.
4. Accompany pupil to hospital and await the arrival of a parent/carer.

Epilepsy management

How to recognise a seizure There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

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

A pupil diagnosed with epilepsy will have an emergency care plan.

Action to be taken:

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

_____	_____	_____
(Signature)	(Role)	(Date)