



## **Warlingham Park School**

### **First Aid Policy**

This policy applies to the whole school, including the EYFS

September 2021

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## 1 Aims

- 1.1 This is the first aid policy for pupils of Warlingham Park School.
- 1.2 The aims of this policy are as follows:
  - 1.2.1 to ensure the timely and competent administration of first aid to both pupils and staff, and the effective implementation of the policy;
  - 1.2.2 to provide a culture of safety, equality and protection;
  - 1.2.3 to ensure that the School has adequate, safe and effective First Aid provision in order for every pupil, member of Staff and visitor to be well looked after in the event of any illness, accident or injury;
  - 1.2.4 to ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.

## 2 Scope and application

- 2.1 This policy applies to the whole School, including the Early Years Foundation Stage (EYFS).
- 2.2 This policy applies at all times when the pupil is in or under the care of the School, that is:
  - 2.2.1 in or at school;
  - 2.2.2 on School-organised trips;
  - 2.2.3 at a School sporting event.
- 2.3 This policy shall also apply to pupils at all times and places in circumstances where failing to apply this policy may:
  - 2.3.1 affect the health, safety or well-being of a member of the School community or a member of the public; or
  - 2.3.2 have repercussions for the orderly running of the School.
- 2.4 **Nothing in this policy should prevent any person from contacting the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services.**

## 3 Regulatory framework

- 3.1 This policy has been prepared to meet the School's responsibilities under:
  - 3.1.1 Education (Independent School Standards) Regulations 2014 (updated 2019);  
Statutory framework for the Early Years Foundation Stage (DfE, March 2021);
  - 3.1.2 Education and Skills Act 2008;
  - 3.1.3 Childcare Act 2006;
  - 3.1.4 Equality Act 2010;

- 3.1.5 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
  - 3.1.6 Data Protection Act 2018 and General Data Protection Regulation (GDPR);
  - 3.1.7 Health and Safety at Work etc. Act 1974; and
  - 3.1.8 Health and Safety (First-Aid) Regulations 1981.
- 3.2 This policy has regard to the following guidance and advice:
- 3.2.1 Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, March 2015);
  - 3.2.2 Guidance on the use of adrenaline auto-injectors in schools (NHS Choices);
  - 3.2.3 Guidance on first aid for schools (DfE, February 2014);
  - 3.2.4 Incident reporting in schools (accidents, diseases and dangerous occurrences): guidance for employers (Health and Safety Executive (HSE) EDIS1 (revision 3), October 2013);
  - 3.2.5 First aid at work: the Health and Safety (First-Aid) Regulations 1981 guidance on Regulations (2013);
  - 3.2.6 *Workplace first aid kits. Specification for the contents of workplace first aid kits*, BS 8599-1:2011, (2011).

#### 4 **Publication and availability**

- 4.1 This policy is published on the School website.
- 4.2 This policy is available in hard copy on request.
- 4.3 A copy of the policy is available for inspection from the School Office during the School day.
- 4.4 This policy can be made available in large print or other accessible format if required.

#### 5 **Definitions**

- 5.1 Where the following words or phrases are used in this policy:
  - 5.1.1 References to **Appointed Persons** mean members of staff who are not qualified First Aiders but who are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required.
  - 5.1.2 References to **EFAW** means Emergency First Aid at Work.
  - 5.1.3 References to **First Aid** means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack.
  - 5.1.4 References to **FAW** means First Aid at Work.

- 5.1.5 References to **First Aiders** mean the members of staff who have completed an approved First Aid course and hold a valid certificate of competence
- 5.1.6 References to **First Aid Guidance** is the guidance identified at paragraph 3.2.
- 5.1.7 References to **First Aid Personnel** means First Aiders or Appointed Persons or both.
- 5.1.8 References to **PFAW** means Paediatric First Aid at Work.
- 5.1.9 References to **RIDDOR** are to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471).
- 5.1.10 References to **Staff** means any person employed by the School, volunteers at the School and self-employed people working on School premises.
- 5.1.11 The **Medical Room** is used for the provision of medical or dental treatment, including First Aid, when required and contains essential First Aid facilities and equipment. As far as is possible, the School reserves this room exclusively for giving medical treatment.

## 6 Responsibility statement and allocation of tasks

- 6.1 The Proprietor has overall responsibility for all matters which are the subject of this policy.
- 6.2 To ensure the efficient discharge of its responsibilities under this policy, the Proprietor has allocated the following tasks:

<b>Task</b>	<b>Allocated to</b>	<b>When / frequency of review</b>
Keeping the policy up to date and compliant with the law and best practice	Sarah Buist	As required, and at least annually
Monitoring the implementation of the policy, relevant risk assessments and any action taken in response and evaluating effectiveness.	Sarah Buist	As required, and at least termly
Seeking input from interested groups (such as pupils, staff, parents) to consider improvements to the School's processes under the policy	Sarah Buist	As required, and at least annually
Maintaining up to date records of all information created in relation to the policy and its implementation as required by the GDPR	Sarah Buist	As required, and at least termly
Formal review	ILG	As required, at least every 2 years

- 6.3 The Head has formal oversight of the administration of First Aid within the School, including:
- 6.3.1 ensuring that there is adequate First Aid equipment, facilities and First Aid Personnel available to the School and on site at all times;
  - 6.3.2 ensuring that Staff have the appropriate and necessary First Aid training as required and that they have appropriate understanding, confidence and expertise in relation to First Aid;
  - 6.3.3 ensuring that the medical information and consent forms and up to date medical information for each pupil is collated and that the forms and information are accessible to staff as necessary;
  - 6.3.4 monitoring and carrying out regular reviews of the School's systems and management of First Aid and medical welfare, including any trends in accidents, injuries and illnesses at the School, in order to identify whether a change in welfare practice is needed to ensure that the School's First Aid provision is appropriate.
- 6.4 The Head may delegate duties as appropriate to other members of staff who have received training in accordance with this policy.

## **7 First Aid provision in the School**

- 7.1 There will be at least one First Aider on each school site when children are present. Also in the Early Years Foundation Stage (**EYFS**) setting at least one person who has a current paediatric First Aid certificate must be on the premises at all times when children are present. On outings including children from the EYFS there must be at least one person who has a current paediatric First Aid certificate.
- 7.2 An up to date list of First Aiders including those who hold paediatric First Aid certificates can be found in the Appendix to this policy and displayed around the school.
- 7.3 The main duties of First Aiders are to give immediate First Aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the Head.
- 7.4 First Aiders will undergo updated training at least every three years to maintain their qualification.
- 7.5 All Staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid. All Staff will use their best endeavours, at all times, to secure the well-being and welfare of the pupils.

## **8 Risk assessment**

- 8.1 The Head has overall responsibility for ensuring that the School's first aid needs are adequately risk assessed and for ensuring that the relevant findings are implemented, monitored and evaluated.
- 8.2 Day to day responsibility to carry out risk assessments will be delegated to the H and S officer who has been properly trained in, and tasked with, carrying out the particular assessments required.
- 8.3 Factors which may be taken into account in assessments may include:

- 8.3.1 required First aid provision for staff, pupils and others;
- 8.3.2 any specific first aid, medical or health needs that may affect the School community or its members e.g. if those with specific medical conditions or known allergies;
- 8.3.3 the hazards and risks associated with the School's operations and activities;
- 8.3.4 any changes to the School's activities or operations;
- 8.3.5 any relevant history of accidents;
- 8.3.6 the remoteness of the School site from emergency medical services;
- 8.3.7 annual leave and other absences of First aiders

## 9 **First Aid boxes**

- 9.1 First Aid boxes are marked with a white cross on a green background. The content of the First Aid boxes will be appropriate for use with children. First Aid boxes are located at these positions around the School site and are as near to hand washing facilities as is practicable:
  - 9.1.1 The Medical room;
  - 9.1.2 The Nursery;
  - 9.1.3 School kitchen;
  - 9.1.4 Junior kitchen/cookery room;
  - 9.1.5 Pre School;
  - 9.1.6 Staff room.
- 9.2 If First Aid boxes are used, they should be taken to the H and S officer who will ensure that the First Aid box is properly re-stocked. The H and S officer will examine the First Aid box(es) at this point and otherwise regularly in order to dispose of items safely once they have reached their expiry date.
- 9.3 All requirements for the First Aid kits are regularly stocked.
- 9.4 There is no mandatory list of items for First Aid kits. However, the School's main provision of items is:
  - micropore
  - scissors
  - triangular bandage
  - wound dressing/bandage
  - antiseptic wipes
  - plasters
  - gloves

No medicine/tablets are to be kept in the first aid boxes.

Ice packs are kept in the staff room and kitchen.

Class teachers also have a supply of plasters in the classrooms.

The First Aiders will ensure the maintenance of the contents of the first aid boxes and other supplies. It is the responsibility of staff to ensure first aid boxes have the correct

contents prior to a school trip. The First Aid boxes will also be checked termly by the Health & Safety Officer. Spare resources are kept locked safely in the resource cupboard.

9.5 **Off-site activities:** First Aid boxes for any off-site activities are kept in the Medical Room.

## 10 **Information on pupils**

10.1 Parents are requested to provide written consent for the administration of First Aid, medical treatment and medication. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

10.2 The School secretary will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School to the Head, class teachers and First Aiders on a "need-to-know" basis. This information should be kept confidential but may be disclosed on a need-to-know basis where necessary to safeguard or promote the pupil's welfare or to avert a perceived risk of serious harm to pupils or to other persons at the School.

## 11 **Administration of medication at School**

11.1 Parents should inform the School secretary where a pupil will require either prescription or non-prescription medication to be taken at School and of any changes to the medication required.

11.2 The School requests that medication is only taken at School if it is essential, that is where it would be detrimental to the pupil's health not to administer the medication during the School day. Where possible, medicines should be taken at home, before and after attending School.

11.3 Medicines must always be provided in the original container and all medication should be clearly named. With regard to asthma pumps or epipens, parents of infant children should hand these to the class teacher whilst juniors can keep theirs in a tray at their desk or elsewhere in their classroom. It is the responsibility of parents to ensure that asthma pumps or epipens (which are in date) are available in school if their child needs one.

11.4 If a child requires other medicines during the school day, a form must be completed and the medicine provided in the original container with the child's name and dosage instructions. A record is kept of any medicines administered at school.

11.5 Staff at the School will not administer any medication to a pupil without obtaining prior written permission from his or her parents. This requirement will not prevent a pupil of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

## 12 **Procedures for pupils and staff with medical conditions such as asthma, epilepsy, diabetes etc**

12.1 The information held by the School will include details of pupils who need to have access to asthma inhalers, AAls, injections or similar and this information should be circulated to teachers and First Aiders.

- 12.2 Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, by the School office staff.
- 12.3 All staff are expected to inform the School of any known medical conditions they suffer from that might need attention in school.
- 12.4 The School has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma, epilepsy and diabetes.
- 12.5 **Asthma:** the School adopts the inhalers guidance in respect of the use of emergency salbutamol inhalers. Inhalers are kept with the child and an asthma record is completed annually by parents.
- 12.6 **Anaphylaxis:** the School adopts the *Guidance on the use of adrenaline auto-injectors (AAIs) in schools*.

### 13 Infectious conditions

- 13.1 Where a pupil is suffering, or suspected to be suffering, from an infectious condition, the School will follow the *Health protection in schools and other childcare facilities* guidance, as appropriate, and may require pupils to remain away from School until they are no longer infectious.

### 14 Procedure in the event of illness

- 14.1 If a pupil is unwell during the day then they should consult the member of Staff in charge who will assess the situation and decide on the next course of action. Where necessary, the pupil will be accompanied to the Medical Room. The Secretary will provide the First Aid as required and decide on the next course of action.
- 14.2 The School will discuss with parents the procedures for children who may become ill or infectious and take necessary steps to prevent the spread of infection and illnesses.

### 15 Procedure in the event of an accident or injury

- 15.1 If an accident occurs, then the member of Staff in charge should be consulted. That member of Staff will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. Appointed Persons or First Aiders can also be called, if necessary.
- 15.2 In the event that a First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or making arrangements to transport the injured person to A & E or access other appropriate medical services.
- 15.3 **Ambulances:** If an ambulance is called then the First Aider in charge should make arrangements for the ambulance to have access to the accident site. Where necessary GPS co-ordinates should be provided and arrangements should be made for the ambulance to be met.
- 15.4 Staff should always call an ambulance when there is a medical emergency and / or serious injury.
- 15.5 Examples of medical emergencies may include:
- 15.5.1 a significant head injury;

- 15.5.2 fitting, unconsciousness or concussion;
  - 15.5.3 difficulty in breathing and / or chest pains;
  - 15.5.4 exhaustion, collapse and / or other signs of an asthma attack;
  - 15.5.5 a severe allergic reaction;
  - 15.5.6 a severe loss of blood;
  - 15.5.7 severe burns or scalds;
  - 15.5.8 the possibility of a serious fracture.
- 15.6 Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of Staff if it is not possible to contact the pupil's parent(s) (or legal guardian(s)) in time.

## 16 Hygiene and infection control

- 16.1 If a spillage of blood or other bodily fluids occurs, proper containment, clear up and cleansing of the spillage site will occur.
- 16.2 All Staff should take precautions to avoid infection and to follow basic hygiene procedures (such as regular hand washing).
- 16.3 The First Aider should take the following precautions to avoid risk of infection:
- 16.3.1 cover any cuts and grazes on their own skin with a waterproof dressing;
  - 16.3.2 wear suitable single use disposable gloves when dealing with blood or other bodily fluids;
  - 16.3.3 use suitable eye protection and a disposable apron where splashing may occur;
  - 16.3.4 use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
  - 16.3.5 wash hands after every procedure.
- 16.4 If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:
- 16.4.1 wash splashes off skin with soap and running water;
  - 16.4.2 wash splashes out of eyes with tap water or an eye wash bottle;
  - 16.4.3 wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
  - 16.4.4 record details of the contamination;

## 17 First Aid in the physical education department

- 17.1 **Away fixtures:** A medical bag should be taken with the travelling team. If an incident occurs medical treatment should be sought from the visiting school First Aid Personnel. If necessary, the pupil should be taken to the nearest casualty by a member of Staff. Any incident of treatment must be reported on return to School.

## 18 Reporting

- 18.1 In the event of an accident, injury or illness requiring First Aid the relevant First Aider should complete a record of First Aid provision.
- 18.2 All injuries, accidents and illnesses, however minor, must be reported and the accident report forms and books are filled in correctly and that parent(s) or guardian(s) and Health and Safety Executive (**HSE**) are kept informed as necessary.
- 18.3 Where the accident, injury or illness could give rise to potential safeguarding concerns, the School's safeguarding and child protection policies and procedures will be followed as appropriate. Staff are particularly reminded to be alert to indicators of sexual violence and female genital mutilation where in each case there are specific reporting procedures under the School's safeguarding and child protection policy and procedures.
- 18.4 **Reporting to Parents:** In the event of serious accident, injury or illness parents or guardian(s) must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head if necessary.
- 18.5 All incidents, injuries, head injuries and treatments are to be reported in the First Aid book.
- 18.6 Parents are to be informed of a head injury when collecting their children, with details of the injury and symptoms to look out for.
- 18.7 First Aiders are to contact parents by phone if they have concerns about the injury.
- 18.8 **EYFS pupils:** The School will inform parents of any accidents or injury or First Aid treatment that is given to pupils in the EYFS setting on the same day or as soon as is reasonably practicable.
- 18.9 The School must notify local child protection agencies, as appropriate, of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given.
- 18.10 **Reporting to HSE:** Schools are legally required under RIDDOR to report the following to the HSE:
- 18.10.1 **Accidents involving Staff**
- (a) work related accidents resulting in death or "specified" injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
  - (b) work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or
  - (c) cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
  - (d) certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

#### 18.10.2 Accidents involving pupils or visitors

- (a) accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:
  - (i) any School activity (on or off the premises);
  - (ii) the way a School activity has been organised or managed (e.g. the supervision of a field trip);
  - (iii) equipment, machinery or substances; and / or
  - (iv) the design or condition of the premises.

18.10.3 More information on how and what to report to the HSE, can be found in *Incident reporting in schools (accidents, diseases and dangerous occurrences)* (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>. It is also possible to report online via the following link: <http://www.hse.gov.uk/riddor/index.htm> or via the RIDDOR Incident Contact Centre on **0345 300 9923** (opening hours Monday to Friday 8.30 am to 5 pm)

#### 18.10.4 Reporting to others

- (a) The School will ensure that it complies with any other reporting obligations triggered by the accident, injury or illness including, but not restricted to, making a report to the School's relevant insurers, Inspired Learning Group Head Office and/ or to other relevant statutory agencies and/ or regulators.

### 19 Training

- 19.1 The School ensures that regular guidance and training is arranged on induction and at regular intervals thereafter so that staff and volunteers understand what is expected of them by this policy and have the necessary knowledge and skills to carry out their roles.
- 19.2 The level and frequency of training depends on role of the individual member of staff.
- 19.3 The School maintains written records of all staff training.
- 19.4 All staff will be informed of what to do in an emergency, which will include reference to who the designated First Aiders / Appointed Persons are and the identity of those who are trained to administer emergency medication, such as AAls.
- 19.5 Where there are specific training programmes in place, these are set out below:
  - 19.5.1 First aiders will undergo updated training at least every three years to maintain their qualification.
  - 19.5.2 Newly qualified entrants must have either a PFA or an EPFA certificate in order to be included in the required staff : child ratios at EYFS level 2 or level 3.

## 20 Record keeping

- 20.1 All records created in accordance with this policy are managed in accordance with the School's policies that apply to the retention and destruction of records.
- 20.2 Where there are specific record keeping requirements under this policy, these are set out below:
- 20.2.1 **School accident book:** All injuries, accidents, illnesses and dangerous occurrences (unless very minor) must be recorded in the School accident and illness book. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness and what First Aid was given. What happened to the injured or ill person immediately afterwards should also be recorded.
- 20.2.2 **Accident report form:** The First Aider will fill in an accident report form for every serious or significant accident that occurs on or off the School site if in connection with the School's activities. The School will keep a written record of **all** accidents or injuries and First Aid treatment provided. Records will be retained in accordance with the School's normal practices. Where there is a risk of claim, records will normally be retained for at least three years or if the person injured is a minor (under 18), until they are 21.
- 20.2.3 **Accident to Staff causing personal injury:** The First Aider will fill in an accident report form in respect of any accident causing personal injury to Staff in the form set out in Appendix 1 and provide a copy of this accident report form to the Head. The Head will take reasonable steps to investigate the circumstances of such accidents once (s)he receives notice of it. If it is found that there are discrepancies between the information reported and the Head's findings these should also be recorded on the form. These records will be kept for at least three years or if the person injured is a minor (under 18), until they are 21.
- 20.3 The records created in accordance with this policy may contain personal data. The School has a number of privacy notices which explain how the School will use personal data about pupils and parents. The privacy notices are published on the School's website. In addition, staff must ensure that they follow the School's data protection policies and procedures when handling personal data created in connection with this policy. This includes the School's data protection policy

## 21 Version control

Date of adoption of this policy, by or on behalf of the Proprietor	September 2018
Date of last review of this policy	September 2021
Date for next review of this policy	September 2023
Policy owner (SMT)	Sarah Buist
Policy owner (Proprietor)	ILG

**Appendix 1 Record of accident causing personal injury to Staff**

<b>Record of accident causing personal injury to Staff</b>	
Date and time of report	
Date and time of accident	
Full name (Staff member)	
Address (Staff member)	
Occupation (Staff member)	
Location of administration of First Aid (if applicable) and location of accident	
Details of the injury / illness / event and what First Aid was administered (if applicable)	
Cause of injury	
What happened to the person immediately afterwards (did they go home / to hospital etc)?	
Was the HSE informed? (if so, please provide details of the date and method of reporting)	
Name of First Aider / Appointed Person (if applicable)	
Name of person making the report	
Occupation of person making the report	
Signature	
Date of signature	

## Appendix 2 Guidance and protocols for specific medical conditions

### a) Anaphylaxis

#### Adrenaline auto-injectors <sup>1</sup>

Delays in administering AAI's have been associated with fatal outcomes. **AAI's MUST be administered without delay** to pupils if there are **ANY signs of anaphylaxis present** to those pupils who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAI's have been provided.

**School staff must always call 999 and request an ambulance if an AAI is used** and keep a detailed record including, where the reaction took place and how much medication was given. Relevant parents or guardian(s) should be informed as soon as practicable.

The Headteacher responsible for ensuring that the *Guidance on the use of adrenaline auto-injectors in schools* (the **AAI Guidance**) is properly implemented and followed.

AAI's are to be stored, cared and disposed of in accordance with Part 3 of the AAI Guidance and the other requirements of this policy apply to AAI's, including but not limited to appropriate training, use and record keeping.

The Secretary will maintain an up to date register of pupils at risk of anaphylaxis this includes pupils who have been prescribed a AAI and those who have been provided with a medical plan confirming this, but who have not been prescribed AAI. The register should be reviewed regularly (at least annually) to take into account pupils' changing needs.

Parents are to notify the School as soon as practicable that a particular pupil is at risk of anaphylaxis. Completed consent forms should be stored on the pupil's file and, where appropriate, the ICHP updated accordingly.

Further guidance and general information on how to recognise and respond to an anaphylaxis can be found at:

<http://www.nhs.uk/conditions/Anaphylaxis/Pages/Introduction.aspx>

### b) Asthma

#### Asthma register and emergency inhalers <sup>2</sup>

The other requirements of this policy apply to emergency inhalers, including but not limited to appropriate training, use, supply, storage, care, disposal and record keeping.

The Headteacher is responsible for ensuring that *Guidance on the use of emergency salbutamol inhalers in schools* (**Inhalers Guidance**) is properly implemented and followed.

Only pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler may use an emergency inhaler. The Secretary will maintain an up to date register of pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler and in respect of whom parental consent to the use of the emergency inhaler has been obtained. The register should be reviewed regularly (at least annually) to take into account pupils' changing asthma care needs. A copy of the register is to be stored in the School Office.

Parents are to notify the School as soon as practicable that a particular pupil has been diagnosed with asthma and / or has been prescribed a reliever inhaler. Notification should be accompanied by a completed consent form signed by the parents

<sup>1</sup> See <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

<sup>2</sup> See Inhalers Guidance: keeping an emergency inhaler (and adopting the procedures in the Inhalers Guidance) is optional but recommended.

Further guidance and general information on how to recognise and respond to an asthma attack can be found at: <http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspx>

c) Diabetes

**Signs and symptoms of low blood sugar level (hypoglycaemia)**

Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment 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
- leading to unconsciousness

**Action**

- The pupil should be administered with fast acting glucose (lucozade drink or glucose tablets) - the pupil should have their own emergency supply This will raise the blood sugar level quickly.
- After 5 - 10 minutes the pupil should be given further snacks as advised by the Parents. Do not leave the pupil unaccompanied at any time.
- The pupil should be allowed access to regular snacks and check blood sugar level again and as necessary.
- The pupil's Parents should be informed about the incident as soon as possible.

**Action to be taken if the pupil becomes unconscious**

The pupil must be placed in the recovery position. Glucose must not be administered by mouth as this may cause choking.

- Telephone 999

- Inform Parents as soon as possible
- Accompany the pupil to hospital and await arrival of Parent

### **Signs and symptoms of high blood sugar level (hyperglycaemia)**

This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal. Symptoms may include:

- feeling tired and weak
- feeling thirsty
- passing urine more often
- nausea and vomiting
- drowsy
- breath smelling of acetone
- blurred vision
- unconsciousness

### **Action**

Arrangements will be made for blood glucose testing, if possible. The pupil's Parents should be informed about the incident as soon as possible. 999 should be called and the pupil must be accompanied to casualty, where they will await the arrival of the pupil's Parents.

For further information and guidance:

<http://www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx>

d) Epilepsy etc

### **How to recognise a seizure**

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

- the 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 and/or face
- possible incontinence

### **Action**

The following actions should be taken to assist the pupil:

- try to help the pupil to the floor if possible but do not put yourself at risk of injury

- move furniture etc. away from the pupil in order to prevent further injury
- place a cushion or something soft under the pupil's head
- clear the area of pupils
- call a First Aider
- cover the pupil with a blanket as soon as possible in order to hide any incontinence
- stay with the pupil throughout duration of the seizure
- as the seizure subsides place the pupil into recovery position
- inform Parents as soon as possible
- send for ambulance if this is the pupil's first seizure or, if a pupil, known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. The pupil must be accompanied until their Parents arrive
- allow the pupil to rest for as long as necessary
- reassure the other pupils and staff

For further information and guidance:

<http://www.nhs.uk/Conditions/epilepsy/Pages/treatment.aspx>.

### **Appendix 3**

#### **List of staff trained in Paediatric First Aid**

##### **Completed September 2020**

Sarah Buist  
Andrea Shepherd  
Samantha Reid  
Anjali Vaz  
Natalie Fairchild  
Corinne Amos  
Mia Storm  
Emma Edwards  
Sonia Swaby  
Jenny Winter  
Kelly Nelson  
Monai Ray  
Shelly Stead