

# Spring Meadow Infant and Nursery School



## First Aid Policy

Ratified: September 2017

Signed: Susanne Jessop: Chair of Governors

Review Date: **September 2018**

Review Date: **September 2021**

Signed: Dawn page: Chair of Governors

## **RATIONALE**

The **First Aid procedure** at Spring Meadow is in operation to ensure that every pupil, member of staff and visitors will be well looked after in the event of an accident, no matter how minor or major. In the event of an accident all members of the school community should be aware of the support available and the procedures available to activate this.

### **The purpose of the Policy is therefore:**

To provide effective, safe First Aid cover for pupils, staff and visitors.

To ensure that all staff and pupils are aware of the system in place.

To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.

To ensure regular training for all staff

This policy outlines the School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility.

The policy is reviewed annually.

NB The term FIRST AIDER used in this policy refers to those members of the school community who are in possession of a valid Paediatric First Aid or First Aid at Work (FAW) certificate or equivalent.

## **AIMS**

- To identify the first aid needs of the School in line with the Management of Health and Safety at Work Regulations 1992.
- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on offsite visits.

## **OBJECTIVES**

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the School.
- To provide relevant training and ensure monitoring of training needs. To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of the School's First Aid arrangements.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

## PERSONNEL

The Head teacher, Annette Blewett is responsible for the Health and Safety of employees and anyone else on the premises. This includes the teachers, non-teaching staff, pupils and visitors (including contractors). The Head teacher will ensure that a risk assessment of the School is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place. The Head teacher will ensure that the insurance arrangements provide full cover for claims arising from action of staff acting within the scope of their employment.

The Head teacher is responsible for putting the policy into practice and for developing detailed procedures. She will ensure that the policy and information on the School's arrangements for first aid are made available to parents. Teachers and other staff are expected to do all they can to secure the welfare of the pupils.

The School lead First Aider is Julia Kyndt:

### THE LEAD FIRST AIDER WILL:

- Ensure that staff qualifications are always up to date.
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services.
- Help fellow First Aiders at an incident and provide support during the aftermath. Act as a person who can be relied upon to help when the need arises.
- Ensure that their portable first aid kits are adequately stocked and always to hand.
- Insist that **any** casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a pupil to take them to hospital;
  - ensure that parents are aware of **all** head injuries promptly.
  - Ensure that a pupil who is sent to hospital by ambulance is either:
    - Accompanied in the ambulance at the request of paramedics.
    - Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
    - Met at hospital by a relative.
- The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent. (Liaison **must** occur with the teacher in charge of cover, to ensure that lessons are covered in the event of an absent teacher.)
- Keep a record of each pupil attended to, the nature of the injury and any treatment given. Early Years have Accident Books in their rooms. In the case of an accident, the Accident Book must be completed by the appropriate person.
- Ensure that everything is cleared away, using gloves, and every dressing etc. be put in a yellow bag for contaminated/used items and sealed tightly before disposing of the bag in the yellow bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around. Maintain individual Health Plans and raise awareness of the medical issues applied to particular pupils (while being sensitive to confidentiality)

## THE SCHOOL WILL:

- Ensure that there is always a qualified first aid person available on the school site. Report all staff accidents at work to the County Council Health and Safety team.
- Provide adequate First Aid cover as outlined in the Health & Safety [First Aid] Regulations 1981. Monitor and respond to all matters relating to the Health and Safety of all persons on school premises.
- Ensure all new staff are made aware of First Aid procedures in school. Ensure that relevant insurances are in place
- Ensure that first aid cover is available throughout the working hours of the school week.
- Ensure that they always obtain the history relating to a pupil not feeling well, particularly in the cases of headaches, to ensure that no injury has caused the student to feel unwell.
- Ensure that in the event that an injury has caused a problem, the pupil **must** be referred to a First Aider for examination.
- At the start of each academic year, or when a new child is admitted, provide staff with a list of pupils who are known to be asthmatic, anaphylactic, diabetic, and epileptic or have any other serious illness. Have a file of up to date medical consent forms for every pupil in each year and ensure that these are readily available for staff responsible for school trips/outings.
- The School Health and Safety Team will consider the findings of the risk assessments in deciding on the number of first-aid personnel required. In particular they should consider:
  - Off-site visits
  - Out-of-hours provision e.g. events Sport, games and PE

## STAFF WILL:

- Familiarise themselves with the first aid procedures in operation and how to get help. They will also ensure that they know who the current First Aiders are.
- Be aware of specific medical details of individual pupils when publicised by Lead First Aider Ensure that their pupils are aware of the procedures in operation.
- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- Send for help as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty.
- Always ensure the Head Teacher or Deputy Head Teacher are informed of a serious incident. Reassure, but never treat a casualty unless staff are in possession of a valid Emergency Aid in Schools
- Certificate or Paediatric First Aid Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed. Send a pupil who has minor injuries or who feels generally 'unwell' to the First Aid room if they are able to walk where a First Aider will see them; if during teaching time staff should contact a First Aider and accompany the child to the First Aid room.
- Ensure that they have a current medical consent form (including contact details of each pupil's own GP) for every pupil that they take out on a residential school trip which indicates any specific conditions or medications of which they should be aware.
- Have regard to personal safety.
- Report all accidents to themselves at work

## **PROCEDURES:**

### **Risk assessment**

The Health and Safety Committee conduct a full risk assessment annually. Reviews will be carried out at least annually, and when circumstances alter. Recommendations on measures needed to prevent or control identified risks are forwarded to all staff. Re-assessment of first-aid provision will be undertaken as part of the Schools' annual monitoring and evaluation cycle.

### **Qualifications and Training**

First Aiders will hold a valid certificate of competence, issued by an organisation approved by the HSE. Appointed persons will undertake a twelve hour paediatric first aid course every three years. There is always a first aid trained member of staff on-site. The Head teacher will ensure that we have an appropriate number of first aiders in each year group and that existing staff have regular updated training.

### **First-aid materials, equipment and facilities**

The Lead First Aider must ensure that the first-aid containers in Nursery, the Finance Office and the First Aid room are available at all times and also keep a check on first aid containers taken out on school trips. First aid containers must accompany teachers off-site. First aid containers should be kept near to hand washing facilities. Spare stock should be kept in school.

Our first aid kit:

Complies with the Health and Safety (First Aid) Regulations 1981.

Is regularly checked by a designated member of staff and re-stocked.

Is kept out of the way of children.

At the time of admission to the school, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.

### **Accommodation**

A suitable room for medical treatment and care of pupils during school hours is provided. There is a clearly named First Aid Room which is close to a lavatory and contains a wash basin. Pupils can lie down if necessary.

### **Hygiene/Infection control**

Basic hygiene procedures must be followed by staff.

Single-use disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment.

### **Reporting accidents**

Statutory requirements:

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE. The Head teacher 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 the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

Any serious accident or injury to, or death of any pupil within the care of the school must be reported to the HSE and Ofsted as soon as is reasonably practicable and within a maximum of 14 days of the incident occurring and of the action taken.

We meet our legal requirements for the safety of our employees by complying with RIDDOR. We report to the local office of the Health & Safety Executive:

- Any accident to a member of staff requiring treatment by a GP or hospital and
- Any dangerous occurrences (i.e. an event which does not cause an accident but might have done)

### **Record keeping**

The Lead First Aider must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons.

The accident book:

- Is accessible to members of staff.
- All staff know where it is kept and how to complete it.
- Is reviewed at the Health and Safety Committee meeting termly to identify any potential or actual hazards.

The accident books include:

- The date, time and place of incident.
- The name (and class) of the injured or ill pupil/adult.
- Details of the injury/illness and what first aid was given.
- What happened to the person immediately afterwards.
- Name and signature of the first aider or person dealing with the incident.

The Head teacher must ensure that readily accessible accident records, written or electronic, are kept for a minimum of three years (see DSS The Accident Book BI510).

### **Parental Updates**

Parents must be informed of any injury that their child may have had whilst at School (including Nursery) on the same day or as soon as is reasonably practical. In circumstance when parents have not been able to be contacted and the child requires further hospital treatment two members of staff will need to escort the child to hospital, one to drive and one to look after the child.

### **Sickness and Medicine**

If a pupil becomes ill whilst they are attending school, they will be monitored and if it is felt that it is not beneficial for them to continue with us that day, the Lead First Aider will phone the parent/carer and inform them of the situation. Depending on the severity of the illness pupils will be taken to the First Aid Room where the first aider will monitor their condition.

We ask that parents notify us immediately if the pupil has a contagious illness (**see Appendix 1**) even if it has yet to be confirmed by a doctor.

Pupils suffering from sickness, diarrhoea, a high temperature or the possibility of being infectious must refrain from attending school until they are clear for at least 48 hours.

If a pupil has been sent home from school due to ill health they should not be re-admitted until suitably recovered.

Spring Meadow staff will only administer prescribed medicine which is clearly labelled with the pupil's name, medicine type, amount to be administered and the correct date. No un-prescribed or over the counter medicine given by a parent/carer will be administered. (**See Appendix 2**)

If a pupil develops a seriously high temperature attempts to reduce the temperature by tepid sponging and giving fluids would be made. Emergency services and the parents would be phoned immediately.

Parent/carers of a pupil who requires prescribed medicine during their time with us must complete a medical information form / health plan form each term. **If this form is not completed and signed by the parent/carer the medicine will not be administered. Permission to administer medicine to pupils in EYFS must be given each and every time medicine is required.**

Pupil's prescribed medicines must be stored in their original containers, be clearly labelled and are never accessible to the children. They are stored in a fridge.

If the administered prescription requires medical knowledge, training will be provided for the relevant member of staff by a health professional.

## APPENDIX 1

Disease and Incubation Period	Period when infectious	Period of exclusion
<b>CHICKENPOX and SHINGLES</b> 13-21 days	1 – 2 days before to 6 days after spots develop	Until the spots have crusted over and the child feels well
<b>CONJUNCTIVITIS</b> 24-72 hours	During active infection	Until active infection cleared
<b>DIARRHOEA and VOMITING</b> (Campylobacter, Cryptosporidiosis, Dysentery, Food Poisoning, Gastro-Enteritis, Giardiasis, Salmonellosis)  Varies, few hours to few days	While having symptoms of diarrhoea and vomiting	Until symptom-free for 48 hours and the child feels well. In some circumstances advice may need to be sought from Consultant in Communicable Disease Control (CCDC)
<b>FIFTH DISEASE</b> (Parvovirus or “slapped cheek syndrome”)  Variable 4 – 20 days	Infectious before onset of rash	Until the child feels well
<b>GLANDULAR FEVER</b> Probably 4-6 weeks	While virus present in saliva	Until the child feels well

Disease and Incubation Period	Period when infectious	Period of exclusion
<b>CHICKENPOX and SHINGLES</b> 13-21 days	1 – 2 days before to 6 days after spots develop	Until the spots have crusted over and the child feels well
<b>HAND, FOOT AND MOUTH DISEASE</b> (Coxsackie virus 3-5 days)	During acute stage of illness	Until the child feels well
<b>HEAD AND BODY LICE</b> (Pediculosis) Eggs hatch in 1 week	As long as eggs or lice remain alive	None if treated
<b>HEPATITIS A</b> 2-6 weeks	Several days before first symptom until 7 days after onset of jaundice	Until 7 days after onset of jaundice and the child feels well
<b>HEPATITIS B</b> 6 weeks – 6 months	Not infectious under normal school conditions	Until the child feels well
<b>HERPES SIMPLEX</b> (Cold sore) 2-12 days	During infection	None
<b>HIV INFECTION</b> Variable	Not infectious under normal school conditions	None
<b>IMPETIGO</b> Commonly 4-10 days	As long as septic spots are discharging pus	Until spots have healed
<b>MEASLES</b> 7-14 days	1 day before first symptom until 4 days after onset of rash	At least 4 days after onset of rash and the child feels well
<b>MUMPS</b> 12-25 days, commonly 18 days	7 days before and up to 9 days after onset of swelling	At least 9 days after onset of swelling and the child feels well
<b>RINGWORM ON BODY</b> (Tinea corporis) 4-10 days	As long as rash is present	None once under treatment
<b>RUBELLA</b> (German Measles) 16-18 days	1 week before to 1 week after onset of rash	Until 7 days after rash appears
<b>SCABIES</b> Few days to 6 weeks	Until mites and eggs are destroyed by treatment	Until day after treatment
<b>SCARLET FEVER and STREPTOCOCCAL INFECTION</b> 1-3 days	Dry sore throat starts until 24 hours after antibiotics started	Until day after treatment
<b>THREADWORMS</b> 2-6 weeks for life cycle to complete	When eggs are shed in the faeces (stools)	None once treated

**Diseases notifiable to Local Authority and Ofsted under the *Public Health (Infectious Diseases) Regulations 1988***

<ul style="list-style-type: none"> <li>• Acute poliomyelitis</li> <li>• Anthrax</li> <li>• Cholera</li> <li>• Diphtheria</li> <li>• Dysentery</li> <li>• Food poisoning</li> <li>• Leptospirosis</li> <li>• Malaria</li> <li>• Measles</li> <li>• Meningitis</li> <li>• <i>meningococcal</i></li> <li>• <i>pneumococcal</i></li> <li>• <i>haemophilus influenzae</i></li> <li>• <i>viral</i></li> <li>• <i>other specified</i></li> <li>• <i>unspecified</i></li> <li>• Meningococcal septicemia (without meningitis)</li> <li>• Mumps</li> <li>• Ophthalmic neonatorum</li> <li>• Paratyphoid fever</li> </ul>	<ul style="list-style-type: none"> <li>• Plague</li> <li>• Rabies</li> <li>• Relapsing fever</li> <li>• Rubella</li> <li>• Scarlet fever</li> <li>• Smallpox</li> <li>• Tetanus</li> <li>• Tuberculosis</li> <li>• Typhoid fever</li> <li>• Typhus fever</li> <li>• Viral hemorrhagic fever</li> <li>• Viral hepatitis</li> <li>• <i>Hepatitis A</i></li> <li>• <i>Hepatitis B</i></li> <li>• <i>Hepatitis C</i></li> <li>• Whooping cough</li> <li>• Yellow fever</li> </ul> <p>Leprosy is also notifiable, but directly to the Health Protection Agency</p>
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## **APPENDIX 2**

### **Management of Pupil Medication**

#### **Assisting a Child Taking Medication at School:**

When absolutely necessary, provision may be made for pupils to be given prescribed medications during authorised school activities.

Where agreement has been reached between the parent/legal guardian, the Head teacher, and a teacher or other adult person on the school staff authorised by the Head teacher to give medication to a pupil, the recommended guidelines below should be observed.

#### **General:**

- a) Should medication prescribed by the pupil's medical practitioner be required to be taken by the pupil while at school or involved in school approved activities, a parent/legal guardian must, in the first instance, make a written request to the Head teacher of the school.
- b) A teacher or other adult person on the school staff authorised by the Head teacher to give medication to a pupil, may accept responsibility to give medication to a pupil while at school or while involved in a school - approved activities, following such written request from a parent/legal guardian.
- c) Where an authorised teacher or other adult on the school staff, is to assist in giving medication, the instructions written on the medication container by the pharmacist at the medical practitioner's direction should be followed. The teacher or other authorised person should not accept the instructions solely of the parent/legal guardian. The pharmacist/chemist will write frequency and amount - not times. The parent should state time last given and requested time to be given. The instructions on the medication container need to indicate specific times at which medication is to be given.
- d) At no time should any medication provided for one pupil be used for another pupil. At all times, medication must be kept in a secure place. (One exception, in selected cases, is that of inhaler therapy for asthma. On written permission from a parent/legal guardian, and with the approval of the school principal, the pupil may be responsible for the inhaler.)
- e) All unused medication is to be returned to the parent/legal guardian of the pupil.
- f) The first dose of any new medication must not be given at school due to the possibility of developing allergies.
- g) Medication not in the prescribed container must not be given.
- h) Parental authority must be given for every administration of medicine to children in the EYFS.

#### **Oral Medication:**

- a) A teacher or other adult person on the school staff authorised by the Head teacher to give medication to a pupil, may give oral medication, provided it is given strictly in accordance with the

instructions written on the medication container by the pharmacist at the medical practitioner's direction and is requested by a parent/legal guardian in writing.

- b) Non-prescribed oral medications (such as analgesics and over-the-counter medications) should not be given by teachers or other persons on the school staff.

### **Injections:**

- a) As a general principle teachers or other persons on the schools staff must not give any injections.
- b) There may be certain circumstances however which may require exemptions such as a person's severe allergy to a substance which when occurs will cause death by anaphylactic shock. In such instances Adrenaline may be lifesaving given in the form as prescribed by the medical practitioner. Following a written request from a parent/legal guardian to the Head teacher, teachers or other adult persons on the school staff who are authorised by the Headteacher to give medication to a pupil, and who:
  - (i) are experienced in the procedure of giving such injections; and
  - (ii) are willing to give such injections.

May then only give such injections in circumstances where:

- (i) there are full written instructions from the medical practitioner on giving of such injections; and
- (ii) an explanation is given by the medical practitioner of possible complications arising from the giving of such injections;
- (iii) this is deemed an emergency procedure on written advice by the medical practitioner.

The recipient may be able to self-administer if capable at time of necessity.

### **Epi-pens:**

It is a requirement that if a pupil has to bring an Epi-pen to school, then **two** such pens must be provided.

### **Record Keeping:**

- a) An official Register for Pupil Medications must be maintained and must contain a record of all occasions when medication is given to a pupil.
- b) Each entry in the Register is to be completed by the authorised person giving the medication, immediately after the medication is given.
- c) Each entry in the Register must contain the following:
  - (i) the date the medication was given;
  - (ii) the time the medication was given;
  - (iii) the name of the pupil receiving medication;
  - (iv) the name of the medication given;
  - (v) the exact dosage of medication given;

- (vi) the method of giving the medication;
  - (vii) the name of the person on the school staff authorised by the Head teacher to give medication to the pupil to which the register refers, or in the case of rectal medication, the name of the person on the school staff authorised by the Head teacher to give medication to the pupil and for which suitable arrangements have been entered into between a parent/legal guardian, the principal, and the authorised person;
  - (viii) the signature of the person giving the medication; and
  - (ix) the signature of the Principal or delegated responsible person.
- d) The written request from the parent/legal guardian who requested the giving of medication must be held and kept with the Register.
- e) In effect, the documentation referred to in (d) above represents an agreement among the parties as to the arrangements made in respect of the medication.

## **Storage**

### **Safe storage – emergency medication (epipens)**

- a) Emergency medication is readily available to pupils who require it at all times during the school day. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available in the key box in the respective classroom or form room.

### **Safe storage – non emergency medication**

- a) All non-emergency medication is kept in a lockable cupboard in the respective form/tutor room. Pupils with medical conditions know where their medication is stored and how to access it.
- b) Staff ensure that medication is only accessible to those for whom it is prescribed.

### **Safe storage – general**

- a) The School Lead First Aider ensures the correct storage of medication at school.
- b) Three times a year she checks the expiry dates for all medication stored at school.
- c) She, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupils name, the name and dose of medication and the frequency of dose.
- d) Some medication at School may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. This is in a secure area, inaccessible to unsupervised pupils.
- e) It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year

## **Safe disposal**

- a) Parents are asked to collect out of date medication.

- b) If parents do not collect out of date medication, medication is taken to a local pharmacy for safe disposal.
- c) The Lead First Aider is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year.

## **Appendix 3**

### **Body Fluid Spillage Policy**

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and children should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

#### **Staff Contact**

The facilities team is to be contacted initially so that they can arrange for a member of their team to clean the area appropriately. This applies when it is a large spillage and NOT just a minor incident.

The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure' – see below.

In the event of a member of cleaning staff not being available to, then all School/Nursery staff should be aware of where the disposable clean up kits are kept.

#### **Initial Clean Up Procedure**

Staff need to:

- Get some disposable gloves from the baby changing /toilet area of the School/Nursery.
- Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).
- Put more absorbent towels over the affected area and then contact the Facilities Manager (if necessary) for further help.
- The bin that has had the soiled paper towels put in needs to be tied up and double bagged and put in the main School bins.
- Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- The area then needs to be cordoned off until cleaned.
- If a cleaner is not immediately available then a disposable cleaning kit will need to be used.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

#### **Procedure for Blood and Other Body fluid Spillage**

- Gloves must be worn at all times
- Any soiled wipes, tissues, plasters, dressings etc must ideally be disposed of in the main school waste bin in yellow bags. If not available then the glove being used needs to be taken off inside out so that the soiled item is contained within and disposed of in the main school bin.

- When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area so absorbing the spill.
- If a disposable spillage kit is available then the instructions for use should be followed.
- If not then contaminated paper towels need to be placed in a bin with a bin liner and tied up and then taken ideally to the main school bin.
- The area must be cleaned with disinfectant following the manufacturer's instructions. A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturers instructions.
- Wash hands.

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin). Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth

#### **Action To Take**

- If broken skin then encourage bleeding of the wound by applying pressure – do not suck. Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow. Rinse out mouth several times.
- If necessary take further medical advice.
- An accident form will need to be completed and it may need to be reported to RIDDOR.

## **Appendix 4 – Part 1**

### **Specialist Medical Conditions/Treatments and Actions**

Asthma awareness for school staff

#### **What to do in an asthma attack**

- Keep calm.
- Encourage the child or young person to sit up and slightly forward.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer. Ensure tight clothing is loosened. Reassure the child.
- Call or shout for a first aider to come to the student.

#### **If there is no immediate improvement**

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

#### **Call 999 or a doctor urgently if:**

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.

#### **If you are in doubt:**

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

#### **Common signs of an asthma attack are:**

Coughing, shortness of breath, wheezing, tightness in the chest, being unusually quiet, difficulty speaking in full sentences sometimes younger children express feeling tight in the chest as a tummy ache.

#### **After a minor asthma attack**

Minor attacks should not interrupt the involvement of a pupil with asthma in school.

When the pupil feels better they can return to school activities.

The parents/carers must always be told if their child has had an asthma attack.

#### **Important things to remember in an asthma attack**

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing. Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

## **Appendix 4 – Part 2**

Epilepsy awareness for school staff

### **Complex partial seizures**

#### **Common symptoms**

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips Swallowing repeatedly Wandering around

**Ring School Office or Shout for a first aider to come to the student**

**Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

#### **Do...**

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

#### **Don't...**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered Attempt to bring them round
- Explain anything that they may have missed

### **Tonic-clonic seizures**

#### **Common symptoms**

The person goes stiff, loss of consciousness falls to the floor

#### **Do...**

- Protect the person from injury (remove harmful objects from nearby) Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished and stay with them until recovery is complete
- Be calmly reassuring

#### **Don't...**

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

**Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

## **Appendix 4 – Part 3**

### **Anaphylaxis awareness for staff**

#### **ANAPHYLAXIS**

##### **Symptoms of allergic reactions:**

##### **Ear/Nose/Throat - Symptoms:**

runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

##### **Eye - Symptoms:**

watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

##### **Airway - Symptoms:**

wheezy breathing, difficulty in breathing and or coughing (especially at night time).

##### **Digestion:**

swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

##### **Skin:**

Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.

Eczema -cracked, dry, weepy or broken skin. Red cheeks.

Angiodema - painful swelling of the deep layers of the skin.

##### **Symptoms of Severe Reaction/ Anaphylaxis:**

These could include any of the above together with:

- Difficulty in swallowing or speaking. Difficulty in breathing - severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

#### **TREATMENT**

- Ring school office or shout for a first aider to come to the pupil
- Send a member of staff to collect 2nd epipen and to ask them to ring for an ambulance and parents. If pupil is conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position.
- If pupil is conscious and alert ask them to self administer their epipen if appropriate. If pupil is unconscious, trained member of staff to administer epipen as per training. Record time of giving. If no improvement within 5 minutes then 2nd epipen to be administered.
- Keep used epipens and give to paramedics when they arrive.

## **Appendix 4 – Part 4**

### **Diabetes awareness and treatment for staff**

#### **What is it?**

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness. There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar). Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

#### **Signs and symptoms**

##### **Hypoglycaemia:**

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

##### **Hyperglycaemia:**

- Thirst Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

#### **First aid aims**

##### **Hypoglycaemia:**

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

##### **Hyperglycaemia:**

- Get casualty to hospital as soon as possible

#### **Treatment**

##### **Hypoglycaemia:**

- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink.
- Help the casualty to find their glucose testing kit to check their level.
- Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

##### **Hyperglycaemia:**

#### **Call 999 immediately**

**Further actions**

- If the casualty loses consciousness Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation