



## **KINGSWOOD HOUSE SCHOOL**

### **FIRST AID AND ADMINISTRATION OF MEDICINES POLICY**

This Policy relates to the whole school including the Early Years Foundation Stage, and is reviewed annually to ensure compliance with current regulations and law and must be read in conjunction with other relevant Kingswood House School policies.

#### **Related Policies:**

- Child Protection and Safeguarding Policy
- Low Level Concern Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Positive Mental Health Policy
- Occupational Stress Policy

This list is not exhaustive.

**Policy reviewed by: Katie Edwards**

**Dated: 14<sup>th</sup> September 2021**

**Policy next review: September 2022**

#### **Policy statement**

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981), it is the responsibility of the Governing Body to ensure adequate and appropriate first aid provision at all times when there are people on the school premises and during off-site visits and activities.

In order to ensure adequate first aid provision, it is the School policy that:

- There are sufficient numbers of trained personnel together with appropriate equipment to ensure someone competent in basic first aid techniques can rapidly attend an incident at all times during normal school hours to ensure first aid is administered in a timely manner.
- Appropriate first aid arrangements are made whenever staff and pupils are engaged in off-site activities and visits.

#### **Responsibilities under the policy**

**The Health and Safety Inspection Committee** of the School, on behalf of the Governing Body, is responsible for:

- Inspecting the School's first aid provision each term.
- Advising the Bursar of issues arising.
- Reporting to the Governing Body their recommendations.

**The Health and Safety Committee** of the School, on behalf of the Governing Body, is responsible for ensuring:

- First aid needs are assessed and addressed.
- Sufficient numbers of suitably qualified first aiders are available.
- The adequate provision of first aid services during school hours and for activities held on site after normal school hours.
- Appropriate first aid cover is available for off-site school organised activities.

**The Bursar**, on behalf of the Health and Safety Committee, is responsible for:

- Assessing the first aid needs throughout the school.
- Advising on appropriate levels of first aid provision.
- Ensuring first aid cover is available during normal school hours and for activities held on site after normal school hours.
- Identifying first aid training needs.
- Arranging training and maintaining records thereof.
- Organising provision and replenishment of first aid equipment.
- Reviewing accident forms.
- Induction of staff in first aid issues.
- Liaising with the Health and Safety Inspection/Committee on first aid issues.

**Qualified First Aiders** are responsible for:

- Responding promptly to calls for assistance.
- Providing first aid support within their level of competence.
- Summoning medical help as necessary.
- Recording details of treatment given.
- Maintaining accurate records of first aid treatments given.

**Appointed Persons** are responsible for:

- Giving assistance to the qualified first aiders.
- Taking charge when someone becomes ill.
- Ensuring that an ambulance or other professional medical help is summoned as appropriate.

**Early Years First Aiders** are responsible for:

- Providing first aid support within the Early Years Foundation Stage.
- Ensuring that an ambulance or other professional medical help is summoned as appropriate.

**Deputy Head and Head of Sport** are responsible for:

- Ensuring appropriate first aid cover is available at all out of hours sports activities.

- Ensuring appropriate first aid cover and equipment for all practice sessions and matches.
- Ensuring appropriate first aid cover and equipment for all outings and residential trips.
- **Parent/Guardian** is responsible for:
  - Completion of the medical form(s) issued by the school annually and on joining (Appendix 1). Any changes to any new or existing medical condition must be notified to the school as soon as possible.
  - Providing a signed consent form for administration of medication (Appendix 2).
  - Completing the Allergy and Anaphylaxis Plan if required (Appendix 3).
  - Ensuring that a member of the family or other nominated person is easily contactable at all times in the event of an emergency or a child requiring to be sent home from school due to illness or injury.

### **First Aid risks**

An assessment of first aid needs is carried out on an annual basis by the Bursar on behalf of the Health and Safety Committee. The assessment takes into account:

- Numbers of pupils, staff and visitors on site.
- Layout and location of buildings and grounds.
- Specific hazards.
- Special needs.
- Hours of work.
- Out of hours and off-site activities.

The assessment will identify:

- How many first aiders are needed during the school day.
- Out of hours and off-site arrangements.
- Back-up arrangements to cover absence of first aiders.
- Which departments require a qualified first aider.
- What equipment is needed.
- Where equipment is to be located.
- Where notices and signs are displayed.
- Good practice in record keeping.

### **Numbers of pupils, staff and visitors on site**

During the majority of school days there are approximately 335 people, 250 pupils and 85 staff, on site. Occasionally, for school plays and concerts, this number may increase to 450 people.

### **Layout and location of buildings and grounds**

The school site is quite compact with 6 different teaching areas. However, accidents can happen anywhere at anytime and therefore all staff should know how and when to obtain help in an emergency.

### **Specific hazards/lunch and breaks**

Accident statistics can indicate the most common times, locations and activities involved when accidents occur at school, highlighting areas where pupils and staff may be at greater risk of injury.

Injuries and accidents are most likely to occur during Games/PE lessons and matches, at break times, in the DT and Science departments, in the kitchen and maintenance departments. The Head of Science, Head of DT and Head of Catering have all completed first aid courses. Out of hours and off-site activities may present particular risks depending on the location and nature of the activity and the numbers of pupils and staff involved.

Pupils all go to the dining room for lunch with their year group, which is supervised by staff. Pupils may use the field, astro, playground and adventure trail for break and supervised by two or more staff in different areas. All staff are aware of procedures when a child is injured.

### **Hours of work**

The School Office (first aid station) is open in school hours from 0730 to 1700 Monday to Friday during term time and a first aider is always on site from 0730 to 1800.

### **Out of hours and off-site activities**

Some school activities take place outside of normal school hours and/or off-site. First aid provision is available at all times while people are on the school premises and when on school trips or visits. The medical file, kept in the School Office, must be taken on all off-site trips/activities together with inhalers, epi pens and medication, when necessary.

### **Contractors**

All contractors will be advised of our procedures for first aid. Major building projects under a JCB contract will be covered by their own health and safety regulations.

### **First Aid kits**

First Aid kits are clearly labelled with a white cross on a green background in accordance with Health and Safety regulations. The contents of the first aid kits may vary depending on the particular needs in each location but are in accordance with guidance given in HSE doc "Basic advice on first aid at work". The Bursar will supply first aid kits as appropriate. First aid kits are currently situated in:

- School office
- PE Office (including travel bags which must be taken on school trips and other off-site activities).
- Kitchen
- DT Prep Room
- Science Lab
- Year 2 Classroom
- Grounds shed
- Minibuses

The School Secretary (qualified first aider) is responsible for the checking and restocking of first aid kits. This is usually carried out at the beginning of each term and as required. The School Secretary should be notified when items have been used so they can be replaced without delay.

A first Aid bag or box must be taken on all trips when pupils leave the school, including sporting events.

## **Information**

This First Aid and Administration of Medicines Policy is located on the school website and is available to parents and staff on request.

Parents are informed of our procedures for responding to children who are ill or infectious on admission to the School and these procedures are also written up in our Parents' Handbook.

New staff are briefed on the First Aid and Administration of Medicines policy and procedures as part of the induction process and new pupils are briefed by their teacher when they start school.

The briefing should include:

- Location of the School Office (first aid station)
- What to do in an emergency
- Names of first aiders and appointed persons
- Location of First Aid kits
- Administration of medicines

**First aid notices** are posted in most rooms around the School, including the Staff Room, School Office, Kitchen, Study Centre, upper corridor of Langlands, changing rooms and classrooms. Notices give the names of First Aiders and location of first aid boxes.

There is a locked **medicine cupboard** in the School Office where all medicines are to be stored. Keys are kept by the office staff.

## **Training**

A **qualified first aider** is someone who holds a valid certificate of competence in First Aid at Work. The certificate must be issued by an organisation approved by the Health and Safety Executive, such as St John's Ambulance, and must be renewed every three years. The Bursar will arrange for staff to attend the **First Aid at Work** course as required. In this school five people hold this qualification:

- Mrs Karen Harding, School Secretary
- Mrs Ines Witts, Office and Admissions Administrator
- Mr L Clarke, Head of Upper Prep and DSL
- Mr Ian Mitchell, Deputy Head
- Mrs Tessa Curnin, Learning Support Assistant

An **appointed person** is someone who has attended a minimum of 4 hours first aid training (renewable every three years) and is competent to give emergency aid until further help arrives. We have 12 qualified appointed persons.

Mrs Nicki Lambert, Head of Lower Prep and Miss Laura de Klerk, have completed the **Early Years First Aid / Paediatric** certificate and is competent to give first aid assistance to the Early Years Foundation Stage. There will always be an EYFS First Aid/Paediatric trained member of staff on all trips involving EYFS pupils.

Staff have inset training annually on the use of epipens, epilepsy and the management of seizures and diabetes. This training is carried out by the Epsom College nurse. Training will also be provided to staff if further medical or technical knowledge is required

First Aid and appointed person training will be refreshed every three years.

There are four trained **Mental Health aiders** in School:

- Mrs Jane Chandler – Catering Manager
- Katey Timothy – Emotional Literacy Support Assistant (ELSA)
- Heather Jones – Learning Support Assistant (LSA)
- Monica Wraith – Head of Art

Please refer to the School's Positive Mental Health Policy for more details.

## **PROCEDURES**

### **Minor Incidents/Illness**

Any child sustaining an injury or suffering illness whilst at school will be treated by the school staff who will inform the parent/carer of any treatment given either by telephone, or a note sent home with the child.

All minor incidents should be treated in the School Office (cuts and grazes) by a qualified first aider. The wound should be cleaned with sterile water and covered with a dressing. Staff should send the casualty with an escort to the School Office or accompany them themselves if the casualty is in distress.

If a child needs to be sent home from school, he/she will remain in the School Office with a member of staff until collected by a parent/carer. The parent/carer is to collect the child as promptly as possible.

A bed is kept in a store room in the Study Centre and may be used for any person requiring it. The Study Centre staff room can be used as a medical room if required. The Bursar or school secretary will remain with the casualty at all times until they can be collected.

### **Major Incidents**

In the case of a severe accident, severe bleeding, serious injury to legs or back, head injury, eye injuries, severe nose bleeds and seizures, the casualty must not be moved and a qualified first aider called to the scene as soon as possible.

### **Resuscitation Action Plan**

A copy of the plan can be found in Appendix 6 attached. The school Automated External Defibrillator (AED) is located on the wall of the School Office behind the reception desk. The AED is designed for treatment of sudden cardiac arrest and should only be used to treat someone who is either unresponsive or non-breathing. The Action plan must be followed and a copy can also be found with the AED.

### **Head injury**

The pupil will be assessed in accordance with our Head Injury policy. For incidents without side effects, a form will be given to the parent via the pupil advising them of the incident and if first aid was

administered. If side effects such as outlined in the policy occur then either parent/carer will be contacted or an ambulance will be requested and parent/carer advised.

### **CALLING AN AMBULANCE**

The School Office, Bursar or a qualified first aider are normally responsible for summoning an ambulance (dial 999 or 112), and for escorting the pupil to hospital; but all staff are advised in their induction training that, if the above staff are unavailable, they should summon an ambulance themselves. A member of staff will always escort the child, together with a driver, and stay with them in hospital until their parents/carers have arrived.

If the emergency services are called to the school to attend to a casualty, that person must obey the advice of the attending paramedics.

Staff should ensure that other pupils are cared for during and after an incident. Extra staff may be required to help with duties and reassure the children and keep them at a respectful distance to the casualty. After the incident the children may need time to talk it through, perhaps with their form teacher, and all other staff should be informed.

### **Emergency Medical Treatment**

In accepting a place at the school, we require parents to authorise the Headmaster, or an authorised deputy acting on his behalf, to consent on the advice of an appropriately qualified medical specialist to your child receiving emergency medical treatment, including general anesthetic and surgical procedure under the NHS, if we are unable to contact you in time.

### **Asthma Inhalers / Epipens**

Inhalers and epipens (or any other treatment) must be kept in the filing cabinet in the School Office, suitably labelled. Parents/carers should ensure that they are not out of date and replace when necessary. When used, an epipen should be safely put into a box with a lid and handed to the ambulance service.

### **Medication**

Prescribed medication may be administered by the staff. If a child needs to take medication whilst at school, the parent/carer should hand it in to the school office. Medication should be clearly labelled with details of the name of the medication and when and how much should be given. A medication consent form should be completed and signed giving clear instructions. All medication will be stored in the locked medical cabinet in the School Office except for those medicines that need to be kept in the fridge in which case the fridge in the staff room should be used.

No non-prescription medication will be administered by school staff unless the parent/carer has provided written, signed consent which is sought from parents at the time of acceptance to the school and thereafter annually by completion of the medical consent form.

No child will be given any treatment or medication against his/her will.

### **Staff Medication and special health needs or disabilities**

Staff must seek medical advice if they are taking medication which may affect their ability to care for children and the Headmaster should be informed. Any staff medication must be securely stored at all times and must never be left in handbags in the classroom. Staff may use the locked medical cupboard located in the school office. If a member of staff has a life threatening condition such as diabetes, epilepsy, asthma or allergies which could give rise to anaphylactic shock, then they must ensure staff are aware and provide details on the display board in the staff room.

### **Medical history/Allergies of pupils/ Special health needs**

Staff must ensure that they are aware of the medical history of the children they teach. The Headmaster must ensure that such information is available to members of staff. It is also essential that staff are aware of any children suffering from potentially life-threatening conditions such as diabetes, epilepsy, asthma or allergies which could give rise to anaphylactic shock, and the action necessary to take in the event of such an attack (see Appendix 3 and 4).

An up-to-date list of medical conditions of all children by class is kept in the school office. A list of pupils with allergies is also kept in the kitchen and appropriate food arrangements made. These are updated by the school secretary each term.

Staff are informed by the Headmaster if children with serious medical problems join the school and a notice is kept on the staff room board. Parents complete a care plan if their child has a serious medical condition or allergy and these are kept in their medical files in the School Office and displayed in the staff room.

All pupil medical records are kept in locked files in the main School Office.

### **Children with Medical Needs or Special Education Needs or Disabilities who require special adjustments**

If a child has medical needs, special education needs or requires any special adjustments, the parents will be invited to a meeting with Headmaster, form tutor and Special Education Needs Coordinator and any outside Specialist who has been involved with the care of your child, to discuss thoroughly the regime that is most appropriate for his or her individual care.

### **Immunisations**

When advised by the school nurses, we will arrange for parents to be informed about required immunisations for their child. These are usually HPV in Year 8 and 9 and nasal flu vaccination.

### **Swimming**

Children with open wounds must not swim.

### **Matches and off-site activities**

A first aid bag must be taken on all trips. Grab bags are kept in boxes in the School Office/Sports Office and must be taken on all coach trips and to matches. When travelling by car it is the responsibility of the member of staff to carry a grab bag in their vehicle.

The class list of pupils' medical conditions should also be taken on all trips together with medication/inhalers, etc.

### **Exclusion Illnesses**

In all cases please use the guidance at Appendix 5.

### **Body fluids**

Gloves should be worn at all times if in contact with body fluids and any spillages cleaned up immediately. Vomit should be covered with absorbent deodorizing powder (kept in the School Office and Pre-Prep) and then swept up using the supplied dustpan and brush. The Bursar must be informed who will contact our cleaning company to ensure that the area is cleaned properly in the evening.



If vomit is located outside, the area should be cordoned off and covered with sand. Please ensure the Bursar is informed so that the sand can be safely disposed of.

All items that come into contact with body fluids, including medi-wipes, cleaning cloths, tissues, gloves, etc. are to be disposed of in a plastic bag and tied up and placed in the pedal bin in the office which is emptied each evening.

## **REPORTING AND RECORD KEEPING**

### **Accidents**

All accidents should be reported immediately. An Accident Book is kept in the School Office and includes:

- Date and time of incident
- Name of casualty
- Details of injury/illness
- Treatment and/or advice given
- Signature of person dealing with the accident
- Whether parents have been informed
- Parents of EYFS children will be informed on the same day or as soon as is reasonably practical

Accident records are reviewed by the Health & Safety Inspection Committee each term. Accident records must be kept for a minimum of three years.

Any member of staff or visitor to the school who has an accident must also complete an accident form (in the School Office) which should be passed to the Bursar for filing. Any visitor to the school who has an accident will receive a follow up call as to their welfare.

### **EYFS**

The School will notify the local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and will act on any advice from those agencies.

### **RIDDOR**

The School will report to the Health & Safety Executive (Tel: 0845 300 9923), under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, any deaths, major injuries, over-three-day injuries, accidents causing injury to pupils, members of the public or other people not at work, specified dangerous occurrences, where something happened which did not result in an injury but could have done.

### **Medication**

Any treatment or medication administered should be recorded in the Medicine Book kept in the School Office and should include:

- Date and time of administration
- Name and amount of medication or treatment given
- Name of person receiving medication
- Signature of administrator

The Medicine Book is reviewed by the Health & Safety Inspection Committee each term and records are kept for a minimum of five years.

In accordance with Health and Safety law, some accidents and illnesses must be reported to the Health and Safety Executive. This is the responsibility of the Bursar.

Please note that all parents of children in the EYFS are to be informed by written note or telephone call if their child has had an accident or been administered medicine on the same day, or as soon as reasonably practicable.

### **Accident Investigation**

All serious accidents and an injury/accident that frequently occurs should be investigated. Accident Investigation Forms are kept in the School Office and once completed should be filed with the Bursar for review by the Health and Safety Committee.

### **MONITORING AND REVIEW OF POLICY**

First aid arrangements are reviewed annually to ensure the provision is adequate and effective. Additional reviews will take place following any significant changes in structure, such as new buildings, relocation or changes in staffing and/or pupils numbers.

**Appendix 1**

# *Pupil Health Consent Form*

Last Name	
First Name	
Middle Name	

Date of Birth	
Year / Form	

Family Doctor (Name, Address & Phone)	
--	--

Child adopted / not adopted (Please circle as appropriate)	Parents living together / separated / divorced (Please circle as appropriate)
---	--

Any past events (e.g. recent deaths, traumas, etc.) which may have had an effect on your child
--

Does your child have:		(please tick as appropriate)	Yes	No
1. a)	Asthma			
b)	Difficulties with breathing			
c)	Diabetes			
d)	Difficulty with his eyes			
e)	Trouble with his ears / hearing			
f)	Speech difficulty			
g)	Frequent sore throats			
h)	Skin rashes			
2.	Does your child suffer from any chest trouble?			
3.	Do you think your child has any weight trouble?			
4.	Has your child ever had any convulsions or fits?			
5.	Has your child had frequent headaches in the last 12 months?			
6.	Does your child have fainting attacks, blackouts or dizzy spells?			

7. Does your child have difficulty getting to sleep or sleeping?		
8. Does your child suffer from rheumatism?		
9. Does your child require an Asthma Inhaler? If yes, do you require it to be kept in the School Office?		
10. Does your child need an EpiPen? Is it kept at school?		

**ADDITIONAL MEDICAL CONDITION, MEDICATION OR INSTRUCTIONS**

Is there any other medical condition not already detailed, additional medication to be taken or special instructions for the school?

**GENERAL**

Are there any other concerns / difficulties of which you would like us to be aware, which may affect your child's performance at school?

**PHYSICAL**

Has your child difficulties, which may affect his ability to participate in games lessons?

**HOSPITAL**

If your child attends hospital at present, or has attended in the last year or two, please give details.

Name of Hospital and consultant, physician or surgeon

Date(s) attended

Was he/she an in-patient, and if so, for how long?

Reason for attendance

## VACCINATIONS

Has your child been vaccinated against tetanus?

Yes / No (please circle)

Date of last injection .....

## MEDICATION

Does your child receive regular medication?

Yes/No

If **yes**, please advise:

Name of medication:.....

Dosage: .....

Would you like the school to administer this medication?

Yes/No

If so, please advise timings:.....

## ALLERGIES

Please state if your child has any allergies:

Hayfever

Yes/No

Bites/stings

Yes/No

Plasters

Yes/No

Drugs

Yes/No

Food

Yes/No

If yes, please give the name of the food and treatment required if any:

Any other allergies not listed?

Are any of the above life threatening?

Yes/No

If **yes**, please give details...

## DIETARY REQUIREMENTS

Does your child require a special diet?

Yes/No

If yes, please provide details:

## CONSENT 1

**I do / do not consent** to my child being given the medication listed below, as deemed appropriate, whilst he is on school premises

Paracetamol/Calpol

Yes/No

Antihistimine/Piriton

Yes/No

Ibuprofen / Nurofen

Yes/No

Signature of Parent/Guardian .....

Date .....

**CONSENT 2**

In the event of the school being unable to contact myself or the emergency contact/s  
**I do / do not consent** to an appropriate member of staff acting in the best interests of my child.

Signature of Parent/Guardian .....

Date: .....

**PARENTAL CONSENT**

**I hereby give my consent to the attendance of my child on school visits on the understanding that the person in charge of the party of children will be a member of the teaching staff of Kingswood House. That member of staff will remain in loco parentis although, on certain visits, they may hand over the duty of care to a specialist instructor.**

**We further authorise the Headmaster, or an authorised deputy acting on his behalf, to consent on the advice of an appropriately qualified medical specialist to our child receiving emergency medical treatment, including general anaesthetic and surgical procedure under the NHS, if you are unable to contact us in time.**

Signature of Parent/Guardian .....

Date .....

*If any of the information you have provided changes e.g. address, telephone, GP, medical conditions, you must let the school know immediately*

**Appendix 2**

**ADMINISTRATION OF MEDICINES IN SCHOOL**

Child's Name: ..... Form: .....

***MEDICATION***

Name of medication: .....

Dosage: .....

Time of last dose: ..... Amount given: .....

Condition of illness: .....

When/ How to administer medication:

.....  
.....

Special Instructions: .....

.....

Does medication need to be put in fridge?: .....

Please administer the above medicine for ..... days or until further notice.

Signed: ..... Date:.....

Print Name: .....

**Appendix 3**

**Anaphylaxis and Allergy Plan**

Name.....

Date of Birth.....

The above named pupil may suffer from an anaphylaxis reaction if they are exposed to:

.....  
.....

Their usual allergic symptoms are:

.....  
.....

**Procedure in the event of an acute allergic reaction:**

**Symptoms:** Wheezing  
Swelling of face and throat  
Difficulty in breathing and swallowing  
Feeling faint

**Action:** *Contact ambulance service 999*

- Place child in safe, comfortable position
- Give Epipen injection (kept in bottom drawer of medical filing cupboard in office)
- Monitor closely. If no improvement, or if symptoms of floppiness or pallor develop or worsen within 10 minutes repeat if further Epipen available.
- Inform the following contact numbers in order of priority.

**Contact No. 1** Name.....  
Tel. No.....  
Relationship.....

**Contact No. 2** Name.....  
Tel. No.....  
Relationship.....

**In case of:** Itchiness  
Tingling of face and lips  
Tummy cramps  
Vomiting  
Blotchiness of skin



Give..... (Oral antihistamine) ..... ml immediately

**Inform the contact numbers as above**

- It is the parents' responsibility to ensure that all medication supplied to the school is in date and clearly marked.
- It is the parents' responsibility to ensure the pupil is fully aware of the signs and symptoms of an allergic reaction.
- It is the parents' responsibility to ensure the pupil has been instructed on the administration of the necessary medication and the importance of carrying it at all times.
- All medication will be returned to the pupil/parent at the end of each half term and term.
- It is the parents' responsibility to replace any medication used.

The school will inform all relevant staff with regard to the pupil's condition and the arrangements set out in this document.

The school office, form tutor and sport's office will hold a copy of this plan.

**Agreed and signed**

Parent Name ..... Sign ..... Date .....

Parent Name ..... Sign ..... Date .....

School Bursar..... Sign ..... Date .....

**Guidance on how to administer an epipen:**

Sit the casualty down

Take the epipen in your dominant hand

Remove the grey cap

Plunge into the outer thigh through clothing (except heavy jeans)

Count to 10

Remove and place in a box and give to the ambulance service

Rub the area in the thigh gently

JEXT epipen (has a yellow cap):

Remove the yellow cap

Put against the leg and push hard until you hear a click.

Repeat after 10 minutes if there is no change and you have another epipen.

## Appendix 4

### Asthma, Seizures, Diabetes

Guidance for staff on the recognition and first aid treatment of:

#### **Asthma Attack**

In an asthma attack the muscles of the air passages in the lungs go into spasm and the linings of the airways swell. As a result, the airways become narrowed and breathing becomes difficult.

Sometimes there is a specific tripper for an attack such as:

- An allergy
- A cold
- Cigarette smoke
- Extremes of temperature
- Exercise

Recognition features

- Difficulty in breathing, with a very prolonged breathing-out phase.

There may also be:

- Wheezing as the casualty breathes out
- Difficulty speaking and whispering
- Distress and anxiety
- Coughing
- Features of hypoxia, such as a grey-blue tinge to the lips, earlobes and nailbeds

#### **ACTION**

Your aim is to ease the breathing and if necessary get medical help.

- Keep the casualty calm and reassure them
- Encourage them to use their blue inhaler if they have one. Children may have a spacer device. It should relieve the attack within a few minutes.
- Encourage the casualty to breathe slowly and deeply.
- Encourage the casualty to sit in a position that they find most comfortable, often leaning forward with arms resting on a table or the back of a chair. Do not lie the casualty down.

A mild attack should ease within three minutes but if it doesn't ask the casualty to use their inhaler again.

#### **Caution**

If this is the first attack, or if the attack is severe and any one of the following occurs:

- The inhaler has no effect after 5 minutes
- The casualty is becoming worse
- Breathlessness makes talking difficult
- The casualty becomes exhausted

Call for an ambulance.

- Encourage the casualty to use their inhaler every 5 to 10 minutes
- Monitor and record the breathing and pulse rate every 10 minutes

## Seizure

A seizure or convulsion can occur at any age and is due to abnormal electrical activity in the brain resulting in uncontrollable muscular activity and loss of consciousness. There are many types of seizure, with some being relatively mild and others severe and prolonged.

The patient goes still, loses consciousness, falls to the floor and begins to jerk or convulse. They may look a little blue around their mouth from irregular breathing. Seizures can last for a few minutes.

### ACTION:

Assess the situation – are they in danger of injuring themselves?

Remove any nearby objects that could cause injury.

Cushion their head to protect them from head injury.

Check the time.

Look for a medical bracelet or ID card – it may give you information about the person's seizures and what to do.

Once the seizure is over, put them on their side (in the recovery position).

Stay with them and reassure them as they come round.

Never restrain the person, put something in their mouth or try to give them food or drink.

Call for an ambulance if the casualty does not wake up within 10 minutes, is not breathing well, or it is their first seizure.

## Diabetes - Hypoglycaemia and Hyperglycaemia

**Hypoglycaemia** is when the blood sugar level falls below normal and brain function is affected.

Recognition features:

- History of diabetes, the casualty may recognize the onset of an attack
- Weakness, faintness or hunger
- Palpitations and muscle tremors
- Strange actions or behavior
- Sweating and cold, clammy skin
- Rapid and strong pulse
- Deteriorating level of response
- Diabetic warning card, insulin, glucose gel or tablets in their possession

### ACTION

Aim is to raise the blood sugar as quickly as possible and obtain medical help if necessary.

- Help the casualty to sit or lie down
- Give them a sugary drink, sugar lumps or sweet food.
- Alternatively, they may take their own glucose gel

If they respond quickly

- Give them more food and drink and let them rest until feeling better
- Advise them to see their doctor

If the condition does not improve

- Monitor the level of response and consciousness
- Call for an ambulance

## **Hyperglycaemia**

High blood sugar levels over a long period can result in unconsciousness. Usually the casualty will drift into this state over a few days. It requires urgent treatment in hospital.

Recognition features:

- Warm, dry skin
- Rapid pulse and breathing
- Fruity/sweet breath
- Excessive thirst
- If untreated, drowsiness then unconsciousness

### **ACTION**

Aim is to arrange urgent removal to hospital. Call for an ambulance.

Monitor level of response.

## Appendix 5

### CONDITIONS REQUIRING EXCLUSION FROM SCHOOL

Exclusion is a necessary control measure to enforce when an individual poses a risk of infection to others and, whilst it is not always applicable in all cases of communicable disease, it is advisable that children are kept away from school when unwell, e.g. feverish, irritable, loss of concentration or are nauseous. Details of specific exclusions are listed below:

<b>DISEASE</b>	<b>EXCLUSION PERIOD</b>
Chickenpox	For 5 days from onset of rash
Cold sores	Whilst sore and discharging
Conjunctivitis	Until better or antibiotics commenced
Persistent Diarrhoea and Vomiting	Until symptoms have stopped for 24 hours
Head Lice	Until treated
Hepatitis A	Young children and those requiring supervised hand washing until 5 days from onset of jaundice or pale stools
Hepatitis B and C	No exclusion, but strict hygiene should be adhered to when handling blood or body substances
HIV / AIDS	Same as Hepatitis B and C
Impetigo	Until antibiotics commenced <b>and</b> lesions healed (crusted over)
Measles	For 5 days after onset of rash
Mumps	For 5 days after onset of swelling
Ringworm	None once treatment commenced by GP
Rubella (German Measles)	For 5 days from onset of rash
Scabies	Until treated
Scarlet Fever	For 5 days from starting antibiotics
Sore throat (Bacterial)	For 5 days from start of treatment
Tuberculosis	Until 2 weeks after start of treatment
Whooping Cough	For 5 days from commencing antibiotics

The school reserves the right to ask the parent for a doctor's letter stating that the child is fit to return to school.

## Appendix 6

### RESUSCITATION ACTION PLAN

The School's Automatic External Defibrillator (AED) is located in the School Office and a copy of this plan is stored with it.

The AED is designed for the treatment of sudden cardiac arrest and should only be used to treat someone who is:

- Unresponsive
- Non-breathing

#### **1. Person is not responsive and no signs of life?**

Address person and shake on shoulder.

#### **2. Call for help**

- If one person is at the scene – call for help and call the emergency services then start CPR.
- If two people are on the scene – one calls the emergency services while the other starts CPR.
- The person administering CPR should not leave the casualty unless absolutely essential.
- Where possible, bring the AED to the scene by someone already close to its usual location

#### **3. Open the airway**

#### **4. Check for breathing**

#### **5. Perform CPR (cardio pulmonary resuscitation)**

30 compressions: 2 breaths

Continue until an AED is available or arrival of emergency physician.

#### **6. Turn on AED and follow instructions:**

Prior to using the AED please carry out the following:

- Remove clothes to expose bare chest
- Shave area where pads are to be applied if excessively hairy
- Dry chest area if required
- Paediatric pads to be used on children aged 1-8
- Place pads in position shown on the AED
- Do not perform chest compressions through electrodes
- No one must be in contact with patient when a shock is delivered

When the pads are attached correctly you will hear voice prompts:

- "Analysing heart rhythm. Do not touch the patient."
- "Shock advised. Charging. Do not touch the patient."
- Or
- "No shock advised."

#### **7. "Press the red flashing button now. "Deliver the shock now."**

The AED will only administer a shock if it is needed. A voice prompt will tell you when to press the shock button.

- ✓“It is safe to touch the patient.”
- “Begin CPR.” (Beep), or “If needed, begin CPR.” (Beep)
- “Give two breaths.”
- “2, 3 or 5 times repeat.”
- “Stop CPR.”