

Bloxham School



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FIRST AID POLICY

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Policy Owner (SLT)	CEJL	
Governor Responsible	Carol Shaw	
Gov Annual Review Date		
Next Gov Annual Review Date		
Policy Last Updated	29.11.19	EKE
On the Website	Yes	

Please read in conjunction with:

- Palmer Health Centre Medical Folder (various policies)
- Health and Safety Policy
- Medicines Management Policy

FIRST AID POLICY SUMMARY

The Health and Safety (First Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and trained personnel to ensure employees receive immediate attention if they are injured or are unwell in the work place. The level of First Aid cover will be identified by risk assessment of the activities and functions which take place on the work premises. These regulations apply to all work places.

To ensure that we comply with the Regulations on Bloxham School site, there are a suitable number of personnel trained ranging from one day emergency aid to fully qualified Registered Nurses and a visiting School Medical Officer, with equipment and facilities to provide this service. This provision ensures that someone competent in basic first aid techniques can attend quickly if an incident or illness occurs both during term time and at other times when an area is regularly occupied.

Provision of appropriate first aid arrangements must be available for staff and pupils attending trips or whilst involved in sports activities.

A First Aider has additional responsibilities and will be permitted to attend any first aid incident as required. They must:

- Respond quickly to requests for assistance within the area they work
- Provide support within their level of competence
- Assist other first aiders if required
- Call for help if required
- Report all details of action taken, treatment required and complete an accident form

It is the responsibility of the Bursar to manage the implementation of the First Aid Policy. Each Head of Department and House Master/Mistress is responsible to ensure there is adequate first aid cover provided for their area of personal responsibility.

It is the responsibility of the Health and Safety Consultant, Bursar, Senior Nurse and other co-opted team members, who are appointed as the responsible persons to review and update this policy for Bloxham School.

This policy summary and the full procedure policy will be reviewed, updated and amended on a 3 yearly basis or sooner if required. All changes will be circulated to all employees.

Signed

Bursar/Health and Safety Consultant

First Aid Policy

General statement:

Bloxham School is committed to providing emergency first aid provision in order to deal with accidents affecting pupils, employees and visitors.

This policy is based on the results of a risk assessment carried out by the school. This policy applies to all staff, pupils, and visitors. The Bursar has overall responsibility that the school has adequate and appropriate first aid equipment, facilities and first aiders for ensuring that the correct first aid procedures are followed. A list of staff trained in First Aid is contained within Appendix A of this policy.

This policy aims to comply with paragraph 3 (6) of The Schedule of Education - Independent Schools Standards (England) regulations 2003 (SI 2003/1910) and the Health and Safety at Work Act 1974. Subsequent regulations and guidance including the Health and Safety First Aid Regulations 1981 (SI1981/917) and The First Aid at Work: Health and Safety Approved Code of Practice and Guidance.

All staff should read and be aware of this policy. They should know who to contact in the event of any illness, accident or injury. All staff will use their best endeavours, at all times, to secure the welfare of pupils. Anyone on school premises is expected to take reasonable care for their own and others safety. This policy is part of a number of school policies aimed at safe guarding children in all circumstances.

Aims of Policy:

- To ensure that the school has adequate, safe and affective first aid provision for all pupils, members of staff and visitors.
- In the event of any illness, accident or injury, no matter how major or minor all pupils, members of staff and visitors should be treated appropriately.
- That all staff and pupils are aware of the first aid procedure in the event of any illness, accident injury.
- To ensure that medicines are only administered at the school when permission has been granted.
- To ensure that medicines are appropriately stored and in date.
- To promote effective infection control.

Nothing in this policy should affect the ability of any person contacting the emergency services in the event of a medical emergency. If in doubt staff should dial 999 for emergency services. In the event of an emergency, clear arrangements for liaison with the ambulance services on the school site should be made.

To achieve this, the School will;

- Have suitably stocked first aid boxes. All items will be clearly labelled and the contents kept in date.
- Carry out a suitable and sufficient assessment of the risks posed to persons in an event that they suffer an accident, injury, or ill health, by completing an accident form which is then to be given to the Bursar.
- Appoint sufficient first aiders to administer first aid.

- Provide information to employees, pupils and parents on the arrangements for first aid.
- Review and monitor arrangements for first aid as appropriate and carry out a full review on an annual basis.
- In addition to the above the following should be reviewed and checked on a termly bases; departmental first aid boxes (by departmental staff), travel bags and sports bags and expired dates disposed of. All First aid bags and boxes comply the DFEE guidance.

The first aid boxes are replenished and updated upon request of departmental staff to Palmer Health Centre, travel bags and sports bags are all provided and replenished by Palmer Health Centre and are issued from the centre. These bags must be signed out and returned at the end of each visit or at the end of each term (sports bags) and signed back in promptly.

Health and Safety Meetings are held termly and representatives of each department or area of significant risk is present. A member of Council is also present at Health and Safety Meetings. A fixed agenda item is First Aid and this includes reports and updates of first aid kits to be presented to Palmer Health Centre.

The schools mini buses also have first aid boxes/bags, which are stocked in accordance with part 2 schedule 7 of the Road Vehicle (construction and use) regulation 1986. It is the responsibility of the first aiders/drivers to check the contents of the first aid box/bag regularly and restock when necessary.

First Aiders

The main duties of first aiders are to give immediate first aid to pupils, staff, or visitors when needed. They also need to ensure that an ambulance or 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 School Bursar.

All staff in Palmer Health Centre have completed an HSE approved first aid course and hold a valid certificate of competence in First Aid at Work.

The Bursar ensures that there are appropriate numbers of first aiders in relation to the operations of the school activities being performed and that they have undergone appropriate training. The training should be refreshed at three yearly intervals.

The school will maintain a record of employees who have undergone first aid training which will be kept by the School Bursar.

First aid Information

Notices are located throughout the school indicating the location of the first aid boxes/bags and the school's first aiders. A list of first aiders is also held at reception.

If an illness occurs, the member of staff in charge should assess the situation and decide on the appropriate course of action. This may involve calling a member of the Health Centre staff, a first aider and/or an ambulance. If summoned a first aider should assess the situation and take charge of the first aid administration.

If a first aider does not feel that they can provide adequate first aid they should always seek medical advice from one of the school nurses or emergency services immediately.

A first aider/appointed person should always call an ambulance in the following situations:

- In the event of a serious injury/illness
- In the event of any significant head injury
- In the event of a period of unconsciousness if Palmer staff are unable to attend
- Whenever there is a possibility of a fracture
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

If an ambulance is called then the first aider in charge should make arrangements for the ambulance to have access to the injured person. Arrangements should be made to ensure that any pupil is accompanied in the ambulance or followed to hospital by a member of staff until one of the pupil's parents/guardians is present. The parents/guardian should be contacted by the House Master/Mistress or Palmer Health Centre Staff

A member of staff should remain with the pupil until one of the pupil's parents or guardians arrive at the hospital.

Emergency Equipment:

- Oxygen – available for use by Health Centre Staff only
- AED (Defibrillator) – there are two of these
 1. Stored on the outside wall of the English Block facing towards the swimming pool in a heated cabinet which is accessible to all staff for use in an emergency. If the access code to the cabinet is not known this will be given when calling 999 for the ambulance service. This AED is accessible to both the school community but also the village community/public if required.
 2. Stored in the entrance to the Dewey behind the locked/coded door. This is stored in a cabinet which is not heated which is accessible to all staff or users who have access to the indoor sports facilities in an emergency. If the access code to the cabinet is not known this will be given when calling 999 for the ambulance service.

Staff have been given the opportunity to have familiarisation training in the use of the AED, however this is a fully automated machine and spoken instructions for use are given when opening the device if required for use in an emergency.

Procedure in the event of contact with blood or bodily fluids: The first aider should take the following precautions to avoid risk of infection:

- Cover cuts and grazes on their own skin with a dressing or plaster
- Wear suitable disposable gloves when dealing with blood or bodily fluids
- Use suitable eye protection and disposable apron where splashing may occur
- Use devices such as face shields, where appropriate when giving mouth to mouth resuscitation
- Wash hands after every procedure

If a first aider suspects that they may have been contaminated with blood and /or bodily fluids which are not their own the following actions should be taken without delay;

- Squeeze the site if possible, wash the area where contamination has occurred with soap and water
- Do not suck the wound

- Irrigate eyes with tap water, or an eye wash bottle.
- Wash splashes out of nose or mouth with tap water, taking care not to swallow the water.
- Report the incident to one of the Sisters in Palmer, who will then advise on the next course of action
- Record details of the contamination
- All accidents, administration of first aid and/or medicine given should be recorded in the accident report book and the Individual first aid book found in the first aid bag/box and reported to Palmer Health Centre.

The records shall include:

- Date, time and place of the accident/incident
- Name and form of the person involved (if a pupil)
- Details of the injury and any treatment or medication that may have been given
- Outcome of accident
- Name and signature of the person or first aider dealing with incident
- All records are kept for a minimum of 7 years. These will be analysed to look for trend and patterns and may:
 - Be useful for future first aid assessments;
 - Be helpful for insurance and investigative purposes

In the event of an accident or injury to a pupil one of the pupil's parents must be informed as soon as possible. Parents must be informed of any injury and be given guidance on action to take if symptoms develop and advice on aftercare.

In the event of serious injury or accident requiring emergency medical treatment the pupils House Master or Mistress should telephone the pupils parents as soon as possible. If the House Master or Mistress is not available Palmer Health Centre staff should contact the pupil's parents.

In the event of a minor injury where appropriate, the first aider should contact Palmer Health Centre either in person, via email or by telephone that day.

Medical conditions such as:

- Anaphylaxis
- Asthma
- Diabetes
- Epilepsy
- Head Injury and Concussion Protocol

have a separate policy which first aiders and staff should be aware of. In the event of a medical emergency with someone who suffers with any of the above conditions appropriate action should be taken in accordance with these policies which are listed as Appendix B of the First Aid Policy and also kept separately within the Palmer Health Centre medical policy folder on the Intranet.

Child Protection

If any concerns are raised that safeguarding implications (e.g. unexplained marks or scars), whilst a person is being treated for first aid, the first aider must inform the designated Child Protection member of staff and then take appropriate action.

Appendix A

First Aid List

1. Trained First Aid Staff

Name	Job	Training Date	Expiry Date
Lynn Peach - FAW	Registered Nurse	20/10/2017	01/10/2020
Cath Young - FAW	Senior Nurse	05/01/2018	04/01/2021
Christine Pinner - FAW	Registered Nurse	10/04/2018	01/04/2021
Pam Baggaley - FAW	Health Care Assistant	23/08/2017	01/08/2020

2. Competent First Aid Staff (trained by Senior Nurse, Sue Edmunds) in Emergency First Aid, Asthma, Use of AED, Minor Ailments.

Name	Post	Training Date
Michaela Cupi	Café Manager	29/10/19
Jenny Edwards	Tennis Coach	29/10/19
Clive Smith	Grounds Assistant	29/10/19
James Berry	Gardener	29/10/19
Mike Annesley	Gardener and Site Assistant	29/10/19
Stacey Harrison	Dewey Supervisor	29/10/19
Stuart Sherington	General Manager - Leisure	19/03/18
Kay Greene	Matron	01/03/18
Ann Steenkamp	Matron	01/03/18
Julie Moon	Matron	01/03/18
Julia James	Assistant Matron	01/03/18
Elaine Herbert	Matron	01/03/18
Jennie Wilby	Matron	01/03/18
Jayne Sheppard	Housekeeper	01/03/18
Dawn James	Assistant Matron	01/03/18
Hetta Nicholson	Matron	01/03/18
Janet Kearns	Matron	01/03/18
Dianne Raper	Assistant Matron	01/03/18
Sarah Samm	Assistant Matron	07/06/16
Cheryl Turner	Assistant Matron	01/03/18
Simon Batten	Teacher	09/06/16
Sally Brittin-Snell	Teacher	09/06/16
Debbie Herring	Teacher	09/06/16

Claire Evans	Teacher	14/06/16
Nigel Evans	Teacher	14/06/16
Andy Goldsmith	Teacher	14/06/16
Robert Hudson	Teacher	14/06/16
Georg Stindt	Teacher	14/06/16
Louis Yates	Ast HSM / Teacher	14/06/16
Matthew Buckland	Deputy Head	18/06/16
David Dales	Teacher	18/06/16
Robert Dann	Teacher	18/06/16
Jenny Edwards	Sport	18/06/16
Linda Hunt	Teacher	18/06/16
Simon Thompson	HsM / Teacher	18/06/16
Michael Price	Deputy Head	27/06/16
Rachel Lehman	Teacher	27/06/16
Nick Pigott	Teacher	27/06/16

3. Competent Trained in the use of Automated Emergency Defibrillator

Name	Post	Training Date
Lauder Helen	Teacher	07/11/2014
Goldsmith Andy	Teacher	07/11/2014
Sanderson Paul	Head Master	07/11/2014
Stindt Georg	Teacher	07/11/2014
Lehman Rachel	Teacher	07/11/2014
Evans Nigel	Teacher	05/12/2014
Brittin-Snell Sally	Teacher	05/12/2014
Herbert Elaine	Matron	22/01/2015
Moon Julie	Matron	22/01/2015
Steenkamp Ann	Matron	22/01/2015
Hall Tom	Grounds	30/01/2015
Reed Ian	Estates	30/01/2015
Tew Chris	Grounds	30/01/2015
Fry Peter	Estates	11/02/2015
Morewood John	SA	05/03/2015
Ross Iain	Driver	05/03/2015
Smithson Phil	Transport/fire	05/03/2015
Powell Kevyn	Driver	26/03/2015
James Dawn	Assistant Matron	22/04/2015
Reece Susan	Catering	14/07/2015
Jeffels Bernice	Catering	14/07/2015
Towers Patricia	Catering	14/07/2015
Quinney Nikki	HCA	18/01/2016

4. Competent Trained in Emergency Asthma Inhalers, Diabetes and Medicines Management

Name	Post	Training Date
Price Michael	Deputy Head Pastoral	02/09/2015
Lauder Helen	Teacher	02/09/2015
Warrener Aremelle	Teacher	02/09/2015
Moir Victoria	Teacher	02/09/2015
Moir Michael	Teacher	02/09/2015
Brittin-Snell Sally	Teacher	02/09/2015
Lehman Rachel	Teacher	02/09/2015
Herring Debbie	Teacher	02/09/2015
Evans Nigel	Teacher	02/09/2015
Dann Robert	Teacher	02/09/2015
Redpath Alex	Teacher	02/09/2015
Matthew Bertie	Teacher	02/09/2015
Heathcote Sophie	Teacher	02/09/2015
Russell Eleanor	Teacher	02/09/2015
Pigott Nick	Teacher	02/09/2015
McCaffrey Christine	Teacher	02/09/2015
Woodward Harriet	Teacher	02/09/2015
Hobley Richard	Teacher	02/09/2015
Skevington Mark	Teacher	02/09/2015
Skevington Jacqui	Teacher	02/09/2015
Hussian Sajid	Teacher	02/09/2015
Best David	Teacher	02/09/2015
Stindt Georg	Teacher	02/09/2015
Moyle Julian	Teacher	02/09/2015
Evans Claire	Teacher	02/09/2015

Hickling Alice	Teacher	02/09/2015
Buckland Matthew	Deputy Head	02/09/2015

5. Competent Trained in Diabetes Management

Name	Post	Training Date
Saunders Chris	Tutor - Seymour	09/11/2015
Goldsmith Andy	Tutor - Seymour	09/11/2015
Hudson Robert	Tutor - Seymour	09/11/2015
Ruck Martin	Tutor - Seymour	09/11/2015
Yates Louis	Ast HsM - Seymour	09/11/2015
Bull Matt	HsM - Seymour	09/11/2015

6. Trained in Head Injury Protocol. Concussion and Second Impact Syndrome

Name	Post	Training Date
Ramm James	Sport Staff	06/09/2016
Yates Louis	Sport Staff	06/09/2016
Thompson Simon	Sport Staff	06/09/2016
Dann Robert	Sport Staff	06/09/2016
Hudson Robert	Sport Staff	06/09/2016
Goldsmith Andy	Head of Rugby	06/09/2016
Moir Michael	Sport Staff	06/09/2016
Stindt Georg	Sport Staff	06/09/2016
Buckland Matthew	Deputy Head	06/09/2016
Paul Sanderson	Head Master	06/09/2016

Appendix B

First Aid for Specific Medical Conditions

B.1 First Aid Procedure in Anaphylaxis

Remove the allergen if appropriate

Assess the allergic reaction

Stay calm/reassure person

Call for help and dial 999 (9 999 from school internal phone)

Lie the person down and elevate their legs- this increases return of blood to the heart and reduces shock.

If there are breathing difficulties the person may be more comfortable sitting up-assess which seems best for the individual

Give Ventolin inhaler to known Asthmatics

If the person is unconscious place them in the recovery position

Give Adrenaline using an EpiPen or Jext Pen auto injector.

- Remove the grey/yellow safety cap.
- If using an EpiPen hold it with the black tip down and jab it firmly into the upper outer thigh (through clothing if necessary).
- If using a Jext pen hold it with the black tip down and press it against the upper outer thigh (through clothing if necessary)
- Hold in place for 10 seconds
- Remove pen and massage site for 10 seconds
- Note the time

Place the pen in a rigid container and give to the ambulance crew

Continue to observe the person and be prepared to carry out basic life support should it become necessary

If there is no improvement within 5 minutes give a second dose of Adrenaline

Inform the next of kin as soon as possible.

Storage of Adrenaline auto-injectors

A minimum of 2 Adrenaline auto-injectors will be kept in school. It is recommended that one is kept in the boarding house and one in Palmer Health centre. In addition all pupils are encouraged to carry their own Adrenaline auto-injector. Staff will be notified of the location of auto-injectors.

The school keep spare Auto-injectors in Palmer Health Centre and the Dining Room.

EpiPens

- ❖ Must not be used after the expiry date stated on the label of the EpiPen
- ❖ Must be kept in outer carton to protect from light as Adrenaline exposed to light and air deteriorates rapidly and may become pink or brown.
- ❖ Must be checked for the colour of the solution and the presence of particles prior to use
- ❖ Must be replaced if the solution is discoloured or contains particles
- ❖ Must not be refrigerated or frozen.
- ❖ Must be kept below 25 degrees centigrade

Jext pens

- ❖ Must not be used after the expiry date stated on the label of the Jext pen
- ❖ Must be replaced if the solution is discoloured or contains particles
- ❖ Must be checked for the colour of the solution and the presence of particles prior to use
- ❖ Must not be frozen
- ❖ Adrenaline remains stable at temperatures of up to 40 degrees centigrade

Emergency Plan

An allergic reaction may present with one or more of the following symptoms such as generalized flushing of the skin, nettle rash (hives), swelling to face, mouth and throat, difficulty in swallowing or speaking, change in heart rate, sense of impending doom, change in breathing (stridor), feeling of weakness. A mild allergic reaction may resolve spontaneously or following the administration of an anti-histamine medication.

An Anaphylactic reaction is likely if the following criteria are met:

- ❖ **Sudden onset and rapid progression of symptoms**
- ❖ **Life threatening Airway and/or Breathing and/or Circulation problems**
- ❖ **Skin and/or mucosal changes**
- ❖ **Exposure to a known allergen**

If an anaphylactic reaction is suspected emergency action is necessary.

1. Keep calm
2. **IMMEDIATELY CALL FOR AN AMBULANCE AND CONTACT SISTER IN PALMER HEALTH CENTRE**
3. Position the pupil according to their symptoms
 - If feeling faint/weak lay down with legs elevated
 - If feeling nauseated or unconscious lay in the recovery position
 - If breathing is difficult they may be more comfortable sitting up
4. Give Ventolin inhaler
5. Retrieve epipens from the appropriate storage point: with the pupil, in the house restaurant or Palmer Health Centre
6. A trained member of staff must give the adrenaline (use epipens through clothing if necessary into the upper outer aspect of the thigh)
7. Contact the parents

Once the injection has been given signs of improvement should be fairly rapid. It is important to write down what time the injection was given to tell the ambulance crew when they arrive.

Place the epipen/jext pen in a rigid container and give to ambulance crew to take to hospital or to dispose of safely.

B.2 First Aid procedure in Asthma

The usual symptoms of Asthma are:

- coughing especially at night, first thing in the morning and after exercise
- wheezing
- breathing difficulty
- tightness in the chest.

An **Asthma attack** is occurring if the asthma symptoms are getting worse and do not go away when the blue reliever inhaler is used. An Asthma attack may develop very rapidly over a few minutes, or it may take a few hours or even days to happen. An Asthma attack may be mild, moderate or severe.

Symptoms of a **mild** asthma attack:

- cough
- wheeze when breathing in and out
- some shortness of breath
- still able to speak in full sentences between breaths
- difficulty eating or drinking
- difficulty sleeping

Mild Asthma attacks are the most common. Usually, the airways open up within a few minutes to a few hours after treatment. It is important to recognise and treat even mild symptoms of an Asthma attack to keep Asthma under control and help prevent severe episodes. Without immediate Asthma treatment, breathing may become more laboured and wheezing may get louder.

Symptoms of a **moderate** asthma attack:

- continual cough
- younger children may vomit
- rapid breathing
- moderate to loud wheeze
- obvious difficulty breathing
- only able to speak in short phrases between breaths
- chest pain/pressure
- feeling of anxiety

Symptoms of a **severe** asthma attack:

- severe difficulties breathing
- can speak no more than a few words at a time
- wheeze is often quiet
- sucking in of the throat and rib muscles

- pale and sweaty
- may have blue lips
- very distressed and anxious

As the airways continue to tighten during the asthma attack there may not be enough air movement to produce wheezing. This is sometimes called the "silent chest," and is a dangerous sign. Anyone affected should be taken to hospital immediately. Unfortunately, some people interpret the disappearance of wheezing during an Asthma attack as a sign of improvement and fail to get prompt emergency care.

If someone does not receive adequate treatment during an Asthma attack, eventually they may become increasingly blue around the lips showing that there is not enough oxygen in the blood. At this point there is a risk of loss of consciousness and even death.

Treatment

If a student is having a severe asthma attack an ambulance should be called (dial 999) immediately.

1. Inform Palmer Health Centre staff
2. Help the pupil to sit down in an upright position or leaning slightly forward, loosen tight clothing and encourage them to take slow, steady breaths.
3. Stay with the pupil and reassure them
4. Help the pupil to take one to two puffs (30 seconds apart) of the reliever inhaler (usually blue), immediately and using a spacer device if available.
5. If asthma symptoms occur whilst exercising, stop, use the reliever inhaler and wait five minutes before starting again.
6. If there is no improvement, encourage the pupil to take two puffs of the reliever inhaler (one puff at a time) every two minutes up to ten puffs
7. If there is no improvement after administering the inhaler as directed or if there are symptoms of a severe Asthma attack developing call an ambulance (dial 9 999 from school internal phones)
8. Continue to try and reassure the pupil and repeat the use of the inhaler at point 6. Inform the pupil's parents

B.3 First Aid Procedure with Diabetes

There are two main types of diabetes.

Type 1 Diabetes

Type 1 diabetes develops if the body is unable to produce any insulin. Insulin is a hormone which helps the glucose to enter the cells where it is used as fuel by the body. Children or young people need to replace their missing insulin, so will need to take insulin (usually by injection or pump therapy) for the rest of their lives. They also need to eat a healthy diet that contains the right balance of foods: a diet that is low in fat, sugar and salt and contains plenty of fruit and vegetables.

Type 1 diabetes usually appears before the age of 40 years and most pupils will have Type 1 diabetes and accounts for around 10% of all people with diabetes

Type 2 Diabetes

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (insulin resistance). In many cases this is linked with being overweight and usually occurs in people over the age of 40 years. However recently more children and young people are being diagnosed with this condition. Type 2 diabetes is the more common to the two main types and accounts for 90% of people with diabetes.

Signs and Symptoms

If diabetes goes untreated the body starts breaking down its stores of fat and protein to try to release more glucose but this glucose still cannot be turned into energy and the unused glucose passes into the urine. This is why children and young people with untreated diabetes often pass large amounts of urine, are extremely thirsty, may feel tired and lose weight.

Signs of Hypoglycaemia (hypo)

Hypoglycaemia occurs when the level of glucose falls too low (<4mmol/l). Signs of a **hypo** vary from pupil to pupil and may include any of the following:

- Hunger
- Trembling or shakiness
- Sweating
- Anxiety or irritability
- Fast pulse or palpitations
- Tingling of the lips
- Blurred vision or glazed eyes
- Paleness
- Mood change – especially angry or aggressive behaviour
- Difficulty concentrating
- Vagueness
- Drowsiness

A hypo may occur if a pupil has taken too much of their diabetes medication, delayed or missed a meal or snack, not eaten enough carbohydrates, taken part in unplanned or strenuous exercise or

the pupil has been drinking alcohol especially without food. Hypos are usually unexpected, sudden, rapid, without warning and unpredictable. Do not blame the pupil. A hypo kit should be provided by the parents/guardian.

All staff need to know where the emergency hypo kit is kept (in House/Palmer HC/Dewey/on pupil)

Signs of Hyperglycaemia (hyper)

Hyperglycaemia occurs when the level of glucose becomes too high (>10mmol/l) and stay high. Signs of a **hyper** do not appear suddenly but build up over a period of time and may include any of the following:

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea
- Blurred vision
- Confusion

If a pupil with diabetes starts to develop these signs and symptoms it means that their body is beginning to use its store of fat as an alternative source of energy, producing acidic by products called ketones. This is due to a relative lack of insulin causing the blood glucose to rise. Ketones are very harmful and the body tries to get rid of them through the urine.

Some children can become unwell with hyperglycaemia but show no symptoms

Ketoacidosis

If the early signs and symptoms of hyperglycaemia are left untreated the level of ketones in the body will continue to rise and “ketoacidosis” will develop.

Ketoacidosis is recognised by symptoms such as:

- Vomiting
- Deep and rapid breathing (over-breathing)
- Breath smelling of nail polish remover/pear drops

If left untreated, a pupil experiencing diabetic ketoacidosis (DKA) will eventually become unconscious and a coma will develop – this can be life threatening.

Emergency Treatment

Hypoglycaemia – low blood sugar (<4mmol/l)

If the pupil is conscious and able to swallow, immediately give something sugary, a quick acting carbohydrate such as:

- Glass of Lucozade, coke or other non-diet drink
- Three or more glucose tablet
- A glass of fruit juice
- Five sweets e.g. jelly babies

The exact amount needed will vary from person to person – refer to individual care plans. Each pupil who is diabetic should carry a hypo kit provided by parents/guardian. A spare should be kept in house and Palmer HC. A pupil should be treated where they are and not asked to walk to Palmer HC for treatment as this uses energy which will lower the blood sugar further.

For a pupil who injects insulin and is not on a pump a longer acting carbohydrate will be needed to prevent the blood glucose dropping again:

- Roll/sandwich
- Portion of fruit
- Cereal bar
- Two biscuits e.g. garibaldi, ginger nuts
- A meal if it is due

If the pupil still feels hypo after 15 minutes something sugary should again be given.

If symptoms are severe they can be temporarily disabling and the assistance of another person is required to treat the hypo. During a severe hypo the pupil has impaired consciousness, is unconscious or may have a convulsion. As the pupil is unable to swallow nothing should be given by mouth. To treat a pupil with a severe hypo staff should:

- Stay with the pupil at all times
- Check the airway is clear
- Put the pupil on to their side in the recovery position
- Call for help (999) and Palmer HC staff
- Inform the parents

If a pupil is unconscious do not give them anything to eat or drink and call for an ambulance immediately (dial 999), contact Palmer Health Centre staff and advise parents as appropriate.

Hyperglycaemia – high blood sugar (>10mmol/l)

This may be due to too much food, not enough insulin, stress or illness. If the pupil is wearing an insulin pump, immediate action is required if a high blood glucose level is suspected in case of pump failure/blockage. The health care plan should state clearly the action required.

Call Palmer Health Centre staff immediately.

Call the pupil's parents who may request that extra insulin be given

The pupil may feel confident to give extra insulin

If the following symptoms are present then call the emergency services:

- **Deep and rapid breathing**
- **Vomiting**
- **Breath smelling of nail polish remover/pear drops**

Administration of medication

It is recognised by the Department of Education document 'Supporting Pupils with Medical Needs' (Department of Education and Employment 2003) **that staff have no legal obligation to administer medication, except in an emergency.**

If staff choose to be involved in the administering of diabetes medication, they will need access to up to date information and training. This will be managed by specific pupil need.

B.4. First Aid Procedure in Epilepsy – to be read in conjunction with the Epilepsy Policy

Epilepsy

When a person is diagnosed with epilepsy, it means they have a tendency to have seizures (sometimes called fits). Epilepsy is usually only diagnosed after the person has had two or more seizures.

Electrical activity is happening in our brain all the time. A seizure happens when there is a sudden burst of intense electrical activity. This is often referred to as epileptic activity. This intense electrical activity causes a temporary disruption to the way the brain normally works, meaning that the brain's messages become mixed up. The result is an epileptic seizure.

There are many different types of seizure and each person will experience epilepsy in a way that is unique to them.

Types of Seizure

Focal (partial) seizures

In these seizures the epileptic activity starts in just a part of your brain. You may appear to be alert during this type of seizure, or you may not be aware of what is happening. You may have movements that you can't control, or unusual sensations or feelings. Sometimes, onlookers may not be aware that you are having a seizure.

Focal seizures can be very brief or last for minutes. Sometimes, epileptic activity starts as a focal seizure, spreads to the rest of your brain and becomes a generalised seizure.

Generalised seizures

These seizures involve epileptic activity in both hemispheres (halves) of your brain. You usually lose consciousness during this type of seizure, but sometimes it can be so brief that no one notices. The muscles in your body may stiffen and/or jerk. You may fall down.

Action to be taken by school to manage and support Epileptic pupils

1. Parents asked to complete initial health questionnaire and consent form
2. Palmer Health Centre staff will identify pupils with epilepsy
3. For new pupils to school or newly diagnosed epileptic pupils a meeting will be arranged between the pupil and parents and Health Centre staff in order to:
 - ❖ obtain a more detailed history of the epilepsy and the current management of the condition
 - ❖ request copies of any medical correspondence with regard to the pupils Epilepsy and treatment
4. A care plan will be formulated to include:
 - ❖ Confirm the type of seizures
 - ❖ identification of possible triggers
 - ❖ management of warnings and auras
 - ❖ strategies for avoidance of triggers if possible
 - ❖ Signs and symptoms of seizures
 - ❖ Emergency treatment in the event of an Epileptic seizure

5. The care plan will be shown to parents and they will be asked to give written permission for the care plan to be shared with school staff
6. The care plan will be circulated to the appropriate staff
7. The Health Centre staff will update the information available to staff with regard to pupils Epilepsy and review health care plans annually or sooner if required.
8. Health Centre staff will provide training to staff for first aid management of seizures if they occur and keep a record of the training given.

School responsibilities

1. Ensuring all relevant staff know which pupils in school are Epileptic
2. Ensure a safe environment for the pupil to learn in
3. Ensure that any use of flashing lights, strobe lighting or the use of flash photography is considered if epileptic pupils are involved in this environment and an appropriate risk assessment in liaison with the health centre is carried out.
4. Support the training of school staff to enable them to recognise and manage an Epileptic Seizure competently.

Treatment

If a pupil is having a prolonged epileptic seizure, or is experiencing breathing restriction during the seizure an ambulance should be called (dial 999) immediately

9. Inform Palmer Health Centre staff
10. Stay calm
11. Stay with the pupil and reassure them
12. If the pupil is convulsing place something soft under their head if possible
13. Protect the pupil from injury (remove harmful objects from nearby)
14. NEVER try to put anything in their mouth or between their teeth.
15. Try and time how long the seizure lasts – if it lasts longer than usual for that pupil or continues for more than 5 minutes an ambulance may be required
16. When the pupil finishes their seizure stay with them and reassure them.
17. Do not try and move the pupil unless they are in danger.
18. Do not try and restrain the pupil.
19. Do not give them food or drink until they have fully recovered from the seizure.
20. Aid breathing by gently placing the pupil in the recovery position once the seizure has finished.
21. Inform the pupil's parents

Sometimes a pupil may become incontinent during the seizure. If this happens, try and put a blanket round them when their seizure is finished to avoid potential embarrassment.

It is likely that the pupil will need to rest post seizure which should be in Palmer Health Centre.

B.5 First Aid Procedure with a Head Injury and Concussion

For the purposes of this guideline:

- **Head injury** is defined as any trauma to the head which may or may not include injury to the brain.
- **Concussion** is the sudden but short lived **loss of mental function** that occurs after a blow or other injury to the head.

Head injuries in school pupils often occur during **contact sports** such as rugby but they can also occur in other activities such as falls, road traffic accidents, home and work related accidents.

First aid requirement

- Take to Palmer Health Centre if walking wounded
- Carry out full assessment and observations
- Monitor in Health Centre until fit to return to school, home or for further medical intervention e.g. A and E
- Ensure coach is aware of pupils games status
- If a pupil is returning to House ensure the House staff are aware that the pupil has had a head injury
- Contact parents to advise re head injury and games/activity status
- Give pupil head injury advice sheet and ensure they are aware that any change or escalation in symptoms should be reported to health care professional (Appendix I)

Symptoms of Concussion

- Headache
- Dizziness/Drowsiness
- Nausea, vomiting
- Eyes - Loss of vision, seeing double or blurred, seeing stars or flashing light
- Ears - Ringing in the ears (Tinnitus) or new deafness to one or both ears
- Poor coordination or balance, staggering around or unsteady on feet
- Slurred or slow speech
- Poor concentration
- Memory loss
- Irritability/confusion/agitated
- Strange or inappropriate emotions (i.e. laughing, crying, getting angry easily)
- Loss of Consciousness

Management

The treatment for concussion involves mainly monitoring and rest.

The majority of concussions (80-90%) resolve in a short (7-10 days) period and symptoms usually fully resolve within 3 weeks.

This time frame can be longer particularly in children and adolescents and symptoms may persist or complications occur

Repeated concussions can cause severe complications and significant injury such as **second-impact syndrome**.

Physical and cognitive rest are the crucial factors which will assist in symptoms resolving, followed by a graded return to play with School Medical Officer advice. The injured pupil must not return to play on the same day as the injury

The history of the head injury or concussion from the player, coach or spectator is very important and can assist the health care professional make decisions about treatment, further assessment and the timing for return to play. Gradual return to play is clearly defined for children and adolescents who have concussion from a rugby related injury.