

## 24. FIRST AID POLICY

**This Policy should be read in conjunction with the Management of Medications Policy**

### **Legal Status:**

This policy is drawn up and implemented to comply with The Education (Independent School Standards Compliance Record) (England) (Amendment) Regulations.

- Complies with Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR). The school is mindful of its duty to report to the Health and Safety Executive (0845 3009923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act 2013 (RIDDOR).
- Complies with the Guidance on First Aid for Schools Best Practise Document published by the Department for Education (DfE).
- Complies with the Health and Safety (First Aid) Regulations 1981 (amended 1997)
- First Aid at Work Guidelines for Employers published by the Health and Safety Executive 2009

Bruern Abbey School has an Appointed Person (the Headmaster) for the Health and Safety of the School's employees and anyone else on the premises. This includes all teaching and non-teaching staff, volunteers, children and visitors (including contractors). They must 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.

### **Applies to:**

- the whole school inclusive of activities outside of the normal school hours;
- all staff (teaching and support staff), the proprietor and volunteers working in the school.

### **Related documents:**

- Health and Safety Policy; Administration of Medication Policy

### **Availability:**

- This policy is made available to parents, carers, staff and pupils from the school office and website.

### **Monitoring and Review:**

- This policy will be subject to continuous monitoring, refinement and audit by the Headmaster.
- The Headmaster will undertake a formal annual review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown below, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Signed:  
Date: April 2016  
John Floyd  
Headmaster

Signed:  
Date: April 2016  
Sterling Stover  
Proprietor

## **Introduction**

This policy is designed to ensure that all children can attend school regularly and participate in activities. This policy outlines the School's statutory responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The school complies with the Guidance on First Aid for Schools Best Practice Document published by the DfE. In order to comply with this best practise document the school has a requirement for a minimum of three trained First Aiders who have satisfied the requirements of the 'First Aid at Work' course. However, staff should NEVER perform any First Aid Procedures that they have not been adequately trained to do. All companies are required by The Health and Safety (First Aid) Regulations 1981 (amended 1997) to provide trained first aid, human resources and treatment for staff in the event of injury or ill health at work. Although the regulations only require the employer to provide cover for staff, it is the School's policy to extend this cover to children and visitors.

The school will provide:

- Practical arrangements at the point of need;
- The names of those qualified in first aid and the requirement for updated training every three years;
- Having at least one qualified person on each school site when children are present;
- Records of accidents and information for parents;
- Access to first aid kits;
- Arrangements for pupils with particular medical conditions (for example asthma, epilepsy, diabetes).
- Hygiene procedures for dealing with the spillage of body fluids;
- Guidance on when to call an ambulance;
- Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 9923)

## **Methodology**

This First Aid Policy will consider the following topics:

- The nature of the work, the hazards and the risks
- The new classification of first aiders
- The Nature of the workforce
- Schools history of accidents and illness
- Excursions/Sports Fixtures/Lone Workers
- The distribution of the workforce
- The remoteness of the site from emergency medical services
- The assessment of the number of first aiders required

## **Aims**

- To ensure that suitable arrangements are in place for the provision of first aid.
- To ensure that all staff are aware of their roles and responsibilities in relation to the provision of first aid treatment.
- Ensure employees know where First Aid Kits are located and the names of Trained First Aiders/Appointed Persons and keep them informed of any changes.
- First aid facilities should be clearly identified, e.g. on the site health & safety notice board.
- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.
- To provide First Aid treatment where appropriate for all users of the school (with particular reference to pupils and staff)
- To provide or seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

## **Objectives**

- To appoint a suitably qualified Matron, Resident Matron and an appropriate number of qualified 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

## **Policy**

Bruern Abbey School will ensure that:

- Adequate resources are available for the implementation of this policy.
- This policy and procedure are effectively communicated.
- An assessment is made to ensure that suitable first aid facilities are provided.
- Arrangements are made for the provision suitable first aid facilities.
- An assessment is made to ensure that suitable first aid facilities are provided.
- Employees with first aid responsibilities receive adequate training.
- There is monitoring of performance against these standards (annual audit completed by Matron and the Headmaster).
- The Proprietor has overall responsibility for management of health and safety and the Headmaster will be responsible for ensuring that first aid arrangements are in place. This policy will be reviewed and revised at least every two years.

## **Classification for first aiders.**

There are now three levels of workplace first aider:

- Emergency First Aider at Work (EFAW) – 6 hour course
- Paediatric First Aider 12 hours paediatric course
- First Aider at Work (FAW) – 18 hour course.

## **The Nature of the Workforce**

We have considered the needs and health of all employees, pupils, visitors/contractors. During term time there will be one or more First Aider at Work (FAW) on duty. During school holidays when the school is open, there should be at least one Emergency First Aider at Work available to administer first aid. Any First Aid at Work training courses are to be agreed and booked by the Headmaster. Before a pupil is accepted for a placement in the school with significant, specific health problems/disability (such as heart conditions, epilepsy, diabetes etc.) the Matron and Headmaster will review the Pupil Medical Risk Assessment and consider the training needs of First Aiders within the school. The Headmaster is responsible for ensuring that there is adequate first aid cover available at all times, including when a first aider is on annual leave, a training course, a lunch break or other foreseeable absences. It is not acceptable to provide an 'Emergency First Aider at Work' (6 hour course) to cover foreseeable absences of a 'First Aider at Work' (18 hour course). The evidence of the level of injury in our school is relatively low and really confined to pupil injuries, most of which are results from slips/trips and falls or occasionally on the sports field or within the grounds. Again most of the injuries are minor and require minimal first aid attention.

## **Definitions**

### **First Aid**

The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving of any tablets or medicine to treat illness.

### **Full First Aider**

A person who has completed a full (3-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

### **Full Paediatric First Aider**

A person who has completed a full (2-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

### **Appointed Person**

A person who has completed a 1-day course of emergency first aid from a competent trainer and holds a current certificate.

### **Policy Statement**

Bruern Abbey School will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for pupils, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. This policy should be read in conjunction with Bruern Abbey School's Health and Safety policy; the policy on Safeguarding Children; the Administration of Medication policy; and the Educational Visits policy. It will be reviewed annually.

### **First Aid Facilities**

Bruern Abbey School has a Medical Room. The medical team is led by our Matrons, Miss Isabel Reffell (RCN) and Miss Hannah Nash (night care), and includes a team of qualified First Aiders amongst the academic and boarding staff. The school is registered with Montgomery House Surgery and the boys are treated as visiting patients, under the school's registration. All boys remain registered with their own GP at their home address as they spend more nights there than they do at school (four-nightly boarding).

There is always a qualified First Aider on duty, available to administer first aid, to deal with any accidents or emergencies, or to help if someone is taken ill. We have a number of members of the teaching and boarding staff who are trained and qualified as First Aiders, who are capable of giving first aid if, for example, a pupil is injured during sport.

First aid boxes are placed in areas of the School where an accident is considered possible or likely; for example, boxes are located in the teaching blocks, Art Room, kitchen, staffroom, swimming pool and DT block. Whenever pupils go out of School on organised trips or sporting events first aid kits are always carried together with individual boys' asthma inhalers and Epi-pens, a file containing lists of allergy sufferers, asthmatics and Epi-pen carriers and copies of permission slips for Emergency Medical and Dental Treatment for each child, signed by parents. As part of their induction into the School, all new pupils and staff are given information on where to go for help in the event of an accident.

Written records of all treated accidents and injuries are kept. Any head injuries will be recorded and parents will be informed. We review our procedures regularly to ensure we are doing whatever is necessary to minimise any risk of recurrence. It is the School's policy to contact parents to inform them of any significant injury, illness or concerns about a pupil's health. Please do not hesitate to contact Matron if you wish to discuss any concern that you may have relating to your child's health.

Tel 07834163208 or 07593646477

NB: Due to the nature of our pupils, under the Gillick competences they are not permitted to self-medicate. The exceptions to this are the use of boys' own Asthma inhalers and Insulin for Diabetics.

## **First Aider on Duty**

### **Roles and Responsibilities**

Coming on duty:

- Matron and Resident (Night) Matron hold duplicate sets of keys for safes and cupboards in medical room.
- Communicate with the preceding Matron/ First aider to ascertain the following:
- Any convalescents in Medical Room/ Boarding House
- Any pupils awaiting collection
- Any current incidents of the same day or preceding night of note

Whilst on duty:

- Remain on site at all times.
- Always answer their work mobile telephone when it rings, however inconvenient.
- Treat people as necessary, using the School First Aid kits.
- Make sure any treated injury, however minor, is written up and signed in the administration of medication and treatment folder (in the medical room) as soon as is practicable
- Make sure the cupboards in the medical room are kept securely locked
- If someone is unwell, and has to go home, make sure the relevant parents/guardians are contacted
- A written note of medication administered to the pupil should be handed to the collecting parent/guardian
- If someone has sustained an injury requiring significant treatment, please aim to call home before that pupil leaves School
- For all hospital and medical appointments, the boy's medical folder must be carried
- If the pupil needs to go to Hospital:
- If you think there is even a slight need for the pupil to see a doctor or requires a visit to a Hospital then err on the side of caution and arrange for this to happen. The Headmaster (or Deputy Headmaster in his absence), or the Housemaster outside of school hours, will arrange cover for lessons or duties if necessary
- If a hospital visit is deemed necessary, inform the Headmaster, or the Housemaster outside of school hours, before leaving the premises
- If you think a visit to the doctor is necessary, contact the parents and liaise with them as to the urgency of the need. For example a day pupil may/may not need early collection. In the case of a boarder ring Montgomery House Surgery to book an appointment. Tel: 01869 249222 or 01869 321888

### **Going off duty:**

- Brief the First Aider coming on duty of any current medical issues
- Ensure notes of any regular prescribed medicines, treated injuries or illnesses have been completed and signed

Person responsible: Izzy Reffell

Review Date: July 2016

## **Guidance Administering first aid**

- First aid should only be administered by a trained first aider.
- For minor injuries which are within the first aider's capability, appropriate treatment should be provided. Otherwise the injured person should be made comfortable until the emergency services arrive.
- Ensure that contaminated waste is safely disposed of and any blood or body fluid spillages are safely removed by placing in the yellow bin for clinical waste in the medical room.
- Record any first aid treatment on the accident report form or in the administration of medication and treatment book.

## **The First Aiders' procedure for dealing with sick or injured pupils:**

- Ascertain by inspection and discussion with child or staff member the nature of the child's injury or illness.
- Comfort or advise as necessary. This may be sufficient and child can return to class or break. Inform staff member of nature of any concerns if appropriate. Treat injury or illness if required. Clean wound with antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists.
- Record action taken on accident report form. If child is then well enough he will return to class.
- If problem persists or there are doubts as to the seriousness of any injury then parent(s) will be telephoned and asked what they would like to do. If he/she wishes to collect their child appropriate arrangements are made.
- If a severe illness or injury is suspected then the most appropriate member of staff will take the pupil to hospital or the emergency services will be called and administrative staff, or boarding staff outside of school hours, will contact the parents to inform them. No pupil will travel in an ambulance unaccompanied.
- If any issue arises during treatment or discussion with the pupil that the First Aider feels should be taken further, she/he will telephone or speak to the parents and/or the Designated Safeguarding Lead or most appropriate member of staff.
- The First Aiders will have up-to-date Emergency First Aid training and some will have a full and current First Aid at Work Certificate. They are not, however, medically qualified and hence cannot give medical advice.

## **Hygiene/Infection control/HIV Protection**

Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand-washing facilities, which should be used when dealing with any blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc.) are placed in the yellow bin for clinical waste in the medical room. Any children's clothes should be placed in a red plastic bag and fastened securely ready for cleaning.

Source: 'Guidance on First Aid for Schools: A Good Practice Guide' (adapted).

## **Supporting sick or injured children**

With reference to sick children and medicine we:

- Make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues.
- Contact the Matron for advice if we are unsure about a health problem.
- Isolate a child if we feel that other children or staff are at risk.
- Contact parents to take children home if they are feeling unwell/being sick/have diarrhoea/have had an accident/may have an infectious disease.
- Ring emergency contact numbers if the parent or carer cannot be reached.
- Make every effort to care for the child in a sympathetic, caring and sensitive manner.
- Respect the parents' right to confidentiality
- Keep other parents informed about any infectious diseases that occur.
- Expect parents to inform the office if their child is suffering from any illness or disease that may put others at risk. See policy on Administration of Medication.

## **Confidentiality**

Information given by parents regarding their child's health will be treated in confidence and only shared with other staff when necessary or appropriate.

## **Monitoring**

Accident report forms can be used to help the Headmaster (Health and Safety Officer) to identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes. The Headmaster regularly reviews the accident records. This policy will be reviewed annually.

## **Reporting to HSE**

Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (SI 1995/3163) (**RIDDOR**) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23). The Headmaster 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.

The following accidents must be reported to the HSE involving employees or self-employed people working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence)
- accidents which prevent the injured person from doing their normal work for more than three days
- accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work i.e. if it relates to: any school activity, both on or off the premises;
- the way the school activity has been organised and managed;
- equipment, machinery or substances, the design or condition of the premises.

HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Headmaster is responsible for ensuring this happens, but may delegate the duty to the Health and Safety Officer. The School Administrator will report the incident to HSE and also to our insurers.

## **Record keeping**

Statutory accident records: The Headmaster must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. The Headmaster must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:

- the date, time and place of incident and the name (and class) of the injured or ill person
- details of their injury/illness and what first aid was given and what happened to the person immediately afterwards along with the name and signature of the first aider or person dealing with the incident.

## **Reporting**

If the accident involves a pupil, the First Aider should complete an Accident Report Form (which are these readily available in the medical room). If the accident involves a member of staff or visitor, the First Aider should fill in the Accident book (kept in the school office). All significant injuries, accidents and illnesses must be reported to the School Office and the first aider is responsible for ensuring that the accident procedures are filled in correctly and that parents and HSE are kept informed as necessary. Minor injuries and their treatment are recorded in the medical room and parents are informed if necessary.

The original will be sent home with the pupil, a copy of this is kept in the Accident Report folder in the School Office and a copy is filed in the pupil's file. All details need to be filled in, including any treatment given.

### **Reporting to Parents**

In the event of accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Headmaster if necessary. Parents will be contacted if there is a head injury, no matter how apparently minor.

### **Accidents involving Staff**

Work-related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)

Work-related accidents which prevent the injured person from continuing with his normal work for more than three days must be reported within ten days. Cases of work-related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer). Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

### **Accidents involving pupils or visitors**

Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with (a) any School activity (on or off the premises) and the way a School activity has been organised or managed (e.g. the supervision of a field trip) or (b) equipment, machinery or substances and the design or condition of the premises need to be reported without delay to HSE, followed by Form F2508. For more information on how and what to report to the HSE, please see:

<http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link

## Basic First Aid

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit, and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm. If people are seriously injured call 999 / 122 immediately; contact the First Aider.
- Make sure you and the injured person are not in danger and assess the injured person carefully and act on your findings using the basic first aid steps below. Keep an eye on the injured person's condition until the emergency services arrive.

<b>Unconsciousness</b> If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.	<b>Bleeding</b> Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.
<b>Burns</b> For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.	<b>Broken bones</b> Try to avoid as much movement as possible.

## Embedded Objects and Splinters

An object embedded in a wound (other than a small splinter) should not be removed as it may be removed as it may stem bleeding, or further damage may result. In principle leave splinter in place, carefully clean the area with warm soapy water; use sterile dressing to cover it, report to parents, if the child is particularly uncomfortable contact parents.

## What is anaphylaxis?

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). In its most severe form the condition can be life-threatening. Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

## Medication and control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an Epipen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing. Medication for an individual pupil must be kept in a locked cabinet which is readily accessible, in accordance with the School's health and safety policy. If a pupil has an Epipen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. ***It is important that key staff in the School are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.***

It is not possible to overdose using an Epipen as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back.

All pupils who have anaphylaxis will require a 'Health Care Plan' which parents or guardians should complete prior to starting at Bruern Abbey School. The Health Care Plan should give basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his person around the School. This will be kept with the pupil's file.

Following discussion with the pupil and his parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his peer group so that they are aware of their classmate's needs and

of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

### **Managing pupils with anaphylaxis**

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis. Staff should ensure that all pupils who have an EpiPen prescribed to them, have their medication on them at all times.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. (Staff to seek advice from Duty First Aider). If a pupil feels unwell, the Duty First Aider should be contacted for advice.
- A pupil should always be accompanied to the Surgery.

### **Away trips:**

- The school will endeavour to ensure a member of staff trained in the administration of medication accompanies each trip, taking responsibility for the safe storage of pupils medication, if the pupils cannot carry it themselves (See Health Care Plan.)
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### **Issues which may affect learning**

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimize risk whenever possible.

### **What are the main symptoms?**

Itching or presence of a rash, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness

### **What to do if a pupil has an anaphylactic reaction**

Ensure that a paramedic ambulance has been called. Stay calm and reassure the pupil, encourage the pupil to administer their own medication as taught, summon assistance immediately from the Duty First Aider and liaise with the Duty First Aider about contacting parents.

## **Asthma**

### **What is Asthma?**

Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment. Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

### **Medication and control**

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name.

### ***Pupils with asthma must have immediate access to their inhalers when they need them.***

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in a cabinet in accordance with Bruern's administration of medication policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date, this is checked by Matron when the medication is received and on a weekly basis. All asthmatic pupils will require a 'Health Care Plan' which parents or guardians should complete prior to starting at Bruern Abbey School. The Health Care Plan should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his person around the School. This will be

kept with the pupil's file. Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use. Following discussion with the pupil and his parents individual decisions should be made as to whether to provide basic information on the pupil's condition to his peer group so that they are made aware of their classmate's needs.

### **Managing pupils with asthma**

- Staff should be aware of those pupils under their supervision who have asthma.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack. (Staff to seek advice from Matron)
- If a pupil feels unwell, the Matron or Resident Matron should be contacted for advice. A pupil should always be accompanied to the Surgery.

### **Issues which may affect learning**

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities. Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. **However, they should not be forced to take part if they feel unwell.**

### **What are the main symptoms?**

- Coughing, wheezing, inability to speak properly and difficulty in breathing out.

### **What to do if a pupil has an asthmatic attack**

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.
- Summon assistance from the Matron or other First Aider. Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are used promptly and help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax.
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his back.
- If the child does not respond to medication or his condition deteriorates call a paramedic ambulance, 122 or 999.
- Liaise with the Duty First Aider about contacting the pupil's parents/guardians.

## **Diabetes**

### **What is diabetes?**

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

### **Medication and control**

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require a Health Care Plan. In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food

choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil and his parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode. The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date. All diabetic pupils will require a 'Crisis Sheet' which parents or guardians should complete prior to starting at Bruern Abbey School. The Crisis Sheet should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his person around the School. This will be kept with the pupil's file. Following discussion with the pupil and his parents, individual decisions should be made as to whether to provide basic information on a pupil's condition to his peer group so that they are aware of their classmate's needs.

### **Managing pupils with diabetes**

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that all pupils with diabetes have a lucozade bottle or dextrose tablets with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from Matron).
- If a pupil feels unwell, the Matron (or duty first aider in her absence) should be contacted for advice.
- A pupil should always be accompanied to the Surgery.

### **Away trips:**

A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils' medication, if the pupils cannot carry it themselves (See Health Care Plan). Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

## **Issues which may affect learning**

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level: Encourage the pupil to eat or drink some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia, after the activity is concluded, encourage the pupil to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

## **What do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode**

### Common causes:

A missed or delayed meal or snack; extra exercise; too much insulin during unstable periods; the pupil is unwell or the pupil has experienced an episode of vomiting.

### Common symptoms are:

- Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration
- Get someone to stay with the pupil - call for the Duty First Aider/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse).
- Give fast acting sugar immediately (the pupil should have this), e.g. Lucozade, fresh orange juice, sugary drink, glucose tablets, honey or jam, 'Hypo Stop' (discuss with parents whether this should be taken on trips off site)
- Recovery usually takes ten to fifteen minutes.
- Upon recovery give the pupil some starchy food.
- Inform the Matron or duty First Aider and parents of the hypoglycaemic episode.
- In some instance it may be appropriate for the pupil to be taken home from school

***In the unlikely event of a pupil losing consciousness, call an ambulance (122 or 999) and the Matron or Duty First Aider.***

## **A hyperglycaemic episode (high blood sugar)**

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst, passing urine frequently, vomiting, abdominal pain
  - A change of behaviour
- Care of pupils in a hyperglycaemic episode:
- Do not restrict fluid intake or access to the toilet
  - Contact the Doctor's surgery and/or parents if concerned.

In both episodes, liaise with the Matron or Duty First Aider about contacting the pupils' parents/guardians.

## **Cleaning up body fluids from floor surfaces**

All appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit, etc.

Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly. Disposable bags (for soils) are available in the medical room.

- Put on gloves. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Remove all visible material from the most soiled areas, using paper towel.
- The remaining visible material should then be sprayed and cleaned using an antibacterial spray.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with anti-bacterial soap and hot water.
- Discard gloves etc. as appropriate.
- Finally wash your hands thoroughly using soap and water.