



FIRST AID POLICY

Reviewed: January 2019

Next Review Date: January 2020

Related Documents:

Safeguarding & Child Protection, SEND & Inclusion, Health & Safety, Incident & Accident Reporting, Supporting pupils with Medical Conditions, Intimate Care and Educational Visits Policies

1. Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils
- This policy complies with our funding agreement and articles of association.

2. Aims

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes
- to ensure that the School has adequate and appropriate equipment, facilities and procedures to provide appropriate First Aid;
- to ensure that the First Aid arrangements are based on suitable and sufficient risk assessments.

3. Responsibilities

The Headteacher and Governors have overall responsibility for ensuring that the school has adequate and appropriate First Aid equipment, facilities and First Aid personnel and for ensuring that the correct First Aid procedures are followed.

The Headteacher is responsible for ensuring that staff have the appropriate and necessary First Aid training and that they have sufficient understanding, confidence and expertise in relation to First Aid. The Headteacher will:

- Ensuring that an appropriate number of [appointed persons and/or trained first aid personnel] are present in the school at all times
- *If applicable, add:* Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils

- Reporting specified incidents to the HSE when necessary

Teachers' conditions of employment do not include giving First Aid. Staff may, however, volunteer to undertake First Aid tasks. However, all staff in charge of pupils (including volunteer staff) must use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in the same way that parents would be expected to act towards children.

Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services on the School site.

4. Duties of a First Aider

They must:

- complete a HSE-approved First Aid training course at least every 3 years and hold a valid First Aid qualification;
- give immediate help to casualties; and
- ensure that when necessary an ambulance or other professional medical help is called.

5. Duties of an Appointed Person

An appointed person looks after the first-aid equipment, facilities and calling the emergency services when required. They can also provide emergency cover within their role and competence where a first-aider is absent due to unforeseen circumstances.

The following First Aiders have all received high level paediatric first aid (including appointed person in the workplace) training which has been approved by the local authority:

| | | |
|------------------------|----------------------|--------------------|
| • Mr S Woods | Paediatric First Aid | Expires 06/07/2019 |
| • Miss J Bray | Paediatric First Aid | Expires 06/07/2019 |
| • Miss N Bowes (Scott) | Paediatric First Aid | Expires 06/07/2019 |
| • Miss L Dodds | Paediatric First Aid | Expires 06/07/2019 |
| • Miss R Walker | Paediatric First Aid | Expires 25/11/2019 |
| • Miss K Richardson | Paediatric First Aid | Expires 25/11/2019 |
| • Mrs B Richardson | Paediatric First Aid | Expires 25/11/2019 |
| • Miss A Barrass | Paediatric First Aid | Expires 13/02/2020 |
| • Miss J Shield | Paediatric First Aid | To be renewed |
| • Mrs Z Robinson-Crow | Paediatric First Aid | To be renewed |
| • Miss L Wise | Paediatric First Aid | To be renewed |

At least one of these First Aiders will be on site when children under 5 are present and will attend an educational visit if children under 5 are attending that visit.

The following staff have a higher level of First Aid training:

| | | |
|-----------------|-------------------|--------------------|
| • Miss J Shield | First Aid at Work | Expires 09/11/2019 |
|-----------------|-------------------|--------------------|

The trained First Aiders (above) may take action beyond the initial management stage.

Emergency First Aider in the Workplace (EFAW) is someone who has undergone the one day training course which enables them to give emergency first aid to someone who is injured or becomes ill while at work. The Health & Safety Executive (HSE) must approve this certificated course.

Paediatric First Aid - the Statutory Framework for the Early Years Foundation Stage (EYFS) requires that at least one person who holds a current paediatric first aid certificate must be on the premises at all times when children from birth to 5 years of age are present. There must also be at least one person who holds a current paediatric first aid certificate available to accompany off site activities. Training providers must meet the criteria set out in the EYFS document and the training must be approved by the Local Authority. This requirement is monitored by OFSTED through their Inspection Framework.

6. Procedure in the Event of an Accident or Injury

If an accident occurs, then the member of staff in charge should take immediate steps to safeguard those affected. They should assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance or calling for a First Aider.

6.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, a senior member of staff will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

6.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the first aider prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

6.3 Ambulances

Staff should always call an ambulance in the following circumstances:

- In the event of a serious injury or illness;
- In the event of any significant head injury;
- In the event of a period of unconsciousness;
- Whenever there is the possibility of a fracture;
- In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid or if they are unsure of the correct treatment.

If an ambulance is called then the member of staff should make arrangements for the ambulance to have access to the accident site.

Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the parents in time.

6.4 Accidents involving bumps to a Pupil's head

The consequence of an injury from an accident involving a bump or blow to a pupil's head is not always evident immediately and the effects may only become noticeable after a period of time. Where emergency treatment is not required a 'Head Bump' letter will be sent home to the parent/guardian.

6.5 Transport to hospital or home

The Headteacher will determine the appropriate action to be taken in each case. Where the injury requires urgent medical attention an ambulance will be called and the pupil's parent or guardian will be notified. If hospital treatment is required, then the pupil's parent/guardian will be called for them to take over responsibility. If no contact can be made with parent/guardian or other designated emergency contacts then the Headteacher may decide to accompany the pupil to the hospital.

6.6 Number and Location of First Aid Containers

The minimum first aid provision is:

- a suitably stocked first aid container;
- an appointed person in charge of first aid;
- information for employees on first aid arrangements;
- arrangements for off-site activities; and
- out-of-school hours provision

There is a first aid box located in each classroom and staffroom. There are also amply stocked first aid kits for off site visits and sports fixtures.

6.7 Hygiene Procedures for dealing with the spillage of bodily fluids

If a spillage of blood or other bodily fluids occurs arrangements must be made for the proper containment, clear up and cleansing of the spillage site.

The First Aider should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing;
- wear suitable disposable gloves when dealing with blood or other bodily fluids;
- use suitable eye protection and a 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 the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water;
- wash splashes out of 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;
- record details of the contamination;
- report the incident to the Head teacher and take medical advice if appropriate

6.8 If a child falls ill at school or on a visit

If a child falls ill at school, a first aider will assess the child's needs/illness and take appropriate measures such as administering any medications that are prescribed and with consent under a medical plan (eg: asthma inhaler – please see the school's administering medicines policy), ensuring they are as comfortable as possible, consulting with the class teacher and in some cases where the school feels it is appropriate, contacting the parent to collect the child. If the child needs to lie down, they will be taken to the medical area (staff room) until their parent arrives. The child must not be left unaccompanied. If a child has been suffering with an infectious disease they must not return to school until the symptoms have passed and they are out of the infectious period, for example, in the case of sickness and diarrhoea, a period of 48 hours is recommended.

If a child falls ill on a visit, the qualified first aider will assess their needs. If it is deemed necessary, the parent will be contacted to come and collect the child. The first aider may have to wait with the child until the parent arrives and the Group Leader must make contingency arrangements to ensure the safety and supervision of the rest of the group, whilst avoiding compromising the visit if at all possible.

6.9 Procedure for infectious illness

Pupils who show signs of infectious illness while at school will be seen by a qualified first aider. Any pupil with a (specific) infectious disease cannot be allowed back into school unless clarified by a doctor. Parents are expected to make arrangements to have their children collected at the earliest opportunity. Pupils should not be in school until they have been free of infection for 24 hours.

7. Risk Assessments

The School Administrator in conjunction with the Headteacher will make suitable and sufficient First Aid risk assessments. The risk assessments must cover the risks to employees and also any non-employees who may come into the School.

8. Insurance

The school is covered through the St Thomas More Multi-Academy Trust with the DfE to ensure that insurance

arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment, including in relation to the provision of or omission to provide first aid.

9. Training

The School will provide adequate and appropriate training for First Aid and appropriate information for all staff to enable them to carry out their duty of care. The Headteacher will ensure that there are sufficient trained staff to meet statutory requirements and the assessed needs, allowing for staff who are absent or off-site.

10. Equal Opportunities

The School will take particular care with the First Aid provision for its disabled staff and pupils. Appropriate risk assessments will be carried out by the Headteacher, and suitable provision will be made in liaison with the Headteacher.

11. Parental Medical Consent

Parents are asked to complete an Annual Parental Consent Form which includes the following statements;

- **Emergency Medical Treatment** - "I consent to any emergency medical treatment necessary whilst my child is at XXXX XXXX Catholic Primary School. I authorise the staff to sign any written form of consent required by hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety".
- **Plasters** - "My child has no known allergy to plasters and in the event of a minor injury, the staff have my permission for a plaster to be applied, to minimise distress and risk of infection".

12. Procedures for Pupils with Medical Conditions

Parents of pupils with complex health needs or medical conditions such as asthma, epilepsy, diabetes and severe allergies should notify the School. The School will maintain a record of pupils' medical conditions and requirements. This information will be provided to teachers, First Aiders and other members of staff as required. The information held by the School will include a record of pupils who needs to have access to asthma inhalers, epipens, injections or similar and information regarding relevant parental consent. Please see Appendix B – Particular Medical Conditions.

13. Record Keeping and Reporting

13.1 First aid and accident records

An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury

- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form.
- A copy of the accident report form will also be added to the pupil's educational record by the school office.
- Records held will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

13.2 Reporting to the HSE

The Headteacher and MAT Health and Safety Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The school will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight

- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

13.3 Notifying parents

The school office will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day via a copy of the Accident/Incident form.

If the child has had a bump to the head, school will **always** call parents to let them know.

13.4 Reporting to Ofsted and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify the local child protection agency of any serious accident or injury to, or the death of, a pupil while in the school's care.

13.5 Monitoring

The Headteacher will organise a regular review of the School Accident First Aid records in order to take note of trends and areas of improvement. This will form part of the (at least) annual First Aid risk assessment. The information may help identify training or other needs and be useful for investigative or insurance purposes. In addition, the Headteacher will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

14. Policy on Administration of Medicines

Please see our separate Administering Medication Policy.

15. Monitoring and Review

The governing body reviews this policy every year. The governors may, however, review the policy earlier than this if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved.

APPENDIX A - Other Reporting Requirements - Reporting to the HSE:

The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (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).

Deaths and injuries

If someone has died or has been injured because of a work-related accident this may have to be reported. Not all accidents need to be reported, other than for certain [gas incidents](#), a RIDDOR report is required only when:

- the accident is [work-related](#)
- it results in an injury of a type which is reportable

Types of reportable injury

The death of any person

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness
 - requires resuscitation or admittance to hospital for more than 24 hours

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

Non fatal accidents to non-workers (eg members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a ['specified injury'](#) (see above).

Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;

- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Further guidance on [occupational diseases](#) is available.

Specific guidance is also available for:

- [occupational cancers](#)
- [diseases associated with biological agents](#)

Dangerous occurrences

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- the accidental release of any substance which could cause injury to any person.

Further guidance on these [dangerous occurrences](#) is available. Additional categories of dangerous occurrences apply to [mines, quarries, offshore workplaces](#)  and relevant transport systems ([railways](#)  etc).

Gas incidents

Distributors, fillers, importers & suppliers of flammable gas must report incidents where someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with that gas.

Such incidents should be reported using the [online form](#).

Registered gas engineers (under the Gas Safe Register,) must provide details of any gas appliances or fittings that they consider to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas;
- incomplete combustion of gas or;
- inadequate removal of products of the combustion of gas.
- Unsafe gas appliances and fittings should be reported using the [online form](#)

For more information on how and what to report to the HSE, please see <http://www.hse.gov.uk/riddor/index.htm>.

Providers must notify local child protection agencies, as appropriate, of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given.

APPENDIX B: Guidance to staff on particular medical conditions

Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken:

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency box.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi- pen if you have been instructed to do so by a doctor.

REMEMBER: Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks. Epi-pen treatment must only be undertaken by staff who have received specific training.

Asthma

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy.

Trigger factors:

- Change in weather conditions

- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom, not locked away and always accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. A spare named inhaler should be brought to school and given to the office for use if the pupil's inhaler is lost or forgotten.

Recognising an asthma attack:

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken:

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the Appointed Person or a first aider if she not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

Diabetes

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

Signs and symptoms of low blood sugar (hypoglycaemic attack). This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken:

1. Follow the guidance provided in the care plan agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious:

1. Place pupil in the recovery position and seek the help of the Appointed Person or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack) Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken:

1. Inform the Appointed Person or a first aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

Epilepsy

How to recognise a seizure; there are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan.

Action to be taken

1. Send for an ambulance;
 - a) if this is a pupil's first seizure,
 - b) if a pupil known to have epilepsy has a seizure lasting for more than five minutes; or
 - c) if an injury occurs.
2. Seek the help of the Appointed Person or a first aider.
3. Help the pupil to the floor.
4. Do not try to stop seizure.
5. Do not put anything into the mouth of the pupil.
6. Move any other pupils away and maintain pupil's dignity.
7. Protect the pupil from any danger.

8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow patient to rest as necessary.
10. Inform parents.
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival.
13. Reassure other pupils and staff.
14. Accompany pupil to hospital and await the arrival of a parent.

APPENDIX C - Number of First Aid Personnel

There are no rules on exact numbers. The School will make a judgement based on local circumstances, having considered likely risks to staff, pupils and visitors.

The School will have regard to any advice from the LA.

The Health and Safety Commission (HSC) recommends:

- in low risk places including normally schools – 1 First Aider to every 50 to 100 employees
- In a medium risk place, which might include some special needs and specialist engineering schools/colleges - 1 First Aider for every 50 employees.

The school will also take into account the need for adequate cover at breaks and lunchtimes, during practical lessons and PE and Games activities, and on off-site activities.

Wherever practicable the school will train lunchtime supervisors in First Aid.

APPENDIX D - FIRST AID BOXES

The First Aid boxes will be located as agreed by the Headteacher. There is currently a first aid box in each classroom and the staffroom with spare boxes for off-site visits and sports fixtures. All staff should know where the First Aid boxes are kept. The boxes must contain a 'sufficient quantity' of First Aid material and nothing else.

A standard First Aid Kit will contain the following items:

- Leaflet giving general advice on First Aid
- 20 individually wrapped sterile adhesive dressings assorted sizes
- 4 triangular bandages
- 2 sterile eye pads
- 6 safety pins
- 6 medium wound dressings
- 2 large wound dressings
- 3 extra large wound dressings
- pair of disposable gloves

The person in charge of First Aid will determine whether there should be more than the minimum items.

Travelling First Aid Kits

The first-aid container should have the following items;

1 bottle of water
1 disposable bandage (not less than 7.5 cm wide)
2 triangular bandages
1 packet of 24 adhesive dressings
3 large sterile dressings not less than 15cm x 20 cm)
2 sterile eye pads with attachments
12 assorted safety pins
1 pair of blunt ended scissors.

In addition kits should contain items to deal with spillages e.g. vomit, urine etc.

- Disposable gloves
- Plastic bags
- Wet wipes
- Spillage powder

The container itself must be kept in good condition, be readily available for use and clearly visible as a first aid container (white cross on green background). Tablets, medicines (eg Dettol, Savlon etc.) burn and sting treatments are not permitted. These items, if administered, can under certain circumstances make a condition worse or interfere with any hospital treatment which may be required.

Residential Visits First Aid Kit

Before pupils attend residential visits, their parents are asked to complete a Medical Form. Parents are asked to give permission for the following medication to be administered in loco parentis:

- Paracetamol tablets
- Calpol
- Suncream
- Antiseptic cream – for cuts, grazes etc.
- Plasters – for cuts, grazes, blisters etc.
- Insect repellent cream
- Sting Relief Cream – for Insect bites
- Antihistamine e.g. Piriton – for allergic reactions
- Travel Sickness Tablets
- Indigestion Remedy
- Cough Mixture
- Throat Lozenges – for sore throats

The First Aider prepares a First Aid Kit comprising of the above medication, together with any individual medication required (eg.Epipen) and gives them to the Residential Visit Leader.