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Kassim Darwish Grammar School for Boys

First Aid Policy

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1. Introduction of First Aid Policy

This statement of First Aid Policy forms the basis of future planning and implementation for the support and all related matters to First Aid provision and First Aiders including procedures and training.

This policy is written in conjunction with existing policies (e.g. Main H&S Policy, etc.), guidelines (e.g. Staff Handbook, etc.) and regulations (e.g. H&S First Aid Regulations 1981, etc.) and any matters of equal opportunities, special needs requirements and any other related health and safety issues.

The School and its Trustees endeavour to identify, reduce and, if possible, eliminate any risks by creating a safe working environment while supporting staff with their duties. This is to be done by maintaining sufficient qualified First Aiders on site when students are in the school building. Monitoring training requirements and follow specific regulations e.g. RIDDOR 1995, etc. when it comes to reporting accidents and keeping documents.

This policy, and any associated procedures, applies to all staff but particularly to qualified staff providing First Aid and/or supporting First Aid administration at the School.

2. Purpose of Policy

The purpose of this First Aid Policy is to guarantee safe procedures related to the administration and monitoring of First Aid. All this to the benefit to all members of staff, students and visitors in order to offer first aid assistance promptly, efficiently and effectively before the arrival of any medical teams or emergency services that may have to be called. It is also there:

- To establish clarity amongst Trustees, staff, parents and students as to the circumstances in which First Aid Procedures may not be appropriate or are considered representing a risk.
- To clearly indicate what the limitations are when First Aid is provided and how to minimise possible risk before, during and after an accident occurs i.e. to identify what is deemed to be appropriate and what is not.
- To define the procedures that must be taken before someone at the School decides to provide First Aid, deals with First Aid kits and/or any other affiliated risk connected to their actions.
- To ensure that there are a sufficient number of trained First Aiders on duty and available compared to the numbers of people and level of risk on the premises.
- To make sure appropriate First Aid facilities and equipment are sufficiently provided and ensure compliance with legislative requirements
- To guarantee (as far as possible) that the administration of First Aid and all the above provisions are clear to all who may require providing or using them.

3. Statement of General Policy

The School recognises that First Aid is an indispensable service that not only has to be legally provided (to employees) but also to be monitored and supervised in order to provide the best

care possible to staff, students, parents, visitors, contractors, etc. However, it also recognises that provision without limitations could be detrimental to any one providing or receiving First Aid.

It is the School's belief that there is a need to inform staff about process, but also about restrictions and limitations when First Aid is to be provided on or outside the premises. The School management and its Trustees endeavour to provide clear procedures to assure that no one is at risk.

This policy endeavours to promote the safeguarding and support of any other issues related to rights, equalities, and possible discrimination. It also considers matters of personal privacy and confidentiality.

The Trust is working in conjunction with current requirements, information and procedures in order to implement this First Aid Policy. All Information is to be properly communicated to and by the Trust along with any relevant issues as indicated in this policy.

The planning and implementation of the policy is the direct responsibility of the Executive/Head Teacher, ensuring that senior leaders, First Aid Coordinator, supervisors and teachers at all levels and all other employees are co-operating with it. Arrangements are also to be made to bring it to the notice of all staff, including new employees and part time staff.

The School's leadership team recognises the need to implement a system to protect, support and correctly inform staff about First Aid and further developments and/or guidelines. With this in mind, they will review, at least, annually information on First Aid matters in order to determine the strengths and weaknesses of the current policy and the School's working practices.

Furthermore, the School understands that particular responsibilities may fall on individual members of staff and that all staff have a degree of accountability for implementing this policy.

4. Trustees' Responsibilities

The Trustees recognise their responsibility as far as is reasonably practical to:

- Provide an environment where risks are highlighted and subsequently removed or contained when discovered.
- Identify organisational arrangements in the school for implementing, monitoring, and controlling First Aid Procedures. The Health & Safety Committee will report to the SLT on a termly basis.
- Provide adequate information, instructions and supervision in order to enable staff employed or people working at the school to perform their duties in a legal and efficient manner via the Executive/Head Teacher.
- Maintain a close interest in all First Aid related matters insofar as they affect activities in and out the premises under the control of the School.
- Ensure that they support the provision of adequate and appropriate equipment for enabling First Aid to be given to injured people or if they become ill at work.
- Establish a suitable budget and authorise funds for First Aid equipment, facilities and training and the maintenance of all First Aid related elements.
- Encourage a general atmosphere of openness, mutual support and respect.
- Participate in the updating of this policy and all other affiliated documents.

5. Executive/Executive/Head Teacher's Responsibilities

The Executive/Head Teacher is to:

- Be responsible for the health and safety of all employees and anyone else on the premises
- Clearly state what is considered to be acceptable First Aid Provision and report to the Trustees as soon as a breach of this policy or problems occur.
- Ensure that new members of staff and other people working at the school are aware of the policy's working guidelines and First Aid arrangements – this is usually carried in staff induction.
- Ensure that all new or amended material regarding First Aid matters is brought to the attention of the relevant people.
- Ensure that the First Aid procedures work optimally for staff, students and visitors.
- Make sure that agreed procedures for reporting related problems functions efficiently and effectively.
- Seek advice, when appropriate, from outside agencies that are able to offer expert opinions (e.g. HSE, etc.).
- Stop what are considered unsafe practices, or any other circumstances that could result in an unsafe or unlawful situation.
- Ensure that the First Aid Policy, its codes of practice and guidance notes are readily available for users' reference.
- Make sure that good communication relating to First Aid matters is in place across the school.
- Ensure all staff are aware of the 'Chain of Command' with regards to ringing an ambulance, and that all staff understand that they are empowered to ring an ambulance if they deem it necessary.
- Communicate regularly with the First Aid Coordinator/H&S Officer or be aware of responsibilities if acting as First Aid Coordinator.
- Ensure that First Aiders have access to First Aid kits and replacement items at all time – these are usually stored in the following areas:
- Be responsible for offering help and support in a respectful and confidential manner.

6. Staff and users' Responsibilities

School Staff/Users must:

- Be given access to the School's First Aid Policy and familiarise themselves with all documents related to it.
- Understand that teachers and other staff are expected to do all they can to secure the welfare of the students, colleagues and visitors.
- Notify First Aiders when a First Aid incident occurs and adhere to accident and risk reporting procedures.
- Report the loss of First Aid boxes, or damage to and/or removal of its contents to the First Aider or First Aid co-ordinator.
- Follow all rules, regulations, procedures and recommendations given by the School and its management.
- Enquire about procedures when not certain and be aware of name and location of First Aiders, etc.
- Be aware of the consequences related to misuse of the First Aid system.
- Contact the Executive/Head Teacher or Deputy Executive/Head Teacher as soon as they discover an abuse or breach of First Aid guidelines and procedures.

- Be aware of the facilities available to them and use these adequately.
- Be aware that copies of the School's First Aid Policy will be available at all times electronically on the shared network and school website or a hard copy will be available in the Head's office.

Procedures

For emergency procedures for incidents/accidents involving a student, the following to be applied

- Where a member of staff suspects that first aid is needed for a student or fellow member of staff and they are themselves **not** a trained first aider, they should make the student/staff as comfortable as possible and send for a first aider.
- First Aid is only to be provided by trained designated first aider. Non first-aiders are to locate the nearest first aider in case of an accident.
- A visible assessment should be made of the person requiring the first aid by a designated first aider. If the injury is considered minor i.e. scratch due to a trip, a bang on any other part of the body apart from the head etc. As much information as possible should be obtained on the nature of the incident.
- For a minor incident, the first aider can exercise discretion and after consultation with the person decide if the student is fit to remain in school and to continue attending lessons.
- An 'Accident Report Slip' should be filled in and given to the student to hand to their parents/carers. The school will also try and send a message home via text message where possible.
- When a student is too ill to remain in a lesson, they must be sent to the office with another MOS/student and the office staff will contact the parents/carers to pick their child up.
- Whilst waiting for parents/carers if the student has a general illness – i.e. has a head ache/cold etc. they can be sent to the schools' sick room once they have been logged in and await their parents/carers. Office staff must check on the student every 15 – 20minutes and log this.
- If the student complains of any head injury or has visible swelling or slight bleeding (i.e. from the nose or tooth) or is having an asthma attack they must remain in the school office with a first aider.
- For Asthma sufferers they must be allowed to take their inhalers which they should carry with them (the office will have extra ones sent from the students home) and await the attack to pass and ensure the student is well before allowing them to return to lessons. An 'Accident Report Slip' should be filled in and given to the student to hand to their parents/carers. In such circumstances, students will remain in the school reception area where office staff (both trained First Aiders) can monitor the student until the episode has passed.
- For slight headaches/swelling parents should be informed. Staff can give out paracetamol only if the parents request that they do so – staff should not offer this up. Paracetamol can only be given to students who have brought it from home and the parents have informed the office staff in advance.
- Students should not be allowed to carry any medication whilst on the school premises even antibiotics. All medication will need to be handed to the school office and taken when required and then collected back at the ends of the school day.
- If a child receives a bump on the head which is deemed potentially serious, the child will be laid down and the School will ensure that parents/carers are contacted and made aware of the situation as soon as possible. Where parents/carers inform staff

they will be delayed in attending to their son, the school office must ring for an ambulance.

- If a child is taken seriously ill or in cases which appear potentially so serious that an ambulance needs to be called immediately, then all staff have the authority to call 999. The designated First Aider will be summoned and then the parents/carers notified.
- As soon as possible thereafter, once the student is receiving appropriate treatment, the reporting procedures should be followed.
- Under no circumstances should a child suspected of a back or neck injury be moved and in case of emergency an ambulance should be called as members of staff should not use their own vehicle to take an injured person to hospital.
- An "Administration of Medication" log book is kept in the office to ensure that where a student has brought in medication i.e. pain killers such as Paracetamol, antibiotics etc. to school to take during the school day the admin staff can log the time and amount taken so there is no risk of overdosing.

7. First Aid Coordinator's Responsibilities.

The First Aid Co-ordinator should be willing to take on the role, able to carry out risk assessments and ideally be a First Aider. The First Aid Coordinator is to take responsibility for First Aid and organising recruitment and training of First Aiders as well as undertaking management of all First Aid related matters.

The appointment of a First Aid Coordinator is to ensure that:

- All employees are informed of the First Aid arrangements that are in place and that information, notices and inductions (briefings) are given to First Aiders.
- An initial accurate risk assessment of First Aid needs is carried out in and out of the premises.
- Subsequent suitable and sufficient risk assessments/audits are undertaken, carried out and reviewed at least annually and more frequently in higher risk areas to ascertain First Aid needs and requirements.
- The monitoring of general First Aid provision is appropriate and that it functions with efficiency.
- All First Aid treatment given is properly recorded and reviewed on a termly basis.
- Responsibility is taken for reporting procedures after an incident and for undertaking a follow-up risk assessment.
- A review of accidents and 'Near Misses' will be carried out termly by the: H&S Officer/First Aid Co-ordinator.
- To identify suitable employees who are identified to undertake First Aid training and appropriate refresher training.
- An appropriate number of suitably trained people are appointed for cover in and out the premises.
- First-Aiders are provided with training to a competent standard, which includes refresher training at least every 3 years.
- The School system is kept up-to-date with the details of who is trained to deliver First Aid at work and the expiry dates of certificates.
- Staff and First Aiders are provided with equipment and facilities to offer First Aid to students, employees, visitors, etc. i.e. a sufficient and appropriate amount of resources issued where and when required.
- Appropriate First Aid boxes/kits are provided, regularly inspected, maintained and adequately stocked and replenished all around the School (stock maintenance).
- Employees and site managers/supervisors are informed of the location of the

- designated First Aiders and equipment available to them in their working environment.
- The Deputy Head and CPD co-ordinator are to be informed when a First Aider or appointed person leaves the organisation, so that a replacement can be found.
- Arrangements are in place for a suitable budget for training and re-training of First Aiders as well as the purchase of First Aid equipment and facilities.
- All first aid treatments are recorded in the legally prescribed accident book.

8. Designated First Aiders' Responsibilities

A First Aider is a person who has attended, successfully completed and has a valid certificate for the 'First Aid at Work' training. A fully qualified First Aider will have attended a course as required by HSE.

The appointed First Aiders are to:

- Follow all guidelines and recommendations indicated in this policy.
- Report to their line manager if they are planning to be absent from work so that alternative First Aid arrangements can be made.
- Administer First Aid, up to but not exceeding the level of their training.
- Take immediate charge when someone is injured or rendered ill from possible hazards in School.
- Inform the First Aid co-ordinator if they have used something in their First Aid kit which needs replacing.
- Report the loss or damage of the First aid boxes and/or removal of its contents to the First Aid co-ordinator and look after content.
- Ensure that all first aid treatments are recorded in the prescribed accident book as soon as possible after treatment.
- Indicate to the School management any problem they may encounter while delivering First Aid or related to First Aid in general.
- Indicate as soon as possible if they no longer want to take the role of First Aider or when their renewal date is approaching (at least three months in advance).

Designated First Aiders:

Mrs Y Majid/H&S Officer
 Dr. D Ghidaoui/Deputy Head
 Mr A Crosbie/SLT
 Ms F Bani/SLT
 Mrs S Mahmood/Cook
 Mrs S Khanum/Office
 Mr Troy Western/Lab Technician
 Mr Mathew Kennedy/Teacher
 Mr Nazim Shah/Teacher
 Mrs C. Brydges/Teacher
 Mrs C. Grover/Teacher
 Mrs F Bawani-Anwar/Teacher
 Mrs Naela Khan/Lunchtime Supervisor

9. Areas of Concern

First Aid arrangements

Besides the appointment of a First Aid Coordinator who should be given authority, time and support to carry and fulfil First Aid responsibilities, the effective First Aid provision relies on a number of factors such as:

- An adequate number of trained First Aiders.
- A procedure to assess and manage training and re-training needs.
- A place to provide First Aid, e.g. Medical room
- A dependable management of First Aid and First Aiders.
- Display of information on how to obtain help.
- Suitable First Aid equipment and kits.
- Regular (at least annual) review of arrangements and assessments.
- Risk assessments to be undertaken in order to determine needs & resources
- All these have to be considered when establishing the reliability of the First Aid provision at the school.

10. First Aid provision outside the School

It is understandable that in most cases when trips and especially residential trips are arranged First Aiders will most likely be available via the service providers. Having said that, this is an area that needs to be incorporated as part of the school trip (or visit) risk assessment form, in order to provide the best possible cover to students and staff.

As a recommendation at least one First Aider should be part of the staff undertaking the trip/visit or at least trained to basic life-saving standard. Furthermore, First Aid kits should be taken on trips.

11. First Aid equipment & Facilities

A full audit of all First Aid materials, equipment and facilities should be undertaken by the First Aid Co-ordinator or office staff and logged monthly. Furthermore all these areas should be assessed and reviewed at least annually, and more frequently if necessary, to ensure that the provision is correct and that there are no issues with any related First Aid matters.

12. First Aid boxes

At least one first aid box has to be readily available in any building whilst occupied. In large buildings; or where a building is occupied by more than one department, each department should maintain its own box(es), unless a box is held at a staffed reception area and can be quickly delivered to an incident location. If possible, First Aid boxes should be kept near to hand washing facilities.

There must be no medication within the First Aid kit/box and no additional material such as tablets, lotions, sprays etc. The First Aid coordinator and First Aiders should have an easy access to a stock of basic First Aid items such as: dressings, disposable gloves, etc.

For food preparation areas only detectable (blue) plasters should be available for use.

The First Aid coordinator is to ensure that the appropriate number of First Aid boxes are available according to site(s) risk assessments and that they are marked with a white cross on a green background.

First Aid Boxes can be found in the following locations:

1. School Office (main box and spares)
2. H&S Officers Room
3. Laboratory 10 & 12
4. Art Room
5. For trips – school office
6. Cooks office in the kitchen
7. Changing Room for PE

13. Facilities

A suitable room for medical treatment and care of children during school hours should be provided, this should contain a washbasin. In the school building the designated Sick Room is room number 113. Students can only go to this room when sent by the office staff after being logged in the Sick Room book. Staff are expected to check on the student every 15 – 20minutes. Disinfectant products for cleaning up spillages of body fluids and Clinical disposal bags are available through the school office.

Any equipment or supply highlighted in First Aid risk assessments are to be purchased and placed in required areas.

Procedure for the Safe Cleaning of body fluids from floor surfaces

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.

1. Report the incident to the H&S Officer or the school Bursar to inform the school cleaners on the spillage.
2. Put on gloves and a disposable apron if accessible. Disposable latex or vinyl gloves are the best choice.
3. Sprinkle 'Sani-dry Absorbent Granules' – available from the school office, liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
4. Remove all visible material from the most soiled areas, using paper towel or single use disposable red cloths.
5. Put all used paper towel and cloths into a plastic bag and take directly to outside bin.
6. The remaining visible material should then be vacuumed using a designated vacuum cleaner. The vacuum cleaner bag MUST be changed after use.
7. Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water, then rinse with a sanitising solution.
8. Discard gloves, disposable apron into yellow bag for incineration.
9. Wash your hands thoroughly using soap and water.
10. Inform the caretaker or cleaner that a thorough clean/steam of area is needed

14. First Aid Information

Accurate and accessible information on how to obtain First Aid is essential for an efficient and effective response. All staff should be provided with information via an induction process on how to obtain first aid assistance. Information should cover:

- The general organisation of First Aid.
- How to summon First Aiders.
- The location of First Aiders.
- Emergency phone numbers.
- The location of First Aid boxes and facilities
- Any other significant information.

15. First Aid training

The School is to ensure that all appointed First Aiders receive adequate training and guidance in order to fulfil their duties.

All First Aiders are to attend a nationally recognised course to become First Aiders, which includes a written and practical assessment. Furthermore, they will also have to attend and pass a refresher course every 3 years to retain certification.

As a minimum requirement, basic First Aiders are to complete a one day 'Emergency First Aid at Work' course. The training should cover:

- What to do in case of an emergency.
- Cardio-pulmonary resuscitation.
- First Aid for the unconscious casualty.
- First Aid for the wounded or bleeding.

More elaborated training may have to take place for areas of work requiring special knowledge. e.g. paediatric resuscitation technique for young children. This should also apply for staff and students suffering from specific disorders such as epilepsy, haemophilia, etc.

There might also be requirement for specific members of staff, e.g. in case of field trips, etc. where a First Aider might have to go on a course on transport of casualties, etc. or staff requiring to deal with specific condition where usage of specialist equipment is required e.g. 'Epi Pen' for life-threatening allergic reactions

Regular updates in First Aid skills or additional training should also be envisaged in order to ensure that practical skills are maintained or upgraded. Bearing in mind that, this in itself, is not an alternative to a full statutory training.

16. Safety/HIV Protection

Staff must always wear disposable gloves when treating any accidents/incidents which involve bodily fluids. Staff must make sure any waste materials are placed in a disposable bag and fastened securely. Any soiled clothes should also be placed in a plastic bag for the student to take home.

17.Allergies/Long term illness

Following notification from a parent a record is kept in the administration office of any child who has allergies and or long term illnesses. In addition a record of relevant medication is kept for that particular student. This is usually logged on SIMS through the school office. The school cook is also made aware of any student with any allergy.

A whole school list of medical needs which lists medical conditions and allergies of all the children in school, including their medication are entered on BROMCOM. Children with severe allergy conditions are made known to all staff at the beginning of the academic year through a Risk Assessment which is also posted on BROMCOM. Staff are also informed as and when a child with a medical condition joins the school roll. The school cook is also informed about students food allergies and are introduced to the kitchen staff. Students are also reminded that they must ask if they are unsure of certain ingredients. As a rule no nut or nut containing ingredients are used in the school kitchen.

Students with a serious medical condition will be subject to a Healthcare Plan drawn up and forwarded in collaboration with family and health care professionals. The school will also carry out a Risk Assessment to ensure the school is meeting the student's needs. See Appendix 2. A Risk Assessment register is distributed to the cook and is put on the staff drive to make it accessible to all.

18.Infectious Diseases

From time to time students contact certain illnesses through no fault of their own, for which they have to be excluded from school for a specified period of time. Below is a list of diseases and the time for which students should be kept at home.

Chicken Pox	6 days minimum from onset of rash
German measles	7 days minimum from onset of rash
Measles	6 days minimum from onset of rash
Mumps	6 days minimum from onset of rash
Whooping cough	21 days minimum from onset of rash
impetigo	Until skin has healed

Monitoring and reviewing

In order to monitor First Aid equipment correctly, the H&S Officer will check contents of First Aid boxes on a half termly basis and ensure that any equipment that has been used or is out of date is reordered immediately. The same applies to First Aid facilities and any additional kits. All these checks should be properly recorded.

Accident forms including 'Near Misses' and other recording documents should be used to monitor efficiency but also to identify negative trends and areas for improvement. They also could help to identify training or other requirements and may be useful for insurance or investigative purposes. The School will undertake a termly review of its accident recording and other relevant document related to checks, etc. Following these reviews of checks and monitoring, at the end of the academic year a written record of the current First Aid needs assessment should be kept for reference and as evidence of effective health & safety management.

An accident form should be completed every time a First Aider provides assistance to a casualty, including when the problem was and if it is an illness rather than accident. A new book has been circulated this year along with a separate HSE recommended book for staff to fill in for any accidents they may have in school.

'Near Misses' should be recorded so any trends can be identified and appropriate action taken. Separate forms should be used for adults (staff, visitors, etc.) and children (students, etc.) indicating the usual details of the accident (if appropriate), name of the person giving First Aid and summary details of the treatment given.

Please be advised that First Aid does not include treating ill or injured people at work with medicines and that all injuries resulting in more than three days off work or hospitalisation of more than 24 hours as well as other criteria, should be reported to HSE under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). If required, the Executive/Head (or deputy) will make a RIDDOR statement to the Health and Safety Executive.

Appendix 1- Specific Medical conditions

Anaphylaxis

1. *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 (eg dairy products, nuts, peanuts and shellfish), certain drugs and the venom of stinging insects (eg 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.

2. *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 Epi-pen, 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. If a pupil has an Epi-pen, 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 School is within its expiry date.

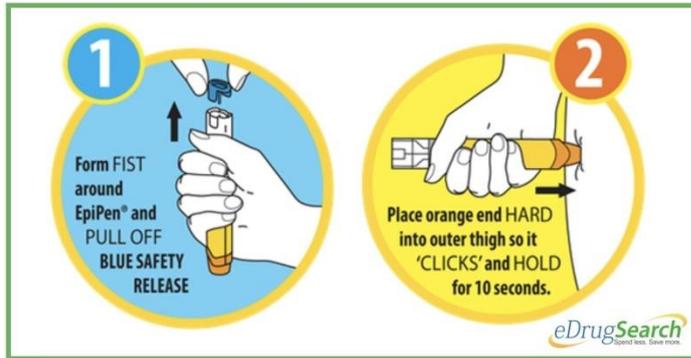
It is important that key staff in the school are aware of the pupil's condition and of where the medication is kept, as it is likely to be needed urgently.

It is not possible to overdose using an Epi-pen, 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 an individual health care plan.

Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her 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 other pupils.

Use of an EpiPen

In view of an allergic reaction and the EpiPen is required – please use in the following way (training is not needed), this will need to be administered as **quickly and as calmly** as possible:



Once administered an ambulance should be called. In the event where the EpiPen has not worked another shot should be administered after a 10minutes interval. The area should then be massaged gently.

3. *Managing pupils with anaphylaxis*

- Staff should always be aware of those pupils under their supervision who have severe allergy resulting in anaphylaxis.
- Staff should ensure that all pupils who have an Epi-pen prescribed to them have their medication in School.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. Speak to one of the School's first aiders
- If a pupil feels unwell, the first aider should be contacted for advice.
- A pupil should always be accompanied if sent to the first aider

4. *Off-site visits*

- Staff should ensure that they have the correct medication for the pupils in their care
- Staff members trained in the administration of the medication must be identified
- Staff must give consideration to the safe storage of the medication
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures

5. *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 and seek to minimise risk whenever possible.

6. *What are the main symptoms?*

- Itching or presence of a rash
- Swelling of the throat
- Difficulty in swallowing
- Difficulty in breathing
- Increased heart rate
- Unconsciousness

7. *What to do if the pupil has an anaphylactic reaction*

- Ensure that an ambulance has been called
- Stay calm and reassure the pupil
- Encourage the pupil to administer their own medication as taught (if possible)
- Summon assistance immediately from a first aider
- Liaise with the first aider and school secretary about contacting parents

Asthma

1. *What is asthma?*

Pupils with asthmas 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 out. The pupil may become distressed and anxious and in very severe attacks, the pupil's skin and lips may turn blue

2. *Medication and control*

Medication to treat the symptoms of asthma usually come 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, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that it 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 locked cabinet. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

Where pupils are unable to use an inhaler by themselves, or where a pupil requires additional medication e.g nebuliser, a health care plan must be completed. For pupils whose asthma is controlled by an inhaler, information should be stored on the medical conditions list compiled by the office.

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 subscribed for their own personal use.

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

3. *Managing pupils with asthma*

- Staff should always be aware of those pupils under their supervision who have asthma
- Games staff should ensure that all pupils with asthma have their inhaler prior to commencement of a session
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack
- If a pupil feels unwell, the first aider should be contacted for advice
- A pupil should always be accompanied to the first aider if sent by a member of staff

4. *Off-site visits*

- Staff should ensure that all pupils going on trips carry their medication with them
- Staff must give consideration to the safe storage of medication
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures

5. *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 visits.

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.**

6. *What are the main symptoms?*

- Coughing
- Wheezing
- Inability to speak properly
- Difficulty in breathing

7. *What to do if the pupil has an asthma attack*

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying
- Summon assistance from a first aider. Try not to leave the pupil alone
- Make sure that any medicines and/or inhalers are used promptly
- Help the pupil to breathe by encouraging them 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/her back
- If the pupil does not respond to medication or his/her condition deteriorates, call an

- ambulance
- Liaise with the first aider and office staff about contacting the parents

Diabetes

1. What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) 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.

2. Medication and control

Diabetes cannot be cured, but it can be treated effectively by injections of insulin and by following the 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 an individual health care plan.

In most cases, pupils will have their insulin injections before and after school, but some 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 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 establish with the pupil and his/her 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.

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

3. *Managing pupils with anaphylaxis*

- 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 with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure they have some knowledge of what to do if a pupil has a hypoglycaemic or hyperglycaemic episode (staff to seek advice from first aiders).

4. *Off-site visits*

- Staff should ensure that all pupils going on trips carry their medication with them
- Staff must give consideration to the safe storage of medication
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures

5. *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

6. *What to 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
- The pupil has experienced an episode of vomiting

Common symptoms:

- Hunger
- Drowsiness
- Glazed eyes
- Shaking
- Disorientation
- Lack of concentration

Action

1. Get someone to stay with the pupil- call for first aid staff/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.
 2. Give fast acting sugar immediately (the pupil should have this) eg Lucozade, fresh orange juice, sugary drink, honey or jam (a 'hypo stop'- discuss with first aider whether this should be taken on trips off site). Recovery usually takes ten to fifteen minutes.
 3. Upon recovery, give the pupil some starchy food eg couple of biscuits, a sandwich.
 4. Inform parents of the hypoglycaemic episode.
 5. In some instances, it may be appropriate for the pupil to be taken home from school.
 6. NB- in the unlikely event of a pupil losing consciousness, call an ambulance
7. *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
- A change in behaviour
- Vomiting
- Abdominal pain

Action:

- Do not restrict fluid intake or access to the toilet
- Contact the first aider and/or parents if concerned

Appendix 2: Individual Student Risk Assessments:

EXAMPLE:

Pupil at Risk:						
KD GRAMMAR SCHOOL FOR BOYS						
Activity: Long term illness/treatment						
Pupil at Risk:				Additional Information:		
Risk Assessment						
Hazard Identified	Risks	Rating before C/M	Existing Control Measures	Rating post C/M	Additional Action Required	Priority
Notes: Signed: Yasmin Majid Signed: _____ Dated: _____ Dated: _____						

Date	September 2023
Reviewed by	Mrs Majid
Next Review Date of this Policy	Autumn Term 2024