

# THORPE HALL

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## SCHOOL

### FIRST AID POLICY

#### 1. Aims

The first aid policy at Thorpe Hall School is in operation to ensure that every student, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major. The aim of first aid is to save lives and to ensure minor injuries and illnesses do not escalate into major ones. We will achieve this by:

1. Administering appropriate first aid treatment as required in a timely manner
2. Providing fully qualified First Aiders on site
3. Providing sufficient numbers of suitably qualified paediatric first aid staff to be deployed on site in our EYFS settings at all times when children of EYFS are in session, including Holiday Club, and to accompany all trips and outings where EYFS children are involved.
4. Arranging mandatory training and three yearly updates for First Aiders, including those trained in paediatric first aid (those who work with under 8s)
5. Keeping copies of all first aid certificates
6. Providing facilities for the provision of first aid at appropriate locations around the School
7. Providing facilities and sufficient numbers of qualified first aid staff for off-site sports fixtures and school trips. Allocating a specific qualified first aider to manage first aid for the specified external trip.
8. Maintaining a list of information about pupils with medical conditions for staff
9. Keeping parents and any other significant person informed as necessary in line with GDPR guidelines.
10. Ensuring confidential electronic recording of action taken
11. Following the correct procedures for the reporting of accidents to RIDDOR
12. Providing the Health and Safety Committee with a list of accidents each term
13. Reviewing the first aid policy annually.

It is emphasised that the team consists of qualified First Aiders and not trained doctors or nurses.

In the event of an accident all members of the staff should be aware of the support available and the procedures available to activate this.

#### 2. Procedure in case of accident or injury

If you witness an accident ask the Office to send for a First Aider. Any pupil, visitor or staff member sustaining an injury whilst at School should be seen by a First Aider who will provide immediate first aid and summon additional help as needed. Do not leave any injured or unwell person unattended. In all cases of serious injury (or death), whether in the UK or abroad, the Senior Leadership Team must be informed. They will ensure that the First Aider is instructed on reporting arrangements to the authorities, whether that be through RIDDOR, the Child Protection Agency, OFSTED or other agencies.

The First Aider will organise an injured person's transfer to hospital in the case of an emergency.

Parents/Emergency contacts should be informed as necessary by telephone by the First Aider or member of office staff as appropriate. In Prep and Nursery this can be done by the class teacher.

**Medical emergency and unable to make contact with parents:** Ensure the Headteacher or member of Senior Leadership Team is informed. The first aider must accompany the ill/injured person in the ambulance to hospital. If an ambulance is deemed not necessary, but the school wishes to transport a pupil to hospital for treatment by car, two members of staff must be present with the pupil at all times. The Headteacher must be informed, and business insurance checked for the car and driver used before leaving the site.

**For pupils in the Prep school and Nursery all accidents and injuries need to be reported to parents.**

An Accident Form must be kept of all accidents and injuries. These should be signed by the Headteacher if reportable under RIDDOR. Written accident forms should be filed once seen by the Head into pupil's file and should also be logged in the accident book. The School office staff keep a central list for presentation at Health & Safety Meetings.

### **Contacting parents**

Parents/Emergency contacts should be informed by telephone as soon as possible after an emergency or following a serious/significant injury including but not limited to:

- Head Injury
- Suspected spinal injury
- Suspected sprain or fracture
- Dental injury
- Anaphylaxis and following administration of an Adrenaline Auto-Injector (AAI)
- Epileptic seizure (see notes)
- Severe hypoglycaemia/hyperglycaemia
- Severe asthma attack
- Difficulty breathing
- Choking episode
- Bleeding injury
- Loss of consciousness
- Eye injuries
- Any other condition which renders a pupil/person unable to return to class/work

Parents of Prep pupils can be informed of smaller incidents at the end of the school day by the Class Teacher or First Aider. Senior pupils should be encouraged to inform their parents of minor injuries at the end of the school day.

### **Contacting the Emergency Services**

A first aider should call an ambulance for any condition listed above or for any injury that requires emergency treatment. ( The First Aider may use their professional judgement and medical assessment whether an ambulance is deemed necessary or not). Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a person becoming unconscious (not including a faint) or following the administration of an EpiPen, must be taken to hospital. If in doubt, call an ambulance!

### **Accident reporting**

An accident form must be completed for any person sustaining an accident or injury occurring on or off school premises including off site activities, school trips etc. Accident forms are kept in the main school office. All completed forms must be returned to the office as soon as possible as certain injuries require additional reporting to [RIDDOR](#).

### **Pupils unwell in school**

Any pupil unwell in school is advised to see go to the School office. The pupil should be accompanied if teaching staff have any concerns. A pupil may be allowed time to rest in the First Aid room at the First Aider's discretion. This is a temporary measure until the pupil feels better or is collected by a parent. It is the responsibility of the First Aider to call a parent.

Any pupil not well enough to attend lessons should be collected as soon as possible by a parent. In certain cases older Senior school pupils can travel home independently after consent has been given by a parent. Any pupil leaving School must sign out at Reception.

All pupils seen by the First Aider must have this documented in the Administered First Aid File.

### **Materials, equipment and facilities**

Thorpe Hall School provides a Medical Room opposite the main school office which contains a medical couch, sink, drinking water, cups, disposable gloves, paper towels and storage for first aid supplies. Washing and toilet facilities are also nearby. Eyewash facilities are also available in the science labs, kitchens and DT workshops.

The contents of the first aid boxes will be checked on a regular basis by a designated First Aider. If supplies are running low when used by other members of staff it is their duty to inform the relevant First Aider. There is a list on each of the First Aid boxes/cupboards stating what should be kept in each of the boxes.

The location of first aid containers in the school are:

**Young Building (Ground Floor)**

Nursery

First Aid Room in Reception Area

School Kitchen

**Young Building (First Floor)**

Science Prep Room

**Dr Russet Building (First Floor)**

Head of Prep School's Office

**Dr Russet Building**

**Norris Building (Ground Floor)**

Design & Technology Room

Kitchen in Theatre

**Norris Building (First Floor)**

Food Technology Room

**The Seaglass (Ground Floor)**

Cupboard opposite P.E. office

**There are two defibrillators in the school. One is located next to the medicines cabinet in the school first aid room and another one is in entrance lobby of The Seaglass. These are routinely checked by a designated First Aider.**

**First Aid for School Trips**

The trip organiser must ensure an appropriate level of first aid cover is provided for the trip and meet with the school office ahead of the trip to discuss any pupils with specific medical needs. These should be included on the risk assessment for the trip.

Where pupils are travelling out of school a portable first aid kit must be carried. This needs to be checked by a First Aider before taken.

The first aid kits must be returned to the office immediately on return and the School Lead First Aider notified of any items used so they can be replenished.

Any accidents/injuries must be reported to parents and documented in the accident book as soon as possible and RIDDOR guidelines adhered to. Any accidents/injuries must be recorded on an accident/incident form, the school office should be made aware and the form given to the Headteacher to sign where RIDDOR reportable and will then be filed in the pupil's individual file in the office.

**Communication of pupils with significant medical conditions**

Staff are made aware of all pupils with a significant medical condition by accessing the appropriate Google document. New conditions will be communicated to staff in the first instance by confidential (use of initials and class only) email detailing condition and relevant treatment.

Photographs (of all pupils with life threatening medical conditions) are kept on the wall in the Main Office, Staff Room and kitchen servery for all pupils with a serious allergy.

### **Pupils with medical conditions**

Pupils who have serious allergies, must always carry their own Adrenaline Auto-Injector (AAI) eg EpiPen, Emerade etc, around School and supply the School Office with a spare which must be named and in date. These are kept in an unlocked box in the main office. These are prescription only for that specific child and should not be used by any other pupil. From September 2018, (subject to availability) each site will hold a spare Adrenaline Auto-injector (AAI) for use in anaphylaxis for a pupil who has a prescribed AAI but who does not have it with them for whatever reason.

Parents must complete the 'Prescribed Medication' form for all medications that the School may be required to administer and are responsible for ensuring that all such medication is in date.

It is the parent's responsibility to ensure that the medical section of the parent portal is up to date regarding their son or daughter's medical condition and that the school office is made aware of any changes to their condition.

Senior students who use an inhaler for asthma and other related breathing conditions must always carry their inhaler with them at all times and supply a spare named inhaler for the School Office. Early years up to Year 6 keep their inhalers in their classroom. A spare is encouraged to be kept in the school office. Students/staff must record every use of the inhaler. Parents must ensure in date inhalers and an Asthma Plan are provided.

Nursery pupils' inhalers/spacers are kept in the classroom locker with the teacher.

Each site carries an emergency generic inhaler for use by a student who has been prescribed their own inhaler but who for whatever reason does not have it with them.

The designated first aider site should check monthly that any generic medication in the office is in date and order replacements as and when required

**Pupils with life threatening allergies and asthma must always show their medication to their teacher before leaving school for any off site activity including sport, and before leaving on a School trip. It is the teacher's responsibility to ensure the pupil has their emergency medication.**

**Pupils with life threatening allergies and asthma who do not supply the appropriate medication to School will be asked to go home or parents must bring in their medication immediately.**

### **Medication in School**

All medication should be kept in a locked cupboard. Expiry dates should be checked monthly. Medication must be provided in its original packaging with prescription label (if applicable) and clear labelling of drug name, route to be administered, dose and expiry date.

The First Aider will always administer essential medication to a pupil provided the 'Prescribed Medication' form has been completed by the parent. This gives written consent by the parent and also ensures that the correct drug is administered at the correct dosage. Every effort must be made to administer the drug at the correct time, although this cannot be guaranteed. Parents are requested where absolutely possible to arrange drug administration outside of the school day.

**No child under 16 years of age may be given any medication without their parents' written consent.**

In the Early Years Department Records are kept on file of every dose of medicine given and parents informed either by phone or (more usually) in person the same day. Parents are then asked to sign to acknowledge they have been told.

Please see Administration of Medicines EYFS.

### **Non-Prescription medication**

Only to be administered by the First Aider. A teacher may administer paracetamol on a School trip. Travel sickness and other medication may be given if parental written consent has been received by the School in advance. Medication must be provided by the parent.

Written consent must be obtained for all medications (Prescribed Medication Form). All medication must be documented and signed for as given.

### **Prescription-only medication**

Prescribed medication may be given to a pupil by a First Aider provided the 'Prescribed Medication' form has been completed and signed by the parent. A teacher may also give prescribed medications on a School trip provided written consent and instructions have been received from the parent in advance. Any teacher who has attended training may administer a prescribed Adrenaline Auto-Injector and asthma reliever inhaler if required in an emergency.

Prescribed Medication forms are available from the School Office.

### **Administration of a medicine**

The parent must have given written consent to include:

- Name of child
- Name of medicine
- Dose of medicine
- Time medicine to be administered

The medicine should be brought to School in its original container, pharmacy label with child's name attached and drug name and expiry date clearly visible. Blister packs should not be cut.

The Administrator must:

- Wash their hands
- Confirm the identity of the child
- Administer the medicine
- Document the administration in the Administered First Aid File.

Antibiotics and other medicines requiring cold storage should be kept in the fridge in the Medical Room.

### **Emergency named Adrenaline Auto-Injectors (AAI's) and inhalers are kept unlocked in the School Office.**

Parents should dispose of out of date medication.

Parents are responsible for making a note of when AAI's and inhalers expire and provide a replacement in good time.

Any used needles/syringes should be disposed of in the sharps box kept in the medical Room

### **In the event of a spillage of bodily fluids:**

In order to protect ourselves from disease all body fluids should be treated as infectious. To prevent contact with body fluids the following guidelines should be followed:

- Staff wear disposable gloves and apron when cleaning bodily fluids (spillages of blood, vomit, urine and excreta)

- Area is cleaned with hot water containing soap or detergent
- Area is disinfected
- Solids are carefully flushed down the toilet
- Dressings, gloves and aprons are carefully disposed of in sealed plastic bags as clinical waste
- First Aider to liaise with estates staff if a deep clean of the medical room is required

**The purpose of the policy is therefore:**

- To provide effective, safe First Aid cover for students, staff and visitors.
- To ensure that First Aid is administered in a timely and competent manner.
- To ensure that all staff are aware of the system in place.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.

**NB:** The term **First Aider** refers to those members of staff who are in possession of a valid First Aid at work certificate or equivalent.

**Arrangements for First Aid**

**The First Aiders on the premises are as follows:**

Qualified First Aiders	Location	Telephone
Mrs J Freeman	School Office	289
Mrs K Sedgwick	School Office	222
Mrs H White	School Office	228
Mr R Goudie	IT Office	236
Mrs R Sheern	Deputy Head's Office	239
Mr R Turner	Deputy Head's Office	235
Miss A Oversteyns	Nursery	241
Mrs S Melbourne	Nursery	241
Mrs J Capon	Nursery	241
Mrs K Holland	Pre-Nursery	244
Mrs E Banks	Pre-Nursery	244
Mrs C Cotter	Pre-Nursery	244
Mrs J Peterson	Head's Office - Prep	226

Mr C Ramdin	Head's Office - Prep	263
Mrs G Markham	Reception Teacher	259
Miss S Kinnel	Year 1 Teacher	257
Mrs S Winter-Cole	Year 2 Teacher	258
Mrs S Smale	Year 3 Teacher	266
Ms A Stanton	Year 5 Teacher	267
Mrs D Vernon	LSA - Prep	264
Mrs L Jones	LSA - Prep	264
Mrs J Lagden	LSA - Prep	259
Mrs S Ward	LSA - Prep	264
Mrs E Wu	LSA - Prep	264
Mrs A Abercrombie-Smith	Theatre	231/274
Mr C Abercrombie-Smith	Norris Building	272
Mrs S Robinson	Norris Building	223
Mrs J Sadgrove	P.E. Dept	278
Mr P Shufflebotham	P.E. Dept	279
Mrs K Durban	P.E. Dept	278
Mr O Miller	P.E. Dept	279

#### **First Aiders will:**

- Ensure that their qualifications are always up to date and notify their line manager when their qualification is nearing expiry (6 months minimum).
- Ensure that First Aid cover is available throughout the working hours of the school week.
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services.
- Help fellow First Aiders at an incident and provide support during the aftermath.
- Act as a person who can be relied upon to help when the need arises.
- Insist that any casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital; ensure that parents are aware of all head injuries promptly.
- Ensure that a child who is sent to hospital by ambulance is either:
  - accompanied in the ambulance at the request of paramedics

- followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
  - met at hospital by a relative
  - The first aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.
- Liaison must occur with the Deputy Headteacher in charge of cover, to ensure that lessons are covered in the event of an absent teacher.
  - Keep a record of each student attended to, the nature of the injury and any treatment given. The Accident Book in the school office must be completed by the appropriate person.
  - Ensure that everything is cleared away, using gloves, and every dressing etc. be put in a yellow bag for contaminated/used items and sealed tightly before disposing of the bag in a bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.
  - Ensure that parents are made aware of **all** head injuries promptly.

### **Using First Aid Equipment**

- All members of staff can treat children using basic first aid.
- Disposable gloves must be worn when dealing with bodily fluids.
- Only gauze and water must be used to clean grazes.
- Anything more serious must be looked at by a qualified First Aider - This includes all head injuries or severe bleeding. Severe bleeds may be cleaned with sterile solutions.
- All accidents must be recorded in the accident book.

### **Teachers will:**

- Familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are. (List displayed in Staffroom )
- Be aware of specific medical details of individual pupils
- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger
- Send for help to the office as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained. A teacher may also decide to accompany a walking casualty to the office, making sure that any pupils in their care are supervised in their absence, or they may ask another adult to accompany the pupil to the office. If the teacher considers an injury to be minor then they may send a hurt child to the office accompanied by another pupil. Pupils who have suffered more serious injuries will be accompanied by either an adult or two pupils (depending on what is wrong).
- If a pupil in Reception Class or above receives a bang on the head which a teacher considers to be in need of attention by the office, the office will always inform parents by phone at the first opportunity and also send an email home with guidance as to what to do if the child shows delayed symptoms. The Nursery has a separate policy.

- Reassure, but never treat, a casualty unless staff are in possession of a valid First aid certificate or know the correct procedures; such staff can obviously start emergency aid until a First aider arrives at the scene or instigate simple airway measures if clearly needed.
- Send a pupil who feels generally 'unwell' to school office.
- Ensure that they have a current medical consent form for every pupil that they take out on a school trip which indicates any specific conditions or medications of which they should be aware.
- Have regard to personal safety.

**Office Staff will:**

- Call for a qualified first aider, unless they are one themselves, to treat any injured pupil.
- Support the First Aiders in calling for an ambulance or contacting relatives in an emergency.
- NOT administer paracetamol or other medications unless a parent has given permission.
- Administer paracetamol and other medications where a parent has given permission. Parents will be notified if medicines have been administered.
- Keep all medicines in a locked cupboard in the school office.
- Ensure that any serious injury is reported to RIDDOR within 7 days.
- Ensure that all staff are aware of pupils with long term medical conditions, for example: asthma, anaphylaxis, diabetes and epilepsy.

**THE EXECUTION OF THIS POLICY WILL BE MONITORED BY THE FIRST AIDERS AND SENIOR MANAGEMENT.**

This policy is reviewed annually by the Board of Governors

**APPENDIX1 :LIST OF FIRST AIDERS –  
The First Aiders on the premises are as follows:**

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## **APPENDIX 2: LOCATION OF FIRST AID EQUIPMENT**

First aid kits for general use and School trips are located in the Medical Room. Each Minibus also carries an appropriate First Aid kit, and travelling teams also take appropriate First Aid kits to all away fixtures. Other departments, such as Science, Technology and PE have their own kits.

## **APPENDIX 3: EMERGENCY CARE PLANS**

### **ALLERGIC REACTIONS MANAGEMENT**

Thorpe Hall School recognises that allergies can be a serious condition which can be life threatening. We ensure that all pupils with an allergy can and do fully participate safely in all aspects of school life including out of school activities.

**Teaching staff will be made aware of any child with life threatening allergies by confidential email at or before the beginning of term by the First Aider.**

**A generic emergency AAI will be kept in the school office (from September 2018) for pupils who are prescribed an AAI.**

### **Signs and symptoms of mild allergic reaction**

- \* Rash
- \* Flushing of skin
- \* Itching or irritation

### **Treatment**

- \* Remove allergen if possible eg rinse skin, wash out mouth etc
- \* Administer prescribed antihistamine following procedure above
- \* Observe the victim closely for at least 30 minutes.

## **ANAPHYLAXIS**

### **HOW TO RECOGNISE ANAPHYLAXIS**

An anaphylactic episode is a medical emergency. Its most severe form is life threatening.

Each student will have their own ICP (Individual Care Plan) detailing their triggers, symptoms and management to be followed. However, in general the signs and symptoms of anaphylaxis may include:

- Swollen lips, tongue, throat or face, noisy breathing/gasping
- Nettle type rash (Hives) anywhere on the body
- Difficulty swallowing and/or speaking
- Alteration in heart rate - pounding heart - pulse rapid but weak
- Abdominal pain, nausea and/or vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to drop in blood pressure)
- Collapse and unconsciousness

## **ANAPHYLAXIS MANAGEMENT**

DO NOT PANIC

Mild symptoms, including tingling lips and/or itching - GIVE PIRITON as directed on the packet/bottle according to age or ICP

### **IF IN DOUBT TREAT AS SEVERE - DO NOT LEAVE PUPIL**

**1 - Give 10ml of Piriton** (if vomited, give again) - if you deem the situation too severe give Auto Adrenaline Injector (AAI) first and then Piriton

### **2 - Administer AAI Urgently**

If possible at this stage ask someone to call 999 and state 'ANAPHYLAXIS', 'CHILD' OR 'ADULT'

If on your own ALWAYS give AAI first then call 999

Call/send for school nurse

Remove safety cap and hold AAI in fist

Firmly administer in top outer side of leg (through clothes)

Check to hear CLICK sound

Leave in leg for 10 seconds (Emerade 5 secs, EpiPen 3 secs, Jext 10 secs)

Massage leg for 10 secs where the needle went it (Emerade and Jext only)

### **TAKE NOTE OF TIME AAI WAS ADMINISTERED**

### **3 - Call 999 Ambulance**

State you have a child/adult with anaphylaxis having difficulty breathing and losing consciousness

### **4 - Give prescribed Inhaler if possible using a Spacer chamber:**

Take cap off and shake

Insert inhaler into one end of the Spacer Chamber (if you have one) and the other end of the chamber into the child's mouth

Give one puff of inhaler

Tell casualty to breathe in and out 4 times

Repeat 'Puff' action 10 times getting child to do breathing each time

### **5 - Give 2nd AAI 5-15 minutes after the 1st injection was given if no better and NOTE TIME**

**6 - Give used AAI's to the ambulance staff** and tell them what time the doses were administered.

The School Nurse or member of staff should always accompany a casualty taken to hospital by ambulance and stay with them until a parent or carer arrives.

#### **7 - Contact the casualties parent/guardian/spouse** after the ambulance has been called

All pupils who have been given an adrenaline auto-injector (EpiPen/Jext etc) must go to hospital even if they are improving.

#### **Position of Pupil**

The position of the pupil is very important because anaphylactic shock involves a drop in blood pressure.

If the pupil is feeling faint, weak, or looking pale lay them down with their legs raised. They should not be standing.

If there are signs of vomiting, lay them on their side, in the recovery position to avoid choking.

If they are having difficulty breathing caused by asthma symptoms or swelling of the airways, they should be supported sitting up and slightly forward.

#### **After the emergency**

Document events. This should include where and when the emergency occurred, how much medication was given and by whom

Carry out a debriefing session with staff members involved.

Ask parents/guardian to replace any used medication.

**A yearly staff training update on administration of AAI's is carried out by the School First Aider. The School First Aider is always available to update any member of staff on the use of an AAI.**

## **ASTHMA MANAGEMENT**

**Teaching staff will be made aware of any child with severe asthma by confidential email at or before the beginning of term by the First Aider. Students are responsible for ensuring they remember their inhalers at all times, but Staff must ensure that pupils carry their inhalers when leaving the main school site for any reason, prior to leaving. Pupils may not leave the site without it.**

Thorpe Hall School recognises that asthma is a serious condition which can be life threatening. We ensure that all pupils with asthma can and do fully participate safely in all aspects of school life including out of school activities.

Trigger factors for asthma may include: change in weather conditions, animal fur, viral illness or chest infection, exercise, pollen, chemicals, air pollutants, emotional situations and excitement.

Persons with asthma need immediate access to their reliever inhaler (usually blue). Younger pupils may need help/encouragement to administer their inhaler. It is the parent's responsibility to ensure that School is provided with a named, in date reliever inhaler which is always accessible to the pupil. Senior students who use an inhaler for asthma and other related breathing conditions must always carry their inhaler with them at all times and supply a spare named inhaler for the School Office. Early years up to Year 6 keep their inhalers in their classroom. A spare is encouraged to be kept in the school office. Students/staff must record every use of the inhaler. Parents must ensure in date inhalers and an Asthma Plan are provided.

**A generic emergency asthma inhaler is kept in the school office for pupils who are prescribed an inhaler. Parental consent is required for use of the emergency inhaler.**

#### HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:**

- **Appears exhausted**
- **Has a blue/white tinge around lips**
- **Is going blue**
- **Has collapsed**

#### WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own prescribed inhaler – if not available, use the emergency inhaler. This is kept in the main school office.

- Remain with the child while the inhaler and spacer are brought to them. Loosen tight clothing
- Call for first aider for help
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs (shaking inhaler in between doses)
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, ask the school office to CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called
- The first aider or member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.
- Document events. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, at what times and by whom

## **DIABETES MANAGEMENT**

### **Signs and symptoms of low blood sugar level (hypoglycaemia)**

Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment is available. Symptoms include:

- \* pale
- \* glazed eyes
- \* blurred vision
- \* confusion/incoherent
- \* shaking
- \* headache
- \* change in normal behaviour-weepy/aggressive/quiet
- \* agitated/drowsy/anxious
- \* tingling lips
- \* sweating
- \* hunger
- \* dizzy

- \* leading to unconsciousness

### **Action**

- \* Should be as prescribed in the pupils individual medical care plan from Diabetes Specialist Team\* Inform parents as soon as possible

### **Action to be taken if the pupil becomes unconscious**

- \* Place casualty in recovery position and call First Aider
- \* Follow individual care plan
- \* Do not attempt to give glucose by mouth as this may cause choking
- \* Telephone 999
- \* Inform parents/next of kin as soon as possible
- \* Accompany casualty to hospital and await arrival of parent

### **Signs and symptoms of high blood sugar level (hyperglycaemia)**

This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal. Symptoms may include:

- \* feeling tired and weak
- \* feeling thirsty
- \* passing urine more often
- \* nausea and vomiting
- \* drowsy
- \* breath smelling of acetone
- \* blurred vision
- \* unconsciousness

### **Action**

- \* inform First Aider at once
- \* arrange for blood glucose testing if possible.
- \* follow individual care plan
- \* recovery position for unconsciousness
- \* inform parents/next of kin as soon as possible

- \* call 999 and accompany casualty, await arrival of parents/next of kin

## **EPILEPSY MANAGEMENT**

### **How to recognise a seizure**

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- \* casualty 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 and/or face
- \* possible incontinence

### **Action**

- \* try to help casualty to floor if possible but do not put yourself at risk of injury
- \* move furniture etc away from casualty in order to prevent further injury
- \* place a cushion or something soft under the casualty's head
- \* clear the area of students
- \* call School Nurse/First Aider
- \* cover casualty with a blanket as soon as possible in order to hide any incontinence
- \* stay with casualty throughout duration of the seizure
  - \* as the seizure subsides place casualty into recovery position
  - \* inform parents as soon as possible
  - \* send for an ambulance if this is the casualty's first seizure or, if a casualty known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. (Follow the persons IHP, for specific individual care but do not leave the casualty on their own to obtain this) .Casualty must be accompanied until parent/next of kin arrives
  - \* casualty to rest for as long as necessary
  - \* reassure other pupils and staff

## HEAD INJURY MANAGEMENT

The aim of this document is to ensure that pupils at Thorpe Hall School receive a high standard of care following a Head Injury. The care will reflect current practice and national sporting recommendations. Head injuries often occur during contact sports such as rugby but they can also occur from a fall and as a result of an accident. Caring successfully for a pupil or adult with a head injury relies on good communication with colleagues and parents/guardians.

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

### Assessment

All persons who receive a Head Injury at Thorpe Hall School should receive:

- An assessment in the Medical Room by the first aider. If there are any concerns then parents should be contacted to collect and be assessed by their GP. In cases of serious injury, the person may be assessed and transferred to hospital from the site of injury.
- A record will be made of the mechanism of injury. A history of events will be obtained from witnesses of the accident, or the person and a head injury form completed.
- The assessment and history should identify whether or not the pupil or adult has **concussion**.

### Recognising concussion:

A temporary impairment of brain function usually caused by a blow that has shaken the brain within the skull. Any one or more of the following visual clues can indicate a concussion:

- Dazed, blank or vacant look
- Lying motionless on ground/slow to get up
- Unsteady on feet/balance problems or falling over/incoordination
- Drowsiness
- Nausea or vomiting
- Vision or hearing problems, ringing in ears
- Loss of consciousness or responsiveness
- Confused/not aware of events

- Grabbing/clutching of the head
- Seizures (fits)

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