Norwood Green Junior School

First Aid Policy

Policy ratified by the GB: February 2026

Policy to be reviewed: February 2029

OBJECTIVE
First aid must be provided to any person that Norwood Green Junior School owes a duty of care if they are injured or become ill while on our premises or involved in an off-site activity. There must be sufficient suitably qualified first aiders and adequate first aid facilities to ensure that assistance will be provided quickly to casualties and a call made to the emergency services when appropriate.

Contractors who work on site must provide their own first aid.

The governing body will ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

Legislation and Guidance

This policy is based on advice from the Department for Education (DfE) on first aid in schools and health and safety in schools, and guidance from the Health and Safety Executive (HSE) on incident reporting 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
- The Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

Operating Statement:
Norwood Green Junior School will have:

- A number of suitably stocked first-aid kits
- An appointed person to take charge of first aid arrangements
- Qualified personnel to administer first aid as required, both on and off-site

- Information for employees on first-aid arrangements

First-aid provision must be available at all times while people are on School premises, and also off the premises whilst on School visits.

Responsibilities:

The Employer
The Governing Body is the employer for Norwood Green Junior School.

Health and safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In the School this includes responsibility for all teaching staff, non-teaching staff, students and visitors (including contractors).

The employer is responsible, under the Health and Safety at Work etc. Act 1974 (HSWA), for making sure that the School has a Health and Safety Policy. This should include arrangements for first aid, based on a risk assessment of the School, and should cover:

Numbers of first aiders/appointed persons – The school will ensure that the statutory minimum number of trained first aiders are available on site. The recommended number is covered later in this policy.

Numbers and locations of first-aid kits. These are detailed within the policy.

The employer will make sure that their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. It is the employer's responsibility to make sure that the statutory requirements for provision of first aiders are met, that appropriate training is provided and that correct procedures are followed. The employer should be satisfied that any training has given staff sufficient understanding, confidence and expertise.

The Governing Body
The Governing Body has ultimate responsibility for health and safety matters within the School, with Managers and staff also having responsibilities. The governing body delegates operational matters and day-to-day tasks to the headteacher and staff members.

The Governing Body has general responsibility for all the School's policies, even when it is not the employer.

The Headteacher
The Headteacher is responsible for putting the Governing Body's policy into practice and for developing detailed procedures, including:

- Making sure that an appropriate number of trained first aid personnel are present in the school at all times
- Making sure that first aiders have an appropriate qualification, keep training up to date and remain

competent to perform their role
- Making sure all staff are aware of first aid procedures
- Making sure appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or making sure that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Making sure that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary

Teachers and other School staff.
Details of pupils with pre-existing or known medical conditions is available for all staff and discussed with class teachers at the beginning of the school year. This information is also available on the school's Management Information System (MIS), which is regularly updated as necessary by the Office Staff, outlining their needs and what to do in an emergency.

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of students are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the students at the School in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those trying to assist in an emergency.

The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

The Business Manager
The Business Manager is responsible for ensuring a record is kept of all first-aid related incidents that occur within the School. She is responsible for ensuring an appointed person checks that the first-aid containers are stocked and re-stocked as necessary. She is also responsible for ensuring the medical room is kept hygienically clean and has all the equipment and facilities required. Parents of children with known medical conditions are to give their consent to the Office Staff to administer medication if necessary. Relevant forms can be found at the back of this policy.

First Aider Main Duties
First Aider's must complete a training course approved by the Health and Safety Executive (HSE).

Within the School, the main duties of a first aider are to:

- Give immediate help to casualties with common injuries or illness and those arising from specific hazards at the school.
- When necessary, ensure that an ambulance or other professional medical help is called.

All staff are able to request an ambulance or other professional medical help. Examples where an ambulance would be called would include:-

Adults	Pupils
• **signs of a heart attack -** chest pain, pressure, heaviness, tightness or squeezing across the chest • **signs of a stroke -** face dropping on one side, cannot hold both arms up, difficulty speaking • **sudden confusion (delirium) -** cannot be sure of own name or age • **suicide attempt -** by taking something or self-harming • **severe difficulty breathing -** not being able to get words out, choking or gasping • **choking -** on liquids or solids right now • **heavy bleeding -** spraying, pouring or enough to make a puddle • **severe injuries -** after a serious accident or assault • **seizure (fit) -** shaking or jerking because of a fit, or unconscious (cannot be woken up) • **sudden, rapid swelling -** of the lips, mouth, throat or tongue	• **seizure (fit) -** shaking or jerking because of a fit, or unconscious (cannot be woken up) • **choking -** on liquids or solids right now • **difficulty breathing -** making grunting noises or sucking their stomach in under their ribcage • **unable to stay awake -** cannot keep their eyes open for more than a few seconds • **blue, grey, pale or blotchy skin, tongue or lips** - on brown or black skin, grey or blue palms or soles of the feet • **limp and floppy -** their head falls to the side, backwards or forwards • **heavy bleeding -** spraying, pouring or enough to make a puddle • **severe injuries -** after a serious accident or assault • **signs of a stroke -** face dropping on one side, cannot hold both arms up, difficulty speaking • **sudden rapid swelling -** of the lips, mouth, throat or tongue (severe allergic reaction) • **sudden confusion -** agitation, odd behaviour or non-stop crying • **Chest pain** • **severe burns or scalds** • **drowning** • **suspected broken bones** • **a bang to the area of a cochlear for our Cochlear implanted deaf children**

(NHS Advice 2023)

Calling the emergency services

When you dial 999 you are not calling an ambulance but alerting the emergency services to your incident. They will decide on the response that they will provide; this can range from verbal advice over the telephone to an emergency evacuation by air ambulance. Calling 999 should not be delayed; let the emergency services decide the appropriate course of action based on the information that you give them. British Sign Language (BSL) speakers can make a BSL video call to 999. Deaf people can use 18000 to contact 999 using text relay.

Automated External Defibrillator (AED)
The school has an Automated External Defibrillator (AED) located in the main reception area near the office. The defibrillator is available for use in the event of a cardiac emergency and is accessible during school hours and during out-of-hours activities.

The device is designed to be used by anyone in an emergency.

The school business manager is responsible for:

Carrying out regular checks to ensure the AED is in working order
Ensuring the device is serviced according to the manufacturer's guidelines
Checking that pads and batteries are in date and replacing them as needed
Maintaining a log of checks and any use of the device

In the event of a suspected cardiac arrest, staff should:

Call 999 immediately
Start CPR if trained to do so
Send someone to collect the AED
Follow the device's instructions
Continue until emergency services arrive

All incidents involving the use of the AED must be recorded and reported to the headteacher or a designated safeguarding lead.

Selection of First Aiders
Unless first-aid cover is part of a member of staff's contract of employment, people who agree to become first-aiders do so on a voluntary basis. When selecting first aiders, the Governing Body/Headteacher should consider the individuals:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Normal duties, first aider must be able to leave to go immediately to an emergency.

The following employees are first aiders and have been trained in the relevant First Aid qualification:

- Mrs Remtulla
- Mrs Creary
- Ms Lawrence
- Mrs Mahgoub
- All JA Sports Coaches
- Mrs Kainth
- Mrs Malik
- Mrs Sheikh
- Mrs Virdee
- Mrs Yasmeen
- Ms Rahman
- Mrs Sohal

Appointed Persons
An appointed person is someone who:

- takes charge when someone is injured or becomes ill
- looks after the first aid equipment e.g. restocking the first aid container
- ensures that an ambulance or other professional medical help is summoned when appropriate.

Appointed persons are not necessarily first aiders. They should not give first aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have emergency first aid training/refresher training, as appropriate.

These courses do not require HSE approval. They normally last four hours and cover the following topics:

- What to do in an emergency
- Cardiopulmonary resuscitation
- First aid for the unconscious casualty
- First aid for the wounded or bleeding.

Emergency first-aid training should help an appointed person cope with an emergency and improve their competence and confidence.

First Aid–needs and expectations
Employers must provide adequate and appropriate equipment, facilities and qualified first aid personnel. The regulations do not oblige employers to provide first aid for anyone other than their own staff, but employers do have health and safety responsibilities towards non-employees. The Health and Safety Commission (HSC) guidance recommends that organisations, such as schools which provide a service for others should include them in their risk assessments and provide for them.

In light of their legal responsibilities for those in their care, schools should consider carefully the likely risks to students and visitors, and make allowance for them.

Reassessment of First-Aid Provision
The Governing Body and/or Headteacher should regularly review the School's first-aid needs (at least annually), and particularly after any changes, to ensure the provision is adequate. Where minimum numbers of trained first aiders are set, these should be monitored to ensure that these standards are being met.

Providing Information
The employer or the manager with the delegated function (the Headteacher) must inform all staff (including those with reading and language difficulties) of the first-aid arrangements. This should include the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the School's first-aid needs.

First aid kits are kept in the following points in the School.

- Medical Room
- Staff Room
- Each Classroom

Contacting First-Aid Personnel
Posters detailing a list of current first aiders and their locations, locations of first aid kits and emergency procedures are displayed in the following locations around the school:

- Reception
- Medical Room
- Year 6 corridor
- Lower school corridor
- Year 3 corridor
- Year 4 Corridor

Insurance
In the event of a claim alleging negligence by a member of the School staff, action is likely to be taken against the employer rather than the employee. Norwood Green Junior School will make sure their insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. The school will provide explicit reassurance to staff who volunteer to assist with any form of medical procedure that they are acting within the scope of their employment and are indemnified.

Risk Assessment of First-Aid Needs
The School will include staff, students, and visitors when carrying out risk assessments for first-aid needs. Staff will liaise with the SENCo where appropriate in the preparation of risk assessments for students with physical disabilities.

Points to consider:
The Governing Body/Headteacher should consider additional first aid provision if there is more than one building. They should consider how many first-aid personnel are needed to provide adequate cover on each floor on a spilt level site and outlying buildings, and on each site of a spilt-site building.

Location of Building
If the School has more than one entrance, emergency services should be given clear instructions on where or to whom they should report.

Are there any specific hazards or risks on the site?

Hazards and temporary hazards, such as building maintenance work, should be considered and suitable short-term measures put in place.

Specific Needs
Norwood Green Junior School will ensure staff or students with special health needs or disabilities are catered for. Different first-aid procedures apply to students in primary and secondary schools. For example, the resuscitation techniques. First aid training organisations can provide advice on training for first aid personnel in schools/the School.

Accident Statistics
Accident statistics can indicate the most common injuries, times, locations and activities at a particular site. These can be useful tool in a risk assessment, highlighting areas to concentrate on and tailor first-aid provision to.

First-Aid Personnel Requirement
The Governing Body/Headteacher need to consider the likely risks to students and visitors, as well as employees, when drawing up policies and deciding on the numbers of first-aid personnel. The HSC provide guidance on numbers of first-aid personnel based on employee numbers. As a general guide, they recommend that:

- A lower risk place of work (e.g., shops, offices, libraries) with fifty to one hundred employees, should consider having at least one first aider.
- A medium risk place of work (e.g. light engineering and assembly work, food processing) with twenty to one hundred employees, should consider having at least one first aider for every fifty employees (or part thereof).

- Schools will generally fall into the lower category, but some schools or areas of activity may fall into the medium risk category. The School should base its provisions on the results of its risk assessment. If there are parts of the school where different levels of risk can be identified, the employer should consider the need to make different levels of provision in different areas. When considering how many first-aid personnel are required, the Governing Body/Headteacher should also consider:
- Adequate provisions for lunchtime and breaks. It is good practice to encourage lunchtime supervisors to have first-aid training.
- Adequate provisions for leave and in case of absences.
- First aid provision for off-site activities e.g. school trips. If a first aider does not accompany students off site, there needs to be adequate first-aid provisions.
- Adequate provisions for out of hours activities e.g. sports activities, clubs.
- Any agreements with contractors, (e.g. Meals) on joint provision for first aid for their employees.
- Adequate provisions for trainees working on site. They have the same status as staff for the purpose of health and safety legislation.

Qualification and Training
A first aider must hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE. Information on local organisations offering training is available from HSE offices. Training courses cover a range of first aid competences. However, standard first aid at work training courses does not include resuscitation procedures for children. The employer should

arrange appropriate training for their first-aid personnel. Training organisations will often tailor courses specifically to schools' needs. It is helpful to let the training organisation know in advance of any particular areas that should be covered.

First aid at work and Paediatric first aid certificates are only valid for three years. Refresher training and retesting of competence should be arranged before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a first aider. However, employees can arrange for first aiders to attend a refresher course up to three months before the expiry date of their certificate. The new certificate takes effect from the date of expiry. The School should keep a record of first aiders and certification dates.

The HSE also produce guidance on the standards and requirements for approval of training including a list of standard first aid competences.

EpiPen Management & Administration

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto injector which is commonly known as an EpiPen. Adrenaline given through an EpiPen to the outer thigh muscle is the most effective treatment for anaphylaxis, as when injected it rapidly reverses the effects of a severe allergic reaction. It is a single use preloaded automatic injection and is designed to be used as a first aid device by people without formal medical training.

If a child has been prescribed an EpiPen it is necessary that training in its use is a part of professional learning provided each year by a Registered Training Organisation. Records of staff who have received this training are kept at reception.

If a pupil has been prescribed an EpiPen, a minimum of two EpiPens must be provided by the pupil's parents to the school.

Storage of EpiPens

- EpiPens should be stored correctly and accessed quickly.
- EpiPens are stored in the Medical Room in an unlocked, easily accessible place away from direct heat. They should not be stored in the refrigerator or freezer.
- EpiPens should be clearly labelled with the pupil's name.
- Each pupil's EpiPen should be distinguishable from other students, EpiPens and medications.
- All staff should know where the EpiPen is located.
- The EpiPen should be signed in and out when taken from its usual place, such as for school trips
- Depending upon the speed of past reactions it may be appropriate to have the EpiPen in class or in a bag for outside use.

Key information about EpiPens

EpiPens should not be cloudy or out of date. They should last at least 12 months from time of purchase from a pharmacy and have an expiry date printed on them. It is the parent/carer's responsibility to supply the pupil's EpiPen to the school and to replace it before it expires. It is recommended that a designated

staff member should regularly check the EpiPen at the beginning or end of each term. At least a month before its expiry date, the designated staff member should send a written reminder to the parents/carers to replace the EpiPen. Adopting the practice of returning the EpiPen to the family at the end of each term is suggested. Return or replacement of the EpiPen should take place when the pupil recommences school in the new term.

Administration of EpiPen is quite safe: if a person is suspected of having a severe allergic reaction, it may be more harmful not to give it than to use it when it may not have been needed. EpiPen should be administered if there is difficulty in breathing and an ambulance should be called.

If the ambulance has not arrived and the patient has not recovered a second dose should be administered within 10 minutes.

First-Aid Materials, Equipment and First-Aid Facilities
Employers must provide the proper materials, equipment and facilities at all times. First-aid equipment must be clearly labelled and easily accessible.

Every employer should provide at least one fully stocked first-aid kit for each site. The assessment of a School first-aid needs should include the number of first-aid kits.

Additional first-aid kits will be needed for distant sports fields or playgrounds, any other high-risk areas and offsite activities.

All first-aid kits must be marked with a white cross on a green background.

The siting of first-aid kits is a crucial element in the School's policy and should be given careful consideration. If possible, first-aid kits should be kept near to hand washing facilities.

Contents of a First-Aid Container
There is no mandatory list of items for a first-aid container, however the HSE recommend that, where there is no special risk identified, a minimum provision of first-aid items would be:

- A leaflet giving general advice on first aid (see list of publications in Annex A)
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile)
- Six safety pins
- Six medium size (approx. 12cm x 12cm) individually wrapped sterile medicated wound dressings
- Two large (approx. 18cm x 18cm) sterile individually wrapped wound dressings
- One pair of disposable gloves.

Equivalent or additional items are acceptable.

Mrs Creary is the person responsible for examining the contents of first-aid kits. These should be checked frequently and restocked as soon as possible after use.

There should be extra stock in the School. Items should be discarded safely after the expiry date has passed.

Travelling First-Aid Kits
Before undertaking any off-site activities, the Headteacher should assess what first-aid provision is needed. The HSE recommend that, where there is no special risk identified a minimum stock of first-aid items for travelling first-aid containers is:

- A leaflet giving general advice on first aid. See list of publications in Annex A
- Six individually wrapped sterile adhesive dressing
- One large sterile un-medicated wound dressing –approx. 18cm x 18cm
- Two triangular bandages
- Two safety pins
- Individually wrapped moist cleansing wipes
- One pair of disposable gloves

Equivalent or additional items are acceptable.

Additional items may be necessary for specialised activities, for instance, eye wash.

First Aid Accommodation
Employers must provide suitable and sufficient accommodation for first aid according to the assessment of the first-aid needs identified. The education (school premises) regulations 1996 require the School to have a suitable room that can be used for medical or dental treatment when required and for the care of students during School hours. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.

The School medical room is situated by the Year 6 stairs.

Hygiene/Infection Control
First aiders must follow their training and maintain good standards of infection control.
Whenever small amounts of body fluids have to be cleaned up, disposable plastic gloves should be worn and disposable paper towels and a detergent solution should be used to absorb and clean surfaces. These items should be disposed of in black plastic bin bags, tied up and placed directly into waste bins with other inert waste.

Reporting Accidents and Record Keeping
Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE.

The employer must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of the reporting, the time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

Accidents to employees the School needs to Report
The following accidents must be reported to the HSE if they injure either the School's employees during an activity connected with work, or self-employed people while working on the premises:

- Accidents resulting in death or major injury (including as a result of physical violence)
- Accidents which prevent the injured person from doing their normal work for more than three days (including acts of physical violence).

How the School should report accidents or injury
Notification to Parents:
Parents will be notified of an accident or injury that occurs to their child at school or whilst on a school led activity.

Where any pupil has sustained a head injury, the parents/guardians will be notified either by telephone and / or a head injury letter, completed by the First Aider dealing with the incident; the original letter given to the pupil to take home for parents and a copy filed in the Medical Room. The decision as to whether a phone call or head injury letter is sent home is assessed by a qualified First Aider.

Notification to HSE:
HSE must be notified of fatal and major injuries and dangerous occurrences without delay (by telephone). This must be followed up within 10 days with a written report online.

Other reportable accidents do not need immediate notification, but they must be reported to HSE within ten days online Make a RIDDOR report - How to make a RIDDOR report - HSE.

School staff: reportable injuries, diseases or dangerous occurrences
These 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) which:
        - Covers more than 10% of the whole body's total surface area; or
        - 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, or requires resuscitation or admittance to hospital for more than 24 hours

- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the [job title of relevant member of staff] will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident.

Students and other people who are not at work
An accident that happens to students or visitors must be reported to the HSE online if:

- The person involved is killed or is taken from the site of the accident to hospital; and
- The accident arises out of or in connection with work.

Like fatal and major injuries to employees or dangerous occurrences, these accidents must be notified to the HSE without delay and followed up in writing within ten days online. How do I decide whether an accident "arises out of or in connection with work"?

In HSE's view an accident must be reported if it relates to:

- Any School activity, both on or off the premises
- The way a School activity has been organised and managed (e.g. the supervision of a field trip)
- Equipment, machinery, or substances
- The design or condition of the premises.

Statutory Accident Records
Employers with 10 or more employees must keep readily accessible accident records, either in written or electronic form. These records must be kept for a minimum of 3 years.

Asthma Management and Inhaler Administration
Asthma is the most common chronic condition affecting one in eleven children. On average there are two children with asthma in every classroom in the UK and it accounts for over 25,000 emergency hospital admissions for asthma amongst children a year in the UK. Asthma is a serious and potentially life-threatening respiratory condition which must be treated promptly and appropriately. Students diagnosed with asthma will be prescribed a 'reliever' inhaler by their GP (commonly Salbutamol, trade name is Ventolin) for use during an asthma attack or exacerbation of their symptoms (occasionally they may be advised to take further doses of their 'preventer' inhaler in addition to the reliever if severe, however this is specific to individuals). If a student has been diagnosed with asthma and prescribed an inhaler their parents/carers must ensure that:

- The necessary medical documentation for the school is completed in full and signed by a parent/carer
- The student keeps a reliever inhaler in their tray at all times and takes with them when taking part in outdoor activities.
- The school is supplied with a spare reliever inhaler prescribed for that pupil (and a preventer inhaler should this be included in their asthma treatment plan).
- The spare inhaler/s will be stored securely in the Medical Room, clearly labelled.
- Parents will be reminded in advance of any medication that is due to expire and needs replacing.

- It is the responsibility of the parents/carers to ensure that the inhaler carried by the student is in date and has sufficient supply.

An asthma attack can be recognised from one or more of the following symptoms:

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

CALL 999 IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE STUDENT :

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

IN THE EVENT OF AN ASTHMA ATTACK DURING SCHOOL HOURS THE FOLLOWING GUIDELINES SHOULD BE FOLLOWED:

- Encourage the child to sit up and slightly forward.
- Use the child's inhaler that they carry on them – if it is not available, use their own named spare inhaler kept in the Medical Room.
- Remain with the child at all times and send another person to fetch the inhaler from the Medical Room if necessary (ensure that the Medicine Administration Form is completed).
- Ensure that the spacer device is used with the inhaler if one has been supplied by the parents/carers (not all children will use one).
- Assist the child to take two separate puffs of their reliever inhaler (via the spacer if applicable).
- If there is no immediate improvement/relief, continue to give two puffs at a time every two minutes, up to a maximum of ten puffs.*****
- Remain calm, reassure the child and stay with them until they feel better. Once better they can return to school activities.
- If the child does not feel better, symptoms have not eased or you are concerned at ANYTIME before you have administered ten puffs, ask another member of staff to CALL 999 FOR AN AMBULANCE, ensuring you give accurate details of the child's condition to the emergency services.

- If an ambulance does not arrive in ten minutes, give another ten puffs in the same way as detailed above.*
- Inform parents/carers.

***** *Guidance taken from Department of Health: Guidance on the use of emergency salbutamol inhalers in schools, September 2014*

Diabetes
There should be at least two trained members of staff. The school must also be prepared for absences and staff turnover so there should always be a trained member of staff available.

All members of staff should understand the role they play in making sure children with diabetes are supported properly. This means each teacher who takes a child with diabetes for a lesson should understand and help make sure the child's Individual Healthcare Plan (IHP) is followed.

The Headteacher, school governors or responsible body have overall responsibility for making sure the medical conditions policy is carried out, so the responsibility for each child with diabetes (or any other medical condition) runs through the whole of the school.

Training
When a child is newly diagnosed with diabetes or joins the school the Headteacher should call a meeting between the child and their family, the child's PDSN (Paediatric Diabetes Specialist Nurse) and any relevant staff. This meeting will decide what training members of staff will need.

The child's PDSN will most likely carry out training, as they have expertise about both diabetes and that particular child's diabetes care. The parent may well be involved as well.

Depending on the level of support needed, training might include administering insulin by a pen or a pump, testing blood glucose (blood sugars), understanding what these readings mean, carbohydrate counting and making sure the member of staff know what a hypo and hyper are and how they are treated.

The member of staff must be properly trained and signed off as competent by a suitable healthcare professional (usually the child's PDSN) before they are asked to support a child with diabetes. They should never administer insulin or undertake any of their medical care if the member of staff has not been properly trained.

The school must make sure training is reviewed and updated regularly. If a child's care changes, eg if they move from using an insulin pen to a pump, then training must be updated.

Emergency procedures
An emergency for a child with diabetes means an incident that requires immediate treatment. In most cases this will be a hypo – low blood sugars – or a hyper – high blood sugars. It is inevitable that at some point a child will have a hypo or hyper.

Hypos and hypers
People with diabetes can cause high and low blood sugar levels which are known as hypos and hypers.

It's important to remember that both hypos and hypers can affect a child's behaviour. If a child is behaving out of character, it's always worth checking their blood sugar levels.

Hypos

Hypos are when a child's blood sugar levels go really too low, it's really important that a hypo is treated as quickly as possible.

Hypos are usually treated with something sugary to eat and drink. These amounts will be different depending on how serious the hypo is and how old the child is too. During training the diabetes nurse will go through how to treat a hypo and what causes them.

Some children know when they're having a hypo and can treat it themselves, but some children won't be able to and will need help.

All school staff should know the signs of a hypo in each individual child and what to do if they're having one.

Hyper

Hyperglycaemia happens when a child's blood sugar goes too high.

This might be because they've missed an insulin dose, not taken enough insulin, of stress, sugary or starchy food and sometimes there isn't an obvious cause.

Symptoms of a hyper can be the child being really thirst, needing the toilet a lot, feeling sick, blurred vision and having a tummy ache. If any of these symptoms happen, test their blood sugar and treat the hyper with insulin.

The child's PDSN will tell you how to treat a hyper and when it should also be written on their IHP.

Insulin, record keeping and communication
Depending on how much support the child needs, the school might be required to look after the child's insulin and equipment. This should always be easily accessible and never locked away. The child's IHP must make clear where it is kept.

Schools should keep a record of any prescribed medicines given to children, which means doses of insulin for children with diabetes. It is likely keeping these records will be the responsibility of a member of staff. A log book will help do this. Record what dose of insulin has been given, carbohydrates eaten, blood sugar levels and room to record any emergency incidents like hypo and hypers.

If a child refuses their insulin or other treatments, then what happens next will be covered in their IHP. The school must inform parents of this.

Along with formal record keeping, good communication with parents will be very important, particularly if the child you are supporting is young or newly diagnosed. The IHP will state exactly when parents need to be contacted but do not be afraid to ask questions or let them know of any concerns you have.

A child and their parents will often know the most about their diabetes so it is important you listen to their views and thoughts.

Individual Healthcare Plans
Before supporting a child with diabetes, you should read and understand their individual healthcare plan. The IHP would have been developed after a meeting between the school, parents and the child's PDSN. At this meeting the support the child needs would have been identified.

The School's Record
The School should keep a record of any first aid treatment given by first aiders and appointed persons.

This should include:

- The date, time and place of the incident
- The name (and class) of the injured or ill person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards (e.g. went home, resumed normal duties, went back to class, went to hospital)
- Name and signature of first aider or person dealing with incident.
- Who notified the parent and whether this was by letter, phone, email or in person.

The information in the record book can:

- Help the School identify accident trends and possible areas for improvement in the control of health and safety risks
- Be used for reference in future first-aid needs assessments.
- Be helpful for insurance and investigative purposes.

In an emergency, the Headteacher will have procedures for contacting the child's parent/guardian/named contact as soon as possible.

It is our practice to report all serious or significant incidents including head injuries to the parents/guardians by telephoning the parents and sending a head injury letter home with the child, which includes advice on signs and symptoms of a head injury (See appendices).
Staff must be aware of the Data Protection Act and not allow parents to view personal information other than that relating to their child. It is not standard practice to give parents copies of the school's accident record. However, if a parent requests a copy of the accident form then this will need to be authorised by a member of the senior leadership team.

Prescribed Medicines
Medicines should only be taken to the School when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the School day.

The School should only accept medicines that have prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in original container as dispensed by pharmacist and include prescribers' instructions for administration.

The School should never accept medicines that have been taken out of the container as originally dispensed nor make any changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside School hours. Parents could be encouraged to ask the prescriber about this.

Non-prescribed medicines
Staff should **NEVER** give non-prescribed medicine to a child unless there is a specific prior written permission from the parents.

A child under 16 should never be given aspirin or medicines contained ibuprofen unless prescribed by a doctor.

Controlled Drugs
All controlled drugs are to be kept locked in a non-portable container and only named staff should have access

Children with Special Medical Conditions
The School should be aware of children who have allergies or that require any special medical attention.

Refusing Medicine
If a child refuses to take medicine, staff should not force them to do so but should note this in the records and follow agreed procedures.

Monitoring, Evaluation and Review
This policy will be reviewed every three years or before this as appropriate.

Links with other policies

This first aid policy should be read alongside:

- Health and Safety Policy
- Policy on supporting pupils with medical conditions

APPENDIX A

Parental agreement for School to administer medicine. The School will not give your child medicine unless you complete and sign this form, and the School has a policy that staff can administer medicine.

Name of Child	
Date of Birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (As described on container)	
Date dispensed	
Expiry date	
Agreed review date to be initiated by	
Dosage and method	
Timing	
Special precaution	
Are there any side effects?	
Self-administration	
Procedures to take in an emergency	
Contact details	
Name	
Daytime telephone number	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to [agreed member of staff]

I accept that this is a service that the School is not obliged to undertake. I understand that I must notify the School of any changes in writing.

Date:
Signature:

APPENDIX B

Date…….

Dear Parent/Carer,

…… sustained an injury to their head today at ……..hours.

Details of accident:……

……

……

……

Location of injury:……

……

……

First Aid treatment given:……

……

……

Staff name:……

Children often bump their heads with no further consequences however it is recommended that they are closely observed for at least twenty-four hours post injury as it is possible for symptoms to present several hours later. Serious injury is highly unlikely from a simple bump to the head and therefore the following guidance is simply provided as it could prove vital in exceptional circumstances, rather than to alarm or worry you.

Symptoms of head injury may include (ranging from mild to serious):

- Mild headache
- Mild dizziness
- Mild blurred vision
- Nausea
- Unusually sleepy or difficult to rouse
- Altered level of consciousness
- Slurred speech
- Lack of co-ordination/balance
- Change in personality/behaviour, in particular irritability
- Persistent/severe headache
- Vomiting
- Double vision
- Seizure (fit)

If your child displays any of the above symptoms (they may not all be apparent), it is strongly recommended that you seek immediate advice from either NHS 111 Service, your GP or local A & E department.

Yours sincerely,