



## POLICY FOR FIRST AID AND THE ADMINISTRATION OF MEDICINES

### **THIS POLICY APPLIES TO EYFS**

#### **Designated Paediatric First Aiders are:**

**Miss Janet Elwood**

**Nick Bovingdon**

**Jonathan Parsons**

**Mrs Rosemary Daley-Franks**

**Ms Helen Cromore**

**Stephen Carvell**

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**Mrs Debbie Andrew**

**Jeff Jones**

**Mrs Claire Rogers**

**Mrs Helen James**

**Mrs Tamara Hunt**

#### **Key Guidance**

- At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when EYFS children are present, and must accompany children on outings. The certificate must be for a full course.
- PFA training must be renewed every three years and be relevant for workers caring for young children. The school will take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.
- All newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting.
- The school should display or make available to parents staff PFA certificates or a list of staff who have a current PFA certificate.
- Staff should at all times be aware of access issues to the medication cupboard and at no time should unlocked medication cupboards be left unsupervised.
- The keys to the medication cabinet are kept in the School office.
- Consent forms for household medications, plasters and sun cream is obtained when the pupil joins the school and kept in the pupil file. A phone call to the parent to confirm permission to administer household medication is made before it is given to the pupil and the dose is recorded in the Administering Medicines Book by the person who gave the medication to the pupil. Only Paediatric First Aiders are permitted to administer to EYFS children. A note is kept on our database against pupils for whom we do not hold written permission from the parents to administer household medication. In addition, for EYFS pupils, parents are advised that medication has been administered and in what dose in writing using the pupil's 'home to school diary', this note is signed by the paediatric first aider that administered the medication.
- If a pupil is prescribed medication that will be administered at school, the parents are required to put this in writing to the school. This should detail the medication prescribed, type, dosage, frequency, and duration of medication of regime. This form serves as written permission for staff to administer the medication. Each dose is then recorded in the Administering Medicines Book at the time it is administered.

- Staff are encouraged to research and understand the medication that they administer to the pupils in their care. Information sheets produced by pharmaceutical companies are good sources of information and should be retained.
- Within the School, medication is defined as a drug that is used in the treatment or prevention of disease. This is in comparison to a drug which can be any substance which, when taken into the blood, may modify one of its functions or structures.
- The most important piece of information on any medication is the label that has been printed from the pharmacy. Staff are strongly advised not to administer any medication without the label giving clear guidelines. The school's policy on medication reinforces the responsibility of parents to send medication with clear pharmacy guidelines.
- Pharmacy labels serve as our permission to administer medication to the prescribed instructions of a medical doctor. The pharmacist label should state the following:
  1. What the medication actually is – e.g. Amoxycillin.
  2. What the strength of the medication is – i.e. 100mg tablets or amount of medicine in suspension within a liquid medicine.
  3. Directions as to how they should be taken i.e. one to be taken twice a day.
  4. How many tablets were dispensed.
  5. Complete the course
  6. Take before or after food.
  7. Do not drink alcohol whilst taking.

### **Other Important Directions**

- Swallow whole, do not chew – this can be a challenge with very young children or those that are very rigid in their likes and dislikes. However, we cannot crush tablets that are directed to be taken as whole. The drugs product licence will have been granted on the grounds of them being taken whole. A number of medications are designed to slow release the active ingredient throughout a set period of time, if crushed they lose the chemical capacity to do this.
- Medication that is directed to be taken before food is so directed because food will retard the absorption of the medication. Other reasons that medication should be taken immediately before food might include the fact that some medication suppresses the appetite if taken well before a meal.
- Medication that can be affected by the acids in the stomach or cause irritation to the stomach are often prescribed with or after food.
- The 'As Directed' direction can cause staff confusion and it is the school's policy to seek more specific advice from the parent.
- Other issues – directions for staff to give fractions of tablets are to be challenged. Wherever possible medicines should be administered in whole tablets. The use of liquid medicine should be considered when dealing with the issue of fractions.
- The school advocates an approach that emphasises the six rights of administration when dealing with medication. These are:
  1. The right **CHILD/YOUNG PERSON**.
  2. The right **MEDICINE**.
  3. The right **DOSE**.
  4. The right **TIME**.

5. The right **ROUTE**.
6. The right **WAY**.

**When giving medicines staff should follow the protocol below:**

1. Get mentally prepared to administer the medication by concentrating on the task in hand.
2. Check the medicine record for directions.
3. Find the medicine within the medicine cabinet/fridge.
4. Check the label
5. Measure the dose.
6. Take the medicine to the child or bring the child to the medicine.
7. Inform the child that their medicine is ready for them.
8. Give the medicine.
9. Offer a drink of water.
10. Record immediately what has been given or declined.

**Administering Analgesics**

When giving medicines staff should follow the protocol below:

1. Ensure written confirmation from parents that they agree to their child receiving such treatment.
2. Ring parents before administering
3. Designated member of staff (PFA trained person for EYFS pupils)
4. Ensure pupil has not had preparation containing Paracetamol or Ibuprofen in last 4 hours, check the Administering Medicines book or confirm with the parent, if first thing in the morning
5. Do not exceed stated dose (taking account of pupil's age)
6. A record must be kept indicating name, dose, time, reason.
7. Records should be checked before administering to prevent correct dose being exceeded and to ensure the pupil is not regularly taking other medication.
8. Consider whether to purchase Paracetamol preparations which prevent liver damage in the event of overdose
9. Keep Paracetamol & Ibuprofen in secure place which is inaccessible to pupils (do not store in first aid box).

**Administering Topical Medicines:**

These are considered just as important as any oral medicine. We follow the protocols below when using drops. When we open a drop bottle we record the date of opening on the container.

Unless labelled otherwise the general guidance for expiry dates is:

- Eye drops and eye ointment – discard four weeks after opening.

**Administering Nasal Drops and Ear Drops:**

### Nasal Drops:

1. Wash hands.
2. Request that the student sits in a chair
3. Tilt their head backwards.
4. Put the required number of drops into each nostril.
5. Keep the student's head tilted back for two minutes.
6. Replace cap on the bottle.

### Ear Drops:

1. Wash hands.
2. Request that the student lies or sits down and tilt the head to bring the ear uppermost.
3. Gently pull the ear backwards.
4. Put the correct number of drops into the ear. Do not push the dropper into the ear.
5. Get the student to remain in the same position for two minutes.

### Administering Eye Drops and Eye Ointment:

#### Eye drops:

1. Wash hands.
2. Check when the drops were opened and when they should be thrown away.
3. Tilt the student's head backwards
4. Pull down the lower eye lid.
5. Put the correct number of drops inside the lower lid without touching the eye.
6. Ask the student to close their eyes.
7. Wipe away any excess with a clean tissue.
8. Replace the cap and store in a cool place.

#### Eye Ointment:

1. Wash hands.
2. Check when the ointment was opened and when it should be thrown away.
3. Tilt the head of the student backwards.
4. Pull down the lower lid.
5. Squeeze half an inch of ointment inside the lower lid without touching the eye.
6. Close the eyes.
7. Wipe away excess with a clean tissue.
8. Replace the cap and store in a cool place.
9. Discard four weeks after opening.

#### Inhalers:

1. Shake inhaler.
2. The child should sit with back straight, leaning slightly forward. > This opens the ribcage to allow better breathing.

3. Ask the child to breathe out and to form a tight barrier around the inhaler, inhale and count to 10 before asking the child to breathe in again. This will inhale dosage directly into the airway.
4. An asthma attack can be very distressing for a child, so calming techniques should be practised to help the child recover to a normal state.
5. Ask the pupil to rinse their mouth out with water after using a steroidal inhaler, i.e. Pulmicort and Becotide.
6. In any case where you are not happy with the child's condition, an emergency ambulance should be called.
7. If the child is using a spacer to inhale, follow the same instructions as above.
8. Do not use soapy water to rinse out spacers as the soap can affect the medication.
9. Specific pupils may have been asked to take their inhalers whilst lying down on beds, follow the specific directions on an individual's medication.
10. Parents will be asked by the School Office to update medication one month before the expiry date. Out of date medication will be returned to the parent for safe disposal.

#### Sun Cream:

1. Sun cream use will be encouraged on days when the sun is strong during summer at lunch breaks, during PE lessons and on school trips. Extra sun cream will be made available in case children forget their own.
2. We will send consent forms home asking for permission for pupils & staff to apply sunscreen when needed.
3. Pupils will be asked to re-apply sun cream at regular intervals
4. If a pupil is not able to re-apply sun cream, a member of staff will provide the school spare supply or the pupil will be asked to sit in the shade until the lesson or experience outside has finished

#### The Law

The law states that:

- Anyone can administer a prescription only medicine to another person provided it is in accordance with the directions of a doctor as outlined on the label. The exception to this rule is in the case of injections.
- Medicines that are prescribed for an individual pupil are that person's property and may not be used by any other person.
- Doses of prescribed medicines must not be varied without the doctor's consent.

#### Storage

Within the school we keep medication in a designated locked medication cupboard. The only exception to this general rule is in –

- The use of a fridge in order to store specific medication. We never store the medication at the back of the fridge, as it is too close to sources of cold. We store

mediation on a shelf with the temperature of the fridge monitored to be between 2-8C.

- The storage of pupil specific epipens for the immediate treatment of students who have gone into an allergic reaction. Staff need to have immediate access to this medication and they are therefore stored on an easily hooks in the Medical Room. Parents will be asked by the School Office to update medication one month before the expiry date. Out of date medication will be returned to the parent for safe disposal.
- A generic epipen is held by the school for use in case a pupil specific epipen fails.

In the case of controlled drugs such as Ritalin it is stored within the designation locked drug/medication cupboard in the Medical Room.

Storage of medication whilst out on educational visits is the responsibility of the member of staff leading the activity. As a general guide, medicines are kept on the person of an identified member who then administers them and records when back at school.

Staff medication is stored in the designated locked drug/medication cupboard in the Medical Room, or in staff pigeon holes (it must never be left in the classroom). The keys to the cupboard are kept in the school office and staffroom. Medicine requiring fridge storage will be kept in the staffroom fridge. This is a prohibited area for pupils.

### **Medication Administration Record**

We strive to establish a clear audit when dealing with the receipt of medicine into the school, its storage, administration and dealing with unwanted and discontinued medication.

The school uses an individual medication administration record sheet. The key information contained on this sheet is:

- Current date
- Child's name
- Time
- Name of medication
- Dose given
- Any reactions
- Signature of staff dispensing

### **Non-prescription Medication:**

A 'homely remedy' is a medicine that may normally be bought by a person without calling a doctor. We operate a system of recording 'homely' remedies in the same manner as prescribed medicines.

If a pupil has a 'homely' remedy that will be administered at school, the student's parents are required to put this in writing to the school. This should detail the medication prescribed, type, dosage, frequency, and duration of medication regime. This form serves as written permission for staff to administer the medication. 'Homely remedy' medications are stored inside a locked drawer in the office or the fridge in the kitchen.

If a 'Homely Remedy' has been administered then:

- An entry is made in the log book detailing the reason for administering medication, medication given and time, dose and name of the student involved.

### **Recording of accidents**

All accidents, however minor, should be recorded on an accident form, copies of which are kept in the office, in classrooms and playground first aid buckets, by the adult who witnessed or dealt with it. Parents are notified by email with a copy of the form and asked to acknowledge receipt of it. The completed form is given to the School Business Manager for investigation and RIDDOR advised if necessary.

Mrs Hasley, Mrs Russell or Mrs Burton (school office during lesson time) any other PFA trained member of staff (during break times) are responsible for administering First Aid. In their absence boys should be brought to the office and the School Business Manager or Headmaster or Senior Leadership Team member informed. Sufficient teaching staff and other relevant staff are First Aid trained  
Protocols are updated regularly and confirmed at First Aid training days.

If the injury is a result of an accident or incident other than a playground accident the Health & Safety Officer (Mrs Glass) must be informed immediately so an investigation report can be completed.

### **SPORTS ACTIVITIES - Recording of Accidents & Injuries:**

It will be necessary for all injuries and accidents to be reported to the School Office by the Sports Coach supervising and an Accident Report Form completed immediately or as soon as possible so that a full record of the incident can be recorded in detail and acknowledged by the parent.

The format of the Accident Form includes;

- DATE OF ACCIDENT/INCIDENT
- PLACE THAT INCIDENT/ACCIDENT OCCURRED
- DETAILS OF INJURY TREATMENT GIVEN
- ANY IMPORTANT FORWARDED INFORMATION REQUIRED
- OUTCOME

### **PROCEDURE FOR PUPIL MEDICAL CARE**

#### **In the Event of a Minor Injury**

(Eg; A small graze or superficial cut)

All pupils should be taken care of by the supervising member of staff responsible for that group at the time of the incident – **ALL** members of Games staff have a current First Aid Certificate. First Aid kits are taken to sports training sessions and fixtures.

#### **In the Event of a Major Injury**

(Eg; Head Injury/Concussion, broken bone)

Administer immediate first aid and then call an ambulance and advise the School Office of events so that parent can be advised. On return to school complete Accident Report Form.

### **Guidelines for Reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)**

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter.

Major injuries from schedule 1 of the regulations:

- Any fracture, other than to the fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (whether temporary or permanent)
- A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
- Any other injury lasting over 7 days
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
- Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
  - Acute illness requiring medical treatment; or
  - Loss of consciousness
- Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Death
- A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

#### **Location of First aid boxes:**

- |                       |                   |
|-----------------------|-------------------|
| • in the Medical Room | in the Pre-Prep   |
| • in the school hall  | in Peach Building |
| • in the STEAM Room   | in PE shed        |
| • In the Lab          | with games staff  |
| • in the kitchen      | in the minibuses  |
| • in the lunch hall   | in Snow building  |
| • in the Boardroom    | in Workshop       |

There must be a first aid box taken on all school trips, there is a specific one in the School office for this purpose. (Please see Health & Safety Officer before taking a first aid kit from its normal position).

The School Secretary is responsible for ensuring first aid boxes are maintained and checked regularly. The School Secretary is responsible for advising safety officer if items need replenishing.

### **Emergency care plans and treatment boxes**

Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the Health & Safety Officer, a Paediatric First Aider and parents.

The Registrar ensures that staff are made aware of any pupil with an emergency care plan. These care plans are displayed in the Medical Room.

First Aid boxes must always be taken if the pupil is out of school. The boxes are kept in the Medical Room.

### **Pupils with medical conditions – see Appendix 1, Guidance to staff on particular medical conditions**

A list is available in the Medical Room of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return First Aid boxes on completion of the trip. If staff become aware of any condition not on these lists please inform a Paediatric First Aider.

### **Procedure to be followed if a child has soiled themselves (Please refer to our Intimate Care Policy)**

This is more common in EYFS. On occasions an individual child may require some assistance with changing if, for example, he has an accident at the toilet, gets wet outside, or has vomit on his clothes etc.

### **Accidents**

Child alerts a member of staff, or staff member notices an accident has happened.

During the school day 8.40am -3.55pm, the staff member sends for a second member of staff if available and required. A second member of staff will then go to the toilet area or classroom to assist changing the child, if help is not required they should supervise the other children and remain in sight and ensure both staff members are present until the change is complete. Whether a second member of staff is required or not follow changing guidelines set out below.

Changing should happen in a public area such as the classroom or open cloakroom and not in an enclosed space such as a cubicle. However, the classroom door can be shut to afford privacy for the child as long as the windows are uncovered and door accessible.

Before and after school, 7.45am-8.40am and 3.55pm-5.50pm, a second member of staff may not be available and duty staff should use the Red Card to summon assistance from a member of SLT who can assist with changing or supervision.

Parents must be informed on the day that their child has had an accident. Ideally this should be done in person, but if that is not possible by phone or email. Soiled clothes must be sent home on the same day.

## **Nappy Changing**

Child alerts a member of staff, or staff member notices a nappy requires changing.

During the school day 8.40am -3.55pm, the staff member sends for a second member of EYFS staff if available and required. A second member of staff will then go to Little Griffins classroom to supervise the other children and remain in sight and ensure both staff members are present until the change is complete. Whether a second member of staff is required or not follow changing guidelines set out below.

Changing should happen in a public area in the classroom or open cloakroom and not in an enclosed space such as a cubicle. However, the classroom door can be shut to afford privacy for the child as long as the windows are uncovered and door accessible.

Before and after school, 7.45am-8.40am and 3.55pm-5.50pm, a member of EYFS staff may not be available and duty staff should move all children to the Little Griffins classroom to enable changing to take place, or use the Red Card to summon assistance from a member of SLT who can assist with changing or supervision.

Parents must be informed about changes on a daily basis. Any soiled clothes must be sent home on the same day.

## **Emergency Assistance**

If a pupil becomes unwell or is injured whilst at school they will be looked after in the Medical Room until their parent can collect them to take them home. It is the responsibility of the parent to take their child to the GP, surgery or hospital out-patients.

In case of emergency treatment being needed then the school will phone for an ambulance, contact students' parents, arrange for a staff member to accompany the student to hospital and wait with the student until the parents arrive. The staff member is to be aware of any religious/cultural wishes to be communicated to hospital staff in the absence of the students' parents. It should be noted that although staff may act in 'loco parentis' they cannot give consent for any medical treatment as they do not have full parental responsibility.

An ambulance may be summoned by Mrs Russell/Mrs Hasley, or in their absence, by the most senior member of the teaching staff.

If a boy needs hospital treatment and his parents are unable to take him, he will be escorted by a member of staff in a school minibus. If no driver or minibus is available a taxi should be summoned. (Calcot & Tilehurst Taxis: 9454545, 500 Car Taxis 9599999). There should always be two adults present during the transfer, one driver and one other member of staff.

*To be read in conjunction with the School's First Aid policy above*

## **When to call an ambulance**

Call an ambulance if a casualty

- is unconscious
- has lost consciousness
- is very difficult to rouse and slips in and out of consciousness
- cannot breathe
- has serious scalds or burns
- if the illness or injury is life threatening
- if the serious injury could become worse or life threatening
- if moving the casualty would cause a serious injury to become worse
- if the casualty needs the skills or equipment of the ambulance service
- if there is severe loss of blood
- if there is persistent chest pain for 15 minutes or more
- ingestion of poison
- fracture of the main leg bones
- serious back injury

Remember err on the side of safety BUT calling an ambulance in a non-urgent situation takes an emergency vehicle away from a possible emergency. The ambulance service will categorize calls into:

- a) life threatening
- b) conditions which need to be attended quickly
- c) non-life threatening calls, general assistance calls.

Response to Category C type calls may not warrant the attendance of the ambulance service.

Sources:

East Ambulance Service  
Direct Government  
London Ambulance Service

Signed:

Headmaster

Dated: Nov 2019

**A VERSION OF THIS POLICY IS AVAILABLE ON REQUEST**

Proprietor

Review date: Nov 2020

## **APPENDIX: Guidance to staff on particular medical conditions**

### **Allergic reactions**

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

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

### **Anaphylaxis**

Symptoms and treatment of Anaphylaxis:

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

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

Action to be taken:

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

**REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.**

**Epi-pen treatment must only be undertaken by staff who have received specific training.**

## **Asthma**

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

Trigger factors:

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

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

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

Recognising an asthma attack

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

Action to be taken:

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the Appointed Person or a first aider if she not available.

6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

### **Diabetes**

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

Signs and symptoms of low blood sugar (hypoglycaemic attack)

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

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

Action to be taken:

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

Action to take if the pupil becomes unconscious:

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

Signs and symptoms of high blood sugar (hyperglycaemic attack) Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be

caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

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

Action to be taken:

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

## **Epilepsy**

How to recognise a seizure

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

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

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

Action to be taken

1. Send for an ambulance;
  - a. if this is a pupil's first seizure,
  - b. if a pupil known to have epilepsy has a seizure lasting for more than five minutes; or
  - c. if an injury occurs.
2. Seek the help of the Appointed Person or a first aider.
3. Help the pupil to the floor.
4. Do not try to stop seizure.
5. Do not put anything into the mouth of the pupil.
6. Move any other pupils away and maintain pupil's dignity.
7. Protect the pupil from any danger.
8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow patient to rest as necessary.
10. Inform parents.
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival.
13. Reassure other pupils and staff.
14. Accompany pupil to hospital and await the arrival of a parent.