



POLICY FOR FIRST AID AND THE ADMINISTRATION OF MEDICINES

Date of Policy	September 2025 – Policy Rewrite
Member of staff responsible	Anrike Bryant
Next Review	Sept 2026

THIS POLICY APPLIES TO EYFS

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EMERGENCY FIRST AID AT WORK

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1. Introduction

This First Aid Policy applies to the whole of St Edward's Prep School & Nursery, including the EYFS, After-School and Holiday Clubs. It sets out how the school safeguards the health, safety and welfare of pupils, staff and visitors. Copies are available on the school website and from the school office.

2. Purpose

To provide effective and safe First Aid cover for pupils, staff and visitors, ensuring:

- Prompt, competent response to illness or injury;
- Clear lines of responsibility and escalation;
- Accurate recording, monitoring and prevention of recurrence;
- Compliance with EYFS and statutory Health & Safety requirements.

3. Policy Statement

St Edward's Prep School & Nursery is committed to caring for and protecting the health, safety and welfare of its pupils, staff and visitors. We confirm our adherence to the following standards at all times:

- Provide practical arrangements for First Aid on-site, within the EYFS and during off-site sport, school visits, After-School and Holiday Clubs;
- Ensure First Aid staff renew or extend their qualifications at least every three years;
- Maintain a minimum of two trained First Aiders on site at any one time, including at least one Paediatric First Aider (PFA) whenever EYFS pupils are present;
- Ensure a trained First Aider accompanies every off-site visit or activity (and a PFA for EYFS);
- Record accidents and illnesses accurately, reporting to parents and the HSE where required;
- Keep First Aid kits visible and accessible throughout the school and provide portable kits for trips and sport;
- Make individual arrangements for pupils and staff with medical conditions or care plans;
- Dispose of bodily fluids and medical waste hygienically and safely;
- Contact emergency medical services without delay when required and inform parents or next of kin immediately;
- Communicate clearly to pupils and staff on where to obtain medical help;
- Notify parents promptly, by phone and in writing, of any head injury, and record in writing all First Aid or medication given to EYFS pupils.

4. Details of the Designated First Aider

Designated First Aid Lead (DFL): Janet Elwood (based in First aid room in the library)

- Oversees policy, procedures, training, equipment and compliance;
- Coordinates incident response and ensures cover across the school day, After-School and Holiday Clubs;
- Works with the School Business Manager to review data termly and escalate concerns immediately to SLT;
- Ensures all First Aid and medication facilities are properly maintained.

5. Practical Arrangements, Facilities and Equipment

- **Medical Base:** The First Aid room contains a treatment bed, hand-wash sink, PPE, locked medicine storage and clinical-waste bin.
- **Visibility of Kits:** First Aid kits are visible in every classroom, as well as located in the Wellbeing Hub, School Hall, Science classroom, Pre-Prep building, Peach building, Snow building, kitchen, staffroom, workshop and on each minibus.
- **Specialist Sports Kits:** Maintained by the PE department for off-site fixtures and training.
- **Checks:** Kits are reviewed and restocked half-termly by the DFL or delegated staff.
- **Security:** Medicine cabinets remain locked when unattended; keys are held by the DFL and SLT.

6. Responsibilities of the Designated First Aider

The Designated First Aider is responsible for:

- Ensuring that all staff and pupils are familiar with the school's First Aid and medical procedures;
- Ensuring that all staff are familiar with measures to provide appropriate care for pupils with particular medical needs (e.g. diabetes, Epipens, inhalers);
- Ensuring that a list is maintained and available to all staff of pupils with particular medical needs and appropriate measures to care for them;

- Monitoring and replenishing supplies and ensuring that First Aid kits are replenished every half term. In the interim, the responsibility for this lies with the person using the First Aid kit;
- Ensuring the school has an adequate number of trained First Aiders;
- Co-ordinating First Aiders and arranging for training to be renewed as necessary;
- Maintaining adequate facilities;
- Ensuring that correct provision is made for pupils with special medical requirements both in school and on off-site visits;
- On a monthly basis, reviewing the First Aid incident records to identify any trends or patterns and report to SLT and to the termly Health and Safety Committee;
- Fulfilling the school's commitment to report to RIDDOR if required, as described below;
- Fulfilling their commitment to report to Ofsted any serious accident, illness or injuries or death of a child in their care, and the action taken;
- Liaising with managers of external facilities, such as local sports facilities, to ensure appropriate First Aid provision is in place;
- Contacting emergency medical services as required.

7. Details of Trained First Aiders

A list of all trained First Aiders and their qualification dates is kept by the School Business Manager. Currently, almost all staff are qualified First Aiders, having completed the required course for their age group.

8. Responsibilities of the Trained First Aiders

Trained First Aiders must:

- Provide appropriate care for pupils, staff or visitors who are ill or sustain an injury;
- Record all incidents and accidents on an accident form or minor injury form;
- In the event of any injury to the head, however minor, ensure that a Head Injury Assessment is carried out (see Appendix A), and a phone call is made to the parents or guardian;
- In the event of any accident or administration of First Aid involving a pupil in EYFS, ensure that a record is signed by the parents/guardian as soon as reasonably practicable, and a copy placed in the First Aid incidents file;
- Make arrangements with parents/guardians to collect children and take them home if they are too unwell to continue the school day;
- Inform the Designated First Aider of all incidents where First Aid has been administered via the accident form or minor injuries form.

9. Recording of Accidents

All accidents, however minor, are recorded. For playground bumps and scrapes, the supervising adult provides immediate care, records the incident on the Bumps & Scrapes list (spares are kept in the office), gives the child a sticker and sends a brief slip home. Where more in-depth First Aid is required, the child is escorted to the First aid room; an Accident Form is completed by both the witnessing adult and the treating First Aider, and parents are contacted by phone or in person and sent a copy to acknowledge. Completed forms are submitted to the School Business Manager for review, investigated where required and consideration of RIDDOR given.

The SBM monitors accident data on an ongoing basis, brings emerging concerns to SLT without delay and provides timely reports to the Health & Safety meeting. Analysis includes both Bumps & Scrapes and Accident/Incident records.

10. Sports

A Sports First Aider supervises training and fixtures and ensures kits are pitch-side. Minor injuries are treated and recorded as above. For major injuries (for example, a suspected fracture or head injury/concussion), immediate First Aid is given, 999 is called, the DFL is informed so that parents can be contacted, and an Accident Form is completed on return. Emergency vehicle access to pitches must remain clear at all times. On arrival at away fixtures, coaches check how to summon First Aid or emergency services and confirm the location of the host's First Aid provision.

11. Summoning Help in an Emergency

The priority, in any emergency or injury situation, is the safety and wellbeing of the child or adult affected. Therefore, the member of staff present at any emergency situation must decide whether to call the Designated First Aider (if not present) or the Emergency Services first.

This decision will be influenced to some degree by the knowledge, skill and training of the staff present, but also by the injury or condition of the pupil/adult. However, if in any doubt, the Emergency Services (Paramedic Team) should be summoned by dialling 999 before asking for support from the Designated First Aider. It may well be that these two tasks can be performed simultaneously if other staff are present.

Conditions whereby ambulance/paramedic help should be summoned immediately include:

- An unconscious pupil or adult
- Where there is difficulty breathing or breathing has ceased
- Where there has been a head injury and the pupil/adult is drowsy and not responding to verbal stimulus
- Where there is an obvious fracture of a limb(s)
- Where there is a neck or spinal injury with pain and/or loss of function in limbs/breathing difficulties
- Where First Aid protocols for asthma, epilepsy, diabetes and anaphylaxis have been carried out and the pupil/adult does not respond
- Drowning or near drowning
- Cardiac arrest

If the Emergency Services are called, staff should state:

- That the ambulance service is required
- What has happened
- Whether the casualty is breathing or unconscious
- The name and age of the person injured
- The location of the school (64 Tilehurst Road, Reading RG30 2JH)

12. Contacting Parents

Parents/guardians are telephoned as soon as practicable for any head injury (of any severity), suspected concussion, breathing difficulty (including an asthma attack requiring a reliever), anaphylaxis or use of an auto-injector, seizures or febrile convulsions, suspected sprains or fractures, falls from height or significant impacts, uncontrolled bleeding or deep wounds, severe hypoglycaemia/hyperglycaemia or other acute diabetic episodes, dental avulsions, or where a pupil is generally unwell and cannot continue the day. For EYFS, every instance of First Aid or medicine is recorded in writing and shared with parents; acknowledgement is sought where required.

Accompaniment and transport to hospital: If an ambulance is called, a member of staff accompanies the pupil unless a parent is present. If non-emergency transport is required and parents are delayed, an authorised taxi may be used; a member of staff remains with the child. Where a staff member drives a pupil, there must be two adults in the vehicle (driver and accompanying adult). If a member of staff is driving the child to hospital, a second person is required to be in the vehicle in case the child has a secondary, unseen injury or if the child goes into shock.

Parents can be informed of smaller incidents at the end of the school day by the Form Tutor or School Office.

13. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences)

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 seven 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:
 - o Acute illness requiring medical treatment; or
 - o 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.

14. Location of First Aid boxes:

- | | |
|----------------------------|----------------------------|
| • in the Wellbeing Hub | • in the Pre-Prep building |
| • in the School Hall | • in Peach building |
| • in the Reception class | • in the minibuses |
| • in the Science classroom | • in Snow building |
| • in the Kitchen | • in the Workshop |
| • in the Staffroom | • in every classroom |

The SBM is responsible for ensuring First Aid boxes are maintained and checked regularly.

15. First Aid for School Trips

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate First Aid qualification (paediatric certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure an appropriate level of First Aid cover, with reference to the Educational Trips and Visits Policy, which includes further guidance. A First Aid kit for school trips must be collected from the Medical Room/Office. This must be returned and replenished on return, and any accident forms which have been used must be handed to the Designated First Aider. Any accidents/injuries must be reported to the Designated First Aider and to parents and documented on an accident form in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury, appropriate health and safety procedures must be followed.

16. Emergency Care Plans and Treatment Boxes

Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the School Business Manager, 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 kept in the child's individual wallet hanging 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.

17. Pupils with Medical Conditions

A list is available in the School Office and on Teams of all pupils who have a serious allergy or medical condition, and dietary requirements are shared with the kitchen staff. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return medical boxes to the Medical Room on completion of a trip. If staff become aware of any conditions not on the list, please inform the Designated First Aider.

For guidance on how to treat pupils with specific medical conditions, please see the appendix.

18. Administering Medication in School

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 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 medication 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 easily accessible 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's specific EpiPen fails.
- Controlled medications are stored securely behind two locks to prevent unauthorised access. Medication is administered by two members of staff and signatures are required; this provides an additional layer of verification and accountability during handling.

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 it when back at school.

Staff medication is stored in staff pigeonholes (it must never be left in the classroom). 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 the 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 logbook detailing the reason for administering medication, medication given and time, dose and name of the student involved.

When giving medicines staff should follow the protocol below:

1. Get mentally prepared to administer the medication by concentrating on the task at 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 has been received from parents on entry to the school, confirming their consent to their child receiving analgesics.
2. To ensure adherence to dosage guidelines, analgesics will only be administered after 12.30pm by a designated paediatric-trained member of staff (PFA-trained person for EYFS pupils) unless advised by the parent(s).
3. Inform the parents via email or phone after administering any analgesic, unless already requested to administer by parent(s).
4. Do not exceed stated dose (taking account of pupil's age).
5. A record must be kept indicating name, dose, time and reason.
6. Records should be checked before administering to prevent the correct dose being exceeded and to ensure the pupil is not regularly taking other medication.
7. Consider whether to purchase Paracetamol preparations, which prevent liver damage in the event of overdose.
8. Keep Paracetamol and Ibuprofen in a secure place which is inaccessible to pupils (do not store in First Aid boxes).

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 pupil sit in a chair.
3. Tilt their head backwards.
4. Put the required number of drops into each nostril.
5. Keep the pupil's head tilted back for two minutes.
6. Replace the cap on the bottle.

Ear Drops:

1. Wash hands.
2. Request that the pupil lie or sit 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 pupil 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 pupil's head backwards.
4. Pull down the lower eyelid.
5. Put the correct number of drops inside the lower lid without touching the eye.
6. Ask the pupil 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 pupil 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:

Note – a generic inhaler is held at school in case the pupil's inhaler fails.

1. Shake the inhaler.
2. The child should sit with their 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 ten before asking the child to breathe in again. This will inhale the 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 and staff to apply sun cream when needed.
3. Pupils will be asked to reapply sun cream at regular intervals.
4. If a pupil is not able to reapply sun cream, a member of staff will provide the school's spare supply, or the pupil will be asked to sit in the shade until the lesson or experience outside has finished.

19. D&V

Children with diarrhoea or vomiting are required to stay away from school until they have not been sick or had diarrhoea for at least two days (48 hours). Diarrhoea and vomiting can spread easily.

The following is guidance from the NHS website:

Stay off school or work until you have not been sick or had diarrhoea for at least two days.

If you also have a high temperature or do not feel well enough to do your normal activities, try to stay at home and avoid contact with other people until you feel better.

You are most infectious from when the symptoms start until two days after they have passed. Stay off school or work until the symptoms have stopped for two days.

20. Infectious Diseases

If a child is suspected of having an infectious disease, advice should be sought from the Designated First Aider, who will follow the Health Protection Agency Guidelines to reduce the transmission of infectious diseases to other pupils and staff. See Appendix C. Children who have been suffering from diarrhoea and/or vomiting should not return to school for at least 48 hours after the last episode.

A VERSION OF THIS POLICY IS AVAILABLE ON REQUEST

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 that help is on the way.
4. Remove the EpiPen 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 ten seconds.
7. Remove the EpiPen 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 may be repeated if no improvement in five minutes with a second EpiPen if you have been instructed to do so by a doctor.

REMEMBER EpiPens are not a substitute for medical attention; if an anaphylactic reaction occurs and you administer the EpiPen, the pupil must be taken to hospital for further checks. EpiPen 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 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 the 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 carbohydrates, more exercise, warm weather, too much insulin and stress. The pupil should test his/her blood glucose levels if blood testing equipment is available.

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

Action to be taken:

1. Follow the guidance provided in the care plan agreed by parents.
2. Give fast-acting glucose - either a 50ml glass of Lucozade or three 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 two 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 the 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 the 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 carbohydrates, 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.

Head Injuries

If a pupil receives a head injury during the course of the day or if the parents report that a head injury was received outside school, care must be taken about the pupil's ability to take part in physical activity, whether during a sports lesson or a physical after-school club. Care must always be taken after a head injury to ensure that the correct return to school or return to physical activities is followed.

What to look for - If you think someone has a head injury, there are six key things you should look for:

1. Brief loss of responsiveness
2. Scalp wound
3. Dizziness or nausea
4. Loss of memory of events before or during the injury

- 5. Headache
- 6. Confusion

For a severe head injury, you also need to look for:

- Reduced level of response
- Loss of responsiveness
- Leakage of blood or watery fluid from the ear or nose
- Unequal pupil size

What you need to do:

1. Sit them down and give them something cold to hold against the injury. You can use a cold compress, or a bag of ice or frozen peas wrapped in a cloth.
2. Treat any scalp wounds like a bleed by applying direct pressure to the wound.
3. Check their level of responsiveness, using the AVPU scale below. Make a note of their reactions, especially any changes to their level of response, to pass on to the ambulance, in case you have to call one.

The AVPU scale – alert, voice, pain, unresponsive:

A – Alert: Are they alert? Are their eyes open and do they respond to questions?

V – Voice: Do they respond to voice? Can they answer simple questions and respond to instructions?

P – Pain: If they are not alert or they are not responding to your voice, do they respond to pain? Try pinching them - do they move or open their eyes?

U – Unresponsive: Do they respond to questions or a gentle shake?

If they are alert or responsive, then they are responsive, and their head injury is probably mild, but you should wait with them until they recover.

If they are not alert or responsive, then they may be partially or fully unresponsive and their head injury could be severe. Call 999/112 for an ambulance and explain their response to the AVPU test.

If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who has become unresponsive. While you are waiting for an ambulance, keep checking their breathing, pulse and any changes in their level of response.

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 the 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.