



Sarum Hall School

POLICY ON FIRST AID AND ADMINISTRATION OF MEDICINES

Date: October 2018

Review: Date: June 2019

Sarum Hall believes that where practicable every effort should be made to support children staying at school when they have minor injuries. To this end the medical room remains open throughout the school day to meet the needs of children at work and at play.

All pupils must have signed and fully completed the following forms before they start attending school:

- **Medical Form for New Students – among other things this gives the school the vital permission to administer emergency medication/procedures**
- **Health and Wellbeing questionnaire**

Staff are welcome to attend for support where necessary.

All staff are trained in paediatric first aid to children and that includes the use of Epipens.

Every member of staff has a duty to be aware of the medical information of all children for whom they are regularly responsible. All staff are expected to be aware of all the serious case children posted on the staff room notice board. Catering staff are expected to be aware of children with food allergies - their photographs are in the kitchen for identification.

Responsibility for maintaining all aspects of the medical room operation lie with the school nurse, overseen by The Headmistress.

A child can access first aid care from the playground or classroom. She should not go to the medical room without first consulting a member of staff.

Care provided includes:

- Assess, implement and evaluate care needs
- A place to lie/sleep
- A place to sit quietly to recover from physical injury
- Plasters/bandages and ice packs
- Cleaning up after sickness or diarrhoea
- Administration of prescribed medicines
- TLC
- First aid

Introduction

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

Policy on First Aid and Administration of Medicines
This policy applies to EYFS



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Teachers and other staff in charge of Early Years Foundation Stage children and pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils 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 of trying to assist in an emergency.

AIMS

- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.

OBJECTIVES

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the School
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

Medical records are confidential but for the safeguarding and proper provision of care of children, staff are aware of medical conditions.

Arrangements for children with particular medical conditions (asthma, epilepsy, diabetes)

Individual Health Care Plans are prepared for all types of conditions in school. These are kept in the shared area under medical notes in SIMS. IHCP's for pupils with any medical condition affecting school work are found there.

See Appendices – Medical Conditions – Guidance for staff.

The school is also committed to ensuring children's emotional needs are met. This is done through the curriculum, clear guidance and strong, supportive pastoral care.

Roles and Responsibilities of the School Nurse

- To be available to children, staff, parents and visitors in an emergency.
- To tend to the injured and sick, and send home or to Accident and Emergency if necessary.
- To be responsible for all aspects of health care provision, planning and development.
- To be responsible for acting in accordance with regulations and complying with the school's policies in matters of medicines and care.



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- To take decisions in an emergency. However, all staff are responsible for emergency first aid
- Keeping records of communication with parents and staff.
- To communicate information on the management and control of infection etc, on infectious diseases in school, to parents via the parents' noticeboard and in Sarum News and teachers via staff email.
- To take action to prevent the spread of infection by liaising with parents, in cases where illness poses a risk to others i.e. measles, impetigo etc.
- To place orders for medical supplies, well ahead of need.
- To check and top up first aid boxes regularly

Administration of Medicines

[Managing Medicines in school and Early Years Settings](#)

Written records of all medicines administered are kept in school and given to parents.

Every time a child receives medical attention it is recorded in the Record of Medication or first aid book that is kept in the medical room. A copy of this record is sent home with the child or emailed for the parent to read. This information is then transferred onto the electronic database.

When a parent brings in medicine to be kept at school and administered during the day, the parent is asked to complete a form authorising the administration of that particular medicine to their child. Prescribed medicine (such as an antibiotic) or medicines endorsed with a doctor's letter are given during the school day. The medicine must have the child's name, prescription label, method of administration, date prescribed and expiry date on it and be in its original container.

A parent must attend the medical room in the morning to deliver any medication.

A parent must sign the school's consent form for each medication given.

The school nurse is not able to administer paracetamol (eg. calpol) or ibuprofen (eg. nurofen) for a spontaneous high temperature at school without prior written (or email) consent.

If calpol or nurofen is required during the day a parent must attend the medical room with the named medicine in the morning to either sign a consent form as above or confirm this via email when requested from the school nurse. These are the guidelines set out by the DofH Managing medicines in schools. [Managing Medicines in school and Early Years Settings](#)

If a child has any other signs of illness in addition to a raised temperature above 37.5 the school nurse will call home and ask for the child to be taken home. The NHS describes a raised temperature as above 37.5.



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Allergy medication, insulin, epi pens and inhalers are kept in an unlocked cupboard in the medical room. Clearly labelled antibiotic medicines are kept in the fridge. Medicines are stored strictly in accordance with the product instructions and in the original container in which they are dispensed. Parents collect medicines from the medical room at the end of each day. The medical room is always accessible and administration of medicines is always supervised. Inhalers, Epipens are also stored in the dining room and Food Studio in an unlocked cupboard. Epipens and Antihistamine syrups are kept in an unlocked cupboard in the medical room. This allows staff immediate access to them if a child who uses an Epipen shows signs of an allergic reaction to any food or substance requiring the use of it as per their care plan.

Parents must fill in a consent form for medicines to be given at school and **off site**.

Before joining Sarum Hall School all parents are required to sign a consent form for administering any emergency medical treatments their child may require; please see below.

Please be assured that every effort will be made to contact parents in an emergency. However, in accepting a place at the school, we do require parents to authorise the Headmistress, or an authorised deputy acting on her behalf, to consent on the advice of an appropriately qualified medical specialist to your child receiving emergency medical treatment, including general anaesthetic and surgical procedure under the NHS arrangements, if we are unable to contact you in time.

Declaration

I declare that the information contained in this form is full and correct and in addition I agree to the Emergency Medical Treatment conditions outlined above.

Consent given by:

_____ **Signature:** _____ **Date:** _____

PLEASE ADVISE US IF YOU WISH TO CHANGE ANY OF YOUR CONSENTS

Updated lists are kept in staff room together with photocards of all children who have life threatening or severe conditions. The cards relating to allergies are also found in the lunch room and Food Studio in a discreet but easy access location.

Staff that have children with an Epipen or Inhaler in their form are shown where they are kept and how to use it. Staff practice use of the Epipen in the medical room.

Parents are asked to make a note of the expiry dates of medicines kept at school. The school nurse checks expiry dates each month as well as keep a list in the medicine cupboard. Children prescribed epi pens must have 2 up to date epi pens in school, if they do not they will be required to be at home. Similarly, children prescribed inhalers, must have an in-date inhaler in school else they will be required to be at home.



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Parents are asked to purchase a yellow medical bag kit from www.yellowcross.com if their child has an EpiPen and other medicine for their allergy. All of the child's medication is kept in this bag, and can be taken more easily on a school trip.

On each occasion that the medicine is administered, an entry is made into the record book, a carbon copy is sent home or details are emailed and later transferred onto the electronic database.

A medical form is sent to all new parents for completion. An update form is sent at the end of each year to enable parents to communicate in writing any amendments to their child's medical conditions. Information on children's food allergies is passed to the catering team and teaching staff.

Any new information from parents regarding their child's medical history is added to their medical notes in SIMS.

It is essential that parents inform the school of any medical conditions, injuries or allergies that their child may have.

Allergies

Children with allergies to certain foods or substances may react with symptoms such as tingling or itching in the mouth, hives anywhere on the body, generalized flushing of the skin, abdominal cramps, nausea and vomiting. A more severe reaction is anaphylactic shock, when the blood pressure falls dramatically and the child loses consciousness. There may be swelling in the throat restricting the air supply or severe asthma. Any symptoms affecting the breathing are very serious.

Staff are informed of children with allergies and those with IHCP's at the start of each term by the school nurse using lists. Copies will be displayed in the staff room and via staff email. Children prescribed epi pens must have 2 up to date epi pens in school, if they do not they will be required to be at home.

Informing Parents

The school nurse will always contact parents if a child suffers anything more than a trivial injury, or if she becomes unwell, or the nurse has any concerns about her health on the same day. Children who fall ill during the day or have an injury are cared for in the medical room. A parent will always be telephoned or e-mailed if their child receives a head injury.

The general advice for calling parents is that parents are called whenever they are likely to be shocked by their child's appearance, their child requires ongoing care/watching and or the parents need to take further action.

Sarum Hall follows [Guidance on first aid for schools](#)

At school, the main duties of a first aider are to:

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This policy applies to EYFS



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

At school, the main duties of an Appointed Person are to:

1. take charge when someone is injured or becomes ill;
2. look after the first-aid equipment e.g. restocking the first-aid container;
3. ensure that an ambulance or other professional medical help is summoned when appropriate.

Number of first aid staff required

Schools are deemed as low risk environments, so the recommended number of certified first aiders is one per 50 pupils/staff. DfE Guidance on First Aid

The School Nurse is responsible for establishing the number of first aiders required in certain situations, with agreement from the head. Risk assessments should be used to agree this.

In particular, the following situations should be considered:

- Off-site PE
- School trips
- Science labs
- DT/Art rooms
- Playground
- Adequate provision in case of absence, including trips
- Out-of-hours provision e.g. clubs, events
- Medical room

Qualifications and Training

The School Nurse is responsible for identifying and planning staff training for first aid. First aiders must complete a training course approved by the Health and Safety Executive (HSE).

Training in first aid needs to be updated every three years.

Paediatric first aid:

At least two people on the school premises and two people on EYFS outings will have a paediatric first aid certificate. It is clear from the certificate that the course followed has covered first aid for children (with the words 'children', 'child' 'early years' or 'paediatric' somewhere on the certificate). The course must involve a minimum of twelve hours training. As a general principle, the first aid training should be appropriate to the age of the children in question.

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First-aid materials, equipment and facilities

- The School Nurse must ensure that the appropriate number of first-aid containers according to the risk assessment of the site are available.
- The School Nurse is responsible for making sure that all first-aid containers kept in the building are adequately stocked at all times.
- PE staff are responsible for ensuring that the off-site first aid box is adequately stocked at all times.
- All staff must take responsibility for knowing where first-aid material and facilities are located, and familiarize themselves with them
- A defibrillator is kept in the front Reception and signposted. Training is given for its use and a list of trained personnel retained

First Aid Boxes

First aid boxes are placed in all areas of the school where an accident is considered possible or likely (such as the PE facilities and Science Lab). The school nurse checks and replenishes these once a term. The contents of the first aid boxes should have access to cleaning wipes, 20 or more assorted plasters, 8 sterile dressings (assortment of), 2 sterile eye patches, 2 sterile saline pod, 2 - 4 triangular bandages, 6 safety pins, disposable gloves, small plastic bags for disposal of rubbish, log for accidents/injuries and first aid guide. Spare first aid boxes can also be found in the medical room for trips.

We always take first aid boxes and child specific risk assessments with us when groups of children go out of school on organized trips or to participate in sporting events.

2 paediatric first aiders always accompany EYFS children on trips.

Training in first aid needs to be updated every three years

First Aid Provision

- Where possible, it is good practice to manage first aid in the medical room; this has the equipment that is needed, and is a clean, safe, private area. Apart from first aid containers, all equipment should be stored in the medical room
- However, it may be necessary to carry out first aid where the pupil is located.
- All staff must make themselves aware of how to contact Ambulance Services (see Appendices – Contacting Ambulance Services).
- If a pupil needs to go to Accident and Emergency, staff should not drive pupils in their own car. An ambulance should be called to transport, or advice taken from the Senior Leadership Team or School Nurse.

Inputting & Maintaining Data



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All medical data supplied by parents is added to SIMS by the school nurse. Additional medical information goes onto SIMS for new children and any reports from health professionals throughout the year.

The school complies fully with the obligation to report incidents that happen in schools, or during education activities out of school, to the health and safety executive (HSE) under reporting of injuries, diseases and dangerous occurrences regulations 2003 (RIDDOR) 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 body
 - 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
 - requires resuscitation or admittance to hospital for more than 24 hours

For a full list of RIDDOR reportable injuries and diseases please see <http://www.hse.gov.uk/riddor/guidance.htm>

Infection Control in School

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf

http://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Gloves should be worn for procedures involving blood or body fluids to prevent spread of infection. All rubbish contaminated with blood or body fluids are disposed of in the yellow clinical waste bin.

When treating blood injuries for instance on the sports pitch, staff should wear a new pair of gloves for each casualty. Wounds should be cleaned with a fresh supply of water. Dispose of waste safely.

Parents are informed if there is a case or cases of an infectious disease by letter and staff are informed by the way of an all staff email.



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Children should not return to school until 48 hours after their last episode of diarrhoea or vomiting to prevent any further infection spreading. NHS Guidelines. This applies to the whole school including EYFS pupils.

It is vital that staff observe strict rules regarding personal cleanliness using hand washing and protective clothing where needed to ensure no infection is transmitted from one child to another or member of staff to the next.

Record keeping

- All medical incidents and accidents must be recorded by a staff member in the Incident and Illness Register, kept in the medical office.
- The top copy of the report form is sent home to parents. For EYFS pupils, parents/carers are given these slips directly by a member of staff at the end of school. For all other pupils, forms are attached to the child's school planner.
- The bottom copy is stored for a minimum of seven years (this is a statutory accident record, see DSS The Accident Book BI 510)
- See Appendices – **Record Keeping – Guidelines for Staff**
- **There are two separate books for recording first aid, one for EYFS and other for years 1 – 6 (the rest of the pupils).**

Reporting accidents

Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2003), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 99 23).

- The Headmistress must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, 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.
- Records are kept for a minimum of 3 years.
- HSE must be notified of fatal and major injuries and dangerous occurrences without delay.
- The Head is responsible for ensuring this happens, but may delegate the duty to the Health and Safety Officer or the School Nurse.



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The emergency services should be called in the following circumstances.

1. Profuse and unstoppable bleeding
2. Blunt injury which could be associated with internal bleeding e.g. abdomen
3. Head injury (nausea, vomiting, altered vision, if pupils are not equal and not reacting to light, increasing and persistent headache, altered consciousness or unconscious and or increasing bump at site of injury, inability to move limb/limbs)
4. Suspected meningitis (The onset of this illness is usually abrupt and is characterized by: fever, malaise, unexplained vomiting, back or joint pains, headache, confusion and a rash).
5. Collapse from any cause and / or turning blue
6. Difficulty in breathing, or choking, acute asthmatic attack (which does not respond to puffer).
7. Gross allergic reaction (suspected anaphylactic shock)
8. Seizure (first seizure or in a known epileptic that lasts for more than 5 minutes)
9. If a diabetic has a hypo-glycaemic episode which is not corrected by sugar intake followed by a complex carbohydrate (bread, cake, pasta etc) OR
A diabetic who has very high sugar level and can go into a coma, be alert if they have any of these: lethargy, thirst, abdominal pain, passing a lot of urine, with or without a high temp, sweet smell on breath.
10. Suspected broken bone
11. Excessively high temperature (over 39)
12. Severe Vomiting
13. Severe burns or scalds
14. Persistent and increasing pain (e.g. stomach pain)
15. Sudden and severe headache

Linked guidance, policies and procedures:

[Keeping Children Safe in Education \(KCSIE\) statutory guidance](#)

[Working together to safeguard children.pdf](#)

[Supporting pupils with medical conditions at school](#)

[Guidance on first aid for schools](#)

Relevant school policies:

[Keeping Children Safe in Education, Child protection Policy and Code of Conduct](#)

Policy on supporting children with medical needs

Health & Safety

Educational Visits



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APPENDICES

STAFF GUIDELINES

1. Dial 999 and ask for ambulance
2. Be prepared to give the following information:
 - School Telephone number 0207 794 2261
 - School address Sarum Hall 15, Eton Avenue London NW3 3EL
 - Exact location of pupil requiring assistance
 - Name of pupil
 - Your name
 - Brief description of symptoms (reiterate that this is a child and it is an emergency)
3. Contact parents
4. Record timings of phonecalls, and when situation is safe, ensure that a record of the incident is documented in the pupils records

HYGIENE PROCEDURES DURING FIRST AID

- Basic hygiene procedures must be followed by all staff carrying out first aid.
- Single use disposable gloves must be worn when treatment involves blood or other body fluids.
- Dressings or other material that has body fluids on must be disposed of in the clinical bin in the medical room. Extra disposal bags are available in the medical room.
- Thorough handwashing is paramount when carrying out first aid.



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HYPERGLYCAEMIA (HIGH BLOOD SUGAR)

Hyperglycemia occurs when the body can't remove glucose (sugar) from the blood and turn it into energy. It usually only happens in people with diabetes.

The [symptoms of hyperglycaemia](#) are similar to untreated [diabetes](#), and include:

- increased thirst
- the need to urinate frequently
- tiredness

Over time there may be further symptoms including weight loss and blurred vision.

Your GP will usually be able to diagnose hyperglycaemia based on a description of your symptoms. They may confirm the diagnosis by testing the level of glucose (sugar) in your blood.

What causes hyperglycaemia?

Hyperglycaemia is caused by an increase in blood glucose (sugar) levels. In people with diabetes, the body is unable to break glucose down into energy.

There are two types of diabetes, described below.

- **[Type 1 diabetes \(insulin-dependent\)](#)**. The body produces little or no insulin. People with type 1 diabetes require lifelong treatment to replace the insulin. They also need to check their blood glucose level regularly to prevent complications developing.
- **[Type 2 diabetes \(non-insulin dependent\)](#)**. In type 2 diabetes, either the body does not make enough insulin, or it cannot use the insulin properly (insulin resistance). This type of diabetes is often linked to [obesity](#) or being overweight and mostly occurs in people who are over 40 years of age.

Insulin is the hormone that helps remove glucose from the blood and converts it to energy.

If you have diabetes, you will be advised about how to manage your blood glucose levels. However, there are some situations that can trigger an increase in blood glucose, including:

- emotional stress
- a change of medication
- a wrong (or missed dose) of insulin
- changing your diet, or eating too much



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- not exercising regularly
- an illness, such as a cold
- a side effect of certain medications

Treating hyperglycaemia

How you treat hyperglycaemia will depend on what type of diabetes you have, and how you have been advised to manage your blood glucose levels.

If you have [diabetes](#), you should have a diabetic care team (a team of specialists who help monitor and treat your condition). They should explain what to do if you develop hyperglycaemia.

You may be advised to:

- increase your dose of insulin (a hormone that removes glucose from your blood so that your cells can break it down into energy)
- change your diet – for example, you may be advised to avoid foods that cause your glucose levels to rise, such as cakes or sugary drinks
- take more exercise, as this can reduce your blood glucose level
- monitor your glucose level – you may be given a home testing kit to check the level of glucose in your blood.

When to seek medical attention

You should seek medical attention urgently if you start to experience any of the following symptoms:

- nausea or vomiting (feeling or being sick)
- stomach pain
- a fruity smell on your breath, which may smell like pear drops or nail varnish
- drowsiness or confusion
- hyperventilation (rapid breathing)
- [dehydration](#) (when the normal water content of your body is reduced, which can cause a headache, dry skin and a weak, rapid heartbeat)
- unconsciousness

If you have these symptoms, you may have [diabetic ketoacidosis](#), which will need hospital treatment.

Reference: <http://www.nhs.uk/Conditions/Hyperglycaemia/Pages/Treatment.aspx>



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In most cases, hypoglycaemia can be self-treated when you recognise the symptoms of a hypo. If there is an underlying condition causing regular hypos, this will need to be diagnosed and treated.

Treating an episode of hypoglycaemia

The immediate treatment for a hypo is to have some sugary food or drink to end the attack.

For example, try:

- a glass of fruit juice (that contains sugar) or Lucozade
- a few sugar lumps
- a handful of sweets
- three or more glucose tablets
- a cup of milk
- half a cup of non-diet soft drink

After having something sugary, you should have a longer-acting carbohydrate food, such as a few biscuits, a cereal bar, a piece of fruit or a sandwich.

You should [measure your blood sugar](#) again 15 minutes later and if it is still too low (below 4 mmol), then have some more sugary food or drink and test it again in another 15 minutes.

If you cannot treat your hypo because it is more severe, someone else can help you by applying Glucogel (or honey, treacle or jam) to the inside of your cheeks and gently massaging the outside of your cheeks. It may take 10-15 minutes before you feel better.

If you are having several episodes of hypoglycaemia a week you should contact your GP to find out the underlying cause. You may need your medication adjusted, or there may be another condition causing hypoglycaemia that needs treating.

If a person is unconscious

If a person is already unconscious due to a severe hypo, they need to be put into the [recovery position](#) and given an injection of the hormone [glucagon](#), which raises the blood glucose level.

The injection is best done by a friend or family member who knows what they are doing, or a trained healthcare professional.



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If there is no-one trained to give the injection, call 999 for an ambulance immediately. Never try to put food or drink into the mouth of someone who is unconscious, as they could choke.

Reference: <http://www.nhs.uk/Conditions/Hypoglycaemia/Pages/Treatment.aspx>



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WHAT TO DO IF SOMEONE HAS A SEIZURE

If you see someone having a seizure, there are some simple things you can do to help.

Call 999 for an ambulance if the seizure lasts longer than five minutes

It might be scary to see someone having a seizure, but don't panic. "Try to comfort them and make sure they're not hurting themselves," says Dr Chris Clough, consultant neurologist (brain specialist) at King's College Hospital, London.

"If they're having a [tonic-clonic seizure](#), they may be trapped behind something or kicking against something." If you are with someone who is having a tonic-clonic seizure:

- move them away from anything that could cause injury, such as a busy road or hot cooker
- cushion their head if they're on the ground
- loosen any tight clothing around their neck, such as a collar or tie, to aid breathing
- when their convulsions stop, turn them so that they're lying on their side
- stay with them and talk to them calmly until they have recovered
- note the time the seizure starts and finishes

Don't put anything in the person's mouth, including your fingers. They may bite their tongue, but this will heal. Putting an object in their mouth could cause more damage.

As the person is coming round, they may be confused, so try to comfort them.

Do you need to call an ambulance?

You don't necessarily have to call an ambulance because people with epilepsy don't need to go to hospital every time they have a seizure. "I have patients who have ended up in all parts of town because they've had a seizure and were taken to hospital," says Dr Clough.

Some people with epilepsy wear a special bracelet or carry a card to let medical professionals and anyone witnessing a seizure know that they have epilepsy. "If they know they have epilepsy, they might just prefer to get on with their day."

However, dial 999 if:

- it's the first time someone has had a seizure
- the seizure lasts for more than five minutes, or



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- the person doesn't regain full consciousness, or has a series of seizures without regaining consciousness

Remember what happens

Make a note of what happens during the seizure as this may be useful for the person or their doctor.

Be aware of what the person does during the seizure. Make a note of what they're like afterwards (e.g. sleepy, confused or aggressive), and record how long the seizure lasts.

The following information may be helpful:

- Where was the person? What were they doing?
- Did the person mention any unusual sensations, such as an odd smell or taste?
- Did you notice any mood change, such as excitement, anxiety or anger?
- What brought your attention to the seizure? Was it a noise, such as the person falling over, or body movements, such as their eyes rolling or head turning?
- Did the seizure occur without warning?
- Was there any loss of consciousness or altered awareness?
- Did the person's colour change? For example, did it become pale, flushed or blue? If so, where – the face, lips or hands?
- Did any parts of the body stiffen, jerk or twitch? If so, which parts were affected?
- Did the person's breathing change?
- Did they perform any actions, such as mumble, wander about or fumble with clothing?
- How long did the seizure last?
- Was the person incontinent (could not control their bladder or bowels)?
- Did they bite their tongue?
- How were they after the seizure?
- Did they need to sleep? If so, for how long?

If you have epilepsy, record the details of your seizures in your diary. Seizure diaries are available free of charge from The National Society for Epilepsy's helpline (01494 601 400, Monday to Friday 10am-4pm) and other sources.

Reference: www.nhs.uk



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ALLERGY AND ANAPHYLAXIS

Sarum Hall School takes allergies very seriously and procedures are in place to ensure the safety of all its pupils and staff.

Common Allergens

Peanuts, tree nuts, egg, milk, kiwi fruit, fish, soya, latex, insect stings and medicines (e.g. Penicillin).

Allergic reactions can range from mild symptoms to a life-threatening anaphylaxis.

Mild allergic symptoms can include:

- Tingling to lips and mouth
- Slight external facial swelling
- Nausea
- Urticaria (nettle rash or hives)
- Abdominal pain
- Shortness of breath

Treatment

Oral anti-histamine, eg. Piriton.

Ventolin inhaler if prescribed.

What is Anaphylaxis?

Anaphylaxis is a severe allergic reaction – the extreme end of the allergic spectrum. Symptoms may be fatal if not treated with adrenaline (also known as epinephrine). The whole body is affected, often within minutes of exposure to the allergen but occasionally the reaction may occur some hours later.

Symptoms

The symptoms of anaphylaxis include:

- generalised flushing of the skin
- Urticaria (nettle rash or hives) anywhere on the body
- sense of impending doom
- swelling of mouth and throat
- difficulty in swallowing or speaking
- alterations in heart rate
- severe shortness of breath or difficulty of breathing
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (caused by rapid fall in blood pressure)



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- collapse and unconsciousness

Treatment

Intramuscular adrenaline is the front-line treatment for anaphylaxis.

School Procedures

Girls with allergies are identified from the Medical Questionnaire. The School Nurse liaises with the parents to ascertain the full extent of the allergy and if required, will request a Treatment Protocol from the girl's consultant in the case of potential anaphylaxis.

All girls identified as having serious allergies will have a named emergency drug bag kept for them at school. These emergency drug bags will contain a photo of the girl and her individual treatment plan as well as any emergency drugs she may need.

The girls will have 2 bags, one of which is kept in the medical cupboard in the medical room and the other in the kitchen/ dining room with 2 spare epi pens in the food studio.

Parents are responsible for maintaining valid medication at school. Reminders are sent to parents prior to the expiry of any medication to facilitate this.

For safety reasons, students will not be allowed to attend school if they do not provide the nurses with valid emergency drugs.

Training and Information

All members of staff, have regular refresher sessions on allergies and have the opportunity to practice using a Training Epi-Pen. Lists of girls with serious allergies are available on the Medical Database. Staff are reminded that all girls with serious allergies are allowed to leave lessons without delay.

Allergies and food in school

The Catering Manager has access to the Medical Database, to check for any girls with food allergies. The Catering Department makes every effort to provide a safe school lunch for all pupils.

Parents are asked to take into account children who have allergies when providing a packed lunch for school trips etc. The parents of allergic children take responsibility for providing safe alternatives on these occasions.

School Trips

When going on school trips the teacher in charge is responsible for checking which girls have allergies and collecting their emergency drugs.



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If a girl has an allergic reaction on a trip and the staff have any concerns regarding the severity of the attack, an ambulance must be called. If there is any doubt whatsoever, it is better to play safe and administer adrenaline in the form of an Epi-Pen

Staff must also complete an accident form and report the incident to a member of the SMT as soon as possible.

For residential trips, planning must take place well in advance. The trip leader needs to liaise with parents and the centre at which they'll be staying, to ensure caterers are aware of girls with specific allergies. Accompanying staff need to be trained and feel comfortable with dealing with allergies. The School Nurse will offer support and extra training as needed.

Emergency Procedures in School

School staff need to know what to do in an emergency - how to recognise the symptoms of an allergic reaction, and what to do if it happens. In any case of allergic reaction call the School Nurse.

A member of staff must always stay with the girl concerned. If possible, take the girl to the medical room. If she is unable to get there, they should send someone to get the nurse and bring the girls emergency drug bag. The girl's treatment plan on the bag must be followed.

If there is any doubt whatsoever, it is better to play safe and administer adrenaline in the form of an Epi-Pen.

If in doubt, an ambulance should be called, and always if an epi-pen is administered.

Epi-Pen Procedure

1. With thumb nearest top of pen, form fist around unit (tip down, where needle comes out)
2. With other hand remove safety cap
3. Hold where needle will come out on epipen near mid outer thigh
4. Jab firmly into outer thigh from a distance of approximately 10cm
5. Press hard until a click is heard
6. Hold firmly in place for 10 seconds
7. Massage the injection area for 10 seconds
8. Arrange immediate ambulance to hospital
9. Give used Epi-pen to ambulance crew

NB The pen can if necessary operate through light clothing (**NOT** denim)



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Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- | | |
|-----------------------|---|
| AIRWAY: | Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue |
| BREATHING: | Difficult or noisy breathing
Wheeze or persistent cough |
| CONSCIOUSNESS: | Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious |

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.



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For anaphylaxis:

reference:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

<https://www.nhs.uk/conditions/anaphylaxis/>



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SYMPTOMS OF A MINOR HEAD INJURY

Minor head injuries often cause a bump or bruise. As long as the person is conscious (awake), with no deep cuts, there is unlikely to have been any damage to the brain.

Other symptoms of a minor head injury may include:

- nausea (feeling sick)
- mild [headache](#)
- tender bruising or mild swelling of the scalp
- mild dizziness

If your child experience these mild symptoms after a knock, bump or blow to the head, you do not require any specific treatment.

Close observation

If your child has sustained a head injury, observe them closely for 48 hours to monitor whether their symptoms change or worsen. If you have sustained a head injury, ask a friend or family member to stay with you for the following 48 hours to keep an eye on you.

If your child has a minor head injury, they may cry or be distressed. This is normal and, with attention and reassurance, most children will settle down. However, seek medical assistance if your child continues to be distressed.

Complications

Serious [complications from a minor head injury](#) are rare. One study of 200,000 children in England found that only 14 with minor head injuries required neurosurgery (surgery on the brain, spinal cord or nerves). Possible complications include long-term headaches, memory loss or difficulty concentrating. Some people may experience long-term symptoms after a minor head injury that involves [concussion](#), known as post-concussional syndrome (PCS).

Serious symptoms

If, following a knock to the head, you notice any of the symptoms below in your child, seek immediate medical assistance:

- unconsciousness (either very briefly or for a longer period of time)
- difficulty staying awake or still being sleepy several hours after the injury
- having a seizure or fit (when your body suddenly moves uncontrollably)



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- difficulty speaking, such as slurred speech
- vision problems or [double vision](#)
- difficulty understanding what people say
- reading or writing problems
- balance problems or difficulty walking
- loss of power in part of the body, such as weakness in an arm or leg
- [amnesia](#) (memory loss), such as not being able to remember what happened before or after the injury
- clear fluid leaking from the nose or ears (this could be cerebrospinal fluid, which normally surrounds the brain)
- a [black eye](#) (with no other damage around the eye)
- bleeding from one or both ears
- new deafness (loss of hearing) in one or both ears
- bruising behind one or both ears
- a lasting headache since the injury
- vomiting since the injury
- irritability or unusual behaviour
- visible trauma (damage) to the head, such as an open, bleeding wound

If any of these symptoms are present, particularly a loss of consciousness (even if only for a short period of time), go immediately to the accident and emergency (A&E) department of your local hospital or call 999 and ask for an ambulance.

Advice for children

If your child has a minor head injury:

- give them painkillers, such as paracetamol, if they have a mild headache (always read the manufacturer's instructions and never give aspirin to children under 16 years of age)
- avoid getting them too excited
- do not have too many visitors
- do not let them play contact sports, such as football or rugby
- make sure that they avoid rough play for a few days

Take your child to the accident and emergency (A&E) department of your local hospital if they:

- are unusually sleepy or you cannot wake them
- have a headache that is getting worse
- are unsteady when they walk
- are repeatedly sick
- have a seizure (fit)
- develop a squint or blurred vision, or they start to see double



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- lose consciousness

Go to A&E if your baby has a minor head injury and continues to cry for a long time.

<http://www.nhs.uk/Conditions/Head-injury-minor/Pages/Treatment.aspx>



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ASTHMA GUIDELINES FOR STAFF

Asthma Treatment

There are two types of treatment:

Preventers – these inhalers are usually taken twice daily at home and are normally in a brown container. When taken regularly they make the air passages less sensitive to the triggers that can start an attack. They take 10-15 days to work. This inhaler does not help an acute asthma attack and should not be kept at school.

Relievers – these are the inhalers used in an acute attack to relieve the symptoms of asthma.

If a student becomes breathless and wheezy or coughs continually or has a tight chest:

- Keep calm. It is treatable. Call the nurse, stating the girl's name and her condition. Reassure the student.
- Let her sit down in the position she finds most comfortable.
- Do not make her lie down.
- Ensure the reliever inhaler (usually blue container) is taken promptly and properly. Take 2 puffs immediately. Use aerochamber / spacer if she has one.
- Encourage her to take slow regular breaths.
- If the symptoms disappear, the student can go back to class.
- If the symptoms have improved but not completely gone, give another dose of the inhaler (usually 2 puffs) and call the office to contact her parents.

Signs of a severe asthma attack

Any of these signs means 'severe'.

- Normal reliever inhaler does not work
- The student cannot speak normally / in full sentences
- Blue tingeing around the mouth
- Pulse rate of 120 per minute or more
- Rapid breathing of 30 breaths per minute or more

If in ANY doubt, call an ambulance.

What to do in a severe asthma attack

- Keep calm.
- Keep using the reliever inhaler -2 puffs (one puff at a time) every 2 minutes until symptoms improve. Use spacer if possible. She can take up to ten puffs. Do not worry about possible over-dosing.

Policy on First Aid and Administration of Medicines
This policy applies to EYFS



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- If she does not start to feel better or you are worried, call an ambulance, and arrange for a member of staff to accompany the girl to hospital.
- Contact the girl's parents to meet at the hospital.
- Continue to reassure the girl.
- If an ambulance does not arrive within 10 minutes and she is still feeling unwell continue giving two puffs every 2 minutes
- Have School IHCP ready to give to ambulance crew.
- Try to make note of time of start of attack and all symptoms to tell ambulance crew.

At School

All students should have their own labelled, reliever inhaler with them at all times. They must take an inhaler with them when doing all sports and on any school trip/journey. The inhaler must be in date. The nurse will monitor expiry dates and notify the parent before the inhaler expires, it is then the parents' responsibility to provide an in date inhaler.

School trips

Teachers in charge of trips must ensure Parental Consent forms with all relevant medical and drug treatment / information is completed and signed by parents/guardians. They must also check the Medical Database for any other information.

If a girl has an asthma attack on a trip and the staff have any concerns regarding the severity of the attack, an ambulance must be called. Parents must be contacted.



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ACCEPTING STUDENTS BACK INTO SCHOOL WHILST ON CRUTCHES

Sarum Hall requires a letter from a medical professional (GP, Hospital etc.) detailing exactly what injury has been sustained before accepting responsibility for a student on crutches.

This letter should include details of whether the student is required to use crutches in school and approximately how long for. Further information to be detailed, if possible, includes: when weight bearing should begin and any follow-up appointments [fracture clinics, physiotherapy etc.].

Looking after children on crutches is not a responsibility taken lightly by the school and without clear medical information, potentially puts the student and school at risk.

It is unacceptable for students returning to school on crutches that they have obtained from means other than a professional/medical establishment i.e. friends, sports coaches etc. These students have not been officially checked out either by their GP or A&E Department and are a potential danger to both themselves and other students.

We would appreciate the student being dropped off by a parent/carer on their initial return to school to enable the following to be discussed/explained:

1. Leaving lessons early
2. Medication (particularly analgesia)
3. Collecting from school arrangements can be discussed
4. Follow up appointments noted
5. Any emergency contact details can be checked

Accepting Students Back Into School with any medical Arm/Hand Supports eg Slings, Hand Splints

Sarum Hall requires a letter from a medical professional (GP, Hospital etc.) detailing exactly what injury has been sustained before accepting responsibility for a student wearing any medical arm/hand supports

This letter should include details of whether the student is required to use the medical arm/hand support in school and approximately how long for. Further information to be detailed, if possible, includes: when removal of support should begin and any follow-up appointments [fracture clinics, physiotherapy etc.].

Looking after children in any medical arm/hand supports is not a responsibility taken lightly by the school and without clear medical information, potentially puts the student and school at risk.



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It is unacceptable for students returning to school in any medical arm/hand supports that they have obtained from means other than a professional/medical establishment i.e. friends, sports coaches etc. These students have not been officially checked out either by their GP or A&E Department and are a potential danger to both themselves and other students.

We would appreciate the student being dropped off by a parent/carer on their initial return to school to enable the following to be discussed/explained:

1. Leaving lessons early
2. Any assistance required in lessons and around the school
3. Medication (particularly analgesia)
4. Collecting from school arrangements can be discussed
5. Follow up appointments noted
6. Any emergency contact details can be checked

WHEELCHAIR AND USE OF SCHOOL LIFT

Any student experiencing mobility problems or having a physical condition requiring the use of a wheelchair and/or the use of the school lift/Food Studio Chair Lift is required to bring documentation from a medical professional to the School Nurse:

1. Diagnosis and /or reason for the use of a wheelchair/school lift
2. Duration of use of wheelchair and/or use of school lift
3. Medical professionals contact information.