



# SARUM HALL SCHOOL

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## FIRST AID AND ADMINISTRATION OF MEDICINES

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**Reviewed by:** Cara O'Connell  
Karen Coles

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# **I INTRODUCTION**

Sarum Hall School believes that where practicable every effort should be made to support children staying at school when they have minor injuries or illnesses.

To this end, the medical room remains open throughout the school day to meet the needs of children at work and at play.

Staff are welcome to attend for support where necessary.

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

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.

The Department of Education First Aid guidance states:

*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.*

First aid and administration of medicines applies in school, on educational visits and during sports activities.

The School follows the Government Guidance on first aid which can be found here:

<https://www.gov.uk/government/publications/first-aid-in-schools>

## **2 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

## **3 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, pupils requiring emergency medications and any allergy/intolerance information.

## 4 STAFF RESPONSIBILITIES

All staff are trained in paediatric first aid to children and that includes the use of auto injectors, e.g. an EpiPen.

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. No surnames should be posted for security reasons; if necessary only the first initial of the surname should be present.

Every time a child receives medical attention, including in EYFS, it is recorded on a digital copy of a first aid report (Pink Slip). A copy of this record is emailed to the parent with the class staff cc'd in should it be a EYFS pupil or a more serious illness/injury they should be made aware of. This information is then transferred onto the electronic database, iSAMS.

## 5 RESPONSIBILITIES OF THE HEALTH AND WELLBEING COORDINATOR

- 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.
- 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 or illnesses in school, to parents via email communication, the weekly School Bulletin, the School Portal and staff via email.
- To act 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
- To provide education on best health practices in PSHEE and assembly sessions
- To deliver the Relationships and Sex Education curriculum to Year 6

- To promote the mental health of pupils through providing them a safe space to talk, get support and find appropriate resources to support.

## 6 ARRANGEMENTS FOR CHILDREN WITH PARTICULAR MEDICAL CONDITIONS

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

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.

Updated photo lists of the relevant pupils with medical conditions or dietary needs are kept in the medical room, staff room, kitchen and food studio.

Lunch cards are provided to pupils with allergy, intolerance or dietary needs to highlight special catering needs.

## 7 ADMINISTRATION OF MEDICINES

### Using medication in school

When a parent/guardian brings in medicine to be kept at school and administered during the day, they will be asked to complete a form authorising the administration of that particular medicine to their child.

This form can be found on the school portal and is called 'Consent form: medicine to be given on school premises'. It is acceptable to return a signed digital or hard copy of the form.

Written records of all medicines administered are kept in school and are accessible to parents. This will be logged on the consent form.

A parent or guardian should deliver any medication directly to the Health & Wellbeing Coordinator (or another trained member of staff in their absence) **IN PERSON**, along with a completed consent form. Medications that need to be returned home at the end of the day will need to be picked up **IN PERSON** at the end of the school day. No medicine can be given to a child to take home.

Prescribed medicine (such as an antibiotic) must have the child's name, original prescription label, method of administration, date prescribed and expiry date on it and be in its original container.

### Medication when a pupil has a fever

A pupil with temperature over 37.5°C is classed as having a fever and should be sent home.

The Health & Wellbeing Coordinator is not able to administer paracetamol or ibuprofen for a spontaneous high temperature at school. If a pupil is unwell enough to require such medication, they should not be at school.

Only in the event of a potentially dangerously high temperature (38°C +) and where parents are not able to get to school quickly, paracetamol (for example Calpol infant or 6+) may be administered by a first aider with verbal and written consent from the parents

## **8 MANAGING MEDICINES IN SCHOOL AND EARLY YEARS SETTING**

### **Storage of medication**

The medical room will be locked when no staff are present. The medical room is accessible via a pin code lock. Staff are made aware of the code and are permitted to enter to retrieve medication and first aid supplies at any time.

Allergy medication, insulin, and inhalers are kept in an unlocked emergency medicines cupboard or fridge in the medical room.

When the school is closed, the keys for such cabinets are secured locked away.

Clearly labelled antibiotic medicines are kept in the medical room fridge. Medicines are stored strictly in accordance with the product instructions and in the original container in which they are dispensed. All administration of pupil medications must always be supervised by a member of trained staff.

Pupil auto injectors and their emergency HCP are stored in the medical room and a second in the dining hall. Spare auto injectors (for use on any patient during anaphylaxis emergency) are stored in the Food Studio in an unlocked cupboard. This allows staff immediate access to them if a child who uses an auto injector 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.

If staff are required to take medicines they should be stored safely with their personal belongings out of reach of any pupils. When administering their medication staff should be mindful to ensure no pupils are present. All staff are encouraged to notify the Health & Wellbeing Coordinator of any emergency medications they require.

## **9 CONSENTING TO MEDICAL EMERGENCY TREATMENT**

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

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 a child receiving

emergency medical treatment, including general anaesthetic and surgical procedure under the NHS arrangements, if we are unable to contact them in time.

Staff that have children with an auto injector or inhaler in their form are shown where they are kept and how to use it. Staff may practice use of the auto injector in the medical room on a training device with the support of the Health & Wellbeing Coordinator.

Parents are asked to make a note of the expiry dates of medicines kept at school. The Health & Wellbeing Coordinator checks expiry dates each month as well as keep a list in the medicine cupboard. Children prescribed auto injectors must have 2 up to date auto injectors 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.

Parents are asked to purchase a yellow medical bag kit from [www.yellowcross.com](http://www.yellowcross.com) if their child has an auto injector 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 this is logged on a First Aid report which is emailed to the relevant family and logged on iSAMS.

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 iSAMS.

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

## **10 ALLERGIES**

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

Staff are informed of children with allergies and those with IHCP's at the start of each term by the Health & Wellbeing Coordinator using awareness lists and posters. Copies will be displayed in the staff room, medical room and via staff email. Children prescribed auto injectors must have 2 up to date auto injector in school, if they do not they will be required to be at home.

### **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 Health & Wellbeing Coordinator.

A member of staff must always stay with the pupil concerned. If possible, take the pupil to the medical room. If they is unable to get there, they should send someone to get the Health & Wellbeing Coordinator and bring the pupil's emergency medicine bag. The pupil'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 auto injector (Epi-Pen/Jext/Emerade).

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

1. Call 999 or 112 IMMEDIATELY and tell ambulance control that you suspect a **severe allergic reaction or anaphylaxis**.
2. Administer the auto injector as highlighted on the device packaging.
3. Help them to get comfortable and monitor their breathing and level of response.
  - Repeated doses of adrenaline can be given at five-minute intervals if there is no improvement or the symptoms return.

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

## Auto-Injector Procedure

- Ensure that another person has contacted the Ambulance service
- With thumb nearest top of pen, form fist around unit (tip down, where needle comes out)
- With other hand remove safety cap
- Hold where needle will come out on auto-injector near mid outer thigh
- Jab firmly into outer thigh from a distance of approximately 10cm
- Press hard until a click is heard
- Hold firmly in place for 10 seconds
- Massage the injection area for 10 seconds
- Arrange immediate ambulance to hospital
- Give used auto-injector to ambulance crew
- If after 3 – 5 minutes there is no change, a second auto-injector should be administered (exact same procedure as using the first auto-injector)

## School Procedures

Pupils with allergies are identified from the Medical Questionnaire. The Health & Wellbeing Coordinator liaises with the parents to ascertain the full extent of the allergy and if required, will request a Allergy Action Plan from the pupil's consultant in the case of potential anaphylaxis and for families to complete a school HCP.

All pupils 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 pupil and her individual treatment plan as well as any emergency medication they may need.

The pupils 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 auto injectors are available 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, pupils will not be allowed to attend school if they do not provide the School with valid emergency medication.



## Training and Information

All members of staff, have regular refresher sessions on allergies and have the opportunity to practice using an auto injector.

Lists of pupils with serious allergies are available on iSAMS/medical awareness posters. Staff are reminded that all pupils with serious allergies are allowed to leave lessons without delay.

## Allergies and food in school

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

## Supply staff checklist

In addition to other relevant information about the class they are covering, the supply staff checklist advises supply staff of the pupils that required pre-plated snacks at break time; a photo and note of allergen/dietary requirement provided. They will also be made aware that the school is Nut and Sesame free.

## Lunch cards

Cards are provided to ensure all staff supporting the dining room service are aware of any dietary needs/requirements.

Cards (located on shelf, right of entrance to dining hall) are to be handed out to pupils upon entering the dining hall, who in turn will pass them to the member of kitchen staff serving them their food.

Card colour code:

**Blue** = Dietary preference

**Yellow** = Mild/Moderate allergy, sensitivity or intolerance

**Red** = Severe/life threatening allergy

Those with a nut allergy do not require a Red card as this is a nut free environment.

All other severe/life threatening allergies will be allocated a card stating the allergen they must avoid.

Parents are asked to consider children who have allergies when providing a packed lunch for school trips and snacks for after school fixtures 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 pupils have allergies and collecting their emergency drugs.

If a pupil has an allergic reaction on a trip and the staff have any concerns regarding the severity of the attack, an ambulance must be called. Should the pupils condition worsen and they have a prescribed auto injector, this should be used in accordance to the HCP instructions whilst emergency help is being arranged. Staff must also complete an accident form and report the incident to a member of the SLT 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 pupils with

specific allergies. Accompanying staff need to be trained and feel comfortable with dealing with allergies. The Health & Wellbeing Coordinator will offer support and extra training as needed.

## 11 INFORMING PARENTS

The Health & Wellbeing Coordinator will always contact parents if a child suffers anything more than a trivial injury, or if they becomes unwell, or the Health & Wellbeing Coordinator 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 School will call parents whenever they are likely to be shocked by their child's appearance, their child requires ongoing care/monitoring and or the parents need to take further action.

Sarum Hall School follows the government guidelines here:

<https://www.gov.uk/government/publications/first-aid-in-schools>

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

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.

## 12 FIRST AID STAFF

### Number of first aiders

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

The Health & Wellbeing Coordinator supports the task of establishing the number of first aiders required in certain situations, with agreement from the Headmistress and Bursar. Risk assessments should be used to agree this.

In particular, the following situations are 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 Health & Wellbeing Coordinator is certified in:

- Paediatric first aid
- Adult first aid
- Child and adult mental health first aid

The Health & Wellbeing Coordinator is responsible for supporting 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 must 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.

## **13 FIRST-AID MATERIALS, EQUIPMENT AND FACILITIES**

### **First-aid materials, equipment and facilities**

- The Health & Wellbeing Coordinator must ensure that the appropriate number of first-aid containers according to the risk assessment of the site are available.
- The Health & Wellbeing Coordinator is responsible for making sure that all first-aid containers kept in the building are adequately stocked at all times.
- Alongside the Health & Wellbeing Coordinator 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
- Automated external defibrillator (AED) is kept in the front entrance hall near the lift and signposted. Training is given for its use and a list of trained personnel retained. However, the AED is available for public use by anyone attending to an emergency situation. The AED maintenance and relevant checks are the responsibility of the school Facilities Manager.

## **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 playground). The Health & Wellbeing Coordinator checks and replenishes these once a term or earlier if required.

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 Health & Wellbeing Coordinator.

## **| 4 MEDICAL DATA**

### **Inputting & Maintaining Data**

All medical data supplied by parents is added to iSAMS by the Health & Wellbeing Coordinator. Additional medical information goes onto iSAMS 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>

## Record keeping

- All medical incidents and accidents must be recorded by a staff member on a first aid report (pink slip), kept in the medical office google team's folder – Health & Wellbeing-First Aid reports.
- A copy of the report is emailed to parents/guardians, via the [accident@sarumhallschool.co.uk](mailto:accident@sarumhallschool.co.uk) email address. For EYFS pupils, the teacher should be cc'd into the email for their own records and awareness.
- This digital first aid report is stored for a minimum of seven years (this is a statutory accident record, see DSS The Accident Book BI 510)
- The incident then should also be logged in the medical room attendance section in iSAMS.
- Should this system fail; as a backup, the old procedure of hard copy written first aid reports will be undertaken.
- See Appendices – Record Keeping – Guidelines for Staff

## 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 Health & Wellbeing Coordinator

## 15 INFECTION CONTROL IN SCHOOL

### Useful link

<https://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0>

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 clinical waste bin. Such bins are red/pink and located in the staff/public toilets.

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 or saline solution if water is not immediately available. Dispose of waste safely and appropriately.

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 (health alert). The identity person/persons who have fallen will remain anonymous unless this is an important factor of infection prevention.

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.

## 16 EXCLUSION FROM SCHOOL DUE TO ILLNESS

### Useful link

<https://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0>

- Children who are not well should not be at school even if they are not infectious.
- Children who experience a raised temperature should be closely monitored. Should a pupil's temperature exceed 37.5°C they should be sent home for further monitoring and rest. A temperature over 37.5°C in children is considered to be a fever. A child in this state needs rest and monitoring for any further symptoms of illness.

Pupils with elevated temperatures are asked to remain absent from school until they have fully recovered and are able to maintain a normal temperature (average temperature: 36.5°C) without the use of medication.

- Children with diarrhoea should not be at school unless the diarrhoea is known to be due to a confirmed non-infectious medical reason or condition, for example: IBS, coeliac disease, mild allergy/intolerance. If a child experiences diarrhoea at school, they will be sent home for monitoring, proper cleansing and to limit the spread of any potential illnesses.

Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.

Where there are 3 incidents in a 24-hour period, the pupil affected must not return to school until 48 hours after their last bout of diarrhoea.

- Children who have been sick should not be in school. If a pupil is sick in school, they will be sent home for monitoring and to limit the spread of any potential illnesses.

If there are no further bouts of sickness then they may return to school the next day however where there are 2 or more incidents of sickness in a 24-hour period, the pupil affected must not return to school until 48 hours after their last bout of sickness.

## **17 EMERGENCY SITUATIONS**

**The emergency services should be called in the following circumstances.**

- Profuse and unstoppable bleeding
- Blunt injury which could be associated with internal bleeding e.g. abdomen
- 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)
- 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).
- Collapse from any cause and / or turning blue
- Difficulty in breathing, or choking, acute asthmatic attack (which does not respond to puffer).
- Gross allergic reaction (suspected anaphylactic shock)
- Seizure (first seizure or in a known epileptic that lasts for more than 5 minutes)
- If a diabetic has a hypo-glycemic 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.
- Suspected broken bone
- Excessively high temperature (over 39)
- Severe Vomiting
- Severe burns or scalds
- Persistent and increasing pain (e.g. Stomach pain)
- Sudden and severe headache

### **Staff guidelines for calling the emergency services**

1. Dial 999 and ask for ambulance
2. Be prepared to give the following information:
  - a. The current breathing and response status of the casualty
  - b. School Telephone number 0207 794 2261

- c. School address Sarum Hall 15, Eton Avenue London NW3 3EL
  - d. Exact location of pupil requiring assistance
  - e. Name of pupil
  - f. Your name
  - g. Brief description of symptoms (reiterate that this is a child and it is an emergency)
3. Contact parents
4. Record timings of phone calls, and when situation is safe, ensure that a record of the incident is documented in the pupil's records



**USEFUL ADDITIONAL READING FOR COMMON CONDITIONS**

<b>CONDITION</b>	<b>USEFUL LINK</b>
Hyperglycaemia (high blood sugar)	<a href="https://www.nhs.uk/conditions/low-blood-sugar-hypoglycaemia/">https://www.nhs.uk/conditions/low-blood-sugar-hypoglycaemia/</a>
Epilepsy	<a href="https://www.nhs.uk/conditions/epilepsy/symptoms/">https://www.nhs.uk/conditions/epilepsy/symptoms/</a>
Allergy and Anaphylaxis	<a href="https://www.allergyuk.org/">https://www.allergyuk.org/</a>
Head injury	<a href="https://www.nhs.uk/conditions/head-injury-and-concussion/">https://www.nhs.uk/conditions/head-injury-and-concussion/</a>
Asthma	<a href="https://www.asthmaandlung.org.uk/">https://www.asthmaandlung.org.uk/</a>
Coronavirus (COVID-19)	<a href="https://www.nhs.uk/covid-19-advice-and-services/">https://www.nhs.uk/covid-19-advice-and-services/</a>
Chicken Pox	<a href="https://www.nhs.uk/conditions/chickenpox/">https://www.nhs.uk/conditions/chickenpox/</a>

## Appendix 2      **USEFUL ALLERGY INFORMATION**

### **What is an allergy?**

An allergy is an abnormal reaction to an allergen or 'trigger' substance.

One of the most common allergens is plant pollen, which often causes hay fever.

Other allergens include animal hair, bee stings, medication (especially penicillin), and food, such as nuts, sesame and shellfish.

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 includes oral anti-histamine, eg. Piriton syrup or tablets

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) as the casualty will go into medical shock. The whole body is affected, often within minutes of exposure to the allergen but occasionally the reaction may occur some hours later.

### **Signs and symptoms**

- a red, itchy rash, or raised area of skin (weal's)
- red, itchy, watery eyes
- swelling of hands, feet, or face
- abdominal pain, vomiting, or diarrhoea.

There may also be:

- difficulty in breathing
- swelling of tongue and throat with puffiness around eyes
- confusion and agitation
- signs of shock leading to collapse and unresponsiveness.