

**OUR LADY'S ABINGDON SCHOOL
FIRST AID AND THE ADMINISTRATION OF MEDICATION POLICY**

This policy, which applies to the whole school, is publicly available on the school website and upon request a copy (which can be made available in large print or other accessible format if required) may be obtained from the School Office.

Document Details

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Availability: All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours, including activities away from school. All new employees and volunteers are required to state that they have read, understood and will abide by this policy and its procedural documents and confirm this by signing the Policies Register.

Monitoring and Review: This document will be subject to continuous monitoring, refinement and audit by the Head. This document was reviewed and agreed by the Board of Governors in December 2022 and will next be reviewed no later than December 2024 unless significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Signed:

Next Review: December 2024

Reviewed: December 2023



Daniel Gibbons
Head of OLA



Prav Karian
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Freddie El Turk
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Introduction

This policy is designed to ensure that all children can attend school regularly and participate in activities. This policy outlines the School's statutory responsibility to provide adequate and appropriate First Aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The school complies with the Guidance on First Aid for Schools Best Practice Document published by the DfE, along with the NHS First Aid and Health A-Z First Aid and Health A-Z - [NHS \(www.nhs.uk\)](http://www.nhs.uk).

In order to comply with this best practise document, Our Lady's Abingdon (OLA, the school) has a requirement for a minimum of three trained First Aiders who have satisfied the requirements of the 'First Aid at Work' course. However, staff should NEVER perform any First Aid Procedures that they have not been adequately trained to do. All companies are required by The Health and Safety (First Aid) Regulations 1981 (amended 1997) to provide trained First Aid human resources and treatment for staff in the event of injury or ill health at work. Although the regulations only require the employer to provide cover for staff, it is the School's policy to extend this cover to children and visitors.

The School will provide:

- practical arrangements at the point of need;
- the names of those qualified in First Aid and the requirement for updated training every three years;
- at least one qualified person on site when children are present;
- how accidents are to be recorded and parents informed;
- access to First Aid kits;
- arrangements for pupils with particular medical conditions (for example Asthma, epilepsy, Diabetes);
- hygiene procedures for dealing with the spillage of bodily fluids;
- guidance on when to call an ambulance;
- reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 9923).

Methodology

This First Aid Needs Assessment will consider the following topics inclusive of:

- the nature and distribution of the workforce, work undertaken, the hazards and the risks;
- the current classification of First Aiders;
- the schools' history of accidents and illness;
- excursions/sports fixtures/lone workers;
- the remoteness of activities from emergency medical services;
- the assessment of the number of First Aiders required.

Aims. These are to:

- ensure that arrangements are in place for the provision of First Aid;
- ensure that all staff are aware of their roles and responsibilities in relation to the provision of First Aid treatment;
- ensure employees know where First Aid kits are located and the names of trained First Aiders/appointed persons and to keep employees and volunteers informed of any change;

- ensure that First Aid facilities should be clearly identified, e.g. on the staff room, office and medical room notice board;
- 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;
- provide First Aid treatment where appropriate for all users of the school (with particular reference to pupils and staff);
- provide or seek secondary First Aid where necessary and appropriate;
- treat a casualty, relatives and others involved with care, compassion and courtesy.

Objectives. These are to:

- appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school;
- provide relevant training and ensure monitoring of training needs;
- provide sufficient and appropriate resources and facilities;
- inform staff and parents of the School's First Aid arrangements.

Policy

The School will ensure that:

- adequate resources are available for the implementation of this policy;
- this policy and procedure are effectively communicated;
- an assessment is made to ensure that suitable First Aid facilities are provided;
- arrangements are made for the provision suitable First Aid facilities;
- an assessment is made to ensure that suitable First Aid facilities are provided;
- employees with First Aid responsibilities receive adequate training;
- arrangements are made for the periodic monitoring of performance against these standards.

Definitions

First Aid

The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving of any tablets or medicine to treat illness.

Full First Aider

A person who has completed a full (3-day) course of First Aid training with a training establishment approved by the Health and Safety Executive and holds a current certificate.

Full Paediatric First Aider

A person who has completed a full (2-day) course of Paediatric First Aid training with a training establishment approved by the Health and Safety Executive and holds a current certificate.

Appointed Person

A person who is in charge of the First Aid arrangements, which in our school is the Health and Safety Manager (HSM).

Policy Statement

OLA will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for pupils, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. This policy should be read in conjunction with OLA's Health and Safety policy, policy on Safeguarding children and Medical policy. It will be reviewed within two years.

First Aid Facilities

The Head must ensure that the appropriate number of First Aid containers, according to the risk assessment of the site, are available. See Health and Safety Executive (HSE) guidelines on recommended and mandatory contents.

- All First Aid containers must be marked with a white cross on a green background;
- A First Aid container must always accompany the children when using any specialist facilities and during any off-site activity/education visit. First Aid containers must accompany Physical Education (PE) teachers off-site;
- All vehicles carry a First Aid kit;
- First Aid containers should be kept near to hand washing facilities;
- Spare stock should be kept in school;
- Responsibility for checking and restocking the First Aid containers is that of the Nurse and/or Advanced First Aider. The First Aiders must notify the office, Nurse and/or the Advanced First Aider any necessity of restocking of the First Aid boxes.

Training

The Advanced First Aider is fully First Aid trained and has had specific instruction regarding some other health conditions. The list of staff with current First Aid Certificates is available in the School Office, the Staff Room and Medical Rooms. A list of First Aid qualifications is saved at the end of this policy. All First Aid qualifications are updated every three years in accordance with regulations. Both a *full First Aider* and at least one other appointed person will always be on the premises. First Aid kits are available on the premises, in vehicles and for educational visits and off-site activities.

First Aid kits

The Advanced First Aider will regularly check the contents of First Aid kits and ensure they remain fully stocked. They should contain a First Aid guidance card (HSE publication) which will specify the contents that should be provided. See list of First Aid kit locations in Annex H.

Trained First Aiders

- Ensure that employees are aware that they can only give First Aid if they hold a current First Aid certificate. This treatment can be provided to employees, individuals, visitors and any other people who are within The School's control.
- Provide sufficient First Aiders on the site, to take account of shifts and absences.
- Ensure that each First Aider holds a current Certificate of Competence in First Aid Work issued by an HSE approved organisation. Re-training is required every 3 years, i.e. before the expiry date.

First Aiders' responsibilities

- To give first response treatment and to summon an ambulance through the school office, when necessary.
- To inform the school office when pupils are too unwell to stay at school. The School Nurse or the school office will contact parents to collect their child and, when required, inform them of the accident and the hospital to which their child is being taken and to keep a legible written record of attendances, with dates, times and treatment given.

Policy on First Aid in School

All staff, both teaching and non-teaching are responsible for dealing with minor incidents requiring First Aid. During the school day First Aid is administered by the School Nurse, or one of the First Aiders if an accident occurs in the school grounds and First Aid is required, when one of the staff members on duty can assist if they are qualified, or if they are not qualified, they should come to the Medical Room or School Office and request the assistance of the designated First Aider. The First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Fully stocked First Aid kits are available in the Medical Room and elsewhere in the school. Any action taken must be recorded in the Treatment Book, which is kept in the Medical Room, and parents should be informed by telephone or in writing of any accidents which occur. Any First Aid or medical assistance given must be reported to the School Nurse. All injuries, accidents and illnesses, however minor, must be recorded in the School Management Data Base and Accident Book, which are available in the Medical Room. If an injury or illness involves spillage of bodily fluids gloves should be worn. If there is any concern about which First Aid should be administered then the School Nurse or a qualified First Aider must be consulted.

The arrangements for First Aid provision will be adequate to cope with all foreseeable incidents. The number of designated First Aiders will not, at any time, be less than the number required by law. This is determined by risk assessment (Local Authority guidance). Designated staff will be given such training in First Aid techniques as is required to give them an appropriate level of competence. The School Nurse and/or Advanced First Aider is responsible for ensuring that a sufficient back-up stock is held on site. Notices will be displayed in prominent locations throughout the school identifying how to summon First Aid in an emergency, who the First Aiders are and their contact and location details. All First Aid signs and containers must be identified by a white cross on a green background. A written record will be kept of all First Aid administered either on the school premises or as a part of a school related activity.

Administering First Aid

- First Aid should only be administered by a trained First Aider. Copies of First Aid certificates should be systematically filed.
- For minor injuries which are within the First Aider's capability, appropriate treatment should be provided. Otherwise the injured person should be made comfortable until the emergency services arrive.
- Ensure that contaminated waste is safely disposed of and any blood or bodily fluid spillages are safely removed.
- Record any First Aid treatment in the Treatment Book.

The First Aiders' procedure for dealing with sick or injured pupils

- Ascertain by inspection and discussion with pupil or staff member the nature of the pupil's injury or illness.
- Comfort or advise as necessary. This may be sufficient and pupil can return to class or break. Inform staff member of nature of any concerns if appropriate. Treat injury or illness if required. Clean wound with antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists.
- Record action taken in the School Management data base. If pupil is then well enough he/she/they will return to class.
- If there are doubts as to the seriousness of any injury parent(s) will be notified to collect their child.
- If a severe illness or injury is suspected then the most appropriate member of staff will take the pupil to hospital or the emergency services will be called and administrative staff will

contact the parents to inform them. No pupil will travel in an ambulance unaccompanied.

- If any issue arises during treatment or discussion with the pupil that the School Nurse or First Aider feels should be taken further, she/he will telephone or speak to the parents and/or the Designated Safeguarding Lead or most appropriate member of staff. N.B. The First Aiders will have up to date Emergency First Aid training and some will have a full and current First Aid at Work Certificate. They are not, however, medically qualified and hence cannot give medical advice.

Hygiene/Infection control/HIV Protection

Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand-washing facilities/hand sanitiser, which should be used when dealing with any blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc.) are placed in a disposable bag and fastened securely. Any pupil's clothing should be placed in a plastic bag and fastened securely ready to take home: *Source: 'Guidance on First Aid for Schools: A Good Practice Guide' (adapted).*

Supporting sick or injured pupils

Any pupils unwell during the day can be cared for in the medical room, until feeling better or parents are able to collect. Only trained staff are to administer First Aid. First Aiders do not administer medication unless medication training has been completed. Parents are welcome to contact the school nurse at any time if they have concerns about their child, and they will liaise if they or other staff have their own concerns. Initial medical information is gathered via the comprehensive medical forms completed for all pupils before their start date. Important information e.g. about allergies is disseminated to all staff on a need-to-know basis.

With reference to sick pupils and medicine we:

- make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues via Public Health England (www.gov.uk);
- contact the school health professional for advice if we are unsure about a health problem;
- isolate a pupil if we feel that other pupils or staff are at risk;
- contact parents to take children home if they are feeling unwell/being sick/have diarrhoea/have had an accident/may have an infectious disease;
- ring emergency contact numbers if the parent or carer cannot be reached;
- make every effort to care for the pupil in a sympathetic, caring and sensitive manner;
- keep other parents informed about any infectious diseases that occur;
- expect parents to inform the office if their child is suffering from any illness or disease that may put others at risk.

Confidentiality

Information given by parents regarding their child's health will be treated in confidence and only shared with other staff when necessary or appropriate.

Monitoring

Accident report forms can be used to help the School Nurse/COO and the HSM to identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes. The Head regularly reviews the accident records.

Reporting to HSE

Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (SI 1995/3163) (**RIDDOR**) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23). The HSM 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.

The following accidents must be reported to the HSE involving employees or self-employed people working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence);
- accidents which prevent the injured person from doing their normal work for more than three days;
- accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work i.e. if it relates to any school activity, both on or off the premises;
- the way the school activity has been organised and managed;
- equipment, machinery or substances, the design or condition of the premises.

The 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 HSM. The COO will report the incident to the HSE and also to our insurers.

Record keeping

Statutory accident records: The COO must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. The COO must ensure that a record is kept of any First Aid treatment given by First Aiders or appointed persons. This should include:

- the date, time and place of incident and the name (and class) of the injured or ill person;
- details of their injury/illness and what First Aid was given and what happened to the person immediately afterwards along with the name and signature of the First Aider or person dealing with the incident.

Reporting

All injuries, accidents and illnesses, however minor, must be recorded in the School Management Data Base and Treatment Book. An Accident Report Form must be completed for all accidents all serious accidents must be reported in the Accident Report Book. All entries in the Accident Report Book are given to the HSM and copies are kept in the Medical Room. The School Nurse is responsible for ensuring that the accident procedures are filled in correctly and that parents and the HSE are kept informed as necessary.

Reporting to Parents

In the event of accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head of OLA if necessary. Parents are always informed if there is a head injury, no matter how apparently minor.

Accidents involving Staff

Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately to RIDDOR <https://www.hse.gov.uk/riddor/> (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs). Work related accidents which prevent the injured person from

continuing with his/her normal work for more than three days must be reported within 10 days. Cases of work-related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer). Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Accidents involving pupils or visitors

Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

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

Need to be reported without delay to the HSE, followed by Form F2508. For more information on how and what to report to the HSE, please see <https://www.hse.gov.uk/riddor/index.htm>

It is also possible to report online via this link.

Annex A:

Basic First Aid

Knowing what to do in an emergency is vitally important. Consider getting some First Aid training and a First Aid kit and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm. If people are seriously injured call 999 / 122 immediately; contact the School Nurse or a First Aider.
- Make sure you and the injured person are not in danger and assess the injured person carefully and act on your findings using the basic First Aid steps below. Keep an eye on the injured person's condition until the emergency services arrive.

Embedded Objects and Splinters

An object embedded in a wound (other than a small splinter) should not be removed as it may be stemming bleeding, or further damage may result. If bleeding create pressure on either side of object with bandages. In principle leave splinter in place, carefully clean the area with warm soapy water; use sterile dressing to cover it, report to parents, and if the pupil is particularly uncomfortable contact parents.

Unconsciousness/Non-responsive	Bleeding (If nothing is embedded)
If the person is unconscious with no obvious sign of life, call 999/112 and ask for an ambulance. If you or any bystander has the necessary skills, commence CPR while you wait for the emergency services.	Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing, if continues apply another dressing pad and firmly bandage do not remove the original pad . Lay the person down, reassure them, keep them warm and loosen tight clothing.
Burns	Broken bones

For all burns, cool with water for at least 20 minutes. Do not apply dry dressings, use cling film loosely if available. Keep the patient warm and call an ambulance.	Try to avoid as much movement as possible.
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Annex B: Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is a severe allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). An adverse reaction can be very fast and life-threatening. Symptoms of Anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No person would necessarily experience all of these symptoms at the same time.

Medication and control

While “allergy” medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions – only adrenaline is recommended for severe reactions (e.g. Anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing Anaphylaxis. However, severe reactions may require more than one dose of adrenaline, and a person can initially improve but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention, whenever Anaphylaxis occurs. The use of adrenaline as an injection into the muscle is safe and can be life-saving. ***It is important that key staff in the School are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.***

It is not possible to overdose using an Auto Adrenaline Injector (AAI) as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back. All pupils who have Anaphylaxis will require an Allergy Action Plan which parents or guardians should complete prior to starting at OLA.

This will be kept with the pupil's medication in the Medical Room or on the person. Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in the Medical Room in a box marked clearly with the pupil's name. NOT locked in a cupboard or an office where access is restricted. Spare AAI's are kept in the Kitchen and in the Medical room. Guidance on the use of adrenaline auto-injectors in schools https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Following discussion with the pupil and his/her/their parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her/their peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an Anaphylactic reaction.

Managing pupils with Anaphylaxis

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in Anaphylaxis. Staff should ensure that all pupils who have an AAI prescribed to them, have their medication on them at all times. A list is available in the medical room of all pupils with Allergies and where the medication is kept.

- Staff should ensure that they attend the Anaphylaxis training held on training (INSET) days. (Staff to seek advice from the School Nurse or a First Aider). If a pupil feels unwell, the School Nurse or a First Aider should be contacted for advice.
- A pupil should always be accompanied to the Medical Room if sent by a member of staff.

Away trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupil's medication, if the pupils cannot carry it themselves (See Health Care Plan.)
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Pupils with Anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimise risk whenever possible.

What are the main symptoms?

Itching or presence of a rash, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness.

What to do if a pupil has an anaphylactic reaction

Always give an adrenaline auto-injector if there are ANY signs of Anaphylaxis present. You should administer the pupil's own AAI if available, if not use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector. **IF IN DOUBT, GIVE ADRENALINE.** After giving adrenaline do NOT move the pupil. Standing someone up with Anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised.

If breathing is difficult, allow the pupil to sit. Administer Salbutamol. If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own adrenaline injection and this has made them feel better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards. **ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.**

Annex C: Asthma

What is Asthma?

Asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs. It affects 1 in 11 children. People with Asthma often have sensitive, inflamed airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest. Asthma symptoms can come and go. Sometimes people may not have symptoms for weeks or months at a time.

Asthma can be life threatening.

Medication and control

Medication to treat the symptoms of Asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. Most pupils with Asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers

with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name. Spare inhalers are located in the Medical room but can only be given to those who have a diagnosis of Asthma and a signed consent form.

Pupils with Asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in the Medical Room in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. All Asthmatic pupils will require a 'Health Care Plan' which parents or guardians should complete prior to starting at OLA. The Health Care Plan should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her/their person around the School.

This will be kept with the pupil's medical file in the Medical Room. Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use. Following discussion with the pupil and his/her/their parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her/their peer group so that they are made aware of their classmate's needs.

Managing pupils with Asthma

- Staff should be aware of those pupils under their supervision who have Asthma. Games staff should ensure that all pupils with Asthma have their Salbutamol inhaler prior to commencement of a session. A list is available in the medical room of all pupils with Asthma and where the medication is kept.
- Staff should ensure that they have some knowledge of what to do if a pupil has an Asthma attack. (Staff to seek advice from the School Nurse).
- If a pupil feels unwell, the School Nurse or a First Aider should be contacted for advice. A pupil should always be accompanied to the Medical Room if sent by a member of staff.

Issues which may affect learning

Pupils with Asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with Asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with Asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. ***However, they should not be forced to take part if they feel unwell.***

What are the main symptoms?

- Coughing, wheezing, tight chest, inability to speak properly and difficulty in breathing out.
- What to do if a pupil has an Asthmatic attack
- Keep calm and reassure the pupil
- Encourage the pupil to sit up and slightly forward
- Use the pupil's own inhaler – if not available, use the emergency inhaler
- Remain with the pupil while the inhaler and spacer are brought to them
- Immediately help the pupil to take two separate puffs of Salbutamol via the spacer

- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the pupil. Stay with them until they feel better. The pupil can return to school activities when they feel better
- If the pupil does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- Liaise with the School Nurse and Office Staff about contacting the pupil's parents/guardians.

Annex D: Diabetes

What is Diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Pupils with Diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

Medication and control

Diabetes can be treated effectively by injections of insulin/tablets and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with Diabetes will require a Health Care Plan. In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she/they will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of Diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with Diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with Diabetes will also need to eat snacks between meals and occasionally during class time. It is important to allow a pupil with Diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil and his/her/their parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

The issue of close communication between parents and the School is fundamental to the care of pupils with Diabetes, as many aspects of growth and development will have an impact on their Diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date. All diabetic pupils will require a Health Care Plan which parents or guardians should complete prior to starting at OLA. This will be kept with the pupil's file in the Medical Room. Following discussion with the pupil and his/her/their parents, individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her/their peer group so that they are aware of their classmate's needs.

Managing pupils with Diabetes

- Staff should be aware of those pupils under their supervision who have Diabetes. A list with all diabetic students and where the medication is kept is available in the medical room.
- Games staff should ensure that all pupils with Diabetes have a Lucozade bottle or Dextrose tablets with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.

- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from the School Health Professional for training).
- If a pupil feels unwell, the School Nurse or First Aider should be contacted for advice.
- A pupil should always be accompanied to the Medical Room if sent by a member of staff.

Away trips:

A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils' medication, if the pupils cannot carry it themselves (See Health Care Plan). Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Pupils with Diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose, there are some simple precautions to follow in order to assist a pupil with Diabetes in maintaining an adequate blood glucose level: Encourage the pupil to eat or drink some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia, after the activity is concluded, encourage the pupil to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

What do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode

Common causes:

A missed or delayed meal or snack, extra exercise, too much insulin during unstable periods, the pupil is unwell or the pupil has experienced an episode of vomiting.

Common symptoms:

Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration, sweating

- i. Get someone to stay with the pupil - call for the School Nurse / First Aider/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse).
- ii. Give fast acting sugar immediately (the pupil should have this), e.g.:
Lucozade, fresh orange juice, sugary drink, e.g. Coke, Fanta, glucose tablets, honey or jam, 'Hypo Stop/Glucogel' (discuss with parents / guardians / carers whether this should be taken on trips off-site)
- iii. Recovery usually takes ten to fifteen minutes.
- iv. Upon recovery give the pupil some starchy food, e.g. couple of biscuits, a sandwich.
- v. Inform the School Nurse and parents of the hypoglycaemic episode.
- vi. In some instances, it may be appropriate for the pupil to be taken home from school

NB. In the unlikely event of a pupil losing consciousness, call an ambulance (122 or 999) and the School Nurse / First Aider.

A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst, passing urine frequently, vomiting, abdominal pain

- A change of behaviour

Care of pupils in a hyperglycaemic episode:

- Do not restrict fluid intake or access to the toilet
- Contact the School Nurse and/or parents if concerned.

In both episodes, liaise with the School Nurse / First Aider about contacting the pupil's parents/guardians.

Annex E: Stroke

What is a Stroke?

A stroke is a life-threatening emergency. It happens when the blood supply to part of the brain is cut off, this in turn kills brain cells and can cause brain damage. This damage to the brain can affect how the body moves, emotions and how you think. The effects of a stroke depend on where it takes place in the brain, and how widespread the damaged area is.

There are three types of stroke ; Ischaemic stroke, Haemorrhagic stroke and Transient ischaemic attack or TIA.

Strokes can occur across all ages.

What are the Symptoms of Stroke?

If stroke is suspected think FAST:

- **Facial weakness:** Can the person smile? Has their mouth or eye drooped?
- **Arm weakness:** Can the person raise both arms?
- **Speech problems:** Can the person speak clearly and understand what you say?
- **Time to call 999:** If you see any of these signs.

Hemiplegia:

Hemiplegia is a condition caused by brain damage or spinal cord injury that leads to paralysis on one side of the body.

Children with Hemiplegia may also take longer to reach developmental milestones than their peers. They may also use only one hand when playing or keep one hand in a fist.

All children with Hemiplegia should have a Healthcare plan – See School Nurse for any advice.

Annex F: Cleaning up bodily fluids from floor surfaces

Spillage kits can be located in the Medical Room.

After approximately ½ an hour sweep-up the Sanitaire and place in a yellow waste bag. Take to the Medical Room for disposal. The area should be disinfected with diluted Distal (made up freshly as required- 1-part Distal to 9-parts water). All surfaces in the area must be treated with Distal to reduce the risk of spread of infection by droplets. Soiled clothing/ bedding to be put into a plastic bag, sealed and sent home with the pupil. Inform a member of the cleaning staff if the spillage is on a carpet so it can be steam cleaned and all areas cleaned with a disinfectant solution.

All staff managing any spillages should ensure the following:

- Ensure all cuts and lesions are covered with a waterproof dressing

- Don personal protective equipment (PPE) e.g. disposable gloves and apron and wear eye/face protection if there is a risk of splash
- Use the most appropriate product for the spillage
- Ensure that all products are in date and replenished after use
- Decontaminate hands using soap and water/hand wipes or hand rub if not visibly contaminated

Bleeding and blood spillages

Anyone dealing with a pupil who is bleeding should:

- Wear gloves at all times if there is a risk of contact from blood.
- Avoid blood coming in contact with any cuts or open abrasions of the skin.
- Avoid contact with oral and mucus membranes and eyes - if there is any contact then these should be flushed immediately with water and the GP contacted if there is any risk of transfer of infection.
- Blood injury during sport- pupil to be taken off field/sports activity area, treated and wound covered prior to being allowed to continue if appropriate.
- Any wounds/cuts/abrasions should be covered at all times when dealing with pupils to avoid infection being transferred.

Annex G: RIDDOR

(Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995)

All Schools are required to report to the Health and Safety Executive (HSE) (Tel: 0845 300 99 23). Employers must report: Deaths, major Injuries, over three-day injuries, accidents causing injury to pupils, accidents causing injury to members of the public or people not at work, specified dangerous occurrences where something happened which did not result in an injury but could have done. Refer to Health & Safety Handbook for full details.

<https://www.hse.gov.uk/riddor/index.htm>

The nature of the work, the hazards and the risks

The following table, compiled using information from the HSE, identifies some common workplace risks and the possible injuries that could occur:

Risk	Possible injuries requiring First Aid	Assessed risk to employees, pupils and visitors/contractors	Remarks
Manual Handling	Fractures, lacerations, sprains and strains (mainly pertains to kitchen/cleaning and maintenance staff)	Low	Never perform MH unless trained to do so
Slip and trip hazards	Fractures, sprains and strains, lacerations (mainly pupils)	Low	Always assess environment for risk
Machinery	Crush injuries, amputations, fractures, lacerations, eye injuries – there are very few	Low	

	machines within the school which are capable of causing amputations and fractures		
Work at height	Head injury, loss of consciousness, spinal injury, fractures, sprains and strains – working at heights is restricted to adults - below one metre an adult can work alone; over one metre a full-size ladder or scaffold tower is used with 2 or more people present at all times	Low	
Risk	Possible injuries requiring First Aid	Assessed risk to employees, pupils and visitors/contractors	Remarks
Workplace transport	Crush injuries, fractures, sprains and strains, spinal injuries – it is unlikely that workplace transport injuries will occur as the minibus is only used for people carrying	Low	
Electricity	Electric shock, burns – all hardwiring is tested every 5 years and PA 100% every 3 years, there is also an annual visual H&S self-audit which should identify any shortcomings and these would then be rectified, coupled to this is the appointment of H&S reps who are responsible for monitoring all H&S matters within their area of responsibility.	Low	Ensure all testing is compliant do not use any equipment within school that has not been tested.
Chemicals	Poisoning, loss of consciousness, burns, eye injuries – all chemicals are kept under lock and key and their issue and use is supervised by qualified adults/personnel	Low	Refer to COSHH

Annex H: List of First Aid kits around school

- Art room
- Textiles room + plaster box
- Food room + blue plaster box
- DT1 + eye wash station

- DT2 x2 kits + eye wash station
- Swimming pool + eye wash station in chemical room + Resus masks around the pool
- School administrator office portable First Aid kit
- Each minibus has a small First Aid kit

Labs:

- N Lab eye wash station
- H Lab First Aid kit + eye wash station
- F Lab eye wash station
- C Lab eye wash station
- A Lab eye wash station
- Prep room eye wash station
- P Lab eye wash station
- B Lab eye wash station
- Sports hall First Aid kit + portable sports bag kit for P.E. staff

Medical room

- Small travel kits 1/2/3/7/9/10
- Large portable bag
- Large eye wash station
- Defib + infant pads
- **Covid-19** supplies in the medical room include disposable masks and visors, gloves, wipes, alcohol gel all sizes, clinical waste bags, Distel spray solution and cloths, spare empty spray bottles.
- Large 5L bottles with neat Distel solution can be found in the Accounts department.

Annex 1: First Aid training

Surname	First name		Course details	Course date	Renewal date
AYRES	Paul		First Response First Aid EFAW	21/10/21	21/10/24
BARNETT	Maria		First Response First Aid EFAW	27/03/24	27/03/27
BARTOLI-EDWARDS	Aaron		First Response First Aid EFAW		
BAYLEY	Fallon		First Response First Aid EFAW	21/09/23	20/09/26
BEVERIDGE	Sophie		Mandatory Training CSTF	11/05/23	10/05/24
BUTLER	Eli		First Response First Aid EFAW	21/10/21	21/10/24
CANTINI	Eleonora		First Response First Aid EFAW	21/09/23	20/09/26
CASTELLO	Johanna		First Response First Aid EFAW	20/09/23	19/09/26
CIMAS	Maria		First Response First Aid EFAW	21/10/21	21/10/24
COLLIS	Timothy		First Response First Aid EFAW	21/10/21	21/10/24
COOPER	Jeral		First Response First Aid EFAW	20/09/23	19/09/26
CREGAN	Joseph		First Response First Aid EFAW	21/10/21	21/10/24
DOBSON	Julie		First Response First Aid EFAW & Paediatric	17/06/2022	16/06/2025
DOY	Zoe		Nuco training EFAW Level 3	20/10/21	20/10/24
EDWARDS	Anna-Marie		First Response First Aid EFAW	21/10/21	21/10/24
DOWNS	Lorna		First Response First Aid EFAW	20/09/2	19/09/26

DUTTON	Sally		Rescue Emergency Care Scheme – Outdoor First Aid	22/01/23	21/01/26
GORDON-SMITH	Sharon		First Response First Aid EFAW	21/10/21	21/10/24
GREGORY	Christina		First Response First Aid EFAW	27/03/24	27/03/27
HORN	Chrisine		First Response First Aid EFAW	27/03/24	27/03/27
HUMPHREYS	Nicholas		First Response First Aid EFAW	21/10/21	21/10/24
JACKSON	Andrew		First Response First Aid EFAW	20/09/23	19/09/26
JHALLI	Suman		First Response First Aid EFAW	21/09/23	20/09/26
JAMES	Juliet		First Response First Aid EFAW	21/01/21	21/10/24
JOHN	Melanie		First Response First Aid EFAW	21/09/23	20/09/26
KOEMAN	Polly		First Response First Aid EFAW	21/09/23	20/09/26
LAI	Rebecca		First Response First Aid EFAW	21/09/23	20/09/26
LAWSON	Elizabeth		First Response First Aid EFAW	20/09/23	19/09/26
MACHEN	Sonia		First Response First Aid EFAW	1702/22	17/02/25
MAY	Stephanie		First Response First Aid EFAW	27/03/24	27/03/27
MARCUS	Sarah		First Response First Aid EFAW	20/09/23	19/09/26
MARTIN	Mandy		First Response First Aid EFAW	21/09/23	20/09/26
MILLS	Simon		First Response First Aid EFAW	20/09/23	19/09/26
MORAN	Alison		First Response First Aid EFAW	21/10/21	21/10/24

NICHOLLS	Nikki		First Response First Aid Training	27/03/24	27/03/27
PARK	Mick		First Response First Aid EFAW & Paediatric	17/06/22	17/06/25
Phippen	Chloe		First Response First Aid EFAW	20/09/23	19/09/26
RASZPLA	Aleks		First Response First Aid EFAW	21/09/23	20/09/26
READ	Laura		First Response First Aid EFAW	21/09/23	20/09/26
Roberts	Clare		First Response First Aid EFAW	20/09/23	19/09/26
SHARKEY	Chrissie		Advanced First Aid at work and Paediatric First Aid First Response First Aid EFAW & Paediatric	03/03/22	03/03/25
SIMPSON	Anna		First Response First Aid EFAW	20/09/23	19/09/23
SIMPSON	Jennie		First Response First Aid EFAW	21/10/21	21/10/24
SOMMA	Roberto		First Response First Aid EFAW	27/03/24	27/03/24
SMITH	Philippa		First Response First Aid EFAW	21/10/21	21/10/24
VENTOURAS	Akrivi		First Response First Aid EFAW	21/09/23	20/09/26
VICK	Lamorna		First Response First Aid EFAW	20/09/23	19/09/26
WEBSTER	Linda		First Response First Aid EFAW	21/10/21	21/10/24
WHITTY	John		First Response First Aid EFAW	21/09/23	20/09/26
WILLIAMS	Alice		First Response First Aid EFAW	27/03/24	27/03/27
WRIGHT	Lornie		First Response First Aid EFAW	21/09/23	20/09/26

