

OXFORD HIGH SCHOOL GDST

JUNIOR SCHOOL and EARLY YEARS FOUNDATION STAGE

FIRST AID POLICY

The First Aid Policy, revised September 2009, is designed to promote the health, safety and welfare of pupils, staff and visitors to Oxford High School through the provision of first-aid equipment and trained personnel in accordance to the requirements of The Health and Safety (First Aid) Regulations 1981, GDST, ISI and DSCF. The policy document contains key information on the school's first aid provision, practice, and equipment and materials.

'First Aid' means

- a) In cases where a person will need help from a medical practitioner or nurse, treatment for the purposes of preserving life and minimising the consequences of injury or illness until such help is obtained, and
 - b) Treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.
- H&S (First Aid) Regulations 1981

Provision

The aim of first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones.

Oxford High School recognises its responsibility to provide first aid and will ensure that staff, pupils and any visitors while on site, have access to adequate facilities and materials at all times during the working day.

First-aid provision will also be available when pupils and staff are attending activities off site.

A First Aider's Main Duties:

- First aiders must complete a training course approved by the Health and Safety Executive (HSE).
- First aiders are expected to use their best endeavours at all time, particularly in an emergency, to secure the safety and welfare of pupils.
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.
- All first aiders are covered by the Trust's insurance against claims for negligence provided they are suitably trained and are carrying out their duties for the school.

Guidance on when to call an ambulance

- The first aider on the scene will make the judgment. Anaphylaxis, severe asthma, suspected broken bones, heavy blood loss are obvious conditions which require an ambulance. Any head injury should be considered carefully.
- If non-emergency transportation to hospital is required, an authorised taxi service must be used and the qualified first aider remains with the pupil until their parent/guardian is available.
- If a child needs to go home due to illness or injury, permission has to be given by the Head of the Junior School, her Deputy or, (if Woodstock Road) the KS1 co-ordinator. The class teacher must be informed throughout.

School Nurse:

- The School Nurse, based at the Senior School, is available to all pupils, parents, and staff at the Junior School.
- The School Nurse carries out short health checks in the Spring Term for all new pupils. Vision and hearing checks are also arranged by the school nurse. Parental consent is always sought and they are welcome to attend.

First Aid at Work

Angela Allen	PE Department
Nikki Bagshaw	Teaching Assistant (Bardwell Road)
Sue Cook	Teaching Assistant (Woodstock Road)
Debbie Evans	Teaching Assistant (Woodstock Road –morning, Bardwell Road- afternoon)
Judy Hammond	teaching Assistant (Bardwell Road)
Evelyn Hargraves	PE Department
Gaynor White	Teaching Assistant (Bardwell Road)

Early Years First Aid (paediatric first aid training)

Sue Cook	Teaching Assistant (Woodstock Road)
Cherry Douglas Jones	Teaching Assistant (Woodstock Road)
Melanie Wakefield	Teaching Assistant (Woodstock Road)
Gaynor White	Teaching Assistant (Bardwell Road)
Clare Williams	Teaching Assistant/ After School Care

Schools First Aid

Annette Sweeney
Tony Cooper
Beryl Winearls
Camilla Stevenson
Kate Patchett
Liz Ritchie
Erica Gorick

Jill Waite
Karen DuBuisson
Lisa West
Lyn Lewis
Sarah Turner

Practical arrangements:

- If a first aider is required, contact Reception or the staff room to summon one. It will depend on the situation what action needs to be taken. (See guidelines below for treatment of specific conditions.)
- There is always at least one qualified first aider in each building when pupils are on the premises and at least one person with a current paediatric first aid certificate where appropriate.
- A list of all first aiders is on the notice boards in both Junior School staff rooms, in both school offices, in the medical room at Bardwell Road and in the cupboard in the music room at Woodstock Road.
- The notice board in the Junior School staff rooms informs staff of any pupils with special health needs or disabilities. A general school medical summary for each class is also on display. After School Care has a copy of all the displayed information.
- The school nurse is aware of any staff medical issues which they have reported to her.
- First aid equipment is stored in containers marked with a white cross on a green background. A list of the location of these containers is displayed in the staff rooms.
- First aid kits are taken onto the playground during all breaks and whenever the pupils are off site
- A named first aider is responsible for restocking and checking the first aid kits regularly. Expiry dates will be checked too.
- Staff, who run activities taking place outside school hours, must be or have access to a member of staff who is first aid trained. Outside agents who run activities after school hours must agree to take responsibility for their own first aid arrangements.
- There is a list of pupils who have inhalers and epi-pens. The named first aider will ensure that those held as spare are in date.

First Aid Areas:

There is a small sick bay in the Junior School at Bardwell Road. It has facilities for lying down, a sink, drinking water, suitable refuse container, locked medicine cabinet and first aid equipment.

At Woodstock Road pupils will generally be treated in situ or, if necessary, in the music room. There is a blow up bed if pupils are unwell and need to lie down. First aid stores are kept in the locked cupboard in the music room.

First Aid Kits Contents

- General advice leaflet on first aid.

- Contact number card
- 20 individually wrapped adhesive dressings.
- 2 sterile eye pads with attachments.
- 2 – 4 triangular bandages/roller bandages.
- 6 safety pins
- 6 medium sized sterile unmedicated dressings
- 1 pair of rust-less blunt ended scissors
- 2 pairs of disposable gloves
- 1 resuscitator face shield
- 1 instant ice pack
- 6 individually wrapped moist wipes
- 2 sick packs
- 1 roll micropore tape
- 1 crepe bandage.

First aid kits are located in the following places:

Woodstock Road:

Nursery (for use on the playground), all classrooms, staff room and library

Bardwell Road.

The science/DT room, art room, gym, staff room (for use on the playground) 50 classroom, 2nd and 3rd floor landings.

Travelling First Aid Kits:

The HSE guidelines state that the minimum stock of first aid items for travel first aid containers are:

- General advice leaflet on first aid.
- Contact number card
- 24 individually wrapped adhesive dressings.
- 3 large sterile dressings.
- 2 triangular bandages.
- 12 safety pins.
- 2 pairs of disposable gloves.
- 10 individually wrapped moist cleaning wipes
- 1 pair of rust-less blunt ended scissors
- 2 sterile eye pads with attachments
- 1 bandage minimum 7.5cm wide
- 1 resuscitation face shield
- 2 instant ice packs
- 2 sick packs
- 1 roll of micropore tape.

Travelling first aid kits are located in the following places:

Woodstock Road:

Medical cupboard in the music room

Bardwell Road

Outside the Medical Room

Educational Visits

Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. Any prescription medicines which need to be taken during a day trip must be handed to the appointed first aider and be accompanied by a letter of consent from the parent. A copy of health care plans should be taken on visits in the event of the information being needed in an emergency.

Medicines in school:

Pupils are not allowed to carry tablets or medicines on them or in their school bags. If it is necessary to bring prescribed medication to school it must be clearly labelled, in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, handed in to a member of staff with a note from the parent detailing dosage, time etc. Only a first aider will administer the medicine and make a record. (See procedure for administration of medicines)

Pupils are encouraged to carry inhalers with them at all times. At Woodstock Road inhalers are kept in the classroom by the class teacher and are available to the pupil at all times.

Pupils, who need them, must carry epi-pens with them at all times and a spare one kept with the medical supplies.

Recording School Accidents:

All incidents whether an accident, illness or giving medication must be recorded. Parents are informed of accidents, injuries or first aid treatment given. Accident folders and first aid treatment books are kept in the medical room (Bardwell Road), with the medical supplies (Woodstock Road). There is a separate book for Early Years Foundation Stage pupils.

The accident sheets have space to write

- the date, time and place
- the pupils' name and class
- details of the injury/condition and the first aid given
- what happened immediately afterwards (went home, went back to class, went to hospital).
- Initials and signature of the first aider or the person who dealt with the incident.
- The School Nurse will report accidents to the HSE and report all RIDDOR accidents when necessary.
- GDST require ALL staff accidents to be reported and certain types of accident or incident –the School Nurse does this

ACCIDENT BOOKS ARE KEPT INDEFINITELY.

Hygiene/Infection Control

All staff must take precautions to avoid infection and must follow basic hygiene procedures. They have access to single use disposable gloves situated in all first aid boxes and medical rooms and must wash their hands after any incident.

Any spillage should be dealt with immediately – use disposable gloves. Vomit in a bowl may be disposed of in the lavatory, but spilled blood and other bodily fluids should be dealt with using a spill kit. There are bodily fluid disposal kits in the Junior School. All materials used in these incidents are disposed of in the yellow clinical waste bags which are put in the sanitary towel bins or double bagged and placed in the rubbish bins outside.

Early Years Foundation Stage

- The following staff have paediatric first aid training.

Sue Cook Teaching Assistant (Woodstock Road)

Cherry Douglas Jones Teaching Assistant (Woodstock Road)

Melanie Wakefield Teaching Assistant (Woodstock Road)

Gaynor White Teaching Assistant (Bardwell Road)

Clare Williams Teaching Assistant/ After School Care

- There is always at least one qualified first aider with a current paediatric first aid certificate present when pupils in Early Years are on the premises
- There is always at least one qualified first aider with a current paediatric first aid certificate who accompanies pupils in Early Years on a visit.
- There is a separate book for pupils in Early Years to record accidents and first aid treatment.
- Parents are informed of accidents, injuries or first aid treatment given.
- A report must be made to OFSTED within 14 days if a child under the age of 5 suffers a major injury (defined as those requiring the child to go to hospital) whilst on the school premises. The report should be made by telephoning Ofsted's Children's Services Department 08456 404040. This is in addition to the HSE (RIDDOR) reporting requirements.
- The local child protection agency must be notified of any serious accident or injury to, or the death of, any child in the setting and act on any advice given.

After School Care

- The following After School Care staff have first aid training.

First Aid at Work:

Sue Cook

Gaynor White

Early Years First Aid (paediatric first aid training)

Sue Cook

Gaynor White

Clare Williams

All procedures in this document apply to After School Care.

PROTOCOL FOR DEALING WITH ALLERGIES.

Allergy is a hypersensitivity to a foreign substance that is normally harmless, but which produces an immune response reaction in some people.

Anaphylactic reaction is the extreme end of the allergy spectrum affecting the whole body and requires emergency treatment to preserve life, usually with an adrenaline injection and ongoing medical treatment.

Parents Responsibilities

- On entry parents should inform the School Nurse via the Medical Notes of any history of severe allergy reaction, anaphylaxis and carrying of Epipens/Anapens.
- After an episode of anaphylaxis outside of school, school nurse should be informed.
- Parents will be sent the care plan annually for updating and asked to sign to say they are happy with the care it contains
- Parents will need to supply the School with a spare pen to be kept in an Emergency Box.
- Parents are responsible for ensuring the medication is in date and replaced as necessary.
- At the end of each academic year the pens are returned to parents and they are responsible for returning in the Autumn Term with in date medication.

School Nurse Responsibilities

- Once aware of such a history the School Nurse should ensure the parents and pupil complete an allergy and anaphylaxis protocol care plan (as found in Trust's Medical Manual).
- A meeting should then take place between the School Nurse, parents and pupil, preferably prior to entry to the School, so they can discuss the plan and the individual pupils needs in School. Kitchen Manager/Chef can also be involved at this point if it is a food allergy.
- Teaching staff, First Aiders, and all those trained in the use of Epipens and treatment of anaphylaxis should be informed of all pupils who may suffer this reaction. Copies of care plans should be available for staff so they can identify pupils at risk.
- All staff who teach the pupil should be aware of the condition. Staff receive regular training on the use of epi-pens.
- Pupils who are trained to administer their own auto-injector should be encouraged to carry it on their person.
- A spare pen should be kept at an appointed place in an Emergency Box, clearly marked with each pupil's name. The box should contain a copy of his/her care plan, and also any other medication that might be used such as a spare inhaler and antihistamine.

Training of Staff

- All Trained First Aiders, Junior Teaching staff, Junior classroom and general assistants, Office Staff, Kitchen staff and Caretakers will be trained [in anaphylactic emergency care and the use of Epipens and Anapens.

- All leaders of school trips that the pupil is going on will be trained by the school nurse prior to the trip, and arrangements for the pupils emergency box to accompany them will be made.

Main Causes of Allergy

- Foods.
- Insect bites and stings.
- Drugs/Medicines.
- Vaccines.
- Blood Transfusion/ Blood Products.

Mild Allergic Reactions

Mild Allergic reactions are often seen as:

- Rashes;
- Weals;
- Vomiting;
- Abdominal cramping;
- Tingling when an allergen has been touched.

A history of allergy should be notified to the school by parents, usually via Medical Notes on entry or as they become known.

Treatment is avoidance of the allergen in most cases. Use of antihistamines via syrup or tablet is common for mild reactions. Parents will need to provide the school with a treatment to be used on an as and when required basis and to complete a form requesting the school to administer medication.

Food Intolerances

- These should be notified to School by parents, usually via Medical Notes on entry or as they become known.
- As avoidance is the mainstay of treatment a meeting between Kitchen Manager/Chef, parents and the pupil should take place as soon as possible. A plan for dealing with the food intolerance in school can then be made. This should be updated at least annually. Parents are asked to update the School as changes occur.

Anaphylaxis

- Anaphylaxis is a sudden and severe allergy reaction in most cases, triggered by exposure to an allergen by a susceptible individual.
- Treatment of this medical emergency is firstly by administration of adrenaline by auto-injector for known sufferers.
- If symptoms occur in an undiagnosed individual they should be put in recovery position while the Emergency Services are called if they are breathing. If not breathing resuscitation should be carried out while awaiting the Emergency Services arrival.

General Management of an Anaphylactic Episode Protocol

SYMPTOMS OF ANAPHYLAXIS:

- Swelling of the throat and mouth
- Difficulty in swallowing or speaking.

- Difficulty in breathing due to severe asthma or throat swelling.
- Hives anywhere on the body, often large weals.
- Generalised flushing of the skin.
- Abdominal cramps, nausea and vomiting.
- Sudden feeling of weakness, faintness caused by sudden drop in Blood Pressure.
- Collapse and unconsciousness.

WHEN SYMPTOMS OF ANAPHYLAXIS ARE SEEN IN A KNOWN SUFFERER:

- Talk to pupil and try to keep him/her as calm as possible.
- Send for the school nurse or another member of staff trained in anaphylactic care.
- Send for the Emergency box from the central location.
- Send someone else to phone for the Emergency Services using the school's procedure for calling the emergency services and stating an anaphylactic episode is taking place and whether or not an Epipen has been used.
- Keep yourself calm, at least on the outside! Reassure the pupil help is on its way.
- Help him/her to self administer her Epipen/Anapen or administer it your self. Remember to give the pen sooner rather than waiting, adrenaline will do no harm but will save a life if given. Give following the instructions for using an Epipen.
- Note the time it was given. It is best to write this on the pen itself.
- Stay with the pupil and observe response to the adrenaline until Emergency Services arrive. Be prepared to resuscitate if necessary.
- Read the care plan so you know how the recovery will be if he/she's had an episode before and give inhaler or other medication if required.
- Send someone else to phone the parents and arrange to meet them at the Hospital.
- Make sure the used pen and the care plan accompany him/her to Hospital.
- A member of staff will need to accompany him/her to hospital and stay until parents arrive.

LOCATION OF EMERGENCY BOXES:

Woodstock Road – in the medical cupboard in the Music Room

Bardwell Road – in the Medical Room.

INSTRUCTIONS FOR GIVING AN EPIPEN:

- Remove the GREY safety cap.
- Hold the pen in the fist, not between finger and thumb.
- Place the BLACK tip at right angles to the thigh. Through clothes if necessary.
- Press hard until a click is heard and felt.
- Hold in place for TEN seconds.
- Remove the pen and massage the area for a further twenty seconds.

INSTRUCTIONS FOR GIVING AN ANAPEN:

- Remove BLACK needle cap. This may require reasonable force to get it off.

- Remove the BLACK safety cap from the RED firing button.
- Hold the Anapen against the outer thigh and press the firing button.
- Hold pen in place for TEN seconds.
- Remove and gently massage the site.

Following any anaphylactic episode all staff involved will meet and discuss what occurred, offer support to each other and look at how the health care plan worked and take action to improve the planning if necessary.

CHRONIC ILLNESS

EPILEPSY

Emergency management for epilepsy

Most seizures happen without warning, last only a short time and stop without any special treatment. Injuries can occur, but most people do not come to any harm in a seizure.

AIM: To protect the patient from injury and ensure that the airway is kept clear during unconsciousness.

To reassure and give care when consciousness is regained. *It is important to keep calm.*

When the seizure starts	<input type="checkbox"/> Note the time
Call for help	<input type="checkbox"/> Another pupil can contact a First Aider
Protect the casualty	<input type="checkbox"/> Ask bystanders to move away. Maintain their dignity <input type="checkbox"/> Remove potentially dangerous items/loosen tight neckwear and remove spectacles <input type="checkbox"/> Protect the casualty's head by placing a pillow under the head <input type="checkbox"/> Turn head to side if possible to maintain clear airway
DO NOT:-	<input type="checkbox"/> Put anything in the mouth <input type="checkbox"/> Restrain or restrict movements during the seizure <input type="checkbox"/> Move, unless in danger <input type="checkbox"/> Give anything to eat or drink until fully recovered and alert

When the seizure has ceased	<ul style="list-style-type: none"> <input type="checkbox"/> Check for breathing. If breathing present- <input type="checkbox"/> Turn into the recovery position <input type="checkbox"/> Continue to monitor response, pulse & breathing <input type="checkbox"/> If breathing not present – be ready to give CPR <input type="checkbox"/> Reassure – if patient seems confused, tell them what happened <input type="checkbox"/> Check for Injury – apply first aid if necessary <input type="checkbox"/> Observe and stay with patient until recovery complete <input type="checkbox"/> Accompany to Medical Room & offer assistance if any incontinence etc <input type="checkbox"/> Notify parent/guardian <input type="checkbox"/> Complete relevant documentation
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IT IS A MEDICAL EMERGENCY AND MEDICAL ASSISTANCE SHOULD BE SOUGHT IF:-

- Someone has injured themselves badly in a seizure**
- They have trouble breathing after a seizure**
- One seizure immediately follows another or the seizure lasts more than five minutes and you do not know how long they usually last**
- The seizure continues for longer than usually for that person**
- This is the first seizure for the person**

Not all seizures are the same therefore it is useful if observations can be made.

OBSERVATIONS

- How did the seizure begin? Was there an aura?
- Is the onset generalised (whole body) or localised (just one part)?
- Was there any loss of consciousness, or altered awareness?
- Are there any convulsive movements?
- Did the patient bite their tongue or pass urine during the attack?
- How long did the seizure last, and if more than one, what was the time interval in between?
- What is the condition of the patient afterwards? Did they need to sleep?
- Any other observations?

***SEIZURE IN WATER**

Watch for loss of coordination, possible involuntary movement of head, poor direction – may veer off course

Management – approach from behind, ensure head is kept above water, tow pupil to shallow water, after attack assist pupil out of water to the side of the pool. First aid as above.

Classroom management

Staff will be aware of all epileptics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil if s/he has informed her peers of her epilepsy and their degree of knowledge. Any staff concerns should be reported to the Head of Junior School and School Nurse.

- **Absence Seizures –**
 - Understanding and a matter-of fact approach are all that is needed.
 - Staff should be aware of the need for the pupil to catch up on any information missed during the seizure.
 - Other pupils may not be aware that anything has happened.
- **Tonic-Clonic Seizure -**
 - Calmly reassure the rest of the class and ask them to move away from the pupil having the seizure.
 - Whenever possible move the class out of the room.
 - Only move the pupil if there is a danger of sharp or hot objects or electrical appliances.
 - Send for a First Aider and request a pillow and blanket.
 - Follow the first aid guidelines as above.
 - If this is a regular occurrence spare clothes should be kept at school in case of incontinence

A teacher recognising a pupil with an increasing number of seizures or appearing drowsy, over-active, or inattentive should inform the Head of Junior School and School Nurse.

Sport & other leisure pursuits -

Pupils are encouraged to participate fully in all activities unless otherwise advised by their parents/Doctor.

Safety helmets are required when horse riding, cycling (not in busy traffic) and in some contact sports.

The following sports are not advisable-

- Mountaineering
- Boxing
- Swimming* in the open sea – unless well supervised and safe area
- Water skiing and scuba diving – may be considered if safe environment & additional supervision.
- *Life jackets are essential at all times.*

Televisions/Discos/strobe lighting –

Approximately 3-5% of people with epilepsy have 'photosensitive epilepsy'. Approaching a TV or strobe lighting with one eye shut can help. Avoid Disco lights if possible.

Science/Technology –

Normal standards of supervision should ensure safety in lessons where machinery or laboratory apparatus is used. It should be noted that if a pupil experiences a

seizure – she will usually fall backwards, therefore, hopefully not onto any apparatus or machinery.

Medication

Most anti-epileptic drugs are taken morning and evening, avoiding the inconvenience of taking medication at school.

Any medication required in school time will be given according to the Administration of Medicines Protocol.

Rectal Diazepam (a drug used to stop prolonged seizures) will only be given by a trained person. Instructions for use must come from the prescribing doctor. An authorisation form must be completed.

Staff trained in giving Rectal Diazepam will be named in the Health Care Plan.

For female pupils, two female adults, to be present for this treatment, minimises the potential for accusations of abuse. The dignity and privacy of the girl must be maintained at all times.

DIABETES

Emergency management for diabetes –

Pupils with diabetes need encouragement, understanding, and support to ensure a sense of independence. As a general rule most pupils will have a very good idea of how to manage their condition, and do so very well. It is therefore important to listen to their needs.

HYPOGLYCAEMIA (LOW BLOOD SUGAR)

- ❑ Hypoglycaemia (hypo) is the most common short-term complication in diabetes and occurs when the blood glucose level falls too low. This is especially likely to happen before meals.
- ❑ Hypo happens very quickly but most pupils have warning signs that will alert them, or people around them, to a hypo.

HYPOGLYCAEMIA (Low blood sugar)	
Watch out for	Excessive sweating, faintness, paleness, headache, tingling lips, pounding of the heart, blurred vision, hunger, irritability, lack of concentration, personality change, difficulty awaking
What to do	Contact a First Aider Give sugar or food containing sugar (e.g.3 glucose tablets or a drink with 2 tsps. sugar followed by biscuits, a yogurt or a sandwich. (improvement within 15 minutes) If available, put Hypostop on the inside of the cheeks and gently massage them on outside (as per packet/Health Care Plan instructions) Do not give Hypostop or fluid if person is unconscious If unconscious put into the recovery position

	Dial 999 & contact parents Always turn off an insulin pump if used
Causes	Too much insulin Not eating enough food Unusual amount of exercise Delayed meal Stress Hot weather

HYPERGLYCAEMIA (High blood sugar)

This develops much more slowly than Hypoglycaemia but can be more serious if untreated. Ketoacidosis, a condition that can occur when there is **too little insulin** present in the body can occur. It is unlikely to be a problem in school but it is helpful if staff are aware of the symptoms; it may also be noticeable if a pupil is away on a school trip for any length of time.

HYPERGLYCAEMIA (High blood sugar)	
Watch out for (Stage 1)	Very thirsty, passing a lot of urine, feeling tired and weak, small amount of ketones in the urine, blood sugar level 15mmol/l or above
(Stage 2 - ketosis)	As above + nausea & vomiting, abdominal pain, deep rapid breathing, breath smelling of acetone, moderate to large amounts of ketones in urine, drowsiness, unconsciousness
What to do	Inform the School Nurse/First Aider, do more frequent testing- either urine or blood test. Test urine for ketones, give fluids without sugar if able to swallow, student may be able to give themselves insulin injection, Call 999 & contact parents
Causes	Too little or no insulin, eating more carbohydrates than diet allows for, infection, fever, emotional stress, less exercise taken than usual.
<i>NEVER miss an insulin injection</i>	

Classroom management

Staff will be aware of all diabetics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil their degree of knowledge. Any staff concerns should be reported to the Head of Junior School or school nurse.

General points-

- No pupil is to be allowed out of the classroom alone or be left unattended if unwell
- A small snack will be allowed in the classroom if necessary

- Privacy for blood testing will be provided
- PE staff need to have a supply of glucose sweets/drinks available when off site and at sport events

Extra curricular activities

Day Outings should not cause any real problems. Staff should remember to take a copy of the Diabetes Record Sheet and some extra food in case of unexpected delays. In addition pupils should take their insulin and injection kit just in case delays continue over their usual injection time.

Overnight stays – These will include injection routines and blood glucose monitoring. Staff will need to be confident that the pupil is able to do their own injections or that there is a member of staff willing to take responsibility for helping with injections and blood glucose testing.

Checklist for trips/holidays

Student Pack	Staff Pack
<input type="checkbox"/> Glucose in case of hypos, eg fizzy drink (not diet), glucose tablets	<input type="checkbox"/> <i>Diabetes Record Sheet</i>
<input type="checkbox"/> Food for the journey eg sandwiches in case of delayed travel	<input type="checkbox"/> School trip information
<input type="checkbox"/> Personal identification eg Diabetes UK identification card or identification bracelet/necklace	<input type="checkbox"/> Glucose in case of hypos eg fizzy drinks (not diet) glucose tablets
<input type="checkbox"/> Insulin + spare in case of loss/damage	<input type="checkbox"/> Risk Assessment
<input type="checkbox"/> Syringes or insulin pen and needles plus spares in case of loss/damage (Disposal container for sharps etc)	<input type="checkbox"/> Contact details
<input type="checkbox"/> Blood & urine testing equipment and spare testing strips	<input type="checkbox"/> Ensure availability of 'fridge in hotel
<input type="checkbox"/> Cool bag for transportation of insulin	<input type="checkbox"/>

ASTHMA

Emergency management for asthma -

1. THE ASTHMA ATTACK – WHAT TO DO

Pupils with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment.

If a pupil becomes breathless and wheezy or coughs continually: -

- Keep calm. It is treatable. Reassure the pupil.
- Let the pupil sit down in the position he/she finds most comfortable. Do not make him/her lie down.
- Ensure the reliever medicine, (usually the blue container) is taken promptly and properly.
- Wait 5 minutes. Reassure all the time.
- If the symptoms disappear the pupil can go back to what she was doing.
- If the symptoms have improved but not completely disappeared, call the parents and give another dose of the inhaler.
- If the pupil's inhaler is not in school, call the parents.

2. SIGNS OF A SEVERE ASTHMA ATTACK

Any of these signs means severe.

- Normal relief inhaler does not work
- The pupil is breathless enough to have difficulty in talking normally
- Blue tingeing around the mouth
- The pulse rate is 120 per minute or more
- Rapid breathing of 30 breaths per minute or more
- If you have ANY doubts about the pupils condition.

3. A SEVERE ASTHMA ATTACK – WHAT TO DO

- Keep trying the relief inhaler every 5-10 minutes. Do not worry about possible overdosing
- Call an ambulance. A member of staff should accompany the pupil for reassurance.
- Notify the parents or emergency contact. Arrange for them to meet their child and member of staff at the hospital.

Classroom management –

Junior pupils should carry inhalers with them at all times. The younger pupils should keep one reliever inhaler in their classroom.

PE Lesson –

- All pupils take part in the lesson
- Pupils are responsible for taking their relief inhaler to the lesson. For younger pupils, inhalers will be given to PE teacher, prior to the lesson.
- Labelled relief inhalers can be given to the teacher in charge at the start of the lesson for safekeeping, or, as in cross-country running, carried with the pupil

In specific incidences it may be necessary to make individual appropriate arrangements.

General points-

- Pupils must take an inhaler with them to the sports hall, swimming pool, onto the sports field and on any school trip or journey (including sports fixtures).
- Pupils have access to their spare inhaler at all times. However, while every care is taken, the school cannot accept responsibility for any loss or damage to the inhalers and parents should check details such as the condition of the inhaler and expiry date regularly.

The first aider will frequently check that asthmatic pupils have an inhaler in school. If a pupil is a known asthmatic and no inhaler is in school then the parent/guardian will be contacted and asked to bring a relief inhaler into school.

This policy to be reviewed September 2010.