

# First Aid Policy

At Mayfield Preparatory School, we support the need to ensure that pupils, staff, parents and visitors receive appropriate first aid, if required, in school. This policy has been written with reference to the DfE Guidance on First Aid.

This policy applies to all pupils in the school, including those in the Early Years Foundation Stage.

## AIMS and OBJECTIVES

First Aid provision is available at all times both within school and when pupils are on school trips.

Procedures for the administration of First Aid are known by all staff.

First Aiders are appropriately trained on a recognized course approved by Health and Safety.

The school provides sufficient and appropriate First Aid resources.

The School ensures that first aid is applied in a timely and competent manner.

A clear procedure is in place for the reporting and recording of accidents.

The School ensures that at least one suitably qualified person is on the school site when children are present. If such staff are absent, there are still many First Aiders on site (see Appendix A). The Head and Deputy ensure that there is always at least one suitably qualified First Aider on school trips and away sports matches.

NB The term FIRST AIDER refers to those members of the school community who are in possession of a valid First Aid at work certificate or equivalent, such as a paediatric first aid certificate.

It is emphasised that the team consists of qualified First Aiders and not trained doctors or nurses.

The purpose of the Policy is therefore:

To provide effective, safe First Aid cover for students, staff and visitors.

To ensure that all staff and students are aware of the system in place.

To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.



## PROCEDURES AND RESPONSIBILITIES

### FIRST AIDERS will:

Ensure that their qualification and insurance [provided by the school] are always up to date.

Ensure that first aid cover is available throughout the working hours of the school week.

Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services.

Help fellow First Aiders at an incident and provide support during the aftermath.

Act as a person who can be relied upon to help when the need arises.

Ensure that their portable first aid kits are adequately stocked and always to hand.

Insist that **any** casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a pupil to take them to hospital; ensure that parents are aware of **all** head injuries promptly.

Ensure that a pupil who is sent to hospital by ambulance is:

Accompanied in the ambulance by a relative;

Or accompanied in the ambulance by a member of staff to act in loco parentis if a relative cannot be contacted and stays until met at hospital by a relative.

The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.

Liaison **must** occur with the Headteacher, to ensure that lessons are covered in the event of an absent teacher.

Keep a record of each pupil attended to, the nature of the injury and any treatment given, in the Accident Book which must be completed by the appropriate person.

Ensure that everything is cleared away, appropriately using gloves, and every dressing, and used item etc. be put in a bag for contaminated/used items and sealed tightly before disposing of the bag in a bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.

### THE GOVERNING BODY will:



Provide adequate First Aid cover as outlined in the Health & Safety [First Aid] Regulations 1981.

Provide appropriate training to a nominated member of staff to be the Staff First Aider.

Monitor and respond to all matters relating to the health and safety of all persons on school premises.

Ensure all new staff are made aware of First Aid procedures in school.

#### RESPONSIBILITY OF HEADS AND DEPUTY HEADS OF SCHOOL- to:

Ensure that they always obtain the history relating to a student not feeling well, particularly in the cases of headaches, to ensure that no injury has caused the student to feel unwell.

Ensure that in the event that an injury has caused a problem, the student **must** be referred to a First Aider for examination.

At the start of each academic year, provide the first aid team with a list of students who are known to have serious illnesses such as asthma, anaphylaxis, diabetes or epilepsy.

Have a file of up to date medical consent forms for every student in each year and ensure that these are readily available for staff responsible for school trips/outings.

#### RESPONSIBILITY MEMBERS OF STAFF:

Familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are.

Be aware of specific medical details of individual pupils in their class.

Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.

Send for help from the office as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.

Reassure a casualty and send for a first aider; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.

Staff may treat a pupil who has minor injuries. In the case of a more serious injury, staff should send for a first aider.

Send home simple bump/medical notes to parents



Ensure that they have a current medical consent form for every student that they take out on a school trip which indicates any specific conditions or medications of which they should be aware.

Have regard to personal safety.

#### RESPONSIBILITY OF OFFICE STAFF :

Administer first aid and medications (with parental consent).

Ensure appropriate medical supplies are in the Medical Room and Nursery. The portable First Aid Kits should also be well-stocked

Call for parents to collect a pupil when necessary.

Call for an ambulance when necessary.

#### First Aid on School trips (For the duration of one day)

The minimum first-aid provision for a visit is:

A suitably stocked first-aid kit

A suitably qualified person appointed to be in charge of first-aid arrangements

Other considerations when considering first-aid needs should include:

The numbers in the group and the nature of the activity

The likely injuries and how effective first-aid would be

The distance to the nearest hospital

Parents will have been asked in advance for permission to allow staff to make decisions for medical treatment for their child if they are not contactable when an emergency arises.

#### Staff Training

It is the school policy to have a number of staff with First Aid qualifications. These are updated as and when required by law. (Please see appendix A for list of First Aiders in school). No untrained member of staff should administer First Aid except for minor cuts and bruises.

There must be at least one first aid member of staff on site when children are present.



EpiPen and Asthma training is available for all staff each academic year. Information is displayed in the School Office and the Staffroom regarding any pupil prescribed an EpiPen and with an Asthma inhaler.

Staff are made aware of pupils who may be at increased risk of accidents at the start of the academic year and this list is regularly updated. If a pupil has a condition which places him/her in the 'high risk' category of incurring injury, a risk assessment will be written and shared with staff.

Staff will also be informed of any pupil with a medical condition such as asthma, epilepsy or diabetes and a risk assessment written for each particular pupil.

### Recording and reporting

All significant accidents are reported and recorded in the Accident Book kept in the Medical Room. Forms may be found in First Aid boxes and must be filled in if there is an accident on a school trip – the form will then be kept with the Accident Book. Parents are always informed if their child has had an accident recorded in the Accident Book, both verbally and with a form.

Parents are always contacted when a pupil suffers a head injury, a major injury or is bleeding. A medical/bump note is then always sent home with the pupil. This does not necessarily mean the casualty needs to go home, but this is a safeguard when it is thought that a parent may need a further check on the injury. Emphasis is always put on the importance of having injuries checked by the hospital or a doctor. When a casualty needs to be taken either to hospital or home parents will be contacted and arrangements made accordingly. If there is any delay in contacting parents, in an emergency, the casualty will be taken to hospital accompanied by either the First Aider or a member of staff and the parents contacted as soon as possible (a pupil's medical record sheet should be taken to hospital so that relevant medical information can be provided). Members of Staff have emergency contact details kept securely in the Headmaster's Study – in case of a major injury or emergency, a friend/relative will be contacted.

Significant accidents resulting in a pupil, parent, member of staff or visitor being unable to return to school or work for more than 3 days, e.g. involving the fracture or break of a bone, must be reported immediately to the Health and Safety Executive. This should be done using the form provided by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) [<https://rweb1.nbapp.com/hse/riddor.nsf/F2508?OpenFrameSet> or Tel: 0845 300 99 23] by the Headmaster or, in the Headmaster's absence, by the next most senior member of staff, such as the deputy head of the school. An accident report is made to the Health and Safety Committee, which will investigate and report with recommendations, to the Governing Body.

### Medical Supplies



Medical supplies are kept securely at height in a First Aid cupboard in the Medical Room. Contents are monitored and regularly updated by the Deputy Head and Office Staff.

### First Aid Kits

The contents of First Aid kits follow H.S.E. guidelines. First Aid kits are kept in the staffroom, the Nursery Block, the Music Block, the School Hall, the Art & Science Block and are provided on school trips. Contents are monitored and regularly updated by the Deputy Head and Office Staff.

### Bodily Fluids

Contact with bodily fluids should be avoided at all times. In such a situation a First Aider should be called to handle the situation and to advise the correct course of action to be taken. The First Aider should always wear gloves where any loss of blood or body fluid is evident.

After treatment, the First Aider and Maintenance Staff should ensure that everything is cleared away, e.g. used gloves, and every dressing and any other used item etc. be put in a bag for contaminated/used items and sealed tightly before disposing of the bag in a bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.

All classrooms have supplies of tissues and alcohol hand wash.

### Emergencies

The Headmaster will determine what is a reasonable and sensible action to take in each case. In the Headmaster's absence, the decisions will be delegated to a member of the senior management team or any first aider listed at Appendix A.

Where the injury is an emergency, e.g. the casualty is unconscious, not breathing or has a break/fracture, etc. an ambulance will be called, following which the parent will be called.

Where hospital treatment is required but it is not an emergency, then the Headmaster will contact the parents for them to take over responsibility for the child.

If the parents cannot be contacted then the Headmaster will call an ambulance to transport the pupil to hospital.

**Any** casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a pupil to take them to hospital; parents must be made aware of **all** head injuries promptly.



Ensure that a pupil who is sent to hospital by ambulance is:

- Accompanied in the ambulance at the request of paramedics.
- Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted. An appropriate member of staff (need not necessarily be the First Aider) should be sent.
- Met at hospital by a relative.

## EYFS and OUT OF SCHOOL CLUBS

The practical arrangements detailed above apply to pupils, staff, parents and visitors in the Early Years Foundation Stage (EYFS) and Out of School Clubs. The following additions also apply to EYFS at Mayfield Preparatory School.

### Staff Training

It is the school policy that there must be at least one member of staff on the premises and at least one member of staff on outings with a Paediatric First Aid qualification. These are updated as and when required by law. (Please see appendix A for list of First Aiders in school).

### Recording and reporting

All significant accidents are reported and recorded in the Accident Book kept in the Nursery, Pre-Nursery and Kindergarten (Reception) classrooms. Parents are always informed if their child has had an accident recorded in the Accident Book and parents are asked to sign the book to show that the accident has been reported to them. If a parent picks up their child during school hours, the parent must sign their child out in the Dismissal Book.

Staff will discuss with parents the procedure for responding to children who are ill or infectious.

Major accidents and illnesses must also be reported to OFSTED immediately, as well as to HSE under RIDDOR as specified above.

### Medical Supplies

Medical supplies are kept securely at height in a First Aid cupboard in the Nursery staffroom. Contents are monitored and regularly updated by the Head of EYFS and Office Staff.



Reviewed : April 2022

Review Date : April 2025

Headmaster : Matthew Draper

Chair of Governors : Simon Thacker





## APPENDIX A FIRST AIDERS

Name	Date awarded	Date of expiry
Miss Roberts <b>Paediatric</b> First Aid	March 2021	March 2024
Miss Mallen <b>Paediatric</b> First Aid	January 2021	January 2024
Mrs Higgins <b>Paediatric</b> First Aid	January 2021	January 2024
Mrs Inkster First Aid with Paediatric Element	October 2021	October 2024
Mrs Hawthorne First Aid with Paediatric Element	October 2021	October 2024
Mrs Whatmore First Aid with Paediatric Element	October 2021	October 2024
Mrs Dhesi First Aid with Paediatric Element	October 2021	October 2024
Mrs Hitch First Aid with Paediatric Element	October 2021	October 2024
Miss Gamble First Aid with Paediatric Element	October 2021	October 2024
Mr Tobin First Aid with Paediatric Element	October 2021	October 2024
Mrs Crosby First Aid with Paediatric Element	October 2021	October 2024
Mrs K Smith First Aid with Paediatric Element	October 2021	October 2024
Mrs Short First Aid with Paediatric Element	October 2021	October 2024
Mrs Cadman First Aid with Paediatric Element	October 2021	October 2024



## APPENDIX B

### 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 immediately; contact the Headmaster and First Aider.
- Make sure you and the injured person are not in danger.
- 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.

#### Unconsciousness Bleeding

If the person is unconscious with no obvious sign of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.

Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.

#### Burns or Broken bones

For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.

For potential broken bones try to avoid as much movement as possible.



## APPENDIX C

### CONTENTS OF FIRST AID BOXES ON SITE

- General first aid guidance leaflet
- 20 individually wrapped sterile adhesive dressings/plasters (assorted size)
- 2 sterile eye pads
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins (do not use for children's slings - use tape)
- 6 medium sized (approx 12x12cm) individually wrapped sterile non-medicated wound dressings and 2 large ones (18x18cm)
- At least 2 pairs of disposable gloves

Please note that, for instance, eyewash will be necessary in identified areas such as labs or workshops.

Please do not include known allergenic materials, ie Elastoplast or any creams or otherwise.

Any prescription medication such as inhalers must not be kept in first aid boxes.



## APPENDIX D

### ANAPHYLAXIS

#### 1. What is anaphylaxis?

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (eg dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (eg bees, wasps, hornets). In its most severe form the condition can be 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 pupil would necessarily experience all of these symptoms at the same time.

#### 2. Medication and control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an EpiPen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual pupil must be kept in a locked cabinet which is readily accessible and the location be clearly identified on the pupil's care plan, in accordance with the School's health and safety policy. If a pupil has an EpiPen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

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 EpiPen 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 individual health care plan. The health care plan should indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School.



Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her 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.

### 3. 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 EpiPen prescribed to them, have their medication in the school office or with them at all times.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. (Staff receive annual training.)
- If a pupil feels unwell, 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.

### 4. Away trips: Please refer to the Staff Handbook for full procedures

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### 5. 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 minimize risk whenever possible.

### 6. What are the main symptoms?

- Itching or presence of a rash
- Swelling of the throat
- Difficulty in swallowing
- Difficulty in breathing
- Increased heart rate
- Unconsciousness

### 7. What to do if a pupil has an anaphylactic reaction

- Ensure that a paramedic ambulance has been called.



- Stay calm and reassure the pupil.
- Encourage the pupil to administer their own medication as taught.
- Summon assistance immediately from a First Aider.
- Liaise with the First Aider about contacting parents.



## APPENDIX E

### ASTHMA

#### 1. What is Asthma?

Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

#### 2. 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. (Inhalers are kept in the school office or in the pupil's classroom)

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 school office. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

Where pupils are unable to use an inhaler by themselves or via a spacer device or where a pupil requires additional medication, eg a nebuliser, a health care plan must be completed. For pupils whose asthma is controlled by an inhaler, an information card giving the basic details should be completed and kept with the pupil's file.

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 parents individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

### 3. 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 inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack. (Staff receive annual Asthma training.)
- If a pupil feels unwell, 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.

### 4. Away trips: please refer to the Staff Handbook for full procedures

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### 5. 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.

### 6. What are the main symptoms?

- Coughing
- Wheezing
- Inability to speak properly
- Difficulty in breathing out

### 7. What to do if a pupil has an asthmatic attack

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.





- Summon assistance from a First Aider. Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are use promptly
- Help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax,
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance.

Liaise with a First Aider and the Headmaster about contacting parents/guardians.



## APPENDIX F

### DIABETES

#### 1. 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.

#### 2. Medication and control

Diabetes cannot be cured but it can be treated effectively by injections of insulin 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 an individual 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 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.

These snacks usually consist of cereal bars, fruit, crisps or biscuits. 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 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.

Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

### 3. Managing pupils with diabetes

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that all pupils with diabetes have a lucozade bottle 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 A First Aider for training)
- If a pupil feels unwell, 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.

### 4. Away trips: please refer to Staff Handbook for full procedures

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### 5. 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.



## 6. 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

The pupil has experienced an episode of vomiting.

### Common symptoms:

Hunger

Drowsiness

Glazed eyes

Shaking

Disorientation

Lack of concentration

i. Get someone to stay with the pupil - call for a 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), eg:

Lucozade

6 jelly baby sweets

Fresh orange juice

Sugary drink, eg Coke, Fanta

Glucose tablets

Honey or jam

'Hypo Stop' (discuss with First Aider 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, eg couple of biscuits, a sandwich.

v. Inform a First Aider/Headmaster/parents of the hypoglycaemic episode.

vi. In some instance 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 (and then contact a First Aider and the Headmaster).

## 7. 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
- A change of behaviour

- Vomiting
- Abdominal pain

#### Care of pupils in a hyperglycaemic episode

- Do not restrict fluid intake or access to the toilet
- Contact a First Aider, Headmaster and parents if concerned.

In both episodes, staff and First Aider should liaise with Headmaster about contacting parents/guardians.



## APPENDIX G

### CLEANING UP BODY FLUIDS FROM FLOOR SURFACES

Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly.

1. Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
2. Sprinkle 'sanitaire' absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
3. Remove all visible material from the most soiled areas, using paper towel or single use disposable red cloths.
4. Put all used paper towel and cloths into a yellow bag for incineration.
5. The remaining visible material should then be vacuumed using a designated vacuum cleaner. The vacuum cleaner bag **MUST** be changed after use.
6. Non- carpeted areas: Sanitize the area using 1:10 bleach solution (instructions follow). Because of the level of contamination the bleach solution is much stronger than the 1:1000 solution used for regular sanitizing. The bleach must contact the affected area for a minimum of 10 minutes. A red mop and bucket are designated for this use.
7. Carpeted areas: The area should be cleaned with detergent 1:10 solution, rather than bleach solution and should contact the affected area for at least ten minutes. The area should then be shampooed or steam cleaned within 24 hours.
8. Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and warm/hot water, then rinse with a bleach solution.
9. Discard gloves, disposable apron into yellow bag for incineration. If required can be double bagged and securely tied, Finally wash your hands thoroughly using soap and water.

Dilution instructions for bleach/detergent sanitizer

1:10 solution

2tbsp (30ml) bleach in 1 cup (250ml) water

OR

2cups (500ml) bleach in 1 gallon (4L) water

Reference; Centre for Disease control and Prevention. DOH 2006

