First Aid Policy

Contents

First Aid Policy

Purpose

This policy is designed to promote the health, safety and welfare of all pupils, (including EYFS) staff and visitors at the school through the provision of first-aid equipment and trained personnel in accordance with the requirements of The Health and Safety (First Aid) Regulations, and relevant DfE guidance.

'First-aid' means:

(a) In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and 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 (as amended)

Should a child be taken ill or have an accident during the day, he/she will normally be taken to the School Nurse, in the medical room, between the hours of 10.15am –4.30pm. In the absence of the School Nurse, the child will be assessed by a member of staff who is first aid trained. If necessary, the school will contact parents and ask them to collect the child. In the unlikely event of an emergency, should hospital treatment be necessary, the school will arrange for the child to be accompanied to hospital and contact the parents as soon as possible.

Objective

The arrangements for First Aid provision will be adequate and appropriate to cope with all reasonably foreseeable minor and major accidents.

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations1981) it is the responsibility of the Governing Body to:

- ensure adequate and appropriate First Aid provision at all times when there are people on the school premises and for staff and pupils during off-site visits and activities
- ensure that there is a written policy on compliance with relevant health and safety laws drawn up and effectively monitored

This policy is prepared with reference to the DfE Guidance on First Aid.

To ensure adequate First Aid provision it is the school's policy that:

- There will be sufficient numbers of trained personnel together with appropriate equipment available to ensure someone competent in basic First Aid techniques can rapidly attend an incident at all times when the school is occupied.
- A qualified First Aider is always available during normal school hours, including After School, Breakfast Clubs and Late Stay.
- A fully qualified Paediatric First Aider is always available during normal school hours, including After School, Breakfast Clubs and Late Stay when an EYFS child may be on the site.
- Appropriate First Aid arrangements are made whenever staff and pupils are engaged in off-site activities and visits.
- Out of school hours arrangements are made eg hire of premises and Parents' Evenings

Responsibilities

The Health and Safety Officer is responsible for ensuring:

- First Aid needs are assessed and addressed.
- Sufficient numbers of suitably qualified First Aiders are available at school during school hours
- Identifying First Aid training needs and arranging attendance on internal and external courses
- Training is updated every three years
- Maintaining a record of all First Aid training undertaken by school staff. (Head of HR is responsible for updating this list.)
- Providing First Aid support during school hours and on school outings. This includes ensuring adequate full paediatric first aid trained staff for EYFS pupils.
- Liaising with the Health and Safety Committee on First Aid issues
- Organising provision and regular replenishment of First Aid equipment
- Maintaining records of accident reports

Qualified First Aiders are responsible for:

- Responding promptly to calls for assistance
- Providing First Aid support within their level of competence
- Summoning medical help as necessary
- Recording details of treatment given in the Accident Books

Teachers of PE and Games are responsible for:

- Ensuring appropriate First Aid cover is available at all sports activities.
- Ensuring First Aid kits are taken to all practice sessions and matches
- Ensuring all appropriate medical equipment is taken to away fixtures including that required by pupils with specific medical conditions, e.g., asthma or diabetes

All staff are responsible for:

- Acting as a responsible adult in the event of an emergency
- Accurately recording all accidents in the Accident Book
- Carrying out risk assessments for any off-site trips and ensuring adequate first aid provisions are taken.(First Aid kits are available from the School Nurse). A qualified First Aider should accompany all school trips. A fully qualified paediatric First Aider must accompany all EYFS school trips.

Training

A qualified First Aider is someone who holds a valid certificate of competence in First Aid at Work, Emergency First Aid or full Paediatric FirstAid. The certificate must be issued by an organisation approved by the Health and Safety Executive, such as St JohnAmbulance, and must be renewed every three years. The School Nurse will arrange for staff to attend First Aid courses or re-qualification courses as required.

Unfortunately, accidents will occur wherever there are numbers of children or young people present and all staff must be able to respond quickly and appropriately in the event of an accident or injury.

First aid risks

The Health and Safety Officer carries out a continuous assessment of First Aid needs.

The assessment takes account of:

- Numbers of pupils, staff and visitors on site
- Layout and location of buildings and grounds
- Specific hazards
- Special needs

The assessment identifies:

- How many First Aiders are needed during the school day.
- Out of hours and off-site arrangements
- High risk areas
- First aid equipment needed
- Location of first aid equipment
- Necessary First Aid notices and signs
- Good practice in record keeping
- Numbers of pupils, staff and visitors on site.
- Layout and location of grounds

Specific hazards

Accident statistics indicate the most common times, locations and activities at which accidents occur at school, highlighting areas where pupils and staff may be at greater risk of injury. Injuries and accidents aremost likely to occur during **games lessons** and matches, during **science, DT** and **Art lessons** and at **break times.** Out-of-hours and off-site activities may present particular risks depending on the location and nature of the activity and the numbers of pupils and staff involved.

- **Specific needs**

  There are several pupils who have specific health needs. Advice and information will be given to staff by the School Nurse as appropriate.

- **Out-of-hours and off-site activities**

  Many school activities take place outside of normal school hours and off site. First aid provision must be available at all times while people are on the school premise and when on school fixtures, trips or visits, including events where parents are present.

Provision of First Aid equipment

A first aid kit should be taken to all off-site activities and visits (including events where parents are present). The School Nurse is responsible for ensuring that medication specific to each child is provided. It is the responsibility of the trip leader to ensure a first aid kit and all required medication is taken and returned.

Information

It is essential that there is accurate, accessible information about how to obtain emergency first aid.

All new staff and pupils should be provided with information about how to obtain first aid assistance during their induction. This should include:

- What to do in an emergency
- Procedure for fixtures and trips
- Names of qualified First Aiders
- Location of first aid kits
- Location of AED

It is the responsibility of the Health and Safety Officer to look after the first aid equipment on the site. The School Nurse will make sure it is stocked up and within expiry date.

All staff should use disposable gloves, aprons, gowns, overalls, masks, or eye protection as appropriate to protect themselves from the spillage of body fluids. Hand washing or using an alcohol-based hand rub product should be used to remove or destroy transient microorganisms.

There are 32 First Aid boxes, one in each entrance to every building, as well as provisions in the Medical Room. An up-to-date list of those qualified is kept up to date by the HR Manager.

Location of First Aid boxes in school

1	Art Room
2	Dining Hall
3	DT Room – outside
4	Flat 1 – outside, top floor main building
5	Place-2-Be Office top floor main building
6	1st floor meeting room
7	Hall entrance
8	Hall kitchen (burn First Aid box)
9	Head's PA's office – outside
10	ICT Suite
11	Library
12	Medical Room including an emergency eye wash station
13	Nursery B
14.	Nursery P
15	Nursery A
16	Nursery Playground
17.	Pavilion – outside
18	Prep Block – outside
19	SEND room
20	Reception form rooms, entrance lobby
21	School kitchen - including a burn First Aid box and an emergency eye wash
22	Science Lab- including eye wash station
23.	Tree House
24	Workshop – inside
25	Year 1 form rooms, entrance lobby
26	Year 2 form room - Jubilee Block downstairs Year 2 form room

27	Year 2 form room Jubilee Block downstairs Year 2 form room
28	Year 3 form rooms – outside, (Prep Block)
29	Year 4 form rooms – outside, Prep Block (Prep Block)
30	Year 5 form rooms – inside 5B, Prep Block (Prep Block)
31	Year 6 Jubilee Block upstairs form room - Jubilee Block upstairs
32	Garden of Imagination

Locations of AEDs in school

Main hall - in lobby by staff toilets in an unlocked, alarmed cabinet.

Dining hall - next to doors into Nursery playground in an unlocked, alarmed cabinet

First aid kits / boxes

Lists of contents

General boxes kept in school

First aid leaflet
Hypoallergenic plasters, assorted sizes
Hypoallergenic microporous tape
Sling with safety pin
Resuscitation face shield
Disposable gloves
Alcohol free cleansing wipes
Bandages
Sterile non-adhesive dressing
Sterile gauze

Science Lab

In addition to general kits;
Eye wash Station

Kitchen

In addition to General kits;
Burns kit
Blue detectable plasters
Eye wash station

PE kits (for each member of staff)

In addition to General kits
Extra icepacks
Sanitizing hand gel

Kits - school Trips

In addition to-Emergency drugs
Sanitary towels
Sanitizing hand gel
(Kits for residential trips to be arranged as per requirements)

Standard Accident Procedure

If a pupil is unwell or injured in school they will be assessed and/or treated by the School Nurse or First Aider. The School Nurse is in school from 10.15am to 4.30pm.

Minor Accidents include cuts, grazes, abrasions, bumps and bruises

- Pupil will be assessed by School Nurse or First Aider
- Treatment administered if required
- Incident noted on ISAMS Medical by School Nurse
- Parent/Carer notified by email or telephone.
- If deemed necessary, a yellow Incident slip can also be completed by the First Aider if School nurse not available at the time of incident, to be taken home by pupil and School Nurse informed to ensure entry onto ISAMS Medical.
- If a minor bump to the head has occurred, that has left a mark or a child is visibly distressed, the parent/carer will be informed by telephone or email and provided with advice on a head injury.
- If deemed necessary by the School Nurse or First Aider, the Form Teacher and/or parent will be informed by telephone at the time of the incident.

Major Accidents include any accident that requires further treatment such as fractures, loss of consciousness, severe lacerations, asthma attacks, anaphylaxis, or trauma to teeth

- Pupil will be assessed by School Nurse or First Aider
- If deemed necessary, an ambulance to be called – Dial 999
- Treatment administered at scene, as necessary.
- School Nurse or First Aider to remain with injured pupil until ambulance arrives.
- Hand over to ambulance crew
- Head /Deputy to be informed
- Parents to be informed
- Witness to complete Accident Form (Accident Books held unlocked in medical room on top of white cupboard under electricity box.) and Health and Safety Officer informed
- If necessary, the incident will be reported to the Reporting of Injuries Diseases and DangerousOccurrences Regulator (RIDDOR)

Administration of Medicines Policy

This document applies to all pupils in Reception to Year 6 and should be read in conjunction with the school's First Aid policy. There is also a standalone Administration of Medicines Policy for EYFS.

Aim:

- To ensure safe storage and administration of medication to pupils either by the School Nurse or trained staff.
- To promote the good health of children and staff in the school and to ensure those children with long term medical needs receive proper care and support when at school. Disruption to the education of children with health needs should be minimised.
- To make reasonable adjustments where necessary to enable all children to attend school.
- To ensure the school will contact the parent/carer if a child becomes unwell whilst in school so they can arrange for them to be taken home.

- To provide staff training in administration of medicines.
- To provide staff training in the management of children with specific medical needs.

It is the responsibility of parents:

- To ensure their child is well enough to attend school.
- To provide full details of any medical condition affecting their child and any regular prescribed medication required by their child.
- To keep the school informed of any changes to their child's health or medication.

Many pupils will need to take medication at some stage during their school life. As far as possible medication should be taken at home and should only be taken in school when absolutely necessary. However, some pupils may require regular medication on a long-term basis to treat medical conditions which, if not managed correctly, could limit their access to education.

As a Registered Nurse, the School Nurse may administer medication in school on a regular or occasional basis, with the written consent of the parent. First Aid trained staff who have received specific training, either from the School Nurse or a recognised external provider, are authorised to administer medicine to pupils.

A record is kept on ISAMS Medical Centre and on a medication log each time a medicine is administered. Parents/carers verbally and/or in writing, on the same day, giving details of the time and dose administered.

Children with Individual Medical Needs or Long-Term Medical Conditions requiring ongoing medication:

An Individual Health Care Plan is written for each child with a long-term medical condition that requires ongoing medication.

Regular Medication

- Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine was not administered during the school day.
- Parents are asked to sign a consent form when their child starts at Blackheath Prep School, confirming whether they give, or do not give, permission for medicine held by the school (i.e., Calpol) to be administered at the appropriate dose by school staff.
- All medications, including non-prescription medicines other than: Paracetamol (Calpol), Ibuprofen tablets/liquid, Antihistamine tablets/ liquid/creams MUST be prescribed by a doctor if parents require their administration.
- All medicines brought to school, whether prescribed by a doctor or not, should be handed in to the receptionist in the front office by the parents for safe storage. If the child attends Breakfast Club, the parent should give the medicine to Breakfast Club staff who will ensure it is passed over to the receptionist in the front office/school nurse for safe storage.
- The parent or carer must sign and date the Medication Log Sheet giving instructions of administration during the school day (dose, time, etc.).
- Medication prescribed by a doctor should be administered according to the instructions on the individual medication and only given to the named pupil to whom it has been prescribed.
- Medication should be kept in its original container as dispensed by a pharmacist and include the prescriber's instructions for administration, to the child named on the label. The original dispensing label must not be altered.

- The member of staff must record on the medication log sheet the date, time and dosage of the medication they have administered.

The school will not accept medicines in a foreign language or that have been removed from the original container as originally dispensed. The school cannot make changes to dosages on parental instructions.

Should the School Nurse have concerns regarding the administration of any medicine to a pupil, the medication will not be administered until the parent/carer has been contacted.

Parents are responsible for informing the school in writing of any changes to their child's prescription. Parents are also responsible for ensuring that drugs stored by the School are not out of date. The School Nurse will contact parents termly to notify them if their child's medication is due to expire.

Safety

Some medicines may be harmful to anyone for whom they are not prescribed. By agreeing to administer medicines on the premises the school has a duty to ensure that the risks to others are properly controlled.

Procedure for Administration of Prescription Medicines

- Check identity of child.
- Check medication has not already been given.
- Check the label for name of child, correct medicine, correct dose, correct time, correct method.
- Measure the dose with the child present.
- Administer the medicine according to the dosage form.
- Witness the child taking the medication.
- Record IMMEDIATELY what has been given and the time it was given.

In an emergency situation adherence to prescribed dosages may be waived.

Children requiring short term prescribed medication such as antibiotics, eye drops, antibiotic creams.

- All medication will be checked and administered by the School Nurse or trained First Aider.
- Details of all prescribed medication to be administered must be entered onto a medication log sheet.
- A parent/carer must complete a Medication Log Sheet, kept in the school office or First Aid Room, before any medication can be given.
- Medicines will only be administered if they are in their original container as dispensed by a pharmacist in accordance with the prescriber's instructions.
- The Medication Log Sheet includes details of the child's name, name of medication, dosage, time of dosage and storage requirements.
- Medicine should be clearly labelled with the child's name, current date, expiry date where applicable and dosage instructions.
- Medication should be kept in its original container as dispensed by a pharmacist and include the prescriber's instructions for administration, to the child named on the label. The original dispensing label must not be altered.
- Medication administered will be recorded by date, time, dosage and must be initialled by the member of staff on the medication log sheet.

- All medicines brought to school, whether prescribed by a doctor or not, should be handed in to the receptionist in the front office. If the child attends Breakfast Club, the parent should give the medicine to Breakfast Club staff who will ensure it is passed over to the receptionist in the front office.
- Medication, unless otherwise specified, will be kept in the Medical room, in a locked cabinet.
- Medicines of any type should not be brought into school by a child unless by prior agreement and recorded on the medication log.
- Following administration of any medicines, the School Nurse/ First Aider will ensure a clear and accurate record of the type of medicine.

Occasional Medication

- The School Nurse has a stock of everyday remedies for common ailments, held in a locked cabinet in the First Aid room. These are available to staff and occasionally pupils under supervision from the School Nurse.
- Current stock items are Paracetamol (Calpol), Ibuprofen tablets / liquid, Antihistamine tablets/ liquid/creams.
- If during the school day, the school Nurse/First Aider, in their professional judgement, decide a child may benefit from a single dose of paracetamol / antihistamine the parent/ guardian will be contacted by telephone to gain consent prior to administration of the medicine.
- In the event a parent/carer is uncontactable, and the School Nurse/ First Aider decides in their professional judgement, a child would benefit from a dose of such medicine. The child's pupil file should be checked to ensure that consent has not been withheld.
- Following administration of any medicines, the School Nurse/ First Aider will ensure a clear and accurate record of the type of medicine and time given is completed and parent/carer informed.

Storage and disposal of medicines

- All medications in school are stored out of children's reach while still being accessible to staff.
- All emergency medication such as Epipens and Inhalers are stored in school and are always accessible to staff. They are kept in individually named green bags, with the child's original Individual Healthcare plan.
- Nursery emergency medication green bags are kept in their classrooms. Reception to Year 6 emergency green medication bags are kept in the back office, in named pigeonholes.
- All staff are made aware of the emergency medication location.
- Whenever a child leaves the school during school hours to attend an outing/trip, the trip leader will be responsible for all medication and will also carry a First Aid kit.
- It is the responsibility of the School Nurse to ensure all medication, for each individual is packed ready for an outing and handed to the trip leader along with a First Aid kit.
- It is the responsibility of the trip leader to return all medication back to school and handed back to the School Nurse, who will return the medication to their appropriate locations.
- All short-term medication is kept in the First Aid Room either in the locked medicine cabinet or fridge if required.
- Parents are responsible for ensuring that date-expired medicines or medicine no longer required, are returned to a pharmacy for safe disposal.
- Parents are requested to take home all medication at the end of the school year and advised if it is not collected, the School Nurse will take the expired medication to a pharmacy to be disposed of safely.
    - No school child is responsible for their own medication unless advised by a doctor, in writing , to reduce the risk of a possible life threatening event for example if a child is undergoing immunotherapy for a severe allergy and is required to carry Epipens with them at all times, whilst undergoing the therapy.

Staff training and support

- At the beginning of each school year, the School Nurse will provide all staff with information on any child with a long-term medical condition, including their Individual Healthcare plan and if required, provide the staff with appropriate training administering emergency/regular medication for the child.
- The School Nurse will inform staff of any new child with a medical condition who starts in the school, during the school year.
- The School Nurse will provide, if required, written information to staff on children with long term medical needs/conditions.
- The staff are informed the Medical and Dietary lists can be viewed on the T-drive, under Medical and Dietary, which the School Nurse will update if any changes are required.
- The School Nurse will promptly inform staff of any new updates on a child's medical condition/need.
- In the absence of the School Nurse, a trained First Aider will administer prescribed medicine.
- Most medicines to be administered will not require professional training; however, the school will ensure that staff supervising the administering of medicines will understand that accurate records are to be kept and are completed at the time of being administered.

Individual Healthcare Plans

- The School Nurse will ensure Individual Healthcare Plans are developed for all pupils with medical conditions. The plans are developed in partnership between the school, parents, pupil and the relevant healthcare professional who can advise on the child's case.
- The individual Healthcare plan will set out the support that is needed, so the impact on school attendance, health, social well-being and learning is minimised. Not all conditions will require an Individual Healthcare Plan. In some cases, the agreement request to administer medicines will be sufficient to cover short term conditions and treatment.
- The Individual Healthcare Plans will be tailored to meet the needs of short term, long term and/ or complex medical conditions. The plans will be kept under review by the School Nurse and revised as required, or at least annually, to ensure that they reflect current medical needs (e.g., changes in medication).
- Individual Healthcare Plans will include details on emergency arrangements, and these will be shared with all relevant staff, First Aiders and school office staff as applicable.
- All Individual Healthcare plans are kept in school in the child's green emergency/medical bags, a copy is also kept on the child's school file and copies are filed securely in the First Aid room. The School Nurse also provides copies of the Individual Healthcare plans to all trip leaders when a child is taken out of school for an outing.

Medication Log Sheet

Name:	DOB:
Name of Medication:	Expiry Date:
Dosage:	Any additional details:
Parent/Carer Name:	Parent/Carer Signature:

Date:								
Date	Time	Staff Signature	Time	Date	Staff Signature	Time	Date	Staff Signature

Definition of an Accident

Minor Accident:

An accident is defined as 'Minor' when the child is able to be treated by the School Nurse or one of the qualified First Aiders in theMedical Room. Listed below are accidents which could be termed as 'Minor':

- Small cut or abrasion
- Nose bleeds
- Vomiting
- Bump or bruise in conjunction with a fall, running into something or someone.

Major Accident:

An accident is defined as 'Major' when it is seen as sufficiently serious for the parents of the child to be notified or if the child has been taken to hospital. Listed below are accidents which could be termed as 'Major':

- Broken, fractured or chipped bone
- Severe bleeding
- Fainting or falling unconscious
- Deep cut or wound that needs stitches
- Severe asthma attack
- Anaphylactic shock
- Dislocated joint
- Any knock or bang on the head resulting in unconsciousness
- A tooth being knocked out or chipped

Reportable (to the Health & Safety Executive or local authority) RIDDOR major injuries are:

- Fractures other than to fingers, thumbs or toes
- Amputation
- Dislocation of the shoulder, hip, knee or spine
- Loss of sight (temporary or permanent)
- Chemical or hot metal burn to the eye or any penetrating injury to the eye
- Injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- Any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours
- Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent
- Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Any injuries to people not at work as a result of an accident 'arising out of or in connection with work', where they are taken to hospital from the scene of the accident

Reporting and Record Keeping

All accidents, however minor, to staff or visitors should be recorded in the Accident Book at the time of theincident and the Health and Safety Officer notified.

Accident Books are kept in Medical Room on top of the white cupboard underneath the electrical unit. All First Aid kits sent out ontrips will also include an Accident Book.

It is the Health and Safety Officer's responsibility to monitor accident forms and report any trends, regular occurrences or need for risk assessments to the Head, the Health and Safety Committee and the Board of Governors.

Some accidents must be reported to the Health and Safety Executive within 10 working days under theReporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, and this will be the responsibility of the Health and Safety Officer.

Any accident resulting in the injured person being sent home or taken to hospital must also be reported to the Head by the member of staff dealing with the incident.

The school will keep all Accident Forms securely for the minimum legal period of 3 years.

Who is responsible for recording of major accidents?

Any incident resulting in injury must be reported by completion of the statutory Accident Report Book which is kept in the Medical Room. The responsibility for ensuring that this report form is completed lies with the Health & Safety Officer/ School Nurse and witness of the accident. The record must be completed, including procedure taken, as soon as isreasonably practicable.

Completed major Accident Forms should be removed from the book and filed securely with the completed RIDDOR documentation. The file will be kept in the Medical Room.

Who is responsible for statutory notification?

The Health & Safety Officer

How details are to be recorded?

Major accidents in the Accident Book held in the Medical Room.

Nursery & Reception*:* Minor Accident – parent informed by email, telephone or yellow minor incident form sent home via form teacher to be signed by parent and returned to school for School Nurse to file. A record of these minor accidents will be recorded by the School Nurse on ISAMS Medical.

Year 1 – Year 6: Minor Accident**-** – parent informed by email, telephone or orange minor incident form. A record of these minor accidents will be recorded by the school nurse on ISAMS Medical.

Who carries out any investigation?

The Health & Safety Officer

Who summons an ambulance?

If appropriate any person with access to a telephone at the scene of an accident. If not life-threatening, inform the

Head, Deputy Head or Bursar immediately, or other senior member of staff, who may advise the School Office to call an ambulance.

Who accompanies pupils to hospital?

We try to ensure that a parent either takes a child to hospital or meets them there.
If it is not possible or reasonable for the parents to take the child, a member of the school staff will take the child to hospital and stay with the child until the parents arrive.

Who informs parents?

Head, Deputy Head, Bursar, Head of Pre-Prep or Head of Nursery

Who informs Health and Safety Committee?

Health & Safety Officer

Medical procedures for offsite activities, fixtures & residential trips

Offsite activities – day trips

When planning an offsite activity, the Group Leader should submit a request for medication and a First Aid pack, wet wipes, bucket and plastic bags if applicable, to the School Nurse at least a week before the date of the trip.

Any offsite activity involving Nursery or Reception (EYFS) pupils must be accompanied by at least one member of staff with a valid full paediatric first aid certificate.

It is the responsibility of the Group Leader to ensure that the relevant accompanying adults are aware of any children in their group who might require medication during the trip.

Medication should be carried by the adult responsible for the pupil in their small group. It should not be given to the pupil either to carry or to administer. The trip organiser should allocate group leaders bearing in mind the particular needs of pupils. For example, pupils with Adrenaline Auto Injectors (AAI) should be placed with a member of Blackheath Prep staff rather than with a parent.

Occasionally, exceptions may be made when older pupils (typically in Year 6) may be under remote supervision. The trip organiser is responsible for making a judgement in these circumstances as to what medication is appropriate for a pupil to carry themselves.

The reason for the above advice is that there is the risk that a child may lose or mislay their medication leading to potentially serious consequences. Additionally, other pupils may be put at risk if a child chooses to be irresponsible with their medication.

In addition, Group Leaders are instructed to Risk Assess the trip and this should include reference to any First Aid / Medical services offered at the venue, if applicable.

Fixtures

The majority of the PE department are qualified First Aiders. They are responsible for organisation of all medication required for any fixture. They are to notify the School Nurse of all pupils leaving the school and any medication they have taken.

Residential trips

When planning a residential trip, the Group Leader must ensure that staffing includes at least one qualified First Aider. In addition, a member of the accompanying staff must be allocated the responsibility for medication. This responsibility will include ensuring that any medication dispensed on a regular basis is recorded with dosage and time given, as well as ensuring that medication is carried with the immediate accompanying adult when pupils are split into smaller groups.

Medication held in school is taken on residential trips but is only intended to be a backup.

Medication held in school must be kept separate from medication provided by parents for the duration of the trip and must be returned to the storage area in the School Office as soon as the trip returns to school. (In the event that the School Office is locked, it is the responsibility of the Group Leader to ensure that medication is returned before the start of the next school day.) All parents are asked to provide medical information about their children and, if appropriate, to **provide two sets** of medication together with a note of dosages. Any remaining medication is returned to parents at the end of the trip.

A comprehensive First Aid kit is taken on the trip together with sundries such as insect repellent, sunscreen, after sun lotion, paediatric analgesic (Calpol) etc. Although parents give consent to dispensing medication, this would not normally be done without speaking first to the parent e.g. in the case of a child requiring analgesic.

Group Leaders will Risk Assess the trip and any outdoor adventurous activities taking place. They will be aware of First Aid and Medical services available at the venue/provider and should take note of nearby hospital facilities where appropriate.

Insurance

The school carries comprehensive travel insurance, details of which are carried on all residential trips together with instructions for reporting incidents.

Controlled Drugs

Controlled drugs are medications, such as methylphenidate (Ritalin), that have been prescribed by a medical professional for the use of a named individual only and which, under the Misuse of Drugs Regulations (2001) mustbe locked away appropriately and strictly monitored and recorded.

On receipt

- Controlled drugs must be brought into school by the parent and NOT the pupil. The parent should give them to the School Nurse or a member of staff in the school office.
- The parent must complete a medication log sheet kept in the School Office or First Aid Room before any medication can be administered.
- The medication log sheet must include details of the child's name, name of medication, dosage, time of dosage and the number of tablets in the packet.
- The controlled drug must be in the original container in which it was dispensed.
- The original dispensing label must be intact and all necessary instructions clearly visible.
- The name of the individual for whom the medication was prescribed must be clearly displayed on the label.
- The dosage and frequency of the medication must be clearly displayed on the label.
- The route of administration must be clearly displayed on the label.
- The expiry date of the medication must be clearly displayed on the label.

Storage

- In school, any controlled drug medication will be kept in the locked, non-portable, medicine cabinet in the First Aid Room, to which only the School Nurse and named staff have access.

Administration

- All controlled drugs must be checked, administered and signed for by two members of staff.
- Any member of staff may administer a controlled drug to a child for whom it isprescribed but two named members of staff will be allocated the responsibility.
- Staff administering medicine should do so in accordance with the prescriber's instructions.
- Any staff administering controlled drugs must sign a dedicated, controlled medication booklet, which is kept with the medication, in the locked medicine cabinet in the First Aid Room.

Trips/Fixtures

- The group leader of a fixture/trip will be responsible for the safe storage of the medication.
- The group leader and another named member of staff, will administer the medication to the child, ensuring both members of staff record the administration in the dedicated booklet which must be kept with the drug.

Disposal

A controlled drug, as with all medicines, must be returned to the parent when no longer required to arrange for safe disposal.

Exclusion period for Infectious Diseases

(Taken from PHE–Guidance on Infection Control in Schools and other Childcare Settings- October 2022)

In order to avoid the spread of infection to both children and adults we ask that parents do not send a child who is clearly unwell to school. **Children who have had vomiting and/or diarrhoea should be kept at home until 48 hours after their lastbout of illness.**

DISEASE	EXCLUSION PERIOD
Chickenpox	Until all vesicles have crusted over.
Cold Sores	None
Conjunctivitis	None
COVID-19 (Coronavirus)	Stay at home and avoid contact with other people until fever is reduced or until you feel better (Exclusion - Adults 5 days, children 3 days)
Food poisoning	Until free of symptoms for 48 hours
Glandular Fever	None
Hand, Foot and Mouth	None
Headlice	Please treat immediately; child may continue to attend school
Hepatitis A	For 7 days after the inset of jaundice OR 7 days after onset of symptoms if no jaundice
Impetigo	Until completely healed or 48 hours after start of antibiotics
Seasonal Flu and SwineFlu	Until free of symptoms for 24 hours
Measles	From onset of rash until 4 days after rash appears
Molluscum Contagiosum	None
Mumps	For 5 days after swelling appears
Ringworm	Exclusion not usually required but treatment needed
Rubella (German Measles)	4 days after onset of rash
Scabies	Can return after first treatment
Scarlet fever	Until antibiotics commenced and 24 hours afterwards
Shingles	Exclude only if rash is weeping and cannot be covered
Slapped Cheek/Fifth Disease/ Parvovirus B19	No exclusion once rash has developed - To avoid contact with pregnant women and children with reduced immunity
Threadworms	None
Tonsillitis	None
Tuberculosis	Consult HPA
Warts and Verrucas	None- covered while swimming and in changing rooms
Whooping cough	Until 5 days after antibiotics start (longer if antibiotics not started early in the illness)

Automated External Defibrillator (AED)

The school has two Zoll Plus Semi-Automatic Automated External Defibrillators (AED), one of which is situated in the lobby of the Main Hall, next to the staff toilet and the other is in the Dining Hall by the door leading to the Nursery playground, both in unlocked, alarmed cabinets attached to the wall.

Anyone can use an AED as there is no need for prior medical or First Aid training, although staff undergo specific training in the use of an AED during their First Aid training.

What is an AED?

Ventricular fibrillation is the most common cause of cardiac arrest. This is a rapid and chaotic rhythm leaving the heart unable to contract and therefore unable to pump oxygenated blood to the brain and the rest of the body. Defibrillation is a controlled electrical shock to stop the lethal ventricular fibrillation. The sooner the shock is provided, the greater the chance of survival. Death occurs within minutes of ventricular fibrillation starting soit is vital the AED arrives to the casualty within 5 minutes.

The AED is a sophisticated, reliable, safe, computerised device that delivers electrical shocks to a person in cardiac arrest. Its uses voice prompts to guide the user and is suitable for use by both the general public and healthcare professionals. It is also suitable to use for both adults and children.

Zoll Plus Semi- Automatic AED

These analyse the victim's heart rhythm, determining the need for a shock and then prompts delivery of a shock only when a shockable rhythm is detected. The voice prompts will deliver a step-by-step guide on what action to take including when to perform manual Cardiopulmonary Resuscitation (CPR).

When should the AED be used?

An AED should be applied to any casualty who is unconscious and not breathing properly.

Who can use the AED?

Any staff who have been fully trained and have a current certificate in the use of the AED. All trained staff will require annual refresher training.

Anyone can at their discretion, provide voluntary assistance to victims of medical emergencies. The extent to which these individuals respond should be only to the limit they feel comfortable with- this may include CPR, AED or medical first aid.

Action to take if an AED is required

1. Make sure the casualty, any bystanders and yourself are safe. If two rescuers are present assign tasks.

2. If the victim is unresponsive and not breathing normally:
   - Send someone for the AED and to call for an ambulance- 999.
   - If you are on your own do this yourself which means you may need to leave the victim.

3. Start CPR according to the guidelines for Basic Life Support.

As soon as the AED arrives:

- Place the AED near the casualty's head and switch on the AED.
- Attach the appropriate electrode pads to the victim. If more than one rescuer is present, continue CPR

whilst this is done.
- Follow the voice/visual prompts.
- Ensure that nobody touches the victim whilst the AED is analysing the heart rhythm.

4. If a shock is indicated:
   - Ensure that no one is touching the victim
   - Push the shock button as directed.Continue as directed by the voice/visual prompts.

5. If no shock is indicated:
   - Immediately resume CPR using a ratio of 30 compressions to 2 rescue breaths. Continue as directed by voice /visual prompts.

6. Continue to follow the AED prompts until:
   - Qualified help arrives and takes over
   - The casualty starts to breathe normally, or you become exhausted.

Attaching the Electrodes

- The casualty's chest must be sufficiently exposed and skin dry to enable correct electrode pad placement so clothing will need to be removed or cut off with scissors. Shave the chest hair of the casualty if excessive but do notdelay resuscitation.
- In the AED case you will find scissors, razor and a towel to wipe the chest dry. The adult AED pads are already attached to the AED machine.
- If the casualty is a child, the adult pads need to be removed by pulling on the connection to the AED machine andreplaced with the provided children's pads.
- The AED machine recognises and displays in the viewing window, if adult or children's pads are attached.

Special Circumstances

- If the casualty is in water, move to a dry surface and ensure chest is dry.
- If there is a lump/bump (implanted pacemaker) on the chest, do not place pad over this area.
- In the case of a medication patch in the area, remove and wipe the skin before placement of pads.
- If known or suspected Covid / Sars case continue with just CPR and no rescue breathes- doing something is better than doing nothing.

Maintenance of an AED

- The School Nurse will check monthly the expiry date of the AED chest pads and the battery which must be clearly noted so replacements are available in good time.
- The School Nurse will also check the green tick is clearly visible on the AED, which indicates the machine is ready tobe used and the accessory bag, kept with the machine, is well stocked and in date. Any problems, missing items or replacement needs need to be reported to the School Nurse, who will take appropriate action.
- The School Nurse will enter monthly checks onto inspection tag attached to the AED cabinet.

After using the AED

After each use, the machine and accessories should be thoroughly cleaned and a full check should be done, including removal and reinsertion of the battery and replacement of used accessories.
An accident report must be completed following any medical emergency.

Asthma

Aims

- To ensure that all pupils with asthma to participate fully in all school activities and are not disadvantaged bytheir condition.
- To ensure that all staff have a clear understanding of how to deal with a pupil having an asthma attack.
- To encourage all pupils to take responsibility for their own medication.
- Pupils, parents, school staff and asthma professionals to work together for a greater understanding of theeffect of asthma and to adopt a responsible attitude to its treatment.

Managing Asthma in School

Children with asthma are identified from the Medical Pupil Information form on admittance to school. The School Nurse liaises with the parents toascertain the full extent of the condition and will request an Asthma Card to be completed.

Parents must provide the school with at least one inhaler and spacer, which will be kept in their individual, emergency, green bags in either the School Office for Reception to Y6 or in the Nursery classrooms for Nursery children.

Trip Leaders/PE staff must ensure they take the emergency green bags with inhalers and original copies of Asthma Cards with them on all school trips/fixtures.

Parents are responsible for maintaining valid inhalers at school. Parents are reminded by telephone or email by the School Nurse prior to the expiry of any medication to facilitate this.

Asthma and PE

Exercise has proven health benefits to people with asthma. The school seeks to involve all children in sport with support and medical guidance from staff as appropriate.

If advised by their GP, children with asthma are encouraged to take their reliever medication just prior to warming up. Should children experience symptoms during lessons they are encouraged to stop, take their medicine and torest for at least 5 minutes before continuing.

Training and Information

All members of staff have annual training sessions by the School Nurse on the care of children with asthma including what to do in the event of an asthma attack and how to administer an inhaler.

Asthma Guidelines for Staff

Asthma Treatment

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

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

If a pupil becomes breathless and wheezy or coughs continually:

- Keep calm. It is treatable.
- Call the School Office who can locate the School Nurse/relevant First Aider stating the child's name and his/her condition.
- Reassure the child.
- Let him/her sit down in the position he/she finds most comfortable.
- Do not make him/her lie down.
- Ensure the reliever inhaler (usually blue container) is taken promptly and properly.
- Wait 5 minutes. Reassure all the time.
- If the symptoms have improved but not completely gone, give another dose of the inhaler (usually 2puffs) and ask the School Office to contact his/her parents.

Signs of a Severe Asthma Attack

- Any of these signs means 'severe'.
- Normal relief inhaler does not work
- The child cannot speak normally/in full sentences
- Blue tingeing around the mouth
- Pulse rate of 120 per minute or more
- Rapid breathing of 30 breaths per minute or more. If in **ANY** doubt, call an ambulance 999.

What to do in a Severe Asthma Attack

- Keep calm.
- Keep using the relief inhaler -1 puff every minute until symptoms improve. Up to a maximum of 10 puffs.Use spacer if possible.
- Call an ambulance and arrange for a member of staff to accompany the child to hospital.
- Contact the child's parents to meet at the hospital.
- Continue to reassure the child.
- Have School Asthma Card ready to give to ambulance crew.
- Try to make note of time of start of attack and all symptoms to tell ambulance crew.

At School

Reception to Y6 pupils' labelled inhalers and spacers are held in the back School Office in named pigeonholes. Nursery children's inhalers and spacers are kept in their classrooms. These are taken out by staff on fixtures and all school trips.

It is the parents' responsibility to ensure a valid inhaler is kept at the school. Expired drugs cannot be administered.

School Trips/ Fixtures

Teachers in charge of residential trips must ensure Parental Consent forms with all relevant medical anddrug/treatment information are completed and signed by parents/guardians. Teachers have details of any relevant medical information for children going on day trips/ fixtures.. The teacher must take the pupil's named inhaler on all trips.

If a child has an asthma attack on a trip and the staff have any concerns regarding the severity of the attack, anambulance must be called.

Staff must also complete an accident form and report the incident to the Head, Deputy Head or Bursar as soon aspossible.

Head Injuries/ Head Bumps

A minor head injury is a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission.
However, a small number of children do suffer a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is done depends on the force and speed of the blow.

This guidance, which is based on guidelines from the National Institute of Health and Care Excellence and the Rugby Football Union, is to help staff to treat head injuries when they happen and recognise signs which mean thata child requires further medical assessment or hospital treatment following a head injury.

Minor head injury/ bumps

All children who suffer a head injury in school, however minor, should initially be seen by the School Nurse or a First Aider for assessment and to plan ongoing care. After any head injury, even when none of the worrying signs are present, it is important that the child's parents / carers are informed about the head injury and given information about how to monitor their child using the school Head Injury Form. The appropriate teaching staff will also be informed of the incident to enable them to monitor the child.

Head injuries that occur during sports

Any injury involving the head that occurs during sporting activities requires the child to cease play immediately and be sent accompanied, to the School Nurse for assessment or in her absence, a qualified First Aider.

Following any head injury during sport, the child will need to sit out for the rest of that lesson or the duration of the match.

Graduated return to play (GRTP) after concussion

Concussion must be taken seriously to safeguard the short- and long-term health and welfare of young players. The majority of concussions will resolve in 7-10 days although a longer period of time is recommended for children. During this recovery time the brain is vulnerable to further injury. If a player returns to play too early, then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders.

During the recovery time a further episode of concussion can be fatal due to severe brain swelling (second impact syndrome). Graduated return to play should be undertaken on an individual basis and with written approval of the child's parent. If symptoms return, then the child must stop play immediately and be seen by a doctor or attend A&E the same day.

Before they can return to graduated play the child **MUST**:

- Have had two weeks rest
- Be symptom free
- Have returned to normal academic performance
- Be cleared by a doctor (it is the parent's responsibility to obtain medical clearance)

Note following any concussion in a child under 19 years of age, an initial period of 2 weeks rest should be undertaken during which any symptoms should resolve. The earliest return to full play after concussion is 23 days as long as symptom free.

If any symptoms occur while progressing through the GRTP protocol, then the player must stop for a minimum period of 48 hours rest and during this time they must seek further medical advice. When they are symptom free, they can return to the previous stage and attempt to progress again after 48 hours if they continue to be symptomfree.

The school will adhere to the guidelines on GRTP 4 R's -

1. Recognise
2. Remove
3. Recover
4. Graduated Return to play

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

Summary of graduated return to play

In rare cases there may be a serious head injury and staff should look out for the following danger signs:

Signs that mean an ambulance should be called (dial 999)

- Unconsciousness or lack of consciousness (for example problems keeping eyes open)
- Problems with understanding, speaking, reading or writing
- Numbness or loss of feeling in part of body
- Problems with balance or walking
- General weakness
- Any changes in eyesight
- Any clear fluid running from either or both of the ears or nose
- Bleeding from one or both ears
- New deafness in one or both ears
- A black eye with no associated damage around the eye
- Any evidence of scalp or skull damage, especially if the skull has been penetrated

- A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a divingaccident, a fall of less than 1 metre or a fall down any number of stairs)
- Any convulsions or having a fit

If the child does not have any of the problems listed in the box above but has one or more of the problems in the following list, there is the possibility of complications, and the child should be taken by a responsible adult to the Accident and Emergency department straight away.

Signs that a child should be taken to an A&E department straightaway

- Any loss of consciousness (being 'knocked out') from which the child has now recovered
- Any problems with memory
- A headache that will not go away
- Any vomiting or sickness
- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration or no interest in things around them, particularly in infants and young children (younger than 5 years)

The Concussion Recognition Tool

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground/Slow to get up
Unsteady on feet / Balance problems or falling over/Incoordination
Grabbing/Clutching of head
Dazed, blank or vacant look
Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck Pain
- Sensitivity to noise
- Difficulty concentrating

BLACKHEATH PREP

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week/game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to so do
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

BLACKHEATH PREP

Head Injury Advice Sheet

Advice for parents and carers of children

Healthier Together

NHS

How is your child?

RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help
Go to the nearest Hospital Emergency (A&E) Department or phone 999

AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today
Please ring your GP surgery or call NHS 111 - dial 111

GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care
Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

Diabetes

Diabetes is a lifelong condition where the amount of glucose in the blood is too high because the body can't use it properly. This may be because the pancreas does not make any insulin, or not enough, or the insulin that it does make does not work properly (known as insulin resistance).

There are two main types of diabetes, Type1 and Type 2.

Aim

- To provide support for pupils with diabetes within the school setting.
- Enable staff to recognise and treat hypoglycaemia within the school setting.
- Enable staff/parents/carers to support the pupil during episodes of illness that may result in hyperglycaemia within the school setting.
- Encourage liaison with school nurse/children's community nursing team and Diabetes Specialist Nurse regarding any pupil that may be experiencing some difficulties with diabetes control within school.
- Encourage and support pupils with diabetes to participate in normal daily school activities alongside their peers.
- Pupils with diabetes will have an Individual Healthcare Plan, which should be agreed by the parent/carer, the child, the school and their health care team. The plan should be updated regularly and made available to all relevant parties.

Type 1 diabetes

Type 1 diabetes develops if the body cannot make any insulin. It usually appears before the age of 40. It is by far the most common type of diabetes found in children. Type 1 is always treated with insulin (either by injection or pump), following a healthy balanced diet and getting regular physical activity.

Type 1 diabetes is an autoimmune condition, meaning that the body has attacked and destroyed its own cells (in this case the insulin-producing cells in the pancreas). Nobody knows for sure why this happens, but it is nothing todo with being overweight or any lifestyle factors, and there is nothing that can be done to prevent it.

Around 33,600 children and young people in the UK have Type 1 diabetes.

Type 2 Diabetes

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that it does make does not work properly. It's more common in people over the age of 40, (though over 25 in Black, Asianand Minority Ethnic communities) and is linked with being overweight. While numbers of children with Type 2 diabetes are increasing, it's still relatively uncommon in children.

Type 2 diabetes is usually treated with a healthy diet and increased physical activity. Medication, including insulin, maybe needed as well.

The information in this policy will focus on Type 1 Diabetes

The National Institute for Health and Care Excellence recommended target blood glucose levels for Type 1 children are:

- 4-8mmols before meals
- under 10mmols 2 hours after meals

Diabetes and learning

Diabetes can affect learning and if it is not well managed a child can have difficulties with attention, memory, processing speed, planning and organising and perceptual skills. As a result of this they may not achieve their full academic potential. The challenges of keeping diabetes well managed may also impact on a child's life.

For these reasons, it is crucial that a child is supported to manage their diabetes in all aspects of their life, including their time at school. Some children with diabetes may have more frequent absences than those without. This may not be the case for all, but if they do it might be due to hospital appointments or feeling unwell because of their diabetes.

Principles

- Suitable training will be given to all staff agreeing to administer blood glucose tests or insulin injectionsand this should be carried out by an appropriate health professional such as the Paediatric Diabetic Specialist Nurse (PDSN) supported by the School Nurse.
- The diabetes of the majority of children is controlled by injections of insulin each day or by insulin pump which requires the pupil to be attached to a small machine delivering insulin 24/7.
- Pupils with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting.
- Pupils with diabetes need to be allowed to eat regularly during the day, therefore staff should be awarethat this may include eating snacks during teaching time or prior to exercise. They may also need morefrequent trips to the toilet.
- All staff will be made aware of all diabetic pupils and the children should be encouraged to have glucose tablets or a sugary drink to hand.

Medication - Insulin

Insulin cannot be taken by mouth as it is a protein and would be broken down by the digestive juices in the stomach. Therefore, it either needs to be injected or given via a pump.

Whether to use insulin injections or a pump will be decided by the child, their family and their child's health care team. Using a pump does not mean that a child's diabetes is more severe.

Multiple Daily Injections (MDI)

Most children will take multiple daily injections from diagnosis. This is because medical research has shown that MDI can control blood glucose levels more effectively than twice- daily injections. Taking multiple injections can also give greater flexibility in when to eat and how much.

Children taking MDI will need an injection with each meal as well as an injection at bedtime and/or in the morning. This means that they will need to have to have an injection at school at lunchtime, and perhaps at other times duringthe school day too.

Two injections a day

Children who take two injections a day usually take them at breakfast and dinner time, and so will not usually need to inject during the school day.

Injecting at school

Children who need to have an insulin injection at school will need to bring insulin and their injecting equipment into

school. In most cases the equipment will be an insulin 'pen' device rather than a syringe. There are two types of insulin pen:

- disposable – these come pre-filled and are thrown away when empty
- re-usable – these have a replaceable cartridge of insulin.

Using cold insulin can make the injection more painful, so the insulin a child is currently using should be stored at room temperature. Spare insulin, not currently in use, should be stored in the fridge.

After taking it out of the fridge, insulin can be used for up to one month after which it should be disposed of, whether the cartridge is empty or not. The amount of insulin a child needs to keep at school will depend on how much insulin they are prescribed.

Extremes of temperature will destroy insulin, so it must not be placed in the freezer, in direct sunlight or near aradiator or any heat source.

Some children might want a private area where they can take their injections, and if so, this should be provided e.g.,Medical Room. Others may be happy to inject in public, and again this should be allowed.

Children might need help with injecting, especially if they arere younger, newly diagnosed or have learning difficulties.

A sharps bin should be made available to the pupil to dispose of used needles. The sharps bin can be located in the wooden cabinet in the Medical Room.

Insulin pumps

An insulin pump delivers a small, varying amount of insulin around the clock, which is pre-set according to the individual child's needs by the parent or PDSN. This reaches the tissues just under the skin via a tiny tube called a cannula. This cannula sits in the same areas that one would give an insulin injection, i.e., the stomach, legs or bottom.

Most pumps are connected to the cannula by a thin, flexible tube, but there are also pumps which sit directly on the skin. The cannula can usually stay in place for two to three days so should not need changing at school unless it becomes dislodged or blocked.

An insulin pump needs to stay attached to the child and can only be disconnected for short periods. If the pump isdisconnected (e.g., for PE or swimming), the cannula stays in place and a cap is placed on the exposed end.

Insulin pumps run on batteries and have many safety features, including warning alarms if they run low or the pump is running out of insulin.

Insulin pumps at school

As well as the background dose of insulin that is continuously delivered by the pump, children who use an insulin pump will need to be given extra insulin via the pump when they eat or if their blood glucose levels are high. This is done by pressing a combination of buttons. Again, children might need help with this. Their parent/carer and PDSN will train school staff on how to give insulin via the pump and how to look after the pump at school.

Concerning signs and symptoms
Hypoglycaemia – low blood sugar (readings of below 4mmol)
Hyperglycaemia – high blood sugar (reading of above 10mmol)

Causes of Hypoglycaemia (Hypo)
Inadequate amounts of food eaten missed or delayed.
Too much or too intense exercise
Excessive insulin
Unscheduled exercise

Recognition of Hypoglycaemia (Hypo)
Onset can be sudden, but symptoms can be different for each child and will be listed on the child's Individual HealthPlan.
Weak, faintness or hunger
Palpitation (fast pulse) tremor, strange behaviour or actions, sweating, cold, clammy skin
Headache, blurred vision, slurred speech
Confusion, deteriorating levels of response leading to unconsciousness Seizures

Treatment of Hypoglycaemia (Hypo)

1. If a child has a hypo, it is very important that the child is not left alone and they are not moved unless there is risk of harm/injury to the child or first aider, until they feel better.
2. Call or send for the School Nurse or first aider- also request that the child's emergency bag which is kept in the Back Office is fetched and follow the guidance in the child's Individual Health Plan.
3. Check the child's blood sugar when possible.
4. Immediately ensure that the child eats a quick sugar source e.g., glucose tablet, gel or fruit juice.
5. Wait 10-15 minutes and re-check blood sugar levels. If the levels remain low (below4mmols) repeat step 4.
6. After 20-30 minutes recheck that the blood sugar levels have returned to normal. Once fully recovered allow the child to return to normal school activities – sometimes it can take up to 45 minutes for the child to fully recover.
7. Some children need a snack after treating a hypo, such as a small sandwich, biscuits or cereal bar or the next meal if it is due – this will be stated in the child's Individual Health Plan.
8. Inform parents or carer of the episode.
9. Ensure staff are informed of the episode and continually monitor the child for the rest of the day.
10. If the child becomes drowsy and unconscious the situation is **LIFE THREATENING.**
11. Call 999 and request an ambulance.
12. Place the child in the recovery position and stay with the child.

Causes of Hyperglycaemia (Hyper)
Too much food
Too little insulin
Decreased activity
Illness
Infection
Stress
A problem with the insulin pump

Recognition of Hyperglycaemia (Hyper)

Onset is over time – hours or days- symptoms can be different for each child and will be listed on the child's Individual Health Plan.

Warm dry skin, rapid breathing
Fruity sweet-smelling breath
Excessive thirst and increasing hunger
Frequent passing of urine
Blurred vision
Stomach ache, nausea, vomiting
Skin flushing
Lack of concentration
Confusion
Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia (Hyper)

1. Send for the School Nurse or first aider, request the child's emergency bag be fetched from the back office and follow the child's Individual Health Plan
2. Check the child's blood sugar
3. Encourage child to drink water or sugar free drinks
4. If possible allow child to administer extra insulin
5. Permit child to rest before resuming activities if feeling well enough
6. Contact parent or carer
7. Ensure staff are informed of the episode and continually monitor the child for the rest of the day
8. Contact School Nurse for further advice, help and support

Exercise /activities and PE

Exercise is important for all children and young people, to reduce the risk of heart disease. People with diabetes are more at risk of heart disease that the general population so it is essential that pupils with diabetes are included in activities in school safely. Staff supervising physical activity sessions must be aware of the children with diabetes andhow exercise may affect them. There is a risk in someone with Type 1 diabetes that their blood glucose may go toolow (hypoglycaemia) during or after exercise.

This can be prevented by:

- Eating a small carbohydrate snack/drink before exercise (e.g. biscuit, cereal bar, fruit) especially if it is prolonged exercise (more than 45 minutes)
- Ensuring usual school meals are not delayed after exercise
- Older pupils may alter their insulin around exercise and therefore may not need to eat
- Some pupils may need/wish to test their blood sugar levels before or after PE to help reduce the risk of a hypoglycaemic episode
- A blood test is definitely recommended before swimming and will help determine how much additional carbohydrate to give
- Pupils must have easy access to their hypoglycaemic treatment in the place where the activity is happening
- Staff must be aware of how to treat a hypoglycaemic episode. Blood glucose levels should as a guide be between 6-14mmol to safely participate in sport, exercise or activities but staff should always refer to the child's Individual Health Plan

School trips/ Residentials

Diabetes should not prevent a pupil from participating in school trips, either day or residential. Full participation and opportunities in all areas should be encouraged as development of self-esteem and confidence and such activities can have positive effects on the management of diabetes. Pupils are likely to be excited and more active during school trips and therefore diabetes management will need tailoring accordingly.

Careful planning is necessary, and itis recommended that school staff meet with the pupil/parents/carer and the child's health care team to discuss the pupil's needs. A risk assessment may be needed and additional safety measures may be necessary. The pupil's Individual Health Plan should also be reviewed at this time and a copy should be taken on the trip.

Epilepsy

Aim

Blackheath Prep will ensure that all pupils who have epilepsy achieve to their full potential by:

- Ensuring every pupil with epilepsy participates fully in the curriculum and life of the school, including all outdoor activities and residential trips
- Keeping careful and appropriate records of students who have epilepsy and liaising closely with their parents/carers and medical team
- Recording any changes in behaviour or levels / rates of achievement, as these could be due to the pupil's epilepsy or medication
- Closely monitoring whether the pupil is achieving to their full potential
- Tackling any problems early and ensuring the school liaises closely with parents, staff and health professionals
- All pupils who have epilepsy will have an individual Epilepsy Care Plan, drawn up by the School Nurse in conjunction with the parents and the Community Consultant Paediatrician, and any other Health Care Professionals dealing with the pupil, as is felt appropriate. The plan will be reviewed and updated at least annually and more frequently should the pupil's needs change. The plan will be kept with the pupil's emergency medication in the Back Office, and staff will be notified of any changes in the pupil's condition.

What is Epilepsy?

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness but may be a symptom of some physical disorder. However, its cause, especially in the young, may have a precise medical explanation.

Tonic Clonic Seizure (grand mal)

The child may make a strange cry and fall suddenly.
Muscles first stiffen and then relax and jerking and convulsive movements begin which can be quite vigorous.
Saliva may appear around the mouth and the child may be incontinent.

Complex and Partial Seizures (temporal lobe seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The child may appear conscious but be unable to speak or respond during this form of seizure.

Ensure the safety of the child and gently move them away from any dangers. Speak calmly to the child and stay with them until the seizure has passed.

Absence (petit mal)

This can easily pass unnoticed. The child may appear to daydream or stare blankly.

There are very few signs that a child is in seizure. These types of episodes if frequent can lead to serious learning difficulties as the child will not be receiving any visual or aural messages during those few seconds. Therefore, it isimportant to be understanding, note any probable episodes, check with the child that they have understood the lesson and inform parents.
Teachers can play an important role in recognising a seizure, recording changes in behavioural patterns and frequency.

Epilepsy Medicines and Emergency Medication

The majority of pupils with epilepsy take medicine to control their seizures. The only time medicine may be urgently required by a pupil with epilepsy is when their seizures fail to stop after the usual time, or the pupil goes into 'status epilepticus'. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens an emergency sedative needs to be administered by a trained member of staff.

Certain types of medicines taken for epilepsy can have an effect on a pupil's learning or behaviour. It is important that staff are aware of this.

The main emergency medication is midazolam. It is generally administered into the buccal cavity between the cheek and the lower gums. Other types of emergency medication include rectal diazepam and paraldehyde.

It is essential for all staff to be aware of the school's epilepsy policy. Guidance from the Department for Education on administering emergency medicines reassures schools by stating clearly: 'In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.'

It is vital all staff are trained in First Aid and the school facilitates training of emergency medication if appropriate to the child's epilepsy Individual Health Plan.

Aid for Seizures

- Stay calm and call for assistance.
- Request the child's emergency bag is fetched from the Back Office as a matter ofurgency and follow the guidance given in the child's Individual Health Plan.
- If the child is convulsing then put something soft under their head.
- Protect the child from injury (remove harmful objects from nearby).
- NEVER try and put anything in their mouth or between their teeth.
- Time how long the seizure lasts – if it lasts longer than usual for that pupil or continues for more than three minutes then call for the School Nurse. Call for the School Nurse at any timeif you are concerned.
- When the pupil finishes their seizure stay with them and reassure them. They are likely to besleepy and should be allowed to rest.
- Do not give them food or drink until they have fully recovered from the seizure.
- Inform parents/carers as soon as possible.
- Ensure staff are informed of the episode and continually observe the child for further episodes in the future.

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MONITORING AND REVIEW OF THE POLICY

First aid arrangements are continually monitored by the Health and Safety Officer and are formally reviewed annually to ensure the provision is adequate and effective. Annual reviews will be carried out by the Health and Safety Officer, the Health and Safety Committee and Senior Management Team with additional reviews following any significant changes in structure, such as new buildings, relocation or changes in staffing and/ or pupil numbers.

Any concerns regarding First Aid should be reported without delay to the Health and Safety Officer.

Document Version	**Main Changes**	**Date**	**Who**
Baseline		March 2022	Health & Safety Officer / School Nurse
2022.1	Location of first aid boxes amended	September 2022	Health & Safety Officer/School Nurse
2022.2	Policy Updated: Addition of first aid boxes. PHE Guidance on infection control	October 2022	School Nurse
2023.1	Updated to 'full' paediatric first aid	March 2023	Executive Assistant
2023.2	Reviewed	June 2023	School Nurse
2023.3	Updated to change Nursery class names and update 'Storage and Disposal of Medicines'	Sept 2023	School Nurse
2024.1	Reviewed. Updated to remove Allergies and Anaphylaxis as being replaced by standalone policy.	May 2024	School Nurse
Distribution list	BP_Resources: Policies & Teacher_Resources		