

This procedure applies to all pupils in the school, including those in the EYFS.

Emergency First Aid care is available as needed in school at all times for pupils, teachers, support staff and visitors on site.

First Aid will be carried out by those in school who hold a current First Aid Certificate (see attached sheet). A list of certificate holders can be found on the front of the First Aid cupboard, situated in the kitchen.

The school will have at least one appropriately trained first aider on each site where children are present. A paediatric first aider will always be where children are present under our care.

First Aid boxes are held in the First Aid cupboard, the School Minibuses and at the Sports Pavilion at the Games Field. The school First Aid box is checked and re-stocked regularly by the appointed first aider.

Accident and treatment records are kept in the school office for minor injuries but an Accident Folder is also kept in the First Aid cupboard. These are completed by the member(s) of staff who witnessed/treated the injury, and copies sent home for parents to see, sign and return to school. The Headmistress/Head of Upper School and/or Head of Lower School are also informed of serious injuries. Where the Head or delegated persons deem it necessary, parents are contacted about an injury to their child. If the injury is of a serious nature, parents are informed immediately, if it is minor they are notified on collection.

Sick and injured pupils or staff will initially be treated by a First Aider and then referred to Totnes Hospital, Accident and Emergency, home or back to lessons as appropriate. (Note individual child's protocols for serious health/medical conditions as necessary. These are kept in the front of the Accident Folder, in the Office and in the child's individual file. Any medical/health issues are noted in the child's Form Register and a total list of children with medical/health conditions is kept in the front of the Accident Folder and in the office.)

We are mindful of our obligations under RIDDOR (Reporting injuries, Diseases and dangerous Occurrences Regulations, 1995) under which we are required to report to the Health and Safety Executive, tel: 0345 3009923

Emergency Procedures – if a major accident or incident occurs in school that requires medical assistance, a First Aider will be asked to attend. The Tutor in charge of the lesson/activity remains in charge of the casualty until someone arrives. The casualty will be assessed, first aid administered as appropriate and, if necessary, an ambulance requested or

a member of staff, usually the Headmistress, will transport them to Totnes Hospital. If a pupil is sent to hospital, a member of staff will accompany them. Parents/guardians will be informed at once and, if possible, asked to meet them at the hospital. The Headmistress will be notified of all major accidents/injuries. Individual child protocols must be followed as necessary.

Medicines in School – All medicines are kept in the First Aid cupboard in the staff kitchen including staff's own personal medication and are not routinely given to pupils. If a pupil requires medicine during the school day, the parent must send in a letter or sign the 'Medicine Book' situated in the School office, giving the details of the dosage, timing etc. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist. The medicine will be kept either in the First Aid cupboard or in the fridge, as appropriate. There is a list of children with protocols and other medical conditions/allergies which is kept in Staff Handbooks, the office, the Accident File and Form Registers; medication labelled with the name is kept in the First Aid cupboard or the fridge, and also in the school minibus if necessary. Pupils should not carry medication with them in school.

Asthma Inhalers are to be kept either in the First Aid cupboard or in the pupil's school bag as necessary. Other specific requirements are detailed later.

Bodily Fluids

If bodily fluids are spilled, they are dealt with in the appropriate hygienic way with the use of disposable aprons and gloves and the area is disinfected.

First Aiders:

Appointed Person:

Alison Duncan (training September 2018)

Paediatric First Aiders: (training September 2018)

Karen Allen	Mitchell Bellham
Rachel Davies	Alexandra Cottell
Amanda Stone	Lucy Jones
Chris George	Miriam Harris
Margaret Wadsley	Anna Cleave

All staff have appropriate refresher training every three years and further specific medical training (for example when a pupil or member of staff at the school has a particular medical condition) when necessary from an appropriate professional. Those holding the above qualifications will renew them as they fall due.

MEDICAL GUIDELINES FOR NON MEDICAL STAFF

Minor Injury and Minor Illness

All children have a medical record sheet indicating any ongoing condition and any allergies. These are kept in the form register and a copy in the child's file. Staff should refer to these in the first instance if the child is unwell.

- Most childhood injuries and illnesses are self-limiting and relatively harmless.
- In all cases the duty staff member should decide if the child needs to be seen by the appointed First Aider to assess the injury or illness and they will decide on any further action or treatment.
- If further advice is needed the parent should be contacted. If they are unavailable, consult members of the Senior Management Team who will ring the doctor's surgery where the child is registered.

Major Injury or Illness

- These are rare but children are at more risk, especially of serious injury.
- In the event of more serious illness or injury urgent action may be needed.
- For advice on Diabetic, Haemophilia and Asthmatic emergencies – see separate guidelines.
- If treatment is needed immediately for example an unconscious child then:
 - Dial 999 for an ambulance.
 - Give first aid if confident and able to do so.

The first priority is to call for urgent paramedic help as the child may require hospital treatment.

The **protocols** for those children who have potential life threatening conditions are in (i) their form registers, (2) the office file, (3) the minibus (for games lessons and school trips) and (4) in the front of the Accident File:

Infectious Diseases

Listed below are extracts from the Health Protection Agency (HPA) website, giving information on what to do in the case that a child is suffering from an infectious illness. The School takes advice from the school nurse and follows the guidelines laid down by the HPA in these matters. Included below are only the most common childhood ailments; however their website has comprehensive advice on further illnesses should it be required.

Illness	Recommended period to be kept away from school.
Diarrhoea and vomiting	48 hrs from last episode of diarrhoea and vomiting
Chicken pox	5 days from onset of rash
Impetigo	Until lesions are crusted or healed
Measles	5 days from onset of rash
Warts and verrucae	none
Head Lice	none
Tonsillitis	none

Diabetic Awareness

The most common emergency is low blood sugar or hypoglycaemia. Less commonly high blood sugar or hyperglycaemia can be in an emergency. It is important therefore we monitor their sugar intake.

If you take any Diabetic children on a Trip/Away Match- Please make it clear when making catering arrangements.

When any food is offered or shared, in school or out, be observant. Sweets and high sugar content snacks should be avoided.

Diabetic Emergency

Diabetes can be difficult to manage in children of this age group because they are very active and are not always eating reliably at the same times or eating the things that they should.

The appointed First Aider will manage the day-to-day problems and with careful monitoring most emergencies can be avoided. The children themselves are usually very competent at managing their own sugar levels. However sometimes insulin can be forgotten or the wrong dose given. Also, sport and play can lower sugar levels more than expected.

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Hypoglycaemia

- As blood sugar levels fall below 4 the child may experience hunger, agitation, sweating and confusion.
- If levels fall further the child will lose consciousness.
- Hypoglycaemia may occur because of extra activity, not eating proper meals or too high a dose of insulin.
- Hypoglycaemia often occurs in the late evening or in the night.
- If you suspect hypoglycaemia –
- Check the blood sugar is possible first
- Give some sugar
 - Hypostop is ideal
 - Dextrose tablet
 - Chocolate
 - Sugary drink

- Once the child feels better ensure that they eat some longer e.g. a sandwich
- Monitor the blood sugar after 30min, 1 hour and 2 hrs to ensure that the blood sugar does not start to fall again.
- If the blood sugar starts to fall again give further food and continue to monitor
- If you cannot give anything by mouth because the child is not conscious then dial 999. Ensure the child is on his/her side with their chin tilted up to ensure an open airway. Use the "The Recovery Position" if you know this.
- In some cases the child may have a convulsion of fit. If so clear any obstructions to prevent injury during the fit. No not try and force anything into the mouth.
- Get medical advice in all cases.

Hyperglycaemia

- High blood sugar causes increased thirst leading to excessive drinking and urinating. If blood sugar continue to rise the child may become increasingly unwell and lose consciousness.
- In established diabetics hyperglycaemia is unlikely to occur unless successive doses of insulin are missed or sugar levels are not being monitored. The exception to this is when a diabetic child is unwell with another illness.
- For example a diabetic with diarrhoea and vomiting will tend to have high blood sugar despite the fact that they are not eating. They require more careful monitoring of their blood sugar and may require more insulin.
- If you suspect hyperglycaemia
- Check the blood sugar level
- If less than 15 no action is required but monitor more carefully.
- If over 15 but the child feels well check again in 1 hour. If rising then get medical advice.
- If over 20 get medical advice, urgently if the child is also unwell.
- If the child is unconscious dial 999

Asthmatic Emergencies

- Asthmatics "attacks" can be very frightening and can be life threatening.
- Asthma attacks may occur when the child has a cold or other illness. They are also more common with exercise or in response to dust. Some asthmatics have allergies which can trigger an attack e.g. pollen or cats.
- During an attack the child finds it difficult to breathe and you may hear them wheeze.

- If you suspect an asthma attack
- Give the reliever inhaler that the child usually has
- Sit them upright and try to relax them
- If the child does not respond to the treatment within 10-20 minutes get medical advice.
- If the attack has been prolonged (i.e. ≥ 30 minutes) and is not responding to treatment then consider urgent treatment at the hospital or dial 999, especially if any of the danger signs are apparent –
 - The child is very distressed
 - The child is unable to talk in sentences because they are too short of breath
 - The child is confused or not fully alert
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- If the attack settles watch for recurrent symptoms as the reliever treatment may only last 2-4 hours. Get medical advice.

Anaphylaxis

- An extreme allergic reaction requiring urgent medical treatment.
- Life Threatening.
- Most commonly a reaction to food, i.e. nuts, fish or dairy products. Wasp/bee stings and exercise can also cause an allergic reaction.
- Cannot be cured but allergic reaction can be treated.
- Avoidance of allergen is an important factor.

Signs and Symptoms

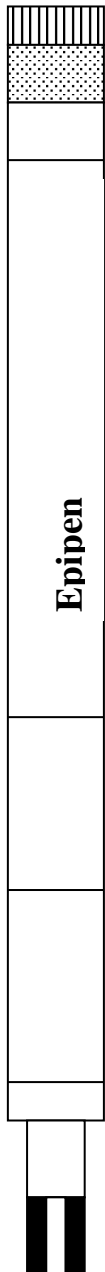
- Metallic taste itching in mouth.
- Swelling of face, throat, tongue and lips.
- Difficulty in swallowing.
- Flushed complexion.
- Abdominal cramps and nausea.
- Rapid heart rate.
- Wheezing, difficulty breathing.
- Collapse and unconsciousness.

Anaphylaxis Emergency

- Recognise the Symptoms.
- Call for HELP and EPIPEN.
- Stay with the child.
- Trained injector gives Epipen, note time.
- Adult calls '999' says 'severe allergic reaction, paramedic required'.
- Call parents.
- Repeat Epipen in 5 – 10 minutes and start resuscitation if necessary.
- Give used Epipen to paramedic.

**DIRECTIONS FOR USING
EPIPEN AUTO-INJECTOR**

1. SAFETY
CAP



1. Pull of Grey safety cap (illustration 1)
2. Place black tip on thigh, at right angle to leg (illustration 2)
(Always apply to thigh.)
3. Press hard into thigh until Auto-injector mechanism functions, and hold in place for several seconds. The EpiPen unit should be removed and discarded. Massage the injection area for 10 seconds.

