

# DHEKELIA PRIMARY SCHOOL

**F**irst **A**id &

**A**dministration of **M**edicine

**P**olicy

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## **Section 1 – First Aid Policy**

This policy outlines the School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The policy is reviewed annually.

The Headteacher will inform all staff of first aid arrangements and staff will be given a copy of this policy on their appointment to post.

### **1. PERSONNEL**

The Headteacher is responsible for the health and safety of their employees. The Regulations do not oblige employers to provide first aid for anyone other than their own staff. However, while there is no legal requirement to provide first aid for students, visitors and other members of the public, it should be provided as part of a moral and civil law duty of care towards them.

The Headteacher will ensure that a risk assessment of the school is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place. The Headteacher will ensure that the policy and information on the school's arrangements for first aid are made available to parents via the school website.

Teachers and other staff are expected to do all they can to secure the welfare of the pupils. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

#### **1.1 First Aiders**

First Aiders must complete a training course approved by H&S executive to include mandatory updates.

The qualified first aider is responsible for, when dealing with a casualty, carrying out the following:

- (1) Identify the problem – refer to the First Aid emergency plan (See Appendix 1)
- (2) Provide the necessary treatment
- (3) Arrange for medical aid
- (4) Record the details of the event
- (5) Inform Headteacher/Head of Establishment or their nominated deputy.

In addition to dealing with the causality First Aiders are required to look after the first aid equipment and alert **Mrs Emma Boyd** when items need to be replenished.

The school will provide opportunity for members of staff to update qualifications on a regular basis.

## 1.2 Appointed Person

An appointed person is someone who will be responsible for:

- Taking charge of a situation in the event of a serious injury or illness, e.g. ensuring that an ambulance is summoned.
- Directing those not involved away from the area.
- When necessary, ensuring that gates are opened for the ambulance, sending a responsible person to meet the ambulance and guiding paramedic staff to the casualty.
- Obtaining from the paramedic staff details of where the casualty is being taken and arranging for the parents to be notified.
- The maintenance of the contents of first aid boxes where a first aider is not appointed.

It is not necessary for an appointed person to have had first aid training, although training in emergency first aid is available within SCE.

A list of people with first aid training is available from the school office and certificates are held as part of the school's central register. There should always be at least one person with first aid training on site during the school day.

## 2. CURRICULUM

Staff must use professional judgement regarding illness or when assessing an injury during a lesson. Pupils who are unwell or injured, dependent on the degree of injury, can be kept on the playground/Astroturf or in the classroom under the supervision of their teacher and their condition monitored. In case of an emergency a minimum of two pupils can be sent to get help from the school office. **The injured pupil must not be left unaccompanied.** A qualified member of staff will then administer first aid and, if necessary, call the emergency services. Parents will be contacted by the administration staff **only** when directed to do so by the First Aider in attendance.

If a **minor** injury occurs while on the playground then they may be escorted to the office by another pupil to seek help from qualified staff.

On occasions children may become too unwell to continue with the school day. The decision to send a child home must be taken by a member of the SLT, or in their absence, the child's class teacher. If appropriate, the Headteacher and Deputy Head will act upon advice from a First Aider before a decision is made. It is vital that the class teacher is made aware when a child is sent home as they have a legal responsibility of care.

## 2.2 OFF-SITE VISITS

All Off-site visits must be organised in line with the schools policy, which is available in the school office and in the staff shared area on the network. The group leader is responsible for ensuring that the staffing for all day visits includes a First Aider or an appointed person. A first aid kit must be carried, along with individual medication for identified pupils. It is the responsibility of the group leader to ensure that the nominated first aider for any offsite visit has collected the necessary equipment in line with this policy. Full details regarding medication on off-site visits can be found in **SECTION 2**.

### 2.3 SPORTING EVENTS

All sporting events must be organised in line with the schools Off-site activities policy which is available in the school office and in the staff shared area. The member of staff who is responsible for leading and organising the event must ensure that they have considered the need for first aid provision at the venue. If a venue is another SCE school it may be possible to arrange for their First Aiders to provide assistance if necessary. If this is not possible then a First Aider must be taken to the event to provide assistance if necessary. A first aider should always accompany groups travelling to a venue by bus.

### 3. FIRST AID CONTAINERS

All first aid containers are marked with a white cross on a green background. First aid containers are located in the Medical Room near the school office. During playtimes a nominated first aider will be available in the medical room. Children must always be sent with another child to seek medical attention. **Mrs Emma Boyd** is the first aider responsible for checking the contents of boxes on a monthly basis and ordering new supplies in liaison with **Mrs Michelle Rose** when necessary.

Mobile First Aid kits should include:

- A leaflet/booklet giving general advice on first aid
- Individually wrapped sterile dressings
- Sterile eye pads
- Individually wrapped triangular bandages
- Medium sized individually wrapped sterile unmedicated wound dressings
- Large individually wrapped unmedicated wound dressings
- Micropore tap
- Pairs of disposable gloves – hypo allergenic and latex free
- Hypo – allergenic plasters.
- Tough cut scissors
- **First aid kits should not contain any medicines.**

### 4. MEDICAL ROOM

A separate room has been set aside at Dhekelia for the administration of First Aid. This room contains essential first-aid facilities and equipment, allowing easy access, including by wheelchair. The Medical Room is clearly signposted and close to the school office to allow quick communication between first aiders and the emergency services.

One designated member of staff, **Mrs Emma Boyd** has been given responsibility for the room. The Medical Room should always;

- Be kept clean, tidy, accessible and available for use at all times
- Display a notice giving the names and locations of first aiders.
- Contain the First Aid incident log
- Contain an up to date Health Care Plan (HCP) file for all pupils in school (archive plans should be kept in the school office. In addition, each class teacher should have a copy of any relevant HCPs for pupils in their classes) **Mrs Anna Vrahimi** is responsible for this.

## **5. HYGIENE/INFECTION CONTROL**

All staff should take precautions to avoid infection and must follow basic hygiene procedures as set out in the SCE 'Guidelines for the Cleaning up of Body Fluids'. Staff should use disposable gloves and take care when dealing with blood or other body fluids and disposing of dressings or equipment.

## **6. REPORTING ACCIDENTS**

A record of all First aid treatment administered must be kept using the 'Minor Accident Log Book' which is based on – Annex KK (Guide to SHEF management). These records should always be readily available and kept safely. All records should be kept for three (3) years after the date of the last entry. Suitable records of first aid treatment administered should include:

- 1) The date, time and place of accident.
- 2) The name of the injured or ill person.
- 3) Details of injury/illness and what first aid was given.
- 4) What happened to the person immediately afterwards e.g. went home/resumed normal duties/ went back to class/ went to local medical centre/hospital.
- 5) Name and signature of first aider or person dealing with the accident
- 6) All accidents, including accidents involving contractors should be recorded on the MOD accident form which can be located in the school office on the H&S board. Forms must be submitted electronically to HQ SCE and the garrison SHEF advisor should be informed.

In an emergency the child's parents/guardians should be contacted as soon as possible. All serious or significant incidents should be reported to the child's parents by telephone or by letter.

### **6.1. REPORTING ACCIDENTS - FOUNDATION STAGE 1**

The Foundation Stage 1 classes keep a record of minor injuries in a log book kept in their classrooms. The above information is recorded in these class based log books and minor injuries are treated within the classroom by First Aid trained staff members. More serious

injuries are treated and recorded in the First Aid Room. The class based first aid log books are passed onto **Mrs Emma Boyd** every half term.

Class teachers inform parents at the end of the school day and for more serious injuries, parents are contacted by telephone. Children who attend wrap around care will be issued a letter, 'Administration of Simple First Aid', in order to communicate with Creche and parents at home.

## **7. CALLING THE EMERGENCY SERVICES**

In the case of major accidents, it is the decision of the fully trained first aider if the emergency services are to be called. Staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must,

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location and address of the school

To assist with this a prompt sheet is placed on the wall near the telephone in the office.

In the event of the emergency services being called, a member of staff should wait at the school entrance to guide the emergency vehicle to the casualty.

Emergency Numbers: **112**

Local MRS Numbers (to be used if 112 is not available):

**2474 4512**

**2474 4446**

It is essential that the child's contact details and relevant history (integris) are taken by a member of staff with the child in the ambulance. You may require this information to register the child on arrival.

If the casualty is a child, their parents should be contacted immediately and give all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office.

## **8. REMOVAL OF FOREIGN OBJECTS**

If a child has a foreign object embedded in their skin, for example a splinter or a tick First Aiders **should not remove it**. In the case of splinters if the object can be removed easily be the child themselves then they should be encouraged to do so and the area then cleaned. If the object is a tick or is deeply embedded splinter which is causing significant distress then the child's parents should be called.

### **9. BUMPED HEADS**

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and guardians must be informed by a bumped head slip; if it serious they should be informed by phone. The child's teacher must be informed by first aider in attendance and ensure that the bus escorts are informed when the child leaves at the end of the day. Buses operate from June/July and September. With any incident of a bumped head all staff must keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in the incident log.

### **10. ICE PACKS**

Ice packs can be potentially hazardous and therefore should be treated with care. Pupils must not be left unattended with an ice pack. Ice packs should only be administered by a first aider or an appointed person when this has been identified as a medical need. **Pupils should not be given an ice pack and returned to class.**

### **11. ASTHMA AND OTHER MEDICAL CONDITIONS**

At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their conditions is kept in the class Inclusion Folders. Photographs and signs are made of children with severe medical problems such as asthma. These signs and notices are to be displayed in the Medical Room to ensure that all support and supply staff are aware of specific needs. Staff will be made aware of children and adults who suffer from severe allergies or complex conditions and in most incidences these children will require an individual Health Care Plan (HCP) to be written in consultation with the parents and Health Care practitioners.

### **12. HEADLICE**

Staff do not touch children and examine them for headlice. If we suspect a child has headlice parents will be informed and asked to examine their child. Children are not to be sent home if they have headlice. Children with headlice should be treated and attend school as normal rather than kept at home. There is no requirement for alert letters to be sent out to classes/year groups. Further government guidance can be found at:

<https://www.gov.uk/guidance/head-lice-pediculosis>

### **13. VOMITING AND DIARRHOEA**

If a child vomits or has diarrhoea in school they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

## **Section 2 - Administering Medicines**

### **14. Parental responsibilities in respect of their child's needs**

Parents have the prime responsibility for their child's health and should provide the school with information about all their child's medical conditions including treatment required. If necessary, they should obtain details from their child's General Practitioner (GP) or paediatrician. Parents should indicate any particular side effects to medication that their child

is prone to. These records should be updated annually, to ensure the details held by the school are accurate. Parents should keep children at home when they are acutely unwell.

### **15. Roles and responsibilities of Staff managing and administration of medicines and for administering and supervising administering of medicines**

Staff with children with medical needs in their class or group will be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information. All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Emergency procedures will be communicated to all staff that may be responsible for the child throughout the school day including supply teachers and lunchtime supervisors.

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. The school will ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties. Staff who agree to administer prescribed medicines will have appropriate training and guidance. They should be aware of possible side effects and what to do if they occur. The type of training necessary will depend on the individual case.

Only named and trained members of staff who have been approved by the Headteacher will administer prescribed medicines.

### **16. Procedures for managing prescription medicines**

Medicines should only be taken to school when essential; that is where it would be detrimental to the child's health if the medicine were not administered during the school day. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

**The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies, which enable them to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. Medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime. It may also be appropriate for a prescriber to provide two prescriptions, one for home and one for school, avoiding the need for repackaging and re-labelling of medicines by parents.

The school must have the parent's written consent before medicines can be administered to any pupil under 16.

The school will request parents to complete **form SCEMED 1** from Managing Medicines in Schools and Settings – SCE guidance. A new form must be completed each time there is a change in the pattern or dosage of the medicine. Any member of staff giving medicines to a child should check:

- The child's name
- Name of medicine

- Prescribed dose
- Expiry date (where given)
- Date of issue
- Length of treatment or stop date
- Written instructions provided by the prescriber on the label or container

If in doubt about any procedure staff should not administer the medicine, but check with the parents before taking further action. **Form SCEMED 2** from Managing Medicines in Schools and Early Years Settings will be used to confirm, with the parents, that a member of staff will administer medicine to their child. The school will keep records of medicines given to pupils and the staff involved using **form SCEMED 3**. **The school is legally required to do this.**

### **16. Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so. The refusal should be noted in the child's records and, if applicable, relevant procedures in the child's health care plan should be followed. Parents should be informed of the refusal straight away. If a refusal results in an emergency, the school's emergency procedures should be followed.

### **17. Procedures for managing prescription medicines on trips and outings**

The school will encourage children with medical needs to participate in educational visits. For pupils with medical needs, the school will discuss each visit with the parent and consider what reasonable adjustments they should make to enable the pupil to participate fully and safely. Individual risk assessments will be completed for some children. It may be that an additional member of staff or parent volunteer might be needed to accompany a particular child. Staff will always be aware of any medical needs, and relevant emergency procedures. Arrangements will be made for taking any necessary medicines and records will be kept of all medicines administered. A copy of any health care plans (HCP) will be taken on visits in the event of the information being needed in an emergency.

Medicines administered during residential visits will be subject to the same rigorous procedures as those administered in school. Only essential, prescribed medicines will be administered, with the exception of paracetamol and travel sickness remedies. Parents will be informed in advance that non-prescription medicines cannot be administered so that they may make arrangements for a prescription if necessary. **First aid kits should not contain any medicines.**

### **18. Non-prescription medicines (including herbal remedies)**

Apart from paracetamol, sunscreen and travel sickness remedies on residential visits, staff should not give non-prescribed medicine to a child unless there is a letter from the child's GP stating that the medicine is appropriate for the child and the parent has provided written consent. As with prescription medicines, non-prescription medicines must be supplied in their original packaging. Dosage must be consistent with the instructions on the packaging. Where a non-prescription medicine is administered to a child it should be recorded on **form SCEMED 3** from Managing Medicines in Schools and Settings and the parents informed by letter.

### **19. Residential Visits**

If a pupil becomes unwell during a residential visit, it may be appropriate to administer paracetamol. It is the school's policy to take paracetamol based products on residential visits, however written parental consent should be obtained beforehand.

## 20. The general guidance on paracetamol

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention. Regular use of paracetamol makes it less and less effective to the individual.

Administering paracetamol to children under 10 is **not** recommended because the child is probably generally unwell and should therefore be at home. For older pupils it is sometimes appropriate to give paracetamol to control specific pain such as migraine or dysmenorrhoea. Schools can administer paracetamol to over 10 year olds, adhering to the following conditions:

- The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children.
- If a child complains of pain as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol straight away.
- There should be at least four hours between any two doses of paracetamol containing medicines.
- Always consider whether the child may have been given a dose of paracetamol before coming to school.
- Many non-prescription remedies such as Beechams Powders, Boots pain relief syrup for children, Lemsip, Night Nurse, Vicks Cold Care, etc, contain paracetamol.
- If paracetamol tablets are taken soon after taking these remedies, it could cause an unintended overdose.

The pupil is first encouraged to get some fresh air/have a drink/something to eat/take a walk/sit in the shade (as appropriate) and paracetamol is only considered if these actions do not work

There must be written parental consent. The school may also phone parents on the day for consent and to check whether other medication has already been given.

Only standard paracetamol tablets may be administered. Combination drugs, which contain other drugs besides paracetamol, must not be administered.

The school must keep its own stock of tablets. This reduces the risk of pupils carrying medicines and avoids confusion over what may and may not be administered.

Paracetamol must be stored securely as all other medicines are stored and should not be kept in first aid boxes.

The member of staff responsible for giving medicines must witness the child taking the paracetamol, and make a record of it (**form SCEMED 3**). The school must contact the parent on the day, stating the time and the amount of the dose.

The pupil should be made aware that paracetamol should only be taken when absolutely necessary; that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing. No more than four doses of any remedy containing paracetamol should be taken in any 24 hours.

On a residential visit it may be appropriate to administer more than one dose and/or to give it to a child aged 10 or under. Dosage must be strictly according to the instructions on the packaging. Should paracetamol fail to alleviate symptoms and/or should staff have any concerns about a pupil's condition, they should not hesitate to get professional medical attention.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

### **21. Travel Sickness Remedies**

If a child needs to take medicine to prevent travel sickness on an educational visit, it may be given with the parent's written consent. The travel sickness medicine must be provided in the original packaging with manufacturer's instructions included. It must be suitable for children. Some travel sickness medicines cause drowsiness.

### **22. Long term or complex medical needs**

Some children have longer-term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies.

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this can have a significant impact on a pupil's academic attainments and/or lead to emotional and behavioral problems. The school needs to know about any particular needs before a child is admitted, or when the child first develops a medical need.

For children who require extra support at school because of a medical condition, it is recommended that an Individual Health Care Plan be drawn up, involving the parents and relevant health professionals. A health care plan clarifies for staff, parents and the child the level of support that can be provided by the school or setting. In these cases the Head or Deputy Head should convene a meeting to agree the Health Care Plan. Parents, health care professionals and any other person with a role in supporting the child's needs should be invited to the meeting. Any training required for school staff should be arranged via the Service Health Provider. Staff should agree with parents how often they should jointly review the health care plan, depending on the nature of the child's needs. **form SCEMED 6** from Managing Medicines in Schools and Settings will be used. The Health Care Plan should be child specific and include the following:

- Procedures to be following in an emergency
- Medication (drug name & dosage)
- Day to Day care arrangements

- Consent and agreement by: Parents/ carers, Health Care professionals, Headteacher/Deputy Headteacher, the child (if appropriate).

The medical conditions that most commonly cause concern in schools and settings are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). Guidance on managing these conditions in schools and settings is included in Chapter 5 of Managing Medicines in Schools and Early Years Settings (2005) and Managing Medicines – SCE guidance (2008).

The school management will ensure that sufficient numbers of staff are trained in the administration of epipens. This will be arranged via the service health provider.

### 23. Staff training

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or dealing with different type of emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs appropriate training will be arranged.

### 24. Record keeping

Parents should tell the school about medicines that the child needs to take and provide details of any changes to the prescription of support required; however staff should make sure that this information is the same as that provided by the prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and contain the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Frequency of administration
- Any side effects
- Expiry date

Records need to be kept of the following:

- Parental request and agreement for school to administer medicine – **SCEMED 1**
- Confirmation of the Headteacher's agreement to administer – **SCEMED 2**
- A request for a child to carry his/her own medicine (only if appropriate and highlighted on the Individual Health Care Plan) – **SCEMED 5**
- Staff training on the administration of medicines - **SCEMED 4**
- Authorisation of rectal diazepam (only if appropriate and highlighted on the Individual Health Care Plan) - **SCEMED 7**

### 25. Safe storage of medicines

It is the responsibility of the Headteacher to ensure that medicines are stored safely in line with COSHH regulations (2002). Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions and in the original

container. Staff should ensure the container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist. Where a child needs two or more prescribed medicines, each should be in a separate container. Staff should not transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds the key. The head is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. These will be stored in a clearly marked box in the medical room.

Other non-emergency medicines should generally be kept in a secure place not accessible to children.

Some medicines need to be refrigerated. Where possible such medicines should not be kept in a fridge which is used for food stuff – instead all medication should be stored in a separate refrigerator. Where a separate refrigerator is not available medicines should be kept in an air tight container which is clearly labelled. There should be restricted access to a refrigerator holding medicines.

Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody. However children could access them for self-medication if it is agreed that it is appropriate. Staff should refer to the sections on controlled drugs which are given in *Managing Medicines in Schools and Early Years Settings (2005)* & *Managing Medicines – SCE guidance (2008)*.

## **26. Confidentiality**

The head and staff should always treat medical information confidentially, the head will agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## **27. Emergency procedures**

All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in **Form SCEMED 8** from *Managing Medicines in Schools and Settings* which is displayed in the main office. All staff should also know who is responsible for carrying out emergency procedures in the event of need. Pupils should know what to do in the event of an emergency, such as telling a member of staff. A member of staff should always accompany a child taken to the hospital by ambulance, and should stay until the parent arrives.

**Staff should never take children to hospital in their own car:** it is safer to call an ambulance. In some situations this might not be the best course of action as visiting the MRS maybe more appropriate. If this is the case only the Headteacher/ Deputy Headteacher or nominated member of the SLT is able to make this decision in consultation with a first aider. If a child is transported by car to minor injuries then **two members of staff** will be required.

Individual Health Care Plans (HCP) should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

### 28. Epilepsy

Children with epilepsy should be included in all activities, extra care maybe needed in some areas such as swimming or working in science lessons. Concerns about safety should be discussed with the child and parents as part of the healthcare plan. During a seizure it is important to make sure that the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped the child should be placed in the recovery position till they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- It is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer that set out in the child's healthcare plan
- A seizure lasts for five minutes if you do not know how long seizures last for that child
- There are repeated seizures, unless this is usual for the child and set out in the child's health care plan

### 29. Asthma

This school recognises that asthma is a widespread, serious but controllable condition. One in ten children, based on UK statistics, has asthma. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. This school recognises that not all children will be able to verbalise their symptoms and it is therefore imperative that all staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse. Training is updated once a year.

Immediate access to reliever medicines is essential. Pupil's reliever inhalers are not to be locked into cupboards or drawers; instead they must be kept in a clearly labelled box which is quickly accessible. Inhalers must be clearly marked with the child's name.

School staff are not required to administer asthma medicines to pupils (except in an emergency), **however many of the staff at this school are happy to do this.** School staff who agree to administer medicines are insured by the local authority (SCE) when acting in agreement with this policy.

All school staff will let pupils take their own medicines when they need to.

### 30. Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers, LSAs and supply teachers will know which children in their class have asthma. Pupils with asthma are encouraged to participate fully in all PE lessons and out of hours sport. Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson and to thoroughly warm-up and down before and after the lesson.

Inhalers are always kept centrally in the First Aid room by the main office. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep animals, as fur and feather are potential triggers, and has a definite no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent the child from falling behind. If appropriate, the teacher will then talk to the school nurse and SENCO about the pupil's needs.

### **31. Asthma attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an attack the school follows the procedure outline by Asthma UK. This procedure is as follows:

- Keep calm
- Encourage the child to sit up and slightly forward – do not hug or lie them down
- Make sure the child takes two puffs of reliever inhaler (usually blue) immediately
- Ensure tight clothing is loosened
- Reassure the child

If there is no immediate improvement

- Continue to make sure the child takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 112 or a doctor urgently if:

- The child's symptoms do not improve in 5-10 minutes
- The child is too breathless or exhausted to talk.
- The child's lips are blue
- **You are in doubt**

Ensure the child takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

This procedure is visibly displayed around the school.

### **32. Diabetes**

Children with diabetes should be included in all activities. The diabetes of the majority of children is controlled by injections of insulin each day. Where a child requires insulin it is a parental responsibility, in conjunction with an agreed Health Care Plan (HCP) to determine how this support takes place. With the exception of auto-injectors and agreed as part of a Health Care Plan, under no circumstances should any member of staff administer an injection.

Children 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 small monitor at regular intervals. The timing and supervision of this should be set out in the child's healthcare plan.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which the blood glucose level falls too low. Staff in charge of physical education or activity should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware of the following symptoms, either individually or combined, may be indicators of low blood sugar:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

If a child has a hypoglycaemic reaction it is very important that they are not left alone and that a fast acting sugar is brought to the child and given immediately.

An ambulance should be called if:

- The child's recovery takes longer than 10-15 minutes
- The child becomes unconscious

### **33. Anaphylaxis**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit and also penicillin, latex and the venom of stinging insects.

The treatment is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices (Epipens) containing one measured dose of adrenaline are available on prescription. Should a severe allergic reaction occur, the adrenaline injections should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

The decision on how many adrenaline devices the school or setting should hold, and where to store them, has to be decided on an individual basis between the Head, the child's parents and medical staff involved.

**Review Date:** September 2017

Written in conjunction and reference to the following:

Managing Medicines in Schools and Settings – SCE Guidance (August 2008)

Joint Services Publication 342

Managing Medicines in Schools and Early Years Settings – DfES (2005)

Access to Education for children and young people with Medical needs – DfES (2001)

Procedures and Guidance for Outdoor Education and School Off-site Visits – SCE Policy (2005)

<https://www.gov.uk/guidance/head-lice-pediculosis>

**SERVICE CHILDREN'S EDUCATION  
DHEKELIA PRIMARY SCHOOL  
Mrs Helen Lakey - Head Teacher**

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Our Ref: 16/09

Date:

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Dear Parent

**ADMINISTRATION OF SIMPLE FIRST AID**

Today your child .....

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We administered simple first aid: .....

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If you require any further information please do not hesitate to contact us.

The Foundation Stage Team