



Serva Fidem

KINGSWOOD HOUSE SCHOOL

FIRST AID and ADMINISTRATION OF MEDICINES POLICY

POLICY STATEMENT

This policy relates to the whole school including the Early Years Foundation Stage.

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981), 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 during off-site visits and activities.

In order to ensure adequate first aid provision, it is the School policy that:

- There are sufficient numbers of trained personnel together with appropriate equipment to ensure someone competent in basic first aid techniques can rapidly attend an incident at all times during normal school hours to ensure first aid is administered in a timely manner.
- Appropriate first aid arrangements are made whenever staff and pupils are engaged in off-site activities and visits.

RESPONSIBILITIES UNDER THE POLICY

The Health and Safety Inspection Committee of the School, on behalf of the Governing Body, is responsible for:

- Inspecting the School's first aid provision each term.
- Advising the Bursar of issues arising.
- Reporting to the Governing Body their recommendations.

The Health and Safety Committee of the School, on behalf of the Governing Body, is responsible for ensuring:

- First aid needs are assessed and addressed.
- Sufficient numbers of suitably qualified first aiders are available.

- The adequate provision of first aid services during school hours and for activities held on site after normal school hours.
- Appropriate first aid cover is available for off-site school organized activities.

The Bursar, on behalf of the Health and Safety Committee, is responsible for:

- Assessing the first aid needs throughout the school.
- Advising on appropriate levels of first aid provision.
- Ensuring first aid cover is available during normal school hours and for activities held on site after normal school hours.
- Identifying first aid training needs.
- Arranging training and maintaining records thereof.
- Organising provision and replenishment of first aid equipment.
- Reviewing accident forms.
- Induction of staff in first aid issues.
- Liaising with the Health and Safety Inspection/Committee on first aid issues.

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.
- Maintaining accurate records of first aid treatments given.

Appointed Persons are responsible for:

- Giving assistance to the Qualified first aiders.
- Taking charge when someone becomes ill.
- Ensuring that an ambulance or other professional medical help is summoned as appropriate.

Early Years First Aiders are responsible for:

- Providing first aid support within the Early Years Foundation Stage.
- Ensuring that an ambulance or other professional medical help is summoned as appropriate.

Deputy Head and Head of Sport are responsible for:

- Ensuring appropriate first aid cover is available at all out of hours sports activities.
- Ensuring appropriate first aid cover and equipment for all practice sessions and matches.
- Ensuring appropriate first aid cover and equipment for all outings and residential trips.

Parent/Guardian is responsible for:

- Completion of the medical form/s issued by the school annually and on joining (Appendix 1). Any changes to any new or existing medical condition must be notified to the school as soon as possible.
- Providing a signed consent form for administration of medication (Appendix 2).
- Completing the Allergy and Anaphylaxis Plan if required (Appendix 3).
- Ensuring that a member of the family or other nominated person is easily contactable at all times in the event of an emergency or a child requiring to be sent home from school due to illness or injury.

FIRST AID RISKS

An assessment of first aid needs is carried out on an annual basis by the Bursar on behalf of the Health and Safety Committee. The assessment takes into account:

- Numbers of pupils, staff and visitors on site.
- Layout and location of buildings and grounds.
- Specific hazards.
- Special needs.
- Hours of work.
- Out of hours and off-site activities.

The assessment will identify:

- How many first aiders are needed during the school day.
- Out of hours and off-site arrangements.
- Back-up arrangements to cover absence of first aiders.
- Which departments require a qualified first aider.
- What equipment is needed.
- Where equipment is to be located.
- Where notices and signs are displayed.
- Good practice in record keeping.

Numbers of pupils, staff and visitors on site

During the majority of school days there are approximately 270 people, 200 pupils and 70 staff, on site. Occasionally, for school plays and concerts, this number may increase to 320 people.

Layout and location of buildings and grounds

The school site is quite compact. However, accidents can happen anywhere at anytime and therefore all staff should know how and when to obtain help in an emergency.

Specific hazards

Accident statistics can indicate the most common times, locations and activities involved when accidents occur at school, highlighting areas where pupils and staff may be at greater risk of injury. Injuries and accidents are most likely to occur during Games/PE lessons and matches, at break times, in the DT and Science departments, in the kitchen and maintenance departments. 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.

Hours of work

The school office (first aid station) is open in school hours from 0730 to 1800 Monday to Friday during term time.

Out of hours and off-site activities

Some school activities take place outside of normal school hours and/or off-site. First aid provision is available at all times while people are on the school premises and when on school trips or visits. The medical file, kept in the school office, must be taken on all off-site trips/activities together with inhalers and medication, when necessary.

FIRST AID KITS

First aid kits are clearly labeled with a white cross on a green background in accordance with Health and Safety regulations. The contents of the first aid kits may vary depending on the particular needs in each location. The Bursar will supply first aid kits as appropriate. First aid kits are currently situated in:

- School office (including 4 travel bags which must be taken on school trips and other off-site activities).
- PE Office
- Kitchen
- DT Prep Room
- Science Lab
- Nursery washroom
- Grounds shed
- Minibuses

The school secretary is responsible for the checking and restocking of first aid kits. This is usually carried out at the beginning of each term. The school secretary should be notified when items have been used so they can be replaced without delay.

INFORMATION

This First Aid Policy is located on the school website and is available to parents and staff on request.

Parents are informed of our procedures for responding to children who are ill or infectious on admission to the school and these procedures are also written up in our Parents' Handbook.

New staff are briefed on the first aid policy and procedures as part of the induction process and new pupils are briefed by their teacher when they start school. The briefing should include:

- Location of the school office (first aid station)
- What to do in an emergency
- Names of first aiders and appointed persons
- Location of first aid kits
- Administration of medicines

First aid notices are posted in the staff room, school office, kitchen, Study Centre, upper corridor of Langlands, changing rooms and classrooms. Notices give the names of first aiders and location of first aid boxes.

There is a locked **medicine cupboard** in the school office where all medicines are to be stored. Keys are kept by the office staff.

TRAINING

A **qualified first aider** is someone who holds a valid certificate of competence in First Aid at Work. The certificate must be issued by an organization approved by the Health and Safety Executive, such as St John's Ambulance, and must be renewed every three years. The Bursar will arrange for staff to attend the First Aid at Work course as required. In this school five people hold this qualification, Mrs Karen Harding and Mrs Helen Parker in the school office, Mr Bernie Cowie, Head of Sport, Mr L Clarke, Head of Upper Prep, and Mr Ian Mitchell, Deputy Head.

An **appointed person** is someone who has attended a minimum of 4 hours first aid training (renewable every three years) and is competent to give emergency aid until further help arrives. We have seven qualified appointed persons.

Mrs Jenny Malcolm, Year 1 Teacher, Mrs Julie Marskell, Reception Teacher, Mrs Deborah Steer, Finance/Office Assistant and Miss Eleanor Walliss, Year 2 Teacher, have completed the **Early Years First Aid / Paediatric** certificate and are competent to give first aid assistance to the Early Years Foundation Stage.

Staff have inset training annually on the use of epipens, epilepsy and the management of seizures and diabetes. This training is carried out by the Epsom College nurse. Training will also be provided to staff if further medical or technical knowledge is required

PROCEDURES

Minor Incidents/Illness

Any child sustaining an injury or suffering illness whilst at school will be treated by the school staff who will inform the parent/carer of any treatment given either by telephone, or a note sent home with the child.

All minor incidents should be treated in the school office (cuts and grazes). The wound should be cleaned with sterile water and covered with a dressing. Staff should send the casualty with an escort to the school office or accompany them themselves if the casualty is in distress.

If a child needs to be sent home from school, he/she will remain in the school office with a member of staff until collected by a parent/carer. The parent/carer is to collect the child as promptly as possible.

A bed is kept in a store room in the Study Centre and may be used for any person requiring it. The Study Centre staff room can be used as a medical room if required. The bursar or school secretary will remain with the casualty at all times until they can be collected.

Major Incidents

In the case of a severe accident, severe bleeding, serious injury to legs or back, head injury, eye injuries, severe nose bleeds and seizures, the casualty must not be moved and a qualified first aider called to the scene as soon as possible.

Resuscitation Action Plan

A copy of the plan can be found in Appendix 6 attached. The school Automated External Defibrillator is located on the wall of the school office behind the reception desk. The AED is designed for treatment of sudden cardiac arrest and should only be used to treat someone who is either unresponsive or non-breathing. The Action plan must be followed and a copy can also be found with the AED.

Head injury

The pupil will be assessed in accordance with our Head Injury policy. For incidents without side effects, a form will be given to the parent via the pupil advising them of the incident and if first aid was administered. If side effects such as outlined in the policy occur then either parent/carer will be contacted or an ambulance will be requested and parent/carer advised.

CALLING AN AMBULANCE

The School Office, Bursar or a qualified first aider are normally responsible for summoning an ambulance (dial 999 or 112), and for escorting the pupil to hospital; but all staff are advised in their induction training that, if the above staff are unavailable, they should summon an ambulance themselves. A member of staff will always escort the child, together with a driver, and stay with them in hospital until their parents/carers have arrived.

If the emergency services are called to the school to attend to a casualty, that person must obey the advice of the attending paramedics.

Staff should ensure that other pupils are cared for during and after an incident. Extra staff may be required to help with duties and reassure the children and keep them at a respectful distance to the casualty. After the incident the children may need time to talk it through, perhaps with their form teacher, and all other staff should be informed.

Emergency Medical Treatment

In accepting a place at the school, we require parents to authorise the Head Master, or an authorised deputy acting on his behalf, to consent on the advice of an appropriately qualified medical specialist to your child receiving emergency medical treatment, including general anaesthetic and surgical procedure under the NHS, if we are unable to contact you in time.

Asthma Inhalers / Epipens

Inhalers and epipens (or any other treatment) must be kept in the filing cabinet in the school office, suitably labelled. Parents/carers should ensure that they are not out of date and replace when necessary. When used, an epipen should be safely put into a box with a lid and handed to the ambulance service.

Medication

Prescribed medication may be administered by the staff. If a child needs to take medication whilst at school, the parent/carer should hand it in to the school office. Medication should be clearly labelled with details of the name of the medication and when and how much should be given. A medication consent form should be completed and signed giving clear instructions. All medication will be stored in the locked medical cabinet in the school office except for those medicines that need to be kept in the fridge in which case the fridge in the staff room should be used.

No non-prescription medication will be administered by school staff unless the parent/carer has provided written, signed consent which is sought from parents at the time of acceptance to the school and thereafter annually by completion of the medical consent form.

No child will be given any treatment or medication against his/her will.

Staff Medication

Staff must seek medical advice if they are taking medication which may affect their ability to care for children and the Headmaster should be informed. Any staff medication must be securely stored at all times and must never be left in handbags in the classroom. Staff may use the locked medical cupboard located in the school office. If a member of staff has a life threatening condition such as diabetes, epilepsy, asthma or allergies which could give rise to anaphylactic shock, then they must ensure staff are aware and provide details on the display board in the staff room.

Medical history/Allergies of pupils

Staff must ensure that they are aware of the medical history of the children they teach. The Head Teacher must ensure that such information is available to members of staff. It is also essential that staff are aware of any children suffering from potentially life-threatening conditions such as diabetes, epilepsy, asthma or allergies which could give rise to anaphylactic shock, and the action necessary to take in the event of such an attack (see Appendix 3 and 4).

An up-to-date list of medical conditions of all children by class is kept in the school office. A list of pupils with allergies is also kept in the kitchen and appropriate food arrangements made. These are updated by the school

secretary each term. Staff are informed by the Head Teacher if children with serious medical problems join the school and a notice is kept on the staff room board. Parents complete a care plan if their child has a serious medical condition or allergy and these are kept in their medical files in the school office and displayed in the staff room.

Children with Medical Needs or Special Education Needs who require special adjustments

If a child has medical needs, special education needs or requires any special adjustments, the parents will be invited to a meeting with Head, form tutor and Special Education Needs Coordinator and any outside Specialist who has been involved with the care of your child, to discuss thoroughly the regime that is most appropriate for his or her individual care.

Swimming

Children with open wounds must not swim.

Matches and off-site activities

A first aid bag must be taken on all trips. Grab bags are kept in the school office and must be taken on all coach trips and to matches. When travelling by car it is the responsibility of the member of staff to carry a grab bag in their vehicle.

The class list of pupils' medical conditions should also be taken on all trips together with medication/inhalers, etc.

Exclusion Illnesses

In all cases please use the guidance at Appendix 5.

Body fluids

Gloves should be worn at all times if in contact with body fluids and any spillages cleaned up immediately. Vomit should be covered with absorbent deodorizing powder (kept in the school office and Pre-Prep) and then swept up using the supplied dustpan and brush. The bursar must be informed who will contact our cleaning company to ensure that the area is cleaned properly in the evening.

If vomit is located outside, the area should be cordoned off and covered with sand. Please ensure the bursar is informed so that the sand can be safely disposed of.

All items that come into contact with body fluids, including medi-wipes, cleaning cloths, tissues, gloves, etc. are to be disposed of in a plastic bag and tied up and placed in the pedal bin in the office which is emptied each evening.

REPORTING AND RECORD KEEPING

Accidents

All accidents should be reported immediately. An Accident Book is kept in the school office and includes:

- Date and time of incident
- Name of casualty

- Details of injury/illness
- Treatment and/or advice given
- Signature or person dealing with the accident
- Whether parents have been informed
- Parents of EYFS children will be informed on the same day or as soon as is reasonably practical

Accident records are reviewed by the Health & Safety Inspection Committee each term. Accident records must be kept for a minimum of three years.

Any member of staff or visitor to the school who has an accident must also complete an accident form (in the school office) which should be passed to the Bursar for filing. Any visitor to the school who has an accident will receive a follow up call as to their welfare.

EYFS

The School will notify the local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and will act on any advice from those agencies.

RIDDOR

The School will report to the Health & Safety Executive (Tel: 08453009923), under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, any deaths, major injuries, over-three-day injuries, accidents causing injury to pupils, members of the public or other people not at work, specified dangerous occurrences, where something happened which did not result in an injury but could have done.

Medication

Any treatment or medication administered should be recorded in the Medicine Book kept in the school office and should include:

- Date and time of administration
- Name and amount of medication or treatment given
- Name of person receiving medication
- Signature of administrator

The Medicine Book is reviewed by the Health & Safety Inspection Committee each term and records are kept for a minimum of five years.

In accordance with Health and Safety law, some accidents and illnesses must be reported to the Health and Safety Executive. This is the responsibility of the Bursar.

Please note that all parents of children in the EYFS are to be informed by written note or telephone call if their child has had an accident or been administered medicine on the same day, or as soon as reasonably practicable.

Accident Investigation

All serious accidents and an injury/accident that frequently occurs should be investigated. Accident Investigation Forms are kept in the school office and once completed should be filed with the Bursar for review by the Health and Safety Committee.

MONITORING AND REVIEW OF POLICY

First aid arrangements are reviewed annually to ensure the provision is adequate and effective. Additional reviews will take place following any significant changes in structure, such as new buildings, relocation or changes in staffing and/or pupils numbers.

Updated S Witts August 2017
Full review August 2018

Appendix 1

Health /Annual Consent Form

Last Name		Date of Birth			
First Name					
Middle Name					
Year/Form					
Family Doctor (Name, Address & Phone)					
Son adopted / not adopted (Please circle as appropriate)	Parents living together / separated / divorced (Please circle as appropriate)				
Any past events (e.g. recent deaths, traumas, etc.) which may have had an effect on your son					
Does your son have:		(please tick as appropriate)		Yes	No
1. a)	Asthma				
b)	Difficulties with breathing				
c)	Diabetes				
d)	Difficulty with his eyes				
e)	Trouble with his ears / hearing				

f)	Speech difficulty		
g)	Frequent sore throats		
h)	Skin rashes		
2.	Does your son suffer from any chest trouble?		
3.	Do you think your son has any weight trouble?		
4.	Has your son ever had any convulsions or fits?		
5.	Has your son had frequent headaches in the last 12 months?		
6.	Does your son have fainting attacks, blackouts or dizzy spells?		
7.	Does your son have difficulty getting to sleep or sleeping?		
8.	Does your son suffer from rheumatism?		
9.	Does your child require an Asthma Inhaler? If yes, do you require it to be kept in the School Office?		
10.	Does your child need an EpiPen? Is it kept at school?		
11.	Are there any special instructions and additional tablets/medicines to be taken?		

GENERAL

Are there any other problems / difficulties of which you would like us to be aware, which may affect your son's performance at school?

PHYSICAL

Has your son difficulties which may affect his ability to participate in games lessons?

HOSPITAL

If your son attends hospital at present, or has attended in the last year or two, please give details.

Name of Hospital and consultant, physician or surgeon

Date(s) attended

Was he an in-patient, and if so, for how long?

Reason for attendance

VACCINATIONS

Has your son been vaccinated against tetanus? Yes / No (please circle)
injection Date of last

MEDICATION

Does your son receive regular medication? Yes/No

If **yes**, please advise:

Name of medication:..... Dosage:

Would you like the school to administer this medication? Yes/No

If so, please advise timings:.....

ALLERGIES

Please state if your son has any allergies:

Hayfever	Yes/No
Bites/stings	Yes/No
Plasters	Yes/No
Drugs	Yes/No
Food	Yes/No

Name of food:

Treatment required:

Any other allergies not listed? Yes/No

Are any of the above life threatening? Yes/No

CONSENT 1

I do/do not consent to my son being given the medication listed below, as deemed appropriate, whilst he is on school premises

Paracetamol/Calpol	Yes/No
Antihistimine/Piriton	Yes/No

Signature of Parent/Guardian:.....Date:.....

CONSENT 2

In the event of the school being unable to contact myself or the emergency contact/s **I do/do not consent** to an appropriate member of staff acting in the best interests of my child on advice from an appropriately qualified medical specialist including receiving emergency medical treatment, general anaesthetic and surgical procedure under the NHS.

Signature of Parent/Guardian:.....Date:

ANNUAL PARENTAL CONSENT FOR EDUCATIONAL, SPORTING, SOCIAL AND LEISURE VISIT DAYS.

I hereby give my consent to the attendance of my child on school visits on the understanding that the person in charge of the party of children will be a member of the teaching staff of Kingswood House. That member of staff will remain in loco parentis although, on certain visits, they may hand over the duty of care to a specialist instructor.

I further consent to the giving of any urgent medical or surgical treatment to my child which is considered necessary by the medical authorities during the school visit.

Signature of Parent/Guardian: Date.....

If any of the information you have provided changes eg. Address, telephone, GP, medical conditions, you must let the school know immediately

Appendix 2

ADMINISTRATION OF MEDICINES IN SCHOOL

Child's Name: **Form:**

MEDICATION

Name of medication:

Dosage:

Time of last dose: Amount given:

Condition of illness:

When/ How to administer medication:

.....
.....

Special Instructions:

.....

Does medication need to be put in fridge?:

Please administer the above medicine for days or until further notice.

Signed: Date:.....

Print Name:

Appendix 3

Allergy and Anaphylaxis Plan

Name.....

Date of Birth.....

The above named pupil may suffer from an anaphylaxis reaction if he/she is exposed to:

.....
.....
.....

His/her usual allergic symptoms are:

.....
.....
.....

Procedure in the event of an acute allergic reaction:

Symptoms: Wheezing
Swelling of face and throat
Difficulty in breathing and swallowing
Feeling faint

Action: ***Contact ambulance service 999***

- Place child in safe, comfortable position
- Give Epipen injection (kept in bottom drawer of medical filing cupboard in office)
- Monitor closely. If no improvement, or if symptoms of floppiness or pallor develop or worsen within 10 minutes repeat if further epipen available.
- Inform the following contact numbers in order of priority.
- Remember to place the used epipen in a box with a lid and give to the ambulance service.

Contact No. 1 Name.....
Tel. No.....
Relationship.....

Contact No. 2 Name.....
Tel. No.....
Relationship.....

In case of: Itchiness
Tingling of face and lips
Tummy cramps

Vomiting
Blotchiness of skin

Give.....(Oral antihistamine).....ml immediately

Inform the contact numbers as above

- It is the parents' responsibility to ensure that all medication supplied to the school is in date and clearly marked.
- It is the parents' responsibility to ensure the pupil is fully aware of the signs and symptoms of an allergic reaction.
- It is the parents' responsibility to ensure the pupil has been instructed on the administration of the necessary medication and the importance of carrying it at all times.
- All medication will be returned to the pupil/parent at the end of each half term and term.
- It is the parents' responsibility to replace any medication used.

The school will inform all relevant staff with regard to the pupil's condition and the arrangements set out in this document.

The school office, form tutor and sport's office will hold a copy of this plan.

Agreed and signed

Parent Name Date

Parent Name Date

School Bursar..... Date

Guidance on how to administer an epipen:

Sit the casualty down

Take the epipen in your dominant hand

Remove the grey cap

Plunge into the outer thigh through clothing (except heavy jeans)

Count to 10

Remove and place in a box and give to the ambulance service

Rub the area in the thigh gently

JEXT epipen (has a yellow cap):

Remove the yellow cap

Put against the leg and push hard until you hear a click.

Repeat after 10 minutes if there is no change and you have another epipen.

Appendix 4

Asthma, Seizures, Diabetes

Guidance for staff on the recognition and first aid treatment of:

Asthma Attack

In an asthma attack the muscles of the air passages in the lungs go into spasm and the linings of the airways swell. As a result, the airways become narrowed and breathing becomes difficult.

Sometimes there is a specific trigger for an attack such as:

- An allergy
- A cold
- Cigarette smoke
- Extremes of temperature
- Exercise

Recognition features

- Difficulty in breathing, with a very prolonged breathing-out phase.

There may also be:

- Wheezing as the casualty breathes out
- Difficulty speaking and whispering
- Distress and anxiety
- Coughing
- Features of hypoxia, such as a grey-blue tinge to the lips, earlobes and nailbeds

ACTION

Your aim is to ease the breathing and if necessary get medical help.

- Keep the casualty calm and reassure them
- Encourage them to use their blue inhaler if they have one. Children may have a spacer device. It should relieve the attack within a few minutes.
- Encourage the casualty to breathe slowly and deeply.
- Encourage the casualty to sit in a position that they find most comfortable, often leaning forward with arms resting on a table or the back of a chair. Do not lie the casualty down.

A mild attack should ease within three minutes but if it doesn't ask the casualty to use their inhaler again.

Caution

If this is the first attack, or if the attack is severe and any one of the following occurs:

- The inhaler has no effect after 5 minutes
- The casualty is becoming worse
- Breathlessness makes talking difficult
- The casualty becomes exhausted

Call for an ambulance.

- Encourage the casualty to use their inhaler every 5 to 10 minutes

- Monitor and record the breathing and pulse rate every 10 minutes

Seizure

A seizure or convulsion can occur at any age and is due to abnormal electrical activity in the brain resulting in uncontrollable muscular activity and loss of consciousness. There are many types of seizure, with some being relatively mild and others severe and prolonged.

The patient goes still, loses consciousness, falls to the floor and begins to jerk or convulse. They may look a little blue around their mouth from irregular breathing. Seizures can last for a few minutes.

ACTION:

Assess the situation – are they in danger of injuring themselves?

Remove any nearby objects that could cause injury.

Cushion their head to protect them from head injury.

Check the time.

Look for a medical bracelet or ID card – it may give you information about the person's seizures and what to do.

Once the seizure is over, put them on their side (in the recovery position).

Stay with them and reassure them as they come round.

Never restrain the person, put something in their mouth or try to give them food or drink.

Call for an ambulance if the casualty does not wake up within 10 minutes, is not breathing well, or it is their first seizure.

Diabetes - Hypoglycaemia and Hyperglycaemia

Hypoglycaemia is when the blood sugar level falls below normal and brain function is affected.

Recognition features:

- History of diabetes, the casualty may recognize the onset of an attack
- Weakness, faintness or hunger
- Palpitations and muscle tremors
- Strange actions or behavior
- Sweating and cold, clammy skin
- Rapid and strong pulse
- Deteriorating level of response
- Diabetic warning card, insulin, glucose gel or tablets in their possession

ACTION

Aim is to raise the blood sugar as quickly as possible and obtain medical help if necessary.

- Help the casualty to sit or lie down
- Give them a sugary drink, sugar lumps or sweet food.
- Alternatively, they may take their own glucose gel

If they respond quickly

- Give them more food and drink and let them rest until feeling better
- Advise them to see their doctor

If the condition does not improve

- Monitor the level of response and consciousness
- Call for an ambulance

Hyperglycaemia

High blood sugar levels over a long period can result in unconsciousness. Usually the casualty will drift into this state over a few days. It requires urgent treatment in hospital.

Recognition features:

- Warm, dry skin
- Rapid pulse and breathing
- Fruity/sweet breath
- Excessive thirst
- If untreated, drowsiness then unconsciousness

ACTION

Aim is to arrange urgent removal to hospital. Call for an ambulance. Monitor level of response.

Appendix 5

CONDITIONS REQUIRING EXCLUSION FROM SCHOOL

Exclusion is a necessary control measure to enforce when an individual poses a risk of infection to others and, whilst it is not always applicable in all cases of communicable disease, it is advisable that children are kept away from school when unwell, e.g. feverish, irritable, loss of concentration or are nauseous.

Details of specific exclusions are listed below:

DISEASE	EXCLUSION PERIOD
Chickenpox	For 5 days from onset of rash
Cold sores	Whilst sore and discharging
Conjunctivitis	Until better or antibiotics commenced
Persistent Diarrhoea and Vomiting	Until symptoms have stopped for 24 hours
Head Lice	Until treated
Hepatitis A	Young children and those requiring supervised hand washing until 5 days from onset of jaundice or pale stools
Hepatitis B and C	No exclusion, but strict hygiene should be adhered to when handling blood or body substances
HIV / AIDS	Same as Hepatitis B and C
Impetigo	Until antibiotics commenced and lesions healed (crusted over)
Measles	For 5 days after onset of rash
Mumps	For 5 days after onset of swelling
Ringworm	None once treatment commenced by GP
Rubella (German Measles)	For 5 days from onset of rash
Scabies	Until treated
Scarlet Fever	For 5 days from starting antibiotics
Sore throat (Bacterial)	For 5 days from start of treatment
Tuberculosis	Until 2 weeks after start of treatment
Whooping Cough	For 5 days from commencing antibiotics

The school reserves the right to ask the parent for a doctor's letter stating that the child is fit to return to school.

Appendix 6

RESUSCITATION ACTION PLAN

The AED is designed for the treatment of sudden cardiac arrest and should only be used to treat someone who is:

- Unresponsive
- Non-breathing

1. Person is not responsive and no signs of life?

Address person and shake on shoulder.

2. Call for help

- If one person is at the scene – call for help and call the emergency services then start CPR.
- If two people are on the scene – one calls the emergency services while the other starts CPR.
- The person administering CPR should not leave the casualty unless absolutely essential.
- Where possible, bring the AED to the scene by someone already close to its usual location

3. Open the airway

4. Check for breathing

5. Perform CPR (cardio pulmonary resuscitation)

30 compressions : 2 breaths

Continue until an AED is available or arrival of emergency physician.

6. Turn on AED and follow instructions:

Prior to using the AED please carry out the following:

- Remove clothes to expose bare chest
- Shave area where pads are to be applied if excessively hairy
- Dry chest area if required
- Paediatric pads to be used on children aged 1-8
- Place pads in position shown on the AED
- Do not perform chest compressions through electrodes
- No one must be in contact with patient when a shock is delivered

When the pads are attached correctly you will hear voice prompts:

- “Analysing heart rhythm. Do not touch the patient.”
 - “Shock advised. Charging. Do not touch the patient.”
- Or
- “No shock advised.”

7. “Press the red flashing button now. “ Deliver the shock now.”

The AED will only administer a shock if it is needed. A voice prompt will tell you when to press the shock button.

8. Continue to follow voice prompts and CPR until help arrives

- “It is safe to touch the patient.”
- “Begin CPR.” (Beep), or “If needed, begin CPR.” (Beep)
- “Give two breaths.”
- “2, 3 or 5 times repeat.”
- “Stop CPR.”