



## First Aid Policy including EYFS

### Rationale

Edgbaston High School aims to provide a level of First Aid cover and expertise that ensures a swift and competent response to any accident or illness suffered by pupils or members of staff (while they are in school or engaged in a school activity out of school) or by visitors to the school.

First Aid is the immediate treatment necessary for the purpose of preserving life and minimising the consequences of injury or illness until expert medical assistance can be obtained. First Aid also includes the initial treatment of minor injuries, which will not need treatment by a medical practitioner.

The school seeks to meet the obligations under the Health & Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1999, the Health & Safety (First Aid) Regulations 1981, HSE Approved Code of Practice & Guidance L74-First Aid at Work, and The Early Years Foundation Stage Statutory Framework 2024

### Linked Policies:

Sharps

Medication

Educational Visits

### Objectives

- To ensure that First Aid provision is available at all times both within school and when pupils are on school trips.
- To ensure that procedures for the administration of First Aid are known by all staff.
- To ensure that First Aiders are appropriately trained.
- To ensure that the School provides sufficient and appropriate First Aid resources.
- To ensure that a clear procedure is in place for the reporting and recording of accidents.

### Success criteria

The policy may be deemed successful if:

- Appropriate First Aid is given in an emergency in line with staff training.
- Training given is in line with appropriate regulations.
- Staff and parents are informed of the school's First Aid arrangements
- Any incident is recorded, reported and reviewed effectively.

### Methodology

#### 1. Implementation

##### Recording

## **Westbourne**

All accidents and incidents are recorded whether or not they are considered serious. Accidents are reported via our on line evolve accident book platform. First aid incidents are reported via our ISAMS system. Parents are informed on the day by a first aid form and direct communication with teaching staff.

## **Prep**

Accidents and incidents are recorded on the on-line form on ISAMS.

Any member of staff administering first aid should ensure it is recorded /reported according to their setting.

## **Senior**

All accidents and incidents are recorded on Evolve and/or ISAMS whether they are considered serious. Accidents and incidents are directly inputted on Evolve by one of the Nurses or the member of staff witnessing the accident/reporting the accident.

The accident report from Evolve for each half term is presented at the Health and Safety Committee by the Director of Co-Curriculum and the Prep School Nurse; patterns of accidents examined, and appropriate action taken. These are included in the annual Health and Safety report to the Governing Body.

**Appendix 1** gives guidance on how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR.

## **Staff Training**

It is the school policy to have a number of staff with First Aid qualifications. These are updated as and when required by law. No untrained member of staff should administer First Aid except for minor cuts and bruises. The school use the "Ta Da" platform through the RLSS to keep records of the first aid training and renew requirements. Staff complete annual and biannual training on a number of medical conditions and with medical equipment for example auto-immune injectors and defibrillators.

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

Allergy/Epi Pen training is available for all staff during each academic year. Regular training is provided on Asthma, Epilepsy, Diabetes and Anaphylaxis (see appendix 2). Asthma and Diabetes help sheets for Diabetes and for Anaphylaxis (**see appendix 5, 7 and 8**).

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

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

In Westbourne and Prep an alert card, containing the child's photo is prepared and is available in the staffroom and classroom. Information about food allergies is also collected from parents when they join the school and this is passed to staff for information and alert cards prepared for severe cases. EYFS supervise pupils at lunch in the Dining Room. Nursery pupils also have

a set place at the dining table to enable the correct lunch to be given. Staff are reminded to make a particular note of any children in their class who have a medical problem as soon as the information is available.

In the Senior School any child who might potentially require emergency medication will also have an appropriate school alert card. This has a photograph of the child and provides instructions on how the medication should be administered. School alert cards are kept in a file in the medical room. Students are provided with a lanyard or badge to signify a medical need based on a food allergy for use in the dining room.

### **First Aid Boxes**

The contents of First Aid boxes follow H.S.E. guidelines. First Aid bags are provided for Sports fixtures, Duke of Edinburgh Expeditions and day and residential visits. Contents are discussed and agreed with the designated First Aider and Nurse.

School minibuses have First Aid Boxes. Location of First Aid Boxes are available throughout the school and staff are aware of their locations. **See Appendix 3**

### **Treatment**

#### **Prep and Westbourne**

Pupils with minor injuries (cuts, bruises etc) or who are feeling unwell during a break time will be seen by a Prep or Westbourne first aider as appropriate, unless it is during the School Nurse duty time. After treatment the pupil may return to class or be supervised by the first aider or the School Nurse will be called and she will stay with the School Nurse until she is well enough to re-join her class. Parents will be informed at the end of the day.

If a pupil is unable to remain in school parents will be contacted to collect her. If a pupil is distressed by her injury she will not be left alone.

All accidents will entered on to Evolve. Any medical treatment is logged using ISAMS.

If the child becomes unwell during a lesson the school nurse will be called. If a child vomits, or is suspected to be infectious, she can be isolated in the main medical room in Prep School until she is collected. Parents should be given a form with the last time she vomited recorded on it and the time, 48 hours later, when she can return to school. The room will be cleaned after use and PPE will be worn by those in charge of cleaning the area.

#### **Prep Department Medical Room**

Prep Medical Room is open for first aiders to access when Nurse is unavailable although the door is closed when not in use. All medicines and notes are locked away and not accessible to the children. There is a fridge in the Medical Room for any medicine and ice packs.

#### **Westbourne First Aid Room**

This is kept locked at all times when not in use so that children cannot gain access. The supply of first aid materials is the responsibility of the Prep School Nurse. The lockable medicines cupboard is in this room as is the medical record book. A separate fridge is sited in Westbourne Staffroom for the storage of children's medicine and ice packs. Medicine kept in the fridge is kept in a box labelled 'Medication.'

Medicine will only be administered if it is suitably labelled and prescribed for the named pupil. It must also be accompanied by the correct form which has been completed by the parent.



If general medication is required, it is given with parents' consent obtained at the beginning of the year. In Westbourne, parents will be called before any medication is given unless it is an emergency.

### **Senior**

Pupils with minor injuries (cuts, bruises etc) or who are feeling unwell should be sent or taken to Nurse. On most occasions the unwell child should be accompanied. The casualty will be dealt with by Nurse and the accident recorded on an Evolve. After treatment the pupil may return to class or remain with Nurse until she is well enough to re-join her class. If a pupil is unable to remain in school parents will be asked to collect her. If a pupil is distressed by her injury she will not be left alone. Any medical treatment administered will be recorded on the pupil's medical record. Nurse should be called to treat individuals in situ, if the individual is too unwell to move.

### **Bodily Fluids**

Contact with bodily fluids should be avoided at all times. In such a situation Housekeeping staff / Nurse should be called to handle the situation and to advise the correct course of action to be taken. The member of Senior, Prep or Westbourne staff will do their best to help the child to be made comfortable.

All classrooms have supplies of tissues and alcohol hand wash and for Pre-Prep and Prep there is a supply of suitable, non-perfumed wet wipes available.

### **Parental Contact**

Parents are always contacted when this is considered necessary. For EYFS and Prep pupils this is generally done by the School Nurse with responsibility for this area of the school. This does not necessarily mean the casualty needs to go home, but this is a safeguard when it is thought that a parent may need a further check on the injury. Emphasis is always put on the importance of having injuries checked by the hospital or a doctor. When a casualty needs to be taken either to hospital or home parents will be contacted and arrangements made accordingly. If there is any delay in contacting parents, in an emergency, the casualty will be removed to hospital accompanied by either the First Aider or a member of staff and the parents contacted as soon as possible (a pupil's medical record sheet should be taken to hospital so that relevant medical information can be provided).

When a pupil joins the school in Westbourne and Prep parents are issued with a handbook which includes school procedures with regard to medical matters. All policies relating to medical matters can be found on the school website and parent portal.

A Head Injury sheet is always sent out to parents. **Appendix 4**

### **Trips out of School, Duke of Edinburgh and Sports Fixtures**

Staff taking pupils out of school should be fully aware of procedures for medical treatment. Parents will have been asked in advance for permission to allow staff to make decisions for medical treatment for their daughter if they are not contactable when an emergency arises. Medical Details for each pupil must always be taken on the trip.

The recommended First Aid Box contents should always be taken on a visit for pupils out of school, and a qualified First Aider must be present on the trip, unless the venue provides cover in this respect. In Prep and Westbourne a member of staff with current paediatric first aid training should always accompany school trips.

### **Emergency Medication**

Emergency medication needs to readily be available in an emergency. Emergency medication includes Adrenaline Auto-Injector, asthma reliever inhalers, Epilepsy medication

and Glucogel, Piriton, Insulin. In Westbourne and Prep these medications are kept with staff in the classroom and dining room.

Staff have been informed where Adrenaline Auto-Injector and inhalers are located in their part of the school and how to access them. Instructions for the use of Adrenaline Auto-Injector are found on the box.

There is a spare Adrenalin Auto Injector kept in the catering department which is available in the event of an emergency where the child does not have access to their own device. A spare asthma inhaler is kept in the catering department in the event of an emergency.

In Westbourne and Prep it is the responsibility of the class teacher to ensure that the emergency medication is taken with the child at all times. In the Preparatory Department the medication is kept in a clear labelled box/bag and kept with the teacher. It is evacuated with the class in a fire alarm. Prep pupils take their own Adrenaline Auto-Injector to the Dining Room at lunch time and return them at the end of lunchtime to their classrooms.

When the children move into Senior School they are encouraged to take responsibility for their medication and they should carry it with them at all times. The school is to be provided with spare emergency medication for senior girls. This medication is evacuated by the school nurse or receptionist in the case of a fire alarm. Children may not attend school without their prescribed Emergency Medication including Adrenaline Auto-Injector, inhalers, Insulin and anticonvulsant medication. This must not have passed its expiry date. Parents must provide a spare asthma inhaler for their child, and Adrenaline Auto-Injector or consent to use spare inhaler.

- Supplies of emergency medication such as insulin is kept in the fridge in the medical room.
- It is parents' responsibility to ensure Emergency rescue medicine is regularly checked for expiry dates and to ensure ample quantity of medication is available. Girls are not permitted on school trips without 2 inhalers or 2 Adrenaline Auto-Injector.
- If it is thought that a second dose might be needed this should only be given following medical advice from a nurse, doctor or from ambulance control.
- Parents are asked to inform school regularly of any changes in their daughters' condition or medication.
- Girls with diabetes should be encouraged to keep to their required diet. Glucose in the form of sweets, Lucozade, biscuits, glucose tablets should be readily available to treat hypoglycaemia. If injections are required then a clean private room with washing facilities should be made available.

#### **Guidance on when to call an ambulance**

Any member of staff can call an ambulance as required. If in doubt call an ambulance however there are specific situations which require an ambulance detailed in **Appendix 6**.

#### **Emergency Procedure for First Aid**

Should it be necessary for the next of kin to be informed of an emergency at school, on an away sports match, or an off-site visit, the following procedure should be followed:

- Contact the relevant senior member of staff such as the Headmistress or Deputy Headmistresses **before** a call to parents or guardians is made.
- The senior member of staff will decide who will make the call and at what stage the call should be made.
- All relevant details must be made prior to making the call.
  - Time
  - Place
  - Nature of accident/incident

- Others involved
- Action taken

Document the information as soon as possible to ensure accuracy. Next of kin should be contacted when a situation is well under control. These are often distressing calls and are made worse by vague or incomplete information.

Staff directly involved with the incident/accident should not be advised to make these calls.

When treating pupils due regard is made to Fraser Guidance and Gillick competency when assessing a child's maturity.

The emotional health of pupils is also of paramount concern. If a member of staff has any concern they should consult with the relevant School Nurse or Deputy Head Pastoral who will assess the situation and discuss the course of action to be taken.

## 2. Monitoring

All accidents, near misses, significant incidents or learning events are reportable using the on line evolve reporting form. These will be checked by the Health and Safety Officer and Facilities Manager as well as being reviewed termly by the Safety Committee ensuring that any action required to prevent further incidents will be implemented.

Statutory accident records must be kept for:

- Adults, date of incident plus seven years
- Child, date of incident plus twenty-five years

Reporting all incidents can assist the school in identifying accident trends and areas for improvement in the control of health & safety risks. They can also assist in assessing First Aid needs and be helpful for insurance and investigative purposes.

## Evaluation

The Health and Safety Officer will evaluate the First Aid provision with the School Nurses and the Safety Committee.

## Review

This policy will be reviewed annually by the Health and Safety Officer and Medical Team, or at more frequent intervals if there are relevant legislative changes, and/or the evaluation of the policy highlights the need for a review.

Signed by the Headmistress

*CANLAWO*

Approved by the Governing Body:

Approved by  
The Governing Body

Date:

*24/09/24*

Review date: August 2026



## Appendix 1: Reporting to RIDDOR

### For a Pupil or Visitor of the school.

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

The death of the person, and arose out of or in connection with a work activity, or an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

### For an employee of the school

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding), which: cover more than 10% of the body; or
- cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia
- any other injury which leads to hypothermia or heat induced illness
- requires resuscitation or admittance to hospital for more than 24 hours

### Recording Accidents to pupils during sports activities.

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity. The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable.

Examples of reportable incidents include where:

- The condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports;
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

### Recording Playground Incidents

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- the condition of the premises or equipment was poor, eg badly maintained play equipment;
- the school had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision

### Incidents to Contractors

Incidents involving contractors working on school premises are normally reportable by their employers. Contractors could be, eg builders, maintenance staff, cleaners or catering staff. If a self-employed contractor is working in school premises and they suffer a specified injury or an over-seven-day injury, the person in control of the premises will be the responsible person.

## Appendix 2

### Whole school attendance and completion.

Asthma, Epilepsy and Diabetes online module training at the start of the Autumn Term annually/bi annually as required.

Anaphalaxis (Epipen) and CPR live training at the start of the Autumn Term annually.



## Appendix 3

# First Aid Boxes

### First Aid Boxes

#### Senior School

Reception  
Admin staffroom  
The fitness suite  
Gym Hall G37  
Octagon  
Octagon link  
Catering Department  
Ceramics room LG1  
Sixth form common room  
Textiles room S23  
Food and nutrition lab  
Learning Hub  
Physics 1 S5  
Physics 2 S14  
Physics 3 S12  
Biology 1 T8  
Biology 2 T10  
Chemistry 1 T19  
Chemistry 2 T25  
Staff room  
Graphics S1  
Art room T1

#### Preparatory School

Science Room  
Year 3 & 4 Corridor  
Inside Playground doors

#### Westbourne

Nursery  
Outside Reception classes  
In Evacuation Bag (K1)

#### Other

Music School (staff room)  
Swimming pool (pool side)  
Swimming pool office  
Pavillion  
Caretakers Workshop  
Groundsman's Hut  
Minibuses (3)  
Allotment

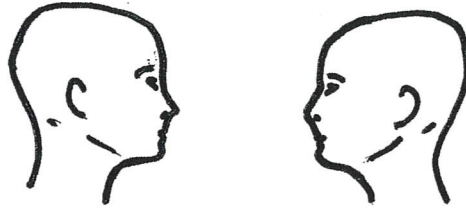
## Appendix 4: Head Injury

### Head Injury Information

Date.....

Time.....

Your daughter sustained a minor head injury at school today. It was not severe enough to warrant further action at school, but should she develop any of the following signs over the next 48 hours then further advice must be sought either from your General Practitioner or the Casualty Department of your local hospital.



1. Constant or persistent headaches
2. Nausea and vomiting
3. Drowsiness and amnesia
4. Visual disturbances

Could I request that you confirm receipt of this information by completing and returning the slip below to the School Nurse.

Mrs C Willson (RGN)

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#### **EDGBASTON HIGH SCHOOL FOR GIRLS HEAD INJURY INFORMATION**

Daughter's Name..... Form.....

I confirm receipt of the letter regarding Head Injury Information.

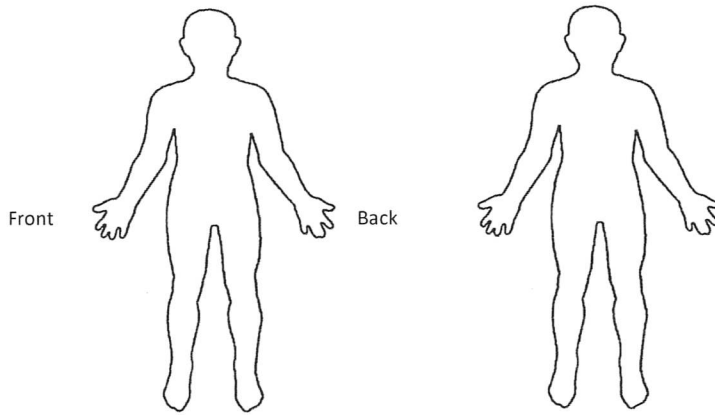
Signed..... Date.....

**Minor Injury Form**

Date ..... Time .....

Your daughter ..... in form .....

Sustained a minor injury at school today. First aid was given as necessary.



To confirm receipt of this information please return the completed slip below to the School Nurse.

Thank you

**Mrs H Heyes (RNCB)**  
Preparatory School Nurse

✂ \_\_\_\_\_

Daughter's Name..... Form.....

I confirm receipt of the letter regarding Head Injury Information.

Signed..... Date.....



## Appendix 5

### What is anaphylaxis?

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (eg dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (eg bees, wasps, hornets). In its most severe form the condition can be life-threatening. Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

### **Medication and control**

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

It is important that key staff in the School are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.

It is not possible to overdose using an Epipen as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back.

All pupils who have anaphylaxis will require an individual health care plan. The health care plan should indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

### **Managing pupils with anaphylaxis**

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all pupils who have an Epipen prescribed to them, have their medication on them at all times.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. Annual update training is provided.

### **What are the main symptoms?**

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

## Appendix 6: When to call an Ambulance

- Abdominal Pain- undiagnosed and severe
- Allergic reaction – has difficulty breathing or loss of consciousness
- Back pain (severe) – post a fall or over 50 years of age
- Breathing difficulty – if the person cannot speak or has blue lips
- Bleeding – continuous bleeding that does not stop after at least 10 minutes of continuous pressure
- Burns – a major burn or larger than the size of a hand, or if has difficulty breathing, and is not relieved with Paracetamol and twenty minutes of continuous running cold water
- Choking – unable to talk, breathe or cry
- Convulsions or seizures – if still having a seizure after five minutes, or shows no sign of stopping after what is normal seizure length for that person, or if it the first seizure for that person, breathing difficulties, or as a result from head injuries
- Diabetes – if person not behaving normally, or not fully awake
- Drowning – or near drowning
- Drug overdose or poisoning – suspected overdose or known for sure
- Electrical shock – any electrical shock
- Haemorrhages – major uncontrolled bleeding. Vaginal bleeding (severe) with possible or confirmed pregnancy
- Heart Attack – crushing chest pain, spreading to arms and jaw, lasting for more than five minutes
- Hypothermia or heat stress – if severe
- Industrial accidents – where a person is injured or trapped
- Meningococcal Disease – if symptoms indicate possible infection
- Motor Vehicle Accident – if someone has been injured from an accident
- Pain (severe) – from a fall or injury, not able to move, sit up or walk
- Stroke (possible) – person experiencing numbness, loss of function of hand, arm or leg, slurred speech, facial droop, or severe headache
- Suicide attempt
- Trauma (severe) – to the head, neck, chest or abdomen – e.g. been shot, or impaled by a sharp object
- Unconscious person – unresponsive when shaken

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

- Ensure that a paramedic ambulance has been called.
- Stay calm and reassure the pupil.
- Encourage the pupil to administer their own medication as taught.
- Summon assistance immediately from the Sanatorium.
- Liaise with the Sanatorium staff about contacting parents.

## Appendix 7: Diabetes

### What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin.

Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high.

Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

### **Medication and control**

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an individual health care plan.

In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date.

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

### **Managing pupils with diabetes**

Staff should be aware of those pupils under their supervision who have diabetes.

### ***What do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode***

Common causes:



- A missed or delayed meal or snack
- Extra exercise
- Too much insulin during unstable periods
- The pupil is unwell
- The pupil has experienced an episode of vomiting.
- Common symptoms: Hunger
- Drowsiness
- Glazed eyes
- Shaking
- Disorientation
- Lack of concentration

### **What to do in an emergency**

#### **Hypoglycaemic Episode (Low Blood sugar)**

- i. Get someone to stay with the pupil - call for nursing staff/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse.
- ii. Give fast acting sugar immediately (the pupil should have this), eg:
  - Lucozade
  - Fresh orange juice
  - Sugary drink, eg Coke, Fanta
  - Glucose tablets
  - Honey or jam
- iii. Recovery usually takes ten to fifteen minutes.
- iv. Upon recovery give the pupil some starchy food, eg couple of biscuits, a sandwich.
- v. Inform Sanatorium/parents of the hypoglycaemic episode.
- vi. In some instance it may be appropriate for the pupil to be taken home from school
- vii. In the unlikely event of a pupil losing consciousness, call an ambulance

#### **Hyperglycaemic Episode (High Blood Sugar)**

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst.
- Passing urine frequently
- A change of behaviour
- Vomiting
- Abdominal pain
- Care of pupils in a hyperglycaemic episode
- Do not restrict fluid intake or access to the toilet

## Appendix 8

### What is Asthma?

Asthma is a common long term condition. It affects about 1 in 11 children and young people in the UK. Various trigger factors make the airways over sensitive and the airways become narrow and sore. The most common symptoms are a cough, breathlessness, chest tightness and wheeze or a combination of these. Reliever inhalers work on the tightness or spasm of the airways that occurs during an asthma attack. They relax this tightness "opening up" the airways allowing the child to breathe more easily.

### Procedures for the Management of Asthma Principles

At Edgbaston High School we recognise that Asthma is the most common long-term condition affecting children and young people in the UK. However, with the right healthcare, management and support from schools, girls can lead full and active lives.

Edgbaston High School will work with parents to provide a safe environment in which pupils requiring the use of reliever inhalers can access them in a timely manner and their parents are informed appropriately.

### New Diagnosis/ Admissions Management

On admission to the school all new pupils are sent a Medical Record Form which asks parents/guardians for information regarding the health and medical needs of their daughter. This information is collected electronically and seen by the medical team. If the parent or guardian indicates that their daughter has asthma or needs an inhaler in school they are contacted for further information.

If a child has been diagnosed with asthma, it is the responsibility of the parents to inform the school on admission if the diagnosis was prior to the child starting at EHS or directly to the School Nurse if the diagnosis is received whilst the child is at the school. Following this, a consent form for the use of the Emergency Salbutamol inhaler will be sent for parents/guardians to complete and return to school along with their primary reliever inhaler. Parents are required to update information annually or at any time during the school year if there is a change in a girl's condition or medication

The School Nurse will draw up a list of all pupils suffering from Asthma every Autumn Term and circulate it to staff. This will be displayed in the Staff Rooms (Senior, Prep and Westbourne), Kitchens, Swimming Pool, PE Offices, Music Block, Library, HE Room and School Secretary's Office.

### Treatment of Asthma

PREVENTION -is mainly managed with Cortico-Steroids. These are Brown, Orange or White inhalers, usually given twice a day. This treatment can be managed at home.

RELIEVERS- are Bronchodilators. This is the Blue inhaler which must be given at any time that a girl experiences any asthmatic symptoms. Any child who has asthma or has been prescribed a reliever inhaler should have immediate access to a blue inhaler at all times.

### Managing an Asthma Attack

An asthma attack is when a person who has asthma has increased difficulty in breathing which requires treatment to establish normal breathing.

In the event of an asthma attack stay calm and reassure the child. If a girl is unable to gain relief from her reliever inhaler it is essential for the School Nurse or a first aider with an asthma training certificate to go to the girl. If no help is available follow the Asthma Attack Flow Chart (Appendix A), which includes the following instructions:

- Help the girl to breathe slowly
- Sit her upright or lean her forward
- Loosen any tight clothing
- Help and spare inhaler should be brought to the child - DO NOT make the asthma sufferer walk to help.
- Assist in giving reliever medication.
- Repeat reliever inhaler as required until symptoms resolve or medical assistance arrives.
- Stay with child until the attack has resolved.

Use a "spacer" device (a device holding a medicine, i.e. Ventolin that is inhaled by breathing) whenever possible. If poor technique, tip spacer upwards to a 45 degree angle to ensure "spacer valve" stays open, thus more drug enters casualty's lungs.

If you are satisfied that the symptoms are relieved, allow the child to continue normally. Document what you have done for the child and inform the parents.

If the child requires repeat reliever medication within four hours allow them to do so but always notify parents/carers immediately.

The School Nurse may be asked to check a child's inhaler technique if staff have any concerns about their ability to self-administer.

The Asthma Attack Flow Chart (Appendix A) is to be displayed in appropriate areas of the school for quick reference.

#### When to call for an Ambulance

Always call for an ambulance if ANY of the following occur:

- There is no significant improvement in the child's condition 5-10 minutes after using their blue reliever inhaler.
- The child is distressed and gasping or struggling for breath.
- The child cannot complete a sentence.
- The child is showing signs of fatigue or exhaustion.
- The child is pale, sweaty and may be blue around the lips.
- The child is exhibiting a reduced level of consciousness.

Whilst waiting for the ambulance to arrive:

- Stay calm and reassure the child.
- The child should continue to take puffs of their blue reliever inhaler as needed until their symptoms resolve.
- If the child has a spacer device and a reliever inhaler available give up to 10 puffs, one puff every minute (shaking the inhaler between each puff).
- If the child's condition is not improving and the ambulance service has not arrived this may be repeated.
- Ensure the child's parent/carer is contacted.
- If respiratory arrest: commence rescue breaths and CPR.

#### Training

All staff undertake asthma training, which should be updated biennially. The School Nurse is also available for any advice or support/further training. Staff sign to say they have completed this form.



Any staff who have not completed the training will be followed up by the Director of Co-Curricular and training provided by the School Nurse.

### Emergency Salbutamol Inhalers in School

From 1 October 2014 the Human Medicines (Amendment) (No 2) Regulations has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies only. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). (See: <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>)

Arrangements have been made for the supply, storage, care and disposal of the inhaler and spacers in line with the above policy. The School Nurse will obtain extra inhalers as is considered appropriate and they will be stored, cleaned and disposed of in the manner described in the policy.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for the use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The emergency salbutamol inhalers are kept in the Prep and Senior School medical rooms and the main reception in Senior School in clear plastic cases. Further Emergency Asthma "Grab bags" are also kept in other areas of the school:

1. Westbourne evacuation bag
2. Prep School evacuation bag
3. Swimming Pool office
4. Pavilion
5. Prep PE staff
6. Senior PE staff

Included in the Emergency asthma kit:

- A spacer device, 1 salbutamol inhaler and asthma documentation. (Written documentation must be completed following use. Parents must be informed that the emergency inhaler was used.)

Emergency asthma bags and their contents are checked termly by the school nurse. The batch number, expiry date and functioning of the inhalers are checked, these details are recorded on the records inside the box/bag. The functioning and cleanliness of the spacers must also be checked. If a spacer or inhaler fails to function, it must be reported to the School Nurse after the incident. It is then the school nurses responsibility to replace the required item.

Parents must complete a parental consent form, allowing their daughters to use the Emergency Salbutamol inhaler. Once the School Nurse is informed that a pupil is asthmatic or is prescribed an inhaler this form is sent home for parents to complete and return to school. From these returned consent forms, a list of pupil names is drawn up annually. Only girls listed on this register are allowed to be administered with the salbutamol emergency inhaler. This register is then kept in all Emergency Asthma bags. The list must be checked before administering the emergency inhaler.