



Sunninghill
PREP SCHOOL DORCHESTER

First Aid Policy

Including

Asthma Policy (Appendix A)
Diabetes Policy (Appendix B)
Severe Allergies Policy (Appendix C)

It is the school policy to provide a healthy and safe environment for staff, pupils and visitors to the school. We expect that at all times our staff and pupils will cooperate fully in implementing health and safety initiatives, do everything possible to make sure injuries do not occur to themselves and others and take responsible care of their own health and safety at all times.

- It is our intention to ensure that at all times there are sufficient qualified first aiders on the premises.
- There is an appointed person, currently Mrs Lydia Hampshire, who has overall responsibility for First Aid. She will:
 - Take charge when someone is injured or becomes ill
 - Looks after the first aid equipment eg; restocking the first aid containers
 - Ensures medical help is summoned when appropriate
- There is always at least one member of staff who is appropriately qualified in first aid on each school site when the children are present (listed on page 6). Details of the qualified first aiders are posted in the medical room and in the staff room. These first aiders are required to have their training updated every 3 years and details are kept by the Head of Administration.
- There are first aid boxes throughout the school (listed on page 5) and available for play areas and sports which are maintained by the appointed person.
- All accidents/incidents that occur on the school premises involving staff, pupils or persons not employed by the school, however minor and require First Aid treatment must be recorded either on the First Aid Treatment record or for more serious accidents, in the accident book. Both are held in the medical room. Copies of the forms are to be passed to the Bursar on completion.
- The Bursar will review and if necessary investigate accidents to ensure that there are no trends occurring or dangerous conditions / equipment in order to reduce the probability of a reoccurrence.
- If a pupil becomes ill the school will take every step possible to contact parents, but if this is not possible, we will take responsible measures to care for that pupil. We will expect parents to cooperate with us by not permitting children to attend school if they have any infectious or contagious illness. Children should remain off school for 48 hours following a bout of sickness and/or diarrhoea.
- Any individual (either staff or child) who has head lice should be treated before returning to school.
- Pupils who have specific medical conditions such as diabetes, allergies, or another condition requiring special safety measures and medical treatments have medical emergency cards published in the medical room and the staff room. Specific first aid training for diabetes and anaphalaxis is provided for all relevant staff by specialist nurses annually.

Procedure to be followed in the event of an accident

- If a pupil or a member of staff has an accident they will receive first aid from a qualified first aider.
- Gloves will be worn where appropriate, when dealing with blood or any other bodily fluids.
- Clinical waste is disposed of in the clinical waste bin situated in the cupboard under the stairs by the men's toilet. This bin is emptied monthly by a certified disposal contractor.
- In the nursery there is a medical bin lined with a yellow plastic sack for the disposal of nappies and materials contaminated with body fluids. At regular intervals the nursery staff change the bin liner and put the used bin into a locked wheeled bin outside. The wheeled bin is emptied regularly by a certified disposal contractor.
- The wound will be cleaned with sterile cloths or a cold compress applied.
- No ointments can be used and no internal medicine given.
- If hospital attention is needed then the appointed person or teacher in charge if the accident occurs off-site, will make the decision to call an ambulance and/or will take the necessary action to get the pupil/member of staff to hospital and inform parents or next of kin as appropriate. This will usually mean that the injury requires immediate attention that goes beyond the competence and principles of a first aider. If there is any doubt that hospital may be required, then the principle should be safety first.
- If the accident has happened to a pupil, their parents will be informed immediately by a member of staff.
- Serious accidents will always be reported to the Head.
- **RECORDING** - Accidents/ injuries to pupils and adults are recorded on the First Aid Treatment Record form or for more serious occurrences in the accident book both of which are kept in the Medical room. Completed forms are retained by the Bursar and reported to the Health & Safety Committee.

RIDDOR reporting is required for the following:

- work related deaths
- major injuries (including fractures)
- over-three-day injuries
- work related diseases
- dangerous occurrences or near miss accidents

Reporting is carried out on line by the Bursar.

ADMINISTRATION OF MEDICATION

To ensure the safe administration of any medication required by pupils.

- All pupils must have parental consent allowing staff to administer non-prescription medication. No medication may be given without this consent.
- For residential trips, a member of staff may give non-prescription medication ie: Calpol, if the consent part of the trip form is completed and signed.
- All medicines must be kept safely in the medical room fridge.
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OVER THE COUNTER MEDICINES

- They must be kept securely in a locked cupboard
- There must be a list of those medications stocked, in the cupboard

PRESCRIPTION MEDICATION

- Prescription medication may only come into school with signed consent from the parent.
- Prescription medication must only be issued to the pupil for whom they have been prescribed.
- The medication must stay in its original and correct container, properly labelled and which should be childproof.
- The original dispensing label must not be altered
- The medication must not be left unattended.

First Aid Boxes in the School

Fledglings
Nursery
Reception
Form One
Form Two
Form Three
Form Four
Form Five
Form Six
Form Seven
Form Eight
Computer Room
Science Lab
The Loft
Music Room
Library
Kitchen
Cleaner's Cupboard
Staff Room
Medical Room
Computer Room
Art
Sunninghill Community Hall
Swimming Pool
Caretaker's Lock Up

First Aiders

<i>Name</i>	<i>Attended</i>	<i>Course Expires</i>	<i>Notes</i>
Nikki Carr	Feb 16	Feb 19	2 day paediatric
Laura Guest	Feb 15	Feb 18	2 day paediatric
Stacey Breese	Sept 15	Sept 18	2 day Paediatric
Melissa Turner	Feb 16	Feb 19	2 day Paediatric
Laura Pitman	Jan 16	Jan 19	2 day Paediatric
Danielle Clark	Feb 15	Feb 18	2 day Paediatric
Katie Powell	Mar 16	Mar 19	2 day Paediatric
Ella Taylor	Oct 15	Oct 18	2 day Paediatric
Eve Powell	Oct 16	Oct 19	2 day Paediatric
Lydia Hampshire	Jan 16	Nov 18	3 day course
Ian Stazicker	Jan 16	Jan 19	
Sue Wilson	Jan 16	Jan 19	
Claire Thomasson	Jan 16	Jan 19	
Reuben Adams	Jan 16	Jan 19	
Tracey Sales	Oct 13	Oct 16	
Jeremy Chitson	Apr 16	Apr 19	
Kerry Davies	Mar 16	Mar 19	
Mandy Jones	Mar 16	Mar 19	
Sarah Smith	Jan 16	Jan 19	
Karen King	Jan 16	Jan 19	
Kevin Willemse	Jan 16	Jan 19	
Ray Smith	Mar 15	Mar 18	

Appendix A

Asthma Policy

Individual children are affected by asthma in different ways. Children develop episodes or attacks of breathlessness and coughing during which wheezing or whistling noises can be heard coming from the chest. Tightness felt inside the chest is sometimes frightening and may cause great difficulty in breathing. These attacks may be brief and mild for one child whilst another child is forced to stay off school, or be unable to participate in games and need regular treatment every time he or she has a cold.

At Sunninghill Prep School we:

- recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- recognise that pupils with asthma need immediate access to reliever inhalers at all times
- keep a record of all pupils with asthma and the medicines they take
- ensure that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- ensure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- understand that pupils with asthma may experience bullying and has procedures in place to prevent this
- will work in partnership with all interested parties including the school's governing body, all school staff, parents/carers and pupils to ensure the policy is planned, implemented and maintained successfully.

This policy has been written with advice from Asthma UK who have consulted with the Department of Education & Skills, local education authorities, healthcare professionals and the school health service.

All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training.

Training is updated once a year.

Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in their teacher's desk drawer.
- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The School secretary will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer. If a pupil needs to access a spare inhaler, they should be accompanied to get it.
- 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. All school staff will let pupils take their own medicines when they need to.

Record keeping

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma either on their enrolment form or an annual update form.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE 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. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity. Pupils with asthma are encouraged to participate fully in all PE lessons.

Out-of-hours sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

- PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches are provided with training from the school nurse, who has had asthma training.

School environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive 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. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

When a pupil is falling behind in lessons

- 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/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the Special Education Needs coordinator about the pupil's needs.
- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Asthma attacks

- All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

Treatment of asthma

There are two types of treatment:

1. Immediate relief – works quickly
2. Preventative – should not be used to treat an acute attack

It is probable that asthmatic children learn from past experience of attack and usually know what to do.

Guidelines for attending adults

- Ensure that the reliever medicine is taken
- Stay calm and reassure the child
- Encourage the child to breathe slowly and deeply in a sitting position
- Open the window to let in some fresh air (not cold)
- Loosen tight clothing around the neck
- Offer a drink of warm water
- If the symptoms disappear after 5 – 10 minutes, pupil can return to class
- If the inhaler is not available call the parents or the child's doctor

- If the symptoms have improved but not disappeared call the parents and give another dose of inhaler after 5 – 10 minutes

EMERGENCY GUIDELINES FOR THE ATTENDING ADULT

- If all the above have been carried out and there is no improvement in 10 minutes, call 999 and ask for an ambulance to be sent at once and explain the severity of the situation as Oxygen is needed immediately
- Get another adult to phone the hospital and warn them you are coming
- Get someone to phone the parents
- Keep using the inhaler every 5 – 10 minutes until the ambulance has arrived
- An adult should travel in the ambulance with the child

Updated September 2014 in line with guidelines from Asthma UK, Policy for School.

For full information and guidance visit:

<http://www.asthma.org.uk/Sites/healthcare-professionals/pages/schools-and-early-years>

Appendix B

Diabetes Policy

Written with reference to St John's Ambulance advice.

Introduction

Diabetes in children is a condition in which the body is unable to break down sugars from food into energy through a lack of insulin. Treatment of this illness depends on the severity of the condition which can vary from complete dependency on injected insulin to an adjustment to diet to correct the problem.

Training to help administer regular blood testing to monitor sugar levels will be necessary and understanding of appropriate dosage levels may be needed for all those working with the pupil.

Any pupil in the school with diabetes requires a risk assessment. This will be developed from information provided by parents and medical advice from the local treatment centre.

A trained nurse will give training to all staff working with the child as soon as the child starts with the school and every new school year to update staff on any changes in treating the condition.

The School Aim

We strive to provide a happy caring environment in which a child can build on strengths and think positively if confronted with a problem.

The school, therefore, welcomes pupils with diabetes in the school and will encourage them to take full part in the activities of the school. The teaching and non-teaching staff will be aware of procedures for caring for children with diabetes, and will know what to do in an emergency. Parents will be asked if their child suffers from diabetes on entry to school. A 'Diabetes Card' will be completed and a list of all children will be maintained by the office.

Access to blood testing and injection equipment

The pupil will keep a bag of equipment including blood testing and insulin injection equipment and glucose spray or other emergency sugar ration with them at all times. A second kit may be held by the class teacher.

Hypoglycaemia (low blood sugar)

Introduction

When the blood-sugar level falls below normal (hypoglycaemia) brain function is affected. This problem is sometimes recognised by a rapidly deteriorating level of response.

Hypoglycaemia can occur in people with diabetes mellitus and, more rarely, appear with an epileptic seizure or after an episode of binge drinking. It can also complicate [heat exhaustion](#) or hypothermia.

Recognition features

There may be:

- A history of diabetes; the casualty may recognise the onset of a "hypo" attack.
- Weakness, faintness, or hunger.
- Palpitations and muscle tremors
- Strange actions or behaviour; the casualty may seem confused or belligerent
- Sweating and cold, clammy skin.
- Pulse may be rapid and strong.
- Deteriorating level of response.
- Diabetic's warning card, glucose gel, tablets, or an insulin syringe in casualty's possessions.

Treatment

Your aim is to raise the sugar content of the blood as quickly as possible and to obtain medical help if necessary.

- Help the casualty to sit or lie down.
- Give them a sugary drink, sugar lumps, chocolate or any other sweet food. Don't give them diet drinks, they don't have the sugar in them that they need.
- Alternatively if the patient has their own glucose gel help them to take it.

If the casualty responds quickly:

- Give them more food and drink and let them rest until they feel better.
- Advise them to see their doctor even if they feel fully recovered.

Warning! If their consciousness is impaired don't give them anything to eat or drink as they may not be able to swallow or drink it properly.

If the condition does not improve:

- Monitor the level of response and look for any other possible causes.

If the casualty is unconscious:

- Open the airway and check breathing. ([primary survey](#))
- Give [chest compressions](#) and rescue breaths if necessary.
- If the patient loses consciousness but is still breathing normally place them in the [recovery position](#).
- Dial 999 or 112 for an ambulance.
- Always monitor and record the vital signs, levels of response, pulse and breathing for instance and give this information to the emergency services when they arrive.

Hyperglycaemia (high blood sugar)

Introduction

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

Recognition features

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

Treatment

Your aim is to arrange urgent removal of the casualty to hospital.

- Dial 999 (or 112) for an ambulance.
- Monitor the level of response and look for any other possible causes.

If the casualty is unconscious:

- Open the airway and check breathing. ([primary survey](#))
- Give [chest compressions](#) and rescue breaths if necessary.
- If the patient loses consciousness but is still breathing normally place them in the [recovery position](#).
- Dial 999 or 112 for an ambulance.
- Monitor and record the levels of response, pulse and breathing.

Appendix C

Severe Allergies Policy

Written with reference to St John's Ambulance advice.

Introduction

Severe allergies in children are a condition in which the body is unable to cope with the shock caused by ingestion or injection into the body of a substance to which they are allergic. This is known as Anaphylactic Shock. This may include allergies to fish, wheat, insect bites etc.

Training to help administer an epipen will be necessary and understanding of appropriate action will be needed for all those working with the pupil.

Any pupil in the school with severe allergies requires a risk assessment. This will be developed from information provided by parents and medical advice from the local treatment centre.

A trained nurse will give training to all staff working with the child as soon as the child starts with the school and every new school year to update staff on any changes in treating the condition.

The School Aim

We strive to provide a happy caring environment in which a child can build on strengths and think positively if confronted with a problem.

The school, therefore, welcomes pupils with severe allergies in the school and will encourage them to take full part in the activities of the school. The teaching and non-teaching staff will be aware of procedures for caring for children with severe allergies and will know what to do in an emergency. Parents will be asked if their child suffers from severe allergies on entry to school. A 'Severe Allergies Card' will be completed and a list of all children will be maintained by the office.

Access to epipen equipment

The pupil will keep a bag containing an epipen with them at all times. A second kit will be held by the school office.

Severe allergic reactions (Anaphylaxis)

Introduction

A severe allergic reaction will affect the whole body, in susceptible individuals it may develop within seconds or minutes of contact with the trigger factor and is potentially fatal.

Possible triggers can include skin or airborne contact with particular materials, the injection of a specific drug, the sting of a certain insect or the ingestion of a food such as peanuts.

Recognition features

- Impaired breathing: this may range from a tight chest to severe difficulty
- There may be a wheeze or gasping for air.
- Signs of [shock](#).
- Widespread blotchy skin eruption.
- Swelling of the tongue and throat.

- Puffiness around the eyes.
- Anxiety.

Treatment

Your aim is to arrange immediate removal of the casualty to hospital.

- Dial 999 or 112 for an ambulance.
- Give any information you have on the cause of the casualty's condition.
- Check whether the casualty is carrying any necessary medication. If they are, help them to use it.

If the casualty is conscious:

- Help them to sit up in a position that most relieves any breathing difficulty, this is usually sitting up and leaning forward slightly.

If the casualty becomes unconscious:

- Open the airway and check breathing.
- Be prepared to give rescue breaths and [chest compressions](#).
- Place them into the [recovery position](#) if the casualty is unconscious but breathing normally.