



FIRST AID POLICY

This is a whole school policy and includes the EYFS.

A. KEY POINTS

All staff are expected to use their best endeavours in the event of a first aid emergency.

All staff must know:

- **How to call the emergency services** – dial 999 and ask for an ambulance. If there is any doubt that an ambulance is required, call an ambulance straight away.
- **The location of the nearest first aid box (see annex A) which will contain:**
 - A list of all First Aid trained staff
 - Basic advice on first aid at work leaflet
 - Basic first aid equipment
 - **A DEFIBRILATOR** is in the unlocked lobby area beside the library steps – instructions are in the bag. It is in an alarmed wall mounted box, it is not locked
- **How to contact the School Surgery** – dial 2217 or 07876 598706

The Surgery is staffed, during the school day, by a qualified Nurse or a Matron from 8.30am - 6pm Monday to Friday. The Matron will carry the Nurse's duty phone and the Matrons' duty phone at other times. See contact details list (**annex A**).

It is the responsibility of the Nurse/Matron to check and restock the first aid boxes and any other first aid equipment.

GUIDANCE ON WHEN TO CALL AN AMBULANCE

- Anaphylaxis reaction
- Asthma attack / breathing difficulties
- Collapse
- Drowning incident
- Head injury / neck injury
- Severe sporting injury
- Any deteriorating condition
- Never hesitate to call an ambulance if at all concerned

First Aiders are responsible for:

- Taking charge when someone is injured or becomes ill.
- Ensuring that an ambulance or other professional medical help is summoned if appropriate; Please refer to Emergency Transfer to Hospital policy.
- Giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School.
- First Aid providers / nurse must inform parents and or carers of any incident or injury sustained by the child on the same day, or as soon as reasonably practicable, of any first aid treatment given.

First Aiders must complete a training course approved by the HSE. Refresher training is required every two to three years.

B. RESPONSIBILITY

There must be a presence of at least one qualified person on each site when children present. The EYFS/Pre-prep must have one full paediatric first aid trained person present. These qualifications must be renewed every three years.

The provision of First Aid at Hazlegrove is delegated by the Governors to the Head, who in turn delegates responsibility to the Bursar and the Nurse. The Bursar, in their role as Chairman of the Health and Safety Committee, determines the number of First Aiders and the level of training they should receive.

The number of First Aiders is reviewed annually by the Health and Safety Committee or more frequently when required, for example following an accident or emergency.

When determining the appropriate number of First Aiders, the Health and Safety Committee will consider:

- The number of staff (and pupils) present at any one time; The distribution of staff.
- The number and locations of first aid boxes.
- Whether there are inexperienced members of staff.
- The number of staff and pupils with disabilities or specific health problems.
- The size, nature (split sites/levels) and location of the school premises to which members of staff have access in the course of their employment.
- Whether there are travelling, remote or lone staff.
- Arrangements for off-site activities.
- Arrangements for out of school hour activities such as parent evenings.
- Parts of the school premises with various levels of risks.
- The types of activity undertaken.
- The proximity of professional medical and emergency services.
- Any unusual or specific hazards (for example, working with hazardous substances, dangerous tools, or machinery); and
- Accident statistics. These indicate the most common types of injuries, times, and locations. It is a useful tool as it highlights areas to concentrate on and tailor first aid provision to.

When selecting staff to be a First Aider, the Health and Safety Committee will consider their reliability, communication skills, ability to cope with stressful situations and the ability to leave work that they are doing at the time.

Guidance on the minimum legal requirement for First Aiders, the recruitment, selection and training of First Aiders, the responsibility and accountability of First Aiders, the need for a first aid room and the contents of first aid boxes can be found in the Health and Safety (First Aid) Regulations 1981.

The Nurse, in conjunction with the Bursar's office, is responsible for ensuring that enough staff have up to date First Aid training. If staff have joined the school with a valid first aid certificate, these details should be supplied to the Nurse for inclusion in the register.

C. REPORTING ACCIDENTS AND RECORD KEEPING

All members of the school community should report any accident or incident, however minor, as soon as possible after it has occurred. When an injured person is unable to complete their own details of the accident, then the First Aider and/or witness should do it on their behalf.

The school's accident book is held in the School Surgery. (Top drawer of filing cabinet.)

Pupils/Staff/Visitors' accidents should be reported using the form. The completed form should then be sent to the Nurse as soon as possible with photocopies sent to the Head's Secretary/Deputy Head and Bursar where necessary (in his role as Health and Safety Officer). The original is kept in the School Surgery.

All first aid and medical treatments must be recorded in the child's individual ISAMs (school database) file, accident form where necessary and in the case of EYFS/Pre-Prep all incidents are recorded on an individual file and parents are asked to sign on collection of their child, this information is also recorded on each individual pupil records on ISAMs.. The nurse or carer will contact the parents by phone when necessary.

For further guidance please refer to the Dealing with Accidents policy.

EYFS

First Aid box is accessible at all times located in the Prep-Prep office with the appropriate content for use with children.

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

Accident reports must contain:

- The date, time, and place of the event.
- Details of those involved.
- A brief description of the accident/illness and any first aid treatment given.
- Details of what happened to the casualty immediately afterwards – for example went to hospital, went home, resumed normal activities, returned to class.

The Head, Bursar and Deputy head should be informed about any incident if it is at all serious or particularly sensitive – for example when a pupil has had to go to hospital or if one pupil has caused deliberate damage to another or where negligence might be suggested.

Housemasters/mistresses must inform parents when any pupil requires hospital treatment or is kept in the Surgery overnight.

If, as the result of an accident, an employee is taken to hospital, is unable to work or subsequently becomes absent from work, their line manager/Head of Department and Bursar should be notified immediately.

The Bursar must report all serious accidents to the HSE as required by RIDDOR.

In an emergency, the Head's office, the Bursary, and the relevant Housemaster/mistress have contact details of pupils, parents, and guardians. The Bursary has details of employees and their next of kin.

The termly Health and Safety Committee meetings review accident summaries to pick up trends or areas of concern.

Full details on Accident Reporting are given in the Dealing with Accidents Policy.

References

- a) Education Regulations (Independent School Standards) (England) 2010 (SI 2010/1997) Regulations 3(14)
- b) DfEE Guidance on First Aid for Schools
- c) Health and Safety (First Aid) Regulations 1981

LOCATION AND ACCESS OF FIRST AID CABINETS/KIT

- The Surgery – First floor Main House
- DT Room - left of door mounted on wall
- ART Room – store room off class
- Matron Laundry room
- EYFS/Pre-Prep – Office and in bag hanging in corridor beside Year 1 class
- Science Labs (basic kit and eye wash) – under teachers desks
- Maintenance - Work shop-right side of swimming pool
- Grounds staff - Work shop – right side of swimming pool
- Domestic Staff – Basic kit above pigeonholes in staff room (have access to kitchen 1st aid kit and surgery during school day)
- Home Economics Kitchen – mounted on wall right of door
- School Minibuses
- Dance Studio – right of door as enter
- Sports Hall – limited stock (on wall inside door right side)
- Swimming Pool (Rt side wall as walk in)
- Staff Room – First Aid bags beside pigeonholes on floor
- School trips bag – Orange bag above pigeonholes
- Staff Room – above pigeonholes small stock for evening cleaners
- Forestry School – backpack held by forest schoolteacher
- Girls Boarding House – Office
- Junior Boarding House – Office
- School House – Office/Surgery
- Grab Bags x 3 – Head's House/Pre-Prep/Reception (MAJOR INCIDENTS ONLY)

All staff in each individual area will have access to the first aid cabinets in their departments during the working day. All staff have access via the Nurse or Matrons to the Surgery during school hours.

The Houseparent's have access to the Surgery out of hours. The Secretaries have also got access to the surgery during the working day (they hold a key in their offices). The Nurses re-stock the cabinets termly. If stock is required outside these times, there is a 'replenishment slip' in the cabinets for staff to fill out and give to the Matrons. The Nurses will then re-stock, as necessary. The 1st Aid bags in the Staff Room are checked each week for ice packs and checked each term for other contents. Again the 'replenishment slip' applies or give the bag to Matron/Nurse for re-stocking.

STAFF FIRST AID TRAINING and REFRESHER INFORMATION

FIRST AID AT WORK - JALEE – (3yrs refresher – 2 days)

| | | |
|-------------------------|-------------------|--------------------|
| SALLY MOORE Matron | Expires Feb 2026 | Mob - 07876 598706 |
| LYNETTE JOHNSON Matron | Expires Sept 2026 | Mob – 07791202160 |
| DEBBIE MATTHEWS Matron | Expires Sept 2026 | Mob – 07876 598706 |
| AMELIA SMART Matron | Expires Nov 2025 | Mob- 07538 333794 |
| ERIKA BLOOMFIELD Matron | Expires Sept 2027 | |

REFRESHERS REQUIRED EVERY 3YRS (2 DAY COURSE) FOR THE FIRST AID AT WORK QUALIFICATION

JALEE EMERGENCY FIRST AID FOR SCHOOL – EXPIRES SEPT. 2026 (3yr refresher)

Mollie Coker-Harris (Teacher)
Andy Gould (DT)
Fiona Parrott (Teacher)
Torie Denny-Morley
Katie Dawe (Teacher)
Paul Curran (DT)
Joel Baker (Art)

JALEE EMERGENCY BASIC FIRST AID FOR SCHOOLS – EXPIRES JAN 10th, 2026 (3yr refresher)

Beth Holgate (Secretary)

Caroline Marr (Nurse)
Kirsti Windsor (Housekeeping)
Chrissie Rowbottom (PP assistant)
Amanda Benbow (Ed Psychologist)
Frankie Vass (Grounds)

JALEE BASIC FIRST AID FOR SCHOOLS – EXPIRES September 2027

| | |
|-----------------------------|---------------------------|
| Emily Forbes (House Parent) | Emma Bartlett (Teacher) |
| Lucy Froggett (teacher) | Polly Whitfield (Teacher) |
| Kay Hawkins (Teacher) | Charlie Trueman (Teacher) |
| Ali Hunter (Admin) | Heidi Milne (Teacher) |

Sandra Atkins (TA)
Maryanne Smith (Catering)

ITC OUTDOOR FIRST AID – Somerset Adventures (2 days – 3 yr. refresher) (Expires March 2027)

Fiona Millard - Includes full Paediatric training

Jaylee Full Paediatric First Aid – Early years (12hrs – 3yr refresher) EXPIRES 1st Sept 2028
(Blended Learning) PRE-PREP STAFF

Katie Ellis
Alicia Manchorova
Heather Finlay
Laura Field
Bethia Wild
Anna Pagliaro (Matron)

Southern First Aid Training Ltd – Paediatric - Early Years (12 hrs – 3yr refresher) EXPIRES 17TH Jan 2028

Jessica Parker (Pre-Prep Teaching Assistant)

JAYLEE FULL PAEDIATRIC FIRST AID – Early years (12hrs – 3 yr. refresher) - EXPIRES SEPT 2027

Sarah Jenkins (Teacher)
Karolinka Dawson (Teaching assistant)
Harriet Petch (Teaching assistant) -Mat leave
Molly Paolozzi (Teaching assistant)
Tugce Cinar (Teaching assistant)

Michelle Davison (Teacher)
Molly Coker Harris (Teacher)
Katy Tennent (Teacher)

REFRESHER COURSE REQUIRED EVERY THREE YEARS FOR ALL OTHER QUALIFICATIONS. 12HRS FOR ALL EARLY YEARS. 4-6 HOURS FOR OTHERS

SWIMMING QUALIFICATIONS

This course covers First Aid in and out of the water

FAA Level 3 Emergency First Aid at Work (Expires September 2027 3yr refresher)

Senior Nurse
Review September 2026

| | | |
|------------------|------------------|--------------------|
| William Froggatt | Phil Cobb | Torie Denny-Morley |
| Katie Rudd | Rob Hill | David Jenkins |
| Thomas Brown | Katie Cobb | Matt Bartlett |
| Sarah Cox | Jonathan Shaw | Kay Evans |
| Richard Atkinson | Alison Spilsbury | Amanda Benbow |
| Alistaire Forbes | | |

STA Level 2 Award for Pool Emergency Responder (Exp September 2026 2yr refresher)

| | |
|------------------|--------------------|
| Sarah Cox | Katie Rudd |
| Sarah Jenkins | Katie Cobb |
| Ali Spilsbury | |
| Fiona Millard | |
| Jonathan Shaw | |
| Richard Atkinson | David Jenkins |
| Phil Cobb | Alistair Forbes |
| Matt Bartlett | Torie Denny-Morley |
| Kay Evens | Amanda Benbow |
| Rob Hill | Will Froggatt |

Contacting Matrons and School Nurse

WEEKDAYS

DUTY MATRON PHONE - 08.30am – 6pm **07771 648295**

NURSES DUTY PHONE - 08.30am – 6pm **07876 598706**

When the nurse is not on duty the Matron will carry **both** phones. If it is a medical issue ring the 'NURSES DUTY PHONE.' Matron matters ring the 'DUTY MATRON PHONE'

WEEKENDS

SATURDAY

DUTY MATRON PHONE - 08.00am - 6pm

NURSES DUTY PHONE - 08.00am - 6pm

SUNDAY

DUTY MATRON PHONE/NURSES DUTY PHONE (Held by Matron) - From 08.00am - 6.00pm

IN WEEKENDS – Matrons hold both phones

Saturday of in weekend – 08.00am – 6pm

Sunday of in weekend – 08.00am – 6pm

If the Nurse or Matron (carrying the duty phone) goes off site, they will hand over their phone to the person on site.

These phones should always be switched on and charged. The person responsible for the phone must always carry it with them.

Please be aware that there are some 'black spots' around school that do not pick up a signal.

Basic First Aid

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit and familiarize yourself with how to deal with some of the more common situations below. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 immediately; contact the First Aider.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

Unconsciousness

If the person is unconscious with no obvious sign of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, given them mouth - to-mouth resuscitation while you for the emergency services.

Bleeding

Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.

Burns

For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.

Broken Bones

Try to avoid as much movement as possible.

Heads of Departments are responsible for notifying the Nurse of any special first aid requirements that they might need for their department.

Anaphylaxis

1. 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 (e.g., dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g., 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 these symptoms at the same time.

2. Medication and control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most prescribed are administered by an EpiPen, 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.

Medication for an individual pupil must be kept in a safe location which is readily accessible, in accordance with the School's Health & Safety policy. If a pupil has an EpiPen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

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.

3. 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 always take their medication on trips/matches.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. (Staff to seek advice from Nurse.)
- If a pupil feels unwell, the Nurse/matron should be contacted for advice.
- A pupil should always be accompanied to the Surgery if sent by a member of staff.

4. Away Trips: Please refer to the Staff Handbook for full procedures

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be identified and meet with the Nurse before a trip.
- Staff must consider the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

5. Issues which may affect learning

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not encounter an allergen during the school day, but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimize risk whenever possible.

6. 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

7. 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 if able or administered by member of staff.
- Summon assistance immediately from the Health Centre. Contact parents

Asthma

1. What is Asthma

Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals, but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

2. Medication and control

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most pupils with asthma will take charge of and use their inhaler from an early age and it is always good practice to allow pupils to carry their inhalers with them, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name.

Pupils with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the school with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in a locked cabinet in accordance with the School's Health & Safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

Where pupils are unable to use an inhaler by themselves or where a pupil requires additional medication, e.g., a nebuliser, a health care plan must be completed.

Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use.

Following discussion with the pupil and his/her parent's 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 made aware of their classmate's needs.

3. Managing pupils with Asthma

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

Games staff should ensure that pupils with asthma that need to take inhalers 'pitch side' do so.

Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack.

(Staff to seek advice from the Nurse.)

If a pupil feels unwell, the Nurse/Matron should be contacted for advice.

A pupil should always be accompanied to the Surgery if sent by a member of staff.

4. Away Trips: Please refer to the Educational Visits Policy for full procedures

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in administration of medication must be identified.
- Staff must consider the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

5. Issues which may affect learning

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. However, they should not be forced to take part if they feel unwell.

6. What are the main symptoms?

- Coughing
- Wheezing
- Inability to speak properly
- Difficulty in breathing out

7. What to do if a pupil has an Asthmatic attack

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.
- Summon assistance from the Nurse/Matron. Try not to leave the pupil alone unless necessary.
- Make sure that any medicines and /or inhalers are used promptly
- Help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax,
- Help the pupil to sit upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance.

Liaise with the Nurse about contacting parents/guardians.

Diabetes

1. 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 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.

2. 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 healthy 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 parent's 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.

3. Managing pupils with diabetes

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that pupils with diabetes have a glucose snack/drink (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from the School Nurse for training)
- If a pupil feels unwell, the nurse/matron should be contacted for advice.
- A pupil should always be accompanied to the Surgery if sent by a member of staff.

4. Off-site trips: please refer to Staff Handbook for full procedures

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be identified and meet with the Nurse before the trip.
- Staff must consider the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

5. Issues which may affect learning

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow to assist a pupil with diabetes in maintaining an adequate blood glucose level:

- Encourage the pupil to eat or drink some extra sugary food before the activity:
- Have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia.
- After the activity is concluded, encourage the pupil to eat some more food and take extra fluid these additional snacks should not affect normal dietary intake.

6. What to 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

Disorientation

Shaking

Lack of concentration

- 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), e.g.:
 - Lucozade
 - Fresh orange juice
 - Sugary drink, e.g., coke, Fanta
 - Glucose tablets
 - Honey or jam
 - 'Hypo Stop'
 - Jelly Babies
- iii. Recovery usually takes ten to fifteen minutes.
- iv. Upon recovery give the pupil some starchy food, e.g., couple of biscuits, a sandwich. v. Inform Nurse/parents of the hypoglycaemic episode.
- vi. In some instances, it may be appropriate for the pupil to be taken home from school

NB. In the unlikely event of a pupil losing consciousness, call an ambulance (and then contact the Nurse).

7. A 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
- Contact the School Surgery and/or parents if concerned.

In both episodes, staff and Nurse/Matrons should liaise about contacting parents/guardians.

There are separate Policies on several individual medical conditions including **Anaphylaxis/Diabetes/Asthma/Eating disorders and Epilepsy. Please contact the School Nurse if you would like to see individual policies.**

Cleaning up body fluids from floor surfaces

AIM

To ensure that any spilt bodily fluids are cleaned up safely, efficiently, and promptly to reduce the risk of cross infection. Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is particularly important to clean up body fluids quickly.

Policy:

- Put on gloves and a disposable apron.
- Sprinkle 'sanitaire' liberally on all visible material. Allow 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
- Remove all visible material from the most soiled areas, using paper towel or individual use disposable red cloths.
- Put all used paper towels, cloths, gloves and aprons in the YELLOW bag and tie securely. The Yellow bags can be disposed of in the normal waste collection.
- Any soiled linen should be placed in a RED plastic bag and tied securely. This should be taken to the laundry department as soon as possible.
- Carpeted areas: The area should be cleaned with sanitaire or detergent and then shampooed or steam cleaned within 24 hrs.
- Wash the non-disposable cleaning equipment (buckets, brushes/dustpans) thoroughly with soap and water then rinse with a spray sanitiser.
- Wash your hands thoroughly with soap and water.
- Inform the Surgery of the spillage and bring the child to the Surgery so the child can be assessed, parents informed, and the kits can be replenished as needed.

Contents of the Cleaning Kits:

Disposable gloves
Plastic Aprons
Red plastic laundry bags
Yellow plastic bags
Cleaning agent
Body spill granules/powder
Paper towels for mopping up
Red disposable cleaning cloths
Dustpan and brush
Bucket

Location of Kits:

Surgery
Laundry
Each boarding house
Ground floor Junior Boys staff toilet (for use for dining room)
Pre-Prep/Nursery (staff lavatory)
Lower School (staff lavatory – top floor McCreery block)
Art department (office)
Fitzjames ground floor kitchen cupboard
Surgery

Responsibility:

The responsibility for cleaning up the spilt bodily fluids lies with the matrons, cleaning staff, Teacher, classroom assistants, house parents and secretaries. The nursing staff is responsible for the Surgery but can be called if necessary.