



FIRST AID POLICY & PROCEDURES

Last Review Date: **October 2023**

Policy Owner: **L Anindita-Beckman**

Approved by: **H&S Committee**

Next Review Date: **October 2024**

1. Introduction

In accordance with Health & Safety legislation (Health & Safety - First Aid Regulations 1981), it is the responsibility of the Governing Body to ensure, as far as reasonably practicable, that there is always adequate and appropriate first aid provision when there are people on the School premises and for staff and students during off-site trips and activities.

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

Canbury School will take every reasonable precaution to ensure the safety and wellbeing of all staff and students. Details of such precautions are noted in the following policies:

- Health and Safety Policy
- Behaviour Policy
- Child Safeguarding Policy
- Administration of Medicines Policy
- Educational Visits Policy

2. Objectives

To ensure adequate first aid provision, it is School policy that:

- The School's Bursar, School's Registrar and School office staff will carry out regular assessment of the School's first aid needs that is appropriate in the School.
- Enough trained personnel and appropriate equipment are available to respond to an incident as well as suitable rooms or areas for treatment.
- Adequate first aid cover is provided for sporting activities during the school day.
- A qualified first aider is always available during normal school hours and nominated first aiders provide general cover during the school holidays (if appropriate).
- Appropriate first aid arrangements are made whenever staff and students are engaged in off-site activities and visits.
- To report certain serious accidents, occupational diseases and specified dangerous occurrences to the Health & Safety Executive under RIDDOR.

3. Personnel

3.1. Health & Safety Committee (HSC)

The HSC reports to the Governing Body on health and safety issues and includes: the Health & Safety Governor, The School's Health and Safety officer (The Bursar), The Head, and the Site Manager.

HSC is responsible for:

- regular review of the health & safety policies.
- reporting and making recommendations to the Governing Body.
- and investigating incidents.

3.2. **The Head** is responsible for the health and safety of all employees and anyone else on the premises. This includes teachers, non-teaching staff, students and visitors (including contractors).

She must ensure that appropriate risk assessments of the School are undertaken and the appointments, training and resources for first aid arrangements are appropriate and in place.

She should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

The Head will ensure that staff are informed about the School's first-aid arrangements, giving staff information on the location of equipment, facilities and first-aid personnel. This information will also appear in the Staff Handbook.

3.3. **The Bursar** is responsible for putting the policy into practice and for developing detailed procedures. The Bursar is also responsible for ensuring that:

- First Aid needs are assessed and addressed.
- Enough qualified First Aiders are available at school during school hours.
- First Aid training needs are identified and attendance on appropriate courses is arranged.
- A record of all first aid training undertaken by school staff is maintained.
- First aid support during school hours is provided.
- Liaising with the Health & Safety Committee regarding first aid issues.
- Provision and regular replenishment of first aid equipment and necessary supplies is organised.
- Records of accident reports are maintained and reported to the Headmistress and Health & Safety Governor.
- Ensure that the policy and information on the School's arrangements for first aid are available to parents, if requested.

3.4. **All staff are responsible for**

- Acting in the capacity of a responsible adult in the event of an emergency.
- Recording all accidents on an accident form and providing this to the school office who will keep the record in the accident folder.

- Carrying out risk assessments for any off-site trips and ensuring adequate first aid provisions are taken. A first aid kit must be taken, and it would be preferable to have a qualified first aider accompanying the trip.
- Securing any personal medication safely and out of reach of students.

3.5. Staff involved in sporting activities are responsible for

- Ensuring that first aid kits are taken to all practice sessions, matches and other external events.
- Ensuring that a student with a head injury or injured student is never left unattended and ensuring the safe transfer of injured students from pitch/ court side/river into the care of the parent/guardian or medical care.
- Informing the school office of any first aid/medical requirements for any fixtures/ off site activities during the school week.
- Updating the SLT and school office staff on any injuries that occur during away matches and/or training.
- Informing the SLT and school office staff of any changes in fixtures times, locations and medical needs.
- Ensuring first aid kits are taken to all practice sessions and matches and returned to the school office as soon as possible afterwards.
- Completing the Accident Report forms.

3.6. Staff involved in off-site trips or activities:

- Any organised student activities that take place off site, where third party first aid provision is not available, should have a member of staff appropriately qualified in first aid in attendance.
- The EVC and the activity/trip leader should determine any additional medical needs that require first aid equipment and medications, and these should be provided for accordingly.

4. Training of first aid personnel

- All first aid at work and emergency at work personnel must hold a valid certificate of competence, approved by the Health & Safety Executive with a copy held by the Bursar.
- Retraining will be given, as necessary. Specialist training in first-aid should be arranged in a three-year cycle for all first aiders.
- Members of staff who require initial training should contact the Bursar who will help arrange a convenient course with a recognised competent training organisation.

5. The Appointed Person(s) have undertaken First Aid training. They will:

- Hold a valid certificate of competence, issued by an organisation approved by the HSE;
- Take charge when someone is injured or becomes ill;

- Look after the first aid equipment e.g. restocking the first aid boxes;
- Ensure that an ambulance or other professional medical help is summoned when appropriate.
- They must have completed and keep updated a suitable and relevant training course.
- They will:
 - Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School;
 - When necessary, ensure that an ambulance or other professional medical help is called.
 - Where students are on site, the School ensures at least one person who is a fully qualified first aider is on site and available at all times.

6. Guidance on Calling an Ambulance

The first aider who is assisting the ill person will make the decision as to whether or not they wish to call an ambulance. They will either phone the emergency services directly on their mobile phone if they have it with them, or they will ask a member of staff nearby (or failing that a student) to go to the school office and ask for an ambulance to be called. The School Receptionist will then phone the emergency services and describe the condition of the child. The School Receptionist will liaise with the Site Manager as to the most appropriate emergency door that will have to be opened bearing in mind the location of the victim. A member of the Senior Leadership Team must be alerted.

The first aider who has assisted from the beginning of the accident will accompany the student in the ambulance.

In any circumstances where there is any doubt, an ambulance will be called. The accidents/incidents warranting emergency care are situations such as:

- Head injuries where there is a loss of or suspected loss of consciousness.
- Sudden collapse.
- Major wounds needing medical attention.
- Suspected fractures.
- Spinal injuries.
- Use of an EpiPen
- Major Asthma, Diabetic, Seizure event.

The above list is not exhaustive.

In the event of the emergency services being contacted the below must be considered:

- Parents must be contacted to ascertain when they can join their child and their wishes with regard to treatment should they be delayed.

- Legally students must be sixteen to be given medical treatment without medical consent.
- As per the School's terms and conditions, the Head may agree to emergency medical treatment if the parent/guardians cannot be contacted.
- A member of staff must accompany and stay with the student until the parent(s)/guardian arrives.
- Contact details must be taken to the hospital.
- Once at the hospital, and the student is registered it is then the hospital's responsibility for further medical contact with the parents.

7. First Aid Boxes and Kits

The School will provide and allocate the required amount of first aid boxes and the Registrar will check and restock these as necessary. The Bursar is responsible for the positioning of the boxes in appropriate areas around the school.

8. Standard First Aid Boxes

Main Reception	3x First Aid Bags 2x AAI (Adrenaline Auto Injector) Burns Kit Defibrillator
Medical Room	Comprehensive range of medical and emergency equipment and supplies.
Art Room	1x First Aid Kit Burns Kit Eye Wash Box
Science Room	1x First Aid Kit Burns Kit Eye Wash Box
Sport Shed	1x First Aid Kit Eye Wash Pods
2 School Mini Buses	1x First Aid Kit in each vehicle

The contents of the first aid boxes will be determined by the Bursar after considering each individual area or department and any risk factors. The Bursar should be informed immediately if any items are removed from the boxes/kits. The Registrar will periodically check the first aid boxes around the School.

9. Vehicles used for students' transport

First aid boxes will be provided in all minibuses. The drivers should be responsible for ensuring the first aid kits are on the vehicle and if any items are used the Bursar should be notified as soon as possible.

10. Emergency First Aid equipment

Canbury School has 1 defibrillator located at the main reception on the ground floor of the School.

11. Emergency Auto Adrenaline Injectors (AAI).

AAIs can be found at the medical cabinet at the School's reception.

12. First Aid Room

A medical room for medical treatment and care of children during school hours is provided and is located on the ground floor of the School. This is a dedicated area and contains a washbasin and is close to a lavatory.

13. First Aid Notices

First aid notices will be displayed around the School, and a list of first aiders is held by the Bursar (and noted in this First Aid Policy).

15. Managing Injuries and Accidents

- In the event of the casualty being transferred to hospital, a member of staff must always accompany a student where a parent/guardian is not present.
- The School Office in liaison with the Deputy Head (Pastoral) and other members of staff will contact the parents/guardians to inform them of the injury and provide relevant details of where the student is being transferred to.
- In the event of all other injuries, the casualty must be escorted to the medical room situated on the ground floor of the School
- If the injury takes place during external sport fixtures, emergency first aid must be administered by the qualified first aider on duty and the injury must be reported to the school office as soon as possible.
- During a normal school day any student sustaining an injury/illness must report to the school office where the first aider on duty will administer treatment, as necessary.
- The first aider will refer the students with significant injuries or illness to a hospital Accident and Emergency (A&E) Department if they deem necessary. The school office will inform the parent/guardians, and a member of SLT.

The following numbers should be used in the event of an injury:

9/999 or 9/112 - in the case of a serious injury an ambulance should be called.

16. Action at the scene of an injury

In the event of a serious injury the member of staff/ first aider will be expected to:

- Assess the situation and make the area safe
- Inform the School office (1001) and the first aider on duty will attend the site of the injury.
- Administer emergency first aid if qualified and competent and according to the guidelines set out by the Resuscitation Council (UK) 2015.
- Get help using the nearest available telephone and inform the school office to send for the ambulance if required (external call dial 9 then either 999 or 112). The ambulance should be directed to the nearest convenient point, if possible, the site of the injury. Send a guide to meet the ambulance, preferably by the school gates in Warboys Approach..

17. Guidelines for Calling an Ambulance

- The person dealing with the casualty should call the ambulance where possible. If not possible, the School Receptionist should call the ambulance.
- Call 999 and ask for an ambulance.
- State the exact location at school.
- Give the number you are calling from.
- State the nature of the injury.
- Give the name, date of birth and injuries if known of the casualty/casualties.
- Answer all the ambulance controllers' questions.
- Always remain with the casualty.
- Organise for someone to wait at the main entrance to direct the ambulance.
- Inform a member of SLT if they are not in attendance.
- It may be necessary to delegate some of the above to the Reception staff and the site manager can be summoned to help.

18. Sports accidents

- During the school week, the first aider on site will provide first aid and medical care to students involved in sports related accidents that happen at school. If it is safe to mobilise the casualty, they must be escorted to the medical room for treatment. If it is not safe to move a casualty, or there is doubt, staff must call the first aider on duty to attend the incident/injury site.
- If a student sustains a fracture, they should not be moved until medical help arrives.
- All students suffering with a concussion/head injury must be immediately removed from the site of play and be seen by a medical professional.

19. AED and the location of defibrillator at Canbury School

19.1. Resuscitation Guidance for Adults

- Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. The first thing to do is shout for help and dial 999.
- First responders should consult the latest advice on the NHS website (<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidancefor-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-withsymptomatic-people-with-potential-2019-ncov>).
- Those laypeople and first responders with a duty of care (workplace first-aiders, sports coaches etc.) that may include CPR should be guided by their employer's advice.
- This guidance may change based on increasing experience in the care of patients with COVID-19.

Resuscitations Council UK Guidelines 2015 state "If you are untrained or unable to do rescue breaths, give chest compression-only CPR (i.e., continuous compressions at a rate of at least 100–120 min⁻¹)" and because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the casualty's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives
- Make sure an ambulance is on its way. If COVID-19 is suspected, tell them when you call 999
- If there is a perceived risk of infection, rescuers should place a cloth/towel over the casualty's mouth and nose and attempt compression only CPR and early defibrillation, until the ambulance (or advanced care team) arrives.
- Early use of a defibrillator significantly increases the casualty's chances of survival and does not increase risk of infection.
- If the rescuer has access to any form of personal protective equipment (PPE) this should be worn
- After performing compression-only CPR, all rescuers should wash hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser COVID-19 is an infectious disease caused by a coronavirus. The virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes.

19.2. Pediatric Resuscitation Advice

- We are aware that pediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilation crucial to the child's chances of survival. However, for those not trained in pediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.
 - For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop, and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, this statement should be used.
 - It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is minor compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.
- 19.3. The chances of survival after a cardiac arrest decline at a rate of 7-10% with each minute of delayed treatment, and the UK Resuscitation Council recommends that Automated External Defibrillators (AED) are situated in areas of higher population flow.
- 19.4. Any staff member who has been trained to use an AED may use the machine provided they feel confident and competent to do so.
- 19.5. The 2015 Resuscitation guidelines state that an AED can be used safely and effectively without previous training. Therefore, the use of an AED should not be restricted to trained staff. However, they do recommend that training should be encouraged to help improve the time to shock delivery and correct pad placement.
- 19.6. Public access AED's are widely found in public places such as airports and supermarkets. They are intended to be used by the layperson.
- 19.7. The AED in Canbury School is located in the medical room. A standardised AED sign will highlight the location of the AED.

20. Students with medical conditions

- All members of staff will be informed of any students with specific medical conditions during start of year staff INSET and updates will be provided as and when necessary. Information regarding the condition and any relevant action necessary will be displayed in the staff room. More detailed information on individual students is available by speaking with the SENCO.
- Diabetic students must always be accompanied by another student or a member of staff if attending the medical room during a diabetic event.
- Drugs and medicines will never be given to children while at school without the permission of a parent/guardian.

- Children who are prescribed drugs/medicines on a daily basis which have to be taken at school should hand them to the office staff for them to administer.

21. Accident Reporting

- 21.1. Accident forms must be completed for each injury and a copy will be circulated to (hard copy or digitally) the Head, the Bursar, the Deputy Head (Pastoral) and reported to the Health & Safety Governor. This will provide an initial oversight of all accidents as well as provide a record of all accidents.
- 21.2. In the event of any injury requiring notification to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) the school office must inform the Bursar and Deputy Head (Pastoral) at the earliest opportunity to complete necessary documentation.
- 21.3. The Bursar must keep a record of any reportable injury, disease or dangerous occurrence (RIDDOR). This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.
- 21.4. Types of Reportable injury to RIDDOR
 - The death of any person
 - Specified Injuries as per RIDDOR 2013 (further guidance and comprehensive list can be found on <https://www.hse.gov.uk/riddor/reportable-incidents.htm>)
 - Over-seven-day incapacitation of a worker
 - Over-three-day incapacitation (Accidents must be recorded, but not reported, where they result in a member of staff being incapacitated for more than three consecutive days)
 - Non fatal accidents to non-workers (eg members of the public)
 - Occupational diseases such as carpal tunnel syndrome, occupational dermatitis, occupational asthma, etc
 - Dangerous occurrences (certain, specified near-miss events). Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:
 - the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
 - plant or equipment coming into contact with overhead power lines;
 - the accidental release of any substance which could cause injury to any person.
 - Gas incidents

22. Records

- Any injuries/accidents requiring first aid treatment should be reported to the school office as soon as possible.
- Where possible, the person who witnessed the accident/injury should complete an accident form and forward the report to the school office as above.
- An accident form must be completed for injuries.
- The Receptionists ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:
 - The date, time and place of incident;
 - The name (and class) of the injured or ill person;
 - Details of their injury/illness and what first aid was given;
 - What happened to the person immediately afterwards;
 - Name and signature of the first aider or person dealing with the incident
- Parents/guardians are contacted by telephone once the student has received any necessary treatment and a note of the conversation is recorded in the treatment book/RM. All students seen by the first aider will be documented in the treatment book and on RM. This information is kept confidentially, and the treatment book is stored in a locked cupboard at reception.
- All medications that are administered to the pupils during the school day will be recorded in the treatment book and on RM.
- Parents/guardians must provide consent for emergency medical, dental, optical and other treatment as necessary.
- **Statutory accident records:** The Bursar must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years.

23. Hygiene/Infection Control

- Personal protective equipment (PPE) to be worn during the COVID pandemic as directed/advised by the appropriate authorities.
- Where it is not possible to maintain a 2 meter or more distance away from an individual, the following items of PPE are recommended:
 - A fluid-repellent surgical mask
 - Disposable gloves
 - Apron
 - Eye protection (if risk of contamination of eyes by splashes or droplets) In addition to PPE, an increased frequency of cleaning and disinfecting surfaces and equipment, using standard household cleaning and disinfection products is also advised.
- Basic hygiene procedures must be followed by staff.

- Disposable gloves will be worn at all times when dealing with blood or other body fluids or when disposing of dressings or other potentially contaminated equipment.
- Care should be taken when disposing of dressings or equipment.

Appendices:

Appendix 1: Medical Form

Appendix 2: List of First Aiders

Appendix 3: Epi Pen Statement

Appendix 4: Pandemic Disease Policy and Procedures

Appendix 5: Record of Students Visiting the Medical Room

Appendix 6: Body Fluid Spillage Policy

Appendix 7: Asthma

Appendix 8: Seizures/ Epilepsy

Appendix 9: Diabetes

Appendix 1



Confidential Information Form


All information received in this Form will be treated in confidence.

Child's Name:

Parent's /Guardian's Name(s): (1)
(2)

We are required to provide you with the opportunity to disclose any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and/or social difficulty of your child. This will assist the School to consider any adjustments we might need to make to assist the child to partake in the School's admissions procedure or when your child enters the School.

Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.



Appendix 2

The registered members of staff who have the Full First Aid at Work qualifications are:

PE:

Mr A McGregor

Mr J Barnes

Mr P Temple

Mr F Hogan

LSA:

Mrs. J Knivett

Mrs S Anjum

Mr P Temple

School Office Team:

Ms L Boggi

Mrs L Griffith

Mrs J Davies

Mr M Fairbrass

At least one member of staff who has the Full First Aid at Work qualification is to be present at the School premises at all times when students are present.

Appendix 3



THE USE OF AN EPIPEN

An EpiPen is used when a child has an extreme allergic reaction to something. If a child suffers one of these attacks at school, the emergency services will be called immediately and the following instructions must be followed:

1. The EpiPen is kept in the School Office, bottom drawer of the filing cabinet;
2. With thumb nearest grey cap, form fist around unit (black tip down);
3. With other hand, pull off grey safety cap;
4. Hold black tip near outer thigh;
5. Jab firmly into outer thigh from a distance of approximately 10 cm (listen for click);
6. Hold firmly in thigh for 10 seconds;
7. Massage the injection area for 10 seconds.

Appendix 4



PANDEMIC DISEASE POLICY

Please refer to our Pandemic Disease Policy [here](#)

Appendix 5

Record of Students Visiting the Medical Room

Student name		Year group	
Date of visit		Time of visit	
Details of injury or illness			
Action taken			
Was medication administered? Yes/no		Dosage & type	Time
Was the student sent home or returned to lesson?		Time of student leaving the medical room.	
Parent/carer informed? <i>If a non prescribed medicine was administered parents should be informed.</i>			
Name of member of staff dealing with the student			
Signature			

Please complete this form for all students visiting the medical room.

Appendix 6



BODY FLUID SPILLAGE POLICY

Body fluid and spillage policy can be found [here](#)

Appendix 7



ASTHMA

1. Prior to a student with severe Asthma starting at Canbury School, the parents must meet with the Head to discuss how their child can be cared for in the School environment.
2. The Head and the Bursar will then be responsible for training key members of staff.
3. A **Medical Care Plan** must be written with the parents detailing the specific care to be given should the student have an Asthma attack at School.

Asthmatic Inhaler Procedure

- Students who are in Year 7 and above are encouraged to carry their own Asthmatic Inhalers and to self-administer when they feel that it is necessary, often prior to a sports lesson.
- All students who carry inhalers must show the School Receptionist their inhaler at the start of each term so that she can register the type and method of administration.
- For the majority of students the inhaler that they carry is the only inhaler on site, i.e. the School does not hold a duplicate.
- A list of students who have severe Asthma to warrant a spare inhaler on site is kept by the School Receptionist.
- All teachers must be aware of which students in their classes are Asthmatic and which have duplicate inhalers held on site.
- The Sports Staff must be made aware of all Asthmatic students.
- The spare inhalers for students with Asthma must be taken when the students go off site swimming, attending sport matches and school trips. It is the responsibility of the staff taking the trip to inform the School Receptionist and collect the inhalers.

Procedure for the Administration of an Inhaler

- The student may request to have use of their inhaler if they are beginning to feel 'tight chested', wheezy or have a repetitive cough.
- For younger students the staff may hear that a certain student who is known to be Asthmatic may have an audible wheeze. If it appears to be bothering them or the student is clearly not breathing with ease then they may require use of their inhaler.
- Good practice prior to administering an inhaler, for younger students, is to contact the parents especially if the parents have not made the school aware that the student has been using their inhaler more frequently. If the parents are not contactable and there is a completed 'Request to Give Medication Form' then the dose that has been written on that form may be given.

- The administration of the inhaler must be documented by the School Receptionist A. 'student Sick / Treatment Note' needs to be completed and given to the student to take home.
- Parents are asked to keep the school informed when their child is requiring their inhaler more frequently.
- Some students will only carry their inhalers in the summer months during the Hayfever season and again all the above procedures need to be followed.

Appendix 8



SEIZURES

Prior to a student with a history of Seizures starting at Canbury School the parents must meet with the Head to discuss how their child can be cared for in the School environment.

All staff must be aware of how to manage a Seizure.

A Medical Care Plan must be written with the parents detailing the specific care to be given should the student have a seizure at School.

Rectal Diazepam

This is medication which is prescribed for individuals who suffer with seizures normally related to Epilepsy or Febrile Convulsions. Not all individuals who have either condition will routinely be prescribed this, as it depends on the regularity of their seizures.

If the student does not respond to the administration of this medication, as described below, within 5 minutes of it being administered an ambulance needs to be called.

- If appropriate key staff involved with this child's care will be shown how to administer rectal Diazepam.
- It is the parent's responsibility to replace the rectal Diazepam when it has expired or has been used.
- The medical care plan will give guidance as to what stage rectal Diazepam should be given.

Procedure for the Administration of Rectal Diazepam

- The rectal Diazepam would be stored in a box, displaying the student's picture, in the grey medicine cupboard in the Medical Room.
- Also in the box will be a signed 'Medicine Administration Form'.
- If the student is prescribed rectal Diazepam and the seizure fits the guidance in the medical care plan then administer following the guidelines on the packet. If there is any concern about whether to administer or not dial 999 and further guidance will be given.
- It will require two people to help in the administration of rectal Diazepam as the student will have 'jerky' movements due to the convulsion itself.
- The rectal Diazepam should take effect within a few minutes.

- If the convulsion lasts longer than 5 minutes and does not respond to Diazepam, or if one fit follows another rapidly, then dial 999.
- If you have any uncertainty, then dial 999.

Appendix 9



DIABETES

Prior to a student with Diabetes starting at Canbury School the parents must have met with the Head to have discussed how their child can be cared for in the School environment.

The Head will ask the parents to contact the child's Diabetic Nurse to come to the School to give the staff training.

All staff must be aware of how to manage a Hypoglycemic (low blood sugar) episode.

A Medical Care Plan must be written with the parents detailing the specific care to be given should the child have a Hypoglycemic episode at School.

Management of a Hypoglycemic Episode

All school staff should be aware of the symptoms that they need to look out for which could indicate a Hypoglycemic episode.

Common Symptoms of a Low Blood Sugar (Hypoglycemic) Attack

- Pale, cold, sweaty skin.
- Bizarre, uncharacteristic, unco-operative, and possibly violent behaviour.
- Confusion and memory loss.
- Shallow, rapid breathing and fast pulse.
- Can deteriorate quickly and become unconscious.

Should the child show any of the above symptoms or should they be found in a collapsed state then Glucogel needs to be administered.

A 'Medicine Administration Form' must be completed for Glucogel and a copy kept in the Medicine Administration folder.

Only the qualified First Aider and those who are trained to administer the Glucogel may administer the medicine. In their absence, an ambulance should be called immediately.

It is the parent's responsibility to replace the Glucogel when it has expired or been used.

Glucogel (Formerly known as Hypostop)

This is medication that is routinely prescribed for Diabetics to use when they get the warning signs of low blood sugar. The medication is an oral glucose gel.

If the symptoms of a Hypoglycemic episode are seen early and these should be detailed in the medical care plan then a small sweet snack that the parents have recommended could be given prior to giving Glucogel.

Procedure for Glucogel Administration

1. The student should carry on them a 'Hypoglycaemic' pack which should contain the following items:
 - o Sweet snacks
 - o Sweet drink
 - o Glucose tablets
 - o Tube of 'Glucogel'
2. The medicine cabinet should also have 'Hypoglycaemic' box which has the student's name and a picture of them on the outside. Inside the box should be the above items plus a signed 'Medicine Form' for the administration of Glucogel.
3. If the Hypoglycaemic symptoms appear to be mild then some of the snacks could be given but if in any doubt administer Glucogel.
4. Check the 'Medicine Form' for Glucogel prior to giving.
5. If the student is able to they should administer the tube themselves. (See Diabetic Management Protocol for the after-care following a Hypoglycemic attack.).
6. Open the tube and squeeze the contents into their mouth.
7. If they are not able to, then gently open the child's mouth, but do not force their teeth open, then squirt the Glucogel into their mouth between the gums and the lining of their mouth. Afterwards gently massage their cheek to help with absorption.
8. The administration of this medication is to be recorded in the Medical Book and a 'student Sick/Treatment Form' needs to be completed and given to the student/parents.
9. Parents should be contacted immediately so they are aware of the situation.
10. The child should respond to this medication within 5 minutes of administration.
11. If the child is not responding then an Ambulance should be called and parents informed of the situation.

Insulin Administration Procedure

The First Aiders, under the guidance of the Diabetic Nurse, on occasions may need to train specific staff to undertake this procedure.

- The Insulin Injector pen to be stored in a locked fridge along with spare cartridges.
- If a child requires insulin at School it will normally be around the lunchtime period.

- The medical care plan should give clear details about the child's insulin regime.
- Prior to Insulin injections, some children may be required to have their 'Blood Glucose' levels (B.M.sticks) checked. The results of this test must be recorded on a 'student's Treatment Card' and in the Medical Book.
- If this medication is not given it can potentially cause a medical emergency for the child so if there are any problems in the administration the parents must be contacted and failing that the Hospital where the child is cared for.