



## **FIRST AID POLICY**

**LOCATION OF NEAREST A&E DEPARTMENT FOR ASPIRE: LIFESKILLS LEARNING CENTRE IS LEICESTER ROYAL INFIRMARY, INFIRMARY SQUARE, LEICESTER, LE1 5WW**

**LOCATION OF NEAREST URGENT CARE CENTRE FOR ASPIRE: LIFESKILLS LEARNING CENTRE IS HOSPITAL WAY, LOUGHBOROUGH, LE11 5JY**

### **INTRODUCTION**

This policy is an extension of ASPIRE: Lifeskills Learning Centre's Policy Statement for Health and Safety.

### **POLICY STATEMENT**

ASPIRE: Lifeskills Learning Centre will ensure compliance with the relevant legislation in regard to provision of first aid to all employees, and to ensure best practice by extending the arrangements as far as is reasonably practicable to students and others who may also be affected by our activities or injured on Learning Centre premises.

### **RATIOANLE**

ASPIRE: Lifeskills Learning Centre is committed to caring for, and protecting, the health, safety and welfare of its students, staff and visitors. We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of two trained First Aiders on site at any one time, including a person with a paediatric first aid qualification. Such people will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.

- To record and make arrangements for students and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to students and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing in relation to every instance of accident or first aid.

## **LOCATION OF FIRST AID FACILITIES**

The First Aid room is located in Town Hall Chambers on the ground floor towards the back of the building opposite the disabled toilet. Additional portable first aid kits are kept in the first aid room for off-site visits.

In Woodgate Chambers site – The Hub - A first aid box is kept in the office room off the kitchen and a treatment bed is located in the chill out room on the corridor past the kitchen.

The key for the locked medicines cupboard is kept in the key cupboard in the ASPIRE: Lifeskills Learning Centre main office.

The first aid room is for first aid treatment and for student's rest/recover if feeling unwell. They include; a bed, first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves and paper towels.

## **RESPONSIBILITIES**

### **Responsibilities of the Trained First Aiders:**

- Provide appropriate care for students or staff who fall ill or sustain an injury;
- Record all accidents in the accident book, Town Hall Chambers site accident book is located in the accident/incident filing box in the main office on the top shelf of filing shelves. In Woodgate site – The Hub - the first aid box and accident book is kept in the office room off the kitchen. All accidents/injuries that happen on Woodgate site, information needs to be shared with relevant SLT staff in Town Hall Chambers site.
- Students from Woodgate site should be brought to Town Hall Chambers site for first aid treatment unless deemed unsafe or it be a minor injury such as a graze or a cold compress treatment (NOT INCLUDING HEAD AREA, HEAD INJURIES MUST ALWAYS BE DEALT WITH IN FIRST AID ROOM AND ADDITIONAL MEDICAL ASSISTANCE SOUGHT WHERE NECESSARY)
- In the event of any injury to the head, however minor, ensure that a note from the office is sent home to parents/guardians and a copy placed in the students file.
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- Inform the appointed person (Steven Parkinson Deputy Head ) of all incidents where first aid has been administered.

## **Responsibilities of the Appointed Person (Steven Parkinson Deputy Head):**

- Ensure that all staff and students are familiar with the school's first aid and medical procedures.
- Ensure that all staff are familiar with measure to provide appropriate care for students with particular medical needs (e.g. Diabetic needs, Epi-pens, inhalers).
- Ensure that a list is maintained and available to staff of all students with particular medical needs and appropriate measures needed to care for them in line with Medical Conditions Policy.
- Monitor and re-stock supplies and ensure that first aid kits are replenished.
- Ensure that the school has an adequate number of appropriately trained First Aiders.
- Coordinate First Aiders and arrange for training to be renewed as necessary.
- Maintain adequate facilities.
- Ensure that correct provision is made for students with special medical requirements both in school and off-site visits.
- On a monthly basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee.
- Fulfil ASPIRE: Lifeskills Learning Centre's commitment to report to RIDDOR, as described below.
- Liaise with managers of external facilities, when appropriate, to ensure Health and Safety responsibilities are adhered to in the highest standards.
- Contact emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

## **PROCEDURE IN CASE OF AN ACCIDENT, INJURY OR ILLNESS**

- A member of staff or student witnessing an accident, injury or illness should immediately contact a named trained first aider.
- The school office should be contacted if the location of a trained first aider is uncertain.
- Any student or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed.
- The student or member of staff should not be left unattended.
- The first aider will organise an injured student's transfer to the first aid room if possible and appropriate and to hospital in the case of an emergency.
- Parents should be informed as necessary by telephone by the first aider or school secretary.
- This will be followed up in writing and a record kept in the students medical file.
- A written record of all accidents and injuries is maintained in the accident books.

### **Contacting parents:**

Parents should be informed by telephone as soon as possible after an emergency or following a serious/significant injury including:

- Head injury (a head injury advice sheet should be given to any student who sustains a head injury) Available from the appointed person
- Suspected sprain or fracture
- Following a fall from height
- Dental injury

- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for students, staff or visitors with diabetes • Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the student is generally unwell

Parents can be informed of smaller incidents at the end of the school day by staff member or member of SLT.

### **Contacting the Emergency Services**

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any student taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a student becoming unconscious (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

### **Accident reporting**

“Accident, Incident or Near Miss” must be reported using the info-exchange system and completed for any accident or injury occurring at school or on a school trip. This includes any accident involving staff or visitors. The form must be submitted on the day of the incident and will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements).

### **Students who are unwell in school**

Any student who is unwell cannot be left to rest unsupervised in the first aid room. If a student becomes unwell, a parent should be contacted as soon as possible by a member of the SLT, admin office or the head teacher. Anyone not well enough to be in school should be collected as soon as possible by a parent. Staff should ensure that a student who goes home ill remembers to sign out.

### **First Aid equipment and materials**

The appointed person is responsible for stocking and checking the first aid kits. Staff are asked to notify the appointed person when supplies have been used in order that they can be restocked. The first aid boxes contain:

- A first aid guidance card
- At least 20 adhesive hypo allergenic plasters (including blue plasters for home economics)
- 4 triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Adhesive tape
- 2 sterile eye pads
- 6 medium sized unmedicated dressings
- 2 large sized unmedicated dressings
- Disposable gloves

- 1 resuscitator
- Yellow clinical waste bag

### **First aid for school trips**

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the Off-Site Trips Policy, which includes further guidance. A First Aid kit for school trips must be collected from the first aid room and returned for replenishing on return. Any accidents/injuries must be reported to the appointed person and to parents and documented in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury, the appropriate health & safety procedure must be followed.

### **Students using crutches or having limited mobility**

Parents must inform the school of the nature of injury and the anticipated duration of immobility. The SLT will arrange for a member of staff to carry items, open doors etc. Information about the condition will be discussed in staff meetings to enable staff to be fully aware of the student's needs. Arrangements will be made for the student to have lessons on the ground floor of Town Hall Chambers and make arrangements to allow for a safe transfer around the building. Parents must inform the school of any particular difficulties.

### **Emergency care plans and treatment boxes**

The appointed person ensures that staff are made aware of any student with an emergency care plan. These care plans are displayed in the office. A copy is also kept in the first aid room. Students with a serious medical condition will have a health care plan drawn up and agreed by the appointed person and parents. Emergency treatment bag/box must always be taken if the student is out of school.

### **Students with medical conditions**

A list is available of all students who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. Please return emergency bag/box on completion of the trip. If staff become aware of any condition not on these lists, please inform the appointed person.

## **INFECTIOUS DISEASES**

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines in table 1 on page 9 & 10 to reduce the transmission of infectious diseases to other students and staff.

## **SUPPORTING STUDENTS WITH MEDICAL NEEDS DURING COVID-19**

The main symptoms of coronavirus (COVID-19) are:

- A high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)

- A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- A loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

## **TEMPERATURE TESTING**

Every student and staff arriving at ASPIRE: Lifeskills Learning Centre will be routinely temperature tested at the beginning of their day with an infrared, non- contact temperature gun along with adhering to all other systems and procedures such as hand sanitising, hand washing and social distancing. If a student or member of staff are presenting as unwell at ASPIRE: Lifeskills Learning Centre they will be routinely temperature tested with an infrared, non- contact temperature gun by the appointed person. A temperature of 37.8C or greater or presentation of any other symptoms, the student or staff member will require immediate collection or for staff immediate return home.

The student or staff member will be isolated in the cold food prep room to facilitate social distancing in a room that has non-porous surfaces, windows will be open, supervising staff will wear full PPE and a full deep clean of the room and any additional spaces accessed during the persons time at the Learning Centre will take place. Student or staff member will then self-isolate at home for the following 14 days in line with current NHS COVID-19 symptoms guidance and will be expected to book a Covid 19 test. ASPIRE: Lifeskills will take advice from Public Health England regarding necessary action for the Learning Centre and attending students and staff.

## **ADMINISTERING MEDICATIONS**

During the current COVID-19 circumstances ASPIRE: Lifeskills Learning Centre will not administer medication prescribed or non-prescribed for a short-term ill health conditions that are of a viral or bacterial nature. **In the current climate if a student is unwell, they will be expected to stay at home until fully recovered.**

It is considered that if a student is unwell with a viral or bacterial infection, their immunity will naturally be lowered and therefore they are at a greater risk of becoming infected with other illness.

There will be no change in the support provided to students with long term medical conditions with individual health care plans or support with emergency medication such as autoinjectors, inhalers etc.

If non-prescribed pain relief is required to manage a physical injury such as a sprained ankle, broken limb, this will be agreed case by case.

## **FIRST AID PROCEDURE DURING COVID-19**

### **PPE FOR FIRST AID RESPONDERS**

Suitable PPE will be provided for staff working in a first aid capacity in line with the DfE Coronavirus guidelines (16th June 2020). The guidance states as follows: The majority of staff in education, childcare and children's social care settings will not require PPE beyond

what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.

PPE is only needed in a very small number of cases:

- where an individual child, young person or other learner becomes ill with coronavirus (COVID-19) symptoms and only then if a distance of 2 metres cannot be maintained
- where a child, young person or learner already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

## **OUT OF HOSPITAL ADMINISTRATION OF CARDIOPULMONARY RESUSCITATION (CPR)**

Due to the Coronavirus Pandemic (COVID-19), ASPIRE: Lifeskills Learning Centre has updated its administration of emergency CPR in line with Public Health England guidelines (18 May 2020 secn 7.2). This guidance states as follows:

**For out of hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough.**

- *In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxia arrest (cardiac arrest not due to lack of oxygen).*
- *In children, 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, the guidance in the [Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings](#) 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 small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.*

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>

## **DEALING WITH BODILY FLUIDS & INFECTIOUS DISEASES**

### **Dealing with bodily fluids**

In order to maintain protection from disease, all bodily fluids should be considered infected and full PPE should be worn. To prevent contact with bodily fluids the guidelines below should be followed:

- When dealing with any bodily fluids wear face mask and disposable gloves.
- Wash hands and arms thoroughly with soap and warm water after the incident.

- Keep any abrasions covered with a plaster.
- Spills of the following bodily fluids must be cleaned up immediately.

Bodily fluids include:

Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and bodily fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in first aid room) then placed in the waste bin in the first aid room. Avoid getting any bodily fluids in your eyes, nose and mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

## **MEDICATION IN SCHOOL**

### **REFER TO MEDICAL CONDITIONS POLICY**

The school aims to support as far as possible, and maintain the safety of, students who require medication during the school day.

It is known that in particular circumstances students will need to take medication during the school day e.g. antibiotics, pain relief such as Paracetamol, Ibuprofen for pain relief. However, wherever possible, the timing and dosage should be arranged so that the medication can be administered at home.

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan will be required and this will be completed and agreed with parents.

### **ASPIRE: Lifeskills Learning Centre has clear guidance on the administration of medication at school**

- Medicines are only to be administered by a designated person who has read and signed the medication policy and witnessed the preparation of the medication.
- On no account will the first dose of any new medication be administered by staff; parents must allow 24 hours from the first administered dose before medication can be administered in school.
- All tablets must be booked in, they will be counted in and totals recorded on the back of relevant medication sheets, liquids to be weighed and weight recorded.
- No medicines may be given to a child unless written parental permission has been given.
- Staff administering the medication should be aware of the reason for the medication, any side effects and any allergies the child may have.
- Emergency Medication. Medicines prescribed on a "when required" (P.R.N.) basis must always be accompanied by information from parents indicating when the medicine can be given, exact dosage, etc. The maximum daily dose must be stated on the medication sheet.
- Rectal Diazepam / Buccal Midazolam and Buccolam should only be administered according to protocol issued by the child's Consultant and by staff who have undergone training and have signed the protocol for that child.
- Under no circumstances should medication be given from memory.



- Unused medication should be counted and totals recorded on the back of the medication sheet and then returned to parents/carers for disposal.

## **GUIDELINES FOR REPORTING**

### **Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)**

By law any of the following accidents or injuries to students, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter.

Major injuries from schedule 1 of the regulations:

- Any fracture, other than to the fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (whether temporary or permanent)
- A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
- Any other injury lasting over 3 days
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
  - Acute illness requiring medical treatment; or
  - Loss of consciousness
- Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Death
- A specified dangerous occurrence, where something happened which did not result in an injury but could have done.

## **HEALTH PROTECTION AGENCY GUIDELINES - INFECTIOUS DISEASES**

TABLE 1

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing

Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	It can affect anyone, but is most common in babies, young children, teenagers and young adults.
Threadworms	Until fully recovered	Treatment is recommended for the student and family members
Mumps	5 days from onset of swollen glands	Mumps is a contagious viral infection that used to be common in children before the introduction of the MMR vaccine
Head Lice	None once treated	Treatment is recommended for the student and close contacts if live lice are found, "Head Lice Letter" to be sent home
Conjunctivitis	Until fully recovered	Children do not usually need to stay off school with conjunctivitis.
Influenza	Until fully recovered	Highly contagious common infectious viral illness spread by coughs and sneezes, can have more serious symptoms or additional complications can happen for the elderly, young or those with existing health conditions
Coronavirus COVID 19	Minimum of 14 days, recommended to have Covid 19 test	Highly contagious Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2
Warts, verrucae	None	Verrucae should be covered in situations where shoes and sock are removed
Tonsillitis	Dependent on viral on non viral	Tonsillitis may or may not be contagious, depending on the cause. If the cause is viral, it is usually contagious and person to remain at home until well.

## **GUIDANCE TO STAFF ON PARTICULAR MEDICAL CONDITIONS**

Guidance to staff on particular medical conditions

### **(i) Allergic reactions**

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the student has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

### **Trigger factors**

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

### **(ii) Anaphylaxis**

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the above signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

### **Action to be taken**

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency box.
3. Reassure the student help is on the way.

4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the student's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the student has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the student.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

**REMEMBER** Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the student **MUST** be taken to hospital for further checks. Epi-pen treatment must only be undertaken by staff who have received specific training.

### **(iii) Asthma management**

The school recognises that asthma is a serious but controllable condition and the school welcomes any student with asthma. The school ensures that all students with asthma can and fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all students and students with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of students with medical conditions kept in every class room and offices. The school has a smoke free policy.

### **General considerations**

Students with asthma need immediate access to their reliever inhaler. Younger students will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in- date reliever inhaler, which is kept in the classroom (or with the student if appropriate), not locked away and always accessible to the student. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a student to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Students must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities. As appropriate for their age and maturity, students are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. A spare named inhaler should be brought to school and given to the class teacher for use if the student's inhaler is lost or forgotten.

### **Recognising an asthma attack**

- Student unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

## **Action to be taken**

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the student.
3. Encourage the student to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the student can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the appointed person or a first aider if she not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the student takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany student to hospital and await the arrival of a parent.

## **(iv) Diabetes management**

Students with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any student with diabetes attending school.

## **Signs and symptoms of low blood sugar (hypoglycaemic attack)**

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The student should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

## **Action to be taken**

1. Follow the guidance provided in the care plan agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Students should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the student to have access to regular snacks.
6. Inform parents.

### **Action to take if the student becomes unconscious:**

1. Place student in the recovery position and seek the help of the appointed person or a first aider.
2. Do not attempt to give glucose via mouth as student may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany student to hospital and await the arrival of a parent.

### **Signs and symptoms of high blood sugar (hyperglycaemic attack)**

Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

### **Action to be taken**

1. Inform the appointed person or a first aider
2. Inform parents
3. Student to test blood
4. Call 999

### **(v) Epilepsy management**

#### **How to recognise a seizure**

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Student may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A student diagnosed with epilepsy will have an emergency care plan.

### **Action to be taken**

Send for an ambulance; if this is a student's first seizure, if a student known to have epilepsy has a seizure lasting for more than five minutes or if an injury occurs.

If agreed in advance by parents and their GP.

- Seek the help of the appointed person or a first aider.
- Help the student to the floor.
- Do not try to stop seizure.
- Do not put anything into the mouth of the student.
- Move any other students away and maintain student's dignity.
- Protect the student from any danger.
- As the seizure subsides, gently place them in the recovery position to maintain the airway.
- Allow patient to rest as necessary.
- Inform parents.
- Call 999 if you are concerned
- Describe the event and its duration to the paramedic team on arrival.
- Reassure other students and staff.
- Accompany student to hospital and await the arrival of a parent.

## **POLICY REVIEW STATEMENT**

This policy will be reviewed every year or earlier should legislative change or other event require it.

SIGNED:...



POSITION:.....DIRECTOR

DATE:.....1<sup>st</sup> August 2021

REVIEW DATE:....1<sup>st</sup> August 2022

FOR & ON BEHALF OF

ASPIRE: Lifeskills