

# First aid policy

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## **Introduction**

St Paul's Girls' School has drawn up this policy mindful of the Health and Safety (First Aid) Regulations 1981 which require adequate arrangements to be made for the administration of first aid to staff taking account of staff numbers, the nature of the undertaking and the size and location of the establishment. The Regulations do not place a legal duty on employers to make first-aid provision for non-employees such as the public or children in schools. However, we have clear safeguarding and welfare responsibilities for students and the Health and Safety Executive strongly recommends that non-employees are included in an assessment of first aid needs and that provision is made for them. In order to ensure adequate first aid provision, it is our policy that:

- There are sufficient numbers of trained personnel together with appropriate equipment available to ensure that someone competent in basic first aid techniques can rapidly attend an incident at all times when the school is occupied
- A qualified first aider is always available during normal school hours (see below for hours of work and definition of "qualified first aider")
- Appropriate first aid arrangements are made whenever staff and students are engaged in off-site activities and visits.

## **Contents:**

- Responsibilities under the first aid policy
- Hours of work
- Out-of-hours and off-site activities
- First aid personnel
- First aid equipment
- Information
- Training
- Emergency procedures
- Reporting and record keeping
- Monitoring and review of policy

## **Responsibilities under the first aid policy**

The Health and Safety Committee of St Paul's Girls' School (the school), on behalf of the Board of Governors, monitors first aid needs, which will take into account:

- Numbers of students, staff and visitors on site
- Layout and location of buildings and grounds
- Specific hazards
- Special needs
- Hours of work
- Out-of-hours and off-site arrangements
- Arrangements to provide adequate numbers of first aiders, to provide cover in the absence of first aiders, and adequate training
- First aid equipment needed
- Location of first aid equipment and notices

### **The Director of Pastoral Care is responsible for:**

- Ensuring that this policy is kept up to date and reviewed at least annually.

### **The Director of Operations is responsible for:**

- Maintaining records of accident reports.

### **The School Nurse is responsible for:**

- Advising on appropriate levels of first aid provision
- Identifying first aid training needs, organising appropriate training for first aiders and maintaining a record of all first aid training of school staff

- Arranging and delivering in-house training as requested for administering student medication
- Liaising with the health and safety committee on first aid issues
- Advising the school on training and resources needed for students with special medical needs
- Providing emergency first aid cover when in school (including after school hours and school holidays if on site)
- Organising provision and replenishment of first aid equipment in consultation with Heads of Departments
- Maintaining accurate records of first aid treatments given.

**Qualified first aiders are responsible for:**

- Responding promptly to calls for assistance
- Providing first aid support within their level of competence
- Summoning medical help as necessary
- Recording details of treatment given.

**The director of sport is responsible for:**

- Ensuring appropriate first aid cover is available at all out-of-hours PE activities
- Ensuring first aid kits are taken to all practice sessions and matches.

**Science department staff are responsible for:**

- Ensuring that they are aware of the location of the first aid kits in their laboratories
- Ensuring that risk assessments are done for any practical work taking place in their laboratories.

**Art and design and Computer science and creative technology staff are responsible for:**

- Ensuring risk assessments are in place for times when they are incorporating practical work into their lessons for example, the use of saws and other potentially higher risk equipment and machinery.
- Ensuring that they are aware of the location of the first aid kits in their studios

**All staff**

All staff have a duty of care towards the students and should respond accordingly when first aid situations arise. New staff are briefed about the school's health department and where to find information and help. All staff are reminded regularly about the specific medical needs of girls within the school community and they are asked to familiarise themselves with the photo list on the board in the school office and staffroom detailing those girls with medical needs that require the use of Adrenaline auto-injectors (AAI's) (e.g. Epi-Pens) and those girls who could require first aid due to medical conditions such as epilepsy and diabetes. The list of qualified first aiders is published on the staff portal (<https://portal.spgs.org/staff/health-and-safety/first-aiders>) and displayed in designated areas across the school site recorded in this policy and is updated annually.

**Hours of work**

We have a nurse in attendance in the medical rooms in the Wellbeing Centre from 8.30am - 4pm, Monday to Friday during term time. If they are absent, adequate first aid cover will be put in place. If the nurse is on a long-term absence, the Deputy Head Director of Pastoral Care will organise for a replacement/agency nurse to be available.

**Out-of-hours and off-site activities**

Many school activities take place outside of normal school hours and/or off-site. A minimum of one member of staff who meets the requirement for 'emergency first aid at work' is always available outside of normal school hours (see above) and when people are on the premises. Appropriate first aid cover is put in place for out of hours school events and the Educational Visits Coordinator ensures that there is adequate first aid provision on school trips and visits. In case of an emergency out of hours, the first aider can be contacted by radio from Reception. All relevant staff should attend a one day first aid refresher course every three years to ensure provision of basic emergency aid at all times. PE staff require additional training due to the number and nature of out-of-hours activities for which they are responsible. In school holidays there should be a qualified first aider available during working

hours, for example a member of the Business Directorate or caretakers. Students who take part in activities where they are required to work for significant periods of time out of immediate contact with a member of staff, e.g. during Gold Duke of Edinburgh expeditions or on fieldwork assignments, receive basic first aid and personal safety training prior to the event.

## **First aid personnel**

The medical centre, based in the Wellbeing Centre (referred as 'medical centre' throughout this policy) is staffed by the School Nurse who is a registered nurse (NMC - Nursing & Midwifery Council). The medical centre is open throughout the school day and is fully equipped to deal with everyday accidents and injuries. If the School Nurse is at lunch or off-site for any reason staff will be informed and/or a notice will be displayed on the door of the medical centre giving details of how to obtain help. First aiders should be easily available in areas of greatest risk. There should be at least one qualified first aider in each of the following areas:

- Art/technology department
- PE department
- Science department
- Estate department
- Kitchens
- Drama and Theatre
- CS&CT

## **First aid equipment**

First aid kits are clearly labelled with a white cross on a green background in accordance with health and safety regulations Safety Signs Regulations 1980 (SI 1980 No 1471). The contents of first aid kits may vary depending on the particular needs in each location (e.g. blue detectable plasters must be used in food areas). The School Nurse is responsible for supplying and replenishing first aid kits as appropriate.

First aid boxes are currently situated in easily identifiable and accessible locations, as follows:

- Science
  - 6 x laboratories
  - 3 x preparation room
  - 1 x Laboratory Manager's office (next to S7)
- Art department
  - 1 x digital art studio - by teacher's desk
  - 1 x senior studio - by the sink
  - 1 x main studio - by the double sinks
  - 1 x ceramics - by the left hand sink
  - 1 x print - by the left hand sink
  - 1 x dark room - by the small sink
  - 1 x 3D workshop - by the sink in the main area of workshop
- PE department
  - 2 x office at field in the pavilion building
  - 1 x lobby to PE block
  - 5 x PE department office (for use at fixtures only)
  - 2 x swimming pool
  - 1 x boathouse
- Celia Johnson building
  - 2 x at front door to main theatre
  - 1 x theatre lighting box
  - 1 x new drama studio
  - 1 x business directorate kitchen
  - 1 x CS&CT classrooms
- Catering and cleaning
  - 1 x general services manager's office
  - 1 x housekeeping manager's office

- 1 x catering admin office
- 1 x maintenance mess room
- 1 x groundsman's office
- Other areas in school
  - 1 x IT department
  - 2 x Maintenance building
  - 1 x school office
  - 1 x music office
  - 1 x medical centre
  - 1 x old drama studio
  - 1 x lower school office
  - 1 x swimming pool plant room

The contents of first aid boxes will be:

- 1 x guidance card
- 1 x first aid dressing medium
- 1 x eye pad with bandage
- 2 x triangular bandage non woven
- 1 x waterproof assorted plasters pack 20
- 3 x vinyl gloves non sterile pwr free x pair pre-packed
- 2 x eyewash sterile sodium chloride 20ml (where not provided separately)
- 1 x non alcohol wipes x10
- 1 x safety pins x6
- 1 x rebreath personal resuscitator
- 1 x steropad low adherent dressing 5cm x 5cm
- 1 x steropad low adherent dressing 10cm x 10cm
- 1 x micropore tape 2.5cm x 5m

The contents of travelling first aid kits are:

- 1 x guidance card
- 6 x individually wrapped sterile adhesive dressings
- 1 x large sterile unmedicated dressing
- 2 x triangular bandages
- 2 x safety pins
- Individually wrapped moist cleansing wipes
- Disposable gloves
- Vomit bags
- Biohazard bag
- Resuscitation mask
- Eye wash

A games first aid kit is to be taken to all games lessons, practices and matches. **All departments are responsible for checking and restocking first aid kits in liaison with the School Nurse.**

#### **Off-site activities and visits**

First aid kits are to be taken on all off-site activities and visits. Kits suitable for use on day trips and those involving overnight stays are available from the School Nurse. Accompanying staff also carry details for each student as follows:

- Contact details for parents/guardians
- Details of any medical conditions
- Details of medication currently taken
- Details of conditions such as asthma, potential anaphylaxis which require specific equipment to be carried
- Details of allergies
- Details of dietary requirements

- Any other relevant information of help to a health professional in case of emergency

For day trips it is the responsibility of the visit organiser to check the medical conditions of students involved and to collect the appropriate medical and first aid kits. Upon returning to school, the visit organiser must return the first aid kit and students' medicines at the earliest opportunity / the beginning of the school day. The nurses will update medical records if medication was administered on the trip.

For residential visits and exchanges, the School Nurse is responsible for providing the organiser with the appropriate medical information and appropriate medical and first aid kits. Parents are also presented with the information as listed above and asked to certify or amend as appropriate.

**The High Mistress has the right to exclude a student from a residential visit on medical grounds.**

## Information

All staff and students can obtain information on how to access first aid assistance in classrooms, in the staff Health and Safety Induction handbook and are required to read this policy on joining the school and whenever there are any significant updates.

Additionally, first aid notices are posted in communal areas such as corridors and entrance halls and in high-risk areas such as science, technology and games departments, detailing:

- Names of qualified first aiders
- Emergency telephone numbers within the school
- Arrangements for obtaining emergency aid outside normal hours, e.g. how to call an ambulance.

Rooms where first aid kits are located are clearly marked with a sign and all first aid notices are checked regularly for accuracy and amended as necessary. Key members of staff trained in first aid at "designated" level or whom meet the requirements for "emergency" first aid at work are listed on the first aid notices, dependent on level of experience.

## Training

We provide two levels of staff first aid training depending on the requirements of the role.

1. A **qualified first aider** is someone who holds a valid certificate of competence in first aid at work. The certificate must be issued by an organisation approved by the Health and Safety Executive, such as St John Ambulance, and must be renewed every three years. The School Nurse arranges for staff to attend the first aid at work course as required.
2. A person with '**Emergency First Aid at Work**' is someone who has attended a minimum of 7 hours first aid training (renewable every 3 years) and is competent to give emergency aid until further help arrives.

Students are encouraged to learn first aid skills through schemes such as the Gold Duke of Edinburgh's Award Scheme and Life Guarding.

## Emergency procedures

Depending on the severity of the injury or illness students should either see the School Nurse at the next appropriate opportunity, e.g. break or lunchtime, or go immediately to the nurse, though it is their responsibility to inform the teacher whose lesson they are missing whenever the condition allows. They should be accompanied by a responsible friend if appropriate.

In the event of severe illness or injury, the first person attending should summon help and ensure that someone calls an ambulance if required and contacts the School Nurse (via radio channel 1 or on 020 7605 4821, or ext. 4821 if dialling internally).

When calling an ambulance, the information given should include telephone number, address, the exact location in the school, description of the signs and symptoms - particularly for anaphylactic

shock – and the place where the ambulance will be met. The various school postcodes for different sites are printed out and attached at the back of staff passes.

If the School Nurse is not available, one of the qualified first aiders (see first aid notices for details) or the school office should be contacted.

Someone should always remain with the casualty until help arrives.

If an ambulance is called someone should go to the front of school to give directions to the ambulance crew.

Parents/next of kin of the casualty will be notified directly (i.e. not by leaving a voice message) once the ambulance crew have established the condition and the destination hospital. A responsible adult should accompany the casualty to hospital.

The School Nurse or first aider will inform parents if their daughter has suffered a head injury or other serious injuries.

If a student has to be taken directly to A&E, usual safeguarding procedures should be followed: the student should be accompanied by two members of staff where possible. Parents should be notified directly.

Procedures for dealing with specific medical conditions are given in this policy as follows:

- Anaphylactic shock (appendix I)
- asthma (appendix II)
- diabetes (appendix III)
- epilepsy (appendix IV)
- using an automated-external defibrillator (appendix V)

#### **When does the medical centre contact parents / guardian?**

The nurse or doctor contacts a student's parents / guardian for the following and any other condition that requires further assessment or monitoring. In the absence of the medical team staff, the person attending will contact parents / guardian or delegate to another (eg the Head of Year):

- **Head Injury:**

The nurse / doctor informs the parents and provides Head Injury Instructions. If the student is to return to school the next day, the nurse will advise the parents to request the student attends the medical centre for a review with the nurse. The student may be off sports if neurological observations are not satisfactory. The student will need to be reviewed by their GP at that point and updates provided by parents.

- **Fever (Temp greater 37.5 degrees).**

Paracetamol is given and dosage recorded on ISAMS. If the student is still unwell, the parents are contacted to collect the student and advised on safety-netting which includes advice on temperature control and sepsis handouts.

- **Vomiting:**

If a student has vomited even before arriving at school, they need to be reviewed at the medical centre. The student is to remain in the medical centre for observations including temperature, oxygen saturation, blood pressure and pulse. The policy is that students (or staff) need to be asymptomatic for 48 hours from the last episode of vomiting.

- **Low blood sugar below 4.0.**



Check if the student is a known diabetic. If this is the case, the nurse needs to follow the student's hypoglycaemic care plan i.e. usually orange juice or dextrose tablets or even jelly babies. There is hypoglycaemic emergency kit in the medical centre (and Senior School).

- **Seizures:**

The nurse / doctor checks if the patient (student or staff) is a known epileptic. She then will ensure they are in safe position if on floor and in first aid recovery position. If seizure does not stop, 999 will be called. If seizure is short and the patient recovers, the medical team needs to ensure they have taken their medications. Parent must be called and the student should be sent home once recovered as seizure are usually triggered by either infection or underlying causes.

- **Fractures and suspected fracture:**

The student should not be weight bearing. The medical team will assess the joint and contact the parents to signpost to local urgent care Chelsea and Westminster Hospital SW10 9NH.

- **Dental pain:**

The nurse or doctor administers paracetamol and will advise the student to see their dentist for a dental review. If a tooth has been damaged, the medical team (or first aider on duty) contacts the parents and advises to book an urgent dental review.

**Not all first aiders are qualified to administer the care described above; it is expected they would liaise with the medical team or the paramedics should they be called.**

### **Dealing with biohazards**

The aim of this procedure is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence to this policy is the responsibility of all staff who may come into contact with spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection.

Disinfection aims to reduce the number of microorganisms to a safe level. Whilst a variety of chemical disinfectants is available, high concentration chlorine-releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

### **Legal position**

The school has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and Oral Secretions
- Vomit
- Faeces
- Urine
- Wound Drainage
- Gastric Aspiration

### **Personal protective equipment**

All staff dealing with a biohazard spill are to ensure that they:

- Wear a plastic disposable apron
- Wear disposable gloves
- Use the biohazard spill kits provided by the school (not "just a cloth or mop"). The urine and vomit spill kit can be found under the sink in the lobby of the medical centre
- Always dispose of personal protective equipment and contaminated waste in a sealed (yellow) disposable bag.

### **Procedure**

All staff dealing with a biohazard spill are to:

- Take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular avoid blood or body fluids reaching the eyes or the areas inside the mouth and nose
- Wear appropriate personal protective equipment
- Use the biohazard spill kits provided by the school
- Place all soiled paper towel and gloves in a sealed (yellow) disposable bag to be disposed of in an approved manner
- Immediately after every clean-up of blood or body fluid, hands including arms to the elbow must be washed with warm water and soap. This should be performed even if gloves have been worn
- Wash all areas that have come into contact with blood
- All biohazard spills are to be reported to the School Nurse
- Soiled clothing should be placed in a plastic bag and given to the adult collecting the child.

## Reporting and record keeping

A record must be kept of any first aid treatment given and should include:

- Date, time and place of incident
- Name of casualty
- Details of the injury/illness
- Treatment and/or advice given
- Details of the medication administered
- Destination of the casualty after treatment (e.g. sent home, back to class, taken to hospital, etc.)
- Name and signature of first aider or person dealing with the incident.

A record must be kept of all accidents and the first aid treatment given. An electronic copy will be kept by the School Nurse and be recorded in the individual online student record or paper staff medical file. Records are kept for a minimum of eight years\* in accordance with guidelines for storage of medical and nursing records.

For significant incidents (including near misses) an Incident/Accident report form must be completed by the first person on the scene and their line manager and submitted to the Business Directorate within 48 hours. Where there is injury to a person, the School Nurse will ensure that an Incident/Accident form is completed where required. All serious accidents must be reported immediately to the PA to the Bursar & Directors of Operations on extension 4881. If necessary, the Director of Operations will report the accident/incident to the Health and Safety Executive and the school's insurers notified as appropriate.

If staff are in any doubt as to whether an Incident/Accident Report form should be completed, they should contact the Business Directorate for advice rather than assume a form is not required.

Records of all major accidents/incidents are kept by the Director of Operations. Copies of accident reports are also kept by the School Nurse and a copy should also be kept on the individual staff/girls file. Accident records should be kept for 7 years (see DSS The Accident Book B1 510).

There is a statutory requirement that some accidents must be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), see the school's Health and Safety policy and HSI 001

If the incident is reportable under RIDDOR, the Director of Operations will ensure that the HSE ([www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor)) as the enforcing authority is notified via the online reporting system. In the event of fatal and specified injuries, the Director of Operations will call the Incident Contact Centre which is open during working hours 0345 300 9923.

## Monitoring and review of the policy

The School Nurse continually monitors first aid arrangements and the health and safety committee formally reviews them annually to ensure adequate and effective provision. We carry out additional reviews following any significant changes in structure, such as new buildings, relocation or changes in staffing and/or student numbers and major incidents.

Any concerns regarding first aid should be reported without delay to the chair of the health and safety committee, the Director of Operations.

## **Appendix I**

### **Severe allergic reaction – anaphylaxis**

Anaphylaxis is a severe allergic reaction requiring immediate medical attention. The reaction usually occurs within minutes of exposure to the “trigger” substance although in some cases the reaction may be delayed for as much as a few hours. Common trigger substances include peanuts, tree nuts, eggs, shellfish, insect stings and drugs such as penicillin and aspirin.

#### **Signs and symptoms**

The signs and symptoms of anaphylaxis vary from one person to another and may include some or all of the following.

#### **The early symptoms of allergy**

- Itchy, urticarial rash anywhere on the body
- Runny nose and watery eyes
- Nausea and vomiting
- Dizziness

#### **The danger signs of anaphylaxis are**

- Swelling of lips, tongue and throat
- Cough, wheeze, tightness of chest or shortness of breath
- Sudden collapse or unconsciousness

#### **Treatment**

Treatment depends on the severity of the reaction and may require emergency injection of adrenaline.

#### **For mild symptoms**

Piriton or inhaler may be given by the School Nurse, by any first aider in her absence and on trips by any attending adult. Piriton should be taken on all trips.

The child should be monitored to ensure their medical condition doesn't worsen.

#### **For severe symptoms**

Adrenaline is administered via an auto-injector device (Epipen/Jext/Emerade) into the thigh muscle and may be given through clothing. The adrenaline quickly reverses the effects of the allergic reaction but it is short-acting. If necessary a second AAI can be used. The child must go to hospital by ambulance if the AAI is used even if she appears well afterwards.

#### **Emergency procedure**

If a child shows signs of symptoms of a severe allergic reaction, the School Nurse or attending adult will be informed immediately.

Call an ambulance without delay, stating “child with anaphylaxis” (follow procedure for calling an ambulance).

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare AAI should only be used on students known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a student whose own prescribed AAI cannot be administered correctly without delay.

Students will carry one of their prescribed AAIs with them at all times in their orange bags.

One of the student's AAIs will be kept in their emergency box in the medical centre.

Emergency AAIs are located in -

1. The medical centre
2. The Dining Hall
3. The Sports Hall
4. The Field

If the School Nurse is not available for any reason, follow these procedures:

- Send a responsible person to get the child's emergency box from the medical centre or the school's spare AAI
- Monitor the child's condition carefully
- Administer, if necessary, the AAI as follows:
  - Remove all packaging and pull off safety cap
  - Place orange tip on the upper outer thigh midway knee to hip at right angles to the skin
  - Inject using a quick motion; the auto-injector mechanism functions with an audible click and works through clothing if necessary. Hold for approximately 10 seconds. Massage area for 10 seconds afterwards. Do not move the student. The student should lie down with their legs raised. If breathing is difficult, allow the student to sit.
  - Ensure the child's parents or next of kin are contacted (details inside emergency box)
  - Monitor the child's condition carefully; a second dose of adrenaline may be needed after 5-10 minutes, if help has not arrived and the child's condition is no better
  - Give all used AAIs to the ambulance crew for safe disposal
  - It may be necessary for a member of staff to accompany the child to hospital until the parents arrive
  - The School Nurse will record the incident on an accident report form and in the student's individual health file
  - Parents will replace medication as necessary.

### **Collapse**

Assess for cardio-pulmonary resuscitation (see CPR procedure)

### **First episode**

In the case of a student without a previous history of anaphylaxis and allergy the School Nurse should be contacted if the episode occurs in school. If she is not available or the incident is outside the school an ambulance should be called and the appropriate first aid measures should be applied.

### **Management in school**

- Parents should inform us of their child's allergy in the medical history forms they complete when the girl joins St Paul's. If the condition develops later, the parents should notify us as soon as possible.
- The School Nurse will discuss with parents the specific arrangements for their child. The parents are to sign both the agreed health care plan and the consent form allowing the school's spare AAI to be used instead of a student's own prescribed AAI(s), if these cannot be administered correctly, without delay.
- Parents should teach their child about management of her own allergy including avoiding trigger substances and how and when to alert an adult.
- It is the parents' responsibility to ensure that their daughter carries her own in-date AAI and antihistamine (if required) at all times. In addition, parents should provide us with one in-date AAI and provide replacements promptly when nearing expiry date. They should sign up for the EpiPen expiry alert service (or equivalent). The medication will be kept in a named container in the medical centre. The medical box will also contain the agreed health care plan and emergency contact details.

- The School Nurse will inform the Head of Year and relevant staff, including the general services manager, of the child's allergy and emergency treatment procedure.
- A named photograph of students with severe allergies is displayed on the intranet, in the staff room, catering office and PE offices, science departments and administrative offices.
- Training will be available to all staff in the recognition and treatment of anaphylaxis and allergy including use of AAI's and how to summon help from an emergency first aider.
- Catering staff will take all reasonable steps to ensure suitable food is available and will advise students on ingredients and appropriate food choices as required.
- A student should carry her in-date AAI with her at all times at school together with any other emergency medication. Should this not happen, she will not be permitted to be in school or allowed to attend any school trips.
- Specific arrangements should be made for after-school or weekend activities and for school trips and visits.
- Teaching staff should contact parents of allergic children when lessons include food-related activities.
- Parents that are hosting children on exchange visits in other countries need to be informed of the child's medical condition and shown how to use an AAI. Dummy AAI's are available from the School Nurse.
- Anyone can administer an AAI in an emergency. The nurses train and update staff on a regular basis.

## **Appendix II**

### **Asthma**

This school recognises that asthma is a widespread, serious but controllable condition affecting many students at the school. The school welcomes all students with asthma and encourages students with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, and students. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with students with asthma are provided with training on asthma from the School Nurse on request.

#### **Introduction**

1 in 11 (Asthma UK) children and young people have asthma in the UK. Over the age of 14 years the prevalence is greater in girls. Asthma is one of the most frequent causes for absence and the most common reason for a student to take medication in school time.

#### **Description**

Asthma affects the airways – the tubes carrying air in and out of the lungs. With asthma the airways are more sensitive to irritants; they become narrower and may produce more mucus. This makes it difficult to breathe.

Asthma cannot be cured but it can be controlled by medicines, usually in the form of inhalers; relievers that open the airways and make it easier to breathe, and preventers that make the airways less sensitive to the irritants. Most people with asthma, who receive the correct treatment and take the medication correctly, will lead normal lives with no restriction of activity.

#### **Symptoms and Signs**

Asthma varies in severity and in presentation according to the individual. Some will have symptoms continuously, others will have symptoms intermittently.

#### **Triggers**

- A viral illness
- Exercise
- Cold weather
- Irritants – smoke, dust, fumes
- Emotion

- Pollution
- Allergens – such as pollen, cat hair

Severe symptoms may include:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty in speaking in full sentences

## **Management of asthma in school**

### **Record keeping**

When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their health history form.

An asthma register is maintained; this is available to all school staff in CPOMS' Library.

All parents/carers of children with asthma are requested to complete the consent for use of an emergency inhaler if required, and complete the health care plan detail and asthma history. Please inform the medical centre of any changes.

### **Asthma medicines**

Salbutamol is relatively a safe medication, particularly if inhaled but all medicines can have some side effects.

Those of inhaled salbutamol are mild and temporary. The child might feel shaky or may tremble or they may say their heart is beating faster.

Immediate access to reliever medicines is essential. Students with asthma are requested to carry their reliever inhaler during the school day, on all school trip and sports fixtures. Failure to do so may exclude them from participating in these activities.

Emergency reliever inhalers are also available in the PE pavilion at the field, at the swimming pool, the boathouse and the PE office, and also in the Science block for the use only by the list of known asthmatics (lists are kept with emergency inhalers). Relevant Heads of Department are responsible for the storing and checking of the emergency reliever inhalers in their areas.

School staff are not required to administer asthma medicines to students (except in an emergency). However, many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the school when acting in agreement with this policy. All school staff will let students take their own medicines when they need to.

## **Care and storage**

### **Storage**

- Medical centre – in medical cabinet/cupboard 2 inhalers and 4 single use spacers
- PE (as stated above) – in emergency kit / cupboard 3 inhalers and 6 single use spacers
- Science – in Laboratory Manager's office (next to S7) 1 inhaler and 2 single use spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storage
- Manufacturers information
- A checklist of inhalers, batch number, expiry date - checked monthly
- List of asthmatics
- Replacement arrangements.

**Disposal – return to the school nurse who will take them to a pharmacy**

## Care

- Named staff with responsibilities for maintaining the emergency asthma kit
- Check inhalers and spacers monthly
- Replace as needed
- Check The plastic barrel of inhaler is clean and dry
- The inhaler and spacer should not be locked away
- Store below 30 ° C
- To avoid cross infection the spacer should not be reused - give to the child to take home
- The inhaler can be reused. Remove the inhaler canister and wash the plastic inhaler housing and cap in warm running water and left to air dry.
- If there is any risk of contamination with blood or an inhaler has been used without a spacer, it should not be reused but disposed of.

## Staff

Designated staff trained to:

- recognise symptoms of attacks
- be aware of the asthma policy
- be aware of how to look up child on asthma register
- be aware of how to access the inhaler and spacers
- How to access help
- recognise when emergency action is needed
- know how to administer salbutamol inhalers.

## Parental support

After use of an emergency salbutamol inhaler parents should be notified and a letter filled out by the school nurse detailing treatment and advising to see GP.

***Asthmatic children should not be given ibuprofen.***

## Exercise and activity – PE and games

Taking part in PE, games and activities is an essential part of school life for all students. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which students have asthma from the school's asthma register.

Students with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a student needs to use their inhaler during a lesson they will be encouraged to do so. Students need to carry their inhalers with them at all times.

Classroom teachers follow the same principles as described for games and activities involving physical activity.

## Out-of-hours sport

The health benefits of exercise are well documented and this is also true for children and young people with asthma. The school will not discriminate against students with asthma and enable them whenever appropriate, to be involved in PE.

PE teachers, classroom teachers and out-of-hours school sport coaches are aware of the potential triggers for students with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and PE coaches are provided with training from the School Nurse if requested.

## School environment

The school does all that it can to ensure the school environment is favourable to students with asthma. The school ensures that furry or feathery animals are maintained in controlled conditions with due

regard to asthma and allergy management, and has a definitive no-smoking policy. The laboratories are equipped with fume cupboards. Students with asthma are encouraged to leave the room and go and sit in the school medical centre if particular fumes trigger their asthma.

### **When a student is falling behind in lessons**

If a student is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the form tutor and School Nurse will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the School Nurse will consult with the respiratory nurse/medical consultant involved with the girl. The form tutor may also talk to the special education needs coordinator about the student's needs.

The school recognises that it is possible for students with asthma to have special educational needs due to their asthma.

### **Asthma attacks**

All staff who come into contact with students with asthma will have instructions available to them on what to do in the event of an asthma attack.

### **Management of an acute asthma attack**

How to recognize an asthma attack (Guidance on the Emergency use of salbutamol inhalers in school, 2014)

The Child may present with the following symptoms indicating poor control of her symptoms:

- Persistent cough when at rest
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk in complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as stomach ache).

Severe symptoms may include:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty in speaking in full sentences

Call an ambulance immediately and commence the Asthma attack procedure without delay if the child:

- Appears exhausted
- Has blue/white tinge around lips
- Is going blue
- Has collapsed.

What to do in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler, if not available, use emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them immediately help the child to take two puffs of Salbutamol via the spacer
- If there is no improvement, continue to administer two puffs at a time every two minutes, up to a maximum of ten puffs



- Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANY TIME before you have reached ten puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes administer another 10 puffs the same way.

## **Appendix III**

### **Diabetes**

St Paul's welcomes and supports students with medical conditions, including diabetes mellitus, who currently attend and may attend in the future. We will help to ensure that they are healthy; stay safe; enjoy school; achieve; make a positive contribution; and participate in all school activities. We endeavour that parents/guardians of students with medical conditions feel secure in the care their children receive at this school. The school ensures that all staff understand their duty of care to the student in the event of an emergency and are confident in knowing what to do in an emergency.

#### **Management in school**

When the student joins the school, the parents will declare it on the health history form and the school Nurse will send a healthcare plan for completion. This will include details of triggers for an event such as a hypoglycaemic attack (due to low blood sugar) and the emergency medication that is to be used. It will also include instructions as to when to call the emergency services.

The healthcare plan and the medication will be kept in a box, identifiable by a name and a photograph, on the shelf in the waiting room of the medical centre, or in the fridge if necessary.

The child's name and photograph will be kept on a list of children with serious medical conditions and copies of these are available for easy reference throughout the school.

#### **Medicine**

The student will know how to administer her medication. However, the school will support her and the School Nurse will discuss with the parent/guardian all aspects of the medication and its administration. She will ensure that the information is available to all staff. The school will provide, as necessary, facilities for the safe disposal of needles or the recharging of insulin pumps. If it is necessary to keep medication on the school premises the advice for storage will be followed.

The need for regular eating times is recognised by the school and the appropriate considerations will be made after discussion with the student, parent, specialist and health coordinator. If it is necessary for special allowances to be made regarding eating during examinations, for instance, it may be that other students will have to be told, though this would be done after discussion with the student.

Diabetes management outside school will be the responsibility of a specialist centre and the school will keep in close touch with them regarding changes in medication.

#### **School visits**

Diabetic students will not be excluded from school visits. All staff will be advised of the necessary precautions and the emergency procedures. Risk assessments will be carried out and copied to parents before the visit.

#### **School visits and residential and overnight visits.**

##### **Day visits**

The student needs to carry their medication and monitoring kit as usual.

The staff will collect the student's first aid kit with a copy of the healthcare plan and emergency procedures, for use in the event of a hypoglycaemic attack. They will be aware of the possible need for extra carbohydrate intake.

### **Residential and overnight visits**

The parent/ guardian confirms a detailed medical history form prior to departure which will include the details of medication with current dosage and frequency.

In the event of loss or damage to the insulin, it will be the parents' responsibility to provide extra medication with full storage details. The teacher organising the trip will aim to ensure that there are available relevant storage facilities for the medication.

It is important that the student is confident in the management of her diabetes with regard to dosage, administration, monitoring control and adjustment of dosage. If she is not then the school will discuss with the parent/guardian the requirement for a trained healthcare professional to be supplied for the trip.

A copy of the healthcare plan and emergency procedures will be taken on the trip. For trips abroad *Diabetes UK* publishes country guides.

### **Exercise and physical activity**

The school will ensure that staff will be aware of the precautions necessary for a student with diabetes to take part in sporting activities and on the emergency procedures.

### **Background**

Diabetes is a long-term medical condition.

The carbohydrate in food (bread, rice, potato, chapattis, yams, sweet foods) is digested and absorbed into the blood stream as glucose. Insulin is the pancreatic hormone that helps move the glucose from the blood into the body's cells where it used for energy.

In Diabetes either the pancreas does not make any/enough insulin or the insulin does not work properly; or a combination of both.

There are two main types of diabetes:

**Type I** cannot be prevented and occurs usually in young children and young adults, when the pancreas does not produce insulin. Treatment is insulin taken either by injections or via a pump.

**Type II** is far more common than type 1 and occurs in older people but there is a trend for overweight young adults and teenagers to develop this form. The pancreas can make some insulin but not enough, or the insulin produced does not work very well. Treatment is by diet, weight loss and oral medication.

### **Signs and symptoms**

- Passing urine frequently due to the high blood glucose levels leaking into the urine.
- Thirst due to high blood glucose levels and loss for fluid from passing a lot of urine.
- Weight loss due to the body breaking down fat and protein stores in an attempt to increase the glucose apparently needed for energy and through loss of fluid.
- Tiredness, confusion and coma due to the chemical effects of the above processes on the body.

If you are concerned that a student without a diabetes diagnosis seems to presenting these symptoms, please contact the School Nurse without delay.

### **Medication and treatments**

#### **Type I**

Insulin cannot be given orally as it will be digested. It is administered as a rule by either an:

- a) Insulin pens and injection (either pre-filled and disposable or with a replaceable cartridge). Insulin may be administered several times a day so the student may carry their pen and blood testing kit with them. Spare insulin may be kept in a labelled box in the fridge. It will be the responsibility of the student to be aware of her dosage of insulin. If there is a query during the school day either the parents are contacted or the specialist nurse, details if given will be in the student's medical box.

- b) Insulin pump – this will continually infuse insulin into the subcutaneous tissue and is worn attached to the student. It helps maintain a more even blood sugar level and as it is easy to vary the dose, gives students more freedom with diet and activity.

Each student who uses the pump must learn to set the insulin dose themselves according to their diet activity and blood glucose levels; and how to test their blood glucose and adjust the pump's speed of delivery.

Staff and first aiders will not be required to know how to calculate dosage or administer insulin, by whatever mechanism.

### **Type II**

Usually treated with lifestyle changes such as diet, weight loss and increased physical activity. However it is also managed with tablets and sometimes insulin

The student will be responsible for taking the tablets herself.

### **Complications**

#### **Hypoglycaemia (hypo)**

This occurs when the level of glucose falls too low so affecting the brain function (the brain can only use glucose for energy)

#### **It can be caused by:**

- Too much insulin
- Too many antidiabetic tablets
- A missed or delayed snack/meal
- Not enough food especially carbohydrate
- Strenuous or unplanned exercise

#### **Watch out for:**

- Hunger, trembling, shaking
- Sweating, anxiety or irritability
- Fast pulse or palpitations
- Tingling, glazed eyes and pallor
- Mood change, aggressiveness
- Lack of concentration, vagueness, drowsiness

#### **What to do**

If patient is conscious:

- Give sugary drink/jelly babies/ glucose tablets (The student will carry their own, but packs containing a drink, jelly babies and a biscuit, are kept in the Laboratory Manager's office (next to S7); at the swimming pool and at the PE field).
- Take the child to a safe place until recovered, when she can be given more starchy food (roll, a couple of biscuits etc).

If patient is unconscious:

- Call 999
- Do not give anything to eat or drink
- Contact School Nurse
- Contact parents

#### **Hyperglycaemia**

This is when the blood glucose levels rise above the normal range. If the levels stay high the student may become very unwell but this does not happen immediately.

It is caused by:

- Too little insulin
- Too much food
- Stress
- Less exercise than usual
- Infection or fever

Common symptoms:

- Thirst
- Frequent urination
- Tiredness
- Nausea
- Blurred vision
- Dry skin

**What to do**

- Call parents
- Discuss with student - they could take their glucose level and may feel confident to give themselves extra insulin
- Call the specialist diabetic nurse (see girl's health plan) for advice
- Call 999 if:
  - Confused /impaired consciousness
  - Deep and rapid breathing
  - Vomiting
  - Breath smelling of acetone (like pear drops, nail polish remover)

## **Appendix IV**

### **Epilepsy**

St Paul's Girls' School recognises that epilepsy is a common condition affecting many children and young people and welcomes all students with epilepsy.

We believe that every child with epilepsy has the right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips; assuming health and safety considerations are met. The school will endeavour to meet all the educational needs of the child, which should be discussed with the medical team.

We keep a record of all the medical details of children with epilepsy and keeps parents updated with any issues it feels may affect the student.

St Paul's ensures that all students and staff in the school understand epilepsy and do not discriminate against any children with the condition.

We ensure that at least one member of staff trained to administer emergency medication is in the school at all times. Advice about this condition is available to all staff.

This school will work together with children, parents staff, governors, and other educational and healthcare professionals to implement and maintain this policy.

#### **Epilepsy background**

Epilepsy is the most common serious neurological condition. It is estimated to be 50 per 100,000 per year or 5-10 cases per 1000 (NICE 2012) Epilepsy occurs when the electrical activity of the brain stops working in harmony. It can be due to a head trauma, secondary to drugs or toxins, or for no known cause - idiopathic.

There are many types of seizures but the main differentiations are those that affect the whole of the brain (generalized seizures) or only part of the brain (partial seizures). Generalised seizures usually

result in a loss of consciousness, which may last seconds or several minutes. Partial seizures only partly affect consciousness.

### **The main types of seizure that occur in school-aged children**

#### **Tonic clonic**

This seizure happens in two stages. First, the child will lose consciousness, fall to the ground and their body goes stiff. The second clonic stage happens when limbs jerk. This is caused by muscles contracting and relaxing in quick succession. It isn't possible to stop the seizure. During the second phase a person may bite their tongue and cheeks. Afterwards they will regain consciousness and may seem confused and may not be able to remember anything at first. They can be left with a headache and aching limbs that can last for hours or days.

#### **Absence seizure**

Often known as petit-mal, the child briefly loses consciousness but not muscle tone or collapse; they may appear to be distracted or daydreaming and can occur many hundreds of times a day. The child's performance in school may deteriorate and they may appear inattentive.

#### **Complex partial seizures**

During these seizures the child will have impaired consciousness and may do repetitive actions such as swallowing, scratching or looking for something. They may be interpreted as bad behaviour. It is important not to restrain the child, as this may frighten them, but it is necessary to keep them safe, e.g. guide them from busy roads. When the seizure ends the child may be confused and will require reassurance and monitoring until fully conscious.

#### **Triggers**

These may cause a seizure to occur:

- Emotion – stress, excitement
- Tiredness
- Illness and fever.
- Flickering lights (1 in 20 cases)

#### **Management in school**

##### **Record keeping and medicines**

If a child has a diagnosis of epilepsy made prior to joining the school, the parents will declare it on the health history form and the School Nurse will send a healthcare plan for completion. This will include details of triggers for a seizure that are particular to that child, symptoms and the emergency medication that is to be used. It will also include instructions as to when to call the emergency services.

The healthcare plan and the medication will be kept in a named box on the shelf in the waiting room of the medical centre.

The child's name and photograph will be kept on a list of children with serious medical conditions and copies of these are available for easy reference throughout the school.

The staff will be informed of any special requirements, such as the position for classroom teaching.

Whilst confidentiality is maintained, in the situation where there is a potential risk to the child and to others it is necessary to advise the staff of the medical diagnosis.

##### **First aid for a seizure**

First aid for the student's seizure type will be included on their healthcare plan. Staff will be advised on basic first aid procedures and the school has a team of qualified first aiders.

There are several types of seizure but in most cases the sufferer falls to the ground and twitches.

- Make sure the area is clear so they don't hurt themselves if they are thrashing around. Loosen tight clothing around their neck.
- Do not move them unless they are in danger.
- Note the time of the seizure starting.
- If possible place a jumper or something soft under the head.
- DO NOT put anything into the mouth, or restrain them.

#### **After the seizure**

- Check breathing.
- Make sure the airway is clear. It may be necessary to carry out CPR.
- If breathing, place in the recovery position.
- Monitor and record vital signs pulse, rate of breathing level of response.
- Note the length of time of the seizure.
- After a seizure she may be confused and disorientated; reassure and make arrangements for her to have somewhere safe to sleep.
- The patient may also have been incontinent, in which case cover to avoid potential embarrassment.

#### **Call an ambulance**

- If the seizure lasts for more than 5 minutes
- She is unconscious for more than 10 minutes
- You are having to carry out CPR
- Repeated seizures
- You are worried and need assistance.

When calling an ambulance, please follow the procedures which are displayed next to the lists of first aiders displayed in the school office and in the staff room and in other places around the school.

#### **School environment**

St Paul's Girls' School recognises the importance of having a school environment that supports the needs of children with epilepsy. A medical room is kept available and equipped with a bed in case a student needs supervised rest following a seizure. We have a wheelchair for moving students around the school in safety.

The above epilepsy policy applies equally within the school and at any activities off the school premises and organised by the school. Any concerns held by the student, parent, or member of staff or the medical team will be addressed prior to the activity.

## **Appendix V**

### **Automated-External Defibrillator (AEDs)**

There are three sets of AEDs in school – one located outside the medical centre, one at the Sports Pavilion and the other in the foyer at swimming pool site. Clear instructions in how to use the equipment is contained inside each case.

#### **When Should an Automated External Defibrillator Be Used?**

Using an automated external defibrillator (AED) on a person who is having sudden cardiac arrest (SCA) may save the person's life.

The most common cause of SCA is an arrhythmia called ventricular fibrillation (v-fib). In v-fib, the ventricles (the heart's lower chambers) don't beat normally. Instead, they quiver very rapidly and irregularly.

Another arrhythmia that can lead to SCA is ventricular tachycardia. This is a fast, regular beating of the ventricles that may last for a few seconds or much longer.

In people who have either of these arrhythmias, an electric shock from an AED can restore the heart's normal rhythm (if done within minutes of the onset of SCA).

### **What Are the Signs of Sudden Cardiac Arrest?**

If someone is having SCA, you may see him or her suddenly collapse and lose consciousness. Or, you may find the person unconscious and unable to respond when you call or shake him or her.

The person may not be breathing, or he or she may have an abnormal breathing pattern. If you check, you usually can't find a pulse. The person's skin also may become dark or blue from lack of oxygen. Also, the person may not move, or his or her movements may look like a seizure (spasms).

An AED can check the person's heart rhythm and determine whether an electric shock is needed to try to restore a normal rhythm.

Get Help as soon as possible to phone for an ambulance.

### **How to use the AED**

- **Switch on the AED immediately and follow the voice prompts:**
- **Attach the leads to the AED if necessary and attach the pads to the victim's bare chest**
- **You may need to towel dry or to shave the chest so the pads stick properly. Only shave excessive hair and don't delay defibrillation if a razor is not immediately available.**
- **Peel the backing from one pad at a time and place firmly in position, following the instructions on the pads.**
- **Place one pad below the victim's right collar bone.**
- **Place the other pad on the victim's left side, over the lower ribs.**
- **DO NOT remove the pads if you have placed them the wrong way round – the AED will still work.**
- **Whilst the AED analyses the rhythm – stop CPR and ensure that no one touches the casualty.**

#### **If shock is advised –**

- **Ensure that nobody touches the casualty (check from top to toe and shout “Stand clear!”)**
- **Push the shock button as directed.**
- **Continue as directed by the voice prompts.**
- **Minimize, as far as possible, interruptions in chest compressions.**

#### **If shock is not advised –**

- **Immediately resume CPR using a ratio of 30 chest compressions to 2 rescue breaths.**
- **Continue as directed by the voice/visual prompts.**
- **Continue until ambulance arrives.**

Some staff have received training in the use of AEDs, however anyone can use an AED by following the instructions. The list of qualified AED users is published on the staff portal (<https://portal.spgs.org/staff/health-and-safety/first-aiders>) and the list updated when new and refresher training has been completed.

### **Availability of this policy**

Copies of this policy may be downloaded from our website <http://www.spgs.org/school-policies/> or are available on request from the Business Directorate, St Paul's Girls' School, Brook Green, London, W6 7BS (tel: 020 7603 2288)