First Aid Policy

Date Approved: October 2021
Last Reviewed: September 2026
This policy is for Bury Grammar Schools
Author: Deputy Head (i/c Health and Safety)

1. Introduction

This policy refers to all areas of Bury Grammar School aged 3 to 18 (therefore including the EYFS setting). The arrangements within this policy (for example the number of First Aiders, Appointed Persons and First Aid boxes and contents of First Aid boxes) are based on risk assessments carried out by the school.

This policy complies with paragraph 14 of Schedule 1 of the Education (Independent School Standards) (England) Regulations 2014, the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917) and the *First aid at work: Health and Safety (First Aid) Regulations 1981, approved code of practice and guidance*. In addition, the school has taken guidance from the DfE guidelines for First Aid in schools.

2. Principles

- The school will provide First Aid cover whilst pupils, parents, staff and members of the public are on site and participating in activities that have been organised by the school.
- When pupils are on site there is at least one qualified First Aider available to cover first aid.
- The school will identify and train academic and support staff to act as First Aiders.
- First Aid boxes will be located in areas where they are most likely to be needed and will be regularly checked and kept well stocked.
- A list of pupils with serious medical conditions will be maintained and kept up to date and will be effectively communicated to all staff.
- Group leaders on trips are responsible for ensuring that there is sufficient First Aid cover and be aware of and make provision for pupils with serious medical conditions.
- Staff will make written records of accidents and treatments which will be held centrally.
- Parents will, if judged necessary, be informed that their child has received First Aid treatment. Parents of EYFS pupils will be informed of any accident or injury sustained which has been logged in the classroom accident book.
- The Accident Record will form part of the regular Health and Safety Committee agenda.

3. Roles and Responsibilities

- **The Chair of the Health and Safety Committee is the Deputy Head H&S.**
  The school Health and Safety Officer is Alan Dennis. The Principal has delegated responsibility to AED to ensure that this policy is followed and that its effectiveness is monitored. Human Resources maintains the list of First Aid trained personnel and Alan Dennis arranges training to keep qualifications valid.

- **The Head of Health Support. (HoHS)**
  The Head of Health Support is Kay Robinson. Kay Robinson is based on the Senior Girls' site and the Senior Boy's site on a rota basis. The rota is available to all pupils and staff. Kay is primarily responsible for Health Support of the school. She works from 8.30am to 4.30pm daily. Her role in school is to deliver first aid, collate first aid records for

presentation to the H&S committee, collate first aid trained staff records, arrange vaccinations throughout the year and support AED in other Health Support issues. There are also members of the pastoral team and are available to give advice and support to pupils on personal or medical matters. The HoHS can supervise and administer medication only when there is permission on file.

- **Health Support Worker (HSW)**
  There is a HSW, Nicola Davies who is based in Senior Girls', Senior Boys' and BGS Primary Division, and works from 8.00 am to 4.00pm daily. Their role in school includes First Aid, administering or supervising the taking of medication (when there is permission on file) and being the first point of contact if pupils become unwell during the school day in the day.

- **First Aid Trained Staff (First Aiders)**
  In addition to the health team there are a team of voluntary staff (teaching and support staff) that are fully trained in First Aid skills (either First Aid at Work or Paediatric First Aid). Training is delivered by a competent organisation, or the HoHS who is qualified to deliver First Aid training, that enables them to carry out their duties effectively and with confidence. This enables them to deal with incidents or accidents and can provide cover if the Health Team are absent.

  Each member of staff is responsible for keeping her/his own First Aid training up to date and to forward a copy of any certificate for First Aid training that he/she undertakes to HR for filing in their staff personal file.

4. The duties of First Aiders

- First Aiders must complete a training course approved by the Health and Safety Executive (HSE).
- At school, the main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. In addition, when necessary, they should ensure that an ambulance or other professional medical help is called.

5. Numbers of First Aid trained personnel

The number of First Aid trained personnel will be determined by a Risk Assessment and in accordance with the EYFS Statutory Framework. Schools generally fall into lower risk categories of places of work and a ratio of 1:100 may be deemed sufficient, but the school will aim to achieve a substantially higher ratio of First Aid cover. Certain activities may require a much higher level of cover, and this will be reflected in the risk assessments which are written for such activities. The list of trained First Aiders is available from HR through a report request.

6. Practical arrangements at the point of need and First Aid cover

- **During the school day**
  During the School Day, the Health Team are the principal First Aiders. In their absence, the Deputy Head H&S is responsible for arranging First Aid cover from the pool of staff First Aiders.

- **Trips**
  The Trip Leader will ensure that there is adequate First Aid cover when taking a trip and will ensure that a First Aid kit is taken (available from the reception team. The trip leader must also be aware of pupils with serious medical conditions and ensure that they are in possession of their medication. Where appropriate they will also carry spare medication for such pupils.
  Trips do not necessarily require trained First Aid cover if the trip risk assessment concludes that sufficient cover will be provided by the venue/ other providers. This must be considered as part of the trip risk assessment.
  Where appropriate at least one person with a current Paediatric First Aid certificate must accompany a trip, this includes pupils from the Primary Division (including the EYFS setting). A full or emergency PFA certificate is required for level 2/3 workers who qualified after 30th June 2016 in order to be included in these ratios. PFA's must be updated every 3 years.

- **Sport (Tenterden Street campus)**
  All established Department of Sport staff are First Aid trained. New staff are First Aid trained at the first opportunity for in house training. First Aid kits are carried and readily available during lessons.

- **Sport (Buckley Wells)**
  The Director of Sport ensures that there is adequate First Aid provision during Sport lessons at Buckley Wells. To this extent there will be a minimum of one First Aid kit available at Buckley Wells and staff carry mobile phones to enable them to contact the School Office if necessary. An area of Buckley Wells has been designated for use only by an ambulance and the access road must be kept clear at all times.

- **Sports practices**
  Team coaches will normally be First Aiders. Where this is not the case a separate arrangement will be in place so that First Aid cover is available if required. In any case the team coach must be in possession of a First Aid kit which is issued by the Director of Sport.

- **Sports matches (Home)**
  For all other fixtures the team coach is expected to be in possession of a First Aid kit and a mobile telephone. An area of Buckley Wells has been designated for use only by an ambulance and the access road must be kept clear at all times.

- **Sports matches (Away)**
  First Aid cover is provided at fixtures. If a team coach has a concern about the provision of First Aid cover at a fixture then this should be raised with the Director of Sport. In any case the team coach is expected to be in possession of a First Aid kit.

- **School events**
  The person responsible for organising any school event should include the need for First Aid cover in their risk assessment. In any case there should be access to the Medical Room and a fully stocked First Aid kit.

- **Minibus**
  The school minibus contains a First Aid kit, which is checked on a regular basis by the main. If staff use the contents of the kit then they should inform a member of the school health team so that the contents can be replaced.

7. Protocol if a pupil becomes ill during the school day

- **Medical Room attendance**
  Pupils should always ask permission from their teacher to visit the Medical Room and should visit at break time or lunchtime if possible. However, there are some pupils who need to have immediate access to the Medical Room. Anyone with a head injury, bleeding injury, burns, severe pain or certain medical conditions such as diabetes, asthma, epilepsy, severe allergy, or migraines must be allowed immediate access to the Medical Room.

- **Non-urgent/non-emergency situations**
  For non-urgent/non-emergency situations, pupils are encouraged to visit the Medical Room outside lesson time i.e. break/lunch/private study periods.

- **Permission to attend the Medical Room**
  Should a pupil need to go to the Medical Room during lesson time, permission must be sought from their class teacher. The teacher should check that the pupil attended at the Medical Room as soon as is practicable. A pupil leaving a lesson (or the Games Fields) to attend the Medical Room should ideally be accompanied by another pupil (if they are feeling dizzy, have allergic reaction symptoms or diabetic hyperglycaemia / hypoglycaemia or appropriate adult in the case of Primary pupils.

  All pupil visits to the Medical Room requiring attention are recorded on the school iSAMS medical system. This records any treatment or advice given and duration of stay. Frequent visitors to the Medical Room are monitored and Form Tutors, Heads of Year and/or parents notified if necessary. The Head of Health Support can refer pupils directly to the School Counsellor should the pupils request it or if it may be helpful to the pupil.

- **Return to class/parent collection**
  The pupil will be sent back to class unless the Health Team (or admin staff) gives permission for them to remain in the Medical Room until feeling better. Pupils in the Nursery and up to and including Year 11 of the Senior School who are unwell must be collected by a parent or guardian if they are being sent home. 6th Form pupils may go home after their parents have been notified by school.

- **Head Injuries**
  A head injury is any injury which has been sustained to any part of the head, including the face and neck. Head injuries can range from seemingly insignificant to extremely serious. In any case they must always be treated seriously and recorded.

  Any pupil who has sustained a head injury will be assessed and monitored.

  All pupils who have received a head injury must be seen by the Health Team or assigned administration staff.

  A decision will be made as to whether further treatment is required.

  Every pupil who has sustained a head injury is given a Head Injury Advice Form which is explained and discussed with them. These forms are available in the Medical Room. A text message is sent home to parents of senior pupils letting them know their child has received a minor head injury.
  Primary pupils including EYFS are also issued with a wristband detailing the time and date of the head injury.

  Parents are contacted by telephone if considered appropriate.

  Where the head injury is the result of a pupil being involved in a fight, the parents will always be contacted to alert them.

- **Hospital admission**
  If an injury requires hospital treatment the pupil will be accompanied to Hospital by an adult from the school or, if possible, a parent. The parents, if not already with the pupil, will be directed straight to the hospital.

- **Administration of Medication**
  A supply of over-the-counter medications such as Paracetamol, Ibuprofen and lozenges are kept in a locked cabinet in the Medical Room and given out when appropriate and where we have consent to do so. Ibuprofen will not be given to any pupil that has a history of Asthma. Pupils' own medication can be brought in and kept in a locked cabinet in the Medical Room or in the Medical Room fridge. This must be in its original prescribed bottle or box, and pharmacy labelled with the pupil's name, date, dosage, expiry date and length of course. An accompanying letter or completion of a "request to administer medication" form should be filled in and signed by the parent. In Primary, including EYFS, parents complete a Medical Consent form prior to staff administering medicines. EYFS – Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor). Parents sign and complete the Medical Information Form on admission to the school to consent to their child being given the above medication. If a pupil is given medication, staff will complete a slip for the pupil to take home. Parents will

be contacted and asked to collect any out-of-date medication for disposal and supply replacements as necessary.

During trips parents' consent through ParentPay to give their permission for staff to administer agreed medication. For trips not requiring consent from parents, over the counter medication may be administered by a member of staff in line with the consent given by parents and held at the school office.

- **Administration of Controlled Drugs**
  In the unlikely event that a prescribed controlled drug such as Concerta (ADHD Medication), or Codeine is brought into school this must be stored in a locked medical cabinet securely attached to the wall with limited key access. A separate register for the administration of the controlled drug must be completed on receipt of the medication. In the event of a school trip the controlled drug must be kept and transported in a locked container and assigned to a member of staff who is responsible for the storage and administration of the medication.

8. Accident procedure

- If a serious accident occurs, and the casualty cannot be safely evacuated to the Medical Room, use a school radio Channel 6, for help to assess the situation.
- An ambulance should be called if necessary, or if less serious the casualty should be escorted in a taxi to the A&E Department at Fairfield Hospital by a member of staff, or preferably by a parent.
- It is impossible to legislate for such an event outside weekday school hours, but trained First Aiders, parents or spectators may be able to help. If you are in doubt about the seriousness of an injury, play safe and seek medical aid. Concussion, for example, may not be immediately evident.
- Minor accidents are logged. For accidents that are more serious an Accident Form, available from the Health Team, should be completed as soon as possible by the witness to the accident. Forms should be handed in to the Health Team within 24 hours. This applies to accidents on educational visits outside normal lesson/term time as well as accidents at school. The Principal, Deputy Principal, the Deputy Head H&S, the Primary Heads (where appropriate) and the relevant Head of Year and Form Tutor should be informed of any major incidents.
- Some incidents that occur in schools or during school activities must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). (See section 15)

9. Health Care plans

If a pupil has prolonged medical needs parents must consult the Health Team on the formulation of an individual Health Care plan, which is updated at regular intervals.

Pupils with chronic illness requiring regular medication, such as Asthma or Diabetes, are encouraged where possible and according to age to self-administer medication.

Pupils who are asthmatic should carry an inhaler at all times in the classroom, on the sports field, at the pool, in breaks and lunchtimes and on school trips. Pupils are strongly advised to provide the School Health team with a **spare, named inhaler**.

Any pupil at risk of an allergic reaction leading to potential anaphylactic shock and who needs a device for the emergency injection of Adrenaline is obliged to carry it at all times in the Senior School. In the Primary Division (including EYFS) Adrenaline Devices are kept in the relevant classrooms and are taken to and from activities until the pupil reaches the age where they are able to take responsibility for their own Adrenaline Device. All teaching staff are trained annually in Allergy / Anaphylaxis and the use of adrenaline devices. Spare adrenaline devices and antihistamines, supplied by the parent, are kept in the Medical Room in the unlocked medication cupboard.
School have a stock of six spare EpiPens (please see the Allergy and Anaphylaxis policy)

The Health Team keeps a record in school of all those pupils who we are informed are asthmatic, epileptic, diabetic or suffer severely from allergies.

10. Protocol for informing parents

Parents will be informed by the Health Team, Administration staff or First Aider as outlined in section 8. In Primary, including EYFS, pupils wear wristbands indicting any allergies or special arrangements required that need to be adhered to.

11. Protocol for informing the Principal, Deputy Principal (and Primary Principal)

The Principal and Deputy Principal and as appropriate the Primary Heads, must always be informed as soon as is practicable of any serious injury to a pupil and of all hospital admissions.

12. Communicating information about pupils' medical conditions

Some pupils have specific medical problems/needs which are accessed through SharePoint folder here Care Plans. Individualised care plans are drawn up in consultation with parents and pupils for those pupils with specific health needs such as diabetes, anaphylaxis, epilepsy etc. and circulated to relevant staff. Staff who are due to take pupils with medical conditions on educational visits are advised to discuss each pupil's needs with the Health Team well in advance of the visit, as set out in the School Educational Visits Policy. Occasionally it is appropriate to have a meeting with the staff member, the parents, pupil and the Health Team prior to the visit. This policy also has policies on the care of pupils with diabetes, asthma, epilepsy and anaphylaxis reaction (see Appendix).

13. Arrangements for the exclusion of children who are ill or infectious

In all sections of the school, for any case of notifiable disease the Health Team will inform the Public Health Department in Bury. They will consult with parents regarding the period of

exclusion required for each specific case and will follow the Health Protection Agency 'Guidance on Infection Control in Schools and Other Child Care Settings'.

Notification of infectious disease

Parents are asked to notify the School Health team of any infectious disease. This is particularly important in the case of Rubella (German measles) which carries a risk to pregnant women.

14. Reporting and recording

The Chair of the Health and Safety Committee organises any incident or accident investigations required as a result of an incident or accident that has taken place within the grounds and premises of BGS and in any external location that involves a member of the organisation's employees or students.

If the Health Team or First Aider is called to administer First Aid in the event of an accident they complete an iSAMS Medical Accident Report (HSE compliant) or the Medical Book for First Aid Treatment as appropriate.

Copies of the iSAMS Medical Accident Report entries are sent to the Health and Safety Officer and investigated as appropriate. All entries are taken to the Health and Safety Committee for further discussion and to determine whether current controls and precautions are adequate and appropriate. The Chair of Governors updates the full Governing Body (GB) on Health and Safety matters; this is a standing agenda item for full GB meetings.

Some incidents that occur in school or during school activities must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) (0845 300 9923). The following must be reported although the Health and Safety Officer will check the current requirements with RIDDOR at the time of any accident or incident.

- Deaths.
- Major injuries.
- Over-seven-day injuries.
- An accident causing injury to pupils, members of the public or other people not at work.
- A specified dangerous occurrence, where something happened which did not result in an injury but could have done.

In addition, at EYFS, the School will inform ISI and the local child protection agencies of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of

In the case of illness resulting from food poisoning affecting two or more pupils cared for on the school premises, ISI will be notified within 14 days. Notification must be made as soon as reasonably practicable.

Hygiene Procedures for dealing with the spillage of body fluids

Disposal of bodily fluids

The correct handling of bodily fluid spills should be a concern of all staff working within the school environment. All concerned individuals must be aware that any time there is blood and/or other bodily fluids present, there is the possibility of an infectious disease being transmitted. However, this possibility can be reduced if the following precautions are observed.

Urine, vomit, faeces

- All spillages of body fluids, e.g. urine, faeces, vomit will be dealt with immediately.
- If a child has vomited into a bowl, the handler must wear gloves and dispose of the vomit either into a yellow clinical waste bag and inform the cleaning staff immediately or flush the fluids down the toilet if a small amount.
- If the spillage is on the floor, the handler must wear gloves and cover the spillage with Sanitair Crystals as per instructions. Once the fluids have solidified the spillage can be lifted and placed in a yellow clinical waste bag. The area must then be cleaned with a suitable detergent, e.g. Flash, Odestroy, or washing up liquid and hot water using a clean cloth which must then be placed in the yellow clinical waste bag.
- Gloves should then be removed and placed in the yellow clinical waste bag. This is then sealed and placed in the clinical waste bin for collection.
- The handler must then wash his/her hands.

Blood

- Blood spillages must be dealt with immediately. All blood must be dealt with as though it were infected. The blood from children/adults who are known to be HIV or Hepatitis B positive does not need to be treated any differently.
- If the spillage is a significant amount, the cleaning staff must be contacted immediately. Wearing gloves, the spillage must be cleaned with a suitable detergent/bleach solution. If this is not available, wash the area thoroughly with hot soapy water. If the spillage is on a carpet, once the blood has been removed, the carpet must be cleaned with a suitable carpet shampoo. Dispose of any cloths in the yellow clinical waste bag.
- Gloves must be placed in the yellow clinical waste bag, which must be sealed and placed in the clinical waste bin for collection.
- The handler must then wash his/her hands.
- All gauze swabs, tissues or cloths used for cleansing wounds must be placed into a yellow bag inside the clinical waste bin situated in each Medical Room.
- All sharps e.g. needles are disposed of at the site of treatment, in a yellow sharps container.
- Mops should not be used to clear up bodily fluids because of the risk of cross contamination.

Use of Automated Defibrillator at Bury Grammar School

The Resuscitation Council (UK) sets the standard for resuscitation training for both the general public and healthcare professionals. Advice on the use of defibrillators is that 'Electrical defibrillation is well established as the only effective therapy for cardiac arrest due to ventricular fibrillation or

pulse rate less ventricular tachycardia'. The scientific evidence to support defibrillation is overwhelming, the single most important determinant of survival being the delay from collapse to delivery of the first shock. The chances of successful defibrillation decline at a rate of 7-10% with each minute; basic life support will help sustain a shock able rhythm but is not a definitive treatment.

The chances of survival following cardiac arrest are considerably improved if appropriate steps are taken to deal with the emergency. These steps form the concept of 'The Chain of Survival' and are:

- Recognition of cardiac arrest
- Early activation of appropriate emergency services
- Early basic life support
- Early defibrillation
- Early advanced life support

Increased provision of early defibrillation through the widespread deployment of AEDs is now considered a realistic strategy for reducing mortality from cardiac arrest due to ischemic heart disease. The Resuscitation Council (UK) strongly recommends the implementation of early defibrillation.

The deployment of a defibrillator at BGS accords with the intent of the Government White Paper entitled Saving Lives: Our Healthier Nation 1999.

Specific medical conditions

Asthma

Symptoms

- Coughing
- Tight chest
- Wheezing
- Shortness of breath

Not every pupil with asthma will get these symptoms; some pupils may be very unwell with asthma but not show any of the above signs.

Treatment

Reliever inhalers (blue) are taken immediately to relieve asthma symptoms during an attack. They are sometimes taken before exercise to prevent the onset of symptoms.

Preventer inhalers (brown, red, orange) are usually taken at home.

Storage of inhalers

Primary Division (including EYFS)

On completion of an Asthma card parents are asked to provide an inhaler which is stored along with the card, clearly labelled with the pupil's name in a cupboard in the pupils' classroom. All staff should familiarise themselves with the location of the inhalers. The inhaler should accompany the pupil to sports activities and educational visits.

Senior School

Pupils in the Senior School are encouraged to manage their own condition and normally carry their inhaler with them, although some do choose to leave a spare inhaler clearly labelled with their name in the unlocked medication cupboard located in the Medical Room.
Again, pupils should be encouraged to take their inhalers to sporting activities and educational visits.

Emergency treatment in the case of an asthma attack

If the pupil presents with:

- Coughing
- Shortness of breath
- Wheezing
- Tight chest
- Unusually quiet

Assist pupil in administering their blue inhaler as directed
Sit down in a quiet area

Reassure at all times
Support upper body with pillows if necessary
AN AMBULANCE SHOULD BE CALLED IF:

- **Symptoms do not improve sufficiently in 5 -10 mins**
- **The pupil is too breathless to speak**
- **The pupil is becoming exhausted**
- **The pupil appears blue**

Stay with the pupil at all times offering constant reassurance.

Epilepsy

Epilepsy is a very individual condition. Seizures or fits can happen for a variety of reasons. Seizures can take many different forms; therefore, please refer to individual care plans for guidance. Not all seizures will involve loss of consciousness. Some pupils may present as confused with slight twitching of a limb while others may suddenly drop to the floor with jerking movements of the limbs and loss of consciousness. Occasionally breathing may be difficult and the pupil's colour may be affected, e.g. becoming grey or blue especially around the mouth. Some pupils also bite their tongue or cheek and occasionally wet themselves.

Treatment

Most pupils with epilepsy take regular medication to control their seizures. This will be documented in the pupil's Care Plan. Usually, the medication will be managed at home.

Emergency treatment in the case of an epileptic fit

- Make sure the pupil is in a safe position – usually lay on the floor
- Do not restrict a pupil's movements
- You may place a pillow or rolled up item of clothing under the head to help protect it
- Nothing should be placed in the mouth
- After the seizure the pupil should be placed in the recovery position
- The pupil should never be left alone

AN AMBULANCE SHOULD BE CALLED IF:

It is the pupil's first seizure

The pupil's colour becomes blue or grey (cyanosis)

The pupil is unresponsive after the seizure has stopped

The pupil has a serious injury

They have problem breathing after a seizure

The seizure lasts longer than five minutes or longer than the time dictated in the Medical Care Plan

There are repeated seizures

Diabetes

Diabetes is a condition where the level of glucose in the blood is affected by the body's inability to produce adequate insulin. The majority of pupils in schools have Type 1 diabetes for which they have daily insulin injections, usually via an insulin pump. This also requires the pupils to monitor their blood sugar levels regularly throughout the day and eat a healthy balanced diet.

A pupil with diabetes should be allowed to eat regularly throughout the day; this normally includes snacks at break time and prior to sporting activities. This should be taken into account in the case of sporting fixtures and school trips where the normal school day is disrupted.

Possible complications

Hypoglycaemia (low blood sugar)

Symptoms

- Sweating
- Hunger
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, aggressive or angry

Note: Each pupil will experience different symptoms, and this will be evident in the pupil's individual care plan.

Treatment

- It is very important that the pupil's blood sugar is returned to normal without delay.
- Never leave a pupil alone.
- Assist the pupil to take their emergency treatment from their 'hypo' box. This may vary for individual pupils and will usually include fast-acting glucose tablets, cola, and Lucozade.
- This should be followed by longer-acting carbohydrates, e.g. crisps, biscuits, glass of milk.
- Refer to the individual Health Care Plan for further advice.

AN AMBULANCE SHOULD BE CALLED IF:

The pupil's recovery takes longer than 10-15 minutes.

The pupil becomes very sleepy or unresponsive

Storage of insulin and 'hypo' treatment

Primary Division (including EYFS)

If a pupil needs assistance with their daily regime, the school health team or appropriately trained member of staff will offer reassurance and assistance as necessary in accordance with the pupil's Health Care plan. If a pupil is assessed as competent to manage their own daily insulin regime, they should be encouraged to continue this whilst at school. A 'hypo' kit and insulin should be stored in a named box along with their care plan in an unlocked cupboard in the Medical Room. Again, it is usually advised that the box accompanies the pupil to activities away from the School building, e.g. Swimming Pool, sports field, etc.

Senior School

Normally the pupil should be encouraged to manage their own daily care. However, the Senior Health Support Worker is able to assist if needed. The pupil will be responsible for transporting their insulin whilst in school. The pupil should also carry their own fast-acting glucose supplies as well as storing a 'hypo' box in the unlocked medication cupboard in the Medical Room along with a copy of their care plan. Spare Insulin can also be stored in school with parental discussion.

Hyperglycaemia (high blood sugar)

Symptoms

- Greater than usual need to go to the toilet to pass water
- Excessive thirst
- Tiredness
- Vomiting
- Breath that smells like pear drop sweets or acetone

Treatment

- Parents should be contacted immediately as urgent medical attention is required.

Anaphylaxis – please refer to the Allergy and Anaphylaxis policy

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It can occur within seconds or minutes of exposure to an allergen but can also take several hours or, rarely, days.

Common triggers include peanuts, tree nuts, eggs, fish, penicillin, latex and stings of bees, wasps etc.

Less severe reactions include rashes, swollen lips, abdominal cramps and itching. Careful monitoring should be taken even with mild symptoms as they can quickly develop into full anaphylaxis shock.

Severe symptoms

- **Swelling of the face, throat, tongue, neck and lips**
- **Rapid fall in blood pressure causing weakness, pallor and possibly fainting**
- **Asthma symptoms and difficulty breathing**
- **Potential collapse.**

Treatment

Most allergic reactions are managed by the quick administration of antihistamine medication. More serious reactions require an injection of Adrenaline via a pre-loaded injection. **If an Adrenaline injection is administered an Ambulance should be called.**

All pupils with serious allergies in school have an individual care plan which should be referred to when assessing a pupil.

Training on the management of allergic reactions and the use of adrenaline injections is available to all staff.

Storage of anaphylaxis treatment

Primary Division (including EYFS).

Anaphylaxis medication prescribed to the pupil along with a copy of the pupil's individual care plan are kept in a clearly labelled box in the relevant classroom.

Senior School

All pupils are advised to carry their own Anaphylaxis kit with them whilst in school. Again, these should be transported in a suitable case with full instructions. Spare sets should be kept in the unlocked medication cupboard in the medical room together with a copy of the pupil's care plan.

The Administration team will provide this kit for school trips for which the teacher in charge is responsible.

Please note: all staff should familiarise themselves with the medical information provided in Sharepoint regarding pupils they teach or supervise Full class medical information

All care plans are stored on SharePoint and should be accessed by staff when required Care Plans

Appendix A, Anaphylaxis Risk Assessment

Anaphylaxis				
Activity	**Hazard**	**Who**	**Control**	**Further Action required**
	Allergic reaction	Pupils and Staff	Teaching staff receive annual training in how to administer adrenaline devics during faculty training.	
			Nuts are not served as part of school food provision	
			Nuts are not routinely permitted on school trips and visits. Allowance of nuts should be referred to in the trip Risk Assessment	
			Supply of pupils' adrenaline devices and antihistamines are held in school medical rooms	
			Allergens policy adopted by school catering	

Appendix B

Link to list of currently first aid trained staff

Appendix C

Recommended reading Health and safety: responsibilities and duties for schools - GOV.UK (www.gov.uk)

Appendix D Historical Review Log

Date	Review	Initials
01/05/20	Addition of COVID 19 annex	RLN
16/10/20	Full review, minor change to where record of first aiders is held	AED
13/10/21	Update of introductory wording	AED
27/07/22	Removal of COVID 19 annex, addition of Anaphylaxis Risk Assessment, Appendix A	AED
05/09/22	Addition of link to list of first aiders on staff. Addition of Appendix C with link to recommended reading	AED
18/08/23	Links are up to date, no material changes. This log ended. Move to appendix E for new changes	AED
11/09/24	Links up to dates. Changes to reflect that records are held electronically	AED
12/08/25	No material changes.	AED
25/03/26	Change of named designated staff. Inclusion of referring to the Allergy and Anaphylaxis policy	KRO
04/08/26	Annual review, no changes	AED