

International School of London

First Aid Policy

Date reviewed:
August 2026

To be reviewed:
August 2027

Mission statement

Since 1972, we have established a welcoming and inclusive community. Our diverse cultures and languages drive all our learning experiences.

We nurture creativity and curiosity to stimulate deep thinking. We foster insight, compassion and resilience to enable us to play a meaningful part in a changing world.

Vision statement

We celebrate our stories, our worth and our purpose to make a difference in a shared world.

At the International School of London, we believe in:

Empowering students to maximise their learning opportunities and to fulfil their potential.
Actively integrating cultural diversity in the curriculum.
Creating inclusive, vibrant and innovative learning communities.
Offering a diverse and extensive international programme that supports personal, social and professional growth.

1 Policy Statement

The International School of London has drawn up this policy mindful of the Health and Safety (First Aid) Regulations 1981 (ISI 1981 No 917) 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. Schools are not legally obliged to provide first aid for students but all school staff have common law responsibilities with regard to them and therefore good practice dictates that arrangements should be made for administering first aid to students.

2 Purpose

This policy seeks to ensure 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 section 3 for hours of work a section 9.1 for definition of “qualified first aider”)
- Appropriate first aid arrangements are made whenever staff and pupils are engaged in off-site activities and visits.

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1 Responsibilities under the First Aid Policy

The Health and Safety Committee at the International School of London (the School), on behalf of the **Board**, is responsible for the continuing assessment of first aid needs, which will take into account:

- Numbers of pupils, 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 **Operations Director**, on behalf of the Health and Safety Committee, is responsible for:

- Maintaining records of accident reports.
- Advising on appropriate levels of first aid provision.
- Ensuring first aid cover is available during normal school hours

The Head of Admin, on behalf of the Health and Safety committee, is responsible for:

- Advising the School on training and resources needed for pupils with special medical needs.
- Identifying first aid training needs, organising appropriate training for first aiders and maintaining a record of all first aid training of school staff
- Arranging in-house training for administering pupil medication
- Organising provision and replenishment of first aid equipment, along with Front Office Receptionist and the School Secretaries
- Ensuring that staff receive regular updates about the specific medical needs of pupils within the school community
- Maintaining lists of qualified first aiders and their display
- Maintaining list of pupils with medical needs – EpiPen users; students with asthma, diabetes, allergies; etc.
- Arranging for staff to attend the first aid at work course as required

The Operations Director/Head of Admin is responsible for:

- Ensuring first aid cover is available during normal school hours

The Head First Aider, on behalf of the Health and Safety committee, is responsible for:

- Liaising with the health and safety committee on first aid issues
- Organising provision and replenishment of first aid equipment
- Maintaining accurate records of first aid treatments given in the medical room

Qualified first aiders (see appendix I) 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 Head of Physical Education is responsible for:

- Ensuring that risk assessments are undertaken for any sporting activities taking place in their lessons
- Ensuring appropriate first aid cover is available at all out-of-hours and off-site PE activities
- Ensuring first aid kits are taken from the office to all practice sessions and matches.
- Ensuring all medicines, asthmatic inhalers and EpiPens are taken (and replaced) from the medical room to all sporting fixtures

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 competed for any practical work taking place in their laboratories.

Art and design 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 high risk equipment.

All staff:

All staff have a duty of care towards the students and should respond accordingly when first aid situations arise, ensuring risk assessments are in place for times when they are taking pupils off site.

New staff are briefed about the School's medical room and where to find information and help. All staff are reminded regularly about the specific medical needs of students within the school community. They are asked to familiarise themselves with the photo lists of students with allergies and/or asthma and EpiPen users in the posters permanently situated in the staff rooms and staff cafeteria. These identify students with medical needs that require the use of EpiPens and those students who could require first aid due to medical conditions such as epilepsy and diabetes. An up-to-date list of qualified first aiders is published and displayed in Primary, Secondary and College

corridors, and updated after each training session.

2 Hours of work

We have full-time **first aid cover** for the medical room during our normal school hours, 8.00am to 5.00pm, Monday to Friday during term time. If the **first aid lead** is on a long-term absence, the **Head of Admin** will organise for first aid cover.

3 Out-of-hours and off-site activities

Many school activities take place outside of normal school hours and/or off-site. First aid provision is available at all times while people are on the school premises and when on school trips or visits. 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 **Front Office team.**

4 First aid personnel

The medical room is monitored by qualified first aiders in the Front Office. The medical room is open throughout the school day and is fully equipped to deal with everyday accidents and injuries. If all qualified first aiders are off-site for any reason, staff will be informed and a notice will be displayed on the door of the medical room 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
- Facilities team
- Kitchens
- Reception/Front Office
- Staff Room

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

Science department

1 x each laboratory

1 x preparation room

Art department

1 x B3 Design room – above the desk

PE department

4 x PE department office (2 x small, 2 x large)
A games first aid kit is to be taken to all games lessons, practices and matches. The PE department is responsible for checking and restocking these kits in liaison with the Front Office staff.

Lower School

1 x A8 primary offices

1 x A2 EC2 classroom

Catering and cleaning

1 x kitchen office

Other areas in school

1 x school front office

1 x medical room

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 front office. Accompanying staff also carry details for each pupil as follows:

- Contact details for parents/guardians
- Details of any medical conditions
- Details of medication being currently taken
- Details of conditions contained in the appropriate registers 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 short trips or off-site swimming lessons, it is the responsibility of the visit organiser and or class teacher (respectively) to check the medical conditions of pupils involved and to collect the appropriate medical and first aid kits from the medical room.

For overnight visits and overseas exchanges, the **school secretaries** are responsible for providing the organising/lead teacher 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 Principals of the School have the right to exclude any pupil from a residential visit on medical grounds if inadequate information or equipment is supplied to the teacher.

6 Information

All staff can obtain information on how to access first aid assistance in the staff handbook.

Additionally, **first aid notices are posted in communal areas** such as corridors and entrance halls and in high-risk areas such as science, technology, catering and the PE department, detailing:

Names of qualified first aiders with certificate expiry dates

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.

Please see Appendix I for a full list of current trained first aiders.

7 Training

A qualified, designated first aider is someone who holds a current 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 **Designated First Aider** arranges for staff to attend the first aid at work course as required.

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.

8 Emergency Procedures

MYP/DP students - Depending on the severity of the injury or illness, the casualty should see the **Designated First Aider** at the next appropriate opportunity, e.g. break or lunchtime, or go immediately to the medical room, 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.

PYP students must be accompanied to the medical room by a teacher or TA. It is the accompanying teacher/TA's responsibility to describe symptoms/details of incident to the **Designated First Aider**. In the case of head injuries, the accompanying teacher will be responsible for completing a detailed accident report.

In the event of severe illness or injury, the first member of staff on the scene should call the **Designated First Aider** or an ambulance without delay. 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. Procedures for dealing with specific medical conditions are given as follows:

- Anaphylactic shock (appendix II)
- Asthma (appendix III)
- Diabetes (appendix IV)
- Epilepsy (appendix V)

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

A member of staff should always remain with the casualty until help arrives.

If an ambulance is called, a member of the Facilities team 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 by a member of the senior management team (i.e. not by leaving a voice message) once the ambulance crew have established the condition and the destination hospital. A responsible adult/qualified first aider should accompany the casualty to hospital.

The front office will inform parents if their child has suffered a head injury.

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 **biohazard spill kits** can be found under the sink in the lobby of the medical room, in the main kitchen area under the sink, and in A8 Annexe office
- 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 **Designated First Aider** and/or the **Facilities** team. Soiled clothing should be placed in a plastic bag and given to the adult collecting the child.

9 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
- 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. A copy should be kept by the **Designated First Aider** in an A4 log book in the medical room. Records are kept for a minimum of eight years in accordance with guidelines for storage of medical and nursing records. Paper records are held in the medical room.

All accidents must be reported to the **School Principals** within 48 hours by the first member of staff on the scene. **Accident forms are available in hard copy in the medical room.**

Serious Accidents

If the accident is serious, an accident report form should be completed and sent to **the Operations Director, who should also be contacted immediately. The Operations Director** must then **inform the Head of School** or **the Principals** who will complete the penultimate section.Records of all major accidents are kept by the **Operations Director**. Copies of accident reports are also kept in the medical room and a copy should also be kept on the individual staff/pupils file.

There is a statutory requirement that some accidents must be reported to **the Head of School** within 3 working days under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) (0845 300 9923). The following accidents must be reported to **the Head of School** by **the Operations Director:**

Involving employees of self-employed people working in the premises:

- Accidents resulting in death or major injury (including as a result of physical violence).

Accidents which prevent the injured person from doing their normal work for more than 7 days involving pupils and visitors which:

- Results in the person being killed or being taken from the site of the accident to hospital arise out of or in connection with work i.e. if it relates to:
    - Any school activity, both off and on the premises.
    - The way the school activity has been organised and managed.
    - Equipment, machinery or substances.
    - The design or condition of the premises.

The Head of School and the CEO must be notified of fatal and major injuries and dangerous occurrences without delay. **The Operations Director** is responsible for ensuring that this happens and will do so by using the online HSE F2508 form.

10 Monitoring and review of the policy

The medical room 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 pupil numbers.

Any concerns regarding first aid should be reported without delay to **the Operations Director.**

APPENDICES

Appendix I List of Qualified First Aiders

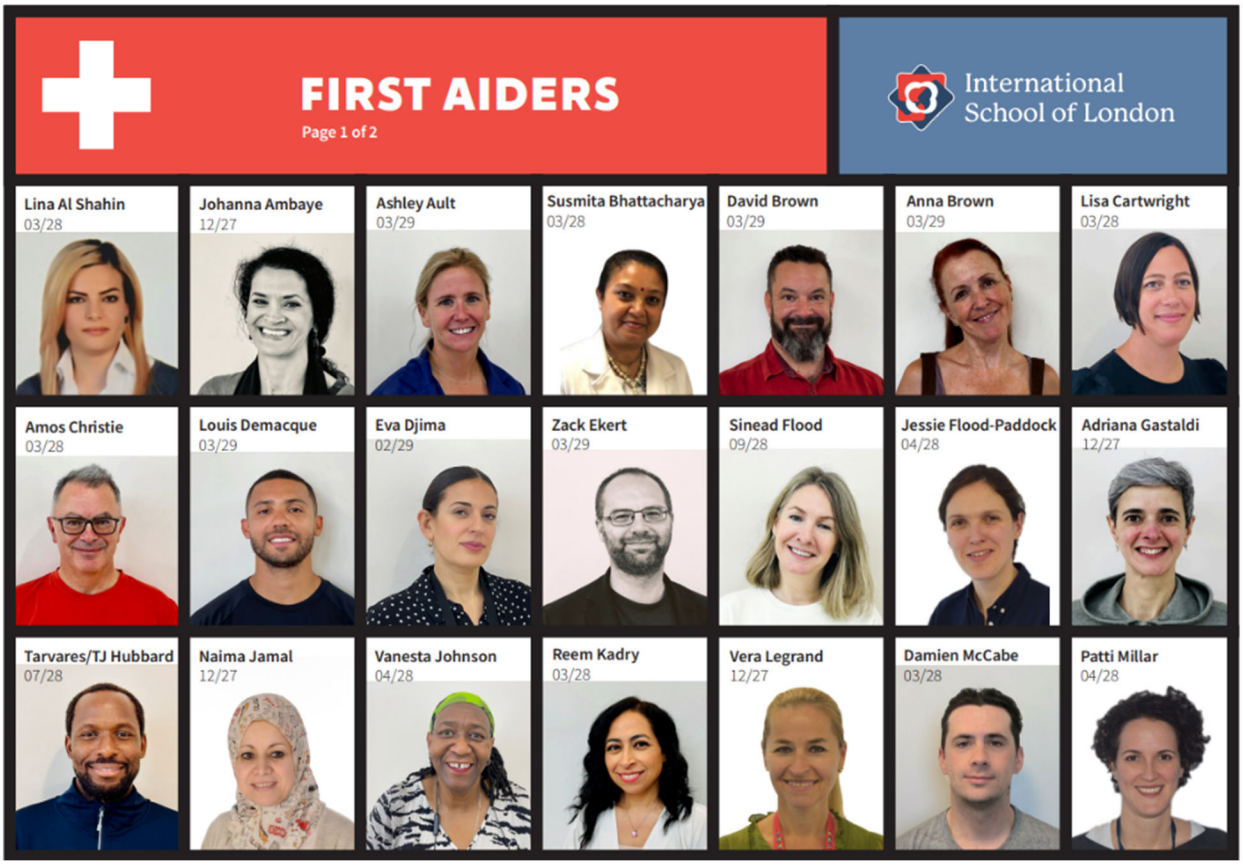
Appendix II Severe Allergic Reaction – Anaphylaxis

Appendix III Asthma

Appendix IV Diabetes

Appendix V Epilepsy

Appendix I List of Qualified First Aiders





A list of first aiders with accompanying pictures for quick identification will be placed strategically around school.

Appendix II

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:

- If you know your child is an allergy sufferer, please pay particular attention to weather conditions/ pollen count, and administer the appropriate dosage **BEFORE** coming to school.
- Piriton or inhaler may be given by the **Designated First Aider**, by any first aider in his/her absence and on trips by any attendant adult. The agreed health care plan will be in the named medical box taken on the trip or stored in the medical centre.
  The child should be monitored in the medical room to ensure their medical condition doesn't worsen.

For severe symptoms:

- This is usually given via an auto-injector device (EpiPen) 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 EpiPen can be used.
- **The child must go to hospital by ambulance if the EpiPen is used.**

Emergency procedure

If a child shows signs of symptoms of a severe allergic reaction, the **Designated First Aider** should be informed immediately.

Call an ambulance without delay, stating "child with anaphylaxis" (follow procedure for calling an ambulance). If the **Designated First Aider** is not available for any reason, follow these procedures:

- Send a responsible person to get the child's emergency box from the medical room
- Monitor the child's condition carefully.
- Administer, if necessary, the EpiPen 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 the area injected for 10 seconds afterwards.
- 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 EpiPen may be needed after 10 minutes, if help has not arrived and the child's condition is not better
- Give all used EpiPens 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 **Designated First Aider** will record the incident on an accident report form.
- Parents must replace medication as necessary.

Collapse
Assess for cardio-pulmonary resuscitation (see CPR procedure)

First episode
In the case of a pupil without a previous history of anaphylaxis and allergy, the **Designated First Aider** 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 ISL of their child's allergy in the medical history forms they complete when their child joins the school. If the condition develops later, the parents must notify us as soon as possible.
- The **Designated First Aider** will discuss with parents the specific arrangements for their child. The parents are to sign the agreed health care plan before

enrolment.

- Parents should teach their child about management of his/her own allergy including avoiding trigger substances and how and when to alert an adult.
- Parents should provide **two in-date** EpiPens and provide replacements when requested by the **Designated First Aider.** Parents will also supply any antihistamine or other medication that may be required. 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 **Designated First Aider** will inform all academic staff and the Head of Pastoral of the child's allergy and emergency treatment procedure.
- A named photograph of pupils with severe allergies is displayed in the office, in the staff rooms, catering office and PE offices, science departments and administrative offices.
- Training will be available to designated staff members (especially all PE staff) in the recognition and treatment of anaphylaxis and allergy including use of EpiPens 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 pupils on ingredients and appropriate food choices as required.
- A pupil should carry his/her EpiPen with them at all times at school together with any other emergency medication.
- Specific arrangements to carry medication 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 EpiPen.

Appendix III

Asthma

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school welcomes all pupils with asthma and encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, and pupils. Supply teachers and new staff are also made aware of the policy.

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 pupil 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. All parents/carers of children with asthma are requested to complete an asthma protocol to be kept at school, which states the agreed procedure to be followed if their child has difficulty with their asthma during the school day. Parents/carers should update or exchange the card for a new one if their child's medicines, or the dosage, changes during the year.

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. Pupils with asthma are encouraged to carry their reliever inhaler. Parents/carers may supply the school with a labelled in date spare reliever inhaler. This will be readily available, at all times, in a named box in the medical room, in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer.

Emergency reliever inhalers are also available in the medical room for the use only by the list of known asthmatics whose parents have signed the emergency Salbutamol administration consent form (lists are kept with emergency inhalers).

School staff are not required to administer asthma medicines to pupils (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 pupils take their own medicines when they need to.

Storage and Care

Storage

- Medical Room – in medical cabinet/cupboard 2 inhalers 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 parents who should take used inhalers to the pharmacy

Care

- **Designated First Aider** with responsibilities for maintaining the emergency asthma kit
- **Designated First Aider -** Check inhalers and spacers monthly
- **Designated First Aider -** 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
- 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

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

Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils 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 pupil needs to use their inhaler during a lesson they will be encouraged to do so.

Each upper school pupil must collect their back up medication from the medical room prior to participating in sports/PE, and replace it after the lesson. The PE teachers hold an emergency medication register which is taken at the start of each lesson.

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

Swimming off-site

Classroom teachers are responsible for collecting emergency medication from the medical room prior to leaving the school grounds to participate in off-site swimming lessons.

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 pupils 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 pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

School environment

The School does all that it can to ensure the school environment is favourable to pupils 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. Pupils with asthma are encouraged to leave the room and go and sit in the school medical room if particular fumes trigger their asthma.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the homeroom tutor and/or the Head of Pastoral will initially talk to the parents/carers to work out how to prevent their child from falling behind. The homeroom tutor may also talk to the special education needs coordinator about the pupil's needs.

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

Asthma attacks

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

Each child on the asthma register has their own labelled medical box stored in the medical room containing spare medication and the agreed management protocol for reference.

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 his/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 IV

Diabetes

The International School of London welcomes and supports pupils 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 pupils 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 pupil in the event of an emergency and are confident in knowing what to do in an emergency.

Management in school

When the pupil joins the School, the parents will declare it on the health history form contained in the Welcome Pack, which should be returned before the start of term. 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, in the medical room, or in the fridge if necessary. The child's name will be kept on a register of children with medical conditions and copies of these are available for easy reference throughout the School.

Medicine

The pupil will know how to administer their medication. However, the School will support your child in all aspects of the pupil's medication and its administration. The parents will ensure that the information is available to all staff. Parents 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 pupil, 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 pupils will have to be told, though this would be done after discussion with the pupil. 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 pupils 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, residential and overnight visits.

Day visits

The pupil needs to carry their medication and monitoring kit as usual, together with a backup kit.

The staff will collect the pupil'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 pupil is confident in the management of their diabetes with regard to dosage, administration, monitoring control and adjustment of dosage. If he/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 pupil 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 pupil 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 pen and injection (either pre-filled and disposable or with a replaceable cartridge). Insulin may be administered several times a day so the pupil 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 pupil 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 pupil's medical box.

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

Each pupil 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 pupil will be responsible for taking the tablets him/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
- Take the child to a safe place until recovered, when he/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 **medical help**
- Contact parents

Hyperglycaemia

This is when the blood glucose levels rise above the normal range. If the levels stay high the pupil 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 pupil – they could take their glucose level and may feel confident to give themselves extra insulin

- Call the specialist diabetic nurse (see pupils 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 V

Epilepsy

The International School of London recognises that epilepsy is a common condition affecting many children and young people and welcomes all pupils 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 pupil.

The International School of London ensures that all pupils 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.

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

Epilepsy background

Epilepsy is the most common serious neurological condition. It affects about 1 in 279 children under 16 years (around 3 per in secondary school).

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 a healthcare plan for completion will be sent

out. 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 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 pupil'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 pupil 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
- Pupil 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 outlined above in section 8 (Emergency Procedures).

School environment

The International School of London 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 pupil needs supervised rest following a seizure.

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 pupil, parent, or member of staff or the medical team will be addressed prior to the activity.

Availability of this policy

Copies of this policy are available upon request to our Front Office (frontoffice@isllondon.org)

At ISL London, Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.