Charitable Objects of St. Catherine's School- The Objects for which the Company is established are to promote and provide for the advancement of education by providing, conducting, governing, carrying on and maintaining in the United Kingdom, or elsewhere, a boarding or day School or Schools for girls in which the teaching shall be in accordance with the principles of the Church of England.

ST CATHERINE'S SCHOOL BRAMLEY

WHOLE SCHOOL FIRST AID POLICY

'Believe… Achieve… Succeed'

Policy Holder	Kirsty Meredith and Denise Irons
Date Approved	September 2026
Operational Lead	Linda Green
Approval	Finance, Commercial and Estate Committee
Date for next review	September 2027

This policy will be reviewed annually or sooner if there are statutory revisions.

The Policy

This policy sets out staff responsibilities for first aid across St Catherine's School, considering pupils including the Early Years Foundation Stage (EYFS), staff, visitors and contractors.

The Health and Safety Executive Committee ensures adequate equipment, facilities, and timely, competent administration of first aid.

St Catherine's School is committed to the health, safety, and welfare of staff, pupils (including EYFS), contractors, and visitors. The School complies with all relevant legislation, providing sufficient training, information, and resources to meet these requirements.

This policy should be read in conjunction with the following policies:

- Administration of Medication Policy
- Allergy and Anaphylaxis Policy
- Pupil Self Medication Policy
- Medication Permission Form

- Health and Wellbeing Policy
- Educational Visits Policy
- Head Injury Policy

1. Aims of the Policy

To ensure that there is adequate provision of appropriate first aid at all times.

To ensure there are mechanisms in place to provide prompt, competent first aid to anyone injured or taken ill on school premises or during off-site activities at all times.

To ensure compliance with:

- Health and Safety (First Aid) Regulations 1981
- Education (Independent School Standards) Regulations 2014
- EYFS Statutory Framework (for pupils under 5)

To maintain clear procedures for emergencies, record-keeping, and communication with parents.

2. Key Roles and Responsibilities

Each department is responsible, in conjunction with the Health Centre staff, for assessing potential risk that may require first aid and for ensuring relevant staff are trained in procedures and, where appropriate, the administration of first aid.

The appointment of Health Centre Staff is undertaken by the Head or Senior Deputy Head (Strategy and Operations) and the Senior Nursing Sister in line with the School's Recruitment Policy. There is a team of Nursing staff who work on a rota in the Health Centre for both the day and evening hours, and an on-call system out of hours and weekends providing 24 hour cover during term time.

The **Senior Nursing Sister** is designated as the appointed person responsible for ensuring, day to day, that this first aid policy is implemented. Her role is:

- To arrange first aid training for staff which has Health and Safety Executive Committee accreditation or approval and ensure that all key locations on the school site (e.g. labs, sports facilities) have such trained personnel.
- To maintain a record of trained persons and circulate that to the staff for reference in case of need.
- To provide and service the first aid boxes/points including keeping up to date medication and care plans for individual girls for staff use in an emergency.
- To be responsible for the staffing and equipping of the Health Centre.
- To keep the Medical Parental Consent Form, oversee the Administration of Medication Forms and annual updates in the Health Centre and oversee the uploading of essential medical information on to the student database, SIMs, thereby ensuring it is up to date.
- To provide medical information and first aid kits needed by staff taking students on day or residential trips.
- To maintain the two Automated External Defibrillators (AEDs) onsite and ensure they are always ready for use.

- To ensure the Adrenalin Auto Injectors (AAIs) are stored in the necessary locations around the whole school (Prep School and Senior School) locations and that all AAIs are in date, in accordance with the Allergy and Anaphylaxis Policy. Staff noticeboards, staff meetings, Involve and individual briefings for appropriate class teachers, tutors and boarding staff and trip leads are the medium whereby staff are informed of significant illness/conditions of pupils for risk assessment purposes.

Health Centre Team

All pupils including EYFS have access to the Health Centre which is managed by the Senior Nursing Sister and nursing staff. The Health Centre is open from 8.00am – 6.00pm on weekdays and for evening surgeries between 8.00pm-11.00pm. The nursing team are on call at all other times for medical support.

The Health Centre can be access by both day girls and boarders.

The School Doctor will hold surgeries once a week.

The school will notify parents via Medical Tracker, phone or email if a pupil suffers anything more than a minor injury or becomes ill during the school day.

3. Specific First Aid Provision

First Aid Training

A substantial number of members of staff across both the prep School and Senior School sites are first aid trained, having completed a training course approved by the Health and Safety Executive Committee. A member of the School's Nursing Team is qualified to deliver First Aid Training across the School. Other training is arranged as required, such as use of a defibrillator, asthma medication, administration of over counter medicine, use of Adrenaline Auto Injectors (AAIs) and allergens, epilepsy, diabetes, or training for other specific medical needs.

The School is responsible for ensuring there are sufficient numbers of trained first aiders on duty, with a minimum of at least one person at all times when pupils are on site. At least one member of staff will hold a First Aid Certificate when on outings (Full Paediatric First Aid training for EYFS staff).

- There is also at least one, and in most cases several, first aid trained persons in other key departments e.g., Science, Design Technology, Food and Nutrition, all Heads of Boarding Houses, School Office staff, Kitchen staff, Estates and Facilities staff and Business Centre staff.
- A rolling programme for First Aid training is in place to enable new staff to train and inviting current staff to update their training every three years.
- The School has fully trained paediatric first aiders in the Pre-Prep Department and in the after-school care facility.
- First Aid Notices - a current list of staff who are qualified first aiders or Full Paediatric first aiders are displayed in staff areas in both the Prep and Senior Schools. The Senior Nursing Sister is responsible for ensuring the list is up to date. This list is held by the Health Centre, the Senior and Prep School Offices and the Estates and Facilities Manager and is displayed around the School beside first aid kits.
- First Aid Training will be refreshed every 3 years.

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 and, when necessary, ensure that an ambulance or other professional help is called. First aiders are trained in the resuscitation procedure for children in addition to adults.

Signage & First Aid Boxes

First aid kits are located throughout the schools - see Appendix 1.

The Health Centre Team have agreed procedures to replenish first aid boxes as necessary and these are checked monthly during term time. Otherwise, replenishment stocks are available from the Health Centre on request.

No medication is kept in first aid kits.

Each School minibus contains a first aid kit and, in addition, the lead/nominated first aider accompanying each minibus journey will take a first aid kit with them for use at the event.

First Aid Kits are taken when pupils leave the school:

- To all external fixtures by the member of staff in charge. Staff are also advised to take a first aid kit to on-site practices.
- To half/full day excursions and offsite activities
- Residential trips

All pupils and staff will be given information on the provision of first aid at their induction.

Out-of-School Activities/Educational Visits

First aid kits are taken out on every off-site trip by First Aiders with relevant age-appropriate training and qualifications. See Educational Visits Policy and Administration of Medication Policy for further details.

In an Emergency – Calling an Ambulance

In the event of a first aid emergency, a member of staff will remain with the injured/ill party until assistance arrives from other staff, emergency services or, in the case of a pupil, until their parent or guardian arrives.

The decision to call an ambulance usually lies with the School's Nursing staff. However, if these persons are not immediately available, all members of staff are responsible for ensuring the child, staff member, contractor or visitor to the school site receives the medical attention required and should call an ambulance if necessary.

In the event of a life-threatening situation, an ambulance will be summoned without delay and the School Office and School Nursing Team notified. If required, the Estates Office or duty caretaker is notified to assist with ambulance access and giving directions as necessary.

In any other circumstance the agreed procedure in the event of an injury to, or illness of, a girl or a member of staff, is to:

- Contact the Health Centre Direct on 1630 or via the Health Centre mobile phone 07789 354664.

- If unable to speak to one of the Nursing staff, send for a qualified first aider from the current list. The Prep School Office and the Senior School Office have the updated list of first aiders.
- The School Nurses will normally decide whether or not to call an ambulance. In their absence the qualified first aider would make the decision.
- If an ambulance is called, medical information and emergency contact details should be sought from the Health Centre or the School Office who will be able to access the personal health information on Involve.
- The School Nurse (or a member of staff) will normally be escorting the pupil to hospital.

Hygiene and Infection Control when Dealing with Bodily Fluids

It may be necessary from time to time to clear up bodily fluids. Those clearing up such fluid are advised to avoid direct contact with the fluids, as any such substance has the potential to spread microorganisms capable of spreading illness. In vomit and diarrhoea, these microorganisms can be air borne so it is imperative to clear it up as soon as possible.

Spill kits are provided to the Domestic Team and by request, which include gloves, apron, disposal bag and absorbent powder which makes it easier to clean up spillages and avoid cross-contamination.

Domestic staff have a specific Risk Assessment for dealing with bodily fluids; guidance on the procedure for clearing up a bodily fluid spillage is included in Appendix 2.

Bodily Fluid Spillage kits are also provided for staff use in an emergency including protective clothing (gloves and an apron), yellow bags to be used for clinical waste and cleaning equipment. These are stored in the Health Centre in both the Senior and Prep School and Boarding houses along with clear instructions regarding a safe procedure and disposal afterwards.

Automated External Defibrillators (AEDs)

The school has 2 AEDs (Automated External Defibrillators) located:

- By the sports entrance to the Anniversary Halls (by the PE office).
- Outside the Prep School – this allows public access for local community use.

Comprehensive instructions with each AED allow them to be operated by any member of staff or visitor and this is covered routinely in First Aid training.

The maintenance of the AED is the responsibility of the Health Centre and these are checked twice weekly by a competent dedicated person within the school, and a checklist is completed. Records of these checks are kept and are available from the Health Centre. Expiry dates for each AED Battery and Padpak are included in the checks, and items replaced as required.

All AED machines are dual-purpose, just requiring a switch to be moved from Adult to Paediatric mode.

4. Recording and Reporting of Accidents (including near misses)

There is a legal responsibility to record all accidents, injuries and details of any medication administered.

Details of any incident/accident/injury which requires treatment will be recorded in the School's online Medical Tracker.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR 2013) cases are to be made to the Estates and Facilities Manager who will follow the Health and Safety Executive (HSE) reporting guidelines. Find further details in the School's Health and Safety Manual.

Recording and Reporting Near Misses

A near miss is defined as any unplanned event that did not result in injury or damage but had the potential to do so.

All near misses must be reported without delay to the relevant Head of Department/Line Manager and to the Estates and Facilities Manager via the helpdesk email helpdesk@stcatherines.info.

Reported near misses are reviewed by the Estates and Facilities Manager to identify trends, implement control measures and reduce future risk.

Reviewing First Aid Needs

The Senior Nursing Sister should review the first aid needs of the school annually and keep the Heads and the Health and Safety Executive Committee - on which a governor representative is invited - informed as to the needs of the School.

5. Emergency Medication

All emergency medication is kept in labelled pockets in both Staff Rooms (Prep School and Senior School) for pupils with particular medical conditions e.g. Asthma, Epilepsy and Diabetes, together with detailed care plans. Key Emergency Procedures for these medical conditions are included in Appendices 3-5.

Training for the use of emergency medication is covered in First Aid training.

The School's insurance provides full cover for claims made against the School.

For all other medications, please see Administration of Medication Policy.

Documentation relating to medication is kept electronically in line with GDPR. For staff or visitors, this information is kept for a minimum of five years.

Asthma

At St Catherine's School pupils are reminded about the importance of bringing their inhalers/medication to school, sports matches and school day/residential trips and this is emphasised to parents. Pupils without their inhalers cannot participate in the match/activity/trip.

Regular training is delivered internally by medical staff on the use of the Emergency inhaler and spacer for anyone who may be required to assist with their use, e.g. extra-curricular activity providers, school trip leaders etc. Every Emergency inhaler is stored with instructions on how and when to use it.

An emergency inhaler is held in the following locations:

- Prep School Medical Room
- Prep School Staff Room
- Outside the Health Centre
- Senior School Staff Room
- Anniversary Halls Swimming Pool
- Anniversary Hall Reception Area
- Each Boarding House

Whenever any Emergency Asthma Medication is given during school activities, whether on site or elsewhere (e.g. school trips), a record is kept on Medical Tracker. A copy of this record will be sent home for parents.

The emergency inhalers will be checked for expiry date and working order at least monthly. They will be replaced as necessary by School Nurses.

Allergic Reaction/Anaphylaxis and Use of Adrenaline Auto-Injectors (AAIs)

Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

Arrangements for Pupils

Pupils from U2 (Year 5) upwards who are at risk of Anaphylaxis (life-threatening allergic reaction) are encouraged to carry their two prescribed and clearly labelled adrenaline pens, in their original containers and accompanied by their Allergy Action Plan with them at all times in school or on trips/fixtures, on the expectation that they will keep it secure, use it as instructed and not share it with anyone else.

For younger pupils, two prescribed and clearly labelled adrenaline pens are stored in the Prep staff room, which is accessible at all times. Parents/guardians should complete the consent paperwork as requested by the school and should also provide an up-to-date Allergy Action Plan. Details of the medication and action plan will be uploaded to the pupil's Sims record by the medical staff. A hard copy will also be available in the staff rooms in Senior School and Prep School.

Emergency Adrenaline Auto-Injector Devices

Spare adrenaline pens can be found in the following eight locations:

- Prep School:
    - Prep School Office
- Senior School:
    - Dining Room
    - Opposite Senior School Office
    - Anniversary Halls - sports entrance
    - The 6th Form Building - front entrance
    - Senior Boarding House - beside entrance to Health Centre
    - Junior Boarding House - entrance hall

- Health Centre

If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or an emergency AAI.

Further guidance on recognising and managing an Allergic Reaction / Anaphylaxis is detailed in the School's Allergy and Anaphylaxis Policy.

Epilepsy / Seizures

Epilepsy is described by the World Health Organisation as an interruption or build-up of electrical signals in the brain which can cause a seizure (sometimes called an 'attack'.)

When a pupil joins St Catherine's School or is a current pupil who has been diagnosed with epilepsy, the School Nurse or Deputy Head (Boarding, Culture and Community) will contact parents/guardians and arrange a meeting to establish how the pupil's epilepsy may impact their school life.

An Individual Healthcare Plan (IHCP) will be drawn up to include taking part in certain aspects of learning, playing and social development activities and any special arrangements or learning support the pupil may require, and this will be noted on the pupil's record. The IHCP will be shared with the appropriate members of staff as required.

If the pupil requires emergency medicine, the school will follow the Medicines Administration procedures for checking suitability, and record each time medicine is administered to a pupil.

First aid information for seizures will be accessible from the school nurse and is attached to this Policy as Appendix 3.

Further advice and guidance is available from the World Health Organisation and from Epilepsy UK.

Diabetes

Guidance on managing diabetes for students and staff/visitors is attached to this Policy as Appendix 4

APPENDIX 1 - FIRST AID BOXES

Location of First Aid Boxes

A first aid box is located in each of the main areas of the school and has a list of trained First Aiders inside.

In the Prep School, first aid boxes are located in:

- Prep School Office
- Littlewood Lodge
- Medical Room
- Pre-Prep School Office
- Science Lab

In the Senior School, first aid boxes are located in:

- Anniversary Halls – Main Entrance Foyer, Forum Café, Forum Café Kitchen
- Anniversary Halls – Gym Entrance, Swimming Pool, Gym
- Drama Studio and Main Stage Left
- Health Centre
- Junior Boarding House Office
- 2x Senior Boarding House Offices (opposite St Rita and opposite St Perpetua)
- John Palmer Centre - Foyer, Art Room, DT Room, Photography Room, Sixth Form Art Room, Ceramics Room, Textiles Room, Culinary Arts Room
- The Business Centre
- Dining Room
- Flower Room
- Senior School Office (wall opposite)
- Staff Room (Senior School)
- Speech Hall Library
- Music Department
- Pavillion on LAX Pitch
- Centenary Block Foyer
- Warren
- West Block
- Field Workshop
- The Six – Entrance Foyer, Common Room Kitchen, Snug Level 1, Snug Level 2
- Biology Prep room, Biology Labs 4, 5 and 6
- Physics Prep Room, Physics Labs 1 and 2
- Community Lab
- Chemistry Prep Room, Chemistry Labs 8, 9 and 10
- Minibuses 1, 2 ,3 and 4
- Estates Van
- Kitchen c/o Harrisons

APPENDIX 2 - SAFE MANAGEMENT OF BODILY FLUID SPILLAGES

Scope

This procedure outlines the safe response to bodily fluid spillages (including blood, vomit, urine and faeces) on school premises. It applies to the Domestic and Estate Teams and to staff responding in an emergency.

Hazards

Risk of infection from microorganisms present in bodily fluids.

Risk of airborne contamination from vomit or diarrhoea.

Risk of slips or falls if the area is not isolated.

Responsibilities

Domestic Team: Primary responders for routine bodily fluid clean-ups.

Estate Team: Support for outdoor areas, large spillages or specialist cleaning.

Health Centre Staff: Maintain spill kits and provide guidance.

All Staff: Report spillages immediately and avoid direct contact.

Equipment

Bodily fluid spillage kits include:

- Disposable gloves and apron
- Absorbent powder
- Scoop/scraper
- Paper towels
- Yellow clinical waste bags
- Approved disinfectant

Emergency kits are located in the Health Centre (Senior, Prep and Boarding) and Domestic Services storage areas.

Procedure

1. Isolate the area and keep pupils and staff away. Ventilate where possible.
2. Put on PPE (gloves and apron) before approaching the spillage.
3. Contain the spillage using absorbent powder and allow it to solidify.
4. Remove waste using scoop/scraper and place all contaminated materials into a yellow clinical waste bag.
5. Clean and disinfect the affected area in line with infection control guidance.
6. Allow the area to dry before reopening for use.

For carpeted areas, the Domestic Team will carry out additional deep cleaning using approved equipment.

Waste Disposal

All contaminated materials and PPE must be disposed of in yellow clinical waste bags.

Disposal must follow the school's clinical waste arrangements.

Post-Clean-Up Actions

Remove PPE safely and wash hands thoroughly.

Replenish spill kit items where required.

Report the incident to the line manager or Health Centre.

Any exposure to bodily fluids must be reported immediately.

Training and Review

Relevant staff receive training in spill kit use and infection control.

Spill kit availability and procedures are reviewed regularly.

APPENDIX 3 - GUIDANCE ON ASTHMA

How to Recognise an Asthma Attack

The signs of an asthma attack are:

- 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 or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

Ask someone to call for the School Nurse or a First Aider. If the patient has a blue reliever inhaler, ask them to take 1 puff every 30 to 60 seconds until they start to feel better, up to a maximum of 10 puffs, following current NHS guidance. Shake the inhaler between each puff and use a spacer with the inhaler if they have one.

https://www.nhs.uk/conditions/asthma/asthma-attack/

The School Nurse or First Aider should dial 999 for an ambulance if the pupil having an asthma attack:

- start's to feel worse at any time
- does not feel better after taking the maximum dose using an asthma reliever inhaler
- or does not have an asthma inhaler

Call an ambulance immediately (dial 999) and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has a 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.
- Remain with the child while the inhaler and spacer are brought to them.
- Immediately help the child to take two separate puffs of Salbutamol via the spacer.
- A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to Salbutamol (such as Terbutaline). The Salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.
- If there is no immediate improvement, 1 puff every 30 to 60 seconds , up to a maximum of 10 puffs.

- Stay calm and reassure the child. 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 ANYTIME before you have reached 10 puffs, call 999 for an ambulance. Tell them that we have a child with a severe asthma attack who is not responding to the emergency Salbutamol inhaler, so the call can be given a high priority.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- Ensure details of medication given is recorded on Medical Tracker and their parents informed.

APPENDIX 4 - GUIDANCE ON MANAGEMENT OF EPILEPSY / SEIZURES

What to do if someone has a seizure

- Stay calm.
- If the child is convulsing, then put something soft under their head.
- Protect the child from injury (remove harmful objects from nearby).
- **NEVER** try to put anything in their mouth or between their teeth.
- Try to time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance.
- When the child finishes their seizure stay with them and reassure them.
- Do not try to move the child unless they are in danger.
- Do not try to restrain the child.
- Do not give them food or drink until they have fully recovered from the seizure.
- Aid breathing by gently placing the child in the recovery position once the seizure has finished.
- Sometimes a child may become incontinent during their seizure. If this happens, try to put a blanket around them when their seizure is finished to avoid potential embarrassment.

If the person is in a wheelchair, put the brakes on and leave any seatbelt or harness on. Support them gently and cushion their head, but do not try to move them.

Do not put anything in their mouth, including your fingers. They should not have any food or drink until they have fully recovered.

When to call an ambulance

Call 999 and ask for an ambulance if:

- It's the first time someone has had a seizure.
- The seizure lasts longer than is usual for them.
- The seizure lasts more than 5 minutes, if you do not know how long their seizures usually last
- The person does not regain full consciousness or has several seizures without regaining consciousness.
- The person is seriously injured during the seizure.

People with epilepsy do not always need an ambulance or to go to hospital every time they have a seizure.

They usually have a care plan agreed with doctors and their family or carers that says what to do when they have a seizure, such as giving emergency medicine. If you know what to do and have been trained then you can follow their care plan.

Make a note of any useful Information

If you see someone having a seizure, you may notice things that could be useful for the person or their doctor to know:

- What were they doing before the seizure?

- Did the person mention any unusual sensations, such as an odd smell or taste?
- Did you notice any mood change, such as excitement, anxiety or anger?
- What brought your attention to the seizure? Was it a noise, such as the person falling over, or body movements, such as their eyes rolling or head turning?
- Did the seizure happen without warning?
- Was there any loss of consciousness or altered awareness?
- Did the person's colour change? For example, did they become pale, flushed or blue? If so, where – the face, lips or hands?
- Did any parts of their body stiffen, jerk or twitch? If so, which parts?
- Did the person's breathing change?
- Did they perform any actions, such as mumble, wander about or fumble with clothing?
- How long did the seizure last?

APPENDIX 5 – GUIDANCE ON MANAGEMENT OF DIABETES

Introduction

Diabetes is a chronic condition characterised by the body's inability to regulate blood sugar levels effectively. It is crucial for school staff to be well-informed and prepared to manage diabetic emergencies that may arise among staff & visitors with diabetes. This appendix provides guidelines and procedures for handling such situations in alignment with the School's First Aid Policy.

There are two primary types of Diabetes:

- **Type 1 Diabetes** - your body is unable to regulate you blood sugars as your body has the inability to produce a hormone called insulin also known as Insulin Dependent Diabetes.
- **Type 2 Diabetes** - is far more common than type 1. In the UK, around 90% of all adults with diabetes have type 2.

Common Diabetic Emergencies

1. **Hypoglycaemia (Low Blood Sugar):** This occurs when blood sugar levels drop too low, leading to symptoms such as dizziness, sweating, confusion, and weakness.

2. **Hyperglycaemia (High Blood Sugar)**: This occurs when blood sugar levels are too high, leading to symptoms such as excessive thirst, frequent urination, fatigue, and nausea.

General Procedure

1. **Communication**: Parents/guardians should work together with the child's Diabetic Nurse Specialist and the School Nurse to provide an updated Individual Healthcare Plan (IHCP), including instructions for the pupils Insulin Pump, administering bolus insulin, pupil's individual signs of Hypo or Hyper Glycaemia, and treatment or administration of other medications if necessary.

2. **Identification**: All school staff directly looking after any child with type 1 diabetes should be aware and familiarise themselves with the pupils IHCP.

3. **Training**: Designated staff members should receive training on recognising and managing diabetic emergencies, including treatment of pupils with Hypoglycaemia in severe cases. It is mandatory for all school staff directly looking after any child with type 1 diabetes to have annual diabetes education and this is delivered by the NHS Diabetic Nurse Specialists.

4. **Supervision**: Pupils with diabetes may require close supervision during physical activities, trips, and other school events to monitor their blood sugar levels and respond promptly to any fluctuations.

Blood Glucose Monitoring

Blood Glucose monitoring is an essential part of daily management of diabetes.

Continuous Blood Glucose monitor: Many people with diabetes will wear a sensor on their arm, abdomen, thigh or buttock, this is a Continuous Blood Glucose monitor (CGM) device and works with Bluetooth technology to alert the person of fluctuations to their Blood Glucose levels. Pupils wearing a CGM in school have special dispensation to always keep their smartphones on them. Blood Glucose Meter: A blood glucose

meter, also known as a Glucometer, is a portable electronic device used to measure the concentration of glucose (sugar) in a drop of blood. It consists of a meter, a test strip, and a lancet (a small device equipped with a sharp needle used to prick the fingertip and obtain a small drop of blood). A pupil's own Glucometer must never be shared and should be always available to them.

Specific Actions for Hypoglycaemia

1. **Immediate Response**: If a pupil exhibits symptoms of hypoglycaemia, provide fast-acting carbohydrates such as juice, a biscuit, dextrose energy tablets or sweets as per the recommended volume in their IHCP.

2. **Monitoring:** Check the pupil's blood sugar level if possible and continue monitoring until it returns to a safe range.

3. **Follow-Up**: Once stabilised, encourage the pupil to eat a snack containing protein and carbohydrates to prevent recurrence.

4. **Keep clear and accurate records:** Including blood sugar measurements, treatment, and timings and inform pupils parent/guardian.

Specific Actions for Hyperglycaemia

1. Hydration: Encourage the pupil to drink water to help flush out excess glucose from their system.

2. Monitoring: If possible, check the pupil's blood sugar level and ketone levels.

3. Medical Attention: If the pupil's condition does not improve or worsens, contact emergency services, and notify their parents/guardians immediately.

4. Keep clear and accurate records including blood sugar measurements, treatment, and timings and inform pupils parent/guardian.

Administration of Medication

1. **Insulin:** Only trained staff should administer insulin injections as per the pupil's prescribed dosage and schedule. Many children with diabetes will use an Insulin Pump. Insulin is delivered continually via the pump, with additional doses given via the pump at mealtimes. The pump will automatically deliver a correction dose of Insulin if the blood sugar is high and stop delivering Insulin if the blood sugar is too low.

2. **Glucose** (Glucagon/Glucogel/Dextrose): In cases of severe hypoglycaemia administer glucose as instructed in the pupil's IHCP. Never attempt to administer anything orally to a pupil who is unresponsive or unable to swallow.

Documentation and Reporting

1. **Document**: Record any diabetic emergencies, including the date, time, symptoms observed, actions taken, and follow-up procedures.

2. **Communication**: Inform the school nurse, parents/guardians, and other relevant staff members about the incident and its resolution.