GAYHURST SCHOOL

FIRST AID POLICY

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FIRST AID POLICY

This policy outlines Gayhurst School's responsibility to provide adequate and appropriate first aid to pupils (including EYFS), staff, parents and visitors and the procedures in place to meet that responsibility. This policy is reviewed annually.

1. Aims

1.1. To identify the first aid needs of the School in line with the Management of Health and Safety at Work Regulations 1992 and 1999 and the DfE Guidance on First Aid.
1.2. To ensure that first aid provision is available at all times while people are on the school premises, and also off the premises whilst on school trips.
1.3. To ensure that first aid is administered in a timely and competent manner when needed.

2. Objectives

2.1. To appoint the appropriate number of suitably trained people as first aiders to meet the needs of the school
2.2. To provide relevant training and ensure monitoring of training needs to ensure that staff are competent and confident in their administration of first aid
2.3. To provide sufficient and appropriate resources and facilities
2.4. To inform staff and parents of the school first aid arrangements
2.5. To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

3. Responsibilities

3.1. The Governors through the Head and Bursar are responsible for putting this policy into practice and for developing detailed procedures to ensure the aims are met including ensuring the policy is known by all. The Head and Bursar will also select first aiders by considering their:

- Reliability and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding procedures
- Normal duties – a first aider is likely to be in a position where risk assessment has shown increased likelihood of use but is available to leave to immediately go to an emergency.

3.2. The first aider must have completed and keep updated a suitable training course every three years. S/he will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- When necessary ensure that an ambulance or other professional medical help is called.
- Replace used items from first aid boxes as required.
- The lead first aider (School Secretary) replenishes the first aid boxes termly.

3.3. *All staff* are expected to do all they can to secure the welfare of all and are encouraged to act in a timely fashion.

4. Procedures

4.1. A regular risk assessment (Appendix B) by the Bursar is carried out at least annually or when circumstances alter. This will include:

- A review of the school's first aid needs following any changes to staff, pupils, building/site, activities, off site facilities etc.
- monitoring the number of trained first aiders, arranging refresher and full training courses as required
- checking the first aid boxes for contents and ordering replacement items (termly task)

4.2. A risk assessment and first aid procedure for Covid 19 have been documented separately. First aid procedure for anyone with suspected Covid 19 symptoms is set out in appendix A below.

4.3. The school is generally a low risk environment however the particular circumstances created by specific times, places and activities are considered as part of the risk assessment to confirm provision requirements, such as: off-site PE; school trips; science labs; Art room; adequate provision in case of absence and out of hour's provision (including during the holidays). The recommended number of certified first aiders is one per 100 pupils/staff.

4.4. First aiders will hold a valid certificate of competence (a copy is to be held on their personnel file) for the age range of people who may require treatment, issued by an organisation approved by the HSE and these will be renewed on a three-year cycle. A First Aider and a Paediatrically trained First Aider will be present on site whenever children are in attendance. These are listed on staff notice boards.

4.5. Current First Aiders and Paediatrically trained First Aiders (2-day course) are (inc. qualification expiry dates):

Due to Covid 19, HSE have confirmed that first aid certificates that expired after 16 March 2020 can remain valid until 31 October 2020 or 6 months from date of expiry, whichever is later. All requalification training for these certificates should be completed by 31 March 2021.

Nursery	*Junior School*	*Senior School*	*Support (Main School)*	*After School Club*

Helen Williams Paediatric 1st Aid 12/4/21	Sylvia Church Paediatric 1st Aid 12/4/21	Melissa Legg School First Aid (Paediatrics/adult) 07/01/22	Sue Harper School First Aid (Paediatrics/adult) 07/01/22	Sophia Dobbins Paediatric 1st Aid 12/4/21
Nicky White Paediatric 1st Aid 12/4/21	Hilary O'Flanagan Paediatric 1st Aid 12/4/21	Simon Kearns Schools First Aid (inc epi-pen) 12/07/21	Vanessa Lakatos Schools 1st Aid 17/07/20	
	Shona Baker Paediatric 1st Aid 12/4/21	David Bushnell 07/01/22	Tricia D'Sa Papp Schools 1st Aid 19/04/20	
	Julie Anne Hubbard Schools 1st Aid 19/04/20	Sam Brown Paediatric First Aid 12/4/21	Stephen Plant Schools 1st Aid 19/04/20	
	Beth Dibble Paediatric 1st Aid 12/4/21	Amanda Keeney Schools First Aid (Paediatrics/adult) 07/01/22	Janet Lisozzi Paediatric 1st Aid 12/4/21	
	Hilary Rouse Schools 1st Aid 19/04/20	Rachel Giles Schools 1st Aid 19/04/20	Maria Kay Schools 1st Aid 19/04/20	
	Sandra Whitaker Paediatric 1st Aid 12/4/21	Will Pendered Paediatric 1st Aid 2/10/21		
	Cloe Vos Paediatric 1st Aid 12/4/21	Sue Wilmot Schools 1st Aid 19/04/20		
	Pippa Bremner Paediatric 1st Aid 12/4/21	Adrian Norley School First Aid (Paediatrics/adult 07/01/22		
	Lisa Davies Paediatric 1st Aid 27/09/22	Katie Hall Schools First Aid 08/01/20		
		Alexy Soto School First Aid (Paediatrics/adult) 07/01/22		
		Tara Williams School First Aid (Paediatrics/adult) 07/01/22		
		Sorsha Crosbie Paediatric 1st Aid 29/8/21		
		Dawn Harrison Emergency First Aid at Work 07/01/22		
		Gordon Harris		

		Paediatric First Aid Level 3 07/01/22		
		Sally Inshaw Schools First Aid 07/01/22		
		Wendy Cook Schools First Aid 07/01/22		
		Kim Veldtman Schools First Aid 07/01/22		
		Ben Stevenson Schools 1st Aid 19/04/20		
		Sarah-Jane Robertson Schools 1st Aid 19/04/20		
		Roma Pandya Schools 1st Aid 19/04/20		

4.6. First Aid containers will be clearly marked and have minimum contents as per the HSE minimum recommended list:

- A leaflet giving general first aid advice
- 20 individually wrapped sterile adhesive dressings of various sizes
- 2 sterile eye pads
- 4 individually wrapped (preferably sterile) triangular bandages
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sized individually wrapped sterile unmedicated wound dressings
- 1 pair disposable gloves
- No tablets or medication

4.7. Whenever a first aider uses products they should advise the School Secretary and detail the quantity of supplies remaining so she can order replacements if required.

4.8. Boxes will be in:

- Each minibus (and every hired vehicle)
- Teachers' kit in Pease Field container
- Gibbs Hall
- Main Office first aid room
- Science Preparation Room
- Kitchen
- Maintenance Room

- Nursery
- Junior School First Aid Room
- Dining Room

4.9. Pouches have been issued to Junior School first aiders which contain basics including gloves, resuscitation masks etc.

4.10. Medical treatment areas are:

- First Aid room adjacent to the school office in the main building
- First Aid room in Little Gayhurst
- Nursery
- The Pavilion, on a temporary basis as the Covid red zone

4.11. There is a defibrillator machine in the main first aid room.

4.12. Basic hygiene procedures must be followed by staff, single use disposable gloves must be worn when treatment involves blood or other body fluids (including vomit, diarrhoea) and care should be taken when disposing of PPE, dressings or equipment. Sponges and water buckets must not be used for first aid purposes in order to reduce the risk of contamination. All body fluid spillages must be cleaned immediately to reduce the spread of infections. Absorbent granules should then be used and all items disposed of into the external dustbins for disposal.

4.13. If a pupil/staff member/visitor has an accident they should be accompanied to the nearest first aid treatment area (serious incidents may be referred to the main first aid room adjacent to the office after initial checks) unless they cannot be safely moved. In such a case, a first aider will attend to them. If a pupil needs first aid during a Games lesson taking place on Pease Field, the Games teacher is responsible for first aid. (The PE/Games teacher should always inform the class teacher of any injury to a Junior School pupil so that the necessary procedure can be followed in reporting to parents.)

4.14. For support reasons, a mobile phone is to be taken to Pease Field and there are various telephone points around the school, pupils may be used for this task where they are judged responsible enough and the situation would not place them at harm.

4.15. Assistance should be provided to the first aider by other staff as per their directions, including controlling any other persons in the vicinity, directing an emergency vehicle and/ or getting a second first aider. **If in the judgement of the first aider an ambulance is required, they can arrange (or directly call) for one to be called.**

4.16. However, if necessary, an ambulance will be called at the earliest opportunity by the school secretary without waiting for the first aider. If a pupil needs to attend hospital, they will be accompanied by a staff member.

4.17. Where a pupil needs to go home, a family member (or in the case of a staff member or other visitor to site who is too unwell to take themselves home, a next of kin) will be contacted. If there is any doubt over the health or welfare of the pupil, parents will be contacted. The responsibility to provide current contact details remains with the parent; however, this information will be sought on a regular basis by Gayhurst. If the parents are not able to be contacted, the pupil will be looked after in the medical room.

4.18. Where an incident has occurred but the pupil does not require removal from school, parents will be informed either by telephone, via discussion at the end of the day or via contact in the pupils' diary. In the case of a severe injury an advisory notice is provided. An advisory note must go home if there is any accident to the head of a child (Appendix B). Any parent wishing to discuss an accident should initially contact the main office.

4.19. All first aid provision must be logged. All accidents must be logged using the accident forms held in the main office, the report forms must be completed in full and as soon as possible after the accident and are to be kept for a minimum of three years. (Appendix C) Accident records can be used to help identify trends and areas for improvement, they can also help identify training or other needs and may be useful for investigative purposes. They must include:

- The date, time and place of incident
- The name of the injured or ill person
- Details of their injury or illness and what first aid was given
- What happened to the person after their treatment?
- Name and signature of the first aider dealing with the incident.

4.20. Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) some accidents must be reported to the HSE (fatalities and specified injuries via the contact centre on 0845 300 99232 and all other matters via the online reporting tool on the HSE website). Reports will be made by the Head or by another member of the Senior Leadership Team in his absence. See Appendix D for detail.

4.21. Appendix E provides information on the management of (current) common conditions within the school community.

5. Illness

5.1. If a pupil is absent from school owing to illness, the parent should telephone the School Office and any message is passed on to the form/class teacher. Reasons for not sending a child to school may include persistent headache, diarrhoea, vomiting or fever. If a child has vomiting or diarrhoea they must be kept away from school for 48 hours from the last incidence.

5.2. On return to school, the parents should complete an absence form on MSP.

5.3. Where a child attends school obviously unfit they will be returned home, if practicable reminding parents of the above policy. Any infectious diseases must be reported to the office (including those had by staff); such information will be circulated with any person at specific risk (eg pregnant women) advised. In the event of a school closure advice will be taken from the Health Protection Agency.

6. Medical information

6.1. Information on pupil and staff medical conditions is sought upon entry to the school and retained on their confidential paper and soft copy files. In the case

of pupils, information on serious medical conditions may be held in the medical rooms and will be shared by the School Secretary in order to ensure their needs are met - for example food allergy information will be provided to the catering contractor and held in the kitchen servery (inc photographs of pupils with specific food allergies).

6.2. Whilst annual medical forms are issued annually for parents to review/complete, it remains the responsibility of the pupils' parent to ensure this information remains current and accurate.

6.3. Staff are required to advise the Head/Bursar of any medical changes which may affect them at work, including changes to medication which may affect their working practice.

7. Medication

7.1. If a pupil brings medication into school for self- medication e.g. asthma inhalers, it is the parents responsibility to ensure that they inform the school and that they understand the medication will be the responsibility of the child.

7.2. Gayhurst does permit the issue of medication to pupils on a voluntary basis. A parent/guardian wishing medication to be issued during the school day must provide it in the original container labelled with the child's name and dosage instructions to the main office. They will be required to complete a medication form/letter, the reverse of which will be used to record its issue by a first aider. For those on long term medication, a renewal letter must be provided at the start of each term.

7.3. Planning for offsite activities or trips follows the above; the likely first aid needs for those attending must be assessed and a first aid kit/first aider taken.

8. Training

8.1. New staff will be provided with this policy and information via the staff handbook and time with the school secretary, who is the lead first aider, to ask any queries. Information will be provided to staff on any changes to the arrangements via staff meetings and memos.

8.2. Training in related areas such as use of auto-injectors, treatment of specific conditions such as epilepsy will be arranged on a needs led basis using the local health services.

8.3. Further advice on seasonal first aid issues will be provided as received from the Health Protection Agency and/or local Primary Care Trust to supplement this policy.

8.4. Individual staff or role holders identified as requiring first aid training will be sent on the first available course. Such courses shall be school and age appropriate (i.e. include paediatric provision for those working in the EYFS and Junior School) and shall be renewed within three years of the original date.

8.5. Any staff member with concerns about this policy or first aid provision within Gayhurst (including off site activities) or who wishes to be considered for first aid training, should discuss their concerns with the Head or Bursar.

9. Review

9.1. This policy and its effective implementation shall be reviewed annually (at a minimum) by the Bursar in conjunction with the Head.

9.2. This policy is subject to an annual review in the Summer Term by the Governors Finance and General Purposes Committee under the lead of the Chair of Governors, or more frequently, as required by changes in legislation, good practice or as the result of a change in School procedure.

10. Appendices

10.1. Appendix A

Procedure for dealing with a child with COVID symptoms

If a child becomes unwell with suspected COVID symptoms, please adhere to the following procedures:

- Remove from class area & ensure child's area is disinfected
- Contact the school office who will ask the Covid responder on duty to go to the Pavilion
- Escort or send child to red zone at the Pavilion. Covid responder to wear PPE.
- Child's temperature to be taken twice (approx. 10 mins apart) with a non-contact thermometer and readings recorded. Ensure child is calm and cool before taking temperature to reduce the chance of a false positive. Sun exposure and physical exertion can raise temperature. Thermometers to be cleaned before and after each use.
- Child to wear a mask if possible.
- If child's temperature is above 37.8, parents to be asked to collect child by member of staff
- Member of staff to inform member of SLT (GRAD/DB/HW)
- Child collected by parents at front of the school and advised to book a Covid-19 test. Child to wear mask and staff member to wear PPE until hand over to parent. PPE to be disposed of in first aid bins.
- If a child tests positive for Covid 19, they will not be allowed back to school without a subsequent negative Covid test result.
- Review of 'bubble' group and parents informed if appropriate
- A record should be kept of all children who show symptoms and are treated under this procedure regardless of outcome

10.2. Appendix B

Risk Assessment

Hazard	Parties at Risk	Current Position	Existing control measures	Is Risk Control Effective?	Further Action Required
Activities	All	Few hazardous activities e.g. PE, science lessons Few hazardous substances, processes and	Risk Assessments for each new activity /trip, annual review of risk assessments for existing.	Yes	"

		equipment e.g. manual handling No animals on site	First aid provision for all activities/trips. Suitable staff ratios to reduce risks. Processes verified as necessary and assessed before commencement		
Work hours	All	Day school 7.20am till 5.30pm Approx: 350 pupils, 74 staff Variable numbers of other visitors including contractors, parents, hirers. Some work occurs at times of low occupancy No disabled workers. Cleaners work as part of team Signing in and out system in operation Minimal lone working- lone work requires phone in/out; access to first aid.	Appropriate numbers of first aiders across the site Mobile phone issued to Premises manager and Head as most likely to be on site alone. Walkie talkies available for remote staff- linked to reception.	Yes	
Knowledge	All	Information sought from staff/pupils Training available to all staff. Currently 35 staff are trained in first aid (4 support i.e. holiday workers) School is not remote from emergency services and has clear access from two roads. Two hospitals in locality with A&E facilities. Accident history does not indicate a high risk site/activities	Pupils and staff are required to advise school of medical conditions so appropriate training and /or prevention techniques can be used First aiders are trained to HSE standards for age of all on site. Sports staff training is high. Link to local GP surgery. Good awareness of policy and practice amongst staff. Induction packs for new staff and volunteers. Good set of contact data for pupils	Yes	Annual re-issue of medical forms to pupils families

			families and staff next of kin		
Site	All	Several buildings occupy the site with some distance between them. One building has three floors, remainder are single storey. Certain areas of site, such as Pease Field, are more remote than others,	Mobile phone and walkie-talkie technology used for communication. Sufficient trained numbers of staff to cover geographical areas. Good selection of first aid provision points across site and two first aid rooms are available	Yes	

10.3. Appendix C

To be printed onto headed paper:

Date _____

During school today _____ had a slight accident.

Details of this are as follows:

Nature of injury _____

_____

_____

Action taken by staff: _____

_____

_____

If the accident involved an injury to the head please take to hospital or ring your Doctor should any of the following symptoms occur:

1. **Vomiting**
2. **Severe Headache**
3. **Visual Disturbances**
4. **Loss of Consciousness**
5. **Drowsiness**

Staff Name _____

10.4. Appendix D:

Accident Summary Log Sheet:

Name:	Date & Time:	Incident:	Action:	Letter sent home:	Accident Report Filed:
			Signed……		
			Signed……		
			Signed……		
			Signed……		
			Signed……		

ACCIDENT RECORD

About the person who had the accident:
Name:_____Occupation:_____
Address:_____

About you, the person filling in this record:
Name:_____
Address: _____
Occupation:_____

About the accident:
When did it happen? Date: _____Time:_____
Where? State which room or place:_____
Member of staff on duty (if relevant):_____
Say how the accident happened, give the cause if you can:_____
_____
_____
_____
Witness report (if relevant):_____
_____
_____
_____
If the person who had the accident suffered an injury, say what it was:_____
_____
Action taken by the school: _____
_____
_____
_
_____
_

For pupil involved accidents:
Parents informed by telephone: Yes/No Time: _____ By: _____
Parents given a copy of the accident report: Yes/No By: _____
Parents given head/incident letter: Yes/No By: _____

Signed: _____ **Date:** _____

For the employee only:
By ticking the box and signing this page I give my consent for my employer to disclose my personal information and accident details to safety representatives and representatives of employee safety for them to carry out health and safety functions given to them by law.

☐ *Signature:* _____ *Date:* _____ **For the employer only:**
Complete this box if the accident is reportable under RIDDOR. Report via www.hse.gov.uk/contact/contact.htm
Date reported: _____ Signature: _____

10.5. Appendix E

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) some accidents must be reported to the HSE (fatalities and specified injuries via the contact centre on 0845 300 99232 and all other matters via the online reporting tool on the HSE website). Reports will be made by the Head or by another member of the Senior Leadership Team in his absence.

Reportable incidences include:

1) Injuries and ill health, including those caused by physical violence, to people at work, wherever they are working:

- Accidents resulting in death
- Accidents resulting in a specified injury to a worker, which is defined as: ○ Fracture other than to fingers, thumbs and toes; ○ amputation; ○ any injury likely to lead to permanent loss of sight or reduction in sight ○ any crush injury to the head or torso causing damage to the brain or internal organs ○ serious burns (including scalding) which:
  - covers more than 10% of the body
  - causes significant damage to the eyes, respiratory system or other vital organs
  - any scalping requiring hospital treatment
  - any loss of consciousness caused by head injury or asphyxia
  - any other injury arising from working in an enclosed space which:
    - leads to hypothermia or heat-induced illness
    - requires resuscitation or admittance to hospital for more than 24 hours
- Over seven –day incapacitation of a worker (not counting the day of the incident but including weekends and rest days).

When the extent of an injury is unclear:
When we are not in a position to know the full extent of an injury – there is no requirement to make precautionary reports of specified injuries, it is likely that many severe accidents will require reporting under the seven-day incapacitation rule – the enforcing authority should be notified or updated as soon as a specified injury has been confirmed.

- Occupational Diseases; you must report diagnoses of certain occupational diseases where these are likely to have been caused or made worse by the employees work to the enforcing authority. These include:
  - certain poisonings;

- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
- lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
- infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
- other conditions such as: occupational cancer; certain musculoskeletal disorders; decompression illness, carpal tunnel syndrome and hand-arm vibration syndrome.

2) Incidents to pupils and other people who are not at work:

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity **and** the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in Section 1 only apply to employees. If a pupil is injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is **not reportable**.

How do I decide whether an accident to a pupil 'arises out of or is in connection with work'? The responsible person at the school should consider whether the incident was caused by:
a failure in the way a work activity was organised (eg inadequate supervision of a field trip); ○ the way equipment or substances were used (eg lifts, machinery, experiments etc); and/or ○ the condition of the premises (eg poorly maintained or slippery floors). So, if a pupil is taken to hospital after breaking an arm during a Computing class, following a fall over a trailing cable, the incident would be reportable. If a pupil is taken to hospital because of a medical condition (eg an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity. This means that many of the common incidents that cause injuries to pupils at school tend not to be reportable under RIDDOR, as they do not arise directly from the way the school undertakes a work activity. Remember, in all these cases, you only need to consider reporting **where an accident results in a pupil's death or they are taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent**.

What about accidents to pupils during sports activities?
Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity. The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable. Examples of reportable incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

What about accidents to pupils in a playground?
Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.
This includes incidents arising because:

- the condition of the premises or equipment was poor, eg badly maintained play equipment; or

- the school had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision.

Physical violence
Violence between pupils is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

Other scenarios:
Injuries to pupils while travelling on a school bus
If another vehicle strikes the school bus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR. However, you do not have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the Police.

Incidents involving pupils on overseas trips
RIDDOR only applies to activities which take place in Great Britain. So, any incident overseas is not reportable to HSE.

Incidents to pupils on work experience placements
If pupils (from other schools) are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

3) Reportable dangerous occurrences (near misses) such as:

- collapse, overturning or failure of load-bearing parts of lifts and lifting equipment; ○ explosion, collapse or bursting of any closed vessel or associated pipework; ○ electrical short circuit or overload causing fire or explosion; ○ explosion or fire causing suspension of normal work for over 24 hours; ○ sudden, uncontrolled release in a building of: 100 kg or more of flammable liquid; 10 kg of flammable liquid above its boiling point; 10 kg or

more of flammable gas; or of 500 kg of these substances if the release is in the open air;

- accidental release of any substance which may damage health.

10.6. Appendix F:

Information sheet regarding the management of common medical conditions within Gayhurst School:

10.6.1. Asthma attack procedure

Introduction
In an asthma attack the muscles of the **air passages** in the lungs go into **spasm** and the **linings** of the airways **swell**. As a result, the airways become **narrowed** and **breathing becomes difficult**. Sometimes there is a specific trigger for an asthma attack such as:

- an allergy
- a cold
- smoke
- extremes of temperature exercise.

Children with asthma usually deal well with their own attacks by using their blue **reliever inhaler**, however you may be required to assist a child having an asthma attack or having an attack for the first time. If this is the case contact the nearest first aider.
Recognition features

- Difficulty in breathing.

There may also be:

- wheezing as the casualty breathes out
- difficulty speaking and whispering
- distress and anxiety
- coughing
- features of hypoxia, such as a grey-blue tinge to the lips, earlobes and nailbeds (cyanosis). Treatment:

Your aims during an asthma attack are to ease the breathing and if necessary get medical help: You need to keep the child calm and reassure them.

If an inhaler is needed the parents should inform the school; an asthma form supplying information of dosage is required.

Pupils are required to have TWO inhalers at school. Both should be clearly named.

Senior School –

Year 3 pupils' inhalers will be stored in the main first aid room.

Year 4 and above: one inhaler is carried by the pupil at all times.

A list of pupils requiring inhalers is posted on the board in the Games Office. The Games staff are responsible for collecting inhalers from pupils/main first aid room at the beginning of Games lessons so that they can be taken to Pease Field along with the First Aid bag. The inhaler should be returned to the pupil at the end of the lesson. The same procedure applies when a pupil is taking part in a match either at home or away.

The second inhaler (if prescribed) is kept in the School Office for use in an emergency.

Junior School – One inhaler is kept in the classroom, and the second one in the School office.

All inhalers are given to Games staff at the beginning of Games lessons so that they can be safely looked after along with the First Aid bag. These are returned at the end of the lesson. The same procedure applies if the pupil is taking part in an away match.

10.6.2. Auto-injectors

Parents should inform the school if their child requires an auto-injector. Staff are trained in auto-injector use. In senior school the auto-injector is kept in the main first aid room, in the Junior School one auto-injector is kept by the form teacher and where supplied a further one is stored in the main office.

10.6.3. Diabetes

Parents should inform the school of the specific nature of their child's condition and any requirements during the school day. Staff will receive training in diabetes management. Support likely to be required includes support for blood glucose monitoring, a readily accessible and private area for the child to self-medicate or be supported in medicating, emergency supply box (contents to be supplied by parents) and assistance with dietary management

10.6.4. Hypoglycaemia (low blood sugar) attack procedure

When the blood-sugar level falls below normal (hypoglycaemia) brain function is affected. This problem is sometimes recognised by a rapidly deteriorating level of response.
Hypoglycaemia can occur in people with diabetes mellitus and, more rarely, appear with an epileptic seizure it can also complicate heat exhaustion or hypothermia.

Recognition features
There may be:

- A history of diabetes; the child or adult may recognise the onset of a "hypo" attack
- Weakness, faintness, or hunger

- Palpitations and muscle tremors
- Strange actions or behaviour; the casualty may seem confused or belligerent
- Sweating and cold, clammy skin
- Pulse may be rapid and strong
- Deteriorating level of response
- Diabetic's warning card, glucose gel, tablets, or an insulin syringe in child or adult's possessions.

The aim is to raise the sugar content of the blood as quickly as possible.

Contact the nearest first aider and school office as soon as possible by whatever means without leaving the child or adult affected.

Help the casualty to sit down.

If they have their own glucose gel, help them to take it. If not, give them up to the equivalent of 10g of glucose, e.g. a 100ml glass of non-diet fizzy drink or fruit juice, two teaspoons of sugar or sugary sweets.

If they improve quickly, let them rest.

If they don't improve look for other causes. The first aider, office staff or person treating the child or adult should dial 999 or 112 and monitor breathing, pulse and level of response.

Warning! If their consciousness is impaired don't give them anything to eat or drink as they may not be able to swallow or drink it properly.

If the casualty is unconscious:
The first aider treating the child or adult should open the airway and check breathing.
Give chest compressions and rescue breaths if necessary.
If the patient loses consciousness but is still breathing normally they should be placed in the recovery position and an ambulance should be called (dial 999 or 112).

Information relating to the nature of the attack should be given to the emergency services when they arrive

10.6.5. Epilepsy

Parents should inform the school of the specific nature of their child's condition and any support needs.

Epilepsy Seizure procedure:
If a child or adult has a seizure where they shake or jerk (a convulsive seizure). These are ten steps to take.

Though it can be frightening to see, this type of seizure is not usually a medical emergency. Usually, once the convulsions have stopped, the person recovers and their breathing goes back to normal. However, contact the school office and the nearest first aider as soon as possible by whatever means without leaving the person.

What to do:

1. **Stay calm**. Disperse any crowds.
2. **Look around** - is the person in a dangerous place? If not, don't move them.
3. Move objects like furniture away from them.
4. **Note the time** the seizure starts.
5. **Stay with them**. If they don't collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
6. **Cushion their head** with something soft if they have collapsed to the ground.
7. **Don't hold them down**.
8. **Don't put anything in their mouth**.
9. **Check the time again**. If a convulsive (shaking) seizure doesn't stop after 5 minutes an ambulance should be called by the office, first aider or whoever is dealing with the emergency. (Dial 999).

After the seizure has stopped, put them into the recovery position and check that their breathing is returning to normal. Gently check their mouth to see

1. that nothing is blocking their airway such as food or false teeth. If their breathing sounds difficult after the seizure has stopped the ambulance should be called.
2. **Stay with them until they are fully recovered**.

If they are injured, or they have another seizure without recovering fully from the first seizure, an ambulance should be called.