

# HUNTER HALL SCHOOL

## (H and S ) FIRST AID POLICY (2)



Implemented	Sept 2005	
Revised	Sept 2010	S Benson (app person)
Revised	Sept 2013	M Spooner (app person)
Approved by governors	Oct 2013	Governors
Revised	April 2016	DV (Head) MS/CH (app persons)
Approved	May 2016	G Ainsworth (O/T chairman)
Reviewed and amended	Oct 2016	D Vinsome/CH/GG
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Reviewed	August 2021	DV/DW/TT
Reviewed and amended	February 2022	DV

## **INTRODUCTION**

This policy outlines Hunter Hall's responsibility to provide adequate, timely and competent first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility.

This policy forms part of our health and safety procedures in school.

The Health and Safety officer of Hunter Hall School is the BURSAR (David White)

This policy should be overseen by a member of the Health and safety Committee

## **AIMS**

- To identify the first aid needs of Hunter Hall in line with the Management of Health and Safety at Work Regulations
- To ensure that first aid provision is always available while people are on school premises.
- To ensure First Aid provision whilst on school visits.

## **OBJECTIVES**

Hunter Hall School will:

- Appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school
- Provide relevant training and ensure monitoring of training needs
- Provide sufficient and appropriate resources and facilities
- Inform staff and parents of the School's First Aid arrangements as required
- Keep accident records and report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

## **PERSONNEL**

The Head teacher and Governors will be responsible for the health and safety of employees and anyone else on the premises. They will ensure that a risk assessment of the school is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.

The Bursar will ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

The Head teacher and appointed first aiders are responsible for putting the policy into practice and for developing detailed procedures. They will ensure that the policy and information on the school's arrangements for first aid are made available to parents.

Teachers and all other staff working in school are expected to do all they can to secure the welfare of the pupils.

### **Key staff for the purposes of this document are:**

Designated first aiders – M Spooner and E Tarrant (in MS absence) for advice and support

Health and safety officer (Bursar – D White) for monitoring and reporting, school training

School office administrator - for parent liaison and resource managing and reordering, school training records and medical records

All qualified first aiders – for day to day administration of playground falls, classroom first aid pouches etc

Head teacher – for liaison and co-ordination and ensuring policy is put into practice

Deputy head teacher – staff sickness records

Health and safety committee – for overseeing the above

### **First aiders**

Hunter Hall has the majority of their staff first aid trained (emergency first aid training) including all class teachers, teaching assistants and office admin staff.

All Foundation Stage staff are paediatric first aid trained.

Mr Spooner as Head of Outdoor Education has an advanced first aid certificate due to the nature of activities he undertakes with the children.

**The school designated first aiders are:**

**Mr M Spooner (if off site ET is the designated First Aider), however all staff have training should they both be offsite.  
EYFS – all staff are paediatric trained under the direction of Mrs Georgina Griffiths**

**Resources are ordered and monitored by the office administrator.**

**Designated first aiders in conjunction with our health and safety officer (DW) will ensure that :**

- a. First Aiders are given suitable advice
- c. The Accident Books are maintained
- d. The Head teacher is informed of serious accidents
- e. Reportable Accidents are notified to the Enforcing Authority including RIDDOR
- f. Emergency services (ambulance) are called where it is deemed necessary

1. Designated first aiders should be called to offer advice and if appropriate deal with major accidents.
2. Additional duties include reporting accidents to the health and safety officer/ school office administrator to contact parents if necessary for very serious injuries (head injuries, serious accidents, hospital visitation) if they have not taken the responsibility for this themselves.

Completing an 'I've had a bump' note for less serious injuries. (Appendix F) would be dealt with by any first aider dealing with a situation

### **Qualifications and Training**

First Aiders all hold a valid certificate of competence, issued by an organisation approved by the HSE. This covers the course content of a competent provider such as St John Ambulance or Red Cross paediatric first aid training

NOTE. All First Aiders must attend refresher courses at least every three years to be up to date on first aid training procedures.

### **PROCEDURES**

- The Bursar (H and S officer) in conjunction with the school office administrator and health and safety committee monitors the number of trained first aiders and alerts them to the need for refresher courses.
- The health and safety officer/school office administrator checks the contents of the first-aid boxes every half term; maintains a first-aid notice board area in the staff room and gives all staff information on the location of equipment, facilities and first-aid personnel.

### **PROVISION**

The Bursar (H and S officer) will risk assess when deciding on the number of first-aid personnel required. The school is deemed a low risk environment, but there will be a considered approach taken as to the needs of specific times, places and activities in deciding on provision.

In particular they will consider:

- ON and off-site PE
- School trips – both day and residential
- Holiday club
- Adequate provision in case of absence, including trips
- Out-of-hours provision e.g. clubs, events
- \*Outdoor Education

In EYFS at least one person who has a current paediatric first aid certificate must be on the premises and available at all times when children are present and must accompany children on outings. This is also applicable to the holiday club which may have children of EYFS age.

## First-aid materials, equipment and facilities

The appointed person/s will ensure that the appropriate number of first-aid containers according to assessed risk of the site is available.

There are eleven fixed first aid boxes around the school:

1. Farmhouse Entrance
2. Entrance to the playground
3. Lobby next to Year 2 classroom
4. Foundation Stage
5. Hall
6. P.E Changing rooms
7. Art room
8. Science
9. Barn
10. Pavilion
11. School minibus

\* An additional First Aid Bag is located in the kitchen area and managed by the kitchen staff.

\* Mini first aid bags are also kept for each year group by class teachers who have the responsibility to maintain it.

There is also a large PE/Sports bag first aid kit kept in the sports office for use on fixtures. A further belt bag is kept in pre-school.

- All first-aid containers will be marked with a white cross on a green background
- First aid bags must accompany PE teachers on and off-site as well as Outdoor Education
- First aid bags should be kept near to hand washing facilities wherever possible
- Spare stock is kept in the first aid room located in the farmhouse

## Responsibility for checking and restocking the first-aid containers:

- In school, all staff to restock their own class first aid kit as necessary and the H and S officer/school office administrator to check main first aid boxes every half term, other than playground first aid box which is checked weekly by school office administrator.

\*EYFS check their own box weekly.

- On minibus, all staff to restock as necessary and appointed person to check every half term.
- P.E bag, members of the PE department to restock and appointed person to check every half term.

Checks are recorded by the appointed persons.

Each bag contains standard items: plastic gloves, tweezers, antiseptic wipes, savlon, standard bandage, plasters – micropore, contaminated items – yellow bags, book for recording incidents, bumped head slips

## First Aid Room

There is a suitable room for medical treatment and care of children during school hours. This is not a dedicated area but is close to a lavatory and contains a washbasin and a bed.

## Hygiene/Infection control

Basic hygiene procedures must be followed by staff.

Single-use disposable gloves **must** be worn when treatment involves blood or other body fluids.

Care should be taken when disposing of dressings or equipment. Use the disposal bags provided (yellow), and place in green buckets in staff toilets. The school cleaners will empty the bins.

## Reporting accidents

Statutory requirements: state that some accidents (see below) must be reported to the HSE. (RIDDOR)

The Bursar must keep a record of any reportable injury, disease or dangerous occurrence. This must include:

- the date and method of reporting
- the date, time and place of the event
- personal details of those involved and a brief description of the nature of the event or disease

This record can be combined with other accident records.

## **The following accidents must be reported to the HSE Involving employees or self-employed people working on 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 three days
- Accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work. ie. if it relates to
- Any school activity, both on or off the premises
- The way the school activity has been organised and managed
- Equipment, machinery or substances
- The design or condition of the premises

## **Record keeping**

Statutory accident records: The Head teacher will ensure that readily accessible accident records, written or electronic, are kept for a minimum of **Three years**.

Any person administering first aid must ensure that a record is kept of any first aid treatment given. This should include:

- **The date, time and place of incident**
- **The name (and class) of the injured or ill person**
- **Details of their injury/illness and what first aid was given**
- **What happened to the person immediately afterwards**
- **Name and signature of the first aider or person dealing with the incident.**

If a child needs further investigation a parent will be called. If a child needs to attend hospital or an ambulance is required a parent will also be called. The appointed person will transport and meet the parent at the hospital with all of the child's medical details.

## **Monitoring**

Accident records can be used to help the Head teacher and Bursar (health and safety officer) and health and safety committee identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes.

The Head teacher/health and safety officer should review accident records annually

A clearly dated incident book is kept with all first aid boxes.

The health and safety Committee are informed of any major incidents

The office administrator will pass incident books to the Head teacher at the end of each academic year for review.

These must be clearly labelled and dated – 2020– 2021 etc and placed in a folder

For the foundation stage all medicine administered forms are kept with the medicine to be administered and then handed to the Head teacher at the end of each academic year.

Medicine administered form permission slips for school are also handed to the Head teacher at the end of the year.

Each form teacher has a folder of all routine medication administered that year. This should be handed in at the end of that year to the HT for filing with other first aid records.

## **First Aid and Accidents [Staff Instructions]**

1. Accidents which cause serious injuries, diseases and some dangerous occurrences must be reported immediately to the First Aider for action.
2. All staff must record all accidents in the first aid incident book.
3. Accidents must be reported so that an investigation can be carried out, if appropriate and corrective measures put in place is appropriate to prevent a reoccurrence.

4. Near Misses must be reported (and put in the near miss book) in order that corrective measures can be taken to avoid accidents. The near miss book will be a standing item at each H and S /Estates meeting.
5. Staff should use considered judgement but, wherever possible, seek the advice of a trained First Aider before administering treatment.
6. Staff should know the location of all first aid kits
7. Staff should inform parents where a common sense judgement deems this necessary. In the case of head injuries the parent should always be informed (and bumped head form filled out for parents) whereas a common graze from falling over on the playground is not grounds for ringing parents unless they have specifically requested this. However, it may be necessary to complete an 'I've had a bump' note
8. If the child is taken to hospital to be checked out, parents should always be informed.
9. In the event of an emergency and absence of a designated first aider/health and safety officer call an ambulance and inform the Head teacher immediately. This is especially important if an accident occurs off site – on a school trip etc.
10. There may be times when an accident merits an ambulance being called; for example major traumas such as severe burn, compound fractures, unconsciousness or disorientation, concussion, chest pain, major bleeding that is unable to stop even with direct pressure, severe allergic reactions – anaphylaxis, severe asthma attack that is not responding to inhalers, diabetic comas, epileptic seizure children that have fallen from a height, swallowed a substance This is not an exhaustive list, if in doubt call an ambulance **on 999 to Hunter Hall School Frenchfield Penrith CA11 8UA.**
11. Never leave a child unattended to call an ambulance - delegate

### **Staff Illness Records**

These are confidential and kept by the **Deputy Head teacher.**

Staff health records are passed to the Head teacher annually where they are kept in the heads office.

Staff health will be monitored where appropriate.

1. Records will reflect both absences and reasons for absences
2. In this manner a proper monitoring system will be kept in place which may help to identify particular areas that may be contributing to ill health and support that may be needed
3. Records will be kept for all staff.

**Staff are expected to report sick as early as possible if they are unable to attend work (by 7 30 am)**

Details are to be supplied to the Deputy Head teacher in the first instance.

Should staff be taking medication this must be kept out of reach of children. Storage facilities for medicines are available in staff room as well a fridge for refrigerated items. The head teacher must be informed.

## **Supporting Pupils with Medical Needs**

### **Short Term Medical Needs**

Many pupils will need to take medication (or be given it) at school some time in their school life. Mostly this will be for a short period only e.g. to finish a course of antibiotics. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential.

### **Non prescription medicine**

E.g. cough medicine, vitamins, and lotions including suntan creams. This type of medication is not given by school staff, however in the foundation stage help with applying sun cream is allowed if parents have been notified and permission has been given.

### **Prescription medication**

This group tends to make up the bulk of medication which may be required to be given during school hours. Medication which is required to be taken three times a day does not usually have to be given within school's hours (e.g. most antibiotics including amoxicillin). In fact, there are relatively few situations where prescribed medication would need to be given in school. Parents are asked to complete a consent form when a pupil joins the school, and this will be updated on a yearly basis. Such situations however include:-

- medication to be given 4 times a day
- medication to be given directly pre or post meals
- medication to be given at fixed hourly intervals
- medication required to be administered should a complaint flare up

It is the responsibility of the parents/guardians to notify the school if medication is required and specific forms are used for this purpose. Medication **will not** be given unless these forms are completed. (See Appendix ).

### **Long term medical needs/Functional medication**

It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs. If a pupil's medical needs are inadequately supported, this can have a significant impact on a pupil's academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to be notified about such a condition before a child starts school, or as soon as a pupil develops a condition.

Examples of such conditions include:

- asthma,
- diabetes,
- epilepsy
- anaphylaxis.

(notes on these conditions are given in appendix )

In some circumstances, it may be helpful for the school to draw up a written health care plan for such pupils involving parents and relevant health professionals in consultation with appropriate staff. (See Appendix ).

Where functional medication has to be given, school staff should be given appropriate training in the correct procedures of administration. This would be on a voluntary basis and should include at least two members of staff.

### **Self-management**

It is good practice to allow pupils who can be trusted to do so, to manage their own medication and the school encourages this. If pupils can take their medication themselves staff only need to supervise this. A parental consent form needs to be signed in order for pupils to manage their own medication. (See Appendix ).

### **Refusing medication**

If pupils refuse to take medication, staff will not force them to do so. The school will inform the parents/guardians as a matter of urgency as in some situations this could have a serious outcome.

### **Record keeping**

It is the responsibility of parents/guardians to provide sufficient information about administration of medication and let the school know of any changes as they arise. If appropriate, more detailed information may be needed from health professionals. A record of any medication given to pupils will be kept by the person administering it.

Each term any medication will be sent home to be checked by the parent as it is their responsibility to ensure any medication is in date and there is sufficient for the following term. (See Appendix ).

### **School Trips**

Staff supervising excursions should be made aware of any medical needs. It may be necessary for an extra member of staff or parent to accompany a particular pupil. Arrangements for taking any necessary medication will also have to be taken into account.

Careful notes should be kept of any medication administered on residential trips and the head teacher informed of any major incidents involving hospital visits. A member of staff should take the role of designated first aid co-ordinator on residential school trips.

### **Sporting Activities**

Some pupils may need to take extra precautions before, during or after exercise, and may need immediate access to medication if necessary.

Staff should be made aware of any such conditions and be advised accordingly.

### **Outdoor Education**

The same above applies to Outdoor Education

### **Safety management**

Some medicines may be harmful to anyone to whom they are not prescribed. Medication will therefore be kept in a safe and suitable environment. HH will not store large volumes of medication; where possible medication should be brought in on a daily basis.

All medication should be clearly labelled with the pupil's name, drug name, dose and frequency of administration, and any adverse effects (if known). Pupils will be informed where their medication is being kept and who to contact if it is needed (e.g. if locked away).

Certain medication may need to be kept in a fridge. Some medication e.g. asthma inhalers should be readily available and if possible carried by the pupils concerned, with spare devices held if needed in an emergency in a central place. The school will not dispose of any medication but return it to the parents involved at an appropriate time.

The fridge in the staffroom may be used to store medicine.

A locked medical cabinet is also available in the staffroom.

Medicine will be administered in the staffroom/ first aid room wherever possible.

### **Emergency procedures**

Should an emergency situation arise, staff will take appropriate action and parents will be contacted. If necessary they will travel with a child to hospital and stay with them until parents can arrive.



## Appendix A

Form for parents to complete if they wish the school to administer medication

# PARENTAL CONSENT FORM FOR SCHOOL TO ADMINISTER MEDICINES

The school will not give your child medicine unless you complete and sign this form. Please also note that medicines must be in the original container dispensed by the pharmacy.

<b>Pupil Name:</b>			
<b>Date of Birth:</b>		<b>Class:</b>	
<b>Date of commencement of medicine:</b>			
<b>Details of medical condition / illness:</b>			

<b>Name / Type of Medicine</b> (As described on container)	
<b>Expiry Date:</b>	
<b>Dosage &amp; Method:</b>	
<b>Timing:</b>	
<b>How long will your child take this medication?</b>	
<b>Special precautions / other instructions</b>	
<b>Are there any side effects we need to know about?</b>	
<b>Self-Administration</b> (Please indicate)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Procedures to take in an emergency:</b>	

## Contact Details

<b>Name:</b>	
<b>Contact Number:</b>	
<b>Relationship to Pupil:</b>	
<b>Address:</b>	
<b>I understand that I must deliver the medicine personally to (agreed member of staff):</b>	

<p>The information overleaf is, to the best of my knowledge accurate at the time of writing and I give my consent to the school staff administering the medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change in dose or frequency of the medication, or if the medicine is stopped.</p>	
<b>Signature</b>	
<b>Name of signatory:</b>	
<b>Relationship to Pupil:</b>	
<b>Date:</b>	

## Appendix B

Form for parents to complete if they wish their child to carry his/her own medication.

This form must be completed by parents/guardian

# PARENTAL CONSENT FORM FOR PUPIL TO CARRY HIS/HER OWN MEDICINE

To be completed by parents / guardian. Please also note that medicines must be in the original container dispensed by the pharmacy.

<b>Pupil Name:</b>			
<b>Date of Birth:</b>		<b>Class:</b>	
<b>Date of commencement of medicine:</b>			
<b>Details of medical condition / illness:</b>			

<b>Name / Type of Medicine</b> (As described on container)	
<b>Expiry Date:</b>	
<b>Dosage &amp; Method:</b>	
<b>Timing:</b>	
<b>How long will your child take this medication?</b>	
<b>Special precautions / other instructions</b>	

<b>Are there any side effects we need to know about?</b>	
<b>Procedures to take in an emergency:</b>	

### Contact Details

<b>Name:</b>	
<b>Contact Number:</b>	
<b>Relationship to Pupil:</b>	
<b>Address:</b>	
I would like my son / daughter to keep his / her medicine on him / her for use as necessary	
<b>Signature</b>	
<b>Name of signatory:</b>	
<b>Relationship to Pupil:</b>	
<b>Date:</b>	

# Appendix C

## Health care plan

Name of Pupil: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Condition or illness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class/Form \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Review Date: \_\_\_\_\_

### CONTACT INFORMATION

<b>Family contact 1</b>	<b>Family contact 2</b>
Name _____	Name: _____
Phone No: (work) _____	Phone No: (work) _____
(home) _____	(home) _____
Relationship: _____	Relationship: _____

<b>Clinic/Hospital contact</b>	<b>G.P.</b>
Name _____	Name: _____
Phone No: _____	Phone No: _____

Describe condition and give details of pupil's individual symptoms:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health care plan (continued)**

Daily care requirements:

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Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

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Follow up care:

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Who is responsible in an Emergency: (State if different on off-site activities)

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For copied to:

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## Appendix E

### Asthma, Diabetes and Anaphylaxis – common concerns

#### Asthma

- People with asthma have airways that narrow as a reaction to various triggers. The triggers vary between individuals, but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible individuals. The narrowing or obstruction of airways causes difficulty in breathing and can be alleviated with treatment.
- Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and in severe attacks the pupils skin and lips may become blue. In these cases pupils will not be able to talk in sentences and will only be able to speak a few words between breaths.
- About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma, which requires medical supervision.
- There are several medications used to treat asthma. Some are for long-term prevention, usually brown in colour and others to relieve symptoms, usually blue in colour. Reliever medication may be used in anticipation of a trigger such as exercise.
- Most people with asthma will relieve their symptoms with medication using an inhaler. Children at school should know how to use their inhalers and should take charge of and use their inhalers as required.
- Pupils with asthma will have access to their inhalers at all times. They should be allowed to carry inhalers with them, especially during games periods.
- The medication of any individual pupil with asthma will not necessarily be the same as the medication of another pupil with the same condition. Major side effects are extremely uncommon for asthma medications, but they can sometimes be made more severe if the pupil is taking other medication.
- Pupils should not take medication that has been prescribed for another pupil. If a pupil took a puff of another pupil's inhaler there are unlikely to be serious side effects. HH school will take appropriate disciplinary action if the owners or other pupils misuse inhalers.
- Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them on all off-site activities. Physical activity will benefit pupils with asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Pupils with asthma should be encouraged to undertake warm-up exercise before rushing into sudden activity, especially when the weather is cold. They should not be forced to take part if they feel unwell, but referred to the teacher in charge/first aider and inform parents where necessary.



- The health care plan will identify the severity of a pupil's asthma, individual symptoms and any particular triggers, such as exercise or cold air.
- If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil as this may restrict breathing. The pupil should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

## Diabetes

- Diabetes is a condition where the person's normal hormonal mechanisms do not control blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose levels and to eat regularly.
- The medical staff will educate pupils and community diabetic nurses to administer their own insulin and staff would not be expected to perform this procedure.
- Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They will be able to perform this duty themselves, but may require a suitable place to do this.
- Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed a hypoglycaemia episode (a hypo), during which their blood sugar level falls to too low a level, may occur. Staff in charge of physical education classes or other physical activity should be aware of the need for pupils with diabetes to have a sugary drink to hand.
- Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:
  - Hunger
  - Sweating
  - Drowsiness
  - Pallor
  - Glazed eyes
  - Shaking
  - Lack of concentration
  - Irritability
- Each pupil may experience different symptoms and this should be identified in the health care plan.
- If a pupil has a hypo, it is important that a fast-acting sugar, such as glucose rich gel, a sugary drink or a chocolate bar is given immediately. Slower acting starchy food such as a sandwich or two biscuits and a glass of milk should be given once the pupil has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in case of uncertainty call for medical advice – Penrith centre

- A greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control.

### **Anaphylaxis**

- Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from an early age of what they can and cannot eat and drink, and in the majority of cases they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine or adrenaline injection, depending on the severity of the condition.
- In the most severe cases of anaphylaxis people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using the device. In cases of doubt, it is better to give the injection than to hold back. Responsibility for giving the injection should be on a voluntary basis and will be undertaken with appropriate training from health professionals.
- For some children the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency. In severe cases the pupil may be able to carry his/her medication, but if not, a suitable, safe yet accessible place for storage should be found. The safety of other pupils should also be taken into account. If a pupil is likely to suffer a severe allergic reaction, all staff should be aware of the condition and know who is responsible for administering the emergency treatment.
- Parents will often ask for the school to make sure that their child does not come into contact with the allergen. This is not always feasible, although the school should bear in mind the risk to such pupils at break and lunch times and in certain lessons. It may also be necessary to take precautionary measures on out door activities or school trips.
- HH school is deemed a Nut free school and parents and pupils reminded periodically of this stance.
- Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:
  - A metallic taste or itching in the mouth
  - Swelling of the face, throat, tongue and lips
  - Difficulty in swallowing
  - Flushed complexion
  - Abdominal cramps and nausea
  - A rise in heart rate
  - Collapse or unconsciousness
  - Wheezing or difficulty in breathing
- Each pupil's symptoms and allergens will vary and will need to be identified in the health care plan.

- Call an ambulance immediately (and the medical centre) if there is any doubt about the severity of the reaction or if the pupil does not respond to treatment.

## **ANAPHYLAXIS - GUIDELINES**

In a school setting, ensuring the safety of children affected with anaphylaxis depends on the co-operation of the entire school community. To minimize the risk of exposure and to ensure rapid emergency response, parents, students and school personnel must all understand and fulfil their responsibilities.

### **Responsibilities of the Parents of an Anaphylactic Child**

- Inform the school of their child's allergies.
- Provide a MedicAlert bracelet for their child (appropriate to age) if applicable.
- Provide the school with current medical instructions from their doctor.
- Provide the school with up to date auto-injectors and keep them current (at least 2 one of which will act as a spare)
- Aid the school with the necessary training.
- Provide support to the school and teachers as requested.
- Participate in parent advisory/support groups.
- Assist in developing policies and procedures for reducing risk to their child.
- Participate in the development of an emergency response plan for their child.
- Review both the emergency protocol and the procedures for reducing risk with school personnel annually.
- In co-operation with the head and classroom teacher, encourage the support of other children in the school environment (appropriate to age).
- When requested supply information for school publications e.g. recipes, foods to avoid, alternate snack suggestions and resources.
- Be willing to provide safe foods for special occasions.
  
- Teach their child:
  - To recognize the first symptoms of an anaphylactic reaction.
  - To know where the medication is kept.
  - To communicate clearly when he or she feels a reaction starting.
  - To carry his/her own Adrenaline pen when able.
  - Not to share snacks, lunches or drinks.
  - The importance of hand-washing.
  - To take as much responsibility as possible for his/her own safety.
  - Welcome other parents' questions about safe foods.

### **Responsibilities of the Head Teacher/health and safety officer (Bursar) and office administrator**

- Work as closely as possible with the parents of an anaphylactic child.
- Ensure that parents have completed all necessary forms.
- Ensure that the parents of an anaphylactic child are aware of all the relevant school policies and procedures and have the opportunity to review them.
- Ensure that an emergency response plan, based on doctor's instructions, is developed and reviewed annually for each child with a life-threatening allergy.
- Ensure that any instructions from the child's doctor are on file and accessible.
- Notify the school community of the anaphylactic child, allergens and treatment.
- Post allergy alert forms in staff room and office.
- Maintain up to date emergency contacts and telephone numbers.
- Ensure that all staff and volunteers have received information on anaphylaxis, and that those in positions of responsibility for the child receive training in the use of an Adrenaline pen.

- Maintain an up to date list of school personnel who have received training in the use of an Adrenaline pen.
- In co-operation with the parents and classroom teacher, encourage pupil co-operation.
- Ensure that all supply teachers are informed of the presence of an anaphylactic child and who to contact/what to do in an emergency.
- Inform all parents that a child with life-threatening allergies is attending school and ask for their support.
- Store Adrenaline pens in easily accessible locations. Where children need to carry these they should be available in medical bags on visits off site.
- Establish safe procedures for field trips and extra-curricular activities.
- Establish a disciplinary procedure for dealing with bullying and threats

#### **Responsibilities of the Classroom Teacher**

- Participate in the review of the individual plan for children in his/her classroom with life-threatening allergies.
- Discuss the anaphylaxis with the class, in age appropriate terms.
- Encourage pupils not to share lunches or trade snacks.
- Choose allergy-free foods for classroom events.
- Establish procedures to ensure that the anaphylactic child eats only what he/she brings from home.
- Reinforce hand washing before and after eating.
- Facilitate communication with other parents.
- In co-operation with the parents and the head encourage support of other pupils in class in identifying unusual behaviour.
- Follow the school's policies in reducing risk in classrooms and common areas.
- Enforce school rules about bullying and threats.
- Leave information in an organised, prominent and accessible format for supply teachers, parent volunteers or others who may have occasional contact.
- Plan appropriately for field trips :
  - ensure that emergency response plans are considered
  - Ensure that Adrenaline pens are taken.

#### **Responsibilities of the School (visiting) Nurse**

- Consult with and provide information to parents, pupils and school personnel.
- Participate in planning school policy.
- Participate in in-service and Adrenaline pen training.
- Assist in developing emergency response plans.

#### **Responsibilities of Anaphylactic Pupils**

- Take as much responsibility as possible for avoiding allergens.
- Eat only foods brought from home or approved for consumption.
- Take responsibility for checking labels and monitoring intake (as developmentally appropriate).
- Wash hands before eating.
- Learn to recognise symptoms of an anaphylactic reaction (as developmentally appropriate).
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Keep an Adrenaline pen handy at all times.
- Know how to use the Adrenaline pen (as developmentally appropriate).

#### **Responsibilities of all Parents**


- Respond co-operatively to requests from school to eliminate allergens from packed lunches and snacks.
- Participate in parent information sessions.
- Encourage children to respect anaphylactic child and school policies.
- Inform the teacher prior to distribution of food products to any children in school.

#### **Responsibility of all Pupils (as Developmentally Appropriate)**

- Learn to recognise symptoms of anaphylactic reaction.
- Avoid sharing food, especially with anaphylactic children.

- Follow school rules about keeping allergens out of the classroom and washing hands.
- Refrain from bullying or teasing a child with a food allergy.

**Appendix F**

**I've had a bump!** 

Dear Parent or Guardian,

\_\_\_\_\_ had a bump today.

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_