

FIRST AID POLICY

Legal Status:

- This policy is drawn up and implemented to comply with The Education (Independent School Standards) (England) (Amendment) Regulations.
- Complies with Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013).
- Complies with the Guidance on First Aid for Schools Best Practise Document published by the Department for Education (DfE) and *Health and Safety: Advice on legal duties and powers* (2014)
- Complies with the Health and Safety (First Aid) Regulations 1981 (amended 1997)
- First Aid at Work Guidelines for Employers published by the Health and Safety Executive 2009

The Pointer School has an Appointed Person for the health and safety of the School's employees and anyone else on the premises. This includes all teaching and non-teaching staff, volunteers, children and visitors (including contractors). They must 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.

Applies to:

- the whole school including the Early Years Foundation Stage (EYFS), out of school care, the breakfast club, the afterschool clubs, the holiday club and all other activities provided by the school, inclusive of those outside of the normal school hours;
- all staff (teaching and support staff), students on placement, the proprietor and volunteers working in the school.

Related documents:

- Welfare, Health and Safety Policy; Medication (giving and storage); First Aid Treatment


Availability:

This policy is made available to parents, staff and pupils in the following ways: via the School website www.pointers-school.co.uk, and on request, a copy may be obtained from the Office.

Monitoring and Review:

- This policy will be subject to continuous monitoring, refinement and audit by the Headmaster.
- The Headmaster undertakes a formal annual review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown below, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Signed:



Date: August 2017

Mr R.J.S. Higgins
Headmaster and Proprietor

Introduction

This policy is designed to ensure that all children can attend school regularly and participate in activities.

This policy outlines the School's statutory responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility.

All companies are required by The Health and Safety (First Aid) Regulations 1981 (amended 1997) to provide trained first aid human resources and treatment for staff in the event of injury or ill health at work. Although the regulations only require the employer to provide cover for staff, it is the School's policy to extend this cover to children and visitors.

Practical Arrangements at the Point of Need

The school will provide:

- The names of those qualified in first aid and the requirement for updated training every three years.
- The required number of qualified persons on each school site when children are present;
- Showing how accidents are to be recorded and parents informed;
- Access to first aid kits with all first-aid containers are marked with a white cross on a green background;
- First aid containers are also kept in the medical room, near to hand washing facilities and arrangements for the refurbishment of supplies are in place;
- Arrangements for pupils with particular medical conditions (for example asthma, epilepsy, diabetes) and special medical needs charts (which include photos) are displayed accordingly
- Checking and restocking the first-aid containers is carried out regularly by the First Aid Co-ordinator.
- Medication such as inhalers and EpiPens are checked regularly by the First Aid Co-ordinator to ensure they have not passed the expiry date and new medication requested to replace any due to expire.
- Photos of all pupils with medical conditions are displayed in relevant places (as such medical room, class room, kitchen).
- A paediatric first aider(s) will always accompany the EYFS children when using any specialist facilities and during any offsite activity/education visit.
- Should a pupil feel unwell or be injured at school he/she will see the First Aider who will respond in accordance with the standard procedure.
- Hygiene procedures for dealing with the spillage of body fluids;
- Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 9923)

Aims

- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.
- To provide First Aid treatment where appropriate for all users of the school (with particular reference to pupils and staff)
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements

Classification for first aiders.

There are now three levels of workplace first aider:

- Emergency First Aider at Work (EFAW) – 6 hour course
- Paediatric First Aider 12 hours paediatric course
- First Aider at Work (FAW) – 18 hour course.

The Nature of the Workforce

We have considered the needs and health of all employees, pupils, visitors/contractors. During term time there will be one or more First Aider at Work (FAW) on duty. During school holidays - there should be at least one Emergency First Aider at Work (EFAW) available to administer first aid. Any First Aid at Work training courses booked by the Deputy Head teacher.

The Deputy Head teacher is responsible for ensuring that there is adequate first aid cover available at all times, including when a first aider is on annual leave, a training course, a lunch break or other foreseeable absences.

It is not acceptable to provide an 'Emergency First Aider at Work' (6 hour course) to cover foreseeable absences of a First Aider at Work' (18 hour course).

The evidence of the level of injury in our school is relatively low and really confined to pupil injuries, most of which are results from slips/trips and falls or occasioned on the sports field or in the sports hall or in the playgrounds. Again most of the injuries are minor and require minimal first aid attention.

Definitions

First Aid

The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving of any tablets or medicine to treat illness.

Full First Aider

A person who has completed a full (3-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

Full Paediatric First Aider

A person who has completed a full (2-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

Appointed Person

A person who has completed a 1-day course of emergency first aid from a competent trainer and holds a current certificate.

Policy Statement

The Pointer School will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for pupils, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. This policy should be read in conjunction with The Pointer School's Health and Safety policy and policy on Safeguarding children on school visits. It will be reviewed annually.

First Aid Facilities

The Headmaster must ensure that the appropriate number of first-aid containers are available according to the risk assessment of the site are available. See Health and Safety Executive (HSE) guidelines on recommended and mandatory contents.

- All first-aid containers must be marked with a white cross on a green background;
- First aid container always accompany the children when using any specialist facilities and during any offsite activity/education visit. First aid containers must accompany Physical Education (PE) teachers off-site;
- First aid containers should be kept near to hand washing facilities;
- Spare stock should be kept in school;
- Responsibility for checking and restocking the first-aid containers is that of the First Aid Co-ordinator. The First Aiders must notify to the offices or the First Aid Co-ordinator any necessity of restocking of the First Aid boxes.

Training

The First Aid Officers is a Fully First Aid trained and have had specific instruction regarding some other health conditions. The list of staff with current First Aid Certificates is available at every floor and in the Staff Rooms and Medical Rooms. All First Aid qualifications are updated every three years in accordance with regulations.

Both a *full first aider* and at least one *paediatric first aider* will always be on the premises and a *paediatric first aider* will always accompany the EYFS children when using any specialist facilities and during any offsite activity/education visit.

First Aiders' responsibilities

- To give first response treatment
- To summon an ambulance through the school office, when necessary.
- To inform the school office when pupils are too unwell to stay at school. The school office will contact parents to collect their child and, when required, inform them of the accident and the hospital to which their child is being taken.

Policy on First Aid in School

All staff, both teaching and non-teaching are responsible for dealing with minor incidents requiring first aid. During lesson time first aid is administered by the qualified class teacher or assistant, or one of the First Aiders. If an accident occurs in the playground and first aid is required, then one of the staff on duty in the playground, who is qualified, can assist, or if they are not qualified, they should come to the staff room or Medical Room and request the assistance of the child's class teacher or designated first aider.

The First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Fully stocked First Aid kits are available in the Medical Room. Any action taken should be recorded. The First Aiders and the pupil's teacher will decide when it is advisable to inform parents by telephone. If an injury or illness involves spillage of body fluids gloves should be worn.

If there is any concern about the first aid which should be administered then the qualified first aiders must be consulted.

The arrangements for first-aid provision will be adequate to cope with all foreseeable incidents. Designated staff will be given such training in first-aid techniques as is required to give them an appropriate level of competence. The Headmaster is responsible for ensuring that a sufficient back-up stock is held on site. Notices will be displayed in prominent locations throughout the establishment identifying who are the first aiders and location details. All first aid-signs and containers must be identified by a white cross on a green background. A written record will be kept of all first-aid administered either on the school premises or as a part of a school related activity.

The First Aiders' procedure for dealing with sick or injured pupils:

1. Ascertain by inspection and discussion with child or staff member the nature of the child's injury or illness.
2. Comfort or advice as necessary. This may be sufficient and child can return to class or break. Inform staff member of nature of any concerns if appropriate.
3. Treat injury or illness if required. Clean wound with antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists.
4. Record action taken on accident report form.
5. If child is then well enough he/she will return to class.
6. If problem persists or there are doubts as to the seriousness of any injury then parent(s) will be telephoned and asked what they would like to do. If he/she wishes to collect their child appropriate arrangements are made.
7. If a severe illness or injury is suspected then the most appropriate member of staff will take the pupil to hospital or the emergency services will be called and administrative staff will contact the parents to inform them. No pupil will travel in an ambulance unaccompanied.

8. If any issue arises during treatment or discussion with the pupil that the First Aid Co-ordinator feels should be taken further, she/he will telephone or speak to the parents and/or the Designated Safeguarding Officer or most appropriate member of staff.

N.B. The First Aiders will have up to date Emergency First Aid training and some will have a full and current First Aid at Work Certificate. At least one staff working specifically in the EYFS department have Paediatric First Aid Training Certificates. They are not, however, medically qualified and hence cannot give medical advice.

Hygiene/Infection control/HIV Protection

Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand-washing facilities, which should be used when dealing with any blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc) are placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home.

Supporting sick or injured children

With reference to sick children and medicine we:

- Make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues.
- Isolate a child if we feel that other children or staff are at risk.
- Contact parents to take children home if they are feeling unwell/being sick/have diarrhoea/have had an accident/may have an infectious disease.
- Ring emergency contact numbers if the parent or carer cannot be reached.
- Make every effort to care for the child in a sympathetic, caring and sensitive manner.
- Respect the parents' right to confidentiality
- Expect parents to inform the office if their child is suffering from any illness or disease that may put others at risk.
- See policy on administration of medicines

Confidentiality

Information given by parents regarding their child's health will be treated in confidence and only shared with other staff when necessary or appropriate.

Monitoring

Accident report forms can be used to help the Headmaster/Health and Safety Officer to 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 Health & Safety Manager will be notified of any situation requiring immediate attention in order to prevent a reoccurrence (see Accident incident form). This policy will be reviewed annually.

Reporting to HSE

Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (**RIDDOR on line report link: www.hse.gov.uk/riddor**) to report the following to the HSE. A record of any reportable injury, disease or dangerous occurrence is kept in the school office. 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:

- fractures, other than to fingers, thumbs and toes
- amputations
- 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

For more information: <http://www.hse.gov.uk/riddor/reportable-incidents.htm>

Record keeping

Statutory accident records: The Headmaster must ensure that readily accessible accident records, written or electronic, are kept for a minimum of five years. The Headmaster must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. 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.

Reporting

The First Aider should complete an Accident Report Form. All injuries, accidents and illnesses, however minor, must be reported to the School Office and they are responsible for ensuring that the accident procedures are filled in correctly and that parents and HSE are kept informed as necessary.

The original will be sent home with the pupil, a copy of this is kept in the Accident Report folder, in the School Office and a copy is filed in the pupil's file. All details need to be filled in, including any treatment given.

Reporting to Parents: In the event of accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Headmaster if necessary. Parents are always called if there is a head injury, no matter how apparently minor.

Accidents involving Staff: Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)

Work related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days. Cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer). Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Accidents involving pupils or visitors: Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- any School activity (on or off the premises)
 - the way a School activity has been organised or managed (e.g. the supervision of a field trip)
 - equipment, machinery or substances
 - the design or condition of the premises.
- Need to be reported without delay to HSE, followed by Form F2508.

For more information on how and what to report to the HSE, please see:

<http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link

Annex A:

Basic First Aid

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit, and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 immediately;
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

Unconsciousness
If the person is unconscious with no obvious sign of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services.

Bleeding
Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing.

Burns
For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.

Broken bones
Try to avoid as much movement as possible.

Embedded Objects and Splinters

An object embedded in a wound (other than a small splinter) should not be removed as it may stem bleeding, or further damage may result.

In principle leave splinter in place, carefully clean the area with warm soapy water; use sterile dressing to cover it, Report to parents, if the child is particularly uncomfortable contact parents.

Annex B: Anaphylaxis

What is anaphylaxis?

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). In its most severe form the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

Medication and control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an Epipen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual pupil must be kept in a cabinet which is readily accessible, in accordance with the School's health and safety policy. If a pupil has an Epipen it is particularly important that this is easily accessible

throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

It is important that key staff in the School are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.

It is not possible to overdose using an EpiPen as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back.

All pupils who have anaphylaxis should have a 'Crisis Sheet' which parents or guardians should complete prior to starting at Pointer School. The Crisis Sheet should give basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's Health Care Plan.

Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

Managing pupils with anaphylaxis

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all pupils who have an EpiPen prescribed to them, have their medication on them at all times.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. (Staff to seek advice from Duty First Aider.)
- If a pupil feels unwell, the Duty First Aider should be contacted for advice.
- A pupil should always be accompanied to the medical room if sent by a member of staff.

Away trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils medication
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimize risk whenever possible.

What are the main symptoms?

- Difficulty talking, swelling of the tongue, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness

What to do if a pupil has an anaphylactic reaction

Call 999 and give the message anaphylaxis Call parents and accompany the child to the hospital to meet parents there If he has not improved within 5-10 minutes he should be given another EPIPEN

Annex C: Asthma

What is Asthma?

Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

Medication and control

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name. We also have an emergency inhaler kit in each building this is for use in an emergency on children who are known to have asthma and who have previously prescribed inhalers.

Pupils with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in a cabinet in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. All asthmatic pupils should have a 'Crisis Sheet' which parents or guardians should complete prior to starting at Pointer School. The Crisis Sheet should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's HCP. Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use. Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

Managing pupils with asthma

- Staff should be aware of those pupils under their supervision who have asthma.
- Games staff should ensure that all pupils with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack. (Staff to seek advice from Duty First Aider)
- If a pupil feels unwell, the Duty First Aider should be contacted for advice.
- A pupil should always be accompanied to the Medical room if sent by a member of staff.

Away trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils medication. Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

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. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. **However, they should not be forced to take part if they feel unwell.**

What are the main symptoms?

- Coughing, wheezing, inability to speak properly and difficulty in breathing out.

What to do if a pupil has an asthmatic attack

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.
- Summon assistance from the Duty First Aider. Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are used promptly and help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax.
- Contact parents
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance 999

Annex D: Diabetes

What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

Medication and control

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an Individual Pupil Risk Assessment. In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode. The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date. All diabetic pupils will require a 'Crisis Sheet' which parents or guardians should complete prior to starting at Pointer School. The Crisis Sheet should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file. Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

Managing pupils with diabetes

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that all pupils with diabetes have a lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from the Head of Boarding for training)
- If a pupil feels unwell, the Duty First Aider should be contacted for advice.
- A pupil should always be accompanied to the Surgery if sent by a member of staff.

Away trips:

A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils medication, if the pupils cannot carry it themselves (See Crisis Sheet). Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level: Encourage the pupil to eat or drink some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia, after the activity is concluded, encourage the pupil to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

What do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode

Common causes:

A missed or delayed meal or snack, extra exercise, too much insulin during unstable periods, the pupil is unwell or the pupil has experienced an episode of vomiting.

Common symptoms are::

- Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration
- i. Get someone to stay with the pupil - call for the Duty First Aider/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse.
- ii. Give fast acting sugar immediately (the pupil should have this), e.g.:
Lucozade, fresh orange juice, sugary drink, e.g. Coke, Fanta, glucose tablets, honey or jam, 'Hypo Stop' (discuss with parents / houseparent's whether this should be taken on trips off site)
- iii. Recovery usually takes ten to fifteen minutes.
- iv. Upon recovery give the pupil some starchy food, e.g. couple of biscuits, a sandwich.
- v. Inform the Duty First Aider of the hypoglycaemic episode.
- vi. In some instance it may be appropriate for the pupil to be taken home from school

NB. In the unlikely event of a pupil losing consciousness, call an ambulance (999) and the Duty First Aider.

A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst, passing urine frequently, vomiting, abdominal pain
- A change of behaviour

Care of pupils in a hyperglycaemic episode

- Do not restrict fluid intake or access to the toilet
- Contact the Sanatorium and/or parents if concerned.

In both episodes, liaise with the Duty First Aider / houseparent's about contacting the pupil's parents/guardians.

Annex E: Hemiplegia

What is hemiplegia?

Childhood hemiplegia (sometimes called hemiparesis) is a condition affecting one side of the body (Greek 'hemi' = half). We talk about a right or left hemiplegia, depending on the side affected. It is caused by damage to some part of the brain, which may happen before, during or soon after birth, when it is known as congenital hemiplegia, or later in childhood, in which case it is called acquired hemiplegia. Generally, injury to the left side of the brain will cause a right hemiplegia and injury to the right side a left hemiplegia. Childhood hemiplegia is a relatively common condition, affecting up to one child in 1,000. About 80% of cases are congenital, and 20% acquired

What are the effects of hemiplegia?

Hemiplegia affects each child differently. The most obvious result is a varying degree of weakness and lack of control in the affected side of the body, rather like the effects of a stroke. In one child this may be very obvious (he or she may have little use of one hand, may limp or have poor balance); in another child it will be so slight that it only shows when attempting specific physical activities.

Managing pupils with hemiplegia

It is essential to include the weaker side in play and everyday activities, to make the child as two-sided as he or she can be. As they get older, many children and young people with hemiplegia can be encouraged to develop better use of their weaker side through involvement in their chosen sports and hobbies. All diabetic pupils will require a 'Crisis Sheet' which parents or guardians should complete prior to starting at Pointer School. The Crisis Sheet should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file. Staff should encourage pupils to take part in all activities. If a pupil feels unwell, the Duty First Aider should be contacted for advice. A pupil should always be accompanied to the Surgery if sent by a member of staff.

Away trips:

- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Annex F: Cleaning up body fluids from floor surfaces

All appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit, etc. Disposal of body fluids must be placed in the sharps yellow bins located in the two surgeries.

Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly.

Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice.

- Sprinkle 'Bio999' absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
- Remove all visible material from the most soiled areas, using paper towel.
- Put all used paper towel and cloths into a sharps yellow bin for incineration.
- The remaining visible material should then be vacuumed. The vacuum cleaner bag **MUST** be changed after use.
- **Non- carpeted areas:** Sanitize the area using appropriate products, leaving on the affected area for a minimum of 10 minutes.
- **Carpeted areas:** The area should be cleaned appropriate product and should contact the affected area for at least ten minutes. The area should then be shampooed within 24 hours.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water.
- Discard gloves, disposable apron into yellow bag for incineration. Finally wash your hands thoroughly using soap and water.

Annex G: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013)

All Schools are required to report to the Health and Safety Executive. Employers must report: Deaths, major Injuries, over three day injuries, accidents causing injury to pupils, accidents causing injury to members of the public or people not at work, specified dangerous occurrences where something happened which did not result in an injury but could have done.

The nature of the work, the hazards and the risks

The following table, compiled using information from the Health & Safety Executive, identifies some common workplace risks and the possible injuries that could occur:

Risk	Possible injuries requiring first aid	Assessed risk to employees, pupils and visitors/contractors	Remarks
Manual Handling	Fractures, lacerations, sprains and strains (mainly pertains to kitchen/cleaning and maintenance staff)	Low	
Slip and trip hazards	Fractures, sprains and strains, lacerations. (mainly pupils)	Low	
Machinery	Crush injuries, amputations, fractures, lacerations, eye injuries – there are very few machines within the school which are capable of causing amputations and fractures.	none	
Work at height	Head injury, loss of consciousness, spinal injury, fractures, sprains and strains – working at heights is restricted to adults, below one metre an adult can work alone; over one metre a full size ladder or scaffold tower is used with 2 or more people present at all times.	Low	
Workplace transport	Crush injuries, fractures, sprains and strains, spinal injuries – it is unlikely that workplace transport injuries will occur as the minibus is only used for people carrying.	none	
Electricity	Electric shock, burns – all hardwiring is tested every 5 years and PA 100% every 3 years, there is also an annual visual H&S self-audit which should identify any shortcomings and these would then be rectified, couple to this is the appointment of H&S reps who are responsible for monitoring all H&S matters within their area of responsibility.	Low	
Chemicals	Poisoning, loss of consciousness, burns, eye injuries – all chemicals are kept under lock and key and their issue and use is supervised by qualified adults/personnel	Low	