

WINSTON HOUSE PREPARATORY KINDERGARTEN

FIRST AID, ACCIDENT REPORTING AND MEDICATION POLICY

Author: SLT
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Next Review Due: May 2019

First Aid, Accident Reporting and Medication

Policy Statement

At Winston House Kindergarten (“the setting”) we are committed to ensuring that every pupil (including those in our EYFS setting), every member of staff and every visitor will be provided with adequate first aid in the event of an accident or illness, no matter how minor or major.

This includes:-

- Sufficient and appropriate resources and facilities
- Ensuring HSE regulations on the reporting of accidents, diseases and dangerous occurrences are met
- Clear authorisation from and communication with pupils’ parents and guardians regarding medical treatment.

Procedures and information set out in this document aim to ensure that:

- all members of the setting community are aware of the procedures to follow in the event of an accident, the support available and the role that they play
- effective management systems are in place to support individual pupils with medical needs
- there are sufficient numbers of trained staff as Appointed Persons and First Aiders, including Paediatric First Aid, to meet the needs of the setting.
- medicines are recorded, handled, stored and administered responsibly
- first aid provisions are available at all times while pupils or employees are on setting premises, and also off the premises whilst on visits or trips
- all incidents involving medical assistance are properly recorded.

There are a range of forms, which parents/carers are required to complete throughout the course of their child’s time with the setting and as and when medical support may be needed. They are available on request from the setting offices.

This document was drawn up in conjunction with Guidance from Managing Medicines in the whole Setting (**Department for Education and Skills / Department of Health**). This document is available to all interested parties on our website and on request from the office. It should be read in conjunction with the following documents: Educational Visits.

The setting is fully committed to ensuring that the application of this *First Aid, Accident Reporting and Medication* policy is non-discriminatory in line with the UK Equality Act (2010). Further details are available in the Setting’s Equal Opportunity Policy document.

The setting seeks to implement this policy through adherence to the procedures set out in the rest of this document.

This document is reviewed annually by the Appointed Person for First Aid or as events or legislation change requires. The next scheduled date for review is May 2016.

PART A

1. Key Personnel

- a) The **Appointed Person for First Aiders** are: **Shirmila Sharma 02085056565**. She is based at the setting but also provides guidance on matters of First Aid arrangements. In her absence Lubna Haider or Prabhjot Dhiraj will deputise.

The Appointed Person for First Aid takes charge of first-aid arrangements and the role includes looking after the first-aid equipment and facilities and calling the emergency services when required. She may provide emergency cover, within her role and competence, where a first-aider is absent due to unforeseen circumstances.

The Appointed Person for First Aid will ensure that:-

- First Aid qualifications and insurance are on display in the office.
 - The list of First Aiders is kept up to date.
 - supplies of first aid materials are available at various locations throughout the setting and that materials are checked regularly and any deficiencies made good
 - information on the location of equipment, facilities and first aid personnel is provided to staff
 - records of first aid treatments and accidents are maintained
 - records of first aid training undertaken by staff are maintained
 - training needs are identified
 - There is appropriate communication with parents / guardians occurs for any pupils who have received any kind of medical attention during the day. This includes written notification of any bumps to the head and any medication given, and telephone communication for any other treatment other than for very minor incidents.
 - there is a First Aider present on site when pupils are present
 - there is someone with the relevant paediatric First Aid training (minimum of 12 hours training) on site where EYFS are present – including on visits
 - The number of First Aiders is adequate to provide First Aid cover during the daily sessions. (This is to be done in consultation with the Head and in light of on-going risk assessments).
- b) **A number of setting staff have received suitable First Aid training and have a qualification approved by the HSE.** This training enables them to give emergency first aid to someone who is injured or becomes ill whilst on the settings premises. Those with the First Aid at Work and Paediatric First Aid qualification are also permitted to administer prescribed medicines.

At least one qualified first aider will be on site when pupils are present. For the Early Years there will be at least one person with a paediatric first aid qualification on site and on setting outings.

First Aiders will:-

- Respond promptly for calls for assistance
- Provide first aid support within their level of competence
- Summon medical help when necessary
- Record details of treatment given in line with the reporting procedures in this document

First Aiders are coordinated by the Appointed Person for First Aid.

c) All staff are informed about First Aid provision on employment and are required to:

- Ensure they are aware of and follow the First Aid Policy and Procedures
- Report and record all accidents that occur in line with the procedures set out in this document. Note that all pupil Head injuries are communicated to parents/carers via telephone and recorded on the relevant accident/incident form which is to be signed by the parent/carer when the child is collected.
- Ensure appropriate risk assessments and adequate First Aid provisions form part of the planning for any setting trip or activity. This should be done in consultation with the Educational Visits Lead.

2. First Aid Equipment and Information

a) Medical Rooms

The medical provision at the setting is located in the Safari Room.

b) Location of First Aid Boxes

First Aid Boxes are clearly labelled with a white cross on a green background. They are located in each room including:

- Office
- Each Room
- First Aid kits for travelling are held in the setting office

c) First Aid Supplies

The Appointed Person for First Aid will ensure that:

- an adequate number of first aid containers are available and easily accessible across the Setting site
- all first aid containers are marked with a white cross on a green background.
- all containers are regularly checked for stock levels and expiry dates each term
- the contents of all first aid containers adhere to any the relevant guidelines from the HSE.

3. What to do in the event of an incident requiring medical assistance

a) If a person becomes unwell

A pupil, member of staff or visitor who becomes unwell during a lesson or activity may, if they are able, be sent to the Setting Office to seek assistance. They should always be accompanied by another person. Parents will usually be contacted and asked to collect a pupil if they become unwell.

b) If a person is involved in an accident or medical emergency

- Call for assistance from the nearest First Aider.
- Ensure that other pupils/persons in the vicinity are safe and supervised.
- The First Aider who attends will take charge and will decide on and, if appropriate, administer the relevant First Aid treatment
- All incidents must be recorded and parents informed in line with the Recording and Reporting procedures set out below (section 4)

c) If there is a serious accident or medical emergency necessitating an Ambulance

Call for assistance from the nearest First Aider.

- Ensure that other pupils/persons in the vicinity are safe and supervised.

- The First Aider who attends will take charge and will decide on and, if appropriate, administer the relevant First Aid treatment
- The member of staff who initially called for assistance will stay with the casualty at least until the First Aider has taken responsibility for the welfare of the casualty concerned. This may include escorting them to the hospital if required.
- If they are not already present, inform Appointed Person for First Aid immediately of the incident / accident
- Any person who believes the situation requires it may telephone for an ambulance. Dial **999** from any telephone. DO NOT LEAVE THE CASUALTY ALONE in order to do this – ask a colleague. (If you send someone else to make the call, ensure that you tell them to return straight to you in order to inform you of the 999 call having been successfully made.)
- After an ambulance has been requested, if they have not already been alerted, inform the Head, or member of Senior Leadership Team. They will, in turn, inform relevant senior colleagues.
- Another member of staff should await the arrival of the emergency services and direct them appropriately.
- A familiar member of staff will accompany the casualty in the ambulance and at the hospital until the parent or carer arrives. Any necessary teaching cover will be arranged via the Setting offices.
- Where there is an urgent need for surgical or medical treatment to be given and the parents cannot be contacted, the decision about the competence of the pupil to give or withhold consent to urgent surgical or medical treatment, in the absence of the parent, must be the responsibility of the doctor.
- All incidents must be recorded in line with the Recording and Reporting procedures set out below (section 4)

d) Hygiene and infection control when dealing with a medical incident

- Common sense infection control measures (such as hand washing and the use of disposable gloves when dealing with blood or bodily fluids) must be followed by all staff when dealing with medical incidents
- Hand washing facilities are available throughout the setting
- Single use disposable gloves are to be found in First Aid kits and must be used at all times when providing treatment involving blood or body fluids.
- spillages of bodily fluids should be cleared up and any items contaminated must be disposed of in the bin marked for clinical waste.

e) Dealing with Bodily Fluid Spillages (Bio Hazards)

The setting has a duty to protect its staff from hazards encountered during their work; this includes bio hazards, which for the purpose of this document are defined as Blood, Vomit, Faeces, Urine & Wound drainage.

In the event of a spillage on a surface the following precautions should be applied:-

- Notification by placing warning signs
- Staff dealing with the biohazard should wear protection including disposable gloves
- Waste should be disposed of in the bin marked for Clinical Waste
- Hand hygiene should be carried out following management of the spillage

f) Head injuries

All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence or drowsiness. If in doubt, or if any of the key signs are exhibited, seek medical help.

The Setting policy with regard to head injuries is always to 'play safe'.

Parents will be asked to collect their child and seek expert medical attention.

Appointed Person for First Aid will complete an incident/accident form after contacting the parent/carer by telephone and ensure that an accident/incident is completed and signed for by the parent carer of any pupil who has been treated for a head injury, no matter how minor.

4. Accident reporting and record keeping

Where there is an accident or medical emergency, and First Aid assistance has been provided, the person who has administered First Aid must record the incident according to the procedure outlined below. N.B. it is a statutory requirement that all accidents / incidents as described in the Health and Safety Policy must be recorded in an accident book and must be readily accessible for a minimum of seven years. These records are kept by the Operations Manager.

Parents are initially notified of an incident involving their child by the setting office and must be kept sensibly informed by an appropriate member of staff. The staff member will be responsible for ensuring that parents are notified of significant incidents / accidents both verbally and in writing.

a) How to record an accident or medical incident

- Any incident / accident must be recorded in an accident book by the person attending the casualty or dealing with the incident.
- Accident books are located as follows:
 - Setting Office
- The records of first aid treatment given by a First Aider or appointed person must include:
 - Date, time and place of incident
 - Full name of injured / ill person
 - Detail of the injury / illness and what first aid treatment was given
 - Any review of the person's condition
 - Name and signature of the first aider or appointed person dealing with the incident
- The accident books are reviewed regularly by the Head. A summary of records for the whole Setting is kept and is monitored and reviewed by the SLT.
- A record is kept of any reported injury, disease or dangerous occurrence which must include
 - the date and method of reporting
 - the date, time and place of event
 - personal details of those involved
 - brief description of the nature of the event or illness
- All more serious accidents are notified to the Operations Manager as soon as they occur and are investigated by her during the week following any accident, so that problem areas or procedures are identified and remedial action can be taken if necessary.

b) Informing the HSE (Health and Safety Executive) or RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) - statutory requirements

The Operations Manager is responsible for determining if the HSE needs to be informed of an accident or incident and for keeping a Setting central record in the Bursary office together with the RIDDOR form if appropriate.

Under the reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) the following accidents MUST be reported to the HSE without delay:

□ accidents to employees resulting in death or major injury (including as a result of physical violence) □ dangerous occurrences

- accidents to any persons (pupils and visitors included) killed or taken from the premises to a hospital
- accidents to employees which prevent the injured person from doing their normal work for more than 7 days must be reported within 15 days of the accident.

The Head Office Health & Safety Manager will ensure that the HSE, at the HSE Incident Contact Centre at www.hse.gov.uk/contact/index.htm, is notified without delay about the above accidents and then followed up with a completed RIDDOR form (F2508) within 10 days. These can be accessed online www.hse.gov.uk/riddor/online or by telephone **0845 300 99 23**.

Details of RIDDOR accidents will be made available to the Health and Safety Committee and will also be forwarded to United Learning Central Office.

c) Notifiable Incidents and Diseases

The Operations Manager/Head will notify HSE, under RIDDOR, of any serious accident, illness or serious injury to, or death of, any pupil whilst in our care, and of action taken in respect of it. For EYFS pupils Ofsted will be notified of any instance in connection to medicines which leads to such an event and if two or more EYFS pupils show signs of food poisoning at the same time. A pupil's GP has the responsibility of reporting notifiable diseases and ensuring that a pupil is safe to return to Setting and not cause public health problems from infections. However, the Setting may also seek advice from the Health Protection Agency if a pupil is believed to be suffering from a notifiable disease as identified under the Health Protection (Notification) Regulations 2010

For pupils in our EYFS, notification will be made to Ofsted as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. If the setting, without reasonable excuse, fails to comply with this requirement, we commit an offence. Contact details for Ofsted are as follows: www.ofsted.gov.uk or by telephone on 0300 123 1231. (See Appendix A)

5. Risk Assessment for medical and First Aid needs

Reviews are carried out annually by the SLT and monitored by the Health and Safety Coordinator. Recommendations for prevention or control of identified risks are forwarded to the Head for consideration.

During this monitoring and evaluating the following aspects are considered:

- any changes to staff, building / site, activities, off site facilities
- further training and refresher courses required for staff
- specific hazards in time or place
- specific health needs i.e. epilepsy, serious allergies
- numbers of first aiders required in both time and place
- Accident statistics - aimed at finding ways to reduce number of preventable injuries.

PART B

6. Administration of Medicines

Most pupils will at some time have a medical condition that may affect their participation in normal Setting life. This may either be a short term condition which is quickly resolved or a long term condition with pupils having medical needs that limit their access to education. We aim to work with the parents to provide measures to minimise the impact of medical difficulties on the child's Setting life.

Parents or carers have prime responsibility for their children's health and should provide the Setting with information about their child's medical conditions. Whilst there is no legal duty requiring staff to administer medicines or supervise pupils taking their medicines, we will endeavour to accommodate pupils' medical needs in close cooperation with the parents. Written consent for the administration of medication is required from parents. Thus, while it is not our policy to care for sick pupils, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. Medicines must contain a relevant pharmaceutical label containing the name of the child and the dosage.

Details of the procedures relating to the administration of medicines can be found in our **Administering Medicines** Policy Document.

The setting recognises its responsibility to adhere to the following areas of legislation:

The Medicines Act 1968

The misuse of Drugs Act 1971

The controlled Drugs (Penalties) Act 1985

The Health and Safety at Work act 1974

Management of Health and Safety at Work Act 1999

Control of Substances Harmful to Health Regulations 2002

The Education (School Premises) Regulations 1999

The Education (ISS) (England) Regulations 2003

Part 4, The Disability Discrimination Act as amended by the SEN and Disability Act of 2001.

First Aid Regulations and RIDDOR

PART C

7. MANAGEMENT OF MEDICAL CONDITIONS

Arrangements for Pupils with particular Medical Needs

Medical details for all pupils are kept on their personal files, updated annually with parents /carers. All staff are required to be aware of pupils with particular medical conditions and must ensure that their needs are included in any risk assessments for trips outside the setting. It is the responsibility of the parent/carer to ensure that the setting has updated medical details of their child.

Pupils with significant medical needs, including those with serious allergies which have a risk of anaphylaxis shock, are recorded and published on the notice boards in the office. An individual care plan for each of these pupils is agreed in writing with their parents and kept in the in their File. A copy of the care plan is also displayed in the office.

All emergency medicine for individual pupils is held in the setting office. This includes Epipens for Anaphylaxis shock although individual care plans may indicate a different location.

Where relevant additional staff training, to an agreed number of staff, is provided on the specific medical conditions notified and the associated care required. This includes but is not limited to action required for those at risk of anaphylaxis shock, asthma sufferers, epileptics and diabetics. The information sheets set out as Appendix B details about a number of common medical conditions and how they are managed at the setting.

Medicines should be stored in their original containers, clearly labelled and inaccessible to children. Consider that some medicines need to be refrigerated.

- **'Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. (Managing Medicines Guidance – DfES March 2005)**

ASTHMA

Asthma is a condition of the respiratory system – it affects the airways in the lungs. When a person with asthma comes into contact with something that irritates their airway [an asthma trigger], the muscles around the walls of the airway tighten so that the airways become narrower and the lining of the airways become inflamed and start to swell. Sometimes stick mucous or phlegm builds up which can further narrow the airways. This makes it difficult to breathe and leads to symptoms of asthma.

Recognition of an asthma attack

- The airways in the chest become restricted
- The pupil may only be able to speak with difficulty
- The pupil may wheeze, unable to breathe out
- The pupil may become distressed, anxious, exhausted, have a tight chest or may even go blue around the lips and mouth

What to do if a pupil has an asthma attack

- Call for help from the Setting Office
 - If help is not available from the Office call for a first aider
 - Ask a member of staff to get the pupil's emergency box from the Medical Centre in the office
 - Ensure that the reliever medicine is taken. The medication must belong to the pupil having the asthma attack.
 - Note that some pupils may not have spare medication stored with the setting
 - Stay calm and reassure the pupil. Attacks can be frightening, so stay calm, the pupils has probably been through this before. It is very comforting to have a hand to hold but do not put your arm around the pupil's shoulder as this is very constrictive. Listen carefully to what the pupil is saying. Loosen any tight clothing.
 - Encourage the pupil to breathe deeply and slowly. Most people find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended.
 - Call 999 and request an ambulance urgently if
 - The reliever has no effect after five or ten minutes
 - The pupil is becoming distressed or unable to talk
 - The pupil is getting exhausted, becomes disorientated or collapses
 - The pupil looks blue
 - You have any doubts at all about the pupil's condition
 - The pupil's parents or guardian will need to be informed after an attack even if relatively brief
 - Minor attacks should not interrupt a pupil's involvement in the Setting. As soon as the pupil feels better they can return to Setting activities.

In developing this set of procedures, the setting has regard to the guidance of the National Asthma Campaign, and Asthma UK. In recent years the incidence of childhood asthma has doubled and the Setting recognises its responsibility in dealing with pupils appropriately.

- The setting understands the importance of ensuring the pupils feel safe and secure.
- The setting recognises that asthma is a widespread, serious but controllable condition and welcomes pupils with asthma.
- The setting tries to ensure that its environment is favourable to pupils with asthma.
- The setting encourages, helps and supports pupils with asthma to achieve their potential and to participate fully in aspects of setting life.
- Pupils with severe asthma will have an Individual Health Care Plan.

- All The setting staff, through reading of this document, should have an understanding of what it means to be asthmatic, signs and symptoms of an asthma attack and what to do in an emergency.
- All staff must understand that access to inhalers is vital. The majority of pupils keep spare inhalers, labelled with the pupil's name.
- inhalers are handed in to the office at the beginning of the day and collected at the end of the day. Unless spare inhaler has been provided to keep at setting.
- They are collected by the pupils when they leave the site for swimming/PE or games lessons.
- All staff, teaching and non-teaching, have access to information on pupils with severe asthma in the office.

The setting is committed to working in partnership with all parties to ensure the procedures are adhered to and communicated effectively.

EPILEPSY

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder. However, its cause – especially in the young – may have no precise medical explanation.

Tonic Clonic Seizures (arinal mal)

The person may make a strange cry and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the person may be incontinent.

Complex and partial seizures (temporal lobe seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip smacking. The person appears conscious, but may be unable to speak or respond during this form of seizure. Ensure safety of the person – gently guide away from dangers and speak calmly to the person and stay until they recover.

Absence (petit mal)

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs, if any, of an 'absence / petit mal' seizure. This can lead to serious learning problems as the seizures may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore it is so important to be understanding, note any petit mals and inform parents.

Staff can play an important role in the recognition of epilepsy and in the recognition of changing patterns or an increased rate of seizures.

Procedure for an epileptic seizure

Total seizure (total clonic)

- KEEP CALM – pupils will tend to follow your example! Let the seizure follow its own course. It cannot be stopped or altered.
- Call for help from the Office
- If help is not available from the Office call for a first aider
- **Note the time.**
- Refer to the pupil's Individual Health Care Plan which can be accessed in the setting office.
- If the pupil has emergency medication, ask a member of staff to get the pupil's emergency box from the office.
- Administer the prescribed medication as per instruction – kept with the emergency medication – according to the pupil's Individual Health Care Plan.
- Protect the pupil from harm. Only move the pupil during seizure if you have to for their protection. If possible move any objects that may hurt them, rather than move them from dangerous objects.
- As soon as possible (normally post-seizure) place the pupil on their side – this does not have to be true recovery position – just so that the tongue falls forward so that any saliva can drain out of the mouth easily.
- Put something under their head to protect them from facial abrasions if at all possible.
- Try not to leave the pupil alone if at all possible. If you need to leave the pupil make sure there is something behind their back to try to maintain a sideways position.
- Talk quietly to the pupil to reassure them but do not try to restrain any convulsive movements.
- Do not place anything in their mouth.
- Minimise any embarrassment as during the fit the pupil may be incontinent – cover with a blanket to keep warm.

- Once recovered, move them to the Medical Room.
- If possible, ask other pupils to leave the Medical Room.
Allow the pupil to sleep on their side. Do not leave them alone as the seizure may be the first of a cluster – leave with a First Aider.
- Call the pupil's parent/carer and request the pupil be collected from setting so that they can sleep as long as needed. If the seizure occurs in the morning they may even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide.
- **If the seizure lasts five minutes or longer call an ambulance immediately.** If a seizure lasts that long, it is likely to last longer. It is very important that the pupil goes to hospital and gets the proper treatment within one hour of the beginning of the seizure. If you are concerned or the pupil has received injury e.g. due to a fall, call an ambulance. We are advised it is better not to call an ambulance if the seizure lasts less than five minutes as they are better off left in peace and quiet.
 - When the ambulance arrives, report to the paramedic details of the seizure – especially how long it has lasted. If the parent arrives, report the details of the seizure to them.
 - An appropriate member of staff must accompany the pupil in the ambulance and stay with them until the parents arrive.
- Ensure any pupils who were present at the time of the seizure have a chance to talk it over with their class teacher or key person (in EYFS).

Please contact the Appointed Person for First Aid for help and support and for further information or training in the administration of emergency epileptic medication.

In developing these procedures, the setting has regard to the guidance of Epilepsy Action. The setting recognises its responsibility in dealing with pupils appropriately.

- The setting understands the importance of ensuring the pupils feel safe and secure.
- The setting recognises that epilepsy is a common condition affecting many pupils and welcomes pupils with epilepsy.
- The setting encourages, helps and supports pupils with epilepsy to achieve their potential and to participate fully in aspects of life in the setting.
- Pupils with epilepsy will have an Individual Health Care Plan.
- All staff, through reading of this document, should have a clear understanding of the condition epilepsy and what to do in the event of a pupil having an epileptic seizure.
- Some pupils may have emergency medication – but it is NOT carried by pupils it is vital that all staff know where this is kept.
- The Operations Manager ensures training for all staff on the use of epileptic emergency medication.
- The setting advises pupils with epilepsy to provide spare clothing to be kept in setting especially underwear and socks.
- All staff, teaching and non-teaching will be informed of pupils with epilepsy.

The setting is committed to working in partnership with all parties to ensure the procedures are adhered to and communicated effectively.

ALLERGIES AND ANAPHYLAXIS

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances, usually proteins that cause the formation of an antibody and react specifically with that antibody). In susceptible individuals, the reaction may develop within seconds or minutes of contact with a trigger factor. Exposure may result in a severe allergic reaction (anaphylaxis) that can be life threatening. In an anaphylactic reaction, chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

Triggers can be

- Skin or airborne contact with particular materials
- Injection of a specific drug or insect bite
- Ingestion of a certain food e.g. nuts, fish, eggs

Recognition

- Anxiety
- Widespread red blotchy skin eruption
- Swelling of the tongue and throat
- Puffiness around the eyes
- Impaired breathing from tight chest to severe difficulty in breathing

Serious symptoms

- Cold, clammy skin
- Blue-grey tinge around the lips
- Weakness / dizziness
- Feeling of impending doom

Progresses further

- Restlessness
- Aggressiveness
- Gasping for air
- Yawning (trying to get oxygen into the body to the brain)
- Unconsciousness

Treatment

Call for help from the Office

- If help is not available from the Office is not available call for a first aider
- Ask a member of staff to get the pupil's emergency box from the Medical Centre
- Administer antihistamine tablets / syrup as prescribed in the emergency box
- If the pupil feels better, allow them to rest and contact the parents
- **If the serious symptoms appear call for an ambulance and ADMINISTER ADRENALINE VIA EPIPEN / ANAPEN IMMEDIATELY.** Instructions are kept in the emergency box with the EpiPen / Anapen.
 - Lie the pupil down if possible, and lift the legs up slightly
 - Try and expose the thigh, especially if the pupil is wearing thick trousers
 - Remove the grey safety cap of the EpiPen

- Hold the EpiPen very firmly to the outer aspect of the thigh, at right angles to the leg
 - Press hard into the thigh, UNTIL A CLICK IS HEARD
 - Hold the EpiPen in place for a count of ten seconds
 - Remove the EpiPen from the thigh and rub the area gently
 - Do NOT throw the used EpiPen away
 - Ensure the used EpiPen is taken to hospital with the pupil in the ambulance
 - If the pupil is feeling no better or appears worse after ten minutes you may need to give a second injection if available (using the other thigh)
- Stay with the pupil until the ambulance arrives

In developing these procedures, the setting recognises the advice and guidance of the Anaphylaxis Society and Allergy UK. The Setting recognises its responsibility in dealing with pupils appropriately.

- The setting understands the importance of ensuring the pupils feel safe and secure.
- The setting recognises that allergic shock (anaphylaxis) is a common condition affecting many pupils and positively welcomes pupils with different types of allergies.

The setting encourages, helps and supports pupils with allergies to achieve their potential and to participate fully in aspects of setting life.

- All The setting staff will have a clear understanding, through reading of this document, of what it means to be allergic to a particular substance (whether the trigger of a reaction is skin or airborne contact, injection or ingestion), signs and symptoms of a reaction, and what to do in the event of a pupil having an anaphylactic reaction, including the use of an EpiPen to administer emergency adrenaline.
- All staff must understand that immediate access to EpiPens and/or antihistamine tablets/syrup is vital. The Setting has at least one EpiPen and/or two antihistamine tablets or a bottle of antihistamine syrup which are be labelled correctly with the pupil's name and form, in a clear bag/container.
- Allergy boxes are kept in the Medical Room. Staff must familiarise themselves with these locations.
- All staff, teaching and non-teaching will be informed of pupils with allergies.
- The Setting will also inform catering staff of pupils with food allergies, to ensure the pupils' dietary requirements are catered for.

The setting is committed to working in partnership with all parties to ensure the procedures are adhered to and communicated effectively.

DIABETES MELLITUS: TYPE 1 INSULIN DEPENDENT

Diabetes Mellitus is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the blood stream and can cause hyperglycaemia. People with diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections. Children can have emotional, eating, behavioural and confidence difficulties as a result of their condition. Therefore much support is required.

Hypoglycaemia – low blood sugar Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia

- Inadequate amounts of food ingested – missed or delayed
- Too much or too intense exercise
- Excessive insulin

- Unscheduled exercise

Recognition of Hypoglycaemia

- Onset is SUDDEN
- Weakness, faintness or hunger
- Palpitations, tremors
- Strange behaviours or actions
- Sweating, cold, clammy skin
- Headache, blurred speech
- Confusion, deteriorating level of response, leading to unconsciousness
- Seizures

Treatment of Hypoglycaemia

Call for help from the Setting Office

- If help is not available from the Office is not available call for a first aider
- Ask a member of staff to get the pupil's emergency box from the Medical Centre (Follow pupils individual Medical Plan)
- Ensure the pupil eats a quick sugar source e.g. three glucose tablets, glucogel, fruit juice or fizzy drink (not a diet version)
In the Medical Room each child has their 'diabetic snack box'
- Wait ten minutes and, if the pupil feels better, follow with a carbohydrate snack e.g. cereal bar, toast □
Once recovered allow the pupil to resume Setting activities
- **If the pupil becomes drowsy and unconscious then the situation is now LIFE-THREATENING and call an ambulance**
 - o Place the pupil in the recovery position and stay with the pupil until the ambulance arrives
 - Contact the parent / guardian immediately

Causes of Hyperglycaemia

- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection
- Stress

Recognition of Hyperglycaemia

- Onset is over time – hours or days
- Warm, dry skin, rapid breathing
- Fruity / sweet breath
- Excessive thirst and increased hunger
- Frequent urination
- Blurred vision
- Stomach ache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia

Call for help from the Setting Office

- If help is not available from the Office is not available call for a first aider – via staff room (ext. 226)
- Ask a member of staff to get the pupil's emergency box from the Medical Room (Follow pupils individual Medical Plan)
- Encourage the pupil to drink water or sugar-free drinks
- Allow the pupil to administer the extra insulin required
- Permit the pupil to rest before resuming Setting activities if able
- Contact parent /carer

In developing these procedures the Setting recognises the advice and guidance of the British Diabetic Society and Diabetes UK. The Setting recognises its responsibility in dealing with pupils appropriately.

- The setting understands the importance of ensuring the pupils feel safe and secure.
- The setting recognises that diabetes is a widespread condition affecting pupils and welcomes pupils with diabetes.
- All pupils with diabetes will have an Individual Health Care Plan.
- The setting encourages, helps and supports pupils with diabetes to achieve their potential and to participate fully in aspects of setting life.
- All The setting staff will have a clear understanding, through reading this document, of what it means to be a diabetic and what to do in the event of a pupil having a hypoglycaemic or hyperglycaemic episode and what to do in an emergency.
- **All staff must understand that immediate access to insulin or diabetic snacks is vital.**
- Pupils' emergency boxes are kept in the Medical Room.
All staff, teaching and non-teaching will be informed of pupils with diabetes in the staffroom.
- The Setting will also inform catering staff of pupils with diabetes in case these pupils have no snacks with them and urgently need something to eat.

The setting is committed to working in partnership with all parties to ensure the procedures are adhered to and communicated effectively.

HEAD LICE

Procedures

In developing these procedures, The setting has regard to the advice and guidance of the Infection Control Nurses Association. The Setting recognises its responsibility in dealing with pupils appropriately.

- Head lice infection is not primarily a Setting problem but one of the wider communities.
- Whilst the Setting cannot solve the problem it can help parents to deal with it.
- Head lice do cause concern and frustration for some pupils, parents and teachers.
- The Setting Office should be informed in confidence of all head lice cases.
- The Setting Office may decide to offer information, advice and support to parents.
- All reports shall remain confidential.
- The Setting may inform parents by an 'advice' letter given to a whole year or class group but not individual parents.
- Affected pupils will not be excluded from Setting.
- The Setting will maintain a sympathetic attitude and avoid stigmatising / blaming families who are experiencing difficulty with control measures.
- The Setting will assist in reducing agitation and alarm.
- Routine head inspections are not effective and will not be introduced to placate anxious parents.
- It is part of the Setting Uniform Policy for all pupils to keep their hair tied back at all times as this is a preventable measure against head lice.

SICKNESS AND DIARRHOEA

Procedures

In developing these procedures, The setting has regard to the advice and guidance of the Infection Control Nurses Association. The Setting recognises its responsibility in dealing with pupils appropriately.

In order to minimise the spread of a gastro-intestinal infection in the Setting environment we ask that parents adhere to the following guidelines:

- If your child has been unwell at home with sickness and/or diarrhoea please keep your child off Setting for minimum of 48 hours following the last episode of illness.
- If your child is sick and/or has diarrhoea at Setting we will contact you to collect your child as soon as possible. Your child should then remain off Setting for a minimum 48 hour period following the last episode of illness.
- When your child returns to Setting we do ask that they are well enough to be eating their normal diet. We ask that you keep us informed about how your child is and whether you have had to seek medical advice for the episode.

APPENDIX A Notifiable diseases (Health Protection Regulations 2010)

Acute encephalitis

Acute meningitis

Acute poliomyelitis

Acute infectious hepatitis

Anthrax

Botulism

Brucellosis

Cholera

Diphtheria

Enteric fever (typhoid or paratyphoid fever)

Food poisoning

Haemolytic uraemic syndrome (HUS)

Infectious bloody diarrhoea

Invasive group A streptococcal disease and scarlet fever

Legionnaires' Disease

Leprosy

Malaria

Measles

Meningococcal septicaemia

Mumps

Plague

Rabies

Rubella

SARS

Smallpox

Tetanus

Tuberculosis

Typhus

Viral haemorrhagic fever (VHF)

Whooping cough and Yellow fever