St Faith's PREP SCHOOL

FIRST AID, ILLNESS & MEDICATION POLICY

Date of Policy	October 2025
Member of staff responsible	Tom Hay
Role	School Business Manager

Last Review	Significant changes

Introduction

This Policy applies to the entire school including EYFS and after-school and holiday clubs.

This policy is available on the School's website and a hard copy is available, on request, from the School Office.

Purpose

The purpose of this document is to provide effective, safe First Aid cover for pupils, staff and visitors

- to ensure that all staff and pupils are aware of the system in place;
- to provide awareness of Health and Safety issues within school and on school trips; and
- to prevent, where possible, potential dangers or accidents.

Policy statement

St Faith's Prep is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors. We adhere to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.
- To ensure that trained First Aid staff renew, update or extend their qualifications at least every three years.
- To have at least one trained First Aider on site when the site is open and at least one member of staff with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment.
- To ensure that a trained first aider accompanies every off-site visit and activity. For visits involving EYFS pupils, such a person will have a paediatric first aid qualification.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under relevant legislation.
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly in writing or by phone to parents if a child has sustained a bump to the head at school, however minor and to communicate to parents in EYFS in relation to every instance of accident or first aid or the administration of medicine for pupils in EYFS.

Details of the Appointed Person

The Appointed Person with responsibility for first aid is the School Secretary.

Responsibilities of the Appointed Person

Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.

Ensure that all staff are familiar with measures to provide appropriate care for pupils with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).

Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.

Monitor and re-stock supplies and ensure that first aid kits are replenished every term. In between those times, the responsibility for this lies with the person using the first aid kit.

In conjunction with the School Business Manager, ensure that the school has an adequate number of appropriately trained First Aiders.

Maintain adequate facilities.

Ensure that correct provision is made for pupils with special medical requirements both in school and on off-site visits.

On a monthly basis, ensure that First Aid records are passed to the School Business Manager to review and identify any trends or patterns and report to the Health and Safety committee.

Report serious accidents and injuries to the Head and the School Business Manager to ensure that the School fulfils its commitment to report to RIDDOR, Ofsted or any other organisation as required.

Liaise with external facilities, such as the local sports facilities, to ensure appropriate first aid provision.

Contact emergency medical services as required.

Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies.

Details of first aiders

The School holds a list of staff who hold a current first aid certificate and notices are displayed in each room with first aid information. In any case, teachers and other staff working with pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in education in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

For the Early Years Foundation Stage (EYFS):

- All newly qualified entrants to the setting who have completed a Level 2 and/or Level 3 qualification on or after 30 June 2016, must have either a full Paediatric First Aid (PFA) or an emergency PFA certificate within three months of starting work in order to be included in the required staff/child ratios at Level 2 or Level 3.
- The School holds a register of staff that have a current PFA certificate and this is available to parents upon request. Certificates are also displayed in the Early Years setting.

First aid equipment and arrangements

The School Office, the Medical Room and the area between the two is the location for first aid treatment and where pupils or staff can rest or recover if feeling unwell. There is running water and a toilet in the Medical Room as well as a camp bed.

A main first aid kit is kept in the School Office, with additional supplies held in the Medical Room. All classrooms have a 'bum bag' basic first aid kit which staff should take with them to the playground when on duty. Teachers are responsible for checking the first aid bag contents monthly and report to the School Office for restocking. A list of what is required for each bag is in Appendix 1.

A trip first aid kit just be obtained from the School Office for school visits and a sports first aid kit taken on off-site sporting fixtures. At least one qualified first aider should accompany all trips and fixtures and for trips involving the EYFS at one member of staff with a current PFA certificate must be on the trip. All incidents/accidents will be recorded as below and reported to the School Office on return. They should also be recorded on the trip risk assessment.

What to do in the case of an accident, injury or illness

First aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill in a timely and competent manner.

Assess the situation quickly and calmly. Send for help/call the School Office if additional help is needed, for example to look after/manage other children.

Protect yourself and the casualty from danger.

Assess the condition of the casualty. Send for the Appointed Person or additional first aid assistance if required.

Deal with any life-threatening conditions.

A (single) trained first aider should take control of the casualty and remain in charge until the casualty leaves the site or is handed over to another first aider. Assistance may be given by other members of staff and/or trained first aiders as necessary but only at the specific request of the first aider in charge.

Any other available members of staff, including senior staff, should focus on managing other children / the wider situation as appropriate – refer to the Critical Incident policy as required.

Request medical assistance / call an ambulance as required.

- It is up to the trained first aider who is responsible for the casualty, in consultation with other first aiders as necessary, to assess whether emergency treatment is required. All cases of a pupil becoming unconsciousness or following the administration of an Epi-pen, must be taken to hospital. If emergency treatment is considered necessary, the first aider(s) (in consultation with a parent if they are on site) will decide the most appropriate course of action and whether an ambulance should be called or the casualty transported to hospital in another way.
- Any pupil taken to hospital must be accompanied by a member of staff until a parent arrives. If a member of staff is driving the pupil to hospital, a second person is required to be in the vehicle.
- The Head and the School Business Manager should be informed immediately once a decision has been made to call the emergency services.

Further guidance on specific conditions, including head injuries, is provided in Appendix 2.

Contacting parents

In the event of any injury to the head, however minor, a phone call must be made to parents.

Parents should also be informed by telephone as soon as possible after an emergency or following a serious or significant injury, including:

- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for anyone with diabetes

- Severe asthma attack
- Difficulty breathing
- Heavy bleeding or deep wound
- Loss of consciousness
- If the pupil is generally unwell

For children in the school (Years 1-6), once an accident report has been completed, parents will be sent an email confirming the full details of the accident and, where applicable, the injury and treatment provided.

For children in the EYFS (Nursery and Reception), an Early Years Accident Form will be completed and shown to the person collecting the child, who will be asked to sign the form.

Accident reporting

The person responsible for reporting accidents, incidents or 'near misses' is the member of staff who witnessed, or was informed of, the incident.

An accident form must be completed for any accident or injury occurring at school, at away sporting fixtures and training or on a school trip as soon as the accident and injury is dealt with. This includes any accident involving staff or visitors. Any serious injury (as listed above) should also be reported in person as soon as possible to the School Business Manager, who will manage any further required reporting including notifications to the Health & Safety Executive under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

Children who are unwell

Any child who is unwell should be taken to the School Office where the Appointed Person, or other trained staff will, assess the situation and contact the parents as necessary. Anyone not well enough to be in school should be collected as soon as possible.

Parents may be asked to take their child to the doctor before returning their child to School or Nursery and a child will not be able to attend if they have a temperature, sickness or diarrhoea or a contagious infection or disease.

Where children have been prescribed antibiotics for the first time, parents may be asked to keep children home for up to 24 hours after starting the medicine before returning. Contact the School Office to discuss each specific case.

Injuries outside school

Parents should inform the school of any injury to a child outside school and any special arrangements or restrictions, eg not playing sport, that need to be put in place. The class teacher will communicate any requirements and arrange for a risk assessment to be completed.

Children with medical conditions and emergency treatment bags ('green bags')

For children with medical conditions, including serious (life-threatening) allergies, it is the parents' responsibility to inform the school and to provide any regular or emergency medication. In these circumstances, an Individual Health Care Plan (IHCP) will be completed and agreed with the parents. A list of thos with an IHCP is available in the staff room and from the School Office. IHCPs are reviewed annually and staff should inform the Appointed Person immediately if they become aware of any condition that is not on these lists.

Any medication is kept in a green bag in the School Office, with the exception of life-saving medication such as EpiPens which are kept with the individual. Green bags should always be taken on trips, away fixtures and any other activity outside school.

Dietary requirements and allergies

We are able to cater for most dietary requirements, and a vegetarian option is always provided. Please inform the office of any change in requirements as we would need this in writing.

Please note that St Faith's is a nut-free zone. Please do not bring any products containing nuts or nut products onto the school site.

If an allergy, intolerance or preference has been identified and highlighted to the school we would require a Chapter One (the school's appointed catering company) Dietary form to be completed. These forms are sent annually to all parents and termly to parents of children with an existing requirement but can also be requested from the School Office at any time.

On receipt of the form, based on the information provided by the parent on the form, the school's systems will be updated and the child will be added to our list of dietary requirements and allergies. A hard copy of this is given to the kitchen, Nursery and staff for off-site trips and activities. Class teachers are also made aware of this information and any changes.

Finally, a colour coded lanyard detailing the dietary need is created for the child to wear at lunch time and provided to the child before lunch for them to present to the kitchen staff before receiving food. Teachers also monitor this.

Morning and afternoon snacks are always kept separate and labelled.

Dealing with bodily fluids

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed:

- When dealing with any body fluids wear disposable gloves
- Wash hands thoroughly with soap and warm water after the incident
- Keep any abrasions covered with a plaster
- Spills of the following body fluids must be cleaned up immediately: blood, faeces, nasal and eye discharges, saliva, vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Alternatively use 'Spil-Aid', kept in the Medical Room. Never use a mop for cleaning up blood and body fluid spillages.

All contaminated material should be disposed of in a yellow clinical waste bag, then placed in the waste bin in the Medical Room.

Avoid getting any body fluids in your eyes, nose, mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with the copious amounts of saline.

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the Appointed Person who will follow the Health Protection Agency guidelines to reduce the transmission of infectious diseases to other pupils and staff.

Exclusion times for certain illnesses or diseases will be in line with current NHS and government guidelines, including the need for children who have been suffering from diarrhoea and/or vomiting not to return to school for at least 48 hours after the last incidence or, in the case of diarrhoea only, until a formed stool is passed.

Sporting activities

For pupils who have had an injury, advice and an assessment of fitness to return to sport from a medical professional should be undertaken before returning to play or train.

During sporting activities, access for emergency vehicles onto the site and directly to pitch side is maintained at all times during matches or practices. All coaches and staff in charge should familiarise themselves with the location of the emergency services access routes in order, firstly, to enable them to assist in directing an ambulance if required and, secondly, to avoid blocking the access routes at any time.

Coaches or team managers will, on arrival at an away fixture, check what first aid facilities are available and how first aid assistance may be summoned if required.

Medication in school

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day. Medication will be administered to children where required during the school day however, wherever possible, the timing and dosage should be arranged so that the medication can be administered at home. A form for the administration of medicines in school is available from the School Office.

Where children have been prescribed antibiotics for the first time, parents may be asked to keep children home for up to 24 hours after starting the medicine before returning. Contact the School Office to discuss each specific case.

The School holds supplies of Calpol, Nurofen and Piriton and parental permission to administer these are held on file. Parents should always be contacted by telephone to discuss the administration of this medicine before 12pm, to confirm any medication that might have been given before arrival at school. After 12pm, parents should be contacted where possible but, if permission is held on file, this is not a requirement.

Training is only required when the medication/care that is being administered requires medical or technical knowledge. This training will be planned based on individual needs identified in a health care plan and documented separately. Any other medication can be administered by any member of staff.

Non-prescription medication

- These are only to be administered by the Appointed Person or a designated person if they have agreed to this extension of their role.
- A teacher may administer medication on a residential school trip provided that written consent has been obtained in advance. This may include travel sickness pills or pain relief.
- All medication administered must be documented and parents informed.

Prescription-only medication

- Medicines prescribed by a doctor, nurse or dentist may be given to a pupil by the Appointed Person or a designated person if they have agreed to this extension of their role.
- Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course.

- The school will accept medication from parents only if it is in its original container with dispensing label clearly showing the child's name and dosage to be administered.
- All medication administered must be documented

Administration of Medication

- The medication must be checked before administration by the member of staff confirming the medication name, dose, expiry date and, for prescription medication, the pupil name and time to be administered.
- Wash hands.
- For prescription medication, confirm that the pupil's name matches the name on the medication.
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document, date and sign for what has been administered
    - For the school, this is done via the online form and an email will then be sent to the parents (except for IHCPs) – where the medication has been given on request from a teacher, the slip should be returned confirming what has been given
    - In the EYFS, the administration of medication must be witnessed, the form completed and the parent should sign
- No child may self-administer – where the child is capable of understanding when they need medication, eg asthma, they should be encouraged to inform a member of staff.

Ensure that the medication is correctly stored in a locked drawer or cupboard, out of the reach of pupils. Antibiotics and any other medication which requires refrigeration should be stored in the locked medicine fridge. All medication should be clearly labelled with the pupil's name and dosage. Parents should be asked to dispose of any out of date medication.

Staff taking medication

- Staff medication should be securely stored out of reach of children at all times, either in the School Office or other suitable location where children do not have access.
- Staff are advised to seek medical advice if they are taking medication which may affect their ability to care for children and must advise the Head and, where appropriate, the Nursery Manager, where this is the case.

Guidelines for Reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)

By law, any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety Executive by phone, email or letter.

Major injuries from Schedule 1 include:

- Any fracture other than to the fingers, thumb or toes;
- Any amputation;
- Dislocation of the shoulder, hip, knee or spine;
- Loss of sight (whether temporary or permanent);
- A chemical or hot metal burn to the eye or any penetrating injury to the eye;
- Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours;

- Any other injury lasting over 3 days;
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent;
- Any of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
    - Acute illness requiring medical treatment; or
    - Loss of consciousness;
- Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material;
- Death;
- A specific dangerous occurrence where something happened which did not result in an injury but could have done.

Major incidents, including those where a RIDDOR report is made, will be notified to Wishford Head Office using their online form.

Appendix 1

First Aid Bag Contents

Teachers

- Guidance Leaflet x 1
- Individually wrapped sterile adhesive dressings (plasters) x 10
- Large sterile un-medicated wound dressing x 1
- Individually wrapped moist cleansing wipes x 10
- Disposable gloves x 2
- Small Pack of Tissues x 1
- CPR face shield x 1

Nursery

- Guidance Leaflet x 1
- Individually wrapped sterile adhesive dressings (plasters) x 10
- Large sterile un-medicated wound dressing x 1
- Individually wrapped moist cleansing wipes x 10
- Disposable gloves x 2
- Small Pack of Tissues x 1
- CPR face shield x 1
- Triangular bandages x 2
- Safety pins x 2

Sports

- Guidance Leaflet x 1
- Individually wrapped sterile adhesive dressings (plasters) x 12
- Large sterile un-medicated wound dressing x 2
- Individually wrapped moist cleansing wipes x 12
- Disposable gloves x 4
- Small Pack of Tissues x 2
- CPR face shield x 1
- Triangular bandages x 2
- Safety pins x 4
- Sterile eye pads x 4
- Eye wash x 4
- Medium sized individually wrapped unmedicated wound dressing x 2
- Scissors x 1
- Micropore tape x 1
- Sick bags x 4
- Baby wipes pack x 1
- Ice packs x 8
- Anti-bacterial gel x 1
- Foil blanket x 1

Swimming pool

- Guidance Leaflet x 1

- Individually wrapped sterile adhesive dressings (plasters) x 10
- Foil Blanket x 1
- Face Mask x 1
- Pack of Tissues x 1
- Large sterile individually wrapped unmedicated wound dressing x 2
- Individually wrapped moist cleansing wipes x 6
- Disposable gloves x 2
- CPR face shield x 1

Office

- Guidance Leaflet x 1
- Individually wrapped sterile adhesive dressings (plasters) x 20
- Sterile Eye Pads x 2
- Triangular bandages x 2
- Safety pins x 6
- Medium sized individually wrapped unmedicated wound dressing x 6
- Large sterile individually wrapped unmedicated wound dressing x 2
- Individually wrapped moist cleansing wipesx 10
- Eye Wash x 5
- CPR Mouth Shield x 1
- Disposable gloves x 3
- Scissors x 1
- Micropore Tape x 1

Trips/outings

- Guidance Leaflet x 1
- Individually wrapped sterile adhesive dressings (plasters) x 12
- Large sterile un-medicated wound dressing x 2
- Individually wrapped moist cleansing wipes x 12
- Disposable gloves x 4
- Small Pack of Tissues x 2
- CPR face shield x 1
- Triangular bandages x 2
- Safety pins x 4
- Sterile eye pads x 4
- Eye wash x 5
- Medium sized individually wrapped unmedicated wound dressing x 2
- Scissors x 1
- Micropore tape x 1
- Sick bags x 4
- Baby wipes pack x 1
- Ice packs x 2
- Anti-bacterial gel x 1
- Foil blanket x 1

APPENDIX 2 - Guidance to staff on particular medical conditions

Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction, the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken:

1. Send someone to call for a paramedic ambulance stating that it is an anaphylactic reaction and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency bag.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi- pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

Asthma

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy.

Trigger factors:

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the School Office. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

Children requiring an inhaler should bring one into school where it will be kept in the School Office in a named bag for use as and when required.

Recognising an asthma attack

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken:

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the Appointed Person or a first aider if she not available.
6. Loosen any tight clothing.

7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve. Up to 10 puffs can be given. If things have not improved after that,
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

Diabetes

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school. Signs and symptoms of low blood sugar (hypoglycaemic attack) This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken:

1. Follow the guidance provided in the care plan agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious:

1. Place pupil in the recovery position and seek the help of the Appointed Person or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack) Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often

- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken:

1. Inform the Appointed Person or a first aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

Epilepsy

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan and specific steps contained in their care plan should be followed.

Action to be taken

1. Send for an ambulance;
    a. if this is a pupil's first seizure,
    b. if a pupil known to have epilepsy has a seizure lasting for more than five minutes; or
    c. if an injury occurs.
2. Seek the help of the Appointed Person or a first aider.
3. Help the pupil to the floor.
4. Do not try to stop seizure.
5. Do not put anything into the mouth of the pupil.
6. Move any other pupils away and maintain pupil's dignity.
7. Protect the pupil from any danger.
8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow patient to rest as necessary.
10. Inform parents.
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival.
13. Reassure other pupils and staff.
14. Accompany pupil to hospital and await the arrival of a parent.

Head Injury

Children frequently sustain minor head injuries. This section gives details of what symptoms and signs should be looked for in children who have hit their head whilst at school and when medical advice should be sought. If the child has any of the following problems after the injury, medical advice should be sought.

If the child remains unconscious or fits for more than a few minutes an ambulance should be called. In the case of other symptoms the child should be taken to see a GP or to A&E by the parents or, if they are not contactable, by the school staff.

- Loss of consciousness
- Vomiting
- Sleepiness
- Fits or abnormal limb movements
- Persisting dizziness or difficulty walking
- Strange behaviour or confused speech

Symptoms may occur straight after the head injury. However, some children may appear well immediately after the injury but become unwell later. The child may show signs of complications up to 4 hours post-injury, so school staff responsible for the child in that period should be aware that the injury has occurred and take the appropriate action if the child develops a problem. If a child sustains a head injury whilst at school, the following information should be recorded from any witnesses:

- Was the child behaving in an unusual way before the injury?
- What happened to cause the injury?
- If they fell, how far did they fall?
- What did they hit their head against?
- Did the child lose consciousness? If so, for how long?
- How did they appear afterwards?
- Did they vomit afterwards?
- Was the child observed to have any other problem after the injury?

If a pupil sustains a head injury, during sport or otherwise, the following assessment should be made.

- An unconscious pupil on the ground must be assumed to have sustained a neck injury until proven otherwise.
- Do NOT attempt to move them until they have been properly assessed by the Appointed Person.
- Any pupil with prolonged unconsciousness or who does not respond to questions (within 15 seconds) should be sent to hospital by ambulance for a complete evaluation check.
- The unconscious pupil should not be moved without the aid of personnel trained to handle spinal cord injuries.

If there is any loss of consciousness, even if briefly (including seconds only), the pupil absolutely should not be allowed to continue in any sports or otherwise.

Restriction post-concussion

- It recommended that children who have suffered concussion during sport or otherwise should not return to sports or be allowed to over-exert themselves until given permission to do so by a doctor.