Godolphin & Latymer

First Aid Policy

(including COVID 19 Annex)

Reviewer: DL in consultation with TV June 2021
HSRM Committee: June 2021

Next review by: July 2022

The Godolphin and Latymer School First Aid Policy

1. Policy Statement

1.1. The Health and Safety (First-Aid) Regulations 1981 place a duty on employers to provide adequate First Aid equipment, facilities and personnel to their employees. In its guidance, HSE strongly recommends that employers include non-employees in their assessment of First Aid needs and that they make provision for the needs of visitors to the school site.

1.2. In order to ensure that adequate First Aid provision is provided for staff, pupils, contractors and visitors to the School, it is The Godolphin and Latymer School's policy that:

1.2.1. there is a School Nurse in attendance during the School's normal working hours and if she is absent, that the School puts adequate First Aid cover in place, including organising for an agency nurse if the absence exceeds one day;

1.2.2. a qualified First Aider is available when pupils are present on-site;

1.2.3. sufficient numbers of trained First Aid personnel, together with appropriate equipment, are available to ensure that there is someone competent in basic First Aid techniques who can attend an incident during times when the School is occupied; and

1.2.4. appropriate First Aid arrangements are in place whenever staff and pupils are engaged in offsite activities and visits. Further information can be found in the School's Policy for Educational Visits and other off-site activities.

1.3. Teachers' conditions of service do not include giving First Aid, although any member of staff may volunteer to undertake these tasks. The School must ensure that there are sufficiently trained staff to meet the statutory requirements and assessed needs.

2. Emergency Procedures

2.1. Ambulance

2.1.1. If the first member of staff present at an incident judges that an ambulance should be called, he or she should do so immediately, by calling the emergency services on 999, without hesitation and without waiting for the School Nurse or First Aider to arrive at the scene. If necessary, the School Nurse or a First Aider should be summoned (see 2.3 below). If the School Nurse is already in attendance, she will make the decision as to whether to call the emergency services.

2.1.2. Staff should always call an ambulance if there is:

- a serious injury or illness;
- serious breathing difficulty;
- any significant head injury;
- major bleeding;
- a period of unconsciousness (excluding a faint);
- a severe burn; or

- an obvious open fracture or dislocation.

2.1.3. Whenever possible, an adult should remain with the casualty until help arrives and other staff can be called upon to help with moving away any pupils present.

2.1.4. If an ambulance is called, the receptionist should be notified immediately in order to alert Security and the school keepers to open the relevant gates and direct the ambulance crew to the casualty's location. See also the Advice for Requesting and Ambulance in the Staff Handbook.

2.1.5. Parents/next of kin of the casualty should be notified and a responsible adult should go to hospital with the casualty.

2.2. **Other Incidents**

2.2.1. For all other illnesses and accidents a pupil should either be sent immediately to the Medical Centre or advised to attend during the next break. During lesson times pupils should have a yellow slip signed by their teacher giving permission to leave the lesson and they should, if necessary, be accompanied by a responsible friend.

2.2.2. Any pupil who suffers an injury to the head must be sent to the Medical Centre immediately, accompanied by a responsible friend.

2.2.3. If the condition involves the pupil feeling dizzy or unstable then the School Nurse should be sent for and she will bring the wheelchair to transport the casualty to the Medical Centre if appropriate. Under no circumstances should the pupil walk to the Medical Centre as injury may occur on route. The pupil should be laid on the floor of the classroom with their legs raised as necessary.

2.3. **Contacting the School Nurse/a First Aider**

2.3.1. The School Nurses can be contacted between 8am and 4pm via the School Nurses' mobile number 07981 765133. The School Nurses' mobile number is on each phone in the school and is also located in a prominent position on the Staff Room notice board.

2.3.2. If a School Nurse is not available, the individual summoning First Aid should call Reception using the emergency number (222) and the Receptionist will contact a First Aider.

2.4. **Informing Parents/next-of-kin**

2.4.1. If an ambulance is called, parents or next-of-kin will be notified as soon as possible.

2.4.2. If a pupil receives medical attention for an injury that the School Nurse considers should receive further care or observation, the School Nurse will, with the pupil's consent inform parents either by letter or telephone.

2.4.3. Following a head injury (except the most minor), parents are informed by telephone as necessary and a separate head injury advice letter is given by the School Nurse to the pupil to take home.

3. Responsibility under the policy

3.1. The **Head** is responsible, through the senior staff to whom she gives delegated authority, for:

3.1.1. putting the policy into practice and for ensuring that detailed procedures are in place;

3.1.2. ensuring that parents are aware of the school's Health and Safety Policy, including the arrangements for First Aid, by making both policies available on the school's website; and

3.1.3. overseeing the adequacy of First Aid cover including organisation of qualified staff training programmes and equipment.

3.2. The **Bursar** is responsible for:

3.2.1. reviewing the School's First Aid Policy in consultation with the School Nurses; and

3.2.2. reviewing the operation of the First Aid Policy to determine any changes that might be required to the School's First Aid provision.

3.3. The **Senior Teacher with responsibility for Staff Training** is responsible for:

3.3.1. organising and carrying out First Aid training for staff;

3.3.2. drawing up a rota to ensure that suitable numbers of First Aiders are available when pupils are on-site and for events out of hours; and

3.3.3. ensuring that an up to date lists of qualified First Aiders is kept at Reception and displayed in other relevant places around the school and the relevant sections of the Staff Handbook and Staff Intranet are updated regularly.

3.4. The **School Nurses**, in consultation with the Health and Safety Committee and the Bursar, is responsible for:

3.4.1. assessing the First Aid needs throughout the school;

3.4.2. deciding on First Aid issues with the Senior Deputy Head (Pastoral) and the Bursar;

3.4.3. providing First Aid cover during normal school hours;

3.4.4. maintaining accurate records of first aid or any treatment given in the Medical Centre in the pupil's isams medical record;

3.4.5. organising the ordering, provision and replenishment of First Aid equipment to ensure that First Aid boxes and kits are adequately stocked at all times;

3.4.6. checking the off-site PE First Aid kits at the beginning of each term (the PE department are then responsible for re-stocking the kits as needed, with supplies provided by the School Nurses and kept in the PE office);

3.4.7. checking the Emergency Asthma kits at the beginning of each term and after each occasion when they have been used;

3.4.8. checking the Emergency Spare Adrenaline Auto-Injectors at the beginning of each term and ensuring that they are replaced at the earliest opportunity after they have been administered;

3.4.9. ensuring that the Special Needs Poster detailing pupils with existing conditions that require prompt action such as severe allergies, asthma, epilepsy and diabetes is kept up to date and posted on the Staff Room board and also in the kitchen area and the on-line Staff Intranet. The poster must be available for staff from the beginning of the Autumn term and before they meet their classes, and updated as necessary and staff informed by email.

3.5. The **Bursar** on behalf of the Health and Safety Committee is responsible for maintaining records of accidents and making reports under RIDDOR where appropriate (see section 8 below).

3.6. The **Educational Visits Coordinator**, in consultation with the Senior Teacher responsible for educational visits, is responsible for ensuring that appropriate arrangements are followed for off-site activities/trips and out of hours activities.

3.7. **Teachers of PE** are responsible for:

3.7.1. ensuring that First Aid kits are taken on all home/away matches and also during practice sessions; and

3.7.2. restocking the off-site PE First Aid kits on an ongoing basis, in liaison with the School Nurses (who will stock the kits at the start of each term and provide supplies for restocking).

3.8. **Visit Group Leaders and PE staff** taking pupils off-site are responsible for:

3.8.1. ensuring that they have collected a pupil's Yellow Emergency Kit containing their Emergency Allergy Action Plan, 1-2 Adrenaline Auto-Injectors – Emerade/EpiPens/Jext and adjuncts (antihistamines, asthma inhalers) and any other medication for pupils who require them and who have provided the School Nurses with such medication;

3.8.2. ensuring that pupils are also carrying their own medication; and

3.8.3. liaising with the School Nurse to ensure that they have up-to-date awareness and knowledge of the medical needs of members of their visit groups, squads and/or practice groups.

3.9. **Heads of Department** are responsible for ensuring that:

3.9.1. staff in their departments are aware of the procedures set out in this policy and, where appropriate, the location of the nearest First Aid kits; and

3.9.2. risk assessments, especially for practical work, take account of First Aid Procedures, and any relevant instructions from the School Nurse; and

3.9.3. if specified in risk assessments, emergency action such as immediate flushing and cooling for burns is carried out without waiting for a qualified first aider or the School Nurse to arrive on the scene.

3.10. **All staff** have a duty of care towards pupils and should respond accordingly when First Aid situations arise. All staff should:

3.10.1. familiarise themselves with the Special Medical Needs Poster on the board in the Staff Room or on the staff intranet detailing pupils with medical needs that require the use of Adrenaline Auto-Injectors and pupils who could require First Aid due to medical conditions such as severe asthma, epilepsy and diabetes;

3.10.2. familiarise themselves with the list of qualified First Aiders kept at Reception and available on the Staff Intranet; and

3.10.3. understand that in general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

4. Provision of First Aid personnel

4.1. The School has a well-equipped Medical Centre, with 1 full time and 1 part-time School Nurse. The Medical Centre is open during the school day and is fully equipped to deal with minor accidents and injuries. The School Nurse carries a mobile phone and is contactable at any time during the school's working hours.

4.2. If the School Nurse is absent for up to one working day, the School Office will cover the absence for the day. If it is a long term absence, the Bursar will organise for a replacement/agency School Nurse to be available.

4.3. If the School Nurse has to leave the school site for any reason during the day, Reception is informed and a notice is displayed on the door of the Treatment Room. Staff are informed of the School Nurse's absence via the lesson supervision list on the board in the Staff Room and by an All Staff email.

4.4. During school hours (8.30am to 4pm) the School ensures that there are three First Aiders

with FAW training on duty and contactable by mobile phone. These will usually be the School Nurse, the Premises Manager (or his deputy) and the IT Network Manager (or his deputy). A list of relevant mobile telephone numbers is held at Reception and the Receptionist on duty also has FAW training. There are approximately 80 additional staff members with either FAW or EFAW training, most of whom are on site during school hours.

4.5. During term time outside school hours but during normal opening hours (7 to 8.30am and 4 to 7pm) the School ensures that there are two First Aiders with FAW training on duty and contactable by mobile phone if necessary. These will usually be the Premises Manager (or his deputy) and the Receptionist on duty.

4.6. For events held outside normal school opening hours, the event organiser must ensure that a qualified First Aider (EFAW) is available and the name of the First Aider on duty should be displayed in Reception. In school holidays the Premises Manager (or his deputy) will be the First Aider (FAW) on site.

4.7. Appropriate First Aid arrangements are in place whenever staff and pupils are engaged in off-site activities and visits. Further information can be found in the School's Policy for Educational Visits and other off-site activities.

4.8. Pupils who take part in the Duke of Edinburgh's Award are given basic First Aid training as part of the programme.

5. First Aid kits and other equipment

5.1. First Aid kits are located in many areas of the school and are clearly labelled with a white cross on a green background in accordance with Health and Safety regulations. A list of these areas, including areas where eye wash stations are available, is at Schedule 1 to this policy and is also available in the Staff Handbook and the Health and Safety Policy. All staff and pupils have access to these First Aid kits and in case of emergency would be able to access appropriate First Aid equipment to support their treatment. In addition:

5.1.1. First Aid kits are available to PE staff during lessons and are taken to matches;

5.1.2. a First Aid kit should be taken to all off-site activities and visits. The School Nurse will provide these kits and the Group Leader should liaise with her in advance in accordance with the School's Educational Visits Policy. Group Leaders should advise the School Nurse of any activities which might require specific or extra First Aid items. First Aid kits are signed in and out in a book kept in the Medical Centre; and

5.1.3. a First Aid kit is provided in the school mini bus.

5.2. The School Nurse is responsible for checking and restocking First aid kits, Emergency Asthma kits and Emergency Spare Adrenaline Auto-Injectors, but staff must inform the School Nurse immediately when items have been used so that they can be replaced if necessary. Each First Aid kit contains a laminated card listing the basic contents of the kit.

5.3. Location of Automatic Defibrillators (AEDs): these are in Reception, by the outside door; and in the Hampton Sports Centre, outside the Sports Hall.

5.4. Location of Pupils **own** Adrenaline Auto-Injectors - Emerade/EpiPens/Jext for individual pupils: these are kept in within the Medical Centre in individual yellow bags hanging on hooks with photo-id tags. The door is unlocked for fast access. They must be signed out for visits/off-site activities in a yellow book kept in the Medical Centre and signed back in on return.

5.5. Location of Asthma Inhalers for individual pupils (when provided by parents): these are kept in the Medical Centre clearly labelled in individual wall-mounted pouches.

5.6. Location of Emergency Asthma Kits: these are kept in the Medical Centre, the School Office, the Sports Hall Corridor and in 5 off-site PE First Aid Kits. Emergency Asthma Kits are available to any pupil with asthma who requires emergency access to a Ventolin reliever inhaler.

5.7. Location of Emergency Spare Adrenaline Auto-Injectors: these are kept in the Medical Centre; the Girls' Servery and Reception. They can be administered in an emergency to a pupil who has already been prescribed an Adrenaline Auto-Injector but for whatever reason their own Adrenaline Auto-Injector is not available, or their second Adrenaline Auto-Injector (yellow bag) is damaged and cannot be used.

6. Information

6.1. It is essential that there is accurate, accessible information about how to obtain emergency aid.

6.2. All new staff receive information during their induction programme on how to obtain First Aid assistance. This includes:

- location of the Medical Centre;
- the names of the School Nurses;
- how to contact the School Nurses in an emergency;
- the procedure for dealing with an emergency in the School Nurses' absence;
- where to access the names of qualified First Aiders and appointed persons;
- the location of the First Aid kits;
- how and when to call an ambulance; and
- where to access a current copy of this policy.

7. Training

7.1. First Aid training is organised in house by the Senior Teacher with responsibility for staff training. A list of staff trained in First Aid, and their level of qualification, is contained in Schedule 2 to this policy and is available on the staff intranet and at Reception.

7.2. A qualified First Aider is someone who holds a valid certificate of competence in First Aid at Work (FAW). These qualifications expire after a period of three years and must be renewed. Regular annual update courses are provided for staff.

7.3. An Emergency First Aider is someone who has attended a minimum of 4 hours First Aid training (renewable every three years) and is competent to give emergency aid until further qualified help arrives.

7.4. Additional training for other medical conditions for example; use of Adrenaline Auto-Injectors, Asthma inhalers and education regarding Diabetes or Epilepsy is provided by one of the School Nurses when necessary. Staff can also find further information on these conditions in the attached Appendices as follows:

- Appendix I Anaphylaxis
- Appendix II Asthma
- Appendix III Diabetes
- Appendix IV Epilepsy
- Appendix V Wound Management
- Appendix VI Automatic External Defibrillator (AED) procedure

8. Reporting and Record Keeping

8.1. Every accident which occurs in school, whether to pupils, staff or visitors, must be reported using EITHER the online Accident Report form (available on all staff iPads or via the Staff Handbook) OR the paper Accident Book in the School Office. If the paper Accident Book is used, the report must be sent to the Bursar in accordance with the instructions on the front,

8.2. If a pupil suffers an accident the accident report should be made by the person supervising the lesson/activity at the time of the accident, even if they were not aware of it at the time (in which case the pupil, or the Medical Centre if the pupil is incapacitated, should pass on the details to the supervising member of staff). If the accident took place outside lesson time, the report should be made by the member of staff first on the scene.

8.3. All accident reports and associated records should be kept by the Bursar. For accident reports involving pupils a copy is kept by the School Nurse on the pupil's confidential medical record and by the Head's PA on the individual pupil file. For accident reports concerning staff a copy is placed on the member of staff's personnel file.

8.4. The Bursar will decide whether an accident or incident requires a supplementary accident form to be completed or an investigation to discover the root causes so as to prevent a recurrence or for disciplinary or insurance purposes. All accidents or incidents that are reportable under RIDDOR (see below) will be investigated and a record of the investigation kept by the Bursar.

8.5. **RIDDOR**

8.5.1. The Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) require the School to report to the Health and Safety Executive certain accidents, diseases and dangerous occurrences arising out of or in connection with work.

- For employees or self-employed contractors this includes: accidents or physical violence resulting in death or a specified injury; an injury resulting in the employee being incapacitated for more than 7 days; or certain occupational diseases.
- For pupils and other non-employees this includes: death or an injury arising out of, or in connection with, a work activity and resulting in the individual being taken directly from the scene of the accident to hospital for treatment. This applies to accidents on the school site or off-site on an activity organised by the School.
- Dangerous occurrences (near-miss events) are reportable if they are specifically listed under RIDDOR.

8.5.2. Injuries to pupils and other non-employees will generally be considered to "arise out of, or in connection with, a work activity" if they are caused by:

- a failure in the way the work was organized (e.g. inadequate supervision of a field trip);
- the way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- the condition of the premises (e.g. poorly maintained or slippery floors).

8.5.3. All incidents can be reported online but a telephone service is also provided for reporting fatal and specified injuries only - 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

8.5.4. All notifications required under RIDDOR will be made by the Bursar or, in her absence, by the Premises Manager within the prescribed timeframes.

9. Hygiene procedures when dealing with a spillage of bodily fluid (e.g. blood, vomit, urine etc.)

9.1. All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and when disposing of dressings or equipment.

9.2. The First Aider attending should take the following precautions to avoid the risk of infection:

9.2.1. cover any cuts and grazes on their own skin with a waterproof dressing; and

9.2.2. wear suitable disposable gloves when dealing with blood.

9.3. Each first aid kit contains gloves and a yellow clinical waste bag for the disposal of any items used during the treatment of the First Aid incident. This should then be disposed of in the yellow clinical waste bin located in the Treatment Room. The bin is clearly labelled for the disposal of clinical waste. There is a second clinical waste bin in the disabled washroom next to the PE office.

9.4. If a First Aider has had to deal with any incident involving the spillage of bodily fluids (for example vomit) they should call 251 and one of the School Keepers' Team will come and attend to the clear up. The member of staff should not attempt to clean the area as this requires specialist training and treatment with a specialist product

9.5. The PE department can provide spare clothes for a pupil if required.

10. Review and Monitoring of First Aid provision

10.1. First Aid arrangements, including the contents of this policy, are under annual review to ensure that the provision is adequate and effective. This review will be carried out by the School Nurses, in consultation with the Health and Safety Committee where appropriate, and the Bursar.

10.2. An annual review of training provision will be carried out by the Senior Teacher responsible for staff training.

COVID-19: Annex and First Aid Procedure

For the duration of the COVID-19 pandemic this overarching annex document will be in place as an amendment to the School's First Aid Policy and Appendices. The document will be updated and recirculated as necessary.

The COVID-19 First Aid Procedure will ensure First Aiders are confident that they can provide First Aid to someone who sustains an injury or becomes unwell during the COVID-19 pandemic; including specific guidance on giving cardiopulmonary resuscitation (CPR).

Background:

COVID-19 is the infectious disease (virus) caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a global pandemic. As this is a novel disease, knowledge about COVID-19 is constantly being updated.

The main symptoms of COVID-19 are currently:

- **a high temperature** – this means feeling hot to the touch on the chest or back (you do not need to measure the temperature with a thermometer).
- **a new, continuous cough** – this means coughing more than once an hour, or 3 or more coughing episodes in 24 hours (if the person usually has a cough, it may be worse than usual)
- **loss or change to the sense of smell (anosmia)** – this means having noticed the inability to smell or things smelling differently to normal

Most people with coronavirus have at least one of these symptoms, however some people may be **pre-symptomatic** (have not yet developed symptoms) or be **asymptomatic** (have no symptoms) but be infectious and capable of infecting others.

How COVID-19 is spread:

People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. This is why it is important to stay at least 2 metres away from others. These droplets can land on objects and surfaces around the person such as tables, door handles, handrails, telephones and light switches. People can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth. **This is why it is essential to wash your hands regularly with soap and water or clean them with an alcohol-based hand gel.**

First Aid in the context of COVID-19:

All casualties must be assumed to be potentially COVID-19 positive and the following universal precautions taken to ensure the safety of the First Aider and Casualty.

The COVID-19 First Aid Procedure:

The First Aider collects a First Aid Kit (containing hand gel) and the attached PPE Kit before attending the casualty. If not possible a helper will collect.

The First Aider uses their training to assess the risk from the immediate environment to self and others present.

The First Aider remains at a 2-metre safe distance to assess hazards and the casualty.

If the casualty is conscious and can communicate, they should self-treat **if this is appropriate** by following instructions given by the First Aider at a 2-metre distance.

The First Aider transfers the First Aid equipment required to the casualty by sliding or another appropriate method.

If the casualty is unresponsive for the primary and secondary survey or is not able to self-treat then the following PPE must be put on in the following order by the First Aider BEFORE approaching the casualty within 2 metres:

1. First remove any jewellery
2. Tie hair up if necessary
3. Gel hands as per WHO guidelines
4. Put on Apron and tie at back
5. Apply a Type IIR fluid resistant surgical facemask (ensuring this is correctly positioned to completely cover the mouth and nose and then pinch over the nose to ensure a tight fit)
6. Apply a visor*
7. Apply gloves

*If the risk assessment of the casualty determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting, then eye protection (a visor) should also be worn and is put on **after** applying the facemask. A supply of visors is kept with the **Reception First Aid Kit.**

At all times the First Aider must keep their hands away from own face.

When assessing the casualty's breathing, the First Aider does not place their ear or cheek close to the casualty's face and does not listen or feel for breathing for 10 seconds. The First Aider instead looks at the chest to assess breathing; recognizing cardiac arrest by looking for the absence of signs of life and the absence of normal breathing.

The First Aider shouts for help.

If there is any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.

The helper calls 999 for emergency help while CPR is commenced.

The helper brings the AED (and spare First Aid Kit with PPE attached) and transfers the AED to the First Aider.

The helper puts the phone on speaker and hold it out towards First Aider, so they can maintain at 2-metre distance.

If the First Aider is on their own, they use the hands-free speaker on their own phone so they can start CPR while speaking to ambulance control.

Ambulance control are informed the casualty is potentially COVID-19 positive as appropriate.

Cardiopulmonary Resuscitation (CPR):

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. If there is a perceived risk of infection, the First Aider should place a cloth/towel/clothing over the casualty's mouth and nose BEFORE COMMENCING CPR and attempt compression-only CPR and ensure the early attachment of the AED until help arrives.

DO NOT GIVE RESCUE BREATHS

Ensure mouth and nose of casualty is covered.

Start CPR - Kneel by the casualty and put the heel of one hand on the middle of the person's chest. Putting other hand on top of the first. Interlock the fingers, making sure not to touch the ribs.

Keeping arms straight, lean over casualty, press down hard, to a depth of about 5-6cm before releasing the pressure, allowing the chest to come back up. The beat of the song "Staying Alive" can help keep to the right speed.

THE HELPER REMINDS THE FIRST AIDER NOT TO GIVE RESCUE BREATHS

The First Aider continues with Chest Compressions only pausing to attach the AED pads to the chest of the casualty and following the verbal AED automated instructions, but **ignoring** the command to provide rescue breaths.

An AED significantly increases the chances of a casualty's survival.

The First Aider applies a shock, if prompted by the AED.

The helper keeps a 2-metre distance. However, the First Aider is likely to become rapidly exhausted.

If the helper is needed to take over CPR from the First Aider the helper puts on PPE as above.

At all times the helper keeps their hands away from their face.

Disposal of PPE:

When the casualty has been treated or the Ambulance Service have arrived and taken over the care of the casualty, the First Aider must remove their PPE carefully in the correct order into the orange lidded pedal bin specifically for this purpose, situated outside the Isolation Room as follows:

1. Remove gloves and drop into bin
2. Gel hands as per WHO guidelines
3. Remove apron by breaking the tie at the back. Pull apron away from the neck and shoulders by only touching the inside of the apron and fold and roll it in on itself and drop into bin
4. Gel hands
5. If wearing a visor do not bend forwards as this brings the bottom of the visor into contact with the clean upper body. Remove by holding the band at the back of the visor and lift over head and drop into bin without touching the front of the visor*
6. Gel hands
7. Remove facemask by unfastening bottom tie and then top tie. Do not bend the neck forward as this allows the facemask to touch the clean upper body. Pull the facemask away from face holding ties without touching the front of the facemask and drop into bin
8. Gel hands

If there is any clinical waste this is placed into the clinical waste bin next to the PPE bin first. Any Adrenaline Auto-Injectors must be handed over safely to the Ambulance Service for safe disposal.

The First Aider must thoroughly wash their hands with Soap and Water at the first opportunity.

Follow-up:

All reusable First Aid equipment and the AED are thoroughly cleaned and disinfected using appropriate wipes and then restocked by the School Nurses.

The member of staff with oversight for First Aid or the Line Manager will ensure the First Aider and helper have an opportunity to debrief following the incident.

References:

https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/ (Accessed 10/06/2020)

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses (Accessed 10/06/2020)

https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/ (Accessed 10/06/2020)

https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf (Accessed 11/06/2020)

https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe (Accessed 12/06/2020)

SCHEDULE 1

Location of First Aid Kits

Art Room A2 (plasters and wipes only)	Art Room A3 (plasters and wipes only)
Netball Courts (box) and Hockey Hut (plasters and wipes only)	Biology Prep Room (plasters and wipes only)
Biology Corridor (Ground floor)	Bishop Centre (Front of Hall by Door)
Chemistry (Chemistry Corridor, 2nd Floor)	Design Technology (DT Room)
Finance Office (cupboard - plasters and wipes only)	Groundsman's Shed (plasters and wipes only)
Kitchen (box provided by Chartwells)	Lobby (near security)
Margaret Gray Building (ground floor inside fire door)	Medical Centre (Emergency Grab Bag by entry door)
Mini Bus	PE (5x Backpacks for off-site in PE Office)
Physics (Physics Corridor, 1st Floor)	Pottery (A5) (plasters and wipes only)
Reception (behind desk)	Rudland Music School (1st floor central seated area)
Rudland Music School (First floor by seating area)	School Office (hanging to left of door)
School Keeper's Shed (on wall on left hand side)	Sports Hall (main corridor)
Staff Dining Room (box on wall)	Staff Dining Room (box on wall)
6th Form Corridor	Washing up area of Dining Room (box on wall)

Location of Eye Wash Stations: Biology (B3), Chemistry (C1, C2, C3), Physics (P3), Biology - Sealed Eye wash containers (E1), Security (Sealed eye wash container),.

Location of Emergency Asthma Kits: Medical Centre. School Office, Sports Hall Corridor.

Location of Emergency Spare Adrenaline Auto-Injectors: Medical Centre, Girls' Servery and Reception.

Location of Automatic Defibrillator (AED): Reception (by entry door) and Sports Centre (main corridor)

Location of Evacuation Chairs: Near Staff Dining Room, Brooke Building (First Floor, South Staircase)

Location of Wheelchairs: Outside Lady Chapel, Sports Corridor (Astroturf end) and the Medical Centre.

Appendix - I Severe allergic reaction - Anaphylaxis

An allergy is a hypersensitivity to a foreign substance that is normally harmless, but produces an immune response reaction in some people. An anaphylactic reaction is the extreme end of the allergy spectrum affecting the whole body and requires emergency treatment to preserve life, with an intramuscular injection of adrenaline (in school - via an Adrenaline Auto-Injector such as an Emerade/EpiPen/Jext. The reaction usually occurs within minutes of exposure to the "trigger" substance although in some cases the reaction may be delayed for a few hours (**bi-phasic**). Common trigger substances include peanuts, tree nuts, eggs, shellfish, kiwi, insect stings, latex and drugs such as penicillin. **Avoidance of the allergen/trigger substance is paramount.**

Signs and symptoms

The early symptoms of an **allergic** reaction are:

- Itchy, urticarial rash (hives) anywhere on the body
- Runny nose and watery eyes
- Nausea and vomiting
- Abdominal cramping
- Tingling when an allergen has been touched

Where possible remove the "trigger" – the sting, food etc. – get them to spit the food out but **NEVER** induce vomiting

The pupil's medical condition must be monitored as it may **rapidly** deteriorate

Definition of Anaphylaxis:

Anaphylaxis involves one or both of two features

- **Respiratory difficulty (swelling of the airway or asthma)**
- **Hypotension (fainting, collapse or unconsciousness)**

Symptoms suggestive of **Anaphylaxis** are:

- Skin Changes: Pale or flushed, urticaria (hives)
- Severe swelling of lips or face
- Tongue becomes swollen
- Respiratory difficulty - audible wheeze, hoarseness, stridor
- Difficulty in swallowing or speaking
- Pupil may complain that the their neck feels funny
- Feeling weak or faint due to a drop in blood pressure
- Feeling of impending doom (anxiety, agitation)
- Pale and clammy skin
- A rapid and weak pulse
- May become unconscious

Treatment - what to do

Follow the pupil's individual **Emergency Allergy Action Plan**.

Treatment depends on the severity of the reaction and may require the administration of an Emergency Adrenaline Auto Injector (Emerade/EpiPen/Jext) to be given **without delay.**

For mild symptoms

An antihistamine and if prescribed, an inhaler should be taken by the pupil/be given by the School Nurse, or in her absence by any first aider and on visits, by the teacher with responsibility for First Aid.

Monitor - the pupil's medical condition as it may **rapidly** deteriorate.

For severe symptoms

Each pupil with a known severe allergy, who has been prescribed an Adrenaline Auto Injector - Emerade/EpiPen/Jext should (*parents advised*) carry x2 with them at all times. Each pupil also has at least x1 Adrenaline Auto Injector together with any other emergency medication required and a named Emergency Allergy Action Plan in their yellow emergency kit, which must accompany them on all off-site activities. The yellow emergency kits with photo-id are hanging on named hooks in the unlocked Medical Centre in the Doctor's Room.

Treatment for anaphylaxis is adrenaline administered via an Adrenaline Auto Injector into the upper outer thigh muscle and may be given through clothing (avoiding the seam line) noting the time. Adrenaline quickly reverses the effects of the allergic reaction, but it is short-acting. If there is no improvement or the symptoms return, then a second Adrenaline Auto Injector must be administered after **5 minutes**. Follow the pupil's Individual Emergency Allergy Action Plan which includes details of any additional medication to be administered such as antihistamines, an inhaler or steroids (adjuncts). **The pupil must always go to hospital by ambulance if an Adrenaline Auto Injector is administered, even if they appear to have recovered.**

Emergency procedure to be followed in school

If a pupil shows signs or symptoms of a severe allergic reaction, the School Nurse will be informed immediately. If for any reason, the School Nurse is not available, a First Aider must be alerted and the following procedure initiated; **following the pupil's Individual Emergency Care Plan:**

Do not attempt to move the pupil. They may sit up but if they feel faint lie them down and raise their legs (to help preserve their blood pressure). DO NOT STAND THE PUPIL UP!

- **Administer the pupil's own Adrenaline Auto Injector – Emerade/EpiPen/Jext or help them to administer it themselves if they are able (note the time - write this on your hand)**
- If the pupil's own Adrenaline Auto Injector is not available the member of staff should access the nearest Emergency Spare EpiPen (available in the Medical Centre, Girls' Servery and Reception)
- Remember to give the Adrenaline Auto Injector as soon as possible – do not delay - **adrenaline will do no harm, but can save a life if given**
- **Call an ambulance stating "anaphylaxis" (follow the school procedure for calling an ambulance)**
- Send a responsible person to get the pupil's yellow emergency kit containing the spare Adrenaline Auto Injector from the Medical Centre
- Monitor the pupil's condition carefully; be prepared to commence cardio pulmonary resuscitation (CPR)
- **If symptoms have not improved or symptoms return, then after 5 minutes administer the second Adrenaline Auto Injector**
- Give all used Adrenaline Auto Injectors to the ambulance crew for safe disposal
- A member of staff will accompany the pupil to hospital and stay until the parents arrive
- The School Nurse will record the incident on an accident report form and in the pupil's individual medical record
- **The parents will replace any medication as necessary before the pupil returns to school**

First episode - In the case of a pupil without a previous history of anaphylaxis or allergy reaction

The School Nurse should be contacted without delay if the episode occurs in school. If she is not available or the incident is off-site then an ambulance should be called (stating that the emergency is a suspected anaphylactic reaction) and First Aid measures carried out.

New pupils

- Parents must inform us of their daughter's allergy on the Confidential Medical Questionnaire Form that they complete when their daughter joins Godolphin and Latymer. If the condition develops later, the parents must notify us as soon as possible.
- The School Nurse will discuss with parents the specific arrangements for their daughter.
- Parents will need to teach their daughter about the management of her own allergy including avoiding trigger substances and how and when to alert a member of staff.
- The parents should ensure that their daughter has been shown how to self-administer an Adrenaline Auto Injector by the prescribing doctor or specialist allergy nurse and that this is regularly reviewed.
- Pupils should carry x2 Adrenaline Auto Injectors and any other emergency medication required with them at all times.
- Parents must provide the Medical Centre with a spare Adrenaline Auto Injector. Parents will also supply any antihistamine or other medication that may be required. The medication will be kept in a named yellow emergency kit with photo-id, on named hooks in the Medical Centre. The emergency medical kit will also contain the Individual Emergency Care Plan and emergency contact details.
- Parents are responsible for ensuring that all medication is in date and replaced as necessary.
- Parents must keep the school up-to-date with any changes in symptoms or medication and must provide an up-to-date individual Emergency Allergy Action Plan from the prescribing doctor.
- Catering staff will take all reasonable steps to ensure that only suitable food is available and will advise pupils on ingredients and appropriate food choices as required.
- Although the catering department can accommodate most food allergies, the parents will need to provide their daughter with snacks/packed lunches where appropriate.
- A named photograph of pupils with severe allergies is displayed on the Special Medical Needs poster in the Staff Room, Catering Office, Sports Offices and on the online staff intranet.
- **A pupil must carry her Adrenaline Auto Injectors with her at all times in school together with any other prescribed emergency medication and should wear a medical alert bracelet.**

Training

- Training will be available to all staff in the recognition and treatment of anaphylaxis and allergic reactions, including the use of Adrenaline Auto Injectors and how to summon help in an emergency.
- An update on allergy/anaphylaxis will take place regularly – preferably annually as staff change.
- An update may also be required when protocols and guidelines are revised.
- Specific training can be given on individual pupils as and when the need arises.
- The training to be provided will cover: prevalence; recognition of signs & symptoms of allergic reactions, including anaphylaxis; differential diagnosis; treatment; roles and responsibilities; storage of medication; and administrative procedures.

School Visits

- Specific arrangements should be made for after-school or weekend activities and for school visits
- At least one member of staff trained in administering antihistamine and an Adrenaline Auto Injector must accompany the party
- The degree of supervision required for the pupil should be discussed with parents and will depend on the pupil's age
- A letter for the Airline will need to be requested from the Medical Centre and signed by one of the School Nurses (BSACI form)

Following any anaphylactic episode all staff will meet to discuss what occurred, offer support to each other and look at how the emergency procedure worked and the procedure will be amended if necessary.

Appendix II – Asthma

Godolphin and Latymer School recognizes that Asthma is a common condition affecting children and young people and welcomes all pupils with Asthma to the school.

Asthma is a serious but controllable chronic disease affecting 1.4 million children within the UK and is one of the most common causes of absence from school and the most frequent medical condition which requires medication to be taken during the school day.

Asthma can vary in its severity and in presentation according to the individual and can occur at any time.

When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breath and leading to symptoms of asthma.

Asthma can be controlled by taking medication in the form of an inhaler. A reliever inhaler opens the airways and makes breathing easier. A preventer inhaler makes the airways less sensitive to irritants. **Immediate access to a reliever inhaler is essential.**

Types of inhaler

- Blue - Salbutamol (ventolin) - reliever inhaler – generally delivered via a volumatic spacer device (taken for the immediate relief of symptoms)

- Brown - Beclometasone – preventer inhaler (usually taken only in the morning and at bedtime

Pupils with asthma learn from their past experience of asthma attacks; they usually know what to do, nevertheless good communication is essential.

Triggers

- Grass and hay
- Pollen
- Animal fur
- Viral infections
- Cold, damp weather
- Exercise
- Emotion
- Smoke, pollution and dust

Signs of poor control are:

- Night time symptoms leading to exhaustion during the day and poor concentration
- Frequent daytime symptoms
- Using their reliever inhaler on more than two occasion in a week
- Time off school because of respiratory symptoms

New pupils

- Parents must inform us of their daughter's asthma on the Confidential Medical Questionnaire Form they complete when the girl joins Godolphin and Latymer. If the condition develops later, the parents must notify us as soon as possible.
- The School Nurse will discuss with parents the specific arrangements for their daughter and parents will be asked to provide a copy of their daughter's current Asthma Action Plan.
- A pupil with asthma should carry her inhaler with her at all times in school.
- **Parents must provide The Visit Group Leader with a spare named inhaler for staff to take on residential visits. Parents are responsible for ensuring that inhalers are in date and replaced as necessary and have sufficient doses remaining.** Should a parent wish to provide the School with a spare inhaler for in-school use, this will be kept in a named individual pouch in the Doctor's room.
- A named photograph of any pupils with asthma is displayed on the Pupil Asthma List displayed in the Staff Room, Catering Office and the online staff intranet.
- All pupils on the Pupil Asthma List will have access to an emergency reliever inhaler if required.
- Regular training will be available to all staff in the recognition of an asthma attack and how to summon help in an emergency. All staff should familiarize themselves with the procedure for dealing with an asthma attack.
- Pupils with asthma are encouraged to take a full part in PE at Godolphin and Latymer and PE staff will remind pupils who have exercise induced asthma to use their reliever inhaler before the commencement of the lesson and during it if needed.
- Specific arrangements should be made for after-school or weekend activities and for school visits.

Common signs of an asthma attack

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

It should be noted that in atypical asthma no wheezing will be audible.

Emergency procedure to be followed in school

Action to take in the event of an asthma attack:

- Keep calm
- Encourage the pupil to sit up and slightly forward – do not hug or lie them down
- **Make sure the pupil takes two puffs of their reliever inhaler (usually blue)** immediately (preferably through a volumatic spacer)
- If the pupil's inhaler is not available the member of staff should access the nearest Emergency Asthma Kit which contains a reliever inhaler and spacer (available in the Medical Centre, School Office, Netball Hut, Hockey Hut or in the 3 off-site PE first aid kits)
- Ensure tight clothing is loosened
- Reassure the pupil
- Call the School Nurse

If there is no immediate improvement:

Continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 urgently and request an ambulance (following school procedure) if:

- The pupil's symptoms do not improve in 5-10 minutes
- The pupil is too breathless or exhausted to talk
- The pupil's lips are blue
- You are in any doubt

Ensure the pupil takes one puff of their reliever inhaler every minute until the ambulance arrives.

Caution:

- **Do not give anything to eat or drink**
- **Do not give ibuprofen or paracetamol**

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/guardian must always be informed if their daughter has had an asthma attack.

Appendix III - Diabetes

Godolphin and Latymer support pupils attending the school with type 1 diabetes and recognize that they need understanding, encouragement and support to ensure a sense of independence. Most pupils with diabetes have a good knowledge of their condition and can manage it well but good communication between the pupil and medical team is essential.

New pupils

When the pupil joins the school, the parents will complete a Confidential Medical Questionnaire informing us that their daughter is diabetic. The School Nurse will then send an individual care plan for completion, unless the family already has an appropriate and up-to-date plan; in which case a copy will be requested. This will include details of the care to be given for hypoglycaemia (low blood glucose) and the emergency treatment that will be needed and instructions on when to call the emergency services. It is crucial to reinforce that parents are experts in the care of their daughter and should be involved from the outset. They are best positioned to indicate they are ready to share responsibilities with the school. Raising expectations of what is possible and keeping their daughter at the centre of everything is essential. Collaborative working between healthcare professionals, education staff and the pupil's family will support the school in their day to day management of diabetes including monitoring of the condition, food, physical activity and the pupil's wellbeing. Parents will receive a copy of the RCN booklet, "Supporting children and young people with diabetes" when the pupil joins the school.

A copy of the individual care plan will be kept in the Medical Centre; spare equipment will be kept in a named box with a photograph in the diabetes cupboard in the Medical Centre, or in the fridge as necessary. The pupil's name and photograph will be included on the Special Medical Needs Poster; a copy of which is displayed in the Staff Room, Catering Office, Sports Office, EVC's and also on the online staff shared area.

Insulin

The pupil will know how to administer her insulin and will carry this with her during the normal school day. However, the school will support her and the School Nurse will discuss with the parents all aspects of the pupil's insulin and its administration. The school will provide facilities for the safe disposal of needles.

The need for regular eating times is recognized by the school and appropriate arrangements will be made. Diabetes management outside school will be the responsibility of the pupil's consultant/diabetes specialist nurse (DSN) and the parent/guardian must inform the School Nurses of any change in the pupil's regime in writing, as soon as they occur. We will always endeavor to invite the new pupil's DSN to a meeting at the school prior to the girl joining.

Day visits

The pupil will need to carry her insulin and blood glucose testing kit and snacks as usual and must plan for the possibility of a delayed return. All staff will be advised of the necessary precautions and the emergency procedures. The staff will collect the pupil's spare emergency kit and a copy of the individual care plan detailing the emergency procedures, for use in the event of a hypoglycaemic episode. They will also carry spare fast acting glucose/snacks/juice boxes. The emergency kit must be returned to the Medical Centre immediately on return to school.

Residential and overnight visits

The parent will complete a detailed medical history form prior to departure which will include the details of insulin with current dosage and frequency. A risk assessment will be carried out and a meeting between the parents and School Nurses will take place. The teacher organizing the visit will aim to ensure that there is refrigerated storage for the insulin. The pupil must be confident in the management of her diabetes with regard to dosage administration, monitoring control and the adjustment of dosage when necessary. A copy of the individual care plan and emergency procedures will be taken on the visit. When travelling by air, a letter will be written explaining the medical need for equipment to be carried on the plane – this is requested from the school office and signed by one of the School Nurses. In the event of loss or damage to the insulin, it will be the parents' responsibility to provide where possible extra medication. However, where this is not possible or a delay will occur the visit leader should contact the paediatric department or Accident and Emergency department at the nearest hospital, who will be able to offer assistance.

If following a risk assessment it is felt by the parents and School Nurses that the pupil is not able to manage her diabetes independently, then the requirement for a trained health professional to accompany the visit will be discussed.

PE

The school will ensure that PE staff are aware of the precautions necessary for a pupil with diabetes to take part in sporting activities and on the emergency procedures. PE staff will have a supply of fast acting glucose/snacks/juice boxes available for diabetic pupils when they are off site or at sporting events.

Background

Type 1 diabetes develops when the insulin-producing cells in the body are destroyed by the body's immune system; the body is unable to produce any insulin. It is a long-term medical condition. Insulin is the key that unlocks the door to the body's cells. Once the door is unlocked glucose can enter the cells where it is used as fuel. In Type 1 diabetes the body is unable to produce any insulin so there is no key to unlock the door and the glucose builds up in the blood. Nobody knows for sure why these insulin-producing cells have been destroyed, but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a virus or other infection. Type 1 diabetes can develop at any age but usually appears before the age of 40, and especially in childhood. Type 1 diabetes accounts for between 5 and 15 per cent of all people with diabetes and is treated by daily insulin injections, a healthy diet and regular physical activity. Insulin is taken either by injections, an insulin pen or via a pump.

The main symptoms of undiagnosed diabetes can include:

- passing urine more often than usual, especially at night
- increased thirst
- extreme tiredness
- unexplained weight loss
- genital itching or regular episodes of thrush
- slow healing of cuts and wounds
- blurred vision

If you are concerned that a pupil is showing these symptoms, please contact the School Nurses without delay.

Medication – Insulin

Insulin cannot be given orally as it will be digested. It is administered by either an Insulin pen, injection or by a pump. Insulin may be administered several times a day, so the pupil will carry their pen and blood glucose testing kit with them. Spare insulin will be kept in a labelled box in the fridge. It will be the responsibility of the pupil to be aware of her dosage of insulin. If there is a query during the school day either the parents will be contacted or the named diabetes specialist nurse if the parent is unavailable.

Insulin pump

This continually delivers insulin into the subcutaneous tissue

- The device is worn attached to the pupil's waist. It helps maintain a more stable blood glucose level and as it is easy to vary the dose, gives pupils more freedom with diet and activity.
- Using the maximum bolus and maximum basal facility settings can give added reassurance that too much insulin will not be delivered in error.
- Each pupil who uses a pump must learn and be confident to carb count, to set/adjust the insulin dose delivery themselves according to their diet, activity and blood glucose levels.
- Staff and First Aiders will not be required to know how to carb count, calculate dosages or administer insulin via a pump.

Emergency procedure to be followed in school

Hypoglycaemia - Hypo (below 4mmols/L)

This is the most common short-term complication in diabetes and occurs when the level of glucose falls too low thereby affecting cognitive function.

It is caused by:

- When too much insulin has been taken
- A meal or snack that has been delayed or missed
- Not enough carbohydrate food has been eaten
- Exercise was unplanned or strenuous
- Sometimes there is no obvious cause.

Signs and symptoms:

- Hunger, trembling, shaking
- Sweating
- Pallor
- Fast pulse or palpitations
- Headache
- Tingling lips
- Glazed eyes, blurred vision
- Mood change – anxiety, irritability, aggressiveness

- Lack of concentration, vagueness, drowsiness
- Collapse

Action to take:

- Contact the School Nurse if she is on site, or in her absence a qualified First Aider

If the pupil is conscious:

- If possible get the pupil to check their blood glucose
- Give orange juice or x3 glucose tablets (The pupil will carry their own, but drinks, glucose tablets and cereal bars are kept in Medical Centre
- If the pupil is conscious, but uncooperative apply Hypostop gel to the inside of the cheek (as per instructions)
- The pupil will need to check her blood glucose after 15 minutes. If it remains below 4mmols repeat as above
- This will need to be followed by a carbohydrate snack (cereal bar, sandwich, a couple of biscuits, fruit etc) unless the pupil has an insulin pump in which case her individual care plan should be followed.
- If there is no improvement in the blood glucose level after 2 cycles, then the parents should be called urgently; if no parental contact can be made then Call 999 and ask for a paramedic to attend

If the pupil is unconscious:

- Place the pupil in the recovery position

Then:

- Contact the School Nurse if she is on site or in her absence a qualified First Aider
- Only the School Nurse or School Doctor can administer an emergency Glucagon injection, which is kept in the Medical Centre Fridge

Otherwise the First Aider will:

- Call 999 and request an ambulance (following the school procedure)
- Not give the pupil anything to eat or drink
- Organise for the parents to be contacted

Hyperglycaemia - Hyper (14mmols/L or above)

This develops more slowly than hypoglycaemia but is more serious if untreated.
This occurs when there is too much glucose in the blood, therefore extra insulin is needed.
The blood glucose level will be above 14mmols. This can develop over a few days and will be more noticeable if a pupil is away on a school visit.

Hyperglycaemia - It is caused by:

- Too little or no insulin given
- Eating more carbohydrate than their diet allows
- Emotional upset
- Stress
- Less exercise than usual
- Infection
- Fever
- Not conforming to treatment

Signs and symptoms:

- Feeling unwell
- Extreme Thirst
- Frequent urination
- Tiredness and weakness
- Nausea Blurred vision
- Flushed appearance
- Dry skin
- Glycosuria
- Small amount of ketones in urine/blood

Action to take:

- They should check their blood glucose and should be able to titrate their insulin according to their blood glucose level; they should also check for the presence of ketones
- Contact the parents if ketones are present and arrange for the pupil to be collected
- Give fluids (without sugar)
- Contact the named diabetes specialist nurse if the parents cannot be reached

Call 999 and request an ambulance if any of the following signs and symptoms occur:

- Confusion/impaired consciousness/unconsciousness
- Deep and rapid breathing
- Abdominal pain
- Nausea/vomiting
- Breath smells of acetone (like pear drops, nail polish remover) as this can proceed to diabetic ketoacidosis (DKA) which for a diabetic is a medical emergency; with an uncontrollable downward spiral without urgent medical attention

General points

- No diabetic pupil will be allowed leave the classroom alone or be left unattended if unwell and will always be accompanied to the Medical Centre
- A diabetic pupil will be free to check her blood glucose and eat a snack in class as necessary without ever needing to refer to the teacher present
- Privacy for blood glucose testing will always be available in the Medical Centre

Spare Glucometer

This is kept in the diabetic cupboard in the Medical Centre; is checked regularly and is available for use by any diabetic pupil

Glucagon emergency injection kit

When a pupil with Type 1 Diabetes joins the School, they must provide the Medical Centre with a spare Glucagon emergency injection kit. This is kept in the unlocked Medical Centre fridge and the expiry date is checked each term

Checklist for visits

Pupil/parents	**Staff**
Hand gel	Copy of Individual care plan, visit medical consent form with full contact details of parent/guardian
Blood glucose testing kit and urine testing kit (if B/G testing does not include ketone testing)	School visit information Risk assessment Letter for airline
Insulin plus spare in case of loss/damage	Mini sharps box
Insulin pen and needles plus spares in case of loss/damage	Quick reference flow-chart with photograph of pupil
All insulin pump equipment if applicable	Spare insulin pump equipment if applicable
Fast acting glucose/carbohydrate snacks/juice boxes Extra food in case of a delayed return	Spare fast acting glucose/carbohydrate snacks/juice boxes
Cool bag for transportation of insulin	Ensure suitable refrigeration facilities are available at destination
Medical Alert bracelet	

Appendix IV - Epilepsy

Godolphin and Latymer School recognizes that epilepsy is a common condition affecting children and young people and welcomes all pupils with epilepsy to the school. The school supports pupils with epilepsy in all aspects of school life and encourages them to achieve their full potential. We believe that every child with epilepsy has the right to participate fully in the curriculum and life of the school, including all outdoor activities and residential visits; assuming health and safety considerations are met following a risk assessment. The school's aim is to meet all the educational needs of the pupil, through discussions with the pupil, parents, head of section, the form teacher and the medical team.

Background

Epilepsy is the most common serious neurological condition. It affects about 1 in 200 children under 16 years and is currently defined as a tendency to have recurrent seizures. A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming halted or mixed up. It can be due to head trauma or secondary to drugs, toxins, stress, infections such as meningitis, or of no known cause.

The brain is responsible for all the functions of the body, so what is experience during a seizure will depend on where in the brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them. Seizures that affect the whole of the brain are known as generalized seizures and only part of the brain, are known as partial seizures. Generalized seizures usually result in a loss of consciousness, which may last seconds or several minutes. Partial seizures only partially affect consciousness.

Generalized seizures – Tonic-clonic

The tonic phase
The person loses consciousness and, if standing, will fall to the floor. Their body goes stiff because all their muscles contract. The eyes roll back and they may cry out because the muscles contract, forcing air out of their lungs. The breathing pattern changes, so there is less oxygen than normal in the person's lungs; because of this, the blood circulating in their body is less oxygenated than usual; causing the skin, particularly around the mouth and under the finger nails to appear blue in colour. This is called cyanosis. The person may bite their tongue and the inside of their cheeks.

The clonic phase
After the tonic phase has passed, the clonic phase of the seizure begins. The person's limbs jerk because their muscles tighten and relax in turn. The person may occasionally lose control of their bladder and/or bowels. It is not possible to stop the seizure; no attempts should be made to control the person's movements, as this could cause injury to their limbs.

After a tonic-clonic seizure

After a short time, the person's muscles relax and their body goes limp. Slowly they will regain consciousness, but they may be groggy or confused. They will gradually return to normal but may not be able to remember anything for a while. It is usual to feel sleepy and have a headache and aching limbs. Recovery times can be different. Some people will quickly want to get back to what they were doing; other people will need a short sleep, whereas, some will need plenty of rest and will need to go home.

Post-ictal state

After a tonic-clonic seizure, some people may be very confused, tired or have memory loss. This is known as a post-ictal state.

Absence seizures (petit mal)

The person briefly loses consciousness (3-30 seconds); they may appear to be distracted or daydreaming and these seizures can occur up to 20 times a day; lasting only a few seconds. There may be a slight drop in muscle tone causing the person to drop something and there maybe frequent repetitive movements. In an undiagnosed child these are often mistaken for inattentiveness or daydreaming and their school work may deteriorate

Complex partial seizures

During these seizures, lasting 1-2 minutes, the person will have impaired consciousness and may do repetitive actions such as lip smacking, scratching, chewing, picking at clothing or rubbing an object. They are unable articulate their feelings. This may also be interpreted as inattentive behaviour. It is important not to restrain the person, as this may frighten them, but it is essential to keep them safe, by guiding them away from stairs or busy roads. When the seizure ends they may be confused and will require reassurance and monitoring until fully alert.

Triggers

Any of these may cause a seizure to occur:

- Excitement
- Tiredness
- Emotional stress
- Illness
- Fever
- Flickering lights

New pupils

When the pupil joins the school, the parents will complete a Confidential Medical Questionnaire and inform us that their daughter suffers from epilepsy. The School Nurse will request a copy of the existing individual care plan; where no exists the parents will be sent an individual care plan for completion. This will include details of any known triggers, the care to be given in the event of a prolonged seizure and the emergency treatment that will be needed. **Where emergency medication has been prescribed by a consultant neurologist, then the consultant must provide a complete and signed individual care plan for emergency medication to be administered in school.**

We keep a record of all the medical details of pupil's with epilepsy and keep parents updated with any issues which may affect the pupil. We ensure that at least one member of staff who is trained to administer emergency medication is in school during normal school hours. Advice about this condition is available to all staff. The pupil's name and photograph is included on The Special Medical Needs Poster; a copy of which is available in the Staff Room, Catering Office, Sports Office, EVC's office and in the online staff intranet. The staff will be informed of any special requirements, such as the most suitable position for the pupil to sit within the classroom.

The epilepsy procedure applies equally within the school and for any activities off the school premises that are organized by the school. A risk assessment will be carried out for educational visits involving the pupil. If the pupil, parent, or member of staff or the medical team have any concerns these will be addressed at a meeting prior to any off-site activity involving the pupil taking place.

Emergency Medication

Named emergency medication, when prescribed is kept in the locked medicines cupboard in the Medical Centre and at present can only be given by the School Nurse or School Doctor, when they are on site.

Emergency procedure to be followed in school

First aid for the pupil's seizure type will be included on their individual care plan. Staff will be advised on basic first aid procedures and the school has a team of qualified First Aiders.

There are several types of seizure but in most cases the sufferer falls to the ground and their body becomes rigid due to strong muscular contractions.

- Make sure the area is clear so that they don't hurt themselves
- If possible ease the pupil to the ground
- Do not move them unless they are in danger (top of stairs, by a road etc.)
- Stay calm; send for the School Nurse, giving the name of the pupil
- Note the time the seizure started
- Put something soft under their head (jacket or cushion) or gently cup their head with your hands to stop their head hitting the ground
- Get a responsible person to move other pupils away
- DO NOT put anything into their mouth, or restrain them – allow the seizure to happen

After the seizure

- Check their breathing
- Make sure that the airway is clear.
- If breathing, place in the recovery position
- Monitor and record vital signs: pulse, breathing rate and level of response
- Be prepared to commence cardiopulmonary resuscitation (CPR)
- Note the length of time of the seizure
- They may be confused and disorientated, so talk calmly and reassure the pupil
- The pupil may also have been incontinent, in which case cover them with a blanket to avoid potential embarrassment and preserve their dignity
- When recovered enough arrange for them to be taken by wheelchair to the Medical Centre to sleep
- The after effects may be: a bitten tongue, headache, aching limbs and exhaustion
- Inform the parents at the earliest opportunity

Call an ambulance (following the school procedure) if:

- It is the pupils first seizure
- If the seizure lasts for 5 or more minutes and they have not been prescribed emergency medication
- If the seizure lasted for 5 minutes or more and they have been given emergency medication
- They have trouble breathing after the seizure has stopped
- They have not regained consciousness after more than 10 minutes
- They have repeated seizures
- They may have sustained an injury

Appendix V – Wound Management Protocol & Procedure

WOUNDS

There are 4 categories of wounds:

Abrasions	A graze caused by friction, superficial and partial thickness
Cuts	A break in the skin caused by a sharp object e.g. knife, glass; easy to close
Lacerations	Caused by a blunt force; the skin has burst rather than been cut
Penetrating wounds	Usually unable to visualize the base. These wounds require examination in an Accident and Emergency Department. Cover wound with a temporary dry dressing and send pupil to hospital

- Minor wounds do not require referral to an Accident & Emergency department but may require further assessment in a Minor Injuries Unit (MIU).

Exclude complications

- Problems with exploration – excessive pain, unable to visualize all of the wound
- Cleaning or closure of the wound – unable to remove all of the debris/harmful debris e.g. glass and/or difficult shape of wound
- Concern about size or depth or site
- Mechanism: human bite, animal bite or extreme violence

Cleaning

This reduces the risk of complications after closure

- Place patient in a quiet place and appropriate position. Keep them comfortable and calm; maintain their dignity
- Use appropriate sterile field to protect patient, environment and yourself. Wear protective gloves and apron

Tap water	If drinking water is used there is no evidence to suggest that infection levels are increased. It is readily available and convenient for exploration and cleaning using tap pressure. Alternatively use boiled and cooled water. The infection rate remains 5---10% approximately (Fernandez and Griffiths 2007)
Saline – Sodium Chloride 0.9%w/vPh.Eur	Non-irritant, no antiseptic effect

Wound cleaning procedure

- Irrigate – using tap pressure

or

- 20/50ml syringe preferably with a 19 gauge needle to increase pressure; hold at a 45 degree angle to wound. Squirt water using pressure to remove debris
- Use a gloved finger to explore wound or a gauze swab.
- Irrigate until all debris is removed. Dry using gauze swab.

Steristrips	• Good for superficial wounds - cuts and lacerations • Painless, noninvasive • Excellent on frail skin. Can use tincture of Benz co as skin prep to help adhesion • Place steristrips 3mm apart • Place anchor strips either side of the wound

Dressings

Plasters	• Range of sizes • Short term solution • Use until bleeding has stopped • They do not allow the wound to breathe particularly well • Be aware of pupils with latex allergy
Mepitel	• Expensive • Range of sizes • Single layer can stay in place for up to 7 days • Dry dressing required on top can be changed without disturbing the wound

- Record all wound cleansing and dressings in daily diary along with pupil details and information about aftercare.
- Ensure appropriate aftercare advice is discussed and recorded and where appropriate parents informed
- Advise pupil when they should return for dressing check/change
- Check Tetanus status of pupil

If necessary, provide parents with written instructions of what they need to look out for (list below) and when they should seek further immediate medical advice:

1. **If an increase in pain, swelling and redness is evident**
2. **If any red lines are seen travelling away from the wound**
3. **If there is an offensive smell coming from the dressing**
4. **If the child develops a temperature or diarrhoea**

APPENDIX VI – Automatic External Defibrillator (AED) Procedure

What is an Automatic External Defibrillator (AED)?
An automated external defibrillator (AED) is a portable electronic device that automatically diagnoses potentially life threatening cardiac arrhythmias in an individual and is able to treat them through defibrillation. Defibrillation is the application of electrical therapy allowing the heart to re-establish an effective rhythm.

Overview:
In the UK approximately 30,000 people sustain cardiac arrest outside hospital each year. Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT). The scientific evidence is overwhelming; the delay from collapse to delivery of the first shock is the single most important determinant of survival. If defibrillation is delivered promptly, survival rates as high as 75% have been reported. The chances of successful defibrillation decline at a rate of about 10% with each minute of delay; basic life support will help to maintain a shockable rhythm, but is not a definitive treatment.
(Resuscitation Council (UK) – The use of Automated External Defibrillators – 2010).

Children:
The Reception AED contains pads which are suitable for an adult and **child aged 8 years and older. The Sports Hall AED contains both paediatric pads (for children aged 1 – 8) and adult pads, and the correct setting should be selected before use.**

Training:
AED trained staff also hold a First Aid qualification (see page 9 of the First Aid Policy for the current list).

Annual AED training is organized for staff in conjunction with First Aid Training by the member of the Senior Management Team in charge of training.

All those trained in the use of an AED should also receive a copy and familiarize themselves with the following document:

https://www.resus.org.uk/resuscitation-guidelines/

Reception staff will be trained in their role and responsibilities within this procedure.

Location of the AEDs:
Reception (on the left as you enter the building - in an eye level wall bracket). There is a green "Defibrillator" sign above the AED; AND
Sports Centre (opposite the doors to the Sports Hall - in an eye level wall bracket).

The AEDs are powered by a long life battery clearly displayed (**green** when the battery is fully charged, **red** when the battery is depleted).

The AEDs are checked weekly by the Premises Team. .

Emergency procedure to be followed in school

Anyone finding a collapsed individual should shout for help then:

1. **Call 999 and request an ambulance (following the school procedure)**

2. **Call the internal emergency number: 222**
   Please state the exact location of the casualty clearly

The Receptionist will:

1. **Alert the School Nurses via extension: 224/269 or on the Nurse Mobile: 07981 765 133**

2. **Alert the AED trained First Aiders**
   After school hours they will alert the AED trained First Aider on duty

3. **Send a runner to take the Reception AED to the location of the casualty**

4. **Inform security to be ready to open the gates and direct the ambulance**

5. **Check that all the above has been carried out and that an ambulance has been dispatched!**

- **The School Nurse and First Aider/s will make their way immediately to the casualty**

- **CPR will be started as soon as it is established that the casualty is unresponsive and not breathing normally by the first trained person on the scene. The AED machine will be connected to the casualty as soon as it arrives. See Resuscitation Council AED algorithm on the following page:**

- **Any First Aiders not directly involved with CPR will assist with:**

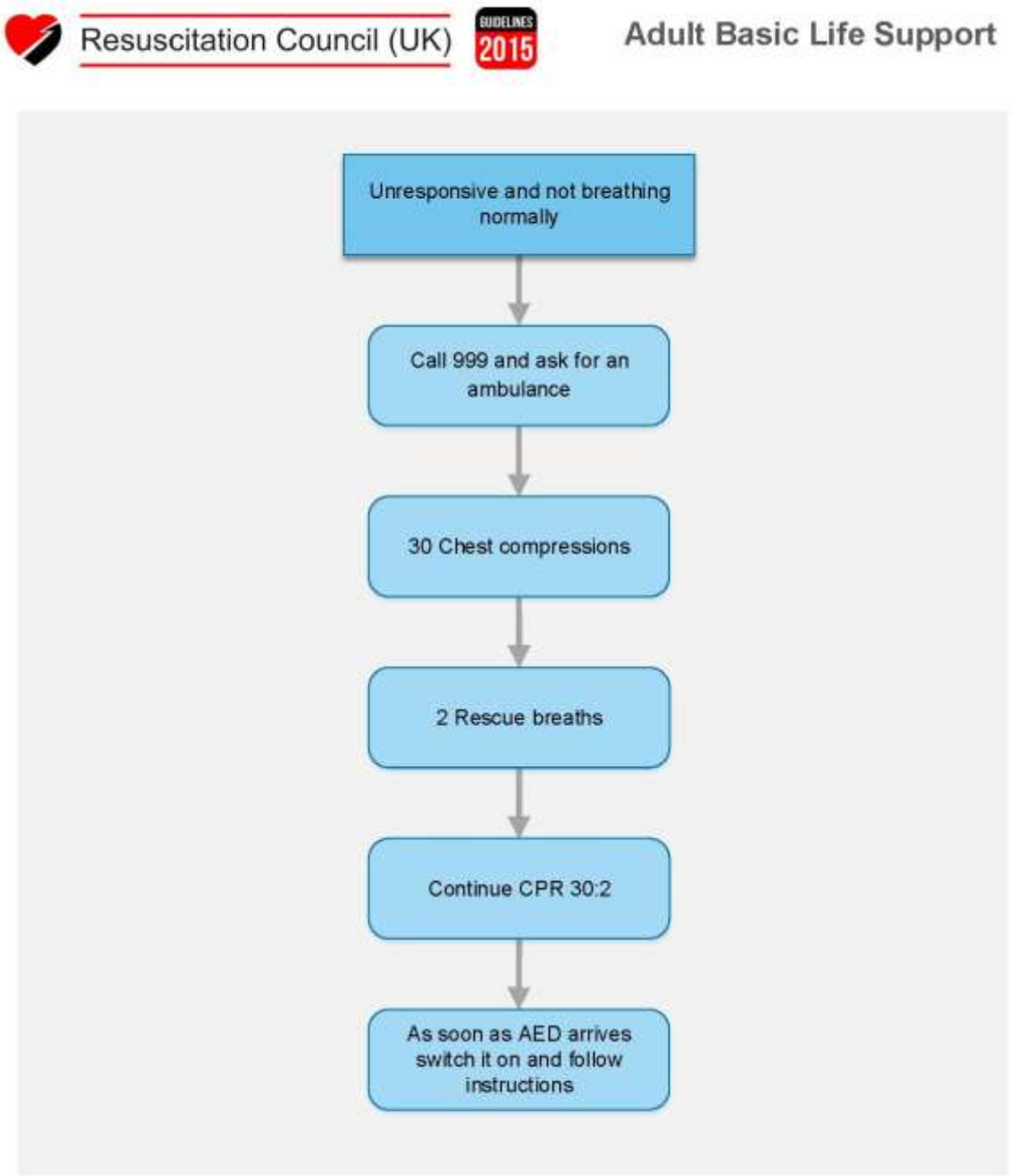
1. **The safety of the casualty**
2. **Moving away any bystanders**
3. **Being ready to take over CPR if the other First Aiders become tired**
4. **Organise for someone to meet the ambulance crew and direct them to the location of the casualty as quickly as possible**

The School Nurse or a member of the Senior Team will lead the identification of the casualty and will be responsible for contacting the next of kin as soon the situation allows

In the unlikely absence of a trained individual, and where a delay would occur, the AED can be operated by an untrained individual and they should not be precluded from using the AED (Resuscitation Council Guidelines 2010).

After the critical incident has been dealt with:

- An incident report will be completed irrespective of whether the AED was used or not
- Any equipment used will be replaced
- If used, then Cardiac Science will be contacted so that a print-out can be produced and kept with the Medical Records
- The AED will be checked, restocked and returned to reception
- Following the critical incident the School Nurses, School Doctor and the member of the Senior Management Team in charge of first aid training will arrange a debriefing session for the staff involved; to highlight any concerns that may have arisen and to make amendments to the AED procedure if necessary
- An event report form will be completed and returned to the Resuscitation Council (UK) by the School Nurses


Resuscitation Council (UK)
GUIDELINES 2015
Adult Basic Life Support
Unresponsive and not breathing normally
Call 999 and ask for an ambulance
30 Chest compressions
2 Rescue breaths
Continue CPR 30:2
As soon as AED arrives switch it on and follow instructions