Godolphin & Latymer

First Aid Policy

Reviewer: MH May 2026
Approved by: HSRM Committee June 2027

Next review by: June 2027

The Godolphin and Latymer School First Aid Policy

Contents: Page No.

Appendices:

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 for employees. The School extends this provision to pupils, visitors and contractors in accordance with HSE guidance and its duty of care. 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 they are 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 prompt and effective first aid can be administered at all 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 an obligation to provide First Aid; however, all staff have a duty of care to act in an emergency and may volunteer to undertake First Aid duties. The School must ensure that there are sufficiently trained staff to meet the statutory requirements and assessed needs.

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2. Emergency Procedures

2.1. Ambulance

2.1.1. If the first member of staff present at an incident assesses that an ambulance is required, they must call 999 immediately without delay and must not wait for the School Nurse or a First Aider to arrive. If necessary, the School Nurse or a First Aider should be summoned (see 2.3 below).

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;
- an obvious open fracture or dislocation, or
- where there is any doubt about the severity of the condition.

2.1.3. Whenever possible, an adult should remain with the casualty until help arrives and other staff can be called upon to assist, including managing the surrounding area and supervising other pupils.

2.1.4. If an ambulance is called, the receptionist should be notified immediately in order to alert Security and the Premises Team to open the relevant gates and direct the ambulance crew to the casualty's location. See also the Advice for Requesting an 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 where appropriate.

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 seek a teacher's permission to leave the lesson and they should, if necessary, be accompanied by a responsible friend.

2.2.2. Any pupil who suffers a blow or impact to the head must be sent to the Medical Centre immediately, accompanied by a member of staff or 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 they 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 Nurse can be contacted between 8am and 4pm via the School Nurses' mobile number 07981 765133. The number is displayed on each phone in the school and is 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 inform parents either in writing or by telephone.

2.4.3. Following a blow or impact to the head, parents will be notified and provided with head injury advice.

3. Responsibility under the policy

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

3.1.1. putting the policy into practice and 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 the organisation of qualified staff training programmes and equipment.

3.2. The **Deputy Head (Pastoral)** 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 First Aid provision within the School.

3.3. The **Assistant Head: Staff Development and Wellbeing** 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 list of qualified First Aiders is kept at Reception and displayed in other relevant places around the school and that 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, are responsible for:

3.4.1. assessing the First Aid needs throughout the school;

3.4.2. advising the Deputy Head (Pastoral) on First Aid matters;

3.4.3. providing First Aid cover during normal school hours;

3.4.4. maintaining accurate records of all first aid and treatment provided 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. stocking the off-site PE First Aid kits at the beginning of each term and providing supplies to the PE department for ongoing re-stocking;

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 Medical 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 **Head of Legal and Compliance** acts as the Schools **Educational Visits Coordinator.** In this role and in consultation with the Assistant Head responsible for educational visits, they are responsible for ensuring that appropriate arrangements are in place for school visits, including health, safety and first aid provision.

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.

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

3.8.1. liaising with the School Nurse before the visit or off-site activity 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;

3.8.2. checking that any pupil prescribed an AAI for anaphylaxis has their kit containing two AAI's, antihistamines and care plan before leaving site and that any pupil who needs an inhaler for asthma is carrying their inhaler (the School Nurse can provide spare generic inhalers in case the pupil's own is forgotten/missing);

3.8.3. ensuring that any other instruction provided by the School Nurse with regard to the medical needs of pupils during the visit/off-site activity is followed.

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 they are expected to take appropriate action in an emergency in line with this policy and their duty of care.

4. Provision of First Aid personnel

4.1. The School has a well-equipped Medical Centre which is staffed during school hours five days per week, with two School Nurses, each working four days per week. 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 a School Nurse is absent, the School will ensure that adequate first aid provision is maintained through appropriately trained First Aiders. For longer absences, a replacement or agency School Nurse will be arranged.

4.3. If the School Nurses have to leave the school site for any reason during school hours, Reception is informed and a notice is displayed on the door of the Medical Centre. Staff are informed of the School Nurses' 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 4.00pm), the School ensures that there are at least three First Aiders trained in First Aid at Work (FAW) on duty and contactable by mobile phone. These will usually be one or both of the School Nurses, the Head of Premises (or their deputy) and a member of School Office staff. 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 (7.00am to 8.30am and 4.00pm to 7.00pm), the School ensures that there are at least two First Aiders trained in FAW on duty and contactable by mobile phone if necessary. These will usually be the Head of Premises (or their deputy) and another member of the Premises Team.

4.6. For events held outside normal school opening hours, the event organiser must ensure that a qualified First Aider (Emergency First at Work) is available and the name of the First Aider on duty is displayed in Reception. In school holidays the Premises Manager (or their deputy) will be the First Aider trained in 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 the locations of eye wash stations, is listed in Schedule 1 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 must be taken to all off-site activities and visits. The School Nurses will provide these kits and the Group Leader should liaise with the School Nurse in advance in accordance with the School's Educational Visits Policy. Group Leaders should advise the School Nurse of any activities which might require additional or specialist 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 minibus.

5.2. The Nurses are responsible for checking and restocking First Aid kits, Emergency Asthma kits and Emergency Spare Adrenaline Auto-Injectors (AAI), and staff must inform the School Nurses immediately when items have been used so that they can be replaced as 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 located 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: pupils are required to carry their own kit containing two AAIs, antihistamines and care plan at all times.

5.5. Location of Emergency Spare Adrenaline Auto-Injectors: these are kept in the Medical Centre; Pupils' 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 device is not available or is damaged and cannot be used.

5.6. Location of Emergency Asthma Kits: these are kept in the Medical Centre, reception, the Sports Hall Corridor and in five 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 and whose parents/guardians have given consent via the confidential medical questionnaire on entry to the school.

6. Information

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

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

- the location of the Medical Centre;
- the names of the School Nurses;
- how to contact the School Nurse in an emergency;
- the procedure for dealing with an emergency in the School Nurses' absence;

- where to access the list 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 Assistant Head: Staff Development and Wellbeing. A list of staff trained in First Aid, and their level of qualification, 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 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 four hours First Aid training (valid for three years) and is competent to give emergency first aid until further qualified help arrives.

7.4. All new staff are given anaphylaxis training, and annual updates are run during the first half of the Autumn Term during departmental meetings. Additional training for other medical conditions, for example, Asthma, diabetes and epilepsy is provided by the School Nurse, or an appropriate specialist nurse as 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 Automatic External Defibrillator (AED) procedure

8. Reporting and Record Keeping

8.1. Every accident which occurs in school or during activities (including off-site activities), whether to pupils, staff or visitors, must be reported using the online Accident Report form (available on school-issued devices or via the Staff Handbook).

8.2. If a pupil is involved in an accident, the member of staff responsible for the lesson or activity at the time must complete the accident report, or, where this is not possible, the member of staff first on the scene must do so. If the accident took place outside lesson time, the report must be made by the member of staff first on the scene.

8.3. All accidents must be reported using the online Accident Report system. Where a pupil is involved, if the pupil is assessed or treated by the School Nurse, the School Nurse will record the details on the pupil's iSAMS medical record and update the report where necessary. For accidents involving staff, the online Accident Report is submitted by staff, reviewed and signed off by the Deputy Head, shared with HR, and a copy is retained on the member of staff's personnel file. For accidents involving staff, the online Accident Report is shared with HR, and a copy is retained on the member of staff's personnel file.

8.4. The Bursar will determine whether an accident or incident requires further investigation to identify the root causes and prevent a recurrence, or for disciplinary or insurance purposes. All accidents or incidents that are reportable under RIDDOR (see below) must be investigated and a record of the investigation must be retained. In the absence of the

Bursar, the Head of Legal and Compliance will assume responsibility.

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 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 organised (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 8.30am to 5.00pm).

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

9. Hygiene procedures when dealing with a spillage of bodily fluids (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 bodily fluids and when disposing of dressings or equipment.

9.2. The First Aider attending must 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 or other bodily fluids.

9.3. Each First Aid kit contains gloves and a yellow clinical waste bag for the disposal of any items used during treatment. These 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 must call 251 and the Premises Team will attend to clean the area. Staff must not attempt to clean the area as this requires specialist training and treatment with appropriate specialist equipment and cleaning products.

10. Review and Monitoring of First Aid Provision

10.1. First Aid arrangements, including the contents of this policy, are reviewed annually to ensure that the provision is adequate and effective. This review is carried out by the School Nurses, in consultation with the Health and Safety Committee where appropriate, Deputy Head (Pastoral) and the Bursar.

10.2. An annual review of training provision is carried out by the Assistant Head: Staff Development and Wellbeing.

11. 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)	Groundman'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)
Minibus	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 to the left of the main door to courtyard.	School Office (hanging to left of door)
School Keeper's Shed (on wall on left hand side)	Sports Hall (main corridor)
6th Form Corridor	Staff Dining Room (box on wall)
	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). Dark room, first floor and second floor of science block, on staircase next to FAK.

- **Location of Emergency Asthma Kits:** Medical Centre. e Reception, pupils dining room, next to lift., Sports Hall Corridor.

- **Location of Emergency Spare Adrenaline Auto-Injectors**: Medical Centre, Pupils' 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.

12. Appendix I – Severe allergic reaction – Anaphylaxis

What is an allergic reaction?

Allergic reactions are caused by the sudden release of chemicals, including histamine, from cells in the body. The release is triggered by the reaction between the immune system antibodies (called Immunoglobulin E or IgE) and the food or substance (known as an allergen) it has been exposed to.

What is anaphylaxis?

Anaphylaxis (pronounced ana-fil-ax-is) is a serious and often sudden allergic reaction, requiring emergency treatment.

Any allergic reaction, including anaphylaxis, occurs when the body's immune system wrongly identifies a food or substance as a threat.

Reactions usually begin within minutes and rapidly progress but can occur up to 2-3 hours later.

Mild to moderate symptoms may include:

- a red raised itchy rash (known as hives or urticaria) anywhere on the body
- swelling of the face, lips and/or eyes
- a tingling or itchy feeling in the mouth
- mild throat tightness
- stomach pain, vomiting or diarrhoea

These symptoms can also happen on their own. If you don't have the ABC (Airway/Breathing/Circulation) symptoms, the reaction is likely to be less serious and is not the same as anaphylaxis but watch carefully in case ABC symptoms develop.

These mild to moderate symptoms can be treated initially with antihistamine such as Piriton.

Symptoms of anaphylaxis – severe reaction:

If someone is experiencing any of the following symptoms, it should be treated as a medical emergency:

- → **AIRWAY**– swelling in the throat, tongue or upper airways, hoarse voice, difficulty swallowing
- → **BREATHING**– sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough
- → **CIRCULATION**– dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness or collapse.

In the event of a serious allergic reaction, it's crucial to act quickly and follow these steps:

- Anaphylaxis can develop very quickly. As soon as you suspect anaphylaxis you must act *without delay*.
- Pupils with severe allergies are required to carry their Adrenaline Auto-Injector such as Epipen (there are other brands but this is the most popular and the brand which the school hold as Emergency AAI) or Nasal adrenaline spray such as EURneffy.
- The medicine should be on the person, in their bag or coat, if not use the Emergency Anaphylaxis Kit - which are located at Reception, Pupil Servery or Medical Centre.
- If you come across a severe allergic reaction and there is no medication available, it may be that they have left if somewhere else or never been diagnosed and this is the first time they have reacted – in which case the spare emergency medication at school can be administered.
- In a life-threatening emergency like severe anaphylaxis, anyone is legally allowed to administer adrenaline, even without formal medical training.
- Do not waste time waiting for the School Nurse to arrive, administer the first dose of adrenaline as quickly as possible.
- Instructions for both devices are shown below and instructions are always on the individual device.
- Do not hesitate as adrenaline is a safe medicine and will not cause harm even if given in error.
- Adrenaline acts quickly to reverse the symptoms of anaphylaxis. It opens up the airways by reducing swelling and raises blood pressure.
- It needs to be given as soon as possible when there are any signs of a serious allergic reaction. Serious symptoms are easier to reverse when they're treated early.

Administration:

- If the person is conscious, lie them flat with their legs raised to assist in blood flow to the heart and vital organs.
- If they're having difficulty breathing, they can be propped up with legs stretched out straight.
- Follow instructions on the device making a note of the time you give the first dose.
- **Call 999 -** Give your exact location – school postcode (W6 0PG).
- If symptoms don't improve after **five minutes**, or symptoms get worse, **give a second dose**.
- Tell the operator it is "anaphylaxis" (ana-fil-ax-is).

After Administration:

- Even after the medication has been administered the casualty will be required to attend hospital, even if they improve, to monitor the effects of the adrenaline and ensure there is no repeat reaction.
- Do not move casualty - movement can make symptoms worse and cause a sudden drop in blood pressure.
- Stay with them until emergency services arrive and keep monitoring the casualty's condition carefully and be prepared to commence CPR if necessary.
- It is advisable to also send for the Defibrillator also.

- Hand the medications used to the ambulance crew for safe disposal.

Important notes:

- If the allergen is food and the casualty is conscious encourage them to drink some water and rinse and spit out – but to avoid swallowing. This is to remove any food substance which may be stuck in the gums and can cause a repeat reaction.
- Never induce vomiting.
- If the allergy has been caused by an insect sting, remove the stinger – do not pinch or try to remove by hand but swipe it off with – a plastic card like a bank card is very effective.

First episode - where a pupil has no previous history of anaphylaxis or allergy reaction

The School Nurse should be contacted without delay if the episode occurs in school. If they are 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 the School of their child's allergy on the Confidential Medical Questionnaire Form that they complete when their child joins Godolphin and Latymer. If the condition develops later, the parents must notify the School as soon as possible.
- The School Nurse will discuss with parents the specific arrangements for their child.
- Parents must ensure that their child understands the management of their own allergy, including avoiding trigger substances and how and when to alert a member of staff.
- Parents must ensure that their child is able to self-administer an Adrenaline Auto Injector by the prescribing doctor or specialist allergy nurse and that this is regularly reviewed.
- Pupils must carry two Adrenaline Auto Injectors and any other emergency medication required with them at all times.
- Parents must provide the two Adrenaline Auto Injectors, along with any antihistamine or other medication that may be required. These are to be kept in a named yellow emergency kit with photo ID, in the pupil's school bag. The emergency medical kit must also contain the pupil's 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, parents may be required to provide their child 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 staff intranet.

A pupil must carry their Adrenaline Auto Injectors with her at all times in school, together with any other prescribed emergency medication, Training

- All new members of staff are trained in anaphylaxis. This training is updated annually during staff departmental meetings in the first half of the autumn term.
- Additional updates may also be required when protocols and guidelines are revised.
- Specific training can be given on individual pupils as and when the need arises.
- Training 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 must 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 and individual needs.
- A letter for the airline will need to be requested from the Medical Centre and signed by the School Nurses (BSACI form), where applicable.
- Following any anaphylactic episode, relevant staff must review the incident to assess how the emergency procedure was implemented and identify any improvements required. The procedure must be amended where necessary.

13. Appendix II – Asthma

Godolphin and Latymer School recognises 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 in the UK and is one of the most common causes of absence from school and the most frequent medical condition that requires medication to be taken during the school day.

Asthma can vary in severity and presentation between individuals 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, causing them to be narrow, 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 make it difficult to breathe and lead 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 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:

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

New pupils

- Parents must inform the School of their child's asthma on the Confidential Medical Questionnaire Form they complete when the pupil joins Godolphin and Latymer. If the

condition develops later, parents must notify the School as soon as possible.

- The School Nurse will discuss with parents the specific arrangements for their child, and parents will be asked to provide a copy of their child's current Asthma Action Plan.
- A pupil with asthma must carry their inhaler with them 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, 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 Medical Centre.
- A named photograph of any pupils with asthma is displayed on the Pupil Asthma List in the Staff Room, Catering Office and 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 familiarise 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 lesson begins and during it if needed.
- Specific arrangements must 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, wheezing may not be present.

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/guardians must always be informed if their child has had an asthma attack, that required Medical Centre attendance.

Asthma: 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 available)
- If the pupil's inhaler is not available the member of staff must access the nearest Emergency Asthma Kit which contains a reliever inhaler and spacer (available in the Medical Centre, Reception, the Servery and outside the Sports Hall. Inhalers are also stocked in designated 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 immediately 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
- There is any doubt about the pupil's condition.

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**

14. Appendix III – Diabetes

Godolphin and Latymer supports pupils attending the school with type 1 diabetes and recognises 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, medical team and school staff is essential.

New pupils

When the pupil joins the school, the parents will complete a Confidential Medical Questionnaire informing the School that their child 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. The plan will include details of the management of 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 child 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 child at the centre of everything is essential. Collaborative working between healthcare professionals, school staff and the pupil's family support the day to day management of diabetes, including monitoring of the condition, diet, physical activity and the pupil's wellbeing.

A copy of the individual care plan will be kept in the Medical Centre and 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 pupils' name and photograph will be included on the Special Medical Needs Poster which is displayed in the Staff Room, Sports Office and the staff intranet.

Daily management when in school.

Each diabetic pupil will have an individual healthcare plan, which details exactly what their daily needs are and who will help them.

This should be followed at all times.

The school nurse is always available to support the pupil and there are facilities available in the Medical Centre for the safe disposal of needles.

The need for regular eating times is recognised by the school and appropriate arrangements will be made. Clinical management of diabetes remains the responsibility of the pupil's consultant or 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 it occurs. The School will endeavor to invite the new pupil's DSN to a meeting at the school prior to the pupil joining.

Day visits

The pupil will need to carry their insulin and blood glucose testing kit and snacks as usual and must plan for the possibility of a delayed return. Staff will be informed of the necessary precautions and emergency procedures. Staff must 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. Staff must 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. A risk assessment will be carried out and a meeting between the parents and School Nurses will take place. The teacher organising the visit must ensure that there is refrigerated storage for the insulin. The pupil must be confident in managing their diabetes, including dosage administration, monitoring control and adjustment where 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, signed by their specialist nurse or consultant. In the event of loss or damage to the insulin, parents should provide additional medication. Where this is not possible, the Group Leader must 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 their diabetes independently, then the need 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 of 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 meaning that 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 their 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 on the thighs, abdomen or upper arms. It helps maintain a more stable blood glucose level and as it is easy to vary the dose, gives pupils more flexibility with diet and activity. The insulin levels are monitored via a Personal Diabetes Manager (PDM) device which looks like a mobile phone.
- 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.

General points

- No diabetic pupil will be allowed to leave the classroom alone or be left unattended if unwell and will always be accompanied to the Medical Centre.
- A diabetic pupil may be able to check their blood glucose and eat a snack in class as necessary without needing prior permission from the teacher
- Privacy for blood glucose testing will always be available in the Medical Centre.
- Pupils may wear a Continuous Glucose Monitoring (CGM) device. The glucose readings are tracked on the pupils mobile phone. Parents can also follow the blood sugars.
- During school exams pupils will be given extra time to check blood glucose and eat a snack as required. The clock will only be restarted once the pupil's blood glucose has returned to normal limits.
- Diabetic pupils will be allowed to have their phones at all times and will never have them confiscated, as they are needed to monitor blood glucose.

Spare Glucometer

A spare glucometer is kept in the diabetic cupboard in the Medical Centre. It is checked regularly and is available for use by any diabetic pupil.

Diabetes: 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 they are on site, or in their absence, a qualified First Aider

If the pupil is conscious:

- If possible, ask the pupil to check their blood glucose
- Give orange juice or three glucose tablets (the pupil will carry their own; additional supplies such 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, call 999 and request an ambulance

If the pupil is unconscious:

- Place the pupil in the recovery position
- Call 999 immediately and request an ambulance, stating "unconscious pupil with diabetes"
- Ensure parents are contacted as soon as possible
- Only the School Nurse 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)
- Do not give the pupil anything to eat or drink
- Ensure parents are 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 following treatment advice

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:

- The pupil 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 immediately 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 may indicate diabetic ketoacidosis (DKA), which for a diabetic is a medical emergency; with an uncontrollable downward spiral without urgent medical attention

15. Appendix IV – Epilepsy

Godolphin and Latymer School recognises 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 pupil 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 experienced 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 those that affect just one part of the brain, are known as **focal onset** seizures. Generalized seizures usually result in a loss of consciousness, which may last seconds or several minutes. Focal seizures only partially affect consciousness.

Some of the main types of seizures are:

- Generalised (Tonic clonic)
- Absence
- Focal impaired awareness
- Focal aware

<u>Generalised seizures – tonic-clonic</u>

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 fingernails 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 - 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 and usually last 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 episodes are often mistaken for inattentiveness or daydreaming and their school work may deteriorate.

Seizures are also described depending on a person's level of awareness during their seizures (whether or not they are aware of the seizure and what is happening around them). These seizures are known as focal aware seizures or focal impaired awareness seizures.

Focal impaired awareness seizures (previously called complex partial seizures)

Some focal seizures involve movements (motor symptoms) and some involve unusual feelings or sensations (non-motor symptoms).

Motor symptoms can include:

- Making lip smacking or chewing movements
- Repeatedly picking up objects or pulling at clothes
- Suddenly losing muscle tone or suddenly becoming stiff
- Repetitive jerking movements on one or both sides of the body
- Making a loud cry or scream
- Making strange postures or repetitive movements

Non-motor symptoms can include:

- Changes or a "rising" feeling in the stomach or déjà vu
- Unusual smell or taste
- Sudden intense feeling of fear or joy
- A feeling of numbness or tingling
- Visual disturbances such as coloured or flashing lights or hallucinations

They are unable to articulate their feelings. This may also be interpreted as inattentive behaviour. It is important not to restrain the person, as this may frighten them. However, it is essential to keep them safe, by guiding them away from hazards such as stairs or busy roads. When the seizure ends, they may be confused and will require reassurance and monitoring until fully alert.

Focal aware seizures (previously called simple partial seizures)

In focal aware seizures (FAS) the person is conscious and will usually know that something is happening and will remember the seizure afterwards.

The person may feel "strange" but unable to describe the feeling afterwards. This may be upsetting or frustrating for them and they may feel confused.

Sometimes a focal onset seizure can spread to both sides of the brain (known as a focal to bilateral tonic-clonic seizure). The focal onset seizure is then a warning (sometimes called an "aura") that

another seizure will happen.

Triggers

The following may trigger a seizure:

- 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 child suffers from epilepsy.

The School Nurse will request a copy of the existing individual care plan; where none exists, 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 required. **Where emergency medication has been prescribed by a consultant neurologist, then the consultant must provide a completed and signed individual care plan for emergency medication to be administered in school.**

The School keeps a record of all the medical details relating to pupils with epilepsy and keep parents informed of any issues affecting the pupil. The School ensures 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, Sports Office and on the staff intranet. Staff are 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 organised 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 cupboard in Nurses Room 2. The key is left in the cabinet as it is emergency medication. Medication can be administered by any member of staff that has been trained to give it.

Epilepsy: 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; however, in many cases, the pupil may fall to the ground and their body becomes rigid due to strong muscular contractions.

During a seizure

- Make sure the area is clear to reduce the risk of injury
- If possible, ease the pupil to the ground
- Do not move the pupil unless they are in immediate danger (e.g. 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 the pupil 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
- The pupil 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 sufficiently recovered, arrange for the pupil to be taken by wheelchair to the Medical Centre for further monitoring and rest
- After effects may include a bitten tongue, headache, aching limbs and exhaustion
- Inform the parents at the earliest opportunity

Call 999 immediately (following the school procedure) if:

- it is the pupils first known seizure
- the seizure lasts for 5 minutes or longer and they have not been prescribed emergency medication
- If the seizure lasted for 5 minutes or longer and emergency medication has been administered
- the pupil has trouble breathing after the seizure has stopped
- the pupil has not regained consciousness after 10 minutes
- the pupil has repeated seizures
- there is any concern about the pupil's condition or further assistance is required
-

16. Appendix V – Automatic External Defibrillator (AED) Procedure

What is an Automatic External Defibrillator (AED)?

An automated external defibrillator (AED) is a portable electronic device that can automatically diagnose 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 experience out-of-hospital cardiac arrest each year. Early defibrillation is recognised as the most effective treatment for cardiac arrest caused by ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT). The time between collapse and delivery of the first shock is a critical determinant of survival. Survival rates decrease significantly with each minute of delay. Basic life support can help maintain a shockable rhythm but is not a definitive treatment. (Resuscitation Council UK – Adult Basic Life Support Guidelines, 2021).

AED: Suitability for Adults and Children

The Reception AED is suitable for use on both adults and children. The same set of pads is used, and the device will provide appropriate instructions for use.

Training:

- Staff trained in the use of an AED also hold a First Aid qualification.

Annual AED training is organised for staff alongside First Aid Training by the member of the Senior Management Team responsible for training. All those trained in the use of an AED should also receive a copy and familiarise themselves with the following guidance:

- **Adult Resuscitation Guideline**s: https://www.resus.org.uk/sites/default/files/2021-04/Adult%20Basic%20Life%20Support%20Algorithm%202021.pdf
- **Pediatric Resuscitation Guideline**s: https://www.resus.org.uk/sites/default/files/2021-04/Paediatric%20Basic%20Life%20Support%20Algorithm%202021_0.pdf

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).** Unlocked cabinet with a green defibrillator sign on it.

- **Sports Centre (opposite the doors to the Sports Hall).** Unlocked cabinet with a green defibrillator sign on it. 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.

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 prevented from using the AED (Resuscitation Council Guidelines 2025).

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 the AED has been used, 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 incident, the School Nurses, and the member of the Senior Management Team responsible for first aid training, will arrange a debriefing session for the staff involved to identify any concerns that may have arisen and to make amendments to the AED procedure if necessary

AED: Emergency procedure to be followed in school

Anyone finding a collapsed individual should shout for help then:

1. **Call 999 immediately 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!**

School Nurse / First Aider(s)

1. **The School Nurse and First Aider(s) will make their way immediately to the casualty**
2. **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:**
3. **Any First Aiders not directly involved with CPR will assist with:**
   - **Ensuring the safety of the casualty**
   - **Moving away any bystanders**
   - **Being ready to take over CPR if the other First Aiders become tired**
   - **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 take responsibility for identifying the casualty and for contacting the next of kin as soon the situation allows.

Resuscitation Council UK

GUIDELINES 2025

Adult basic life support in community settings