



# First Aid Policy

Draft Policy implemented since Sept 14

Updated policy reviewed & ratified by BOG 17/12/17

Reviewed April 2019 and Ratified 3<sup>rd</sup> May 2019

The Principal and Board of Governors of **St Clare's Abbey** accept their responsibility under the Health and Safety (First Aid) Regulations (Northern Ireland) 1982 and acknowledge the importance of providing First Aid for employees, children and visitors within the School.

The staff of **St Clare's Abbey** recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 and agree to abide by the EA procedure for reporting accidents.

Signed\_\_\_\_\_

(Principal)

Date\_\_\_\_\_

Signed\_\_\_\_\_

(Chairperson of Board of Governors)

## **Introduction**

*'First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill'*(The Joint First Aid Manual 8<sup>th</sup> Edition). Staff administering First Aid should seek to assess the situation, protect themselves and the casualty from further danger, deal with any life threatening condition and where necessary obtain medical assistance or refer the casualty to hospital as quickly as possible.

## **Statement of First Aid Provision**

The School's arrangements for providing First Aid will: -

- Place a duty on the Principal and Board of Governors to approve, implement and review the First Aid policy;
- Place individual duties on all employees;
- Report and record accidents;
- Record all occasions when First Aid is administered to employees, pupils and visitors.
- Provide equipment and materials in order to facilitate First Aid treatment;
- Make arrangements with EA to provide First Aid training to employees, maintain records of training and review annually;
- Establish a procedure for managing accidents in school which require First Aid treatment;
- Provide information to employees on the arrangements for First Aid;
- Undertake a risk assessment of the First Aid requirements of the School and review on a regular basis;
- Use the information from the risk assessment of First Aid to determine the number and level of trained staff and also any additional requirements (eg specialised training for children with particular medical needs);
- Notify parent/guardian that first aid treatment was given to the child.

### **Information on First Aid Arrangements**

The Principal will inform all employees at the school of the following: -

- The arrangements for recording and reporting of accidents;
- The arrangements for First Aid;
- Those employees who are qualified First Aiders;
- The location of the First Aid Kits.

In addition, the Principal will ensure that signs are displayed throughout the School providing the following information: -

- The names of employees with First Aid qualifications (First Aid Room);
- Location of the First Aid Kits.

All members of staff will be made aware of the School's First Aid policy. No member of staff should attempt to give First Aid unless they have been trained.

### **Arrangements for administering First Aid**

#### **1: Staff- The School First Aider(s) are:**

- Mrs Doyle
- Mrs Cunningham
- Mrs Mc Cartan
- Mrs Mulholland
- Miss Duffy,
- Miss Rocks,
- Mrs Mc Keown
- Mrs Mc Parland
- Mr Digney
- Mr Byrne
- (All the above have had First Aid Training organised by the Education Authority)
- Mrs Mc Ardle is also First Aid Trained and her training has been provided by St John's Ambulance.

During class time and in order to minimise disruption the four classroom assistants highlighted are assigned to specific year groups:

- **Mrs Doyle- Nursery, P1 & P2**
- **Mrs Mulholland - P 3 & ECPD**
- **Mrs Cunningham- P4 & P5**
- **Mrs Mc Cartan - P6 & P7**

In their absence Miss Duffy, Miss Rocks, Mrs Mc Keown, Mr Digney, Mr Byrne & Mrs Mc Parland (Trained in First Aid) should be contacted; however, each adult needs to be able to deal with minor injuries. If in doubt about the seriousness of an accident, assistance should be sought from a trained First Aide who will report to Mr Sweeney or Mrs Monaghan or a member of SLT. A rota will exist to ensure that there is a designated First Aide on duty during lunch and break time. Should a First Aide be required after school the school secretary will contact the first available First Aide. There should always be at least two members of staff who are trained first aides on the school Campus during Class Time.

## **2: Materials and Facilities-**

The location of the First Aid Kits in the School are: -

- **First Aid Centre off main foyer**
- **First Aid Centre on Foundation stage corridor**
- **First Aid Centre on first floor**

Only items listed in the Health & Safety Manual will be used for administering first aid and as such a standard First Aid Kit will contain the following items:

- 20 individually wrapped sterile adhesive dressings assorted sizes
- 4 triangular bandages
- 2 sterile eye pads
- 6 safety pins
- 6 medium wound dressings
- 2 large wound dressings

- 3 extra large wound dressings
- 1 pair of disposable gloves

The contents of the Kits will be checked on a regular basis by **Mrs Doyle & Mrs Mc Cartan**. Essential first aid books are also available in the medical room and a Basic Advice on First Aid leaflet.

Twice Termly First Aid Meetings are held to keep First Aides informed of new developments and to practise use of the defibrillator and EpiPen.

### **3: Procedures-**

In the event of illness or an accident;

- In the event of a child being ill or claiming to be ill they should report to the designated First Aide for their year group or whichever First Aide is on duty during break time.
- Under no circumstances should a child be kept in the classroom if they have reported/complained of feeling unwell or have injured themselves.
- In the event of an accident an assessment of the child's injuries should be made by the supervising adult.
- If the child is able to walk they should be taken to the First Aid station or classroom in which a First Aide is working for treatment. Depending on the severity of the injury, another child can accompany the injured child, unless adult accompaniment is deemed necessary.
- If the child is able to stand but finds walking difficult, the child should be assisted to the First Aid Station by the supervising adult. Weight should not be put on the injured limb. If necessary assistance should be sought.
- If the supervising adult deems the injury severe and the child is unable to move assistance must be sent for immediately.
- If in doubt send for assistance.
- **Emergencies**

If serious injury, or ill-health, occurs at work **DO NOT DELAY - CALL AN AMBULANCE IMMEDIATELY** via office or if engaged staff member's mobile. Give your name, location address and as much detail as possible about the injury/ill person.

Medical Records are contained in the First Aid Room for children who are on School Medical List.

### **Accidents involving bumps to a Pupil's head**

Bumps to the head, however slight, should always be reported to parents. If deemed severe, parents will be contacted immediately and asked to collect their child.

### **Transport to hospital or home**

Parents must be contacted, if possible, before a hospital consultation is sought, but the "in loco parenti" rule will be adopted if a child is in pain or danger and parents/ guardians cannot be contacted. Contact numbers for parents should be kept as up to date as possible through the annual updating of the school's emergency contact forms. It is the parents' responsibility to notify the school of a change of contact number.

The Principal/ Vice Principal will determine the appropriate action to be taken in each case. Where the injury requires urgent medical attention an ambulance will be called and the pupil's parent or guardian will be notified. If hospital treatment is required, then the pupil's parent/guardian will be called for them to take over responsibility. If no contact can be made with parent/guardian or other designated emergency contacts, then the Principal may decide to transport the pupil to the hospital.

Where the Principal makes arrangements for transporting a child then the following points will be adhered to: -

- Only staff cars insured to cover such transportation will be used;
- No individual member of staff will be alone with the pupil in a vehicle;
- A second member of staff will be present to provide supervision of the injured pupil.

## **School trips**

It is good practice for schools to encourage pupils with medical needs to participate in school trips, wherever safety permits. Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, the child's parent must be in attendance. At least one trained First Aide with First Aid Kit must accompany teachers who are off site with children at sporting events or on a school trip.

## **Accident Recording & Reporting.**

Accidents **must be** reported by the First Aid provider in the School Accident Book (stored in school office) and, if appropriate, in consultation with the first adult to have seen the child at the time of accident.

More serious accidents will be brought to the attention of the Principal/ Vice Principal who will decide on further action, including the completion of appropriate documentation.

## **Issuing of Medicines in School**

Teachers' and ancillary staff terms and conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to become a trained First Aide. Having received training, he/she as part of the remit agrees to accept responsibility for administering prescribed medication to a pupil. He or she should also be aware of possible side effects of the medication and what to do if they occur.

No member of staff should agree to administer medicine to any child without prior consultation with the Principal.

## **Short term health issues/conditions:**

In St Clare's Abbey we realise that many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a



short period only; to finish a course of antibiotics or apply a lotion. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential. It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this. In the event of a short term health issue/condition, which can relate only to PRESCRIPTION medication, parents must complete either a 'Request for the School to Administer Medicine Form' or 'Administering own Medicine Form' before any medication can be administered, see attached appendices 1 & 2.

### **Administering Medication**

No pupil under 16 should be given medication without his or her parent's written consent. Any member of staff giving medicine to a pupil should check:

- pupil's name
- written instructions provided by parents or doctor
- prescribed dose
- expiry date

If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action.

The dosage and administration of all medicine should be recorded. See Appendix 3.

### **Self-Management**

It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this upon completion of an 'Administering own medicine form'. If pupils can take their medicine themselves, staff will only need to supervise this.

In the case where pupils can carry and administer their own medication, they should give these medicines to their class teacher to ensure that other children do not have access to it. In the case of an asthma inhaler the child should keep this on their person if at all. For younger children the teacher should keep this in class securely.

## **Refusing Medication**

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

## **Record Keeping**

Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including:

- name of medication
- dose
- method of administration
- time and frequency of administration
- other treatment
- any side effects

## **Long term health issues/conditions:**

It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs. If a pupil's medical needs are inadequately supported this can have a significant impact on a pupil's academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical needs before a child starts school, or when a pupil develops a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary.

In the event of a long term health issue/ condition parents in conjunction with relevant health professionals must complete a Health Care Plan. This will be displayed in a designated area of the staff room and all staff for whom it is deemed relevant will undergo centralised Health Awareness training organised off site or in house relating to its implementation. Parents must provide the school with full information about their child's medical needs. Staff noticing deterioration in a pupil's health over time should inform the Principal/Vice

Principal who should let the parents know. See appendices 3 & 4 for list of pupils who have individual health care plans and staff who have attended training to assist with care for these pupils.

## **DEALING WITH MEDICINES SAFELY**

### **Safety Management**

Some medicines may be harmful to anyone for whom they are not prescribed. Where our school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

### **Storing Medication**

In St Clare's Abbey we will try to avoid storing large volumes of medication. The Principal/ Vice Principal will request the parent or pupil to bring in the required dose each day.

However, when the school stores medicines, staff should ensure that the supplied container is labelled with the name of the pupil, the name and dose of the drug and the frequency of administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines from their original containers. The principal/ VP is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers, must be readily available to pupils and must not be locked away. Children will be encouraged to carry their own inhalers.

Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. In this instance the school will restrict access to a refrigerator holding medicines.

### **Access to Medication**

Pupils must have access to their medicine when required and this will form part of the Health Care Plan.

### **Disposal of Medicines**

School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of date-expired medicines.

### **Hygiene/Infection Control**

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Only the school caretakers/cleaners should deal with spillages of blood or other body fluids.

### **Confidentiality**

The principal and school staff will treat medical information confidentially, as far as possible. The Principal will agree with the pupil (where he/she has the capacity) or otherwise the parent, who else should have access to records and other information about a pupil. If information is withheld from staff at the request of a parent staff cannot be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

**Arrangements for monitoring this policy.**

**This policy will be reviewed annually by SLT and First Aides or in the event of any occurrence which requires us to amend our practices.**

**Proposed review date- April 2021**

## **Appendices:**

### **Appendix 1:**

#### **Letter for self-administration of medicine**

##### **REQUEST FOR A PUPIL TO CARRY HIS/HER OWN MEDICATION**

*If our staff have any concerns, we will discuss this request with healthcare professionals.*

Form to be completed by parents / carers.

##### **DETAILS OF PUPILS**

Surname: \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_ Primary: \_\_\_\_\_

Condition or Illness: \_\_\_\_\_

**Parents must ensure that in-date and properly labelled medication is supplied.**

Name of Medication: \_\_\_\_\_ How Often: \_\_\_\_\_

Procedures to be taken in an emergency: \_\_\_\_\_

##### **CONTACT DETAILS**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Nos: \_\_\_\_\_

**I would like my child to keep his/her medication on him/her for use, as necessary.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

##### **Agreement of Principal / Vice Principal**

I agree that \_\_\_\_\_ (*Name of child*) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until (*either end date of course of medication or until instructed by parents*).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(*Principal / Vice Principal*)

Appendix 2:

Letter for medicine to be administered in school by first Aide

**PERMISSION FORM FOR THE ADMINISTRATION OF PRESCRIBED  
MEDICATION**

Name of Pupil:

\_\_\_\_\_

Class and Teacher:

\_\_\_\_\_

Name and Type of Medication:

\_\_\_\_\_

Dosage to be given: \_\_\_\_\_ Times:

\_\_\_\_\_

Date Medication to be given from: \_\_\_\_\_

Date Medication to cease: \_\_\_\_\_

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I give permission to an Education Authority trained first aide to administer medication to my child.

Signed (Parent/Guardian)

\_\_\_\_\_

Date:

\_\_\_\_\_

Signed (Principal/Vice Principal):

\_\_\_\_\_

Date:

\_\_\_\_\_

## Appendix 3

### Record of Medication Administered

[illegible]

Appendix 4

**Healthcare Plan for a Pupil with Medical Needs**

Name

Date of Birth

Condition

Photograph

Class/Form

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Date

Review Date

Name of School

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**Contact Information**

**Family Contact 1**

Name

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Phone No. (work) (home)

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Relationship

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**Family Contract 2**

Name

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Phone No. (work) \_\_\_\_\_ (home)

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Relationship

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**Clinic/Hospital Contact**

Name

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Phone No.

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G.P.

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Name \_\_\_\_\_ Phone No.

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Describe condition and give details of pupil's individual symptoms:

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Daily care requirements, (e.g. before sport/at lunchtime):

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Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

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Follow up care:

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Who is responsible in an emergency: (State if different on off-site activities)

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Form copied to:

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Appendix 4:

List of staff trained in assisting with health care re specific health conditions on 24<sup>th</sup> September 2018

Health Awareness Training

Newry Teachers' Centre

Date/Venue	Session 1 Asthma Awareness 9.30-10.15	Session 2 Food Allergy Awareness 10.35-11.30	Session 3 Anaphylaxis Awareness – Use of Auto-injector 11.30-12.30	Session 4 Diabetes Awareness 13.00-14.15	Session 5 Epilepsy Awareness and Administration of Emergency Medication 14.15-15.45
Monday 24 <sup>th</sup> Sept 2018  Newry Teachers' Centre	Mrs Anne Doyle  Mrs Amanda Keenan  Mrs Lorraine Mc Cann  Mrs Attracta Byrne  Mrs Claire Mallon  Mrs Marie Mc Cartan  Mrs Mona Mc Ardle  Mrs Nuala Rafferty  Miss Terese Kelland  Mrs Aneta Palis	Mrs Anne Doyle  Mrs Amanda Keenan  Mrs Lorraine Mc Cann  Mrs Attracta Byrne  Mrs Claire Mallon  Mrs Marie Mc Cartan  Mrs Mona Mc Ardle  Mrs Nuala Rafferty  Miss Terese Kelland  Mrs Aneta Palis	Mrs Anne Doyle  Mrs Amanda Keenan  Mrs Lorraine Mc Cann  Mrs Attracta Byrne  Mrs Morgan  Mrs Marie Mc Cartan  Mrs Mona Mc Ardle  Mrs Nuala Rafferty  Miss Terese Kelland  Mrs Aneta Palis	Mrs Anne Doyle  Mrs Amanda Keenan  Mrs Lorraine Mc Cann  Mrs Attracta Byrne  Mrs Claire Mallon  Mrs Marie Mc Cartan  Mrs Mona Mc Ardle  Mrs Nuala Rafferty  Miss Terese Kelland  Mrs Aneta Palis	Mrs Anne Doyle  Mrs Amanda Keenan  Mrs Lorraine Mc Cann  Mrs Attracta Byrne  Mrs Claire Mallon  Mrs Marie Mc Cartan  Mrs Mona Mc Ardle  Mrs Nuala Rafferty  Miss Terese Kelland  Mrs Aneta Palis

Appendix 5:  
List of pupils with specific health concerns.

**Children with Medical Conditions 2018-2019**

\*Pupils who returned updated Medical Records

*Redacted for website display*

Appendix 6

**Documentation relating to specific medical care plans we hold in school for specific children:**

**ASTHMA**

**What is Asthma?**

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

Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue. About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

## **Medication and Control**

There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, eg exercise).

Most pupils with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with asthma to take charge of and use their inhaler from an early age, and many do.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication.

Each pupil's needs and the amount of assistance they require will differ.

**Children with asthma must have immediate access to their reliever inhalers when they need them.** Pupils who are able to use their inhalers themselves should usually be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the pupil's name. Inhalers should also be available during physical education and sports activities or school trips.

Parents should be requested to provide the school with a spare inhaler for their child's use in case the inhaler is left at home accidentally or runs out. Spare reliever inhalers must be clearly labelled with the pupil's name and stored safely.

## **ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS**

### **Common Concerns**

The medication of any individual pupil with asthma will not necessarily be the same as the medication of another pupil with the same condition. Although major side effects are extremely uncommon for the most frequently used

asthma medications, they do exist and may sometimes be made more severe if the pupil is taking other medication.

Pupils should not take medication which has been prescribed for another pupil. If a pupil took a puff of another pupil's inhaler there are unlikely to be serious adverse effects.

Pupils with asthma are encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities.

They are encouraged to take their reliever with them on all off-site activities. Physical activity will benefit pupils with asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Pupils with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity especially when the weather is cold.

They should not be forced to take part if they feel unwell.

The health care plan should identify the severity of a pupil's asthma, individual symptoms and any particular triggers, such as exercise or cold air.

If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

## **EPILEPSY**

### **What is Epilepsy?**

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. Not all pupils with epilepsy

experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). An example of some types of generalised seizures are: -

### **Tonic Clonic Seizures**

During the tonic phase of a tonic clonic seizure, the muscles become rigid and the person usually falls to the ground. IN continence may occur. The pupils' pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure. During the clonic phase of the seizure, there will be rhythmic movements of the body which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovering times can vary - some require a few seconds, where others need to sleep for several hours.

### **Absence Seizures**

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.

### **Partial Seizures**

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

### **Simple Partial Seizures** (when consciousness is not impaired)

This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

### **Complex Partial Seizures** (when consciousness is impaired)

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

### **Medication and Control**

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should tell the school of likely triggers so that action can be taken to minimise exposure to them.

Pupils with epilepsy must not be unnecessarily be excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse/doctor.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Training and guidance will be provided for staff who agree to undertake this procedure. Diazepam causes drowsiness so pupils may need some time to recover after its administration. For information on the administration of rectal Diazepam see Form 7 attached.

When drawing up health plans, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place.



Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The pupil should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into recovery position. Someone should stay with the pupil until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness or where there is any doubt.

## **DIABETES**

### **What is Diabetes?**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

### **Medication and Control**

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also, a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this themselves and will simply need a suitable place to do so.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemia episode (a hypo) during which his or her blood

sugar level falls to too low a level. Staff in charge of physical education classes or other physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

### **Hypoglycaemic Reaction**

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

Each pupil may experience different symptoms and this should be discussed when drawing up the health care plan.

If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty, call an ambulance.

Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control and schools will naturally wish to draw any such signs to the parents' attention.

### **ANAPHYLAXIS**

#### **What is Anaphylaxis?**

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish, dairy

products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

### **Medication and Control**

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

The pupil may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other pupils should also be taken into account. If a pupil is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment.

**Epi-pens are located in the top drawer of the teacher's desk in classrooms which are used by children who are anaphylactic.**

Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

### **Allergic Reaction**

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion

- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the health care plan.

Call an ambulance immediately particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

Medicines may be administered to children by individual members of staff and at the discretion of the Principal. Staff should check with the Principal if in any doubt. In all cases the guidance contained in the health and safety manual must be strictly adhered to.