



GRITTLETON HOUSE SCHOOL

FOUNDED 1951

FIRST AID POLICY

Legal Status:

- This policy is drawn up and implemented to comply with The Independent School Standards Regulations (2012), Part 3, Standard 14.
- Complies with Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR). The school is mindful of its duty to report to the Health and Safety Executive (0845 3009923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act 1995 (RIDDOR).
- Complies with the Guidance on First Aid for Schools published by the Department for Education (DfE).
- Complies with the Health and Safety (First Aid) Regulations 1981 (amended 1997)

Grittleton House School has an Appointed Person for the health and safety of the School's employees and anyone else on the premises. This includes all teaching and non-teaching staff, volunteers, children and visitors (including contractors). They must ensure that a risk assessment of the School is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place.

Applies to:

- the whole school including the Early Years Foundation Stage (EYFS), out of school care, the breakfast club, the afterschool clubs, the holiday club and all other activities provided by the school, inclusive of those outside of the normal school hours;
- all staff (teaching and support staff), the proprietor and volunteers working in the school.

Related documents:

- Welfare, Health and Safety Policy; Medication (giving and storage); First Aid Treatment

Availability:

This policy is made available to parents, staff and pupils in the following ways: via the School website www.grittletonhouseschool.org, and on request, a copy may be obtained from the Office.

Monitoring and Review:

- This policy will be subject to continuous monitoring, refinement and audit by the Headmaster.
- The Headmaster undertakes a formal annual review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown below, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Signed:

Mr NJ Dawes
Headmaster

Mr J Shipp
Proprietor

Date: January 2016

Grittleton House School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.

Rationale

This policy outlines the School's statutory responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The school complies with the Guidance on First Aid for Schools published by the DfE. In order to comply with this best practice document the school has a requirement for a minimum of three trained First Aiders who have satisfied the requirements of the 'First Aid at Work' course. It is a requirement for at least two staff members on each floor at each school building to be trained in basic first aid. However, staff should NEVER perform any First Aid Procedures that they have not been adequately trained to do.

Our Aims

- To provide First Aid treatment where appropriate for all users of the school (with particular reference to pupils and staff).
- To provide or seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion and courtesy.

Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements

Guidelines

- To ensure that there are sufficient qualified First Aider(s) available to provide First Aid cover at all times when pupils, staff, parents, visitors or contractors are on the school site.
- To ensure that First Aid information is readily available and that all users of the school are aware of the way in which to call for help.
- To ensure that First Aid kits for minor injuries are available for use throughout the school by all First Aiders and that they are regularly maintained. Location of these kits must be known by all designated persons/First Aiders.

Definitions

First Aid

The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving of any tablets or medicine to treat illness.

Full First Aider

A person who has completed a full (3-day) course of first aid training with a training establishment approved by the Health and Safety Executive, and holds a current certificate.

Appointed Person

A person who has completed a 1-day course of emergency first aid from a competent trainer and holds a current certificate.

All Staff should know:

How to call the emergency services – dial 999 / 112 and ask for an ambulance. If there is any doubt that an ambulance is required, call an ambulance straight away. First Aiders must complete a training course approved by the HSE. Refresher training is required every three years.

Blankets for shock treatment must be readily available as well as rubber gloves and pocket masks resuscitation.

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Secondary aid will be sought if necessary and at the same time the parent/guardian (or other appropriate adult) will be informed. If an appropriate adult cannot accompany a casualty to hospital a member of staff will accompany him/her if this is deemed appropriate.

Training and Assessment

The Headmaster must ensure that the appropriate number of first-aid containers are available according to the risk assessment of the site are available. See Health and Safety Executive (HSE) guidelines on recommended and mandatory contents.

- All first-aid containers must be marked with a white cross on a green background;
- Each school bus must carry a first-aid container;
- First aid containers must accompany Physical Education (PE) teachers off-site;
- First aid containers should be kept near to hand washing facilities;
- Spare stock should be kept in school;
- Responsibility for checking and restocking the first-aid containers is that of the Health and Safety Officer.

Should a pupil feel unwell or be injured at school he/she will see a First Aid trained teacher who will respond in accordance with the standard procedure.

Both a *full first aider* and at least one *paediatric first aider* will always be on the premises and a *paediatric first aider* will always accompany the EYFS children when using any specialist facilities and during any offsite activity/education visit. First aid kits are available on the premises, in vehicles and for educational visits and offsite activities.

School staff will follow an agreed training programme, specifically addressing the Safe Administration of Children's Medication. Training must be provided either by the relevant local health agency or an accredited training agency. No member of staff may administer children's medication until they have joined the agreed training programme and successfully completed it. The first aid officer is to make spot checks during the administration process and of Files and Records.

Responsibility

The provision of first aid at Grittleton House School is delegated by the Proprietor to the Headmaster. In consultation with the Bursar determine the number of First Aiders and the level of training they should receive.

An appointed Person within the Staff is responsible for looking after and restocking all the first aid boxes throughout the school. The number of First Aiders is reviewed annually by the Head in consultation with the Bursar or more frequently when required, for example following an accident or emergency. When determining the appropriate number of First Aiders, the following is taken into account:

- The number of staff (and pupils) present at any one time;
- The distribution of staff;
- The number and locations of first-aid boxes;
- Whether there are inexperienced members of staff;
- The number of staff and pupils with disabilities or specific health problems;
- The size and location of the school premises to which members of staff have access in the course of their employment;
- Whether there are travelling, remote or lone staff;
- Arrangements for off-site activities;
- Arrangements for out of school hour activities such as parent evenings;
- Parts of the school premises with different levels of risks;
- The types of activity undertaken;
- The proximity of professional medical and emergency services;
- Any unusual or specific hazards (for example, working with hazardous substances, dangerous tools or machinery); and

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- Accident statistics. These indicate the most common types of injuries, times and locations. It is a useful tool as it highlights areas to concentrate on and tailor first aid provision to.

Guidance on the minimum legal requirement for First Aiders; the recruitment, selection and training of First Aiders; the responsibility and accountability of First Aiders; the need for a first aid room / surgeries and the contents of first aid boxes can be found in the Health and Safety (First Aid) Regulations 1981.

The First Aiders' procedure for dealing with sick or injured pupils:

1. Ascertain by inspection and discussion with child or staff member the nature of the child's injury or illness.
2. Comfort or advice as necessary. This may be sufficient and child can return to class or break. Inform staff member of nature of any concerns if appropriate.
3. Treat injury or illness if required. Clean wound with antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists. If child is in pain and four hours have elapsed since last painkiller provided, another may be given. Parents will be informed if a painkiller is given after lunch.
4. Record action taken on accident report form.
5. If child is then well enough he/she will return to class.
6. If problem persists or there are doubts as to the seriousness of any injury then parent(s) will be telephoned and asked what they would like to do. If he/she wishes to collect their child appropriate arrangements are made.
7. If a severe illness or injury is suspected then the First Aid Officer will take the child to hospital or the emergency services will be called and administrative staff will contact the parents to inform them. No child will travel in an ambulance unaccompanied.
8. If any issue arises during treatment or discussion with the child that the First Aid Officer feels should be taken further, she will telephone or speak to the parents and/or the Designated Safeguarding Officer or most appropriate member of staff.

N.B. The First Aiders will have up to date Emergency First Aid training and some will have a full and current First Aid at Work Certificate. At least two staff working specifically in the EYFS department have Paediatric First Aid Training Certificates. They are not, however, medically qualified and hence cannot give medical advice.

Administration of Medication during School Hours

From time to time, parents request that the school should dispense medicines which need to be administered at regular intervals to children. The School undertakes to maintain a responsible attitude to children's medication in the context of advice from medical practitioners and parents/carers and the current regulations and minimum standards. For details on our procedures, please see our Administration of Medication Policy.

Reporting Accidents and Record Keeping

All members of the school community should report any accident or incident, however minor, as soon as possible after it has occurred. When an injured person is unable to complete their own details of the accident, then the First Aider and/or witness should do it on their behalf.

Completed Accident Report forms should be given into the school secretary by hand for filing at the earliest opportunity. A brief record of the accident should be made on the whiteboard in the staff room in the case/s involving a pupil.

Reports must contain:

- The date, time and place of the event;
- Details of those involved;
- A brief description of the accident/illness and any first aid treatment given;
- Details of what happened to the casualty immediately afterwards - for example went to hospital, went home, resumed normal activities, returned to class.

The Headmaster, should be informed about any incident if it is at all serious or particularly sensitive. For example, when a pupil has had to go to hospital or if one pupil has caused deliberate damage to another or where negligence might be suggested.

If, as the result of an accident, a pupil is taken to hospital, the member of staff accompanying them should take:

- The 'Checklist of what to do if a Pupils need to go to Hospital'
- Mobile phone (personal or school)
- Cash

If, as the result of an accident, an employee is taken to hospital, is unable to work or subsequently becomes absent from work, their line manager should be notified immediately.

Reporting to Parents: In the event of accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Headmaster if necessary. Parents always receive a copy of the Accident Report form which goes into the Accident Report File. Parents are always called if there is a head injury, no matter how apparently minor.

School Accident and Illness procedures: All injuries, accidents, illnesses and dangerous occurrences must be recorded in the School Accident file. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least 3 years or if the person injured is a minor. This will be kept in the School Office.

Incidents / Hazards / Near Miss Book: This should be used to record the unplanned or uncontrollable event. Assessment and review will be undertaken at regular intervals to consider further action.

Accidents involving Staff: Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)

Work related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days. Cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer).

Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Accidents involving pupils or visitors: Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- any School activity (on or off the premises)
- the way a School activity has been organised or managed (e.g. the supervision of a field trip)
- equipment, machinery or substances
- the design or condition of the premises.

Need to be reported without delay to HSE, followed by Form F2508.

For more information on how and what to report to the HSE, please see:

<http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link.

Reporting to HSE

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Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (SI 1995/3163) (**RIDDOR**) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23). The Headmaster must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

The following accidents must be reported to the HSE involving employees or self-employed people working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence)
- accidents which prevent the injured person from doing their normal work for more than three days
- accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work i.e. if it relates to:
 - any school activity, both on or off the premises;
 - the way the school activity has been organised and managed;
 - equipment, machinery or substances;
 - the design or condition of the premises.

HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Headmaster is responsible for ensuring this happens, but may delegate the duty to the Health and Safety Officer. The School Administrator will report the incident to HSE and also to our insurers.

Appendix A – First Aid Guidance

Basic First Aid

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit, and familiarise yourself with how to deal with some of the more common situations opposite. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 / 122 immediately; contact one of the qualified First Aider's listed in Appendix C.
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Keep an eye on the injured person's condition until the emergency services arrive.

| Unconsciousness |
|---|
| If the person is unconscious with no obvious sign of life, call 999 / 112 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services. |

| Bleeding |
|---|
| Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing. |

| Burns |
|--|
| For all burns, cool with water for at least 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance. |

| Broken bones |
|--|
| Try to avoid as much movement as possible. |

If a child is ill and needs to go home

The child should be taken to the School Office where the member of staff on duty there will telephone home and ask a parent or responsible adult to collect the child. A record will be made on the "Sent Home Sick" log and the teacher informed with a note. If children are not well enough to join in all school activities they should not be in school. Parents should know that it is important that the school knows if any children are off school with diarrhoea and vomiting and the recommendation is that pupils see their General Practitioner during the period of absence. It is important that they should not return to school until free of symptoms for 48 hours.

Cleaning up body fluids from floor surfaces

All appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit, etc. to avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly.

- Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
- Sprinkle 'Bio999 absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
- Remove all visible material from the most soiled areas, using paper towel.
- The remaining visible material should then be vacuumed.
- Discard gloves and disposable apron carefully. Finally wash your hands thoroughly using soap and water.

Anaphylaxis

What is anaphylaxis?

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (eg dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (eg bees, wasps, hornets). In its most severe form the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

Medication and control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an Epipen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual pupil must be kept in a locked cabinet which is readily accessible, in accordance with the School's health and safety policy. If a pupil has an Epipen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

It is important that key staff in the School are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.

It is not possible to overdose using an Epipen as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back.

All pupils who have anaphylaxis will require a 'Crisis Sheet' which parents or guardians should complete prior to starting at Grittleton House School. The Crisis Sheet should give basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file.

Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

Managing pupils with anaphylaxis

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all pupils who have an epipen prescribed to them, have their medication on them at all times.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. (Staff to seek advice from First Aider.)
- If a pupil feels unwell, the First Aider should be contacted for advice.
- A pupil should always be accompanied to the First Aider if sent by a member of staff.

Away trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils medication, if the pupils cannot carry it themselves (See Crisis Sheet)
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances and seek to minimize risk whenever possible.

What are the main symptoms?

- Itching or presence of a rash
- Swelling of the throat
- Difficulty in swallowing
- Difficulty in breathing
- Increased heart rate
- Unconsciousness

What to do if a pupil has an anaphylactic reaction

- Ensure that a paramedic ambulance has been called.
- Stay calm and reassure the pupil.
- Encourage the pupil to administer their own medication as taught.
- Summon assistance immediately from the First Aider.
- Liaise with the First Aider about contacting parents.

Asthma

What is Asthma?

Pupils 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, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

Medication and control

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name.

Pupils with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in a locked cabinet in accordance with the School's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

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All asthmatic pupils will require a letter from parents or guardians giving the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file.

Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use.

Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

Managing pupils with asthma

- Staff should be aware of those pupils under their supervision who have asthma.
- Games staff should ensure that all pupils with asthma have their salbutamol (blue) inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack. (Staff to seek advice from First Aider)
- If a pupil feels unwell, the First Aider should be contacted for advice.
- A pupil should always be accompanied to the First Aider if sent by a member of staff.

Away trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils medication, if the pupils cannot carry it themselves (See Crisis Sheet)
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. ***However, they should not be forced to take part if they feel unwell.***

What are the main symptoms?

- Coughing
- Wheezing
- Inability to speak properly
- Difficulty in breathing out

What to do if a pupil has an asthmatic attack

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.
- Summon assistance from the First Aider. Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are used promptly
- Help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax,
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.

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- If the child does not respond to medication or his/her condition deteriorates call a paramedic ambulance. 122 or 999

Liaise with the First Aider about contacting the pupils' parents/guardians.

Diabetes

What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin.

Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high.

Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

Medication and control

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an Individual Pupil Risk Assessment.

In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date.

All diabetic pupils will require a 'Crisis Sheet' which parents or guardians should complete prior to starting at Grittleton House School. The Crisis Sheet should give the basic details and indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School. This will be kept with the pupil's file.

Following discussion with the pupil and his/her parents individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

Managing pupils with diabetes

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that all pupils with diabetes have a Lucozade bottle or jelly beans with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from the First Aider for training)
- If a pupil feels unwell, the First Aider should be contacted for advice.
- A pupil should always be accompanied to the First Aider if sent by a member of staff.

Away trips:

- A member of staff trained in the administration of medication should accompany the trip, taking responsibility for the safe storage of pupils medication, if the pupils cannot carry it themselves (See Crisis Sheet)
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level:

- Encourage the pupil to eat or drink some extra sugary food before the activity:
- Have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia;
- After the activity is concluded, encourage the pupil to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

What to do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode

Common causes:

A missed or delayed meal or snack
Extra exercise
Too much insulin during unstable periods
The pupil is unwell
The pupil has experienced an episode of vomiting.

Common symptoms:

Hunger
Drowsiness
Glazed eyes
Shaking
Disorientation
Lack of concentration

- Get someone to stay with the pupil - call for the First Aider/ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse).
- Give fast acting sugar immediately (the pupil should have this), eg:
 - Lucozade
 - Fresh orange juice
 - Sugary drink, e.g. Coke, Fanta
 - Glucose tablets
 - Honey or jam
 - 'Hypo Stop' (discuss with parents / houseparent's whether this should be taken on trips off site)
- Recovery usually takes ten to fifteen minutes.
- Upon recovery give the pupil some starchy food, e.g. couple of biscuits, a sandwich.

Grittleton House School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.

- v. Inform the First Aider, houseparent's and parents of the hypoglycaemic episode.
- vi. In some instance it may be appropriate for the pupil to be taken home from school

NB. In the unlikely event of a pupil losing consciousness, call an ambulance (122 or 999) and the First Aider.

A hyperglycaemic episode (high blood sugar)

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst.
- Passing urine frequently
- A change of behaviour
- Vomiting
- Abdominal pain

Care of pupils in a hyperglycaemic episode:

- Do not restrict fluid intake or access to the toilet
- Contact the First Aider and/or parents if concerned.

