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## First Aid Policy

<p><b>Date Approved: October 2021</b> <b>Review Date: September 2022</b> <b>This policy is for Bury Grammar Schools</b> <b>Author: A E Dennis</b></p>
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*This policy has been written to meet the standards as set out in the Education (Independent Schools Standards) Regulations 2014 (ISSR) as amended under section 94 of the Education and Skills Act 2008 and has particular regard for the interpretation of these as set out in paragraphs 386 to 389 of the Commentary on the Regulatory Standards September 2021.*

### 1. Introduction

This policy refers to all areas of Bury Grammar School including the EYFS. The arrangements within this policy (for example the number of First Aiders, Appointed Persons and First Aid boxes and contents of First Aid boxes) are based on risk assessments carried out by the school.

This policy complies with paragraph 14 of Schedule 1 of the Education (Independent School Standards) (England) Regulations 2014, the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917) and the *First aid at work: Health and Safety (First Aid) Regulations 1981, approved code of practice and guidance*. In addition, the school has taken guidance from the DfE guidelines for First Aid in schools.

### 2. Principles

- The school will provide First Aid cover whilst pupils, parents, staff and members of the public are on site and participating in activities that have been organised by the school.
- When pupils are on site there is at least one qualified first aider available to cover first aid.
- The school will identify and train academic and support staff to act as First Aiders.
- First Aid boxes will be located in areas where they are most likely to be needed and will be regularly checked and kept well stocked.
- A list of pupils with serious medical conditions will be maintained and kept up to date and will be effectively communicated to all staff.

- Group leaders on trips are responsible for ensuring that there is sufficient First Aid cover and be aware of and make provision for pupils with serious medical conditions.
- Staff will make written records of accidents and treatments which will be held centrally.
- Parents will, if judged necessary, be informed that their child has received First Aid treatment.
- The Accident Record will form part of the regular Health and Safety Committee agenda.

### 3. Roles and Responsibilities

- **The Chair of the Health and Safety Committee is the Bursar.**

The school Health and Safety Officer is Mr Alan Dennis. The Headmistress and Headmaster have delegated responsibility to AED to ensure that this policy is followed and that its effectiveness is monitored. Human Resources maintains the list of First Aid trained personnel and Alan Dennis arranges training to keep qualifications valid.

- **Senior Health Support Worker (SHSW)**

The Boys' Senior Health Support Worker works from 8.15 am to 4.15 pm and is based in the in the Boys' Senior School. The Girls' SHSW works from 8.30 am to 4.30pm and is based in the Girls' Senior School. Their role in school is essentially that of a First Aider. They are also members of the pastoral team and are available to give advice and support to pupils on personal or medical matters. The Senior Health Support Worker can supervise and administer medication only when there is permission on file.

- **Health Support Worker (HSW)**

There are two HSW at BGS, one based at the Boys' Junior School who works from 8.00 am to 1pm and one based at the Girls' Junior School who works from 8.00 am to 4.00 pm. Their role in school includes First Aid, administering or supervising the taking of medication (when there is permission on file) and being the first point of contact if pupils become unwell during the school day in the Junior School.

- **First Aid Trained Staff (First Aiders)**

In addition to the Senior Health Support Workers and Health Support Workers, there are a team of voluntary staff (teaching and support staff) that are fully trained in First Aid skills (either First Aid at Work or Paediatric First Aid). Training is delivered by a competent organisation that enables them to carry out their duties effectively and with confidence. This enables them to deal with incidents or accidents and can provide cover if the SHSW or HSW are absent.

Each member of staff is responsible for keeping her/his own First Aid training up to date and to forward a copy of any certificate for First Aid training that he/she undertakes to HR for filing in their staff personal file.

### 4. The duties of First Aiders

- First Aiders must complete a training course approved by the Health and Safety Executive (HSE).

- At school, the main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. In addition, when necessary, they should ensure that an ambulance or other professional medical help is called.

## **5. Numbers of First Aid trained personnel**

The number of First Aid trained personnel will be determined by a Risk Assessment. Schools generally fall into lower risk categories of places of work and a ratio of 1:100 may be deemed sufficient, but the school will aim to achieve a substantially higher ratio of First Aid cover. Certain activities may require a much higher level of cover and this will be reflected in the risk assessments which are written for such activities. The list of trained First Aiders is available from HR through a report request.

## **6. Practical arrangements at the point of need and First Aid cover**

- **During the school day**

During the School Day, the SHSW/HSW is the principal First Aider. In their absence, the Deputy Head Operations is responsible for arranging First Aid cover from the pool of staff First Aiders.

- **Trips**

The Trip Leader will ensure that there is adequate First Aid cover when taking a trip and will ensure that a First Aid kit is taken (available from the SHSW/HSW). The trip leader must also be aware of pupils with serious medical conditions and ensure that they are in possession of their medication. Where appropriate they will also carry spare medication for such pupils.

Where appropriate at least one person with a current Paediatric First Aid certificate must accompany a trip, this includes pupils from the EYFS setting. A full or emergency PFA certificate is required for level 2/3 workers who qualified after 30th June 2016 in order to be included in these ratios. PFA's must be updated every 3 years.

- **Sport (Tenterden Street campus)**

All established Department of Sport staff are First Aid trained. New staff are First Aid trained at the first opportunity for in house training. First Aid kits are carried and readily available during lessons.

- **Sport (Buckley Wells)**

The Director of Sport ensures that there is adequate First Aid provision during Sport lessons at Buckley Wells. To this extent there will be a minimum of one First Aid kit available at Buckley Wells and staff carry mobile phones to enable them to contact the School Office if necessary. An area of Buckley Wells has been designated for use only by an ambulance and the access road must be kept clear at all times.

- **Sports practices**

Team coaches will normally be First Aiders. Where this is not the case a separate arrangement will be in place so that First Aid cover is available if required. In any case

the team coach must be in possession of a First Aid kit which is issued by the Director of Sport.

- **Sports matches (Home)**

For all other fixtures the team coach is expected to be in possession of a First Aid kit and a mobile telephone. An area of Buckley Wells has been designated for use only by an ambulance and the access road must be kept clear at all times.

- **Sports matches (Away)**

First Aid cover is provided at fixtures. If a team coach has a concern about the provision of First Aid cover at a fixture then this should be raised with the Director of Sport. In any case the team coach is expected to be in possession of a First Aid kit.

- **School events**

The person responsible for organising any school event should include the need for First Aid cover in their risk assessment. In any case there should be access to the Medical Room and a fully stocked First Aid kit.

- **Minibus**

The school minibus contains a First Aid kit, which is checked on a regular basis by the school health team. If staff use the contents of the kit then they should inform a member of the school health team so that the contents can be replaced.

## **7. Protocol if a pupil becomes ill during the school day**

- **Medical Room attendance**

Pupils should always ask permission from their teacher to visit the Medical Room and should visit at break time or lunchtime if possible. However, there are some pupils who need to have immediate access to the Medical Room. Anyone with a head injury, bleeding injury, burns, severe pain or certain medical conditions such as diabetes, asthma, epilepsy, severe allergy, or migraines must be allowed immediate access to the Medical Room.

- **Non-urgent/non-emergency situations**

For non-urgent/non-emergency situations, pupils are encouraged to visit the Medical Room outside lesson time i.e. break/lunch/private study periods.

- **Permission to attend the Medical Room**

Should a pupil need to go to the Medical Room during lesson time, permission must be sought from their class teacher. The teacher should check that the pupil attended at the Medical Room as soon as is practicable. A pupil leaving a lesson (or the Games Fields) to attend the Medical Room should ideally be accompanied by another pupil.

All pupil visits to the Medical Room are entered into the School Medical Book which is located in the Medical Room. This records any treatment or advice given and duration of stay. Frequent visitors to the Medical Room are monitored and Form Tutors, Heads

of Year and/or parents notified if necessary. The Senior Health Support Worker or Health Support Worker can refer pupils directly to the School Counsellor should the pupils request it or if it may be helpful to the pupil.

- **Return to class/parent collection**

The pupil will be sent back to class unless the SHSW/HSW gives permission for them to remain in the Medical Room until feeling better. If a pupil needs to be sent home, the SHSW/HSW will speak with the Form Tutor or Head of Year and make contact with the parents. There may be occasions where a decision to send a pupil home is made without prior consultation with the Form Tutor or Head of Year. Pupils in the Nursery and up to and including Year 11 of the Senior School who are unwell must be collected by a parent or guardian. 6th Form pupils may go home after their parents have been notified by school.

- **Head Injuries**

A head injury is any injury which has been sustained to any part of the head, including the face and neck. Head injuries can range from seemingly insignificant to extremely serious. In any case they must always be treated seriously and recorded.

Any pupil who has sustained a head injury will be assessed and monitored.

First Aiders should always consider seeking a second opinion from the SHSW/HSW.

A decision will be made as to whether further treatment is required.

Every pupil who has sustained a head injury is given a Head Injury Advice Form which is explained and discussed with them. These forms are available in the Medical Room. EYFS and Junior school pupils are also issued with a wristband detailing the time and date of the head injury.

Parents are contacted if the SHSW/HSW/First Aider considers it appropriate.

Where the head injury is the result of a pupil being involved in a fight, the parents will always be contacted to alert them.

- **Hospital admission**

If an injury requires hospital treatment the pupil will be accompanied to Hospital by an adult from the school or, if possible, a parent. The parents, if not already with the pupil, will be directed straight to the hospital.

- **Administration of Medication**

A supply of over-the-counter medications such as Paracetamol, Ibuprofen and lozenges are kept in a locked cabinet in the Medical Room and given out when appropriate and where we have consent to do so. Ibuprofen will not be given to any pupil that has a history of Asthma. Pupils' own medication can be brought in and kept in a locked cabinet in the Medical Room or in the Medical Room fridge. This must be in its original prescribed bottle or box, and pharmacy labelled with the pupil's name, date, dosage, expiry date and length of course. An accompanying letter or completion of a "request to administer medication" form should be filled in and signed by the parent. Only the SHSW/HSW or staff that hold the Managing Medication in Schools certificate can administer medication in school and only when there is permission on file. The

exception to this would be for a pupil requiring an emergency drug e.g. EpiPen where any member of staff who has received appropriate training can administer treatment. During trips parents sign to give their permission for staff to administer agreed medication. Parents sign and complete the Medical Information Form on admission to the school to consent to their child being given the above medication. If a pupil is given medication, staff will complete a slip for the pupil to take home. Parents will be contacted and asked to collect any out of date medication for disposal and supply replacements as necessary.

- **Administration of Controlled Drugs**

In the unlikely event that a prescribed controlled drug such as Concerta (ADHD Medication), or Codeine is brought into school this must be stored in a locked medical cabinet securely attached to the wall with limited key access. A separate register for the administration of the controlled drug must be completed on receipt of the medication. In the event of a school trip the controlled drug must be kept and transported in a locked container and assigned to a member of staff who is responsible for the storage and administration of the medication.

## **8. Accident procedure**

- If a serious accident occurs, and the casualty cannot be safely evacuated to the Medical Room, call the SHSW on 07843339325 (Senior Boys) or on 07834340178 (Senior Girls), for help to assess the situation.
- An ambulance should be called if necessary, or if less serious the casualty should be escorted in a taxi to the A&E Department at Fairfield Hospital by a member of staff, or preferably by a parent.
- It is impossible to legislate for such an event outside weekday school hours, but trained First Aiders, parents or spectators may be able to help. If you are in doubt about the seriousness of an injury, play safe and seek medical aid. Concussion, for example, may not be immediately evident.
- Minor accidents are logged. For accidents that are more serious an Accident Form, available from the SHSW, should be completed as soon as possible by the witness to the accident. Forms should be handed in to the SHSW within 24 hours. This applies to accidents on educational visits outside normal lesson/term time as well as accidents at school. The Principal, Vice Principal, the Deputy Head Operations, and the relevant Head of Year and Form Tutor should be informed of any major incidents.
- Some incidents that occur in schools or during school activities must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). (See section 15)

## **9. Health Care plans**

If a pupil has prolonged medical needs parents must consult the Senior Health Support Worker on the formulation of an individual Health Care plan, which is updated at regular intervals.

Pupils with chronic illness requiring regular medication, such as Asthma or Diabetes, are encouraged where possible and according to age to self-administer medication.

Pupils who are asthmatic should carry an inhaler at all times in the classroom, on the sports field, at the pool, in breaks and lunchtimes and on school trips. Pupils are strongly advised to provide the School Health team with a **spare, named inhaler**. If a pupil has need of a nebuliser, the SHSW will require advice from the pupil's GP as to the correct management.

Any pupil at risk of an allergic reaction leading to potential anaphylactic shock and who needs an EpiPen for the emergency injection of Adrenaline is obliged to carry it at all times in the Senior School. In the EYFS and Junior Schools EpiPens are kept in the Medical Room and are taken to and from activities until the pupil reaches the age where they are able to take responsibility for their own EpiPen. Some teaching staff are trained in the use of EpiPens. The Senior Health Support Worker will keep spare EpiPens and antihistamines, supplied by the parent, in the Medical Room in the unlocked medication cupboard.

The SHSW keeps a record in school of all those pupils who we are informed are asthmatic, epileptic, diabetic or suffer severely from allergies.

#### **10. Protocol for informing parents**

Parents will be informed by the SHSW/HSW or First Aider as outlined in section 8.

#### **11. Protocol for informing the Principal and Vice Principal**

The Principal and Vice Principal must always be informed as soon as is practicable of any serious injury to a pupil and of all Hospital admissions.

#### **12. Communicating information about pupils' medical conditions**

Some pupils have specific medical problems/needs which are currently (Sept 2019) displayed in the School Office and Staff Common Rooms. This dissemination process is moving to SharePoint. Individualised care plans are drawn up in consultation with parents and pupils for those pupils with specific health needs such as diabetes, anaphylaxis, epilepsy etc. and circulated to relevant staff. Staff who are due to take pupils with medical conditions on educational visits are advised to discuss each pupil's needs with the SHSW/HSW well in advance of the visit, as set out in the School Educational Visits Policy. Occasionally it is appropriate to have a meeting with the staff member, the parents, pupil and the SHSW/HSW prior to the visit. This policy also has policies on the care of pupils with diabetes, asthma, epilepsy and anaphylaxis reaction (see Appendix).

#### **13. Arrangements for the exclusion of children who are ill or infectious**

In all sections of the school, for any case of notifiable disease the SHSW will inform the Public Health Department in Bury. They will consult with parents regarding the period of exclusion required for each specific case and will follow the Health Protection Agency 'Guidance on Infection Control in Schools and Other Child Care Settings'.

##### **Notification of infectious disease**

Parents are asked to notify the School Health team of any infectious disease. This is particularly important in the case of Rubella (German measles) which carries a risk to pregnant women.





## **14. Reporting and recording**

The Chair of the Health and Safety Committee organises any incident or accident investigations required as a result of an incident or accident that has taken place within the grounds and premises of BGS and in any external location that involves a member of the organisation's employees or students.

If the Senior Health Support Worker is called to administer First Aid in the event of an accident she completes an Accident Report (HSE compliant) or the Medical Book for First Aid Treatment as appropriate.

Copies of the HSE Accident Book entries are sent to the Health and Safety Officer and investigated as appropriate. All entries are taken to the Health and Safety Committee for further discussion and to determine whether current controls and precautions are adequate and appropriate. The minutes of these discussions are sent to the Governors' Buildings' Committee.

Some incidents that occur in school or during school activities must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) (0845 300 9923). The following must be reported although the Health and Safety Officer will check the current requirements with RIDDOR at the time of any accident or incident.

- Deaths.
- Major injuries.
- Over-three-day injuries.
- An accident causing injury to pupils, members of the public or other people not at work.
- A specified dangerous occurrence, where something happened which did not result in an injury but could have done.

## **Hygiene Procedures for dealing with the spillage of body fluids**

### **Disposal of bodily fluids**

The correct handling of bodily fluid spills should be a concern of all staff working within the school environment. All concerned individuals must be aware that any time there is blood and/or other bodily fluids present, there is the possibility of an infectious disease being transmitted. However, this possibility can be reduced if the following precautions are observed.

### **Urine, vomit, faeces**

- All spillages of body fluids, e.g. urine, faeces, vomit will be dealt with immediately.
- If a child has vomited into a bowl, the handler must wear gloves and dispose of the vomit either into a yellow clinical waste bag and inform the cleaning staff immediately or flush the fluids down the toilet if a small amount.
- If the spillage is on the floor, the handler must wear gloves and cover the spillage with Sanitair Crystals as per instructions. Once the fluids have solidified the spillage can be lifted and placed in a yellow clinical waste bag. The area must then be cleaned with a suitable detergent, e.g. Flash, Odestroy, or washing up liquid and hot water using a clean cloth which must then be placed in the yellow clinical waste bag.

- Gloves should then be washed before removing and placed in the yellow clinical waste bag. This is then sealed and placed in the clinical waste bin for collection.
- The handler must then wash his/her hands.

## **Blood**

- Blood spillages must be dealt with immediately. All blood must be dealt with as though it were infected. The blood from children/adults who are known to be HIV or Hepatitis B positive does not need to be treated any differently.
- If the spillage is a significant amount, the cleaning staff must be contacted immediately. Wearing gloves, the spillage must be cleaned with a suitable detergent/bleach solution. If this is not available, wash the area thoroughly with hot soapy water. If the spillage is on a carpet, once the blood has been removed, the carpet must be cleaned with a suitable carpet shampoo. Dispose of any cloths in the yellow clinical waste bag.
- Gloves must be washed before being removed and then placed in the yellow clinical waste bag, which must be sealed and placed in the clinical waste bin for collection.
- The handler must then wash his/her hands.
- All gauze swabs, tissues or cloths used for cleansing wounds must be placed into a yellow bag inside the clinical waste bin situated in each Medical Room.
- All sharps e.g. needles are disposed of at the site of treatment, in a yellow sharps container.
- Mops should not be used to clear up bodily fluids because of the risk of cross contamination.

## **Use of Automated Defibrillator at Bury Grammar School**

Primarily it is to be used by trained personnel in the course of providing First Aid to any person suffering a cardiac arrest whilst on the premises. The likelihood of its use is low.

The Resuscitation Council (UK) sets the standard for resuscitation training for both the general public and healthcare professionals. Advice on the use of defibrillators is that 'Electrical defibrillation is well established as the only effective therapy for cardiac arrest due to ventricular fibrillation or pulse rate less ventricular tachycardia'. The scientific evidence to support defibrillation is overwhelming, the single most important determinant of survival being the delay from collapse to delivery of the first shock. The chances of successful defibrillation decline at a rate of 7-10% with each minute; basic life support will help sustain a shock able rhythm but is not a definitive treatment.

The chances of survival following cardiac arrest are considerably improved if appropriate steps are taken to deal with the emergency. These steps form the concept of 'The Chain of Survival' and are:

- Recognition of cardiac arrest
- Early activation of appropriate emergency services
- Early basic life support
- Early defibrillation
- Early advanced life support

Increased provision of early defibrillation through the widespread deployment of AEDs is now considered a realistic strategy for reducing mortality from cardiac arrest due to ischemic heart disease. The Resuscitation Council (UK) strongly recommends the implementation of early defibrillation.

The deployment of a defibrillator at BGS accords with the intent of the Government White Paper entitled Saving Lives: Our Healthier Nation 1999.

## **Specific medical conditions**

### **Asthma**

#### **Symptoms**

- Coughing
- Tight chest
- Wheezing
- Shortness of breath

Not every pupil with asthma will get these symptoms; some pupils may be very unwell with asthma but not show any of the above signs.

#### **Treatment**

Reliever inhalers (blue) are taken immediately to relieve asthma symptoms during an attack. They are sometimes taken before exercise to prevent the onset of symptoms.

Preventer inhalers (brown, red, orange) are usually taken at home.

#### **Storage of inhalers**

##### **EYFS and Junior School**

On completion of an Asthma card parents are asked to provide an inhaler which is stored along with the card, clearly labelled with the pupils name in a cupboard in the pupils' classroom. All staff should familiarise themselves with the location of the inhalers. The inhaler should accompany the pupil to sports activities and educational visits.

##### **Senior School**

Pupils in the Senior School are encouraged to manage their own condition and normally carry their inhaler with them, although some do choose to leave a spare inhaler clearly labelled with their name in the unlocked medication cupboard located in the Medical Room.

Again, pupils should be encouraged to take their inhalers to sporting activities and educational visits.

#### **Emergency treatment in the case of an asthma attack**

If the pupil presents with:

- Coughing
- Shortness of breath
- Wheezing
- Tight chest
- Unusually quiet

Assist pupil in administering their blue inhaler as directed

Sit down in a quiet area

Reassure at all times

Support upper body with pillows if necessary

**AN AMBULANCE SHOULD BE CALLED IF:**

- **Symptoms do not improve sufficiently in 5 -10 mins**
- **The pupil is too breathless to speak**
- **The pupil is becoming exhausted**
- **The pupil appears blue**

Stay with the pupil at all times offering constant reassurance.

## **Epilepsy**

Epilepsy is a very individual condition. Seizures or fits can happen for a variety of reasons. Seizures can take many different forms; therefore, please refer to individual care plans for guidance. Not all seizures will involve loss of consciousness. Some pupils may present as confused with slight twitching of a limb while others may suddenly drop to the floor with jerking movements of the limbs and loss of consciousness. Occasionally breathing may be difficult and the pupil's colour may be affected, e.g. becoming grey or blue especially around the mouth. Some pupils also bite their tongue or cheek and occasionally wet themselves.

## **Treatment**

Most pupils with epilepsy take regular medication to control their seizures. This will be documented in the pupil's Care Plan. Usually the medication will be managed at home.

## **Emergency treatment in the case of an epileptic fit**

- Make sure the pupil is in a safe position – usually lay on the floor
- Do not restrict a pupil's movements
- You may place a pillow or rolled up item of clothing under the head to help protect it
- Nothing should be placed in the mouth
- After the seizure the pupil should be placed in the recovery position
- The pupil should never be left alone

**AN AMBULANCE SHOULD BE CALLED IF:**

**It is the pupil's first seizure**

**The pupil's colour becomes blue or grey (cyanosis)**

**The pupil is unresponsive after the seizure has stopped**

**The pupil has a serious injury**

**They have problem breathing after a seizure**

**The seizure lasts longer than five minutes or longer than the time dictated in the Medical Care Plan**

**There are repeated seizures**

## Diabetes

Diabetes is a condition where the level of glucose in the blood is affected by the body's inability to produce adequate insulin. The majority of pupils in schools have Type 2 diabetes for which they have daily insulin injections. This also requires the pupils to monitor their blood sugar levels regularly throughout the day and eat a healthy balanced diet.

Younger pupils may be required to have their insulin injection twice daily whereas older pupils are usually encouraged to count their carbohydrate intake and adjust their insulin accordingly. The pupil will also check their blood sugar prior to administering their insulin. Once the pupil's parents and consultant are sure that the pupil is confident with his regime, the pupil will be responsible for their injections and this will be detailed in the pupil's individual Health Care Plan.

A pupil with diabetes should be allowed to eat regularly throughout the day; this normally includes snacks at break time and prior to sporting activities. This should be taken into account in the case of sporting fixtures and school trips where the normal school day is disrupted.

### **Possible complications**

#### **Hypoglycaemia (low blood sugar)**

##### **Symptoms**

- Sweating
- Hunger
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, aggressive or angry

Note: Each pupil will experience different symptoms, and this will be evident in the pupil's individual care plan.

##### **Treatment**

- It is very important that the pupil's blood sugar is returned to normal without delay.
- Never leave a pupil alone.
- Assist the pupil to take their emergency treatment from their 'hypo' box. This may vary for individual pupils and will usually include fast-acting glucose tablets, cola, and Lucozade.
- This should be followed by longer-acting carbohydrates, e.g. crisps, biscuits, glass of milk.
- Refer to the individual Health Care Plan for further advice.



## **AN AMBULANCE SHOULD BE CALLED IF:**

**The pupil's recovery takes longer than 10-15 minutes.**

**The pupil becomes very sleepy or unresponsive**

## **Storage of insulin and 'hypo' treatment**

### **EYFS and Junior School**

If a pupil needs assistance with their daily regime, the school health team or appropriately trained member of staff will offer reassurance and assistance as necessary in accordance with the pupil's Health Care plan. If a pupil is assessed as competent to manage their own daily insulin regime, they should be encouraged to continue this whilst at school. A 'hypo' kit and insulin should be stored in a named box along with their care plan in an unlocked cupboard in the Medical Room. Again, it is usually advised that the box accompanies the pupil to activities away from the School building, e.g. Swimming Pool, sports field, etc.

### **Senior School**

Normally the pupil should be encouraged to manage their own daily care. However, the Senior Health Support Worker is able to assist if needed. The pupil will be responsible for transporting their insulin whilst in school. The pupil should also carry their own fast-acting glucose supplies as well as storing a 'hypo' box in the unlocked medication cupboard in the Medical Room along with a copy of their care plan. Spare Insulin can also be stored in school with parental discussion. This will be sent on school trips with the pupil.

## **Hyperglycaemia (high blood sugar)**

### **Symptoms**

- Greater than usual need to go to the toilet to pass water
- Excessive thirst
- Tiredness
- Vomiting
- Breath that smells like pear drop sweets or acetone

### **Treatment**

- Parents should be contacted immediately as urgent medical attention is required.



## Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It can occur within seconds or minutes of exposure to an allergen but can also take several hours or, rarely, days.

Common triggers include peanuts, tree nuts, eggs, fish, penicillin, latex and stings of bees, wasps etc.

Less severe reactions include rashes, swollen lips, abdominal cramps and itching. Careful monitoring should be taken even with mild symptoms as they can quickly develop into full anaphylaxis shock.

### Severe symptoms

- **Swelling of the face, throat, tongue, neck and lips**
- **Rapid fall in blood pressure causing weakness, pallor and possibly fainting**
- **Asthma symptoms and difficulty breathing**
- **Potential collapse.**

### Treatment

Most allergic reactions are managed by the quick administration of antihistamine medication. More serious reactions require an injection of Adrenaline via a pre-loaded injection. **If an Adrenaline injection is administered an Ambulance should be called.**

All pupils with serious allergies in school have an individual care plan which should be referred to when assessing a pupil.

Training on the management of allergic reactions and the use of adrenaline injections is available to all staff.

### Storage of anaphylaxis treatment

#### EYFS and Junior School

Anaphylaxis medication prescribed to the pupil along with a copy of the pupil's individual care plan are kept in a clearly labelled box in the medical room.

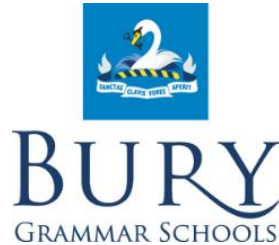
#### Senior School

All pupils are advised to carry their own Anaphylaxis kit with them whilst in school. Again, these should be transported in a metal case with full instructions. Spare sets should be kept in the unlocked medication cupboard in the medical room together with a copy of the pupil's care plan.

The School Health Team will provide this kit for school trips for which the teacher in charge is responsible.

**Please note: all staff should familiarise themselves with the medical information provided on the boards in the Common Room and on Form lists.**

**All care plans are stored in the Health Support Worker's Office and a copy kept with the pupil's medication stored in the Medical Room.**



## **Covid-19 Annex to First Aid Policy**

**Date Approved: October 2020**

**Review Date: August 2021**

**This policy is for Bury Grammar Schools**

**Author: R. Newbold**

This annex has been written to reflect the phased return of pupils to school from the 1<sup>st</sup> June 2020 and outlines the protocols in place should a pupil or member of staff display symptoms of coronavirus in school in line with government guidance on protective measures in education and childcare settings.

### **Overarching principles**

The most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell (anosmia) (been added as recognised symptom)

### **Protocol for responding to a suspected case of coronavirus in school**

If a pupil or member of staff displays symptoms of coronavirus during the school day they must report immediately to one of the medical rooms and will be sent home and advised to follow [COVID-19: guidance for households with possible coronavirus infection guidance](#).

Whilst awaiting collection, a pupil will wait in one of the three designated isolation rooms in school and depending on their age will be supervised by an appropriate adult if necessary.

If a pupil needs to go to the bathroom while waiting to be collected, they will use one of the designated toilets which will be closed off to anyone else in school. The toilet will be cleaned and disinfected before being used by anyone else.

## **PPE when assisting with suspected case of coronavirus**

A facemask must be worn if a distance of 2 metres cannot be maintained from a pupil (such as for a very young pupil, or a pupil with complex needs) who is symptomatic and awaiting collection and if contact is necessary, then gloves, an apron and a facemask need to be worn. If a risk assessment determines there is a risk of splashing to the eyes, for example from coughing or spitting, then eye protection must also be worn by the member of staff dealing with the suspected case.

The member of staff who has helped the pupil who has displayed symptoms of the coronavirus does not need to go home unless they develop symptoms themselves. Staff must ensure that they wash their hands thoroughly for 20 seconds in warm soapy water after any contact with someone who is unwell.

## **Cleaning and Disposal of Waste**

Once the pupil or member of staff has left the school site, the school will follow guidance and protocols set out in [Cleaning of non-healthcare settings](#) to ensure areas suspected cases have been in are disinfected and any PPE and other waste is disposed of safely.

## **Testing of Staff and Pupils**

All staff and pupils attending school must order a test immediately if they display symptoms of coronavirus. Staff should follow the referral process set out in BGS Staff and Pupil Coronavirus Testing Policy. It is the responsibility of parents and carers to ensure they organise a test for their child in the event that they develop coronavirus symptoms and notify school immediately of a positive test. Parents must request a test online via the NHS website <https://www.nhs.uk/ask-for-a-coronavirus-test> or call 119 if they have no internet access. Members of staff can either self-refer or can be referred through the Bury Referral Process set out in the BGS Testing Policy. It is the responsibility of parents to.

Where the pupil or member of staff tests negative, they can return to school and the fellow household members can end their self-isolation. If the pupil or member of staff tests positive, a test and trace approach will be taken. Public Health England will advise on the appropriate course of action, and the relevant group of people with whom the individual has mixed closely, will be sent home and advised to self-isolate for 14 days.

The school will ensure appropriate steps are taken to deputise responsibilities or arrange cover if affected members of staff fulfil designated roles, for example paediatric first aid, SENCO or DSL.

As part of the national test and trace programme, if other cases are detected within school, Public Health England's local health protection teams will conduct a rapid investigation and will advise the School on the most appropriate action to take.

## **Record Keeping**

The Health Support Team will maintain records of those pupils and members of staff who have presented with coronavirus symptoms in school and the steps taken to reduce the risk of transmission. Registers will be amended to reflect required periods of self-isolation for pupils and updated as required following the results of tests. It is the responsibility of the member of staff

and parent/s to inform school of test results so that records can be updated, and appropriate action taken as required.

Once aware, the Health Support Team will keep a record of all pupils and staff self-isolating due to either them, or a member of their household presenting with symptoms.

## **Shielding Pupils and Staff**

The Health Support Team will keep an up to date record of those pupils and members of staff who are shielding due to underlining health concerns.

## **Distribution of Medicines**

School will not be permitting pupils to attend if they have been given Calpol or Nurofen at home for any reason since midnight the night before they attend school. School will no longer be administering Calpol or Nurofen to pupils at school other than in exceptional circumstances so that any pupil's temperature is not masked or lowered by medication. Parents must not send their children to school if they are at all unwell. Prescription medications will be given as normal.

## **Temperature Checking**

Pupils in school will have their temperature checked once a day by the Health Support Team. If a pupil displays a temperature of 37.8C or higher, they will be required to go home, order a test and self-isolate whilst waiting for the outcome of the test.

## Review Log

Date	Review	Initials
01/05/20	Addition of COVID 19 annex	RLN
16/10/20	Full review, minor change to where record of first aiders is held	AED
13/10/21	Update of introductory wording	AED