Lyceum First Aid Policy

Authority and Circulation

The arrangements within this policy (for example the number of First Aiders, Appointed Persons and First Aid boxes and the contents of First Aid boxes) are based on the results of a suitable and sufficient risk assessment carried out by The Lyceum School regarding all staff, pupils, and visitors.

This policy is drafted in accordance with paragraph 3(6) of the schedule to the Education (Independent School Standards) (England) Regulations 2010 (SI 2010/1997), 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 (incl 2018 and 2024 amendments) approved code of practice and guidance.

This policy can be made available in large print or another accessible format if required.

Definitions

First Aid: the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimizing the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack.

First Aiders: members of staff who have completed an approved First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW). Two members of staff will be trained as Mental Health First Aiders.

First Aid Guidance: the First Aid at work: Health and Safety (First Aid) Regulations 1981: approved code of practice and guidance (L74 3rd Edition 2013). Mental health will be included in the school's first aid risk assessment and support will be put in place for staff identified in the annual medical survey as noted in the Health and Safety (First Aid) Regulation update 2024.

Appointed Persons: members of staff who are not qualified First Aiders and are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required. Appointed persons should not administer First Aid.

Staff: any person employed by the school, any volunteers working at the Schools and any self-employed people working on the premises.

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Aims of this policy

- To ensure that the School has adequate, safe and effective First Aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident, or injury.
- Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency.

Who is responsible?

Dukes Education, as the employer, has overall responsibility for ensuring that the School have adequate and appropriate First Aid equipment, facilities and First Aid personnel and for ensuring that the correct First Aid procedures are followed.

The Headmaster delegates to the First Aid Lead the day-to-day responsibility for ensuring that there is adequate and appropriate First Aid equipment, facilities, and appropriately qualified First Aid personnel available. The First Aid Lead will regularly (at least annually) carry out a First Aid risk Assessment and review the Schools' First Aid needs to ensure that the Schools' First Aid provision is adequate. The nominated First Aider is the First Aid Lead.

The Headmaster is responsible for ensuring that all staff and pupils (including those with reading and language difficulties) are aware of, and have access to, this policy.

The Headmaster is responsible for ensuring that staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence, and expertise in relation to First Aid.

First Aiders: The Headmaster is responsible for ensuring that the school has the minimum number of First Aid personnel with reference to the advice given in Appendix 3 of the First Aid Guidance.

In the Early Years Foundation Stage (EYFS), at least one person who has a current paediatric First Aid certificate must be on the premises at all times when children are present. On outings including children from the EYFS, there must be at least one person who has a current paediatric First Aid certificate.

For more information, please see http://www.hse.gov.uk/firstaid/index.htm.

A list of trained First Aid staff is held by the First Aid Lead.

The main duties of First Aiders are to give immediate First Aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the Bursar and Head of Operations.

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The First aiders will undergo update training at least every three years. First Aid training in the EYFS setting must be approved by the local authority.

All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid.

All staff will try at all times, to secure the welfare of the pupils and anyone on School premises is expected to take reasonable care for their own and others' safety.

First Aid boxes

First Aid boxes are marked with a white cross on a green background. The content of the First Aid Boxes will be determined by the Schools' First Aid needs assessment and stocked in accordance with Workplace first aid kits.

Specification for the contents of workplace first aid kits, BS 8599-1:2011, June 2011.

First Aid boxes are on every floor, in every classroom and in all playing spaces.

All requirements for the First Aid kits are supplied by the First Aid Lead and are regularly stocked at request of individual departments.

Off-site activities: First Aid kits for any visit are taken with the class.

First Aid Facilities

The school has a space designated for treatment of minor injuries and for pupils who are feeling unwell to wait under supervision whilst parents have been contacted to collect.

Pupils who are seriously injured or where they have suspected broken bones, should not be moved, and should be kept as comfortable as possible without moving until the ambulance arrives.

Pupil's Information

Parents are requested to provide written consent for the administration of First Aid and medical treatment before pupils are admitted to the schools. This requirement will not prevent a pupil of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

The Bursar and Head of Operations will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the Schools to the class teachers and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed

to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the School community. The Registrar will provide information on new starters and consult with the Bursar and Head of Operations, as required.

Staff Information

All staff will be asked to complete an annual online medical form so that the school can provide suitable medical care as required. Staff are advised to notify the Bursar and Head of Operations were illness, injury or new conditions need to be monitored. A risk assessment will be completed accordingly. The annual online form will enable the Bursar and Head to identify and support staff with mental wellbeing. The staff well being survey will enable SLT to make reasonable adjustments to the school calendar and school life.

Procedure in the event of illness

Provision will be made for pupils if they feel unwell. If a pupil is unwell during lessons then they should consult the member of staff in charge who will assess the situation and decide on the next course of action. The First Aider will decide on the next course of action and provide the First Aid as required.

On admission, the School will discuss with parents the procedure for children who may become ill or infectious. Details of the Schools' procedure can be found in Appendix1.

Procedure in the event of an accident or injury

If an accident occurs, the member of staff in charge should be consulted. That person will assess the situation and decide on the next course of action, which may involve immediately calling for an ambulance. Appointed Persons or First Aiders can also be called if necessary and should be called if the First Aid Lead is not available immediately.

If the First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for an ambulance or deciding to transport the injured person to A&E or access other appropriate medical services.

Ambulances: If an ambulance is called then the First Aid Lead should make arrangements for the ambulance to have access to the accident site. For the avoidance of doubt, the address and / or GPS co-ordinates should be provided, and arrangements should be made for the ambulance to be met.

Staff should always call an ambulance when there is a medical emergency and / or serious injury.

Examples of medical emergencies include:

- a significant head injury
- fitting, unconsciousness or concussion
- difficulty in breathing and / or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture.

Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the parents in time.

If a spillage of blood or other bodily fluids occurs, the First Aid Lead must be informed, they will then arrange for the proper containment, clear up and cleansing of the spillagesite.

Procedure in the event of contact with blood or other bodily fluids

The First Aider should take the following precautions to avoid risk ofinfection:

- cover any cuts and grazes on their own skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or other bodily fluids
- use suitable eye protection and a disposable apron where splashing may occur
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation
- wash hands after every procedure

If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water
- wash splashes out of eyes with tap water or an eye wash bottle
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water
- record details of the contamination
- report the incident to the Headmaster and take medical advice if appropriate

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Reporting
For all injuries, accidents, and illnesses, however minor, an accident report form must be completed. Any serious accidents should be reported to the First Aid Lead who will ensure that parents and HSE are kept informed as necessary.

The School must inform parents of any accident, injury to or first aid treatment provided on the same day or as soon as reasonably practicable via an accident form.

The school will notify Riddor of any serious accident, illness, or injury to, or death of, any pupil whilst in their care, and of the action taken in respect of it.

In the event of an investigation, the First Aid Lead should be informed who will then ensure that relevant members of the Senior Leadership Team are updated throughout the process.

Accident report form: The First Aider will fill in an accident report form for every accident that occurs on or off the School site if in connection with the schools' activities that have required first aid treatment. The First Aid Lead will keep the accident books on file. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 21.

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.

The School will inform parents of any accidents or injury or First Aid treatment that is given to pupils in the EYFS setting on the same day or as soon as is reasonably practicable.

Reporting to HSE: The Company is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (RIDDOR) to report the following to the HSE.

Reporting accidents involving staff to the HSE
The following must reported:

- Work related accidents resulting in death or 'specified' injury (including because of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation)
- work related accidents which prevent the injured person from continuing with his / her

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normal work for more than seven 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).

Reporting accidents involving pupils or visitors to the HSE

The following must be reported:

- accidents where the person is killed or is taken from the site of the accident to hospital
- accidents result from the way a School activity has been organized or managed (e.g. the supervision of a field trip)
- accidents resulting from equipment, machinery, or substances
- accidents that occur due to the design or condition of the premises.

Monitoring

The Bursar and Head of Operations will organise a regular review of the Schools' Accident and Illness records in order to take note of trends and areas of improvement. This will form part of the (at least) annual First Aid risk assessment and be included in health and safety meetings. The information may help identify training or other needs and be useful for investigative or insurance purposes. In addition, the Bursar will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

Appendix 1 Procedure for dealing with sick and infectious pupils

If a pupil is sent home, we expect parents to adhere to The Lyceum School's First Aid Policy when it states the following:

Parents or legal guardians must inform staff of any illness/accident/medication that the pupil has had at

home in the 48 hours before coming to school.

Children who are ill should not come to school.

Children who appear ill may be refused attendance on arrival at the school at the discretion of the Headmaster.

Children suffering from sickness and/or diarrhea should stay away from school until 48 hours after the symptoms have ceased.

If a pupil has a possible infection, then if the area needs to be checked, permission must be sought from the parents.

If a sport or playground injury occurs and the injury needs immediate checking, then permission may not be possible beforehand, but parents must be informed after the incident.

Prescribed medicines, including inhalers, may be given to children during the school day if necessary. These should be handed in to a member of staff and the appropriate forms will be completed and signed by the parents or legal guardian and stored with the medicine. Children should remain at home for the first 48 hours after starting a course of antibiotics. However, it may be advisable to have your pupil to remain at home for up to 72 hours. (See Admissions of Medicine Policy)

A fever (high temperature) is classified depending on the age of a pupil and is listed below:

- Under five a fever (high temperature) is a temperature over 37.5C/(99.5F.
- In children five and over, a fever is a temperature of 38C/ 100.4F or over.

Fevers are common in young children and are usually mild. If the pupil's face feels hot to the touch and they look red or flushed they may have a fever, staff can check their temperature with a thermometer.

Most fevers are caused by an infection or other illness.

If the parent or legal guardian is meeting the pupil at the hospital, the accompanying staff member will take a copy of the accident form with them. If this is not possible, due to the need to leave quickly, the parent will be asked to sign the form later. Injuries or medical problems of a more serious nature will always be referred for medical advice, either by attendance at the local Accident and Emergency Department or by summoning an ambulance, or by calling the parent or legal guardian to the school to take their pupil to their own doctor

Should a pupil need to be taken to hospital in an ambulance, one of the following adults should accompany the pupil:

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- The person who saw the accident and can explain what happened to paramedics
- The pupil's form teacher
- The First Aid Lead

One of the school's main first aiders and whoever accompanies the pupil must have a charged mobile phone with them.

If a pupil is injured, the person reporting the accident should ensure that the school first aider or whoever is covering her knows what has happened.

Report the accident in the following order:

- Phone for an ambulance
- Inform Headmaster and Bursar

On returning to school, a detailed account of the accident will be completed, given to the First Aid Lead and Headmaster.

This will be evaluated and, where appropriate, a risk assessment will be undertaken. If there are any risks identified further action will be taken to eliminate any problems

Appendix 2 HIV and the giving of First Aid

Always wear disposable gloves when administering first aid. We have these in various locations in the school; they are inexpensive so please use them.

Current medical advice is:

- Wash your hands before and after giving first aid
- Cover any cuts or broken skin on your hands with waterproof plasters.
- Any splashes of blood from another person on the skin, eyes or mouth should be washed off with copious amounts of water or soap and water
- If disposable gloves are worn, your hands should be washed after first aid is given, firstly with the gloves on and then again after the gloves have been discarded
- There is no reason not to give mouth-to-mouth resuscitation for fear of being infected with HIV.

Used paper, plasters, bodily fluids etc should be disposed of in a sealed plastic bag.

Appendix 3 Disposal of Waste

A risk assessment, as required by COSHH, should be carried out on any waste generated. Certain waste is

classified as clinical waste and its collection, storage and disposal is subject to strict controls. Clinical waste includes waste consisting wholly or partly of blood or other body fluids (swabs or dressings, syringes, needles, or other sharp instruments) which, unless made safe, may be hazardous to any person being exposed to it. Human hygiene waste, which is generated in places like schools, offices and factories (as well as in the home), is generally assumed not to be clinical waste as the risk of infection is no greater than that for domestic waste. However, those carrying out the risk assessment may have local knowledge, which means they cannot make this assumption.

Appendix 4 First Aid for Employees

There is a separate accident book held with the First Aid Lead for injuries involving members of staff. The Health and Safety Committee will decide whether risk assessments need to change as the result of any accidents and whether they need to be reported under RIDDOR 2013 (Health and Safety Executive – 0845 300 99 23). It is the employee's responsibility to inform the Headmaster of any medical conditions, which may affect their work. Members of staff are duty bound to act responsibly and to do everything possible to prevent personal injury to themselves and to others. If an employee has a medical condition, we will require more information to be provided in writing which would help us to promote understanding of health conditions and disability in the workplace.

This is a necessary requirement to help us in assessing the suitability of the employee's working environment. A risk assessment will be completed to identify any problems. The school first aiders will not administer or supply medicines to staff inclusive of headache tablets due to possible staff allergies.

The employee who has a medical condition will be expected to fill out an emergency action plan and emergency measures will be put in place to ensure their safety in the workplace. This will be reviewed monthly where appropriate to ascertain any changes in the medical condition. It is essential that the employee brings their medication daily to the workplace and has signed a permission form for the administration of medicine (for adults). The employee will provide training to the staff group where appropriate to minimize any risks in the workplace and risk assessments will be carried out where necessary.

Staff must seek medical advice if they are taking medication which may affect their ability to care for children. Any staff medication must be securely stored at all times.

Appendix 5 Allergy and Medical Conditions

The medical conditions that are often common in schools and nurseries are asthma, diabetes, epilepsy and

severe allergic reaction (anaphylaxis).

The term allergy is used to describe a response, within the body, to a substance, which is not necessarily harmful in itself, but results in an immune response and a reaction that causes symptoms and disease in a predisposed person. An allergy is everything from a runny nose, itchy eyes and palate to skin rash. It aggravates the sense of smell, sight, tastes and touch causing irritation, extreme disability and sometimes fatality. It occurs when the body's immune system overreacts to normally harmless substances

Allergens

Allergic reactions are caused by substances in the environment known as allergens. Almost anything can be an allergen for someone. Allergens contain protein, which is often regarded as a constituent of the food we eat. In fact, it is an organic compound, containing hydrogen, oxygen and nitrogen, which form an important part of living organisms.

Common allergens are: Pollen from trees and grasses, house dust mite, moulds, pets such as cats and dogs, insects like wasps and bees, industrial and household chemicals, medicines, and foods such as milk and eggs. Less common allergens include nuts, fruit and latex. There are some non-protein allergens which include drugs such as penicillin. For these to cause an allergic response they need to be bound to a protein once they are in the body.

An allergic person's immune system believes allergens to be damaging and so produces a special type of antibody (IgE) to attack the invading material. This leads other blood cells to release further chemicals (including histamine) which together cause the symptoms of an allergic reaction.

It is important to ensure that everyone caring for the pupil is aware of their allergies, symptoms and to promote better understanding of the pupil's needs and medical requirements. It is each employee's responsibility to regularly update their knowledge in this area. This should help to allow for better management of symptoms and recognition of how to deal with emergency situations if they arise.

Anaphylaxis

Anaphylaxis is a severe allergic reaction - the extreme end of the allergic spectrum. In anaphylaxis, the chemicals that cause the allergic symptoms (e.g. histamine) are released generally in the bloodstream. This causes symptoms around the whole body, usually within minutes of exposure to the trigger substance (allergen) but sometimes hours later.

Common triggers: Most common causes of anaphylactic reactions include certain foods, insect stings and drugs. The most commonly implicated foods are peanuts, tree nuts, eggs, shellfish, milk, fish, eggs and some seeds such as sesame.

Bee and wasp stings are the most common insect triggers.

Antibiotics, anesthetic drugs, aspirin, ACE inhibitors and injections used in X-ray procedures can cause anaphylaxis or anaphylactic-like symptoms in some people.

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Signs and symptoms

Any or all of the following symptoms may be present:

- swelling of throat and mouth,
- difficulty in swallowing or speaking,
- difficulty in breathing - due to severe wheezing or throat swelling
- urticaria (hives, nettle rash) anywhere on the body
- generalized flushing of the skin and itching
- abdominal cramps, nausea and vomiting
- sudden feeling of weakness (Drop in blood pressure)
- collapse and unconsciousness

Severe symptoms

These can include any of the following, throat constriction with breathing difficulties, breathlessness or wheezing, or shock (weakness, faintness, collapse, unconsciousness).

If these symptoms appear in an affected pupil the Epi-Pen must be used, and an ambulance called immediately. The pen is pre-loaded and should be injected into the fleshy part of the thigh.

Only staff trained in this procedure are to administer this medication. Always call an ambulance if you have used your adrenaline pen and hand it carefully over to the paramedics in a yellow hazardous waste bag

Treatment

Most people suffer only mild or moderate symptoms which can be relieved by antihistamines taken at the first sign of a reaction. In a more severe anaphylactic attack, antihistamines are not an adequate treatment. The first line treatment for severe symptoms is adrenaline (Epinephrine) given by injection into the muscles.

Adrenaline (Epinephrine) will start working within a few minutes, reducing swelling, relieving wheeze, and improving blood pressure. Once adrenaline has been given, antihistamines can be given as well if prescribed by a doctor, but the adrenaline should be given first. Adrenaline given in this way is a safe treatment and you should not hesitate to use it if required.

Adrenaline is a short-acting drug, and the effects will wear off quite quickly. It is very likely that further treatment will be required, and you should always call an ambulance to take you to hospital if adrenaline (Epinephrine) has been used. Do not wait to see if the symptoms clear up, call an ambulance immediately and state that you or the pupil are having an anaphylactic attack.

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It is better if you lay down as this helps to maintain your blood pressure and avoids injury if you should faint. You or the pupil may be more comfortable with your shoulders raised a bit if you feel wheezy or short of breath. When such severe allergies are diagnosed, the pupils concerned are made aware from a very early age of what they can and cannot eat and drink and, in most cases; they go through the whole of their school lives without incident.

EpiPen

The procedure for the administration of an EpiPen and calling an ambulance is stated below.

- Sit the pupil or adult down, if possible, in case they faint
- Take the EpiPen out of the tube,
- Take off the grey safety cap, never put thumb, fingers or hand over the bits
- Grasp the EpiPen in the middle with your dominant hand, with the thumb closest to the grey safety cap
- With the other hand take off grey safety cap
- Hold EpiPen approx. 10cm away with black tip pointing to outer thigh
- Jab firmly into outer thigh and hold for 10 seconds
- The exposed needle is carefully placed in the tube and then into yellow hazardous waste bag; this will be handed over to the ambulance staff. Massage the injection area for 10 seconds
- A senior member of staff dials 999 for an ambulance and states Anaphylaxis.
- Then telephone the parents or legal guardians and if a senior member of staff is not available, someone else should take the initiative.

If you are in any doubt about the severity of any symptoms always seek urgent medical attention.

It is important that the pupil with allergies is treated sympathetically but also that they are able to be included in as many activities with precautionary measures which do not place the pupil at risk. Therefore, allowing them to take part in school and out of school activities and feel they can be included in a supportive environment.

Food Intolerance and Sensitivity

Sensitivity is a reaction to a substance, which is an exaggeration of a normal side effect produced by that substance. For example, reliever inhalers used in asthma, if given at too high a dose in a particular individual may cause them to "shake"." Intolerance" happens when unpleasant symptoms occur after eating a substance which your body cannot handle because the digestive system does not produce sufficient quantities of a particular enzyme/chemical, which is needed to break down the food and aid digestion.

The causes of symptoms need to be correctly diagnosed so that the management and treatment for allergy, sensitivity or intolerance can be appropriately taken.

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Asthma

Asthma is an inflammatory condition of the airways of the lungs. The airways (bronchial tubes) are sensitive to irritating substances such as dust, animal fur and cigarette smoke. These irritants are known as trigger factors. When someone with asthma comes into contact with a trigger factor their airways narrow and produce a sticky mucus (phlegm), making it difficult for air to pass through. The exact cause of asthma is unknown, but attacks can be caused by an allergy to a trigger factor. There may also be other non-allergic causes. Asthma often runs in families.

Signs and symptoms

- repeated attacks of coughing and wheezing (usually with colds),
- shortness of breath and bringing up phlegm.

Symptoms are often worse at night or after exercise. Not everyone with asthma gets all the symptoms. For many young children a dry irritating cough may be the only symptom.

Triggers

- animal proteins, such as house dust mites
- animal hair and cat saliva
- pollens, including trees and grass
- mould spores, which are released from trees at the end of the year
- damp housing
- smoking
- weather and changes in temperature
- viral infections - a cold, flu or other respiratory infections can make asthma worse
- negative emotions can act as a trigger
- exercise- your respiratory rate (the rate of breathing) increases, which means that you take in more air
- hormones - a small number of women with asthma find that changes in their hormone levels can be a trigger
- medicines that contain salicylates such as ibuprofen
- viral infections are a common trigger for wheezing.

If your pupil is wheezing it doesn't always mean they have asthma. In pupils with asthma, virus-triggered attacks are common. Usually, your pupil will have a runny nose or sore throat first, and then the wheezing will start two to three days later.

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Treatment**:** There are two types of inhalers for the treatment of asthma.

Relievers: Reliever inhalers are taken to relieve asthma symptoms quickly. The inhaler usually contains a medicine called a short-acting beta2-agonist. It works by relaxing the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again. Examples of reliever medicines include salbutamol and terbutaline. They are generally safe medicines with few side effects, unless they are overused. However, they should rarely be necessary if asthma is well controlled, and anyone needing to use them three or more times a week should have their treatment reviewed. Everyone with asthma should be given a reliever inhaler, also known simply as a reliever and it is often blue.

Preventers**:** Preventer inhalers work over time to reduce the amount of inflammation and 'twitchiness' in the airways and prevent asthma attacks occurring. You will need to use the preventer inhaler daily for some time before you gain the full benefit. You may still occasionally need the reliever inhaler (usually blue) to relieve symptoms.

The preventer inhaler usually contains a medicine called an inhaled corticosteroid. Examples of preventer medicines include beclomethasone, budesonide, fluticasone and mometasone. Preventer inhalers are often brown, red or orange.

Preventer treatment is normally recommended if you:

- have asthma symptoms more than twice a week
- wake up once a week due to asthma symptoms
- must use a reliever inhaler more than twice a week

All inhalers must be kept by the class teacher in the named first aid bag and be available for the pupil if the need arises.

They should be out of reach of children but will need to be readily accessible and the responsibility for ensuring the medication is "In Date" rests with the parent.

When off site at Park, Sport or on trips, inhalers will be taken for those pupils who have asthma. If any member of the staff group administers an inhaler, then they will need to sign a form that they have administered medicine.

If a pupil is having 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.

Treatment of asthma attacks usually involves taking one or more doses of your reliever medicine. If the symptoms of the asthma attack progress and worsen, you may require hospital treatment. If you are admitted to hospital, you will be given a combination of oxygen, reliever, and preventer medicines to bring your asthma under control.

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Diabetes

Diabetes is a condition where the amount of glucose in your blood is too high because the body cannot use it properly.

This is because your pancreas does not produce any insulin, or not enough, to help glucose enter your body's cells – or the insulin that is produced does not work properly (known as insulin resistance).

Insulin is the hormone produced by the pancreas that allows glucose to enter the body's cells, where it is used as fuel for energy so we can work, play and generally live our lives. It is vital for life.

Glucose comes from digesting carbohydrate and is also produced by the liver. Carbohydrates come from many different kinds of foods and drink, including starchy foods such as bread, potatoes and chapatis; fruit; some dairy products; sugar and other sweet foods. If you have diabetes, your body cannot make proper use of this glucose so it builds up in the blood and isn't able to be used as fuel.

Type 1 Diabetes

It develops when the insulin-producing cells in the body have been destroyed and the body is unable to produce any insulin. Insulin is the key that unlocks the door to the body's cells. Once the door is unlocked glucose can enter the cells where it is used as fuel.

In Type 1 diabetes, the body is unable to produce any insulin so there is no key to unlock the door and the glucose builds up in the blood. It can develop at any age but usually appears before the age of 40, and especially in childhood. Type 1 diabetes accounts for between 5 and 15 per cent of all people with diabetes and is treated by daily insulin injections, a healthy diet and regular physical activity.

Type 2 Diabetes

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). Insulin acts as a key unlocking the cells, so if there is not enough insulin, or it is not working properly, the cells are only partially unlocked (or not at all) and glucose builds up in the blood. Type 2 diabetes usually appears in people over the age of 40, though in South Asian and black people, who are at greater risk, it often appears from the age of 25. It is also increasingly becoming more common in children, adolescents, and young people of all ethnicities.

Type 2 diabetes accounts for between 85 and 95 per cent of all people with diabetes and is treated with a healthy diet and increased physical activity. In addition to this, medication and/or insulin are often required.

In Type 1 diabetes, the signs and symptoms are usually obvious and develop very quickly, typically over a few weeks. The symptoms are quickly relieved once the diabetes is treated and under control. In Type 2 diabetes, the signs and symptoms may not be so obvious, as the condition develops slowly over a period of years and may only be picked up in a routine medical checkup. Symptoms are quickly relieved once diabetes is treated and under control.

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Signs and symptoms:

High blood sugar (normally slow onset of symptoms)

- Excessive thirst
- Frequent need to urinate
- Acetone smell on breath
- Drowsiness
- Hot dry skin

Action

For person with High Blood Sugar allow casualty to self-administer insulin. Do NOT give it yourself but help if necessary.

Low Blood Sugar (normally quick onset of symptoms)

- Feel dizzy, weak and hungry
- Profuse sweating
- Pale and have rapid pulse
- Numb around lips and fingers Aggressive behaviour

Action

For person with Low Blood Sugar give sugar, glucose or a sweet drink e.g. coke, squash.

If you are unsure if casualty is suffering high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will be vital.

Diabetes medication will not cure your diabetes, and most people will have to take them for the rest of their lives, but medication will help you to feel better by relieving the symptoms of diabetes and reducing your risk of complications. If you take medication, it is important to know how it works, and to be aware of the potential problems/side affects you may have.

It is important to remember that the medication is not instead of diet and physical activity: you will still need to continue with this. If an employee has diabetes, it will be a requirement.

Treatment with insulin

All people with Type 1 diabetes will require insulin and eventually, some people with Type 2 diabetes find that despite having their diabetes medication adjusted, their blood glucose levels remain too high and insulin treatment is recommended by their doctor.

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Insulin cannot be taken in a tablet form because, being a protein, it would be digested in the stomach before it had any effect. Insulin can be given in different ways via an injection, using a syringe, pen device or via an insulin pump. The needle is small, as it only needs to be injected under the skin (subcutaneously), either in the stomach, buttocks, thighs or upper arms. The insulin is then absorbed into small blood vessels and arrives in the bloodstream. There are six main types of insulin available in various combinations and they all work in different ways.

http://www.diabetes.org.uk/Guide-to-diabetes/Introduction-to-diabetes/Treating_diabetes/

Epileptic seizures

Epileptic seizures are caused by a disturbance of the brain. Seizures can last from 1 to 3 minutes. In many cases, the cause of epilepsy is unknown. In others, the epilepsy may be linked to an illness such as meningitis, a malformation of the brain, problems with a pupil's metabolism or damage to their brain. This damage can be caused by such things as a severe head injury or a difficult birth. Pupils, like adults, can have either generalized or partial seizures. Other conditions can sometimes be mistaken for epilepsy and they include febrile convulsions and breath-holding attacks. There are different types of epilepsy and are as follows:

Idiopathic means that there is no apparent cause. Cryptogenic means that doctors believe there is likely to be a cause, but they are unable to find it. Symptomatic means that a cause has been found.

Seizures can also be described by which part or parts of the brain the epileptic activity starts in. The three groups are: partial (also called focal), secondary generalized, and generalized.

Partial seizures involve epileptic activity in just a part of the brain. Partial seizures can be divided into simple partial and complex partial.

In a simple partial seizure, the person is fully conscious. They remain fully aware of their surroundings, despite seizure activity.

In a complex partial seizure, a person partly loses consciousness, and they are not aware of what they are doing. Because of this, they may not remember the seizure afterwards, or their memory of it will be unclear.

Generalized seizures involve epileptic activity in both halves of the brain. The person loses consciousness during the seizure. Sometimes, the epileptic activity that starts as a partial seizure can spread to the rest of the brain. When this happens, the seizure is known as secondary generalized.

http://www.epilepsy.org.uk/info/seizures/ataglance

Some pupils with epilepsy experience behavioural problems and or learning difficulties. It is important to remember that simply because a pupil has epilepsy it does not follow that every other problem is also related to their epilepsy.

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Signs and symptoms

The person goes stiff, loses consciousness, and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop, and consciousness may slowly return.

Do

- Protect the person from injury - (remove harmful objects from nearby)
- Cushion their head if this is possible
- Look for an epilepsy identity card or identity jewelry
- Aid breathing by gently placing them in the recovery position once the seizure has finished
- Stay with the pupil or adult until recovery is complete
- Be calmly reassuring

Don't

- Restrain the pupil or adult's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if:

- You know it is the pupil or adult's first seizure
- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without the pupil or adult regaining consciousness between seizures
- The pupil or adult is injured during the seizure
- You believe the pupil or adult needs urgent medical attention

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Complex partial seizures

The person is not aware of their surroundings or what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.

Do

- Guide the pupil or adult from danger
- Stay with the pupil or adult until recovery is complete
- Be calmly reassuring
- Explain anything that they may have missed

Don't

- Restrain the pupil or adult
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the pupil or adult is aware of what is happening, or what has happened
- Give the pupil or adult anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe that the pupil or adult needs medical attention **Treatment**

Many people have their seizures successfully controlled with anti-epileptic drugs (AEDs). This is the most common way that epilepsy is treated. AEDs do not cure epilepsy. Their aim is to prevent seizures by acting in some way to control the excitability of the brain. How they do this is not totally understood. Despite this, their effectiveness in treating epilepsy has been scientifically proven.

There are several different anti-epileptic drugs available, some of which are more suitable for different seizure types than others. Anti-epileptic drugs are available in several different formulations such as tablets, capsules, chew tabs, sugar-free liquid, syrup, dispersible tablets, crushable tablets and sprinkle capsules.

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