MERTON COURT SCHOOL

FIRST AID POLICY

To be reviewed May 2027 by: Headmaster, Mrs T Langton, LT	
Signed by Headmaster/Proprietor:	
Shared with staff:	30/9/26
Put on Website:	30/9/26

This Policy applies to the whole school including EYFS.

This policy 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 (0345 300 9923) any instances that fall within the Reporting Injuries, Diseases or Dangerous Occurrences Regulations Act (RIDDOR) (2013).
- The Guidance on First Aid for Schools Best Practice Document published by the Department for Education (DfE).
- First aid in schools, early years and further education (DfE Feb 2022).

Merton Court School's Appointed Person for the health and safety of the School's employees and anyone else on the premises is Mrs A Macdonald. 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 'Playscheme', residential trips and all other activities provided by the school, inclusive of those outside of the normal school hours;
- all staff (teaching and support staff), students on placement, the proprietors, Advisory Board members, volunteers and contractors working in the school.

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Related documents:

- Health and Safety Policy
- Administration of Medication Policy
- Allergy/Intolerances Policy
- EYFS Policy
- PESSC Policy
- Playscheme Policy

Availability:

This policy is available to staff via the staff shared drive and parents may request a hard copy from the School Office.

Monitoring and Review:

This policy will be subject to continuous monitoring, refinement and audit by the Headmaster/Proprietor who will undertake an annual review of this policy and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown, or earlier if changes in legislation, regulatory requirements or best practice guidelines so require.

Introduction

This policy is designed to ensure that all children can attend school regularly and participate in activities.

This policy outlines the School's statutory responsibility to provide adequate and appropriate first aid to children, staff, parents and visitors and the procedures in place to meet that responsibility. The school complies with the Guidance on First Aid for Schools Best Practice Document published by the DfE. To comply with this best practise document, the school has a requirement for a minimum of two 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 corridor in the school building to be trained in basic first aid. Staff in EYFS are paediatric first aid trained, either Full or Emergency. Across the EYFS a staff member with a full paediatric certificate is always present. However, staff should NEVER perform any First Aid Procedures that they have not been adequately trained to do.

The school will provide:

- Practical arrangements at the point of need;
- The names of those qualified in first aid and the requirement for updated training every three years;
- At least one qualified person on each corridor when children are present;
- All staff have a full paediatric certificate or emergency paediatric certificate when working in EY (Nursery) and J1 (Reception) and Before School Club (BSC) and After School Club (ASC) when EYFS children are present;
- Information on how accidents are to be recorded and parents informed;
- Access to first aid kits;
- Arrangements for children with particular medical conditions (for example asthma, epilepsy, diabetes).
- Hygiene procedures for dealing with the spillage of body fluids;
- Guidance on when to call an ambulance;

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- Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013), under which schools are required to report to the Health and Safety Executive (telephone 0345 300 9923)

Methodology

This First Aid Needs Assessment will consider the following topics:

- The nature of the work, the hazards and the risks
- The classification of first aiders
- The Nature of the workforce
- Schools history of accidents and illness
- Educational trips, Residential trips and Learning Outdoors activities/Sports Fixtures/Lone Workers
- The distribution of the workforce
- The remoteness of the site from emergency medical services
- The assessment of the number of first aiders required

Aims

- To ensure that first aid provision is always available while people are on school premises, and off the premises whilst on school visits.
- To provide First Aid treatment where appropriate for all users of the school (with particular reference to children and staff)
- To provide or seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion, courtesy and dignity.

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

Classification for first aiders.

There are now four levels of workplace first aider:

- Emergency First Aider at Work (EFAW) – 6-hour course
- Paediatric First Aider – 12-hours paediatric course
- Emergency Paediatric First Aider – 6-hour course
- First Aider at Work (FAW) – 18-hour course.

The Nature of the Workforce

We have considered the needs and health of all employees, children, visitors/contractors. During term time there will be one or more First Aider at Work (FAW) on duty. During school holidays - there should be at least one Emergency First Aider at Work (EFAW) available to administer first aid. Please see the School's Playscheme Policy regarding holiday playschemes taking place during school holidays. A Care Plan will be completed by the school prior to a child with specific health problems/disability (such as heart conditions, asthma, diabetes etc) is accepted into the school.

The Head of Pastoral is responsible for ensuring that there is adequate first aid cover available.

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The evidence of the level of injury in our school is relatively low and really confined to child injuries, most of which are results from slips/trips and falls, occasionally on the sports field, in the sports hall or in the playgrounds. Again, most of the injuries are minor and require minimal first aid attention.

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.

Full Paediatric First Aider
A person who has completed a full (2-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.

Policy Statement
Merton Court School will undertake to ensure compliance with all the relevant legislation regarding the provision of First Aid for children, staff, parents and visitors. We will ensure that procedures are in place to meet that responsibility. This policy should be read in conjunction with Merton Court School's Health and Safety policy and Safeguarding and Child Protection Policy and on Educational visits. It will be reviewed annually.

First Aid Facilities
The Headmaster/Proprietor ensures that the appropriate number of first-aid kits are available according to the risk assessment of the site. See Guidance on First Aid for Schools Best Practice document (DfE) guidelines on recommended and mandatory contents.

- All first-aid kits are marked with a white cross on a green background;
- First-aid kits always accompany the children when using any specialist facilities and during any offsite activity/education visit. First aid kits accompany Physical Education (PE & Games) teachers off-site;
- First aid kits are kept near to hand washing facilities;
- Spare stock is kept in the school office (See Appendix 2 - first aid kit contents list);
- A designated member of staff is responsible for checking and restocking the first-aid kits. This is completed weekly, using a supplies check list. The First Aiders must notify the school office of any necessity of restocking of the First Aid boxes;

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- A defibrillator is located outside the School Hall and staff have regular training on how to use it.

First Aid Room
The first aid room is located, next to the sports staff office, and is used in emergencies only. First Aid bags/boxes are located on all playgrounds. Outside of breaktimes, children should report to the school office. Any Early Years child requiring first aid will be dealt with in the EY classroom. Early Years children on the playground at lunch and break times will follow the same procedure as the rest of the school.

Training
The list of staff with current First Aid Certificates is available from the school office. All First Aid qualifications are updated every three years in accordance with regulations.
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 and for educational visits and offsite activities.

First Aiders' responsibilities
- To give first response treatment.
- To summon an ambulance through the school office, when necessary.
- To inform the school office when children are too unwell to stay at school. The school office will contact parents to collect their child and, when required, inform them of the accident and the hospital to which their child is being taken.
- To keep a legible written record of attendances, with dates, times and treatment given.
- To provide the office with the accident form so that it may be emailed home to parents and entered onto CPOMS.

Policy on First Aid in School
All staff, both teaching and non-teaching are responsible for dealing with minor incidents requiring first aid. During lesson time first aid is administered by the form teacher or assistant, or one of the First Aiders. If an accident occurs in the playground and first aid is required, then one of the staff on duty in the playground, who is qualified will assist the child and should, if necessary, be taken to the School Office. The First Aid room will be used if a child has a very serious injury.

The First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Fully stocked First Aid kits are available in the first aid room, J1 classroom, EY building, games store (two are available to be taken out onto the sports pitches during games lessons), (the PSHEE Co-ordinator), school minibus, school office (two kits available for offsite visits), all playgrounds and the After School Club building along with the Bee Hut. First Aid boxes are numbered, and locations are circulated to all staff. Spare auto-allergy injector pens are located around the school and marked by an orange/black sign). (See Allergy Policy)

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Any action taken must be recorded. Accidents of a more serious nature must be recorded on an accident report book, and if serious, parents should be informed by telephone. If an injury or illness involves spillage of body fluids gloves must be worn. Any head injury will be reported to the child's parent as soon as possible. All accident forms are emailed directly to parents and entered onto CPOMS.
If there is any concern about the first aid which should be administered, then Mr Brady should be consulted for advice.
The arrangements for first-aid provision will be adequate to cope with all foreseeable incidents. The number of designated first-aiders will not, at any time, be less than the number required by law. This is determined by risk assessment (Local Authority guidance). Designated staff will be given such training in first-aid techniques as is required to give them an appropriate level of competence. The Headmaster is responsible for ensuring that a sufficient back-up stock, signs and kits must be identified by a white cross on a green background. A written record will be kept of all first-aid administered either on the school premises or as a part of a school related activity.

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

1. Ascertain by inspection and discussion with the child or staff member the nature of the child's injury or illness.
2. Comfort and advise as necessary. This may be sufficient, and child can return to class or break. Inform form teacher of nature of any concerns if appropriate.
3. Treat injury or illness if required. Clean wound with running water and cover with a plaster if still bleeding and no allergy exists.
4. Record action taken on accident report form and complete a copy for parents.
5. If child is then well enough, they 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 parents will be contacted and if unavailable then the emergency services will be called, and office 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 Aider feels should be taken further, she/he will telephone or speak to the parents and/or the school office so a decision may be made.

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. Most members of staff working specifically in the EYFS department have a Paediatric First Aid Training Certificate. They are not, however, medically qualified and hence cannot give medical advice.

Hygiene/Infection control/HIV Protection
Staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single-use disposable gloves and hand-washing facilities, which should be used when dealing with any blood or other bodily fluids. Staff should take care when dealing with such fluids, and when disposing of dressings or equipment. Make sure any waste (wipes, pads, paper towels etc) are

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placed in a disposable bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready for them to take home.

Supporting sick or injured children
With reference to sick children and medicine we:

- Make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues.
- Isolate a child if we feel that other children or staff are at risk.
- Contact parents to take children home if they are feeling unwell/being sick/have diarrhoea/have had an accident/may have an infectious disease.
- Ring emergency contact numbers if the parent or carer cannot be reached.
- Make every effort to care for the child in a sympathetic, caring and sensitive manner.
- Respect the parents' right to confidentiality
- Keep other parents informed about any infectious diseases that occur.
- Expect parents to inform the office if their child is suffering from any illness or disease that may put others at risk.
- See the School policy on administration of medicines

Confidentiality
Information given by parents regarding their child's health will be treated in confidence and shared with all staff.

Monitoring
Accident report forms are used to help the Headmaster/Health and Safety Officer and Advisory Board to identify trends and areas for improvement. They also help to identify training or other needs and may be useful for insurance or investigative purposes. The Headmaster, LT and Advisory Board regularly review the accident records. This policy is reviewed annually.

Reporting to HSE
Statutory requirements: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) (**RIDDOR**) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0345 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 and off the premises;
- the way the school activity has been organised and managed;

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- 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 Headmaster will report the incident to HSE and the School's insurers.

Record keeping
Statutory accident records: The Headmaster/Proprietor must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years. The Headmaster/Proprietor must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:
- the date, time and place of incident
- the name (form) of the injured or ill person
- details of their injury/illness and what first aid was given
- what happened to the person immediately afterwards
- name and signature of the first aider or person dealing with the incident.

Reporting
The First Aider should complete an Accident Report Form. All injuries, accidents and illnesses, however minor, must be reported to the School Office and they are responsible for ensuring that the accident procedures are filled in correctly and that parents and HSE are kept informed as necessary.

The original form will be emailed to parents/carers of the child, a copy is scanned onto CPOMS and kept in the accident report file for monitoring. All details need to be filled in, including any treatment given.

Reporting to Parents: In the event of accident or injury parents must be informed as soon as possible. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Headmaster/Proprietor if necessary. Parents are always called if there is a head injury, no matter how apparently minor.

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).

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Staff taking medication/other substances
Staff must seek medical advice if they are taking medication and inform the School if it affects their ability to care for children. All staff medication must be stored securely.

Accidents involving children 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 an Educational Visit).
- 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

Basic First Aid Procedures - Reminders

Knowing what to do in an emergency is vitally important. Remember your first aid training, know where a first aid kit is located and familiarise yourself with how to deal with some of the more common situations below. 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 / 112 immediately; contact a First Aider.
- 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.

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Embedded Objects and Splinters
An object embedded in a wound (other than a small splinter) should not be removed as it may stem bleeding, or further damage may result.
In principle leave splinter in place, carefully clean the area with warm soapy water; use sterile dressing to cover it, Report to parents, if the child is particularly uncomfortable contact parents.

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 (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. 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 child would necessarily experience all 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 prescribed are administered by an 'auto-injector, 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 child must be kept by the form teacher which is readily available, in accordance with the School's health and safety policy. Also see Appendix 1 of this policy. If a child has an 'auto-injector' it is particularly important that this is easily accessible throughout the school day. Spare auto-injectors for use in an emergency are kept in the school office, kitchen, bee hut, forest school and the afterschool building. Medication must be clearly marked with the child's name and in date. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. A log of all children's auto-injectors is kept by office staff. Parents will be notified one month before an auto-injector goes out of date so they are able to renew them.

It is important that all staff in the School are aware of any child's condition and of where that child's medication is kept. A small photograph of the child will be circulated internally to ensure recognition by all staff.

It is not possible to overdose using an 'auto-injector' as it only contains a single dose. In cases of doubt, it is better to give a child experiencing an allergic reaction an injection rather than hold back.
All children who have anaphylaxis will require a care plan which parents/carers must complete prior to starting at Merton Court School. The Care plan must give basic details, and the child's medication is readily available. This will be kept in the child's file.

Following discussion with the child and their parents, individual decisions should be made as to whether to provide basic information on the child's condition to their peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. All children are discouraged from sharing food or drink with another child.

Managing children with anaphylaxis

- Staff will be aware of those children under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff will ensure that all children who have an 'auto-injector' prescribed to them and are readily available.
- EYFS staff will take children's auto-injectors to any activities outside of their classroom.
- Staff will ensure that they have some knowledge of what to do if a child has an anaphylactic reaction. (Staff to seek advice from a First Aider.)
- If a child feels unwell, a First Aider should be contacted for advice.
- Spare auto-injector pens are kept in the Bee Hut, kitchen, school office, forest school and the afterschool club building.
- All staff have regular training on the use of auto-injectors.

Educational Visits and Residential Trips

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

Issues which may affect learning

Children with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life and staff will risk assess to minimise any risks to a child.

What are the main symptoms?

- Itching or presence of a rash, vomiting/sickness, swelling of the throat, difficulty in swallowing, difficulty in breathing, increased heart rate and unconsciousness

What to do if a child has an anaphylactic reaction

- Ensure that an ambulance has been called, stay calm and reassure the child, encourage the child to administer their own medication as taught, summon assistance immediately from a First Aider and liaise with a member of the school office about contacting parents.

Asthma

Children 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 child may become

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distressed and anxious and in very severe attacks the child'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 children with asthma will take charge of and use their inhaler from an early age and it is good practice to allow children to always carry their inhalers with them, particularly during PE lessons. If a child is too young or immature to take responsibility for the inhaler, staff will ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the child's name. EYFS, J1, J2, J3 staff will take children's inhalers with them to lessons outside of the classroom. Children from S1 to S4 will carry their own inhalers with them when out of their classroom.

Children with asthma must have immediate access to their inhalers when they need them.
Following discussion with the child and their parents, individual decisions will be made as to whether to provide basic information on the child's condition to their peer group so that they are made aware of their classmate's needs.

Managing children with asthma
- Staff are aware of those children under their supervision who have asthma.
- Games staff will ensure that all children with asthma have their inhaler prior to commencement of a session.
- Staff will ensure that they have some knowledge of what to do if a child has an asthma attack. (Staff to seek advice from a First Aider)
- If a child feels unwell, a First Aider will be contacted for advice.

School trips
- A member of staff trained in the administration of medication will accompany the trip, taking responsibility for the safe storage of children's medication, if the children cannot carry it themselves (See care Plan). Staff supervising the trip will be aware of the child's condition and of any relevant emergency procedures.
- Across the EYFS a full Paediatric First Aider will accompany the trip.

Issues which may affect learning
Children 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.
However, children will not be forced to take part if they feel unwell.

What are the main symptoms?
- Coughing, wheezing, inability to speak properly and difficulty in breathing out.
  What to do if a child has an asthmatic attack;
- Stay calm and reassure the child. Speak calmly and listen to what the child is saying.
- Summon assistance from a First Aider. Try not to leave the child alone unless necessary in order to get help.

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- Make sure that any medicines and /or inhalers are used promptly and help the child to breathe by encouraging the child to breathe slowly and deeply and relax.
- Help the child to sit upright or to lean forward slightly rather than lying flat on their back.
- If the child does not respond to medication or their condition deteriorates call an ambulance. 112 or 999

Liaise with the First Aider about contacting the child's parents or carers.

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. Children 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 child may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a child 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 children with diabetes will have an Individual Care Plan. In most cases children will have their insulin injections before and after school but some children may require an injection at lunchtime. If a child needs to inject whilst at school, they will know how to undertake the procedure without adult supervision. However, the child may require privacy in which to administer the injection. Some children 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 child with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most children 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 child 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 child and their 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 children 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 children will require a care plan which parents or carers should complete prior to starting at Merton Court. The

Care plan should give the basic details and indicate whether in some circumstances the child should be allowed to carry medication with them around the School. This will be kept with the child's file. Following discussion with the child and their parents' individual decisions should be made as to whether to provide basic information on a child's condition to their peer group so that they are aware of their classmate's needs.

Managing children with diabetes

- Staff are aware of those children under their supervision who have diabetes.
- Games staff will ensure that all children with diabetes have a sugary drink bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff will ensure that they have some knowledge of what to do if a child has a hypoglycaemic episode or a hyperglycaemic episode.
- If a child feels unwell, a First Aider should be contacted for advice.

Educational Visits

A member of staff trained in the administration of medication will accompany the trip, taking responsibility for the safe storage of the child's medication, if the children cannot carry it themselves (See Care plan). Staff supervising the trip must be aware of the child's condition and of any relevant emergency procedures.

Issues which may affect learning

Children 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 child with diabetes in maintaining an adequate blood glucose level: Encourage the child to eat or drink some extra sugary food before the activity, have glucose tablets or a sugary drink readily available in case the child displays symptoms of hypoglycaemia, after the activity is concluded, encourage the child 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 child 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 child is unwell, or the child has experienced an episode of vomiting.

Common symptoms are:

- Hunger, drowsiness, glazed eyes, shaking, disorientation, lack of concentration

i. Get someone to stay with the child - call for a 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.

ii. Give fast acting sugar immediately (the child should have this), e.g:
Lucozade, fresh orange juice, sugary drink, e.g. Coke, Fanta, glucose tablets, honey or jam, 'Hypo Stop' (discuss with parents whether this should be taken on trips off site)

iii. Recovery usually takes ten to fifteen minutes.

iv. Upon recovery give the child some starchy food, e.g. couple of biscuits, a sandwich.

v. Inform a First Aider and parents of the hypoglycaemic episode.

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vi. In some instance it may be appropriate for the child to be taken home from school
NB. In the unlikely event of a child losing consciousness, call an ambulance (112 or 999) and a Duty First Aider.

A hyperglycaemic episode (high blood sugar)
Hyperglycaemic episodes occur when the blood glucose level is too high. Children may display the following symptoms:
- Excessive thirst, passing urine frequently, vomiting, abdominal pain
- A change of behaviour

Care of children in a hyperglycaemic episode:
- Do not restrict fluid intake or access to the toilet
- Contact parents.

Cleaning up body fluids from floor surfaces

All appropriate precautions will be taken by the Estates and Maintenance staff when cleaning up after an incident involving blood, vomit, etc.
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.
- Wear gloves. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable if they are cleaned and sanitized after each use.
- Remove all visible material from the most soiled areas, using paper towel.
- Put all used paper towel and cloths into bin.
- Non - carpeted areas: Sanitize the area using disinfectant, leaving on the affected area for a minimum of 10 minutes. A red mop and bucket are designated for this use and contact a member of the Estates and Maintenance Team.
- Carpeted areas: The area should be cleaned. The area should then be shampooed or steam cleaned within 24 hours and contact a member of the Estates and Maintenance Team.
- Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water and then rinse with disinfectant.
- Discard gloves in the bin. Finally wash your hands thoroughly using soap and water.

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1195).
All Schools are required to report to the Health and Safety Executive (Tel: 0345 300 99 23). Employers must report: Deaths, major Injuries, over three-day injuries, accidents causing injury to children, accidents causing injury to members of the public or people not at work, specified dangerous occurrences where something happened which did not result in an injury but could have done.
Refer to Health & Safety Handbook for full details.

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