



First Aid Policy (including administering of medication)

including Early Years Foundation Stage

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| Person responsible | Susan Walker, Acting Headteacher |
| Approved by | Adam Holdsworth, Chair of Governors |
| Review date | November 2023 |
| Next review date | November 2024 |



WESTVILLE HOUSE SCHOOL

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1. Introduction

This policy applies to all children in the school including those in the EYFS.

The School accepts its responsibility under the Health and Safety: responsibilities & duties for schools Guidance. It acknowledges the need to provide adequate equipment, facilities and the correct amount of appropriately trained personnel to enable timely and competent first aid to be given to employees, pupils and visitors if they are injured or become ill on or off site. The Governors are committed to the Regulations procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

This policy is developed based on an assessment of local need considering the likely risks to staff, pupils and visitors. This policy does not stand alone but should be read in conjunction with the Health and Safety, Administration of Medicine and Child Protection policies. The policy is approved, implemented, and reviewed by the Governing Body.

All employees are informed, via this policy, of the first-aid arrangements. The provision of first aid in school will be in accordance with guidance documents *First Aid in Schools: 2014* and *Supporting pupils in school with medical conditions: 2015*.

The aims of first aid being to:

- preserve life;
- prevent the situation worsening;
- promote recovery;
- places a duty on the Governing Body to approve, implement and review the policy;
- provide information for employees on the arrangements for first aid;
- place individual duties on all employees;
- make arrangements to provide training to employees, maintain a record of that training and review annually;
- establish a procedure for managing accidents in school which require first aid treatment;
- to record, report and where appropriate, investigate all accidents and near misses;
- provide equipment and materials to carry out first aid treatment; and
- record all occasions when first aid is administered to employees, pupils and visitors.

2. Arrangements for First Aid

Anyone requiring first aid should be referred to the closest and most accessible member of staff who has emergency first aid certification. If there is any evidence or history of a neck or spinal injury the person should not be moved unless there were to be serious risk of harm if that person were to remain in the same position. If assistance is required at the scene, the school office should be called. In any situation in which a staff member feels unable to help adequately, an ambulance should be called and the next of kin informed of the situation, and the relevant action taken.

Parents will be informed of any first aid performed either in the pupil's diary, on a form or by phone depending on the nature of the injury.



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Signs with our First Aiders displayed can be found in the following areas:

- Downstairs Front Door;
- Staff Room;
- Medical Room;
- Dining Hall;
- Kitchen;
- Woodlands;
- Reception Classroom;
- Hub Locked Medical Cupboard;
- Back Playground; and
- Science Lab First Aid Box;

List of first aiders (Emergency First Aid at Work): **currently under review**

Paediatric Trained First Aiders:

- Shelagh Bleakley;
- Jade Camp;
- Eve Coleman;
- Fran Colman;
- Sarah Coughlan;
- Jules Coulthurst;
- Louise Dobson;
- Amie Duxbury;
- Janette Green;
- Rebecca Mountain;
- Rachael Whitehead; and
- Joanne Williamson.

There will always be a paediatric trained first aider on site. All relevant staff will be trained every three years.

First Aid boxes are positioned strategically around school and on school minibuses. These are to be found in the following locations around the school:

- Downstairs Front Door Medical Box;
- Staff Room First Aid Box;
- Medical Room First Aid Box;
- School Trip First Aid Box (to be taken out on School Trips);
- Dining Hall First Aid Box;
- Kitchen First Aid Box;
- Early Years Woodlands First Aid Box;
- Early Years Reception First Aid Box;
- Back Playground First Aid Box;
- Sports Hall Defibrillator;
- Minibus Medical Box (in the side of the passenger door);
- Science Lab First Aid Box;



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- P.E/Games First Aid Bag (taken to all lessons and fixtures); and
- P.E/Games First Aid Bag (taken to all lessons and fixtures).

These should not be removed. The contents are checked each term by an assigned member of staff who keeps a record of these checks. If first aid supplies are seen to be running low or expiry dates reached, the assigned member of staff will inform the school secretary so that new stock can be purchased.

No medication should be kept in first aid kits.

There is an automated external defibrillator (AEDs) positioned on the Westville Hall corridor.

An AED is to be used in the case of sudden cardiac arrest, following instruction from first aider present and/or Yorkshire Ambulance Service (YAS) during 999 call. An AED can be used safely and effectively without previous training; its use should not be restricted to trained rescuers. Training should however be encouraged to help improve the time to shock delivery and correct pad placement. Staff training will be offered alongside basic emergency life support training. The Headteacher and Deputy Headteacher will be responsible for maintaining equipment and accessories, coordinating staff training, keeping staff training records, liaising with YAS.

3. Facilities within School

In compliance with The Education (School Premises) Regulations 2012 the Governing Body ensures that first aid rooms are made available for medical treatment. Keys are kept with the school office if access is required out of school hours.

The following facilities are available in the school medical room/next to:

- sink with running hot and cold water and soap and paper towels, soap;
- a toilet, drinking water and disposable cups, paper towels; smooth-topped working surfaces;
- a range of First Aid equipment and appropriate storage; lockable storage for medications, chairs; and
- clean protective garments for First Aiders; suitable refuse container (foot operated) lined with appropriate disposable yellow plastic bags for clinical waste; record-keeping facilities.
- Bed for casualties

4. Calling for an ambulance/ Transporting to and from hospital

Where an injury or illness is an emergency, an ambulance must be called. The decision to call for an ambulance is the responsibility of the first aider attending to the casualty. The call may be delegated by them to another member of staff assisting. In an emergency situation time is of the essence and emergency services must be summoned without delay. Time must not be wasted seeking the authority of the Headteacher, or other members of the senior team, though they should be informed as soon as is feasibly possible. The person making the call must give details of the casualty, the injury and situation in school. Members of staff should be directed



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to strategic points in order to direct the ambulance to the right place. Staff should endeavour to protect the privacy and dignity of the casualty by redirecting pupils away from the scene. Parents, in the case of pupils, and next of kin in the case of employees/visitors, must then be informed, as soon as feasible.

Where hospital treatment is required, but it is not an emergency, the Headteacher or member of senior team, will delegate contact to parents for them to take over the responsibility of the child.

Dial 999, ask for ambulance/police/fire service and be ready with the following information:

- your telephone number, which is 01943 608053;
- your location, which is Westville House School, Carter's Lane, Ilkley, LS29 0DQ;
- give the exact location of where you are in the School/Setting, e.g. Kitchen;
- give your full name;
- give the name of the Child/Adult needing attention and a brief description of their symptoms (if an ambulance is needed);
- inform the service of the best entrance to the School and state that the crew will be met by a member of staff; and
- inform the Hub and the Headteacher or a member of the Senior Leadership Team.

Should the ambulance be required at the sports field, advise ambulance to go to the separate gate.

5. Infection Control Procedure for Body Fluid Spillages

- Gloves must be worn when contact with blood or body fluid is likely. Protective gloves are stored in first aid boxes. Latex gloves must not be used for risk of allergy;
- disposable yellow plastic bags must be used for clinical waste. These bags must be disposed in the special bins;
- sponges and water buckets must never be used for first aid to avoid the risk of HIV contamination;
- body fluid disposal kits are kept (Vomit, diarrhoea and blood). This must be cleaned immediately. The caretakers must therefore be called to do this. This is vital if spread of infection is to be minimised; and
- cleaners must be aware of risks and procedure when cleaning first aid rooms and disposing of yellow bags.

6. Provision of first aid away from the School

Adequate numbers of appropriately trained staff should accompany groups on school trips; this will be determined by risk assessment. First aid bags and pouches are available for school trips and are to be collected from the school office. First aid kits are also allocated on school minibuses but must not be removed from the minibus. All EYFS trips must have a paediatric trained first aider with them.



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7. Arrangements for Sports Events

Sports staff have a mobile phone to enable immediate contact with emergency services. They also take a First Aid Kit to the sports field.

8. Provision of medical care

Parents have prime responsibility for their child's health. They are encouraged to provide full information about their child's needs, including any medication taken.

If a pupil is taken ill at school, they should be directed to a nominated first aider, who will decide on appropriate care and treatment and whether they should go home; in which case parents will be informed to arrange collection. Pupils must not make their own arrangements with parents to be collected without first being assessed by a member of staff. Where infection control is an issue, parents will be advised, in accordance with Public Health England guidance for schools, on recommended periods to be kept away.

Guidance on infection control is contained within the document ["Guidance On Infection Control In Schools And Other Childcare Settings"](#) published by Public Health England.

Employees will also be informed of instances of communicable diseases where their own health may be at risk.

9. Support for pupils with medical conditions

Westville House School is an inclusive community which welcomes and support pupils with medical conditions. This school provides all pupils with any medical condition the same opportunities as others at school.

Westville House School will help to ensure that its pupils can:

- be healthy;
- stay safe;
- enjoy and achieve; and
- make a positive contribution.

The school makes sure all staff understand their duty of care to children and young people in the event of any emergency.

All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.

All staff receive training in what to do in an emergency and this is refreshed at least once a year.

Westville House School understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. All staff understand the medical conditions that affect pupils at our school. Staff receive training on the impact medical conditions have on pupils.



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The named member of staff responsible for this medical conditions / first aid policy and its implementation is Mrs Sarah White.

10. Individual Health Care Plans (IHPs)

The main purpose of an individual health care plan (IHP) for a child with medical needs is to identify the level of support that is needed. For those pupils with an IHP – it is good practice that all staff members should be made aware of the child's condition.

An IHP details exactly what care a child needs in school, when they need it and who is going to give it. It should also include information on the impact any health condition has on their learning, behaviour or classroom performance.

The onus is on parents to initiate an IHP, a suggested IHP template is provided by the school. The parents should liaise with the relevant health care professionals when creating, writing and reviewing an IHP. The parents should then arrange a meeting with the school and any relevant healthcare professionals to help finalise a plan which will work in the school. The school will ensure that all advice and procedures that are outlined in the finalised IHP are put into place in the school. Teachers are made aware of the importance of knowing about pupil IHPs through meetings and email communications. The Hub locked medical cupboard lists those pupils who have an IHP and staff are required to seek further information from the Deputy Headteacher. The IHPs are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

The onus is on parents to review the IHP at least annually. This may then require the parents to arrange a meeting with the school to inform the school of any changes and updates to their child's IHP.

If a parent is unsure whether their child needs an IHP they can contact the school and the school will advise whether they need one for school. IHPs are normally created for children requiring regular long term medication at school. If your child has a severe or complex medical problem or needs specialist care, a healthcare plan is likely to be essential but for less complicated conditions it may not be necessary. Common conditions that might require an IHP include asthma, epilepsy, diabetes, allergies and continence issues.

- Parents at this school are asked if their child has any medical conditions on the Registration Form;
- this school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register;
- IHPs are regularly reviewed by the parent, at least every year or whenever the pupil's needs change;
- the pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care. Staff can access IHP's using the school computer Shared Area network;
- Westville House School makes sure that each pupil's confidentiality is protected;
- this school seeks permission from parents before sharing any medical information with any other party; and



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- Westville House School communicates with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to establish a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

Pupils' care plans, and other relevant health information will be made available to staff in order to optimise their wellbeing. This information can be found on the Hub locked medical cupboard and shared area. If any new care plans or health information are shared with the school, this information is circulated to all staff via email. This is done via a picture board and detailed list. This will also be physically updated on the Hub locked medical cupboard, kitchen, early years, aftercare and shared area. Staff are reminded that any information provided is confidential under the Data Protection Act 1998.

Should staff have concerns regarding a pupil's health and wellbeing, these concerns should be shared with the DSP/Headteacher.

11. Administration of medication

All medications are stored in a locked cupboard in the Hub. Emergency medicines and devices such as asthma inhalers, blood glucose meters and adrenalin pens are kept in an locked cupboard in the Hub, so they are readily available to children and staff but kept in a safe centralised location out of reach of children.

The school will not give prescription or non-prescription medication to pupils without written parental consent.

Written documentation will be made when staff administer medication to children, including the dose and time of administration.

When children are deemed to be competent to manage their own health needs and medicines - a written document should be kept of parental consent.

Consent forms are sent to all parents annually. Any medicine administered to a child must be provided by the parent. The medicine will only be accepted if it is in-date, labelled, provided in the original container as dispensed by the pharmacist, and includes instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available to schools inside an insulin pen or a pump rather than its original container.

Whilst on a school trip, members of staff should be made aware of any medical conditions of pupils and how this could impact their participation. Staff can find this information in the Hub locked medicine cupboard, staff computer shared area and/or the school secretary.

12. Residential Visits

If a pupil requires medicines which he / she takes at home only i.e. not during the school day, then a consent form must be completed by parents / carers before departure for the medicine to be administered during the residential visit. It can be administered by a member of staff



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provided they have had training and that they are also willing to carry out the task. A record of the medicines administered should be completed.

Parents are required to inform school of a pupil's long term medication regime regardless of whether that medicine is administered at school or not.

Any medication given to pupils will be recorded in their school diary or on a note in order to keep parents informed of medication given, reason for administration and time given.

13. Outbreaks of Illness

When an outbreak of a illness or disease is suspected at the school this will be promptly notified to the Local HPE office / Health Protection Agency.

14. Record keeping

The school will keep records of all first aid administered for the preceding five years.

15. Accident Reporting

Any employee, pupil or visitor sustaining minor injury/accident should be seen by an emergency first aider for first aid treatment. All accidents and near misses, even if the injury is sustained out of school, on school trips or sports fixtures, must be recorded in the accident book and reported to the Headteacher on return, so that accident forms can be completed by the person witnessing the event. Parents will always be informed as soon as practicable and always on the same day should a child injury their head, suffer from vomiting or any other significant injury or illness.

16. Very Minor Injuries

Very minor injuries e.g., those which require no intervention or a simple wash down with water. This type of injury can be dealt with immediately as it occurs by the member of staff supervising the children at the time.

17. Minor Injuries

For the purposes of this policy minor injuries are defined as those which require the attention of a First Aid trained person. This may be to check that no underlying more serious injury has occurred e.g. bumped head, graze or any other "bloody injury". The first aider will then deal with the injury and inform the class teacher/Headteacher teacher as per school procedures. This may include; cleaning the injury; calming the child down; checking for any serious injury etc. Latex gloves are provided for all injuries involving bleeding.

Injuries should be treated with running cold water only, dressings should be applied where there is bleeding.

Open wounds should be washed with cold water using dressing pads/sterile cleansers and all dressings and pads should be wrapped in a plastic bag and placed in the outdoor bin. Latex gloves should be worn at all times when treating open wounds.



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When necessary or desirable, a courtesy telephone call deemed will be made to inform parent/s that a minor injury has occurred. The relevant member of staff will make the call using the contact details held on file.

18. Major Injuries

Major injuries are those defined as bodily that require the intervention of a medically qualified person.

- The supervising staff should immediately summon additional qualified First Aid Support and inform the school office that an injury requiring immediate hospital attendance has occurred. Qualified First Aider/s should then administer appropriate treatment to the casualty and remain with them until medical assistance arrives. If there is imminent risk to life, the emergency services should be contacted immediately;
- as soon as an additional staff member is available any children in the immediate vicinity should be removed to another part of the school;
- if there is only one member of staff (e.g. in a classroom during lesson time) a responsible child should be sent to the school office or Headteacher or Deputy Headteacher to summon assistance;
- a member of the administration staff/first aider should immediately dial 999 and request an ambulance- see above for instructions;
- a member of the administration staff/first aider should then immediately inform the Headteacher/Deputy Headteacher that a serious accident / incident has occurred. Administration staff will then be responsible for obtaining the casualty's medical forms from the front office files. This will then be given to the Headteacher/Deputy Headteacher;
- the Headteacher/Deputy Headteacher will use the contact details of the casualty to inform relatives that an accident / incident requiring immediate hospitalisation has occurred;
- when the ambulance arrives the Headteacher/Deputy Headteacher will co-operate with the ambulance staff and provide any details required including those on the medical form e.g. allergies/medical conditions/regular medication (if consent has been given);
- the Headteacher/Deputy Headteacher will travel to hospital in the ambulance and stay with the casualty until those contacted arrive;
- a member of the administrative staff will act as liaison between the Headteacher/Deputy Headteacher/Hospital and contacts after the casualty has left the school premises until liaison is no longer required; and
- the Headteacher/Deputy Headteacher is responsible for ensuring a RIDDOR statement and associated procedures are completed if required.

A WHS accident form is completed for all accidents from minor injuries and above, with the addition of a staff accident form for employees. Completed forms are then forwarded to the Headteacher, who along with the Deputy Headteacher and Maintenance Manager will decide on action to be taken and reporting to HSE. All accidents are recorded and any major incidents will be discussed under the weekly Health and Safety staff meeting agenda item.

The school recognises its statutory duty under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in respect of reporting the following to the Health and Safety Executive as it applies to employees, but also pupils and visitors:



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- an accident that involves an employee or pupil being incapacitated from work for more than 7 consecutive days (excluding the day of the accident but including non-working days);
- an accident which requires admittance to hospital for in excess of 24 hours;
- death of an employee or pupil; and/or
- major injury such as fracture, amputation, injury likely to lead to loss of sight or reduction in sight, crush injury causing damage to the brain or vital organs, serious burns, scalping requiring hospital treatment, loss of consciousness caused by head injury or asphyxia.

If a doctor notifies you that your employee suffers from a reportable work-related disease, then you must report it to the enforcing authority.

Relevant reportable diseases include, Carpal tunnel syndrome, severe cramp of the hand or forearm, occupational dermatitis, hand arm vibration, occupational asthma, tendonitis, occupational cancer, disease attributed to occupational exposure to a biological agent.

For pupils and visitors, an accident will be reported under RIDDOR:

- where it is related to work being carried out by an employee or contractor and the accident results in death or major injury; or
- it is an accident in school which requires immediate emergency medical treatment at hospital. Responsibility for such reporting is the responsibility of the Headteacher. Records of all accidents must therefore be forwarded to her.



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Appendix A

The following information is relevant and provides supporting information to guide the school and staff in support of this policy:

- PUBLIC HEALTH ENGLAND: "Guidance on Infection Control in Schools and other childcare settings;
- Diabetes in Schools – Responsibilities of Headteachers, School Governors & Responsible Bodies. www.diabetes.org.uk;
- Asthma UK - Asthma at School; and
- Allergy UK - Children's Allergy and Anaphylaxis Protocols for Schools and Child Care Organisations.

WHS staff who have First Aid training will have their training updated every 3 years.

There will be one qualified member of staff on site whenever children are present.

Useful References:

<http://medicalconditionsatschool.org.uk> (this contains templates for sample Individual Health Care Plans for a variety of conditions – currently Anaphylaxis, Asthma, Coeliac, Diabetes, Epilepsy, Migraine,

The most recent guidance on IHPs is contained within the following document:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

IHP Templates

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-3>

<https://www.gov.uk/government/publications/health-and-safety-advice-for-schools/responsibilities-and-duties-for-schools>



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Appendix B

The following guidance has been given in case a child needs emergency medical treatment:

Anaphylaxis

<http://www.nhs.uk/Conditions/Anaphylaxis/Pages/Treatment.aspx>

Treating someone who has anaphylaxis

If you think somebody is experiencing symptoms of anaphylaxis, you should use an adrenaline injector if one is available. Dial 999 immediately afterwards.

Call 999 straight away if an adrenaline injector is not available.

If you can see a potential trigger, such as a wasp or bee sting stuck in their skin, carefully remove it.
Adrenaline injections

Adrenaline causes the blood vessels to become narrower, which raises your blood pressure and reduces swelling. It also causes the airways to open, relieving breathing difficulties.

An adrenaline injection should be given as soon as a serious reaction is suspected.

The signs of suspected anaphylaxis are:

- problems breathing;
- feeling faint or dizzy; and/or
- loss of consciousness.

The injection can be done by the person with anaphylaxis, but sometimes – if it's a young child or someone who is unconscious, for example – another person may need to do it.

Before attempting the injection, make sure you know what to do. You should read all of the instructions carefully when you, or the person you are responsible for, are first prescribed the injector.

After injecting, the syringe should be held in place for 5 to 10 seconds. Injections can be given through clothing.

After injecting the adrenaline, you should immediately dial 999 for an ambulance, even if the person is starting to feel better.

Most people should experience a rapid improvement in symptoms once the adrenaline has been used. If there's no improvement after 5 to 10 minutes, you should inject a second dose of adrenaline, if one is available. This should be injected into the opposite thigh.

Asthma

<https://www.asthma.org.uk/advice/child/asthma-attacks/>

Asthma attack



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In an asthma attack, the muscles of the air passages in the lungs go into spasm. This makes the airways narrower, making it difficult to breathe.

Sometimes something specific can trigger an attack, such as an allergy, a cold, or cigarette smoke. At other times, someone may have a sudden attack with no obvious trigger.

People with asthma usually deal with their own attacks by using a blue reliever inhaler at the first sign of an attack. But if someone doesn't have an inhaler, or the attack is severe, you may need to help.

What to look for - Asthma attacks

If you think someone is having an asthma attack, these are the five key things to look for:

- difficulty breathing or speaking;
- wheezing;
- coughing;
- distress; and
- grey-blue tinge to the lips, earlobes and nailbeds (known as cyanosis).

What you need to do - Asthma attacks

- First, reassure them and ask them to breathe slowly and deeply which will help them control their breathing;
- then help them use their reliever inhaler straight away. This should relieve the attack;
- next, sit them down in a comfortable position;
- if it doesn't get better within a few minutes, it may be a severe attack. Get them to take one or two puffs of their inhaler every two minutes, until they've had 10 puffs;
- if the attack is severe and they are getting worse or becoming exhausted, or if this is their first attack, then call 999/112 for an ambulance;
- help them to keep using their inhaler if they need to. Keep checking their breathing, pulse and level of response; and
- if they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who's become unresponsive.

Epilepsy

<http://learn.epilepsy.org.uk/epilepsy-the-basics/what-to-do-when-someone-has-a-seizure/>
<http://www.sja.org.uk/sja/first-aid-advice/first-aid-for-parents/seizures-in-children.aspx>

Seizures (fits) in children

During a seizure, lots of muscles in the body contract uncontrollably. It's also called a convulsion or fit. Seizures are caused by something interrupting the electrical activity in the brain and they usually make someone lose responsiveness.

Seizures can be a symptom of epilepsy. However, epilepsy is very rare in children.



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In children, seizures normally happen as a result of a high temperature, or because of an infection such as a throat or ear infection. This is because the electrical systems in their brain are not developed enough to deal with the body's high temperature.

It can be very worrying for parents to see their child having a seizure, but if dealt with properly it is rarely dangerous. Still, you should always take your child to the doctor afterwards so they can check what may have caused the seizure.

What to look for – Seizures

If you think a child is having a seizure, there are seven key things to look for:

- vigorous shaking with clenched fists and an arched back;
- signs of fever – hot, flushed skin, and sweating;
- twitching of their face and squinting, fixed or upturned eyes;
- holding their breath, with a red, puffy face and neck, and drooling at the mouth;
- possible vomiting;
- loss of control of their bowel or bladder; and/or
- partial or full loss of responsiveness.

What you need to do - Seizures

- Don't restrain or move them. Instead, protect them from hurting themselves. Clear away any potentially dangerous objects, like hot drinks or sharp objects, and put pillows or soft padding around them;
- cool them down. Take away any bedding and take off a layer of clothing. Make sure they get some fresh air by opening a door or window, but be careful you don't cool them down too much;
- once the seizure has stopped, they're usually very sleepy or unresponsive, so put them into the recovery position to help them keep their airway open. Then call 999 or 112 for emergency medical help;
- reassure them – and whoever's looking after them, if that is not you; and
- while you wait for help to arrive, keep checking their breathing, pulse and level of response.





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Diabetes

<http://www.sja.org.uk/sja/first-aid-advice/illnesses-and-conditions/diabetic-emergency.aspx/>

Diabetic emergency

Diabetes is a lifelong medical condition where the body cannot produce enough insulin. Insulin is a chemical made by the pancreas (a gland behind the stomach), which regulates the blood sugar (glucose) level in the body.

Normally our bodies automatically keep the right blood sugar levels, but for someone with diabetes their body can't. Instead, they have to control the blood sugar level themselves by monitoring what they eat, and taking insulin injections or pills.

There are two types of diabetes: Type1, or insulin-dependent diabetes, and Type 2, also known as non-insulin-dependent diabetes.

Sometimes people who have diabetes may have a diabetic emergency, where their blood sugar becomes either too high or too low. Both conditions are potentially serious and may need treatment in hospital.

Hyperglycaemia

Too little insulin can cause high blood sugar (hyperglycaemia).

If it's not treated and gets worse, the person can gradually become unresponsive (going into a diabetic coma). So it's important to get them to see a doctor in case they need emergency treatment.

Hypoglycaemia

Too much insulin can cause low blood sugar or hypoglycaemia (hypo).

This often happens when someone with diabetes misses a meal or does too much exercise. It can also happen after someone has had an epileptic seizure or has been binge drinking.

If someone knows they are diabetic, they may recognise the start of a hypo attack, but without help they may quickly become weak and unresponsive.

What to look for - Diabetic emergency

If you think someone is having a diabetic emergency, you need to check against the symptoms listed below to decide if their blood sugar is too high or too low.

High blood sugar (hyperglycaemia)

- Warm, dry skin;
- rapid pulse and breathing;
- fruity sweet breath;
- really thirsty; and
- drowsiness, leading to unresponsiveness if not treated



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Low blood sugar (hypoglycaemia)

- Weakness, faintness or hunger;
- confusion and irrational behaviour;
- sweating with cold, clammy skin;
- rapid pulse;
- trembling;
- deteriorating level of response; and
- medical warning bracelet or necklace and glucose gel or sweets.

What you need to do – for high blood sugar (hyperglycaemia)

Call 999 or 112 straight away for medical help and say that you suspect hyperglycaemia. While you wait for help to arrive, keep checking their breathing, pulse and level of response.

If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who's become [unresponsive](#).

What you need to do – for low blood sugar (hypoglycaemia)

Help them sit down. If they have their own glucose gel, help them take it. If not, you need to give them something sugary like fruit juice, a fizzy drink, two teaspoons of sugar, or sugary sweets.

If they improve quickly, give them more sugary food or drink and let them rest. If they have their glucose testing kit with them, help them use it to check their glucose level. Stay with them until they feel completely better.

If they do not improve quickly, look for any other causes and then call 999 or 112 for medical help. While waiting, keep checking their responsiveness, breathing and pulse.

What you need to do – if you're unsure whether their blood sugar is high or low

If you're not sure whether someone has high or low blood sugar, give them something sugary anyway, as this will quickly relieve low blood sugar and is unlikely to do harm in cases of high blood sugar

If they don't improve quickly, call 999 or 112 for medical help.

If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who's become [unresponsive](#).



WESTVILLE HOUSE SCHOOL

Appendix C

First Aid Boxes

First Aid boxes are positioned strategically around school and on school minibuses. They are allocated to individual members of staff. The contents of the boxes are checked termly by these members of staff to ensure all boxes contain the correct amount of items and that they are in date.

- Downstairs Front Door Medical Box – Joanna Waterhouse;
- Staff Room First Aid Box – Rebecca Mountain;
- Medical Room First Aid Box – Sarah Coughlan/Rachael Whitehead;
- School Trip First Aid Box (to be taken out on School Trips) – Sarah Coughlan/Rachael Whitehead;
- Dining Hall First Aid Box – Joanne Williamson;
- Kitchen First Aid Box – Julian Bligh;
- Early Years Woodlands First Aid Box – Sophie Helsby;
- Early Years Reception First Aid Box – Fran Colman/Jules Coulthurst;
- Back Playground First Aid Box – Danielle Hensby;
- Sports Hall Defibrillator – Louise Dobson;
- Minibus Medical Box (in the side of the passenger door) – Ian Williamson;
- Science Lab First Aid Box – Hannah Naylor;
- P.E/Games First Aid Bag (taken to all lessons and fixtures) – Louise Dobson; and
- P.E/Games First Aid Bag (taken to all lessons and fixtures) – Louise Dobson.

These allocations are reviewed annually.