



FARLINGTON

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FIRST AID POLICY

The First Aid Policy applies to the whole school including the Early Years Foundation Stage.

The First Aid procedure at Farlington School is in operation to ensure that each pupil, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major.

The team qualified to administer First Aid consists of two qualified Nurses and 32 First Aiders (Paediatric/Basic Emergency First Aid at Work certificate). These names are listed later in this document. Training is updated every three years. In addition, we have 6 members of staff qualified to use the AED (Automated External De-fibrillator). Training is updated yearly.

At least one qualified First Aider is on site when children are present and a qualified Paediatric First Aider is on site at all times when EYFS children are present. A qualified First Aider accompanies trips out of school: when trips involve EYFS children this is a qualified Paediatric First Aider. It is the responsibility of the Director of Finance and Operations to report to RIDDOR any deaths, major injuries or diseases as advised by the Health and Safety Executive.

In the event of an accident all members of staff should be aware of the support available and the procedures available to activate this.

In cases of serious injury, or where the nature of a head injury is unknown, an ambulance should be called immediately, superseding the policy and procedure outlined below.

The purpose of the Policy is therefore:

- To provide effective, safe First Aid cover for pupils, staff and visitors.
- To ensure that all staff are aware of the system in place.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.
- To provide specific arrangements for pupils with particular medical conditions: anaphylaxis, asthma, diabetes and epilepsy.

The term **FIRST AIDER** refers to those members of staff who are in possession of a valid Emergency First Aid at Work certificate or equivalent.

Arrangements for First Aid

Resources, equipment and facilities:

The School provides a Medical Centre which is run by two qualified nurses, who between them provide cover between the hours of 8.00am to 4.30pm Monday to Thursday and 8.00am to 4.00pm on Friday.

The School will provide materials, equipment and facilities.

First Aid kits can be found in the following areas:

- Art classroom
- Textiles classroom
- Pre-Prep Toilets
- Assistant Head (Prep) Office
- Trina Mawer Hall Storage Room
- Peto Lobby
- Netball Store – Netball courts
- PE Office (x 3)
- Maintenance Workshop
- Boarding House
- Medical Centre
- Classroom C1
- Classroom C3
- Classroom C5
- Kitchen

An AED is located under the fire panel at the bottom of the main staircase in Reception.

A wheelchair can be found at the foot of the stairs under the Stable Courtyard archway.

Each minibus contains a first aid kit.

There is no longer a mandatory list of items for a First Aid Kit. This suggested minimum is given with a list of printed items added according to the location and type of injury likely to be evident.

These should contain:

- 20 individually wrapped sterile adhesive dressings (assorted plasters)
- 2 triangular bandages
- 2 crepe bandages
- 1 roll of micropore tape
- 4 un-medicated dressing pads with bandage attached
- 1 packet of gauze pads
- Packet of disposable gloves

The Nurse on duty will be available as a First Responder, and should be contacted immediately in the event of a First Aid incident.

The contents of the First Aid kits will be checked on a regular basis, and re-stocked by the Medical Centre each term. If supplies are running low, the Medical Centre should be informed and will replenish the kits accordingly. There is a card in each kit which gives a list of all items.

Nurses and First Aiders will:

- ensure that their qualification and insurance [provided by the school] are always up to date. The Medical Centre arranges First Aid Courses, and keeps a record of qualified staff. They will alert staff when their certificate is due to expire.
- ensure that Medical and First Aid cover is available throughout the working hours of the school day.
- always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services. Biohazard kits are available for the removal and disposal of body fluids. These can be found in all of the Prep Classrooms, the Staff Room, Boarding House, Maintenance Workshop and Medical Centre.
- help fellow First Aiders at an incident and provide support during the aftermath.
- act as a person who can be relied upon to help when the need arises.
- ensure that their portable first aid kits are adequately stocked and always to hand.
- insist that any casualty who has sustained a significant head injury is seen by the Nurse on duty at the Medical Centre, and then referred to hospital, if deemed necessary, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital; ensure that parents are aware of all head injuries promptly – A head injury advice sheet will be given by nursing staff.
- ensure that a child who is sent to hospital by ambulance is either:
 - a. accompanied in the ambulance at the request of paramedics.
 - b. followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted or
 - c. met at hospital by a relative.
- keep a record of each student attended to, the nature of the injury and any treatment given. The Accident Book in the Medical Centre must be completed by the nursing staff. Parents must be informed.
- ensure that everything is cleared away, using gloves, and every dressing etc. be put in a yellow bag for contaminated/used items and sealed tightly before disposing of the bag in the Medical Centre. Any bloodstains on the ground must be washed away thoroughly using the appropriate agent from the Biohazard kit. No contaminated or used items should be left lying around.

The Nurses or First Aider need not be the member of staff to accompany the casualty to hospital; however, an appropriate person should be sent.

Liaison must occur with the teacher in charge of cover, to ensure that lessons are covered in the event of an absent teacher.

Using First Aid Equipment

Where pupils are travelling out of school a portable first aid kit must be carried. These can be found in the Medical Centre. Please use the appropriate request form if you require one. These can be found in the staff room. Nursing staff will fill with appropriate items according to year group and individual pupil needs.

TEACHERS will:

- familiarise themselves with the first aid procedures in operation and ensure that they know who the current nurses and First Aiders are.
- be aware of specific medical details of individual pupils
- never move a casualty until they have been assessed by the nursing staff unless the casualty is in immediate danger.
- send for help to the Medical Centre as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty.
- reassure, but never treat, a casualty unless staff are in possession of a valid Emergency First Aid at Work /Paediatric Certificate or equivalent, or know the correct procedures; such staff can obviously start emergency aid until a nurse arrives at the scene or instigate simple airway measures if clearly needed.
- send a pupil who feels generally 'unwell' to the Medical Centre.

- ensure that they have a current medical form for every pupil that they take out on a school trip which indicates any specific conditions or medications of which they should be aware.
- have a regard for personal safety.
- NOT administer paracetamol or other medications unless a parent has given permission and they have checked with the school nurse.

THE EXECUTION OF THIS POLICY WILL BE MONITORED BY THE SCHOOL NURSES AND THE HEALTH AND SAFETY COMMITTEE

The following staff hold current First Aid Certificates (EFAW, unless otherwise stated):

John Absalom	Exp 01/02/2020	Mandy Higgs	Exp 08/02/2020 (Paed)
Elaine Bagg	Exp 23/09/2019 (Paed)	Louise Higson	Exp 08/01/2019
Gema Briggs	Exp 09/11/2020	Claire Hunting	Exp 11/02/2019 (Paed)
Dawn Burrows	Exp 05/01/2019	Valerie Kelly	Exp 05/01/2019
Jessica Cooper	Exp 23/09/2019 (Paed)	Sara Macfarlane	Exp 17/10/2017
Yvonne Crook	Exp 05/01/2019	Fran Mash	Exp 23/09/2019
Nia Cumber	Exp 05/01/2019	Vanessa Prichard	Exp 03/07/2021 (Paed)
Hannah Currell	Exp 01/11/2019 (Paed)	Fiona Sparkes	Exp 09/11/2020
Brian Dallimore	Exp 22/09/2019	Julie Wade	Exp 05/01/2019
John Dwyer	Exp 12/10/2019	Kate Webster	Exp 09/11/2020
Nicky Edgar	Exp 09/11/2020	Sarah Welsh	Exp 05/01/2019
Nikki Fisher	Exp 09/11/2020	Marion White	Exp 05/01/2019
Gemma Goodridge	Exp 08/02/2020 (Paed)	Sara Whittaker	Exp 01/11/2019 (Paed)
Daniela Hartnell	Exp 01/11/2019 (Paed)	Jemma Wilson	Exp 09/11/2020
Joanne Hayes	Exp 05/01/2019	Zoe Wragg	Exp 11/02/2019 (Paed)

'Paed' refers to the 12 hour Paediatric Course which is part of the Early Years Foundation Stage requirements.

The following staff have been trained in the use of the AED:

Gemma Goodridge	Exp 27/05/17	Louise Mursell	Exp 27/05/17
Daniela Hartnell		Sara Whittaker	Exp 27/05/17
Mandy Higgs	Exp 27/05/17	Zoe Wragg	Exp 27/05/17

ANAPHYLAXIS

These arrangements are for guidance only, and should be used in consultation with the pupil, parents and school staff to ensure the best care of pupils with severe allergic reactions. Pupils who suffer from anaphylactic reactions have their own personal care plan in place.

Farlington School aims to be a “nut free” environment, and to this end, all food served in the dining room is nut free. Pupils are advised to refrain from bringing any food items containing nuts into school.

1. BACKGROUND

1.1 It is thought probable that may suffer an anaphylactic reaction if she eats nuts or products containing nuts.

If this occurs she is likely to need medical attention and, in an extreme situation her condition may be life threatening. However, medical advice is that attention to her diet, in particular the exclusion of nuts, together with the availability of her emergency medication, are all that is necessary. In all other respects, it is recommended by her consultant that her education should carry on "as normal".

1.2 also suffers from a mild asthmatic condition and may therefore need occasional access to her inhaler.

1.3 The arrangements set out below are intended to assist, her parents and the School in achieving the least possible disruption to her education, but also to make appropriate provision for her medical requirements.

2. DETAILS

2.1 The nursing staff and Headmistress will arrange for the teachers and other staff in the School to be briefed about’s condition and about other arrangements contained in this document.

2.2 The school staff will take all reasonable steps to ensure that does not eat any food items unless they have been prepared/approved by her parents.

2.3’s parents will remind her regularly of the need to refuse any food items which might be offered to her by other pupils.

2.4 In particular,’s parents will provide for her

- a suitable mid-morning snack
- suitable sweets to be considered as "treats", and to be kept by the class teacher.

2.5 If there are any proposals which mean that may leave the school site, prior discussions will be held between the School and’s parents in order to agree appropriate provision and safe handling of her medication.

2.6 Cookery classes within the curriculum ensure that recipes are nut free, and pupils are made aware that they must not bring any foodstuffs containing nuts to the lesson. A list of foods which might be ambiguous i.e. coconut, chestnut, will be in view for all pupils to see. Teaching staff will endeavour to check and notify parents should items containing nuts be sent in with the pupil.

2.7 A list of pupils with severe allergies will be posted in the Prep and Senior School staff rooms, the Kitchens and the Medical Centre, and any area deemed necessary.

2.8 The Medical Centre and Form teacher will hold, under secure conditions, appropriate medication, clearly marked for use by designated school staff or qualified personnel and showing an expiry date.

The parents accept responsibility for maintaining appropriate up-to-date medication.

3. ALLERGIC REACTION

3.1 In the event of showing any physical symptoms for which there is no alternative explanation, her condition will be immediately reported to the Medical Centre on Ext.230 or 07841067603 and the Headmistress.

On receipt of such a report, the Nursing Staff, if agreeing that her condition is a cause for concern, will instruct a staff member to contact in direct order of priority;

AMBULANCE - EMERGENCY SERVICES 999

MESSAGE TO BE GIVEN - ANAPHYLAXIS

Her parents should then be contacted in the following order:

Mother -

Father -

Grandparents -

G.P

3.2 Whilst waiting for an ambulance, the Nursing staff will assess 's condition and administer the appropriate medication in line with perceived symptoms.

3.3 The following procedure will be followed:

Bad tummy-ache ... itchiness ... irritated ... distressed ... tickly throat ...

..... WILL BE GIVEN PIRITON.

Wheeziness ... pale ... drowsy ... having difficulty breathing ... blue lips ... losing consciousness

..... WILL BE GIVEN THE EPIPEN ADRENALINE AUTO-INJECTION INTO THE OUTER SIDE OF THE THIGH, MIDWAY BETWEEN KNEE AND HIP.

3.4 The administration of this medication is safe for and even if it is given through a misdiagnosis it will do her no harm.

3.5 On the arrival of the Ambulance the Nursing Staff will apprise them of the medication given to All medication will be handed to the medical person.

3.6 After the incident a debriefing session will take place with all members of staff involved.

3.7 Parents will replace any used medication.

4. TRANSFER OF MEDICAL SKILLS

4.1 Volunteers from the school staff have undertaken to administer the medication in the unlikely event of having an allergic reaction.

4.2 A training update was given by the Nursing Staff, who explained 's condition, the symptoms of the anaphylactic reaction and the stages and procedures for the administration of medication. A demonstration of the EpiPen was given and all staff were made aware of the training DVD held in the Medical Centre.

4.3 Further advice is available to the school staff at any point in the future where they feel the need for further assistance. The training session will be repeated at the beginning of the next academic year.

4.4 The School's insurers provide indemnity for any member of staff who agrees to administer medication to a child in school given the full agreement of parents and

STAFF INDEMNITY

The School fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training, and are following the School's guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the School and not the employee will meet the cost of damages should a claim for alleged negligence be successful.

5. AGREEMENT AND CONCLUSION

5.1 The following Care Plan will be completed by parents and staff. This will be reviewed on a yearly basis. This copy will be held in the Pupil's notes.

On a termly basis, any changes in routine will be noted and circulated. The document will be reviewed and signed at the beginning of each academic year.

Conclusion

A pupil at risk of anaphylaxis presents a challenge to any school. However, with sound precautionary measures and support from the staff and Medical Team, school life may continue as normal for all concerned.

Further information about anaphylaxis and The Anaphylaxis Campaign can be obtained by telephoning The Anaphylaxis Campaign, **01252 542029**.

School Allergy Action Plan 2016/2017

Name: _____ DOB: _____

Has the following allergies:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Other – (please list additional symptoms if any):
- Hives or itchy skin rash

ACTION:

• Escort pupil to the Medical Centre for medical assistance, or call the School Nurse on 07841 067603 or extension 230 if on-site assistance is needed.

• **Give antihistamine:** _____ (please state name and dose)

• If asthmatic and wheezy, give blue inhaler (up to 10 puffs). Inhaler prescribed? Yes/No

• Contact parent/carer:

Name: _____

(Mob) _____ (Home) _____

Name _____

(Mob) _____ (Home) _____

Severe Signs of Anaphylaxis:

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If any of these symptoms are present, administer **NAMED ADRENALIN AUTO-INJECTOR** and **DIAL 999**

If no response after 5 minutes, administer 2nd dose, if provided. Administer CPR if there are no signs of life.

Name and dose of **adrenalin medication:** _____

Second dose available Y/N

Additional Information:

Headmistress Signature:	Print name:	Date:
School Nurse Signature:	Print name:	Date:
Parent/Guardian Signature:	Print name:	Date:

Farlington School aims to be a nut free school

ASTHMA

What is Asthma?

Asthma is a widespread, serious but controllable condition, caused by the muscles around the wall of the airway beginning to swell, making it difficult to breathe, and leading to coughing and wheezing. The chest feels tight. Farlington School welcomes pupils with asthma.

Farlington School will ensure that pupils with asthma can do and participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.

Farlington School recognizes that pupils with Asthma need immediate access to reliever inhalers at all times. This is generally a blue inhaler named VENTOLIN or SALBUTAMOL.

Farlington School will ensure that a record of each pupil with asthma and the medicines they take is kept.

Farlington School will ensure that all staff and pupils understand asthma and those who come into contact with pupils with asthma know what to do in the event of an asthmatic attack.

Farlington School understands that pupils with asthma may experience bullying and has procedures in place to prevent this.

Farlington School will work in partnership with all interested parties, i.e. School Nurses, School Doctor, parents/carers, to ensure the policy is planned, implemented and maintained successfully.

RECORD KEEPING

At the beginning of each academic year or when a new pupil joins the school, parents/carers are asked if their child has any medical conditions including asthma on the health forms. A list of all pupils with asthma is kept in the Medical Centre and emailed to all staff.

In October 2014 it became permissible for schools to carry an emergency inhaler. This is stored in the Medical Centre. All Medication Consent forms now request permission to use an emergency inhaler in the event of a pupil not having their own supply. This is also supported by a written request to parents when completing a care plan.

Farlington School will ensure that parents/carers provide a spare, named inhaler in case the pupil's own inhaler runs out or is lost or forgotten. All inhalers must be labelled by the parent/carer.

Pupils with asthma will be encouraged to participate fully in all PE lessons and must carry their reliever inhaler with them at all times.

Farlington School will do all it can to ensure the school environment is favourable to pupils with asthma.

School staff, with the exception of the School Nurses, are not required to administer medicines to pupils (except in an emergency). All school staff should let pupils take their own medicines when they need to.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the Head of Year/Class Teacher will talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the Head of Year/Class Teacher will then talk to the School Nurse about the pupils needs.

Farlington School recognizes that it is possible for pupils with asthma to have special education needs due to their condition.

What to do in the event of an Asthma Attack

Common Signs:

1. Coughing
2. Shortness of breath
3. Wheezing
4. Feeling tight chested
5. Being unusually quiet
6. Difficulty speaking in full sentences
7. Tummy ache (mainly in younger children).

What to do:

1. Alert the School Nurse
2. Keep calm
3. Encourage the pupil to sit up and slightly forward – do not hug or lie them down.
4. Ensure the pupil takes two puffs of their reliever (blue), via a spacer/aerochamber system, using a face mask, to enable the medication to have maximum effect with least effort. These are kept in the Medical Centre. However, if this is not possible, using the reliever medicine as per the pupil's usual practice should continue.
5. If there is no immediate improvement, continue to give two puffs, one at a time, every two minutes, up to a maximum of 10 puffs.
6. Loosen tight clothing
7. Keep the pupil as calm as possible with constant reassurance.
8. Phone the parent/carer.

If no improvement;

Call 999 if:

1. the pupil does not start to improve
2. the pupil is becoming visibly tired and is too breathless/exhausted to talk.
3. lips become blue or
4. you are in any doubt.
5. If an ambulance does not arrive in 10 minutes, given another 10 puffs in the same way as above.

Reliever medication is very safe – do NOT worry about overdosing a pupil.

NEVER LEAVE A PUPIL DURING AN ASTHMA ATTACK

School Asthma Care Plan 2016/17

Name: _____ DOB: _____

What triggers your daughter's asthma?

Does your daughter need an inhaler in school?: Y/N (please circle)

Name of reliever medication (blue) _____

Does your daughter use a preventer inhaler? Y/N

Name and dose of preventer medication (brown or orange) _____

It is advised that all pupils who need reliever medication should also have a spare inhaler in school. Spare inhalers are advised in the event that the first inhaler runs out, gets lost or is forgotten. Inhalers must be clearly labelled with your daughter's name and must be replaced before the expiry date.

Please circle the appropriate statements:

- My daughter carries her own inhaler Y/N
- My daughter requires a spacer/aero-chamber Y/N
- I need to supply an inhaler/spacer for school use and will supply this as soon as possible Y/N

Does your daughter need a blue inhaler before doing exercise/PE? Y/N If YES, how many puffs? _____

In the event of your child displaying symptoms of asthma, and if their inhaler is not available or unusable, do you consent for the use of salbutamol from an emergency inhaler as per the Government's 2014 Human Medicines (Amendment) (No.2) Regulations? Y/N

Additional Information:

Headmistress Signature:	Print name:	Date:
School Nurse Signature:	Print name:	Date:
Parent/Guardian Signature:	Print name:	Date:
Contact telephone numbers:	(H)	(m)

DIABETES

The following information is for guidance only. It is impossible to give rules that will suit everyone. Pupils who suffer from diabetes are cared for and monitored on an individual basis.

What is diabetes?

Diabetes, or to give it its full name, diabetes mellitus, is a condition in which the amount of glucose (sugar) in the blood is too high because the body is unable to use it properly. This is because the body's method of converting glucose into energy is not working as it should.

Normally the amount of glucose in our blood is carefully controlled by the hormone insulin, which helps the glucose to enter the cells where it is used as fuel by the body.

Glucose comes from the food we eat, whether from sweet foods or from the digestion of starchy foods such as bread, potatoes, pasta, cereals and rice. Glucose is also made by the liver.

Normally after a meal that includes starchy foods, our blood glucose level rises and insulin is released into the blood. When our blood glucose level falls (for example during physical activity), the level of insulin falls. Insulin, therefore, plays a vital role in regulating the level of glucose in our blood and, in particular, in stopping the blood glucose level from rising too high.

There are two types of diabetes, Type 1 (insulin dependent) and Type 2 (non-insulin dependent).

Pupils with diabetes

Most pupils will have Type 1 diabetes, meaning they can no longer produce insulin because the cells in the pancreas that produce it have been destroyed. Without insulin, the child's body cannot use glucose.

Diabetes cannot be cured, but it can be treated effectively. The aim of the treatment is to keep the blood glucose level close to the normal range (4 – 7mmol, rising to no higher than 10 mmol two hours after a meal) so it is neither too high (**hyperglycaemia**) or too low (**hypoglycaemia**, also known as a **hypo**).

Treating diabetes

Most pupils with diabetes will be treated by a combination of insulin and a balanced diet, with the recommendation of regular physical activity.

Insulin

Insulin has to be injected subcutaneously. The majority of pupils will take two injections of insulin a day, one before breakfast and one before the evening meal. They are unlikely to need to inject insulin at school, unless on a school trip.

Some pupils will take more than two injections a day, but this is not because their diabetes is 'worse' or harder to control. Taking more injections can give greater flexibility and older pupils, especially, may choose to take three or four injections a day. This will mean that they have to inject themselves at lunchtime, whilst at school, or pre-meal if they are boarding. The pupil should be provided with a private, comfortable environment in which to administer the injections. Boarders must ensure that insulin and sharps are stored and disposed of appropriately. Insulin not being used should be stored in the fridge in the Medical Centre.

EMERGENCY MANAGEMENT

HYPOGLYCAEMIA (Hypo)

Hypoglycaemia is the most common short-term complication in diabetes and occurs when blood glucose levels fall too low.

Hypos are especially likely to happen before meals. This can happen as a result of:

- Too much insulin
- Not enough food to fuel an activity
- Too little food at any stage of the day
- A missed meal or delayed meal or snack
- Cold weather
- Vomiting

How to recognise a hypo

Hypos happen quickly, but most pupils will have warning signs that will alert them, or people around them, to a hypo.

These warning signs can include:

- Hunger
- sweating
- drowsiness
- glazed eyes
- pallor
- trembling or shakiness
- headache
- lack of concentration
- mood changes, especially angry or aggressive behaviour.

The symptoms can be different for each pupil, and the pupil's parents/carers should provide this information. These details should be noted in the diabetes record card. A copy of this information should be kept in the Medical Centre, Boarding House (if appropriate), and to all relevant staff.

Treating a hypo

If conscious, give something sugary, to quickly raise the blood glucose level. The following are good examples:

- Lucozade
- fizzy drinks (non-diet)
- Glucose tablets
- Fresh fruit juice
- Hypostop (a glucose gel), or jam/honey. This is useful if a child is reluctant to drink. It can be massaged into the inside of their cheek.

Follow-up action

Having some starchy food on recovery is important to prevent blood glucose levels falling again, such as a roll/sandwich, muffin, cereal bar, or two biscuits (ginger or garibaldi).

If still feeling hypo after 15 minutes, give some more sugary food.

If Unconscious

- Do not give anything by mouth – not even Hypostop.
- Place them in the recovery position
- Call 999
- Notify the child's parents/carer and alert the Diabetes Specialist Nurse (refer to care plan)
- Administer glucagon as per PGD (**to check with EMF**)

HYPERGLYCAEMIA

How to recognise hyperglycaemia

Prolonged high blood sugar can result in unconsciousness and then diabetic coma, although a diabetic drifts into this state over a few days. This condition requires urgent medical treatment with insulin and intravenous infusion of fluids.

Signs and Symptoms

- Dry skin and rapid pulse
- Excessive thirst
- Passing urine frequently.
- Deep laboured breathing
- Vomiting
- Abdominal pain
- A faint smell of acetone (nail varnish remover) on the breath

Treating hyperglycaemia

- Do not restrict fluid intake or access to the toilet. (Never withhold fluids/food for high blood sugar.
- If unconscious, open the airway and check breathing. Be prepared to resuscitate if necessary.
- Place them in the recovery position
- Call 999
- Monitor and record breathing, pulse and response every 10 minutes
- Notify the child's parents/carer and alert the Diabetes Specialist Nurse (refer to care plan)

Other Considerations

Sickness

If a pupil is unwell, their blood glucose levels may rise. This can happen even if the pupil just has a cold. High blood glucose levels may cause them to be thirsty, and need to go to the loo more frequently. If teaching staff or boarding staff notice this, they should contact the Medical Centre as the pupil may need more insulin. The nurse on duty must alert the Diabetes Specialist Nurse and the pupil's parents/carers.

If a pupil vomits whilst at school, start them sipping fluids and notify the Medical Centre, as they will need to be assessed. Should they continue to vomit, they should be transferred to the nearest A & E Department for further treatment.

EPILEPSY

These arrangements have been written in line with information provided by Epilepsy Action, the Department for Education and Skills, the Local Authority, the School Health Service, the Governing Body, Students and Parents.

What is epilepsy?

Epilepsy is a condition that affects the electrical activity in the brain, making a person likely to have seizures. A seizure is a disruption of the electrical signals to and from the brain. The seizure may affect the signals for movement, memory or the senses, leading to symptoms such as jerking, stiffness of limbs or generating feelings, memories or sensations.

There are around 40 different seizure types, which fall into two broad categories - generalised and partial seizures. Generalised seizures affect the whole brain, and the person will not be conscious during the seizure. Partial seizures affect only part of the brain, and consciousness may, or may not, be affected.

Some of the more common seizure types are:

Generalised seizures

- Tonic-clonic

This is the type of seizure most people think of as epilepsy. It involves a sudden stiffness of the body, then a fall to the ground, followed by muscle contractions (jerking).

- Absence

Absence seizures are the most common type of seizure in children. An absence seizure involves loss of awareness for a few seconds; they can happen many times a day, and may be mistaken for daydreaming.

- Atonic

An atonic seizure will involve a sudden fall to the ground due to a loss of muscle tone. Atonic seizures are sometimes called 'drop attacks'.

- Myoclonic

A myoclonic seizure involves a sudden contraction of muscles. This can appear as a jerk of one or both arms or sometimes the head. The seizure is so brief that although consciousness is lost, the person may appear as if they stay conscious.

Partial seizures

- Simple partial

In simple partial seizures, only part of the brain is affected, so the person may experience symptoms like twitching, numbness, dizziness, or disturbances to their senses. In a simple partial seizure, the person will stay conscious. Sometimes partial seizures can lead on to generalised seizures as the disturbance spreads to the whole of the person's brain.

- Complex partial

In a complex partial seizure, the person's consciousness is affected. This type of seizure may involve repetitive movements such as chewing, swallowing, plucking at clothing or clapping. The person may seem conscious, but it is important to remember they are unaware of what they are doing.

Who can have epilepsy?

Epilepsy affects about one in 210 people between the ages of five and eighteen. Almost half a million people in the UK have epilepsy. Anyone can develop epilepsy, whatever their age, race, or sex. Danny Glover, Agatha Christie, Julius Caesar, Albert Einstein and Mike Skinner of the Streets are just a few people with epilepsy.

Some people are born with epilepsy, but many are diagnosed with the condition later on in life. Several things can cause epilepsy, including damage to the brain, for example by a stroke, an infection such as meningitis, or a brain tumour. Sometimes there is no known cause.

Different things can trigger seizures in people with epilepsy. Although most people think of flashing lights, it is

actually quite rare for this to trigger seizures: only about one in twenty people with epilepsy will have their seizures triggered by flashing lights. More common triggers are tiredness, stress, missing meals, and alcohol. Epilepsy is treated by medicines which the person will have to take regularly. It is difficult to know in advance which will be the best medication for each person, so a doctor may have to try a few different medicines before they find the best treatment. About three quarters of all people with epilepsy can be seizure-free once they are taking the most appropriate medication for them.

Further information about epilepsy and education can be obtained from Epilepsy Action:

Farlington recognises that epilepsy is a common condition affecting children and welcomes all children with epilepsy to the school. Farlington supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential. This will be done by having a policy in place that is developed in conjunction with the local authority and understood by all school staff. This policy ensures all relevant staff will receive training about epilepsy and administering emergency medicines. All new staff and supply staff will also receive appropriate training.

What to do when a pupil with epilepsy joins Farlington

When a pupil with epilepsy joins Farlington, or a current pupil is diagnosed with the condition, the Medical Centre Nurses and Assistant Head/Headmistress will arrange a meeting with the pupil, parents and all relevant staff to establish how the pupil's epilepsy may affect their school life. This should include the implications for learning, playing and social development, and out of school activities. They will also discuss any special arrangements the pupil may require, eg extra time in exams. With the pupil's and parent's permission, epilepsy will be addressed as a whole-school issue through assemblies and in the teaching of PSHE. Children in the same class as the pupil will be introduced to epilepsy in a way that they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class. The school nurse or an epilepsy specialist nurse may also attend the meeting to talk through any concerns the family or Headmistress may have, such as whether the pupil requires emergency medicine. The following points in particular will be addressed:

Record keeping

During the meeting the School Nursing Team, Assistant Head/Headmistress and appropriate staff will agree and complete a record of the pupil's epilepsy and learning and health needs. This document may include issues such as agreeing to administer medicines and any staff training needs. This record will be agreed by the parents, School Nurses, and signed by the parents and Headmistress. This form will be kept safe and updated when necessary. Staff will be notified of any changes in the pupil's condition through regular staff briefings. This will make staff aware of any special requirements, such as seating the pupil facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.

Medicines

Following the meeting, an Individual Care Plan (ICP) will be drawn up. It will contain the information highlighted above and identify any medicines or first aid issues of which staff need to be aware. In particular it will state whether the pupil requires emergency medicine, and whether this medicine is rectal diazepam or buccal midazolam. It will also contain the names of staff trained to administer the medicine and how to contact these members of staff. If the pupil requires emergency medicine then the ICP will also contain details of the correct storage procedures in line with the DfES guidance found in *Supporting Pupils at School with Medical Conditions* (see further reading below).

First aid

First aid for the pupil's seizure type will be included on their ICP and all staff (including support staff) will receive basic training on administering first aid. The following procedure giving basic first aid for tonic-clonic seizures will be prominently displayed in all classrooms.

- 1 Stay calm.
- 2 If the child is convulsing then put something soft under their head.

- 3 Protect the child from injury (remove harmful objects from nearby).
- 4 NEVER try and put anything in their mouth or between their teeth.
- 5 Try and time how long the seizure lasts – if it lasts longer than usual for that pupil or continues for more than five minutes then call medical assistance.
- 6 When the child finishes their seizure stay with them and reassure them.
- 7 Do not give them food or drink until they have fully recovered from the seizure.

Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment. First aid procedure for different seizure types can be obtained from the school nurse, the pupil's epilepsy specialist nurse or Epilepsy Action.

Learning and behaviour

Farlington recognises that children with epilepsy can have special educational needs because of their condition. Following the initial meeting, staff will be asked to ensure the pupil is not falling behind in lessons. If this starts to happen the teacher will initially discuss the situation with the parents. If there is no improvement, then discussions should be held with the Head of Learning Support and School Nurses. If necessary, an Individual Educational Plan will be created and if the Head of Learning Support thinks it appropriate, the child may undergo an assessment by an educational or neuropsychologist to decide what further action may be necessary.

School environment

Farlington recognises the importance of having a school environment that supports the needs of children with epilepsy. The Medical Centre is available and equipped with a bed in case a pupil needs supervised rest following a seizure. Vital signs and response will be monitored by a qualified nurse.

The above epilepsy policy applies equally within the school and at any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

The following are template forms in use:

- (1) Covering Letter for Epilepsy Care Plan
- (2) Individual Care plan for pupils with epilepsy

(1) Covering Letter for Epilepsy Care Plan

Date:

Dear

RE: Annual update of XXXX's Epilepsy Care Plan

Please would you complete the attached Care Plan, and return it to the Medical Centre at your earliest convenience.

Please feel free to contact the Medical Centre should you wish to discuss anything in more detail.

Kind regards

Sister XXX
RGN
01403 254967

EPILEPSY CARE PLAN 2017/2018

Parental questionnaire

Name: _____

Date of Birth: _____

Form Teacher: _____

What type of seizure/s does "....." have?

How long do they last?

What first aid is appropriate?

How long will "....." need to rest following a seizure?

Are there any factors that you have noted might trigger a seizure?

Does "....." have any warning before a seizure occurs?

What is the name of "....." medicine and how much is each dosage?

Parental agreement for school to administer medicine, in line with the school policy

Pupil's Name: _____

Medical Condition: _____

Name and strength of medicine: _____

Expiry Date: _____

Drugs to be given in an emergency: _____

Dosage and method of administration: _____

Any side effects school needs to know about:

Quantity of doses to be given to school: _____

NOTE: Medicines must be in the original container as dispensed by the Pharmacy

Contact Details:

Daytime phone number of Parents: _____

Name and phone number of GP: _____

Agreed review date to be initiated by Medical Centre:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of medicine or if the medicine is stopped.

Parent's Signature: _____

Print Name: _____ Date: _____

School Nurse Signature: _____ Date: _____

Headmistress Signature: _____ Date: _____

Emergency procedure if seizure lasts more than 5 minutes

Tonic-Clonic seizures

Pupil may go stiff, lose consciousness and may fall 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...

- Contact the Medical Centre immediately
- Protect pupil from injury - (remove harmful objects from nearby)
- Cushion her head
- Place in the recovery position following the seizure.
- Stay with Pupil until recovery is complete
- Be calmly reassuring
- Contact Parents

Call for an ambulance if...

- The seizure continues for more than five minutes – Administer Midazolam (If prescribed) between the teeth and cheek or intra-nasally
- One tonic-clonic seizure follows another without signs of regaining consciousness between seizures, or
- Pupil is injured during the seizure, or
- Pupil is assessed as needing urgent medical attention

Focal (partial) seizures

Pupil may not be aware of her surroundings or what she is doing. She may stare into space, pluck at her clothes, smack her lips, swallow repeatedly, or wander around.

Do...

- Guide pupil from danger
- Stay with her until recovery is complete
- Be calmly reassuring
- Explain anything that pupil may have missed
- Contact parents

Don't...

- Restrain pupil
- Act in a way that could frighten her, such as making abrupt movements or shouting
- Assume pupil is aware of what is happening, or what has happened
- Give pupil anything to eat or drink until they are fully recovered (vomiting can occur post-fit)
- Attempt to bring her round