

SACRED HEART HIGH SCHOOL



FIRST AID POLICY

*This overarching policy includes important reference to
two sub-policies (The Head Injury & Concussion Policy;
and the Asthma Policy and Procedures)*

JULY 2024

To be reviewed May 2025

*This Policy should be read in conjunction with
all other Sacred Heart High School Policies*

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1 INTRODUCTION

This **policy** applies to Sacred Heart High School Hammersmith (hereafter referred to jointly as '**the School**').

This policy complies with the Department for Education's '[Guidance on First Aid for Schools](#)' (**DfE Guidance**) and is reviewed annually by the Premises, Health and Safety Committee of the Governing Body.

This policy is made available to parents on the school's website and to staff on the School's shared area under Policies. A paper copy is available in the School Office upon request.

Appendix 1 sets out a list of the school's qualified first aiders

Appendix 2 identifies the location for first aid kits, epi pens etc.

2 POLICY STATEMENT

To meet our responsibility under the [Health and Safety \(First Aid Regulations 1981\)](#), the School will work jointly to ensure:

- Sufficient numbers of trained first aid personnel together with appropriate equipment are available to ensure that there is someone competent in basic first aid techniques who can attend an incident onsite involving pupils, staff and visitors, during times when the School is in session;
- There is always a qualified First Aider on site at evening events where children are in attendance, including school plays, musical evenings, etc.;
- Appropriate first aid arrangements are in place whenever staff and pupils are engaged in off-site activities and visits (see the Trip Policy).
- Sufficient members of trained first aid personnel are in attendance during the School's Sports Days and Feast of Sacred Heart activities day.
- Appropriate numbers of first aid kits are provided throughout the School which are kept suitably stocked;
- All new pupils and staff are given information on where to go for help in the event of an accident as part of their induction into the School. There are first aid notices around the School to indicate the location of the nearest first aid box and the names of nominated First Aiders.

3 PROCEDURES IN THE EVENT OF AN ACCIDENT, INJURY OR ILLNESS

3.1 Ambulances

If a member of staff or any adult is present at an incident and judges that an ambulance should be called, they should call (9 for an outside line if using a school phone then) 999 immediately, without waiting for the First Aider to arrive on the scene.

Whenever possible, an adult should remain with the casualty until help arrives.

One of the First Aiders should be summoned. If a First Aider is already on the scene, they should make the decision to call an ambulance.

One of the First Aiders will notify Reception and the Site Team to open the relevant gates and direct the ambulance crew to the casualty.

One of the First Aiders will then inform:

- parents of the pupil(s) involved in the situation and advise them to go to the relevant hospital department; and
- the Headteacher, the pupil's Form Tutor and/or Head of Year and the Office Manager.

One of the First Aiders or other members of staff will accompany the child in the ambulance to the hospital and will meet the parents there.

An ambulance should always be called in the following circumstances:

- Serious injury or illness;
- After administering an Adrenaline Auto-Injector (AAI) Pens (e.g. EpiPens, Emerade and Jext)
- Significant head injury (see the School's [Head Injury and Concussion Policy](#);
- Period of unconsciousness;
- Possibility of serious fracture or dislocation; or
- If the First Aider considers that they cannot deal adequately with the presenting condition by administering first aid.

3.2 Responding to other accidents and illnesses

For all other accidents or illnesses during the school day, a pupil should be sent to a First Aider at the Main Office immediately or advised to go at the end of the lesson. Pupils will be signed in on arrival.

- If a pupil needs to go to the Main Office during a lesson they should get permission from their subject teacher. They should be accompanied by a responsible friend if necessary, but if there is any concern that the pupil is not well enough to walk to the Main Office, a First Aider will be sent for.
- During non-teaching times, pupils may self-refer to The Main Office.

If a pupil is mugged in the vicinity of the School they are advised to inform Reception/Main Office immediately even if they do not require first aid treatment. Once the pupil has been treated for any injuries/shock a member of Safeguarding team should be notified immediately.

One of the First Aiders will make an initial assessment of a child's accident or illness and provide medical attention as appropriate. Except in the most minor cases, parents will be informed by telephone of the accident or injury, of the medical assistance provided, and any medication given, if medication kept at school as already been agreed.

Where the initial medical assessment suggests that a child should attend A&E but is not regarded as emergency, parents will be informed of this by telephone and asked to collect their child and take them to the relevant hospital.

3.3 Responding to Infectious Diseases

Appendix 3 of this policy sets out the School's policy on responding to infectious diseases.

3.4 Responding to an Overdose Incident

Appendix 4 of this policy sets out the School's policy on responding to an overdose incident. Please also refer to the Schools Child Protection and Safeguarding Policy

4 HOW TO CONTACT THE FIRST AIDER

The Main Office should be contacted in the first instance between 8am – 4pm (on **249/362**). If the First Aiders in the Main Office are not available, Reception should be contacted (on **x201**) and they will call a First Aider. If a First Aider is required after 5pm call site on 211.

5 PARTICULAR MEDICAL CONDITIONS

Appendix 5 of this policy sets out guidance for staff on how to deal with emergency situations before one of the First Aider arrives, relating to the following:

- asthma;
- head injury or concussion;
- anaphylactic shock;
- epilepsy;
- diabetes; and
- basic life support.

Parents of new pupils to the School are required to complete a medical form in which they are asked to inform the School of any particular medical condition or need such as asthma, epilepsy, diabetes, nut and food allergies. This information is collated and tabulated by form and made available to all teachers on the School's database SIMs and saved in the medical folder on the shared drive. Teachers are required to consult this information at the beginning of the school year. Medical conditions which develop in the course of the school year are flagged to pastoral support/tack team via email by the Main Office and all teachers via SIMs unless specific conditions such as Type 1 Diabetes, Epilepsy which will also be flagged via email.

Pupils with allergies which may require the use of an adrenaline auto-injector pen (**AAI pen**) (e.g. EpiPen, Jext or Emerade) are required to provide two AAls to the School as well as carry two AAls on their person. All AAls provided to the School are kept in the Main Office. AAls are kept in individual medical folders which include a picture of the named child for identification purposes in the event of unconsciousness. Pupils are required to take two AAls with them when they are off-site, i.e. at Games, fixtures or school trips.

Pupils bringing medication onto the site, for their own use, should ensure that the medication is clearly labelled and has been lodged with the Main Office at the beginning of the school day. The medicine administered must be recorded stating the amount, time and date given and signed by the Main Office. The medication will be stored in a lockable cabinet in the Main Office (or fridge if appropriate). No one should administer medicines to a pupil unless authorised to do so. All written permissions to administer medicines should be retained until the end of the school year. Where written permission has not been provided, the Administrator will contact the parents to obtain verbal/email permission.

Appendix 6, sets out the procedures for administering paracetamol at school. This would only be done with the express consent of parents.

6 MEDICAL HEALTH CARE PLANS AND VACCINATIONS

6.1 School Medical

Students are not required to have a school medical. However, they will be seen on a need to basis by the School Nurse if they have a long-term health condition requiring a medical health care plan.

6.2 Vaccinations

The School offers the following vaccinations:

- HPV Vaccination to all pupils in Year 8;
- Diphtheria, Tetanus, Polio (Td/IPV vaccine) and Meningitis ACWY vaccine to girls and in Year 9 or 10;

7 RESPONSIBILITIES

7.1 Headteacher/Associate Headteacher

The Head of SHHS and the Associate Headteacher SHHS via their respective deputies and staff are responsible for:

- Putting this policy into practice and for ensuring that detailed procedures are in place;
- Ensuring that parents are aware of the School's Health and Safety Policy including arrangements for first aid;
- Ensuring that this policy is available on the School's website, the Staff Resources section of the School's shared drive;
- Overseeing adequate first aid cover.

7.2 Premises Health and Safety Committee

The Health and Safety Committee is responsible for:

- Reviewing the Accident Report from the Main Office to identify any recurrent issues;
- Reviewing this First Aid policy annually although ratification is also required from the full governing body.

7.3 The Headteacher/Associate Head Teacher

The Headteacher/Associate Headteacher are responsible for ensuring that:

- Suitable numbers of trained First Aiders are available at all times;
- Appropriate arrangements are followed for off-site activities/trips and out of hours activities; and
- The operation of this policy is reviewed to determine if any changes should be made.

7.4 The First Aider in the Main Office/Support Staff First Aiders

The First Aiders are responsible for

- Assessing the first aid needs throughout the School in consultation with the Office Manager.

- Deciding on first aid issues and needs (such as an ambulance or other professional medical help);
- Providing first aid cover during normal school hours and for after school activities until 4pm;
- Maintaining and replenishment of first aid equipment;
- Maintaining accurate records of first aid treatment given in the Medical Area;
- Ensuring that information detailing pupils/staff with existing conditions that require prompt action such as severe allergies, epilepsy and diabetes, etc. is kept up-to-date and staff are kept informed. This information is also available on SIMs;
- Providing staff in charge of school trips (including residential trips) with written details of medical conditions affecting any pupil on the trip. See the relevant Trip Policy;
- Informing parents when there has been an accident or injury to their child; and
- Reporting on first aid matters to the Health and Safety Committee.

7.5 Heads of Department

The Heads of Department are responsible for ensuring that:

- Staff in their department are aware of the location of the nearest first aid kit;
- First Aid procedures are taken into account in risk assessments, particularly for practical work.

7.6 All Staff

All staff have a duty of care towards pupils and should:

- respond accordingly when first aid situations arise;
- report incidents to the Main Office, including any treatment given; and
- inform the Main Office when first aid kits need replenishing.

All staff should be familiar with the list of qualified First Aiders in Appendix 1. This list is available in Main Reception and displayed outside the Main Office and on the Staff Notice Board in the SHHS Staffroom.

All staff should be alert to the specific medical needs of pupils within the School community and familiar with the medical needs of pupils that require the use of AAI pens or who require first aid due to medical conditions such as epilepsy, diabetes and nut allergies, especially when taking pupils on school trips and away fixtures, and ensure they have spare AAls, asthma inhalers or medication as appropriate).

Staff conditions of service do not include giving first aid, although any member of staff may volunteer to undertake these tasks.

All new staff receive information on how to obtain first aid assistance during their induction programme, including names of First Aiders; location of The Main Office; procedure for dealing with an emergency; location of First Aid kits; how and when to call an ambulance.

8 FIRST AID PERSONNEL

8.1 First Aiders

The School has a well-equipped Medical Area (the Main Office). The Main Office is open between 8am and 4pm, and is fully equipped to deal with minor accidents and injuries. A First Aider is also available on Reception between 4pm and 5pm.

8.2 School Nurse

The School has a designated School Nurse who visits the school 8 days per month. The School Nurse will liaise with the Main Office regarding pupil healthcare plans and will arrange to meet pupils as and when necessary.

The School Nurse is also responsible for

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.
- Working with Healthcare professionals to produce HCP.

8.3 First Aid cover

If all First Aiders in the Main Office are absent for up to one working day, the Office Manager will arrange First Aid cover for the absence for the day. If it is long-term absence, the Office Manager will ensure that a replacement is available. If all First Aiders in The Main Office have to leave the school site for any reason during the school day, the Office Manager will arrange cover.

8.4 During half term/ summer holidays

During half term time/summer holidays, the School ensures that there is at least one qualified First Aider on site and contactable via Site Office x 211 between 9am and 2:30pm.

8.5 For events held outside normal opening hours

For events held outside normal opening hours, the school will ensure that a First Aider is available or (where the event is being run by a third party organiser such as PGL) that risk assessments include the required provision of a first aider by the event organisers.

8.6 For off-site activities and visits

For off-site activities and visits, appropriate First Aid arrangements are in place. Further information can be found in the relevant Trip Policy for SHHS.

9 PROVISION OF FIRST AID EQUIPMENT

9.1 First Aid kits

- First Aid kits are clearly labelled with a white cross on a green background in accordance with Health and Safety Regulations. All staff have access to these First Aid kits.
- The locations of the First Aid kits are set out in Appendix 2. First Aid Notices are displayed throughout the School to indicate the location of the nearest first aid kit.

- A First Aid kit should be taken to all off-site activities including sports fixtures and practices.
- The Main Office will restock the First Aid kits at regular intervals.

9.2 Emergency Asthma kits (including inhalers)

- Emergency inhalers are kept in The Main Office and PE Dept.

9.3 Defibrillators

The School currently has three defibrillator as set out in **Appendix 2**

9.4 Wheelchair

There is a wheelchair for use, kept in the Main Office.

9.5 Adrenaline Auto-Injector (AAI) pens

- Spare AAI's are kept in Emergency First Aid Kits in The Main Office. See **Appendix 2**.
- If the Main Office is locked, contact the Office Manager or Site Services.

10 DEALING WITH BODILY FLUIDS AND SPILLAGES

In the event of spillage or the presence of bodily fluids, Site Services is called and a cleaner (who has received the appropriate training) is dispatched to deal with the situation using the appropriate chemicals. There are also clinical waste bins just outside the Main Office for the safe disposal of anything to do with bodily fluids.

First Aiders should take precautions to avoid risk of infection when providing first aid. If a First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids which are not their own they should seek advice from 111.

11 TRAINING

First aid training is provided to staff who wish to undertake this. Regular courses are booked with local providers. Additional training for other medical conditions, e.g. use of AAI pens is provided by the School Nurse when necessary.

A qualified First Aider is someone who holds a valid certificate of competence in 'Emergency First Aid' which means they:

- have attended a minimum four hour first aid training course (renewable every three years) which is approved by the Health and Safety Executive (HSE) and includes resuscitation procedures for children and adults;
- are competent to give emergency first aid to casualties with common injuries or illnesses and those arising from specific hazards at school until further help arrives;
- ensure that an ambulance or other professional medical help is called when necessary; and
- have been trained in the use of defibrillators.

A List of qualified First Aiders is set out in Appendix 1.

12 REPORTING ACCIDENTS, RECORD RETENTION AND MONITORING

12.1 Accident records

The School has a legal responsibility to ensure that all accidents occurring on the School site or to pupils involved in school activities outside the School are recorded.

An Accident Form should be completed without delay.

The Accident Form is completed by the relevant First Aider, or member of staff who attends the scene, and records all accidents and first aid treatment given by them. This includes: the date, time and place of the incident; the name (and form) of the injured or ill person; details of the injury/illness; and the name of the First Aider or persons dealing with the incident. These Accident Forms are kept by The Main Office.

Accidents that occur to pupils off-site (off-site activities/school trips etc) must be recorded in the same way, although the School's medical staff are unlikely to treat the pupil. All such Accident Forms should be completed and submitted without delay.

12.2 RIDDOR Record

Depending on the nature and severity of an accident, The Office Manager will complete an online record on a Form F2508 to the HSE of any reportable death, specified injury, disease or dangerous occurrence in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). This record 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. Further guidance on how to make a RIDDOR is available from the HSE website www.hse.gov.uk/riddor/report.htm.

12.3 Reporting

Depending on the nature and severity of an accident, The Office Manager will inform the Chair of the Premises Health and Safety Committee and the Headteacher as the member of SHHS responsible for health and safety.

If anyone suffers an injury on site due to a health and safety issue which needs to be addressed, the Main Office/Office Manager will email Site Services and the Chair of the Health and Safety Committee as soon as possible. This will also be included in the report to the Health and Safety Committee.

12.4 Record Keeping

- Pupil records are kept for seven years in accordance with the Department of Social Security 'The Accident Book B1 510'.
- Accident reports concerning pupils are kept for three years after they have left the School.
- Accident reports concerning members of staff are kept for three years.
- RIDDOR records are kept for three years.

12.5 Monitoring

The Office Manager provides Health and Safety Committee with statistics on the number of accidents and any patterns of recurring accidents, which can:

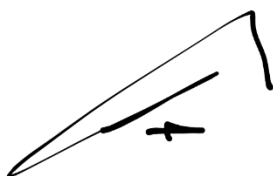
- help the School identify accident trends and possible areas for improvement in the control of health and safety risks;
- be used for reference in future first aid needs assessments; and
- be helpful for insurance and investigative purposes.

13 RATIFICATION

This Policy has been approved by the Headteacher and the Staffing, Management & Finance Committee and ratified by the full governing body in July 2024.



Mrs S O Donovan
Headteacher



Glen Hodgson
Chair of Governors

APPENDIX 1

(Updated 04/11/2020)

QUALIFIED FIRST AIDERS (INCLUDING MENTAL HEALTH FIRST AIDERS)

First Aiders are also all trained in the use of the defibrillators.

Teaching Staff

Name of staff member	Role	Requalification Due Date
Naomi Nye	Geography Teacher	22/01/2026
Philippa Kennedy	English	22/03/2026
Charlotte Miller	History	08/05/2026
Nina Anderson	PE	25/02/2027
Sheniece Lowe	PE	18/02/2027
Madailein Curtis	RE	15/01/2026
Adriana Pertrica	RE	07/06/2026
Barbora Lisikova	Science	24/11/2024
Beth Dancer	Science	15/01/2026
Leroy Granger	Science	05/11/2026
Howard Williams	SLT/English	25/01/2026
Flora Vitija	SLT/Maths	27/11/2025

Support staff

Name of staff member	Role	Requalification due date
Amy O'Callaghan	Administrator	15/11/2025
Luis Andre	Site Team	08/10/2026
Sally Gorman-Moffat	Administrator - Main Office	19/10/2026
Oscar Salinas-Galarza	Site Team	16/11/2025
Caitriona Tesh	Office Manager	22/03/2026
Maisie Jowett	DT	24/11/2024

APPENDIX 2

Location of First Aid Kits, Defibrillators, Spare Emergency Inhalers, AAI Pens & Burn Kits

Location of First Aid Kits

1. The Main Office
2. PE Dept.
3. Canteen
4. Reception
5. Finance
6. Site Services
7. Science Dept.
8. DT Dept.
9. RE Dept.
10. Maths Dept.
11. Geography Dept.

Location of Defibrillators

1. Outside Main Office - Medical room
2. Calder Building – Outside PE Dept.
3. Second Floor – top of blue stairs, next to evacuation lift.

Location of spare inhalers in Emergency Asthma Kits

1. The Main Office
2. PE Dept.
3. Reception

Location of spare AAIs

1. The Main Office
2. Sports Centre x 2

Extension Number for First Aiders in The Main Office in the event of an emergency:

249 / 362

APPENDIX 3

Medical Plan: Responding to infectious diseases

The School follows the advice provided by Public Health England (**PHE**) [Notes on Infectious diseases in Schools and Nurseries](#) Sept 2018

This PHE document provides general guidance for school staff and others with children in their care on the prevention and control of infectious diseases.

The School's policy on dealing with infectious diseases is the following:

1. In general, individuals who are known to be unwell with an infectious disease must not attend school, although a mild presentation of the common cold virus need not necessarily prevent an individual attending. If you are unsure whether or not a child or staff member should be in school, please consult the Main Office or Attendance Officer (admin@sacredh.lbhf.sch.uk / info@sacredh.lbhf.sch.uk) | 020 8748 7600.
2. If a child becomes ill at school with a suspected infectious disease, parents/carers must be contacted and the child taken home if necessary. The School requests alternative contact telephone numbers in the event that a parent or guardian is unavailable to collect them.
3. Parents should notify the school, preferably The Main Office/Attendance Officer, if their child has an infectious disease. Staff members also have a duty to ensure the School is aware if they are unwell or have been diagnosed with an infectious disease.
4. The School should notify parents if a significant risk to other children exists.
5. The length of time an individual should be excluded from school depends on the type of infection they have had.
6. There are no facilities at the School for holding children or staff with infectious diseases. Accordingly, parents/carers, having been advised about this policy, are expected to keep their child away from school. Likewise, staff members are expected not to return to School until they are well or the infectious stage of their illness has passed.
7. The Main Office are aware of children and staff who are more susceptible to infection due to underlying diseases, treatment or pregnancy. In order to ensure the wellbeing of those individuals whose vulnerabilities may not be known to The Main Office, emails will be sent to staff and students, when necessary, to highlight outbreaks of infectious diseases.
8. Queries about this topic can be directed to The Office Manager, a GP or the PHE Health Protection Team.

APPENDIX 4

Responding to an Overdose Incident

The School follows the advice provided by the NHS.

The School's policy on dealing with a suspected overdose is the following:

1. Inform a first aider immediately.
2. Keep calm and reassure the student.
3. Do not try to treat the student yourself and do not give them anything to eat or drink.
4. If the student does not appear to be seriously ill, call 111 for advice.
5. If the student is showing signs of being seriously ill or unconscious CALL 999 to request an ambulance.

Symptoms associated with serious poisoning include:

- being sick
 - dizziness
 - sudden, noticeable heartbeats (palpitations)
 - breathing difficulties
 - uncontrollable restlessness or agitation
 - seizures (fits)
 - drowsiness or loss of consciousness
6. Parents/carers must be contacted to inform and update them.

Helping someone who's conscious

If you think someone has been severely poisoned and they're still conscious, ask them to sit still and stay with them while you wait for medical help to arrive.

If they've been poisoned by swallowing something, try to get them to spit out anything that is remaining in their mouth.

Helping someone who is unconscious

If you think someone has swallowed poison and they appear to be unconscious, try to wake them and encourage them to spit out anything left in their mouth. Don't put your hand into their mouth and don't try to make them sick.

While you're waiting for medical help to arrive, lie the person on their side and their upper leg pulled slightly forward, so they don't fall on their face or roll backwards. This is known as the recovery position.

Wipe any vomit away from their mouth and keep their head pointing down, to allow any vomit to escape without them breathing it in or swallowing it. Don't give them anything to eat or drink.

If the person isn't breathing or their heart has stopped, begin cardiopulmonary resuscitation (CPR) if you know how to/use the designated defibrillator.

APPENDIX 5: Emergency Procedures

I. ASTHMA

See the School's [Asthma Policy and Procedure](#)

II. HEAD INJURY AND CONCUSSION Asthma Policy and Procedure

See the School's [Head Injury and Concussion Policy](#)

III. EPILEPSY - Emergency Procedure

A seizure is usually a short event and can look different from person to person, there may be a jerking of the body, confused behaviour or a blank moment and not everyone who has the condition will fall to the ground. They may appear vacant and wander around instead, so it is important for you to help someone having a seizure by staying calm and giving gentle reassurance, keeping the person safe until they recover. Epilepsy is widely misunderstood, so increased knowledge and awareness will help all of us to improve and enhance the lives of children and adults living with the condition.

To learn more and gain further information go to:

www.epilepsysociety.org.uk; <http://learn.epilepsy.org.uk/first-aid-for-seizures-in-schools/epilepsy.org.uk/schools>

If someone is having a seizure:

- Move close objects or furniture
- Cushion the person's head to reduce any further injury
- Check for an Epilepsy Identity Card or Medic Alert Bracelet stating “Epileptic”
- Make a note of the time
- After the convulsions have stopped put the person into the recovery position, checking that the airway is clear and try to protect their privacy.
- Stay with the person until they are breathing normally again
- If the person is injured, having any trouble breathing or the seizure is continuing for more than 5 minutes or you are in doubt call 999 state the following clearly and calmly:
 - Name, location address with postcode, epileptic / seizure time any rescue medication was used

IV. DIABETES - Emergency Procedure

A. Hypoglycemia Awareness Recognising a Diabetic Emergency

Hypoglycaemia may occur if a diabetic person's blood sugar level falls too low below 4 mmol/l. This can be caused by the following:

- Administering too much insulin
- Not eating enough carbohydrate food
- Over exerting themselves

B. Symptoms of hypoglycemia

- Feeling shaky
- Sweaty, clammy pale skin
- Hunger and faintness
- Tiredness
- Blurred vision
- Lack of concentration
- Headaches
- Feeling tearful, stropky or moody
- Going pale

C. Treating hypoglycemia

It is important that you do not leave the person alone during hypoglycemia.

IF THE PERSON IS CONSCIOUS

- Stay calm and ask them to sit down, check their blood sugar (if possible) and give them a sugary drink or glucose tablets or fruit juice. This will raise their blood sugar levels.
- After 10 - 15 minutes, check their blood glucose level. If it is still low continue offering sugary drinks or food until they have recovered
- Check the blood glucose levels again in 20 - 30 minutes to make sure it has returned to normal.

IF THE PERSON IS UNCONSCIOUS

- **Do not attempt to give an unconscious person any sugary drinks or foods as you could block their airway**
- Check the airway is clear; if the person is breathing, place them into the recovery position.
- If they are not breathing, perform CPR (cardiopulmonary resuscitation) (see 6.3 and 6.4 below), rescue breaths followed by chest compressions.
- Remain calm and CALL 999 stating clearly, Name, location address with postcode, hypoglycaemic episode.

To understand more about Diabetes and how best you can support someone living with the condition, go to: www.diabetes.org.uk/schools

V. ANAPHYLAXIS

A. The Medicines & Healthcare Regulatory Agency (MHRA) recommend that:

- Two Adrenaline Auto-Injector pens (AAI pens) AAls are on the person at all times.
- When this is not possible, the AAls should not be more than 5 minutes away from the person.
- When in school, the AAls should either be with the pupil or with the School Nurses, or both.
- Off-site, the AAls should be with the pupil or with the trip leader, or both.

B. Symptoms (*usually occurs within minutes*)

- Nettle rash (hives) anywhere on the body
- Swelling of lips, tongue, mouth or throat.
- Wheezing, difficulty in breathing, clearing throat or complaining of the sensation of something stuck in their throat
- Increased pulse rate and low blood pressure.
- Light-headedness, fainting to unconsciousness or collapse.

C. Treatment for severe allergic reaction

- Administer the AAI (e.g. EpiPen, Jext or Emerade) - the adrenaline released from the pen works directly on the heart and lungs to reverse the potentially fatal effects of anaphylaxis
- If symptoms persist, administer a second pen 5 minutes after the first
- An ambulance should be called as soon as the AAI has been administered because reactions can continue up to **72 hours** after the first presentation of symptoms and more than two doses of adrenaline should only be administered with medical guidance
- When calling the emergency services (999), please state the following clearly and calmly:
 - Name, location address with postcode,
 - Type of allergic reaction (e.g. bee sting, peanut ingestion), and
 - Time AAI/s were used.
- The staff member should stay with the student until a parent or guardian arrives at the hospital.

D. Aftercare

A copy of the child / young persons BSACI Allergy Treatment Plan should be obtained by the parent from the Paediatric Allergy Department and provided to the school for upload onto SIMS.

E. Further information:

- <https://www.anaphylaxis.org.uk/>
- <https://www.nhs.uk/conditions/anaphylaxis/>
- <https://www.allergyuk.org/>

F. Additional Training

Free training courses for schools are available at <https://allergywise.org.uk/>.

VI. BASIC LIFE SUPPORT

The following Basic Life Support advice is taken from [St John Ambulance](#), a charity endorsed by the [Resuscitation Council](#) (UK).

For simplified flow charts on Basic Life Support processes for children and adults, published by the Resuscitation Council (UK) in 2015, please click [here](#)

A. Choking Child

If a child appears to be choking, ask them “are you choking?”. If the child cannot speak, cry, cough or breathe, they could be choking. In that scenario you should follow these steps:

1. **Cough it out** - encourage them to cough
2. **Slap it out** - if the child is unable to cough, bend them forward and use the heel of your hand to give up to five back blows between the shoulder blades. Check their mouth to see if the object has dislodged and ask the casualty to pick it out of their mouth
3. **Squeeze it out** - if the back blows do not work, try up to five abdominal thrusts:
 - Stand behind the child and bend them forward;
 - Link your hands between their tummy button and the bottom of their chest (your lower hand should be clenched in a fist);
 - Pull sharply inwards and upwards.

If the child continues to choke, call 999 for an ambulance. Then, **continue steps 2 and 3 alternately until you have cleared the obstruction, help arrives or the casualty becomes unresponsive**. See instructions for CPR (cardiopulmonary resuscitation) (C and D) below.

For instruction video, please click [here](#).

B. Choking Adult

If an adult appears to be choking, ask them “are you choking?”. If they can speak, cry, cough or breathe, encourage them to cough the obstruction out. If they cannot cough or make any noise please follow these steps:

1. **Cough it out** - encourage the adult to cough, assist them by supporting their upper body and leaning them forward
2. **Slap it out** - if coughing does not help, encourage them to bend forward and use the heel of your hand to give up to five back blows between the shoulder blades. Check their mouth to see if the object has dislodged and ask them to pick it out of their mouth
3. **Squeeze it out** - if the back blows do not work, try up to five abdominal thrusts:
 - Stand behind the adult;
 - Link your hands between their tummy button and the bottom of their chest (your lower hand should be clenched in a fist);
 - Pull sharply inwards and upwards.

If the adult continues to choke, call 999 for an ambulance. Then, **continue steps 2 and 3 alternately until you have cleared the obstruction, help arrives or the adult becomes unresponsive.** See instructions for CPR (cardiopulmonary resuscitation) see C and D below.

For instruction video, please click [here](#).

C. Unresponsive and not breathing - Child:

Please check the safety of the surrounding area before you approach a child in difficulty.

If the child is not responding and you think they are unresponsive, ask them loudly “what’s happened?” or say to them “open your eyes!”. If safe to do so, place one hand on their shoulder and tap gently. If they still do not respond, it’s likely that they are unresponsive.

Open their airway (tilt the child’s head back gently with one hand on their forehead and two fingers under their chin) and check, for 10 seconds, to see if they are breathing normally by looking for chest movement, listening for the sounds of normal breathing and seeing if you can feel their breaths on your cheek.

If they are not breathing, you need to start CPR (cardiopulmonary resuscitation – a combination of chest compressions and rescue breaths) straight away. If you are with someone, ask them to call an ambulance immediately.

CPR on a child - FIVE RESCUE BREATHS FIRST:

1. Ensure airway is open
2. Pinch nose firmly closed
3. Take a deep breath and seal your lips around their mouth, then blow steadily into their mouth until the chest rises
4. Remove your mouth and allow the chest to fall, repeat four more times, then give 30 chest compressions using the heel of one hand pressed towards the end of the breastbone in the centre of the chest, ensuring your fingers are not touching the chest. Depending on the age and size of the child, you may need to use two hands ***
5. Lean over the child with your arm straight and press down vertically on the breastbone to at least one third of its depth, release the pressure allowing the chest to come back up but do not remove your hand from the child’s chest, repeat the movement 30 times at a rate of 2 per second. Give two rescue breaths (see above).
6. Repeat this process of **30 compressions and 2 rescue breaths** until help arrives or until you are no longer able to continue.
7. If the child starts breathing, put them in the recovery position ([example here](#)).

NB: If you are alone, you should start CPR and continue for about a minute before stopping to call for an ambulance or for help. Continue CPR as quickly as possible.

For instruction video, please click [here](#).

D. Unresponsive and not breathing - Adult

Please check the safety of the surrounding area before you approach an adult in difficulty.

If the adult is not responding and you think they are unresponsive, ask them loudly “what’s happened?” or say to them “open your eyes!”. If safe to do so, pinch their earlobe or gently shake their shoulders. If they still do not respond, it’s likely that they are unresponsive.

Open their airway (tilt their head back and lift their chin) and check, for 10 seconds, to see if they are breathing normally by looking for chest movement, listening for the sounds of normal breathing and seeing if you can feel their breaths on your cheek.

If they are not breathing, you need to start CPR (cardiopulmonary resuscitation – a combination of chest compressions and rescue breaths) straight away. Call an ambulance immediately or ask someone else to do so.

CPR on an adult - 30 COMPRESSIONS FIRST:

1. Kneel next to the adult's chest and lean over them. With your arms straight, place the heel of one hand towards the end of the breastbone and in the centre of the chest. Place the heel of the other hand on top of the first and interlock your fingers making sure your fingers do not touch the chest. Press down vertically to a depth of 5-6cms. Release the pressure and allow the chest to rise again, do not remove your hands from the casualty. Repeat the movement 30 times at a rate of 2 per second. Give two rescue breaths (see steps 1-3 in section 6.3).
2. Repeat this process of 30 compressions and 2 rescue breaths until help arrives or until you are no longer able to continue.
3. If the adult starts breathing, put them in the recovery position ([example here](#)).

For instruction video, please click [here](#).

APPENDIX 6

Administering Paracetamol at School

The school keeps its own stock of paracetamol tablets or suspension fluid. This is to reduce the risk of students carrying medicines and avoids confusion over what may and may not be administered.

Paracetamol must be stored securely and should not be kept in first-aid boxes. Only one first aider, at any one time, should be responsible for keeping medicines, to avoid the risk of giving a double dose. They must be relieved from other duties whilst preparing or giving the medicine, to reduce the likelihood of error.

When a child is given medicine, a written record of it must be kept.

The record must include:

- The name of the medicine
- The dose given, and how (pill)
- The name of the child
- The time and date it was given
- Name and signature of the person giving the medicine to the child

The first aider responsible for giving medicines must be wary of routinely giving paracetamol to children. If a child complains as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol straightaway. Always consider whether the child may have been given a dose of paracetamol before coming to school. Many non-prescription remedies contain paracetamol; it is recommended that if a child has had any pain or cold relief medication during the past four hours, then paracetamol is not given. If paracetamol is taken soon after taking these remedies, it could cause an unintended overdose. There should be at least four hours between any two doses of paracetamol containing medicines. No more than four doses of any remedy containing paracetamol should be taken in 24 hours.

Always ask the child what other medication they take and what has been taken recently before doing anything. If there is any doubt, seek medical advice before administering the medicine. It is recommended that school should only administer paracetamol three times in a term to an individual child. If a child requests more than this, parents should be advised to seek medical assessment, unless parents have specifically requested it because of a medical condition for a limited period of time.

Before giving the child paracetamol:

1. The child is first encouraged to get some fresh air and have a drink or something to eat, take a walk, sit in the shade, lie down (as appropriate) and paracetamol is only considered if these actions do not work.
2. There must be written parental consent, with verbal consent from the parent on the day.
3. Only standard paracetamol may be administered. Combination drugs, which contain other drugs besides paracetamol, must not be administered.

Administering paracetamol:

1. Students can only be given one dose of paracetamol during the school day. If this does not relieve the pain, contact the parent or the emergency contact.

2. The first aider responsible for giving medicines must witness the child taking the paracetamol and make a record of it. School must write in the student planner on the day, stating the time and the amount of the dose.
3. The child should be made aware that paracetamol should only be taken when absolutely necessary; that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

The school should ensure that parents have first authorised the school, in writing, to provide paracetamol occasionally to children. The name of the child, the date, time, dose and reason should be recorded in a log. Any frequently recurring need must be reported directly to parents.

Note: Paracetamol must be kept in a secure place and not in first-aid boxes.

It must not be given:

- Following a head injury
- Where a child is already on some of the medication
- Where a child has taken paracetamol containing medicine within four hours

Aspirin or preparations containing aspirin must never be given. Aspirin should NOT be given to children under 16 years old as its use is associated with Reye's Syndrome (a severe neurological disorder).

Dosage: please follow manufacturer's guidance on the bottle or packet of paracetamol. Please be aware that if the child looks below average weight for their age, contact the school nurse for advice before giving paracetamol.

- Child 10 to 12 years - 480 to 500 MG every 4 to 6 hours - maximum four doses in 24 hours
- Child 12 to 16 years - 482 to 750 MG every 4 to 6 hours - maximum four doses in 24 hours
- Child 16 to 18 years - 500 MG to 1G every 4 to 6 hours - maximum four doses in 24 hours

After giving the child paracetamol: Send the child back to class with a note informing the teacher. If the child does not improve or gets worse, call parents to collect the child.