

Al Mu'min Primary & Secondary School

FAITH *LEARNING*LIFE



First Aid Policy

September 2025-26

First Aid in school

IF A PUPIL REFUSES FIRST AID THEN THE HEADTEACHER AND PARENT/GUARDIAN MUST BE INFORMED IMMEDIATELY

All staff, both teaching and non-teaching are responsible for dealing with minor incidents requiring first aid.

During lesson time if first aid is required the class teacher should send for one of the registered first aiders, preferably one of the non-teaching staff. If an accident occurs in the playground during breaks or lunchtimes and first aid is required, then one of the staff on duty in the playground should send for one of the first aiders.

Should a student refuse first aid treatment the Head Teacher, parents/carers must be informed immediately.

The qualified first aiders in school are; Natasha Hussain, Juweria Begum, Ameera Aziz, Fatima Raja, Imraan Nazir, Hassnain Bilal, Sarwat Hussain, Saima Yousaf, Safiyya Haq, Juwayriyah Ahmed

Safety/HIV Protection

Always wear disposable gloves when treating any accidents/incidents, which involve body fluids. Make sure any waste (wipes, pads, paper towels etc.) are placed in a disposable bag and fastened securely. Any pupils' clothes should be placed in a plastic bag and fastened securely ready to take home.

First Aid Supplies

First aid boxes are located in the;

- **The Admin Office Boys and Girls**
- **Primary Floor**

Person Responsible for Supplies

The Administrators are responsible for checking the contents of the first aid boxes on a regular basis and placing orders to replenish stock. All staff are responsible for notifying the School Administrator if the supplies in any of the first aid boxes are running low.

Each first aid box should contain:

- A leaflet giving general guidance on first aid
- Contents list
- Individually wrapped sterile plaster, appropriate to the type of work
- Where catering is carried out, blue plasters must be provided
- Sterile eye pads
- Sterile eyewash individually wrapped triangular bandages, preferably sterile

- Face mask
- Safety pins
- Large sterile individually wrapped unmedicated wound dressings
- Medium- sizes sterile individually wrapped un-medicated wound dressings
- At least three pairs of disposable gloves (not latex)
- Clinical waste bag
- Scissors (blunt ended)
- Alcohol free wipes
- Foil blanket
- Burn dressings
- Micro porous tape

CHECKLIST

BOX IN ROOM _____

EQUIPMENT																				
guidance card																				
20 individually wrapped adhesive dressing																				
2 Sterile eye pads																				
4 individually wrapped triangular bandages																				
6 safety pins																				
6 medium sterile wound dressings																				
2 large sterile wound dressings																				
2 pairs of disposable gloves																				
plastic disposable bags																				
Resusciaid																				
2 eyewash vials																				

Allergies/Long Term Illness

A record is kept in the Administration Office of any child's allergy to any form of medication (if notified by the parent) any long term illness, for example asthma, and details on any child whose health might give cause for concern.

Infectious diseases

From time to time pupils contract certain illnesses through no fault of their own, for which they have to be excluded from school for a specific period of time. Below is a list of diseases and the time for which they should be kept at home:

Chicken pox	6 days minimum from onset of rash
German measles	7 days minimum from onset of rash
Measles	7 days minimum from onset of rash
Mumps	7 days minimum or until swelling has gone
Whooping cough	21 days minimum from onset of cough
Impetigo	Until skin has healed

Accidents

Recording

All accidents must be recorded in the Log/Accident Book. All details need to be filled in, including any treatment given.

If the accident is more serious, the aim of the school is to get the child qualified medical attention as quickly as possible. Parents are informed straight away, and if necessary, an ambulance sent for. A member of staff will collect information and accompany pupil. If Parents are uncontactable the Head Teacher must be informed and the school will take responsibility locus parentis.

Accidents fall into four categories:

- *Category 1 Fatal*
- *Category 2 Major injury*

Accidents in these two categories should be reported immediately to:

The Health and Safety Executive, The Lateral, 8 City Walk, Leeds, LS11 9AT

Telephone 0113-283-4382

The accident should be reported by telephone immediately, and then confirmed in writing on form F2508 for injury or dangerous occurrences and form F2508A for diseases at work.

If the accident is major for child or adult, please report it immediately to the Headteacher who will send for an ambulance if needed and contact parents.

When in doubt, contact parents/guardians.

Major Injuries are

- Fracture of the skull, spine or pelvis
- Fracture of any bone in the arm other than a bone in the wrist or hand
- Fracture of any bone in the leg other than a bone in the ankle or foot
- Amputation of a hand or foot
- The loss of sight of an eye
- Any other injury which results in the person injured being admitted to hospital as an inpatient for more than 24 hours, unless that person is detained only for observation

It might be that the extent of the injury may not be apparent at the time of the accident or immediately afterwards, or the injured person may not immediately be admitted to hospital. Once the injuries are confirmed, or the person has spent more than 24 hours in hospital, then the accident must be reported as a major injury.

➤ *Category 3*

Accidents to employees resulting in more than three days' consecutive absence

➤ *Category 4 Other accidents*

These are the accidents, which more commonly occur in school. Procedure to follow:

Always fill in the School Accident Book for minor injuries (including all bumps on the head, but not minor cuts and grazes). This is kept in the Administrator's Office.

If a child has a bump on the head you must ring home and contact the parent/guardian.

Fill in the School Accident Book if the parent/guardian has to be sent for to take the child to the family doctor or to hospital for further treatment.

Accident Documentation

The following documentation is attached:

- Reporting of school accidents to the Health and Safety Executive
- Guidance notes on completing Form F2508
- Form F2508

- Accidents to school pupils

Reporting School Accidents

Certain accidents arising out of or in connection with work are reportable to the Health and Safety Executive under the requirements of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1985. The following gives practical advice to schools on compliance with this duty. It is not a complete statement of the duty.

Employee Accidents

(This applies to all School employees and self-employed persons on school premises).

Any accident to an employee resulting in a fatal or major injury must be reported to the HSE immediately by telephone. The details must be confirmed on Form F2508 within 7 days.

If the accident does not result in a fatal or major injury, but the employee is incapacitated from their normal work for more than three days (excluding the day of the accident) there is no need to telephone, but Form 2508 must be completed and sent to the HSE within seven days of the accident.

Student Accidents (Including accidents to any visitors not at work)

Fatal and major injuries to pupils on school premises during school hours must be reported in the same way as those to employees. However, injuries during play activities in playgrounds arising from collisions, slips and falls are not reportable unless they are attributable to:

- The condition of the premises (for example, potholes, ice, damaged or worn steps etc.
- Plant or equipment on the school premises
- The lack of proper supervision

Fatal and major injuries to school pupils occurring on school sponsored or controlled activities off the school site (such as field trips, sporting events or holidays in the UK) must be reported if the accident arose out of or in connection with these activities, by phoning the following number 0845 3009923 (RIDDOR).

If you are unsure of the address of the nearest HSE office and it is not listed in the local telephone directory, you may find out by telephoning the HSE enquiry point on 0151 9514381.

Near misses

Part of ensuring the premises are a safe environment is to ensure that potential accidents do not occur. An accident is defined as an unplanned, unexpected and undesired event which occurs suddenly and causes injury or loss. A near miss is an unplanned event that has the potential to cause injury or loss.

- Ensure you understand AL MUMIN SCHOOLS policies and objectives
- Know the emergency arrangements of AL MUMIN SCHOOLS

- Ensure you understand the control measures, specified in the school's procedures and risk assessments.
- Ensure you have received suitable information, instruction and training in the task you are carrying out.
- Ensure you wear all personal protective equipment that is specified for the task you are to carry out.
- Staff are required to log any near misses in the incident book.

Monitoring the Accident/Incident book

The Health and Safety co-ordinator will analyse and report on the accident/incident book on a termly basis.

Arrangements for particular medical conditions – staff, pupils and visitors

- Bodily Fluid Spillage – See Appendix 1
- Asthma – See Appendix 2
 - Epilepsy – See Appendix 3
 - Diabetes – See Appendix 4
 - Anaphylaxis – See Appendix 5

APPENDIX 1: Body Fluid Spillage Policy

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

References

This document is to be used in conjunction with:

- Gems Health and Safety policy.
- Health Protection Agency guidelines on Infection Control. Up to date versions available on the internet. .

Staff Contact

- Facilities Manager to be contacted initially so that he can arrange for a member of his team to clean the area appropriately.
- The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'.
- In the event of a member of cleaning staff not being available then there are disposable clean up kits available in the Healthzone.

Initial Clean Up Procedure

- Get some disposable gloves from the nearest First Aid kit.
- Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).
- Put more absorbent towels over the affected area and then contact the Facilities Manager for further help.
- The bin that has had the soiled paper towels put in, then needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.
- Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- The area then needs to be cordoned off until cleaned.
- If a cleaner is not immediately available then a disposable cleaning kit will need to be used.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly

Procedure for Blood and Other Body fluid Spillage

- Gloves to be worn at all times
- Any soiled wipes, tissues, plasters, dressings etc must ideally be disposed of in the clinical waste bin (Yellow bag). If not available then the glove being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied

- When dealing with a spillage, absorbent paper hand towels need to be placed on the affected area so absorbing the spill.
- If a disposable spillage kit is available then the instructions for use should be followed.
- If not then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin or put in another bin liner and put in an outside bin.
- The area must be cleaned with a disinfectant following the manufacturer's instructions.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions.
- Wash hands.
- All yellow bags to be disposed of in Yellow bins as the school could potentially be fined if not adhered to.

Management of Accidental Exposure to Blood Accidental

exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

Action To Take

- If broken skin encourage bleeding of the wound by applying pressure – do not suck.
- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.
- Report the incident to the School Nurse and Senior Management.
- If necessary take further advice from NHS Direct.
- An accident form will need to be completed and it may need to be reported to

APPENDIX 2: Asthma Policy

AIMS

- To encourage and help children with asthma to participate fully in all aspects of school life.
- To recognise that asthma is a health problem affecting many school children.
- To help children avoid the stigma sometimes attached to this chronic condition.
- To do all it can to make sure that the school environment is favourable to children with asthma.

OBJECTIVES

- To provide immediate access to inhalers.
- To ensure that other pupils understand asthma so that they can support their friends.
- Relievers: These are sometimes called Bronchodilators. They quickly open up the narrowed airways and help the child's breathing difficulties. Generally, relievers come in blue containers.
- To ensure that staff will have a clear understanding of what to do in the event of a child having an asthma attack.
- To work in partnership with parents, school governors, health professionals, school staff and pupils to ensure the successful implementation of this school asthma policy.

The School environment

The school will do all that it can to ensure that the school environment is favourable to pupils with asthma. The school does not keep furry and feathery pets on a long term basis and has a non-smoking policy. As far as possible it does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils will be encouraged to leave the room and sit in the medical room if particular fumes trigger their asthma.

When a pupil is falling behind in lessons

If the pupil is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind, the SLT will talk to the parents about the situation. The school recognises that it is possible for children with asthma to have special educational needs because of asthma.

Asthma attack

All staff who come into contact with children with asthma will know what to do in the event of an asthma attack. A student is having an Asthma Attack if;

- Their Reliever (blue) inhaler hasn't helped
- They can't talk or walk easily and/or
- They're breathing hard and fast and/or
- They're coughing or wheezing a lot and/or
- They may also complain of tummy ache.

The school follows each student's Asthma Action Plan;

1. Help them sit up straight and stay calm
2. Help them take a puff of their reliever (Blue) inhaler every 30-60 seconds, up to a maximum of 10 puffs.
3. Call for a first aider.
4. Call 999 for an ambulance if;
 - o Their symptoms get worse while they're using their inhaler
 - o They don't feel better after 10 puffs.
 - o You're worried at any time, even if they haven't yet taken 10 puffs.
5. While you wait for an ambulance, reassure the student. Repeat step 2 if the ambulance takes longer than 15 minutes.
6. Always call 999 if you don't have access to a reliever inhaler.
7. If you don't need to call 999 because the student's symptoms improved after using their reliever inhaler, then the parents should be asked to make an urgent same day GP appointment.

NOTE: A pupil should always be taken to hospital in an ambulance. School staff should not take them by car as the child's condition may worsen very quickly.

Mild exacerbation of asthma.

Minor attacks should not interrupt a pupil's involvement in school. When they feel better they can return to school activities. The pupil's parents must be told of the attack.

Exercise in school

All pupils with asthma will be encouraged to participate in sport as much as they are able. The school recognises that many pupils with asthma become wheezy during exercise. Pupils will be encouraged to use their reliever inhaler before exercise and to keep it close to hand during exercise. The following steps will be followed when a student who has asthma participate in exercise.

1. Inform the PE teacher they have ASTHMA

2. Inform their PE teacher if they are experiencing a period of increased symptoms, during hay fever season or if they have a cold
3. Keep their reliever inhaler (blue) with them at all times.
4. Stop exercising if they start to get any asthma symptoms. (Coughing, wheezing, tight chest or breathlessness) - Take reliever and wait at least 5 minutes after symptoms have disappeared before exercising again.
5. Get help immediately if the student is having an asthma attack.

Times when extra care may be needed

- • The autumn term sees a rise in exacerbation of children's asthma as the contact with people experiencing cold/flu symptoms increases.
- • Dealing with stress- Feelings of stress can be a trigger for asthma- staff to be aware and make provisions.
- • Hay fever symptoms often trigger asthma symptoms.

Storage of reliever medication

Every pupil will be encouraged to name their inhaler and keep it with them either in a pocket or in their school bag. If the pupil is considered too young to be responsible for their own inhaler it will be stored in a safe but accessible place and this will be discussed with the pupil's parent and first aider when the pupil joins the school.

It is good practice for younger pupils to have a spare inhaler marked with their name and stored with their class teacher. This will be discussed with parents at their pupil's entry to school. Make sure inhalers are taken on school trips. It is good practice for staff to remind pupils of this prior to each school trip.

Information for staff -Please refer to the Asthma UK website if you want more information on asthma.

www.asthma.org.uk

As soon as a pupil is able, they should be allowed to keep their inhaler with them at all times. This decision will be taken in conjunction with parents and school staff. All inhalers should be named and stored by the pupil in a safe but accessible place. For example their school bag in Secondary School. A record of each pupil's medication will be kept in the medical room.

APPENDIX 3 - Epilepsy Policy

This policy has been written with information provided by Epilepsy Action, the DfE, the local authority and the school health service.

Introduction

Al Mumin recognises that epilepsy is a common condition affecting children, welcomes pupils with epilepsy to the school and supports such pupils in all aspects of school life, encouraging them to achieve their full potential. This will be done by having a policy in place which is understood by all school staff and supply staff and by ensuring that relevant staff receive training about epilepsy and administering emergency medicines.

What to do when a child with epilepsy joins our school

When a child with epilepsy joins Al Mumin or a current pupil is diagnosed with the condition, the SLT will arrange a meeting with the pupil, parents. This meeting will establish how the pupil's epilepsy may affect their school life. This should include implications for learning, playing and social development, and out of school activities. They will also discuss any special arrangements the pupil may require e.g. the giving of emergency medication and extra time in exams. With the pupil and parents' permission, epilepsy will be addressed with all the teaching staff. Children in the same class will be introduced to epilepsy in a way they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class.

Record Keeping

Parents will be asked to complete an Individual Health Care Plan for Epilepsy (IHCPE) giving details of the pupil's medical and health care needs. This will include issues such as agreeing to administer medicines and staff training needs. This form will be stored with the pupil's medical records (Admin Office) and updated regularly. 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 pupil is having absence seizures and missing part of the lesson.

Medicines

The Individual Health Care Plan will identify any medications for first aid use which the staff need to be aware. In particular, it will state whether the pupil requires emergency medication, and what it is. It will also contain the names of the staff trained to administer the medicine. If the pupil requires emergency medication, the correct storage and giving procedures can be found in this policy and their IHCPE.

First Aid

First Aid for the pupil's seizure type will be included on their Individual Health Care Plan and all staff including support staff will receive basic training on administering first aid. The following

procedures give basic first aid for seizures:

Tonic-clonic (convulsive) seizures

Tonic-clonic seizures are the type of seizure most people recognise. They used to be called grand mal seizures. Someone having a tonic-clonic seizure goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may go blue around the mouth due to irregular breathing. Sometimes they may lose control of their bladder or bowels, and bite their tongue or the inside of their mouth. Here's how to help if you see someone having a tonic-clonic seizure.

Do:

- Protect them from injury (remove harmful objects from nearby)
- Cushion their head
- Time how long the jerking lasts
- Aid breathing by gently placing them in the recovery position once the jerking has stopped (see picture)
- Stay with them until they are fully recovered
- Be calmly reassuring

Don't:

- Restrain their movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round Call for an ambulance if:
 - You know it is their first seizure or
 - The jerking continues for more than five minutes or
 - They have one tonic-clonic seizure after another without regaining consciousness between seizures or
 - They are injured during the seizure or
 - You believe they need urgent medical attention

Focal seizures

You may also hear this type of seizure called a partial seizure. Someone having a focal seizure may not be aware of their surroundings or what they are doing. They may have unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around. Here's how to help if you see someone having a focal seizure.

Do:

- Guide them away from danger (such as roads or open water)
- Stay with them until recovery is complete
- Be calmly reassuring
- Explain anything that they may have missed

Don't:

- Restrain them
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume they are aware of what is happening, or what has happened
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Call for an ambulance if:
 - You know it is their first seizure or
 - The seizure continues for more than five minutes or
 - They are injured during the seizure or
 - You believe they need urgent medical attention

Learning and Behaviour

Al Mumin recognises children with epilepsy can have specialised 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 discussion with the SLT will take place and appropriate action taken.

School Environment

Al Mumin recognises the importance of having a school environment that supports the need of children with epilepsy. The medical room is available and equipped with a bed in case a child needs supervised rest following a seizure. The above epilepsy policy applies equally within the school and any outdoor activities organised by the school. This includes activities taking place on the school premises, and trips. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or Trip and completes an Epilepsy action checklist. (this can be accessed from the Admin Office).

APPENDIX 4 - Diabetes Policy

Aim

To encourage and help pupil with diabetes to participate fully in all aspects of school life.

Description of clinical condition

Of the pupils who have diabetes, most have Type 1, requiring treatment with insulin. The body is unable to produce insulin to regulate the amount of sugar in the blood. Requirements in School
Most pupils who require insulin injections during the school day will be independently responsible. A private place to give the injection will be offered and arrangements will be made so that they do not miss their lunch with their peers. Diabetic pupils are increasingly using insulin pumps. A member of SLT will attend training offered by the pupil's diabetic team and will feedback to staff as appropriate. Spare equipment for the pump will be stored in the medical room. First aid staff will not be asked to change the pupil's equipment unless specifically trained to do so.

Complications at school – HYPOGLYCAEMIA

Hypoglycaemia happens when blood glucose levels fall too low (below 4mmol/l). Most children and families will call it a 'hypo'. You need to be aware that children with diabetes are likely to have hypos from time to time and they can come on very quickly. Sometimes there's no obvious cause, but usually, it's because the child:

- has had too much insulin
- hasn't had enough carbohydrate food
- has been more active than usual.

How to recognise a hypo

Most children will have warning signs of a hypo. These warning signs can include:

- feeling shaky
- sweating
- Hunger
- Tiredness
- blurred vision
- Lack of concentration
- Headaches
- feeling tearful, stropky or moody
- going pale.

Symptoms can be different for each student and the student's parent or carer can tell you what their specific warning signs are. They will also be listed in the student's IHCP-Diabetes. (located in the Admin office)

Treating a hypo

Hypos must be treated quickly. Left untreated, the blood glucose level will continue to fall and the

child could become unconscious or have a seizure. Some student's will know when they are going hypo and can treat it themselves, but others, especially if they're younger, newly diagnosed or have learning difficulties, might need help. A student should not be left alone during a hypo or be made to go and get the treatment themselves. Recovery treatment must be brought to the student.

In the event of a student having a hypo,

here's what to do: If a girl's blood glucose levels are too high or too low while at school, they might start to feel unwell.

1. Check the girl's blood glucose level (when possible).
2. Immediately give them something sugary to eat or drink, like Lucozade, a non diet soft drink, glucose tablets or fruit juice*.
3. After 10–15 minutes, check the blood glucose level again. If the level is still low, repeat step 2.
4. Check the blood glucose level again in another 20–30 minutes to make sure that they have returned to normal.

People with diabetes may be prone to episodes of low blood sugar (hypoglycaemia) or 'hypos'. Once a hypo has been treated and the blood glucose has returned to a normal level there is no reason why the student can't continue with their lessons. However, it can take up to 45 minutes for a child to fully recover. The students should have easy access to their hypo treatments and should be allowed to eat or drink whenever they need to, to prevent or treat a hypo. All school staff should know the signs of a hypo and what to do should a student have one.

Unconsciousness

In the unlikely event of a girl losing consciousness, do not give them anything by mouth. Place them in the recovery position (lying on their side with the head tilted back).

Call the first aider.

Call an ambulance, tell them the child has Type 1 diabetes and then contact their parent or carer. All parents have an emergency injection of glucagon (a hormone that raises blood glucose levels), which can be given if a student becomes unconscious.

Hyperglycaemia (hyper)

Hyperglycaemia happens when blood glucose levels rise too high. Most children and families will call it a 'hyper'. All children are likely to have high blood glucose levels sometimes and they might happen because the child:

- has missed an insulin dose or hasn't taken enough insulin
- has had a lot of sugary or starchy food
- has over-treated a hypo
- is stressed
- is unwell
- has a problem with their pump.

Treating a hyper

Depending on how a girl takes their insulin, if their blood glucose is only high for a short time, treatment may not be needed. But if blood glucose has been high for some time, treatment may include:

- taking an extra dose of insulin
- drinking plenty of sugar-free fluids
- testing the blood or urine for ketones.

students on pumps will need to treat high blood glucose levels more quickly.

students with diabetes will need to plan for physical activity, which includes checking their blood glucose levels carefully and making sure they drink enough fluids. So they may need to:

- have an extra snack before/during/after physical activity
- alter their insulin dose

Day trips

Depending on what's planned for the trip, you might not need to make any adjustments to the student's usual school routine.

Things to take on a trip include:

- Insulin and injection kit, for a lunchtime injection or in case of any delays over their usual injection time
- Blood testing kit
- Hypo treatments (see highs and lows section)
- pump supplies (if appropriate)
- Extra food or snacks in case of delays
- Emergency contact numbers.

The student's parent, carer will be able to tell you of any adjustments that need to be made.

Overnight stays

When staying overnight on a school trip, a student who injects will need to take insulin injections and test their blood glucose levels (which may include testing at night), even if these aren't usually done in school. If the student can't do their own injections, manage their pump or test their blood glucose levels, they'll need to be done by a trained member of staff.

School staff should meet with the student's parent, carer and school nurse well in advance of the trip to discuss what help is required and who will assist the child. School residential/trip record should be completed and adhered to for the duration of the trip/stay. (located in the school office)

If Hypers are occurring frequently this information should be shared with the parents and the school medical team.

Responsibilities

- The diabetic nurse specialist is often the first point of contact for patients/parents if specific advice is required. The individual's diabetic nurse will provide necessary training to school staff.

- The SLT will follow this up with advice and information and liaise in provision of relevant clinical guidance. She will ensure that staff are aware that they have diabetic pupils in their class. She will disseminate information to other staff, for example the PE staff about diabetes, the symptoms of hypos hypers and treatment.
- Parents will inform school of their child's condition, symptoms and treatment, will keep school informed of changes to treatment and provide school with relevant snacks and drinks.

Equipment and facilities Safe storage of insulin:

Most pupils will be responsible for their own insulin if it is required during the school day. It should be labelled with the pupil's name and appropriate directions. Insulin pens are kept with individual pupils and a 'bum bag' or pencil case are suggested for its storage. It is good practice to keep spare insulin cartridges in the medical room fridge. Parents are asked to ensure they return a 'Request for Medication' form and a medical update form to help update the pupil's IHP at the beginning of each school year. This is stored in the Medications folder in the School office.

Documentation

Every diabetic pupil who has diabetes will have an individual health care plan for a child or young person in the educational setting. (Located in the school office). It is completed by the School Nurse and parents and Diabetes Nurse Specialist. This will be updated on a yearly basis with a confidential medical update form.

APPENDIX 5 - Anaphylaxis Policy

In order to deal effectively with a severe allergic reaction the First Aiders must provide information regarding the management of anaphylaxis and advice to all staff. A severe allergic reaction may occur at any time when a pupil comes in to contact with her allergen/causative agent. The pupil may be anywhere in the school when a reaction occurs. Treatment will take place 'on the spot'.

It is the First Aiders responsibility to ensure that all staff are aware of susceptible children. Training will be given annually at a staff meeting to remind all staff how to respond in an event. Advice and information notices will be displayed in the staff room. Training will be given to staff accompanying students on school trips.

Pupils who have had severe allergic reactions will be prescribed Adrenaline in premeasured doses, in the form of Epi Pens, Jext or Anapens. They should have two Epi Pens in school at all times. Most students will keep one in their school bag and store one in a named box in the medical room. They should also have antihistamine tablets/syrup with them and in the medical room. Some students are only prescribed antihistamines and these should be kept in the medical room and with the pupil if appropriate. Storage of medication to be discussed with each individual parent and appropriate notes will be added to the pupil/staff file. Please note some girls have allergies but have no medication and just avoid their allergen. All students are to keep a copy of their Allergy Action Plan in the school office with their spare AAI (Adrenaline auto injector)

It is the parent's responsibility to ensure the Epi Pens are still in date.

Parents are asked to complete a Request for Medication form each September giving suitably trained staff permission to give Epi Pens and antihistamine tablets in the event of an allergic reaction. These are stored along with students details of their prescribed treatment in a file in the medical room.

Students going on school trips take their own EpiPens/antihistamine tablets with them and the teacher in charge takes the second set of medication from the Medical Room.

In the event of a suspected allergic reaction, call help from the First Aiders or in their absence one of the 'SLT team' - see list on display in classroom. Refer to student's **Allergy Action Plan**

The Symptoms of Anaphylaxis

Any or all of the following symptoms may be present during an anaphylaxis reaction:

- Swelling of tongue and/or throat
- Difficulty in swallowing or speaking
- Vocal changes (hoarse voice)
- Wheeze or persistent cough or severe asthma

- Difficult or noisy breathing
- Stomach cramps or vomiting after an insect sting
- Dizziness / collapse / loss of consciousness (due to a drop in blood pressure) (floppiness in babies)

Treatment for Anaphylaxis

If someone is having an anaphylactic shock:

1. The first line treatment for severe symptoms is adrenaline (epinephrine) given by an injection into the upper outer muscle of the thigh. Adrenaline given in this way is a safe treatment and you should not hesitate to use it if required. It starts to work within minutes, reducing swelling, relieving wheeze and improving blood pressure.

CALL FOR HELP- first aider

Adrenaline is lifesaving and must be used promptly in anaphylaxis. Delaying the giving of adrenaline can result in deterioration and death. This is why using an adrenaline device is the first line treatment for anaphylaxis.

IF IN DOUBT, GIVE ADRENALINE FIRST and then call for help."

1. Do not wait to see if the symptoms clear up –call an ambulance immediately. All patients receiving emergency adrenaline should be transported to hospital for further care. Dial 999 and inform the controller that the student is suffering from anaphylaxis.

2. Adrenaline is a short-acting drug and the effects will wear off quite quickly. If there is no response to the initial injection, current recommendations are to give a further adrenaline dose after 5 minutes.

If you are suffering from an anaphylactic shock, you should use your adrenaline pen immediately. While waiting for the ambulance, it is better if you lie down as this helps to maintain your blood pressure and avoids injury if you faint. You may be more comfortable with your shoulders raised a bit if you feel wheezy or short of breath.

The SLT will contact parents after the event if the reaction is only mild.

Admin staff to wait outside the school to direct the ambulance to the child.

All pupils suspected of having a severe allergic reaction should be transferred to the A&E department by ambulance even if they appear to have fully recovered. (A further reaction may occur when the adrenaline wears off).

Action to be taken when a new diagnosis of Anaphylaxis risk is made

- Discuss the protocol with parents and school nurse.
- Establish where medication is to be stored in school. (Pupil keeps 1 with them, 1 to be kept in school nurse office)
- Request Allergy Action | Plan from parents.
- Issue Request for Medication form and Healthcare Plan for parents to complete which will be stored in the medical room.
- Add more information to the folder in the office.
- Check staff involved with the care of the pupil are up to date with training

1 Form fist around **EpiPen®** and **PULL OFF BLUE SAFETY CAP.**



2 **POSITION ORANGE END** about 10cm away from outer mid-thigh*.

* Either clothed, or unclothed, avoiding seams and pocket areas.



3 **SWING AND JAB ORANGE TIP** into thigh at 90° angle and hold in place for 10 seconds.



4 **REMOVE EpiPen®** Massage injection site for 10 seconds*.

*After use the orange needle cover automatically extends to cover the injection needle.



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