KEW COLLEGE PREP

First Aid Policy

This policy applies to the whole school including the EYFS

This policy is published on the Kew College Prep website and is also available to parents from the School Office upon request.

The policy is written with due regard to the following:
Department for Education non-statutory 'Guidance on First Aid for Schools'

See also the School's policies as follows:
Supporting Pupils with Medical Conditions and Administration of Medicines Policy

Definitions or abbreviations used in this policy
EYFS: Early Years Foundation Stage
RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013

1. POLICY STATEMENT

It is Kew College Prep's policy that:

- there is a sufficient number of trained personnel, equipment and information available to ensure the competent administration of first aid and the effective implementation of the First Aid Policy
- a qualified First Aider is always available during normal hours to attend an incident beyond the competence of a 'Competent Person'

We follow the Department for Education non-statutory 'Guidance on First Aid for Schools'

2. RESPONSIBILITIES UNDER THE POLICY

2.1 The Bursar is responsible for:

- assessing risks
- appointing sufficient first aiders & competent persons
- organising appropriate training and refresher courses
- monitoring accident and dangerous occurrence reports
- ensuring that there are sufficient first aid notices posted

2.2 Qualified First aiders are responsible for:

- giving immediate help to casualties with common injuries or illnesses
- summoning further medical help, if necessary
- reporting details of treatment provided in the accident book

2.3 Competent persons and **Sports First Aiders** are responsible for:

- taking charge when someone is injured or becomes ill
- giving immediate help to the level to which they have been trained
- ensuring that further help is summoned, if necessary
- reporting details of treatment provided in the accident book

2.4 All members of staff are responsible for:

- providing assistance to pupils with minor injuries such as those that are regularly experienced in the playground when children run into each other or fall
- ensuring that help from a first aider or competent person is summoned if necessary
- reporting accidents and dangerous occurrences that they witness
- reporting details of accidents witnessed and of treatment provided by them in the accident book

3. FIRST AIDERS, COMPETENT PERSONS and SPORTS FIRST AIDERS

3.1 There are four types of first aider and competent persons at Kew College Prep:-

- **Qualified First Aiders (First Aid at Work qualification)** can provide first aid assistance in almost all situations likely to occur at Kew College Prep
- **Qualified First Aiders (Paediatric First Aid qualification)** can also provide first aid assistance in most situations likely to occur at Kew College Prep but in particular to younger children in our EYFS classes. Paediatric First Aiders are considered to be Qualified First Aiders
- **Competent Persons (Emergency First Aid at Work qualification or Emergency Paediatric First Aid qualification)** can provide first aid assistance in most situations likely to occur at Kew College Prep and are able look after someone who is unconscious until further assistance arrives
- **Sports First Aiders** can recognise and provide assistance for accidents and illnesses commonly occurring in people undertaking exercise and are able to look after someone who is unconscious until further assistance arrives

At any one time during normal School working hours, one Qualified First Aider will be the Primary First Aider, responsible for assessing all bumped heads, and providing treatment to nearly all cases that happen on School premises. The Primary First Aider will be based in the School Office.

See clause 4.1 for minimum numbers of first aiders compared with people on site and clause 4.3.

A person qualified in paediatric first aid will always be in School with EYFS children are due to be in School and will always accompanies EYFS children on School visits. There is always at least one person with a first aid qualification at the Games Field when children are present, usually with a Sports First Aid qualification.

3.2 All First Aiders and Competent Persons, including those with the qualification in Sports First Aid, are able to recognise and manage any immediately life-threatening conditions which may include administering lifesaving medication such as EpiPens and inhalers.

3.3 All First Aiders, Competent Persons and Sports First Aiders have attended an approved course in First Aid. First Aiders have gained a nationally-accepted First Aid at Work certificate, or a nationally accepted Paediatric First Aid certificate of competence in emergency first aid techniques for children but the skills learned are transferable to all ages. Competent Persons have gained a certificate of competence in Emergency First Aid techniques. Sports First Aiders have gained a certificate in Sports First Aid. All First Aiders, Competent Persons and Sports First Aiders have to undertake refresher training every three years. (see **7**. Training)

3.4 Notices with name of those qualified in First Aid are placed around the school. An up-to-date list of qualifications held is maintained by the Bursar.

3.5 All staff will be invited to specialist anaphylaxis training once a year, in addition to any training they have received during their three-year first aid course. All teaching staff and those working in the School Office will be expected to undertake specialist anaphylaxis training at least once every three years.

4. PLANNING FIRST AID PROVISION

4.1 Number of Occupants

There must always be at least one person on the school premises who is trained in Paediatric First Aid while there are any children from EYFS classes in school. In addition, there must always be one person who is trained in Paediatric First Aid accompanying EYFS children on outings.

The minimum level of provision for occupants older than EYFS children at either site and at the Games Field during normal working hours should be as follows:

Number of occupants	Number of Competent Persons	Number of Qualified First Aiders
10 – 25	1	0
26 – 50	2	0
51 – 100	2	1
101 – 200	3	1
201 - 300	2	2

At the swimming pool, sufficient lifeguards are provided by the Pool. One Kew College Prep First Aider or Competent Person or Sports First Aider will be among the staff supervisors at all times that pupils are in the water.

4.2 Hazards

As a primary school there should never be areas where activities with significant accident risks take place.

4.3 Out-of-hours working

Kew College Prep does not guarantee that First Aiders or Competent Persons will be available out of normal working hours. However, if more than nine people are working then there should be at least one First Aider or Competent Person in the group. In the event that there are more than three pupils present out of hours, then a First Aider or Competent Person must be available on site.

4.4 Foreseeable absences of First Aiders

Holidays, sick leave, work commitments away from the person's usual location have to be taken into account when calculating levels of provision.

4.5 Review

The arrangements will be reviewed annually at the beginning of each academic year.

5. EQUIPMENT

5.1. First Aid Boxes

At least two First Aid Boxes should be readily available in a building whilst the building is occupied.

First Aid Boxes are kept in the School Office, in the playground and in other clearly indicated places around the School.

The contents of First Aid Boxes should comply with ***Appendix 2***

A travelling First Aid Kit should be taken on all outings.

A travelling First Aid Kit should be kept in the School's minibus.

Two First Aid Kits should be taken to the Games Field

5.2. **Restocking**

The Caretaker is responsible for regularly checking and replenishing First Aid Boxes. Boxes are to be checked weekly during term time. All members of staff using items from the First Aid Box should advise the Caretaker that additional supplies are needed.

5.3. Supplies for First Aiders

First Aiders should each have easy access to a stock of basic first aid dressings, gloves and materials for cleaning up after treatment of a casualty. Ice-packs for some sports injuries are held in the First Aid Cupboard in the School Hall and taken to the Games Field.

5.4 Defibrilator

A defibrillator is kept at the foot of the stairs at 26 Cumberland Road. The defibrillator has clear instructions including audible instructions. Qualified first aiders will all have received training in the use of a defibrillator as part of their training.

6. INFORMATION

6.1. Induction

All new staff, students and visitors in a department should be provided with information at induction on how to obtain first aid assistance. This information should cover:

- where to find information on children with serious medical needs including the procedure for children with emergency medication bags (see Appendix 4)
- where to find information on First Aiders
- where to obtain a First Aid Box
- guidance on playground supervision (if applicable)

6.2. First Aid notices should be posted up in communal areas

Notices should be easily recognisable through use of the standard First Aid symbol (a green cross) & provide information on:

- who the First Aiders are
- the location of a First Aid Box

7. TRAINING

7.1. All First Aiders, Competent Persons and Sports First Aiders must attend an assessed training course to be recognised as a First Aider, Competent Person or Sports First Aider. First Aiders, Competent Persons and Sports First Aiders must attend and pass a refresher course every 3 years to retain their qualification.

8. RECORDS

8.1 Any treatment required will be recorded on the SchoolBase medical module by the primary first aider, or the person providing the treatment. Any treatment resulting from an accident or will also have the details of the accident recorded. The parents will receive an automated email informing them. Where unexpected treatment is required away from School, the details of treatment and any related accident will be recorded in a small accident book which is taken on all off-site trips, including the Games Field. On return to school this information is transferred to SchoolBase by the Primary First Aider or a person who was with the group away from School. In all cases where the treatment &/or accident was of a more serious nature, a more personal message will be sent to the parents, or they will be telephoned as soon as practical.

8.2 First Aid

A SchoolBase treatment form, and accident form where appropriate, should be completed every time any First Aider, Competent Person or Sports First Aider provides assistance to a casualty, including when the problem was illness rather than accident. As well as the usual details of the accident (if appropriate) the name of the person giving First Aid and summary details of the treatment given should be recorded. Failure to obtain First Aid support when required should be reported as a dangerous occurrence.

8.3 Minor Incidents

A SchoolBase treatment and accident form should be completed every time any member of staff witnesses an accident in which a minor injury occurs, and any First Aid treatment is given or witnesses and incident requiring the intervention of a first aider. This will normally be completed by the person providing treatment.

8.4 Informing Parents

Parents/guardians will be informed by SchoolBase-generated email if a minor incident requiring First Aid has occurred during the day, on or off site. This includes if a choking incident had to be stopped by a blow to the back, or more advanced technique, or if life-saving medicine had to be taken more frequently than is usual for the child.

In the event of a more serious injury or illness, the parent/guardian will be informed immediately by telephone. Depending on the seriousness of the injury or illness, the parent/guardian might be asked to collect the child and take him/her home or to hospital.

In the event of a serious injury or illness that clearly requires urgent medical treatment, staff should call for an ambulance and immediately notify the child's parent/guardian. If the parent/guardian arrives at school in time, the child will be accompanied to hospital by the parent/guardian. If not, a member of staff should accompany the child to hospital and wait there until the parent/guardian arrives.

8.5 HEAD INJURIES

If a child's injury is to the head then **they must be attended by the primary first aider and** the accident section of SchoolBase must be completed and the email to parents sent.

Children receiving a minor head injury will be given a wristband to wear for the rest of the day as a sign for members of staff to remain vigilant. This also acts as a reminder to parents.

Parents must always be informed as soon as possible if there has been a significant head injury (e.g. high velocity injury such as on a sports field or children running at speed; a significant haematoma (bump) that doesn't go down quickly; a large cut; or if knocked out even if only for a second – see ***Appendix 3*** for NHS guidance.

Parents must be informed immediately if any child suggests that they are feeling unwell after a head injury. The overriding judgement is that if in any doubt at all don't take a risk with a child and call the parents.

8.6 Reporting to RIDDOR

The School is aware of the requirement to report to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) under the Health and Safety Executive (telephone 0845 300 9923) any death, notifiable major injury requiring hospital treatment, or reportable disease affecting staff, pupils or visitors to the School. RIDDOR reports are made by the Bursar.

8.7 Pupils with particular medical conditions

The School keeps records of children with particular medical conditions (e.g. Asthma, Epilepsy, severe allergies and diabetes) and all staff are made aware of these on a special Medical Alert sheet, which is kept in all classrooms, staff rooms and offices in the school. Any necessary medication for these children (epiPen, Inhalers and diabetes) is kept in a bag. Infant children's medicine is kept in a yellow bag, stored on a hook in their classrooms, and junior children's medicine is kept in a black bag worn on their waists. All bags move from lesson to lesson with the children across all the school sites including Learning Support, Music and LAMDA. They should also go the playground during all breaks, and to early morning and After School Clubs including Siblings Club. In the case of inhalers and epiPens, any spares brought into school or purchased by the School will be kept in the Medical Room and other designated areas. The School keeps one spare inhaler in each of its four buildings in a yellow bag hung on the wall. See ***Appendix 4*** for guidance on how to deal with Asthma, Epilepsy and Anaphylaxis. Nominated staff will be trained to deal with Epilepsy and Diabetes if a child has either of these conditions (see list on **13c**). Other medication needed during the day is kept in the Medical Room which can be accessed by a code on the door handle known to all staff.

Staff taking groups out of school for any reason must always check the Alert Sheet before leaving school and ensure that they have the necessary items with them, with a clear indication to all staff involved in the outing of what the risk is and how to administer medication if necessary. Off-site accident books should also be taken; information about all unplanned treatment and accidents should be transferred to SchoolBase on return to School.

8.8 Hygiene procedures for dealing with the spillage of body fluids

First Aid Boxes contain protective gloves for staff to use when tending to casualties. These should always be used. In addition, any spillage of body fluids should be thoroughly cleaned up and disinfected at the time of the incident. If the First Aider or Competent Person is unable to attend to this, the Caretkaer should be called immediately so that the area can be cleaned and disinfected. Soiled clothing should be put into a plastic bag, sealed and returned to the child's parent/guardian at the end of the day.

8.9 Parents should be asked not to bring children to school within 24 hours of vomiting, within 48 hours of a diarrhoea incident, and while infectious if a child has illnesses such as chicken pox, mumps etc). Parent are advised via the Parents' Handbook about the procedure if head lice are discovered on a child.

Reviewed by:	**Approved by:**	**Reviewed by:**
The Resources committee	Name: Jane Bond	Name: Joanna Brackenbury
	Title: Head	Title: Health & Safety Officer
Date: 10 March 2022	Date: 7 June 2022	Date: 7 June 2022

This policy will be reviewed by the governing body every 3 years or earlier if it is considered necessary.

Appendix 1

KEW COLLEGE PREP

List of First Aiders (updated 1 September 2022)

See: 13c List of Staff with Paediatric and Other First Aid Training

Appendix 2

KEW COLLEGE PREP

First Aid Equipment

Recommended contents for a standard First Aid Box

Item

Guidance leaflet

Sterile plasters

Sterile eye pads

Triangular bandages

Safety pins

Medium wound dressing

Large Wound dressing

Cleansing wipes

Disposable gloves

These are recommended contents only. An assessment may conclude some additional materials or equipment would be useful, e.g. round-tipped scissors, adhesive tape etc.

Appendix 3

KEW COLLEGE PREP

NHS Guidance on Symptoms of a Severe Head Injury

Go to A&E if a person has had a head injury and has

- been knocked out but have now woken up
- vomited (been sick) since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5)
- been crying more than usual (especially in babies and young children)
- problems with memory
- been drinking alcohol or taking drugs just before the injury
- a blood clotting disorder (like haemophilia) or you take medicine to thin your blood
- had brain surgery in the past

The person could have concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks.

You should also go to A&E if you think someone has been injured intentionally.

- Call 999 if a person has hit their head and has:
- Been knocked out and not woken up
- Difficulty staying away or keeping their eyes open
- A fit / seizure
- Fallen from a height more than 1 meter or 5 stairs
- Problems with their vision or hearing
- A black eye without direct injury to the eye
- Clear fluid coming from their ears or nose
- Bleeding from their ears of bruising behind their ears
- Numbness or weakness in part of their body
- Problems with walking, balance, understanding, speaking or writing
- Hit their head at speed, such as in a car crash, being hit be a car or bike or a diving accident

- A head wound with something inside it or a dent to the head

Last NHS review: 7 June 2022: next review August/September 2025.

Accessed from http://www.nhs.uk/Conditions/Head-injury-severe-/Pages/Introduction.aspx

Appendix 4

KEW COLLEGE PREP

Guidance on Specific Medical Conditions

ANAPHALAXIS	page 16
ASTHMA	page 13
EPILIPSY	page 14
HYPOGLYCAEMIA	page 18

What is Asthma?

People with Asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate Asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.

About one in seven children have Asthma diagnosed at some time and about one in twenty children have Asthma which requires regular medical supervision.

Medication and Control

There are several medications used to treat Asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise).

Most pupils with Asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with Asthma to take charge of and use their inhaler from an early age, and many do.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their Asthma medication.

Each pupil's needs and the amount of assistance they require will differ.

Children with Asthma must have immediate access to their reliever inhalers when they need them. Pupils who are able to use their inhalers themselves should usually be allowed to

carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the pupil's name. Inhalers should also be available during physical education and sports activities or school trips.

It is helpful if parents provide schools with a spare inhaler for their child's use in case the inhaler is left at home accidentally or runs out. Spare reliever inhalers must be clearly labelled with the pupil's name and stored safely.

The medication of any individual pupil with Asthma will not necessarily be the same as the medication of another pupil with the same condition. Although major side effects are extremely uncommon for the most frequently used Asthma medications, they do exist and may sometimes be made more severe if the pupil is taking other medication.

Pupils should not take medication which has been prescribed for another pupil. If a pupil took a puff of another pupil's inhaler there are unlikely to be serious adverse effects. However, schools should take appropriate disciplinary action if inhalers are misused by the owner or other pupils.

Pupils with Asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them on all off-site activities. Physical activity will benefit pupils with Asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Pupils with Asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced They should not be forced to take part if they feel unwell.

The health care plan should identify the severity of a pupil's Asthma, individual symptoms and any particular triggers, such as exercise or cold air.

If a pupil is having an Asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

EPILEPSY

What is Epilepsy?

People with Epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has Epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's Epilepsy to the School. A positive school policy will encourage them to do so and will ensure that both the pupil and school staff are given adequate support.

Not all pupils with Epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). An example of some types of generalised seizures are:

Tonic Clonic Seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure.

During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times can vary - some require a few seconds, where others need to sleep for several hours.

Absence Seizures

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.

Partial Seizures

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

Simple Partial Seizures (when consciousness is not impaired)

This seizure may be presented in a variety of ways depending on where in the brain the Epileptic activity is occurring.

Complex Partial Seizures (when consciousness is impaired)

This is the most common type of partial seizure. During a temporal lobe complex partial seizure, the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Medication and Control

The symptoms of most children with Epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with Epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them.

Pupils with Epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, seeking additional advice from the G P, paediatrician or school nurse/doctor.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Teachers may naturally be concerned about agreeing to undertake such an intimate procedure and it is important that proper training and guidance is given.

Diazepam causes drowsiness so pupils may need some time to recover after its administration.

When drawing up health plans, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place.

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The pupil should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into recovery position. Someone should stay with the pupil until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

ANAPHYLAXIS

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go

through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish, dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Medication and Control

In the most severe cases of Anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device**. In cases of doubt, it is better to give the injection than to hold back.** Responsibility for giving the injection should be on a purely voluntary basis. However, staff need to consider their duty of care should they find themselves in a position where they are the only immediately available adult on the scene. Whilst EpiPen training is given to staff in school by an appropriate health professional, all epiPens carry clear instructions for use and can be administered by someone without training if they are the available adult at the scene.

For some children with a severe allergy, the timing of the injection may be crucial. If this is the case and the parents have informed us, this will be noted on the medical instructions held in school and suitable procedures put in place so that swift action can be taken in an emergency. Pupils with severe allergies have their potentially lifesaving medication in pink bags. All adults in the School have the responsibility to ensure that this medication follows the children around the school sites. The safety of other pupils should also be taken into account.

Parents will often ask for the School to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

Allergic Reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

Each pupil's symptoms and allergens will vary and parents need to discuss this with the School so that the correct information is maintained on our records.

An ambulance needs to be called if a child has required an administration of an epiPen or there is doubt about the severity about a reaction to an allergen

HYPOGLYCAEMIA (Low blood sugar)

What is hypoglycaemia?

Hypoglycaemia is a low blood sugar.

It mainly affects people with diabetes, especially if they take insulin.

A low blood sugar can be dangerous if it is not treated promptly, but it can usually be easily treated by the pupil or teacher.

Symptoms of low blood sugar

A low blood sugar causes different symptoms for everybody, and symptoms may change over time.

Early signs of a low blood sugar include:

- feeling hungry
- sweating
- tingling lips
- feeling shaky or trembling
- dizziness
- feeling tired
- a fast or pounding heartbeat (palpitations)
- becoming easily irritated, tearful, stroppy or moody
- turning pale

If not treated, further symptoms may develop, such as

- weakness
- blurred vision
- difficulty concentrating
- confusion
- unusual behaviour, slurred speech or clumsiness (like being drunk)
- feeling sleepy
- seizures (fits)
- collapsing or passing out

Self-treatment for low blood sugar

1. **Have a sugary drink or snack** – eg a small glass of non-diet fizzy drink or fruit juice or a small handful of sweets.

2. **Eat a main meal (containing carbohydrate) if it is close to meal time or have a carbohydrate containing snack** – eg a slice of toast with spread, a couple of biscuits or a glass of milk.

It is not usually needed to get medical help once the individual is feeling better, but the parents should be informed as soon as practicable.