



Alegra British School First Aid Policy

This policy applies to the whole Alegra School Community

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1. Introduction

Alegra is committed to providing the highest quality of provision to all children and First Aid is regarded as an important aspect of safety and care.

The First Aid procedure at Alegra is in operation to ensure that every student, member of staff and visitors will be well looked after in the event of an accident, no matter how minor or major.

The school complies with the Guidance on First Aid for Schools Best Practice Document published by the DfE.

All companies are required by The Health and Safety (First Aid) Regulations 1981 (amended 1997) to provide trained first aid human resources and treatment for staff in the event of injury or ill health at work.

Guidelines for action when First Aid is required are made available to all members of staff. Teachers, assistant teachers and other school personnel are required to be fully conversant with the content of these guidelines. We stress the principal idea contained in the following paragraph:

“The legal responsibility of all members of staff is considered to be “in loco parentis” which means that we are expected to act as all prudent parents would do... The basic principle is that a teacher or member of the support staff cannot claim that a sick or injured child is not their responsibility.”

A qualified nurse is in permanent attendance during school hours.

2. Definitions

First Aid

The arrangements in place are to initially manage any injury or illness suffered at work. It does not matter if the injury or illness was caused by the work being carried out. It does not include giving of any tablets or medicine to treat illness.

First Aid is administered to all children as appropriate, and attention is paid to respect the feelings and wishes of parents. We acknowledge the rights of the individual to be treated with respect and kindness, and we value the dignity of each child and adult when dealing with First Aid issues.

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



First Aid Point

Where an appropriately qualified person is on duty to administer First Aid.

The main First Aid Point is Miss. Almudena's Nurse's Room where a fully equipped first aid kit and all medical supplies are kept.

First Aider

The term *First Aider* refers to those members of the school community who are in possession of a valid First Aid at Work (FAW) certificate or equivalent.

First Aid Kit

An easily identifiable box, with a white cross on a green background that contains a minimum supply of in-date equipment.

First Aid kits are looked after by Miss. Almudena, and she also completes checklists periodically to ensure sufficient and appropriate levels of stock. However all staff are responsible for checking the contents of the first aid kits on a regular basis and for notifying her of any items required to replenish stock.

3. First Aid Guidance Notes refer to:

- Sick or Injured Persons (What to do if a child is ill or injured)
- Calling an Ambulance (The nurse must make a decision to call an ambulance).
- Major Accidents to pupils or visitors
- Wounds and Bleeding (Treatment)
- Burns and Scalds, including electrical burns.
- Diabetes (school staff should be aware if they are teaching a diabetic child)
- Symptoms of Hypoglycemic Reaction:
- Epilepsy: A Guide for Staff
- Classroom First Aid
- Asthma (Sport and the Asthmatic Child, Technology, Medication, How you can help during an attack)
- Calling parents

Alegra undertakes to have a First Aid team, which consists of trained and qualified First Aiders.

4. First Aiders will:

- Ensure that their qualifications are always up to date.
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services.
- Help fellow First Aiders at an incident and provide support during the aftermath.
- Act as a person who can be relied upon to help when the need arises.



- Ensure that their portable first aid kits are adequately stocked and always to hand.
- Insist that **any** casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital.
- Ensure that a child who is sent to hospital by ambulance is either:

Accompanied in the ambulance at the request of paramedics.

Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.

- The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.
- Liaison **must** occur with the Head of department, to ensure that lessons are covered in the event of an absent teacher.
- Keep a record of each student attended to, the nature of the injury and any treatment given, in the book provided. In the case of an accident, an Accident Report Form (available from the Secretary's Office) must be completed by the appropriate person.
- Ensure that everything is cleared away, using gloves, and every dressing etc. be put in a yellow bag for contaminated/used items and sealed tightly before disposing of the bag in a bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.

5. Aims

The purpose of the Policy is therefore:

- To provide effective, safe First Aid cover for pupils, staff and visitors.
- To ensure that all staff and pupils are aware of the system in place.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.

6. Alegra undertakes to:

- Ensure that there is always a qualified First Aider available in the school.
- Report to the Personnel Officer all staff accidents at work.
- Ensure that First Aid cover is available throughout the working hours of the school week.

7. The Management Committee will:

- Ensure all new members of staff are made aware of First Aid procedures in school.
- Provide adequate First Aid cover as outlined in the Health & Safety (First Aid) Regulations 1981.
- Monitor and respond to all matters relating to the health and safety of all persons on school premises.



- Ensure that relevant insurances are in place.

8. The School Nurse will:

- Ensure that she always obtains the history relating to a student not feeling well, particularly in the cases of headaches, to ensure that no injury has caused the student to feel unwell.
- Ensure that in the event that an injury has caused a problem, the student **must** be referred to a First Aider/Nurse for examination.
- At the start of each academic year, provide staff with a list of students who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness.
- Have a file of up to date medical consent forms for every student in each year and ensure that these are readily available for staff responsible for school trips/outings.

9. Members of staff will:

- Familiarise themselves with the first aid procedures in operation. They will also ensure that they know who the current First Aiders are.
- Be aware of specific medical details of individual students when publicised by the First Aider.
- Ensure that their students/tutees are aware of the procedures in operation.
- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- Send for help as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty.
- Reassure, but never treat, a casualty unless staff are in possession of a valid Emergency Aid in Schools Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
- Send a student who has minor injuries to the Nurse's Office if they are able to walk where they will be seen; this student should be accompanied.
- Send a student who feels generally 'unwell' to the Nurse's Office, unless their deterioration seems uncharacteristic and is causing concern. Contact The Nurse's Office if concerned.
- Ensure that they have a current medical consent form (including contact details of each pupil's own GP) for every student that they take out on a school trip which indicates any specific conditions or medications of which they should be aware.
- Have regard to personal safety.
- Report all accidents to themselves at work

10. Support Staff will:

- Call for the Nurse's Office unless they are a First Aider themselves, to treat any injured pupil. This should be done by telephone or on the internal system.



- Support the Staff/First Aiders in calling for an ambulance or contacting relatives in an emergency

11. Accidents to members of staff

Any accidents to members of staff should also be recorded appropriately, including details about when, where and how the incident occurred. Forms are available from the office. These are held in a file and details passed on to the Health and Safety Committee when this is deemed to be appropriate.

12. The School Nurse is

Ms. Almudena Saucedo – Nurse

13. First Aid Officer

Ms. Almudena Saucedo – Nurse

14. First Aid Kits

Their contents will vary slightly according to where they are situated, however in the main the kits will contain the following:

Bandages, Plasters, Dressings, Antiseptic wipes, Cotton wool, Sterile gauze swabs, Disposable gloves, Steri-strips, Eye washes, Slings, Scissors, Tweezers, Safety pins

15. Medication and allergies

Whilst we would discourage a culture of parents sending pupils into school when they are not well, many pupils will at some time have a condition requiring medication. For many the condition will be short-term – perhaps the duration of a short absence from school. However, although a child may soon be well enough to be back at school, medication may perhaps still be required during the school day for a short period. The administration of medicine at Alegra falls within our remit for the Duty of Care for the children, and arrangements are therefore in place should medication be required during the school day. Firstly, where possible, all



antibiotics should be administered by parents out of school hours. However, should this not be feasible, a request should be made to one of the office staff, who are responsible for administering any medicines. We will not administer aspirin to any pupils unless it has been prescribed by a doctor.

Children are not allowed to self-administer medicines unsupervised, so they should not be sent into school with cough mixture, Calpol or antibiotics. Where regular medication is required (eg. Piriton), once-off verbal permission should be gained from parents prior to administering. However, medicines must always be provided in the original container.

All medication should be clearly named. With regard to asthma pumps, parents of infant children should hand these to the class teacher whilst juniors can keep theirs in a tray at their desk or elsewhere in their classroom. All epi pens will be kept in the school office. It is the responsibility of parents to ensure that asthma pumps or epi pens (which are in date) are available in school if their child needs one.

In order to attend school excursions, children who may need to use an epi pen, must take written authorization from a parent for their teacher or accompanying adult to administer it if need be.

Where on the other hand children have long-term medical needs, we will do everything we can to enable them to attend school regularly. If it is unavoidable that a child has to take medicine in school for treatment for a long-term illness to be effective, then each individual case will be considered on its own merits. Parents must give us details of the child's condition and what treatment has been prescribed. Medication should be brought to school in a secure, labelled container with the child's name and dosage required. Medication will be kept in accordance with safety requirements; either locked in the cabinet in the Medical Room or kept in the staffroom fridge where appropriate

Where long term needs for emergency medication exist, the school will require specific guidance on the nature of any likely emergency and how to cope with it while awaiting paramedical assistance. Detailed written instructions should be sent to the school and the parent should also liaise with their child's class teacher. If the emergency is likely to be of a serious nature, emergency contact numbers must be given where an adult is available at all times.

Medical information on each child is obtained when they first start at the school and updated information is requested annually. This list is circulated to all staff members at the beginning of each academic year so that they are aware of any children who suffer from certain medical conditions, and in particular those such as severe allergies, asthma, epilepsy, diabetes etc. A list of all children with particular food allergies is displayed in the hall and updated periodically.

Staff involved in administering the medication will receive appropriate training and support from health professionals where necessary. A health and safety assessment is carried out to manage any identified risks. No member of staff is required to administer medication unless willing to do so. Where possible the medicine should be self-administered under the supervision of an adult. Written records are kept by office staff for all medicines administered.



16. First Aid Incidents

All staff, both teaching and non-teaching, are responsible for dealing with minor incidents requiring first aid. However, no one should perform any first aid procedures that they have not been adequately trained to do. If there is any concern about the first aid which should be administered, one of the qualified First Aiders should be consulted. During lesson time first aid is mostly administered by the class teacher or teaching assistant. If an accident occurs in the playground and first aid is required, one of the staff members on duty in the playground should send the child to the First Aid Point where a qualified First Aider will be on duty. If necessary, staff may ask an older child to accompany the injured child. If required, the qualified First Aider may be called to assist in the playground.

At all times there will be a Teaching Assistant on duty to deal with any first aid problems. Details of the named person are included on the daily duty rota. There are also small first aid kits which are taken out onto the playground to deal with any small incidents. Again, one member of staff is responsible for taking charge of these.

All incidents, however small, must be recorded in the *Accident/Incident Book*.

The record should be written as follows:

- Date and time of incident.
- Description of injury.
- Treatment given.
- Signed by the person who dealt with the problem.

Please ensure that any pupil who bumps his/her head is given a note to inform staff and parents, and if in any doubt please ask the nurse to check the pupil and report the incident to parents. All head injuries must be automatically reported to parents immediately.

The following ailments / injuries are treated as set out below:

- Minor grazes and cuts are cleaned with water/wipes and where deemed appropriate covered with a plaster. All members of staff are aware of the need for good hygiene practices when dealing with spillage of bodily fluids. Details of pupil, date, time, injury, treatment and signature of the attending member of staff are recorded in the *Accident/Incident logbook*.
- Where a suspected broken bone or dislocation has occurred external consultation will be sought and parents are then contacted. In extreme cases it may be necessary to call for the assistance of an ambulance.
- Where a pupil presents themselves as unwell an initial assessment of their condition is made and they may then be monitored in the Nurse's Office for a period of time. If deemed necessary the parent(s) are contacted to collect the pupil and take them home.
- Where a pupil is physically sick, the parent(s) are contacted as a matter of course and asked to collect their child. The parent(s) are then asked to keep their child at home for at least 48 hours.



- Headaches may be treated by the administering of Paracetamol (only if parents have given their verbal consent on request of the Nurse's Office). The dosage and time administered is recorded by the nurse and pupils must sign that they have received the medication. Pupils must take the medication in the presence of staff.
- Where a pupil presents with a rash this is assessed and if deemed necessary the pupil's parents/guardians are contacted.
- Where a more serious accident has occurred involving pupil(s), staff, parents or other adults, the details of the accident / incident is recorded on a specific form and kept in the accident / incident file in the Nurse's Office

- **Head injuries**

We record all head injuries and injuries that require significant first aid in a school accident book, as well as all incidents for children in the Early Years. These books are kept in the Reception classroom and in the school office. In these cases we inform parents or the adult collecting the child verbally and also via a copy of the Accident Record. Should a child be quite seriously hurt, we contact the parents through the emergency telephone number that is kept on file. These numbers are updated annually, but parents are encouraged to inform us when contact details change. Old books are kept on file in the school office for at least 6 months.

- **Serious Incidents**

More serious problems must be discussed with the Headmistress. Appropriate action will then be taken. Again, all details must be recorded, dated and signed by the person administering any treatment or dealing with the incident, and details included about how the incident occurred, in particular where there are Health and Safety issues.

Parents must be informed if the child needs to have further medical treatment or attend hospital.

Two members of staff should attend if a child needs to go to hospital by car, one to drive the car and one to look after the child. The parents must be kept informed of any such circumstances.

If necessary or if in any doubt an ambulance will be summoned.

Major injuries include the following:

- Fracture, other than a bone in the wrist, hand, ankle or foot;
- Amputation;
- Dislocation of the shoulder, hip, knee or spine;
- The loss of sight of an eye (whether temporary or permanent);
- Chemical or hot metal burn to the eye or any penetrating injury to the eye;
- Injury resulting from an electric shock or electrical burn leading to unconsciousness;
- Unconsciousness caused by asphyxia or exposure to harmful substance;
- Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin, or illness



believed to have resulted from exposure to a biological agent or its toxins or infected material;

- Any other injury: leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or 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 be immediately 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.

Should a child sustain a particular injury which requires bed rest and somewhere to wait for collection, they should be taken to Ms. Almudena's office.

17. Accidents to Staff

Any accidents to staff should also be recorded appropriately, including details about when, where and how the incident occurred. Forms are available from the office. These are held in a file and details passed on to the Health and Safety Committee when this is deemed to be appropriate.

- Medical Information

All parents are required to complete a medical form when their child enters the school, giving details of any existing conditions or regular medication.

A confidential record of the children's medical information is kept in the office. Certain children have specific medical needs that may necessitate the use of emergency treatment e.g.: administering an Epi pen. A list of these children and their medicines is kept in the first aid cupboard in the Nurse's Office

Members of staff are briefed as necessary, and are provided with details of specific medical needs for pupils in their classes.

- If you are unfamiliar with any medical conditions, please ask.

If children return to school following an illness and need to continue taking medication, their parents must complete a consent form giving the school permission to administer these medicines in loco parentis. Such medicines will be kept in the Nurse's Office office, or in the fridge for medicines as required (which is located in the school kitchen).

Only designated staff will supervise the administration of these. All medicines given must be witnessed, and the form signed and dated with the time of administration recorded by both the main signatory and the witness.

No member of staff should give medicines to a child unless they are one of the designated personnel.



18. Trips and Residential Visits

The parents of any pupils taking part in a day visit must complete a form which gives details of any medication which the children may require while they are away from the school site. Other relevant information is also included, in the event of an emergency necessitating a visit to a doctor or hospital. In the unlikely event of the need to contact parents immediately, an emergency contact, detailing how the parents or carers may be contacted at any time, is included.

Details of medications include headache medication and travel sickness tablets, as well as 'cough sweets' etc., in addition to medicines prescribed by a G.P. Details of dosage and times of administration are carefully recorded, and the same procedure is followed as for medicines given in school.

It is made clear to the children that they must never carry any medication themselves, or self-administer medicines, unless the staff are aware of this and permission has been granted both by the parents and the Headmistress. This rule applies equally both on and off the school premises.

Medicines taken off site must be stored appropriately and the responsibility for their administration rests with the leader of the visit.

Paracetamol and Ibuprofen liquid medicines are kept by the teacher organizing the trip and may be given as necessary to pupils provided the parents/guardians have given written consent.

Children who take part in sports events and who require medication follow the same procedure. In this instance, the responsibility for administering medicines will rest with the person in charge of the team or teams.

19. Infectious and Communicable Diseases

Details regarding the length of time a child should stay away from school when suffering from a specific disease or complaint are held in school and parents will be informed if there is a case of any communicable disease in school. In particular, when there are children suffering from illnesses that could cause problems for pregnant women, this information will be passed to parents as soon as possible.

If a child is found to be suffering from an infectious or communicable disease while at school, the parents will immediately be informed and the child kept apart from the other pupils, until medical help has been summoned.

Parents are regularly informed when there are cases of head lice in school, and will be asked to take their child out of school if known to be infected.



20. Safety/HIV Protection

There may be rare occasions where it is necessary for staff to restrain a pupil physically, to prevent them from inflicting injury to others, causing self-injury, damaging property, or being disruptive. In such cases only the minimum force necessary may be used, and any action taken must be only to restrain the pupil. If restraint has been required, a written report will be made in the Incidents log book in the Headmistress's office.

Hazardous substances will be safely stored in a secure area. Maintenance and when necessary examination and testing will take place of items such as electrical equipment and gas appliances.

Staff are advised to always wear disposable gloves when treating any accidents/incidents which involve body fluids. Make sure any waste (wipes, pads, used gloves etc.) are placed in a plastic bag and fastened securely for disposal. If a child has significant blood spillage on their clothes, they can be changed into their PE kit if required. Their clothes should be placed in a plastic bag and fastened securely ready to take home.

21. Monitoring and review

It is the responsibility of the Headmistress and Management Committee to monitor and evaluate the effectiveness of this policy. This policy will be reviewed every two years.

Signed: V. Muller / M. Kemp

This policy will be reviewed every 2 years	
Title	First Aid Policy
Date Created	January 2021
Author	Maria Kemp, Head of Prep
Approved by SMT	Yes
Next Review Date	January 2023



APPENDIX 1

FIRST AID GUIDANCE NOTES

Sick or Injured Persons

What to do if a child is ill or injured

The legal responsibility of all members of staff is considered to be “in loco parentis” which means that we are expected to act as all prudent parents would do. Thus, we would more easily be found negligent if we did nothing than if we attempted to act in the child’s best interests. The basic principle is that a teacher or member of the support staff cannot claim that a sick or injured child is not their responsibility. The Health and Safety at Work Act requires all employees to share responsibility for the workplace of themselves and of others using it so far as is reasonable and practical.

Children should only be in school if they can take part in all school activities, with the exception of recovery from broken limbs or similar injuries. Children who are on antibiotics or have had sickness or diarrhea must spend the first 48 hours away from school. Further information regarding administration of medicines can be found under Point 3 of this policy.

Parents of children who are taken ill in school should be informed through the school office or via the class teacher. If children are not well enough to join in all school activities they should not be in school.

Parents should know that it is important that the school knows if any children are off school with diarrhea and vomiting and the recommendation is that pupils see their GP during the period of absence. It is important that they should not return to school until free of symptoms for 48 hours.

For a minor injury that cannot be dealt with by the class teacher or assistant, staff should arrange for the child to be taken to a First Aider or bring the First Aider to the child.

If a child appears to be badly injured or seriously ill (e.g. serious loss of blood, severe pain in abdomen, bone or joint, unconsciousness):

DO NOT MOVE THE CHILD. SEND FOR HELP AT ONCE.

Calling an Ambulance

The First Aider on site must make a decision to call an ambulance. Guidance notes are also given in the Staff Handbook. **It is always best to err on the side of caution**, bearing in mind that additional injuries may be caused if unqualified persons move a casualty. An ambulance should be called if there is **significant bleeding, shock, seizure, suspected anaphylactic shock, serious fractures which are disabling, cardiac arrest, suspected meningitis or breathing difficulties.**

- Dial 112
- State which service(s) you require: Ambulance (Call for Police or Fire Brigade as necessary)



- Give the age and sex of the casualty and state whether breathing/not breathing, conscious or unconscious and a brief description of the injury. Any additional factors known e.g. asthmatic, anaphylactic, diabetic etc
- Give the address of the school : Calle Sorolla, 4, Majadahonda, Madrid.

Stop bleeding by pressure and keep the child warm and quiet to minimise the shock.
Find out all you can about what happened and whether the child is in pain. Always be encouraging: never discuss how bad it might be!

ONE person must take charge who will:

- 1) Send for an ambulance if necessary
- 2) Send for a First Aider.
- 3) Notify the Headmistress.
- 4) Make arrangements for the care of the child's property.
- 5) Arrange to contact the child's parents and check that this has been done. If the child is taken to hospital he or she must be accompanied by an adult, who must be prepared to remain there with the child.

If a child is ill or injured on a school trip the same principles apply as for 1 and 2. Remember that when a child is ill or injured this changes the day's arrangements. Always ensure there is enough supervision for the other children on the trip, so that the sick or injured member of the group can be properly looked after. A suitably qualified First Aider with a portable first aid kit must be on all off-site activities.

Major Accidents to pupils or visitors

Major accidents which involve pupils or visitors who are killed or taken from the site of the accident to hospital need to be reported without delay to the relative authorities.

Reportable diseases need to be noted including:

- Date and diagnosis of the disease
- Who is affected
- The name of the disease

A full list of reportable diseases is held by Almudena Saucedo in the Health & Safety file.

Wounds and Bleeding

Remember: **NEVER** perform any First Aid Procedures that you have not been adequately trained to do. The following is an aide-memoire only. The aims of First Aid for bleeding and wounds are to:

- Stop bleeding as quickly as possible, because severe loss of blood could be serious and lead to death.
- Prevent infection, by keeping germs out.

Treatment:

- Place the casualty in a lying position, preferably with legs raised.
- Elevate injured part, unless a fracture is suspected, and loosen tight clothing.
- Expose wound, removing as little clothing as possible.



- Control bleeding by pressing sides of wound firmly together or by applying direct pressure to the part that is bleeding, over a clean dressing preferably, a clean towel, handkerchief or any other item of clean linen.
- Apply sterile dressing into the depth of the wound until it projects above the wound, cover with padding and bandage firmly.
- If foreign bodies are present in the wound, or bone is projected, cover the wound with a sterile dressing and apply enough pads round the wound to enable bandage to be applied in a diagonal manner, avoiding pressure on projecting foreign body or bone.
- If bleeding continues through dressing, put another dressing over the previous dressing and bandage it firmly. Never remove dressings that are already in place – this disturbs the blood clot and can easily make bleeding worse.
- At all times reassure the patient and keep him/her relaxed and lying as still as possible; any unnecessary movement will tend to make bleeding more severe.
- Keep casualty warm with blankets.
- Except in cases of only slight injuries with small loss of blood, get the casualty as comfortably and quickly as possible.

WARNING

Stab wounds and puncture wounds can cause injury and infection deep inside the body, even though the skin wound is only small. Therefore, such wounds should be regarded as serious and the casualty sent to hospital.

Burns and Scalds

- Cool immediately. If limb or extremity is affected, immerse in cold water or place under a gently running tap, until pain is reduced.
- Remove burnt clothing only if absolutely necessary and after cooling has begun.
- Stuck clothing should be left alone.
- Do not break blisters; keep immersed in cold water if still painful.
- Remove anything of a constricted nature – e.g. rings, bangles, belts, boots – before swelling starts.
- Cover the burn with a large sterile dressing. If no dressing is available, use the cleanest non-fluffy covering available. Dressing should cover an area bigger than the burn. If necessary, use several dressings. A burn cool pack can be used prior to dressing a wound.
- If the burn is larger than the palm of the hand, send casualty to a hospital as quickly as possible. Clingfilm can be used to cover the area and keep it free from infection.

WARNING

DO NOT apply lotion, antiseptics or anything greasy to burns.

DO NOT use hairy or fluffy materials to cover a burn.

In the case of electrical burns, do not touch the casualty until you are certain that the electricity is switched off. Any child receiving a burn resulting from an electric shock should be taken immediately to hospital.



Diabetes

You **MUST** know if you are teaching a diabetic child. The school office must be kept up to date with details of where parents can be contacted in an emergency, also telephone numbers of the Child's Doctor, Hospital etc.

The child should always carry glucose or sugar in his or her pocket and may need to eat in class or before PE and games lessons. It is very important that diabetics eat meals at regular times and are allowed to eat small snacks at other times when they need extra food. The only major problem the diabetic child is likely to have in school will be an **INSULIN REACTION** (Hypoglycaemia). Some of the first signs may consist of confusion, poor work, poor handwriting. If any of these are noticed – sugar in any form is the correct treatment (sugar, sweets, sugary drinks). If reaction has not developed too far the child will return to normal, but **SHOULD NEVER BE SENT OUT OF THE ROOM WITHOUT SUPERVISION.**

Insulin reactions do not occur very frequently. They are usually brought on by more exercise than usual, delay in getting meals or inadequate meals or excessive Insulin dosage. If a reaction occurs at school, parents should be advised by telephone and in writing.

If the child has developed an Insulin reaction or is unwilling to swallow sugar, this should be considered an **EMERGENCY - AND THE CHILD TAKEN TO HOSPITAL.** Every effort should be made to contact the parents as soon as possible.

Symptoms of Hypoglycemic Reaction:

Trembling, numbness

Late symptoms – sweating, tingling of the mouth and fingers, poor orientation, weakness, loss of memory, drowsiness, blurring of vision, unconsciousness, headache, abnormal gait, convulsions, abnormal behaviour.

NOTE: The child may be wearing a Medic-Alert or Necklet which would identify the condition, if the teacher has not already been made aware of the child's Diabetic condition.

Epilepsy: A Guide for Staff

Types of seizure:

Major fit ('grand mal' or 'convulsion'). This type of fit can be very frightening when seen for the first time. The child may make a strange cry, (a physical effect that does not indicate fear of pain), and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear round the mouth, occasionally blood-flecked, if tongue or cheeks have been bitten. The child may pass water.

This type of fit may last several minutes, after which the child will recover consciousness. He/she may be dazed or confused – a feeling that can last from a few minutes to several hours – and may want to sleep or rest quietly after the attack. Although alarming to the onlooker this type of fit is not harmful to the child and is not a medical emergency unless one fit follows another and consciousness is not regained. Should this happen, medical aid should be sought without delay. This condition is known as status epilepticus.



Minor fit ('absence' or 'petit mal'). This type of seizure may easily pass unnoticed by parents or teachers. The child may appear merely to daydream or stare blankly. There may be frequent blinking of the eyes, but otherwise none of the outward signs associated with a major seizure. Though brief, these periods of clouded consciousness can be frequent. They can lead to a serious learning problem if not recognised and treated, because the child is totally unaware of his surroundings and receives neither visual nor aural messages during a seizure.

Psychomotor fit ('complex partial' or 'temporal lobe'). This occurs when only part of the brain is affected by the excessive energy discharge. There may be involuntary movements such as twitching, plucking at clothes or lip smacking. The child appears to be conscious but is unable to speak or respond.

'Subclinical seizures'. These are often not recognised because, as the name suggests, they cannot be seen. They may be indicated if a child's attainment level drops significantly, or the standard of oral or written work is below expectations for no accountable reason. Where subclinical seizures are suspected, the matter should immediately be brought to the attention of the Head. Calm observation of any seizure may well provide vital information for the doctors, who rarely see the child having a seizure. Cooperation between teachers, parents and the family doctor/paediatrician can prevent a child with epilepsy from becoming a handicapped adult.

Classroom First Aid

The reaction and competence of the teacher is the most important factor in any classroom acceptance of a seizure. In a minor fit, understanding and a matter-of-fact approach are really all that are needed. A teacher should be aware of the possibility of mockery when the fit has passed and deal with it, if it arises, according to the age group concerned. If the child has a major seizure, classmates will respond to the calm behaviour of the teacher. Ensure that the child is out of harm's way, but move him/her only if there is danger from sharp or hot objects, or electrical appliances. Observe these simple rules and LET THE FIT RUN ITS COURSE.

- Cushion the head with something soft (a folded jacket would do but **DO NOT** try to restrain convulsive movements).
- **DO NOT** try to put anything at all between the teeth.
- **DO NOT** give anything to drink.
- Loosen tight clothing around the neck, remembering that this might frighten a semiconscious child and should be done with care.
- **DO** call an ambulance or doctor if you suspect status epilepticus.
- As soon as possible, turn the child to the side in the semi-prone position to aid breathing and general recovery. Wipe away saliva from around the mouth.
- If possible stay with the child to offer reassurance during the confused period which often follows this form of seizure.

Asthma

Almost three million people in the UK have asthma and at least one in 10 children are diagnosed as having asthma in the UK. Each year 2000 people die from asthma in the UK. It is thought that the majority of these deaths are preventable. Due to this fact it is essential that



we as teachers understand the causes that lead to an attack and how to deal with an attack when it happens. Most children are able to lead a normal life by managing their asthma and being aware of situations which could lead to an asthma attack. However, staff need to be fully informed and able to cope with this potentially fatal disease.

It is important that each teacher can respond positively to these questions:

- a) Do you know which, if any, children have asthma in the classes which you teach?
- b) Are you aware of the situations that can lead to an asthma attack?
- c) Would you know what to do if this happened in one of your lessons?

Causes of Asthma:

Asthma causes narrowing of the airways, the bronchi, in the lungs, making it difficult to breath. An asthma attack is the sudden narrowing of the bronchi. Symptoms include attacks of breathlessness and coughing and tightness in the chest, which can exacerbate the difficulty in breathing. People with asthma have airways which are almost continuously inflamed (red and sore) and are therefore very sensitive to a variety of common stimuli. It is not an infectious, nervous or psychological condition, although stress may sometimes lead to symptoms.

A child's inflamed airways are quick to react to certain triggers (irritants) that do not affect other children without asthma. The things that trigger asthma vary from child to child. The known triggers include:

- Viral infections (common cold)
- Allergies, e.g. grass pollen, animals (hamsters, rabbits, cats, birds, etc.)
- Exercise
- Cold weather or strong winds
- Excitement or prolonged laughing
- Sudden changes in temperature
- Numerous fumes such as glue, paint and tobacco smoke.

Effects on Child:

- Breathlessness during exercise
- Coughing during which wheezing or whistling is heard coming from the child
- General difficulty in breathing • Tightening of the chest
- Anxiety of the child.

When an Asthmatic joins the Class:

- Ask parents about child's asthma and current treatment
- All children should have easy access to medication
- If necessary, discreetly remind child to take medication.

Sport and the Asthmatic Child:

Exercise is a common trigger for an asthma attack but this should not be the reason for children not to participate in PE or Games. As far as possible, children should be encouraged to participate fully in all sporting events. Swimming is to be encouraged. Prolonged spells of exercise are more likely than short spells to induce asthma attacks. Teachers of PE should be



particularly aware of children with asthma when working outside on cold, dry days or when there are strong winds.

Asthmatic children are commonly allergic to grass pollen so this should be considered, especially during the summer months. Teachers should beware of competitive situations when children with asthma may over exert themselves.

Exercise triggered asthma will be helped if the teacher ensures that the child uses his/her inhaler before exercise begins and keeps it with them during the lesson. No child should be forced to continue games if they say they are too wheezy to continue.

Technology

Teachers should be particularly aware of asthma sufferers during activities producing dust and fumes, e.g. paint, glue and varnish.

Medication

There are two types of treatments:

Preventers - these medicines are taken daily to make the airways less sensitive to the triggers.

Generally preventers come in brown and sometimes white containers.

Relievers - these medicines are bronchodilators which quickly open up the narrowed airways and help the child's breathing. Generally relievers come in blue containers.

Key:

A - Aerosol, puffer or dry-powder inhaler

B - Tablet and/or syrup

How you can help during an attack

Children with asthma learn from their past experience of attacks; they usually know just what to do and should carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone.

However, the following guidelines may be helpful:

1. Ensure that the reliever medicine (such as Atrovent, Bricanyl or Ventolyn) is taken promptly and properly. This will be in aerosol, puffer or dry powder inhaler form. A reliever inhaler (usually blue) should quickly open up narrowed air passages: try to make sure it is inhaled correctly. Preventer medicine (such as Intel, Becotide or Pulmicort) is of no use during an attack; it should be used only if the child is due to take it.

2. Stay calm and reassure the child.

Attacks can be frightening, so stay calm and do things quietly and efficiently. Listen carefully to what the child is saying and what he or she wants: the child has probably been through it before.

Try tactfully to take the child's mind off the attack. It is very comforting to have a hand to hold but don't put your arm around the child's shoulder as this is very restrictive.

3. Help the child to breathe.



In an attack people tend to take quick and shallow breaths, so encourage the child to breathe slowly and deeply. Most people with asthma find it easier to sit fairly upright or leaning forwards slightly.

They may want to rest their hands on their knees to support the chest. Leaning forwards on a cushion can be restful, but make sure that the child's stomach is not squashed up into the chest.

Lying flat on the back is not recommended.

In addition to these three steps loosen tight clothing around the neck and offer the child a drink of warm water because the mouth becomes very dry with rapid breathing.

Call a doctor urgently if:

- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts at all about the child's condition.

If a doctor is unobtainable call an ambulance.

After the attack:

Minor attacks should not interrupt a child's concentration and involvement in school activities. As soon as the attack is over, encourage the child to continue with normal school activities.

How teachers can help:

- Ensure all asthmatic children take any necessary treatment before sport or activities.
- Ensure relievers are readily available for use by asthmatic children when required.
- Check with child or parent that correct treatments and instructions are supplied for school outings.
- Be aware that materials brought into the classroom may trigger a child's asthma, and additional treatment may be necessary.
- Make a point of speaking to parents of children needing to use their inhaler for relief more often than usual.
- Act as an educator to children with asthma and their peers.
- Know what to do in an emergency.

Do's and Don'ts in Acute Asthma •

Don't panic.

- *Do be aware of procedure to follow if the child does not improve after medication.*
- *Don't lie the child down - keep her/him upright.*
- *Don't open a window - cold air might make the condition worse.*
- *Don't crowd the child - give space - not cuddles.*
- *Do give reliever medication - bronchodilators.*
- *Don't give inhaled steroids (e.g. Becotide, Pulmicort).*
- *Do reassure the child.*
- *Do reassure the other children and keep them away.*

What to do in an emergency 1. Keep calm.



2. Allow child space to breathe (no sudden change in temperature).
3. Use a reliever inhaler.
4. If no improvement after 5 minutes, repeat inhaler giving a high dose. Dial 999 or take to hospital (two adults required).
5. Ask someone to warn the hospital you are on the way.
6. Demand immediate attention on arrival at hospital.

SEEK MEDICAL HELP URGENTLY IF:

1. The reliever (medication) has no effect after five to ten minutes.
2. The child is either distressed or unable to talk.
3. The child is getting exhausted.
4. You have any doubts at all about the child's condition.

CALL THE PARENTS AND AN AMBULANCE

Minor attacks should not interrupt a child's concentration or involvement in School. When the attack is over encourage them to continue with their lessons/activities. This information has been taken from the National Asthma Campaign booklet "Asthma at School".

Grazes

If a graze requires attention, tap water or an antiseptic wipe should be used. As much of the dirt as possible will be removed. Wet wounds need to be dried with a swab. In order to avoid infection, some wounds will require covering (this is up to the discretion of the First Aider). This can either be a small plaster or gauzes for larger wounds.

Lacerations

For all lacerations, the blood flow should be stopped by compression. Swabs are preferable, but in extreme cases anything will do. If necessary, blood loss can be reduced by elevation of the limb. If the bleeding cannot be controlled, the child should be taken immediately to hospital. Please note that if there is any concern about permanent scarring, parents should be encouraged to take their children either to their GP or the hospital.

Head injuries

Any child who is knocked unconscious or has amnesia from a head injury should be taken immediately to hospital. If there has been blurred vision or vomiting, parents should be encouraged to take their child to hospital. In very minor head injuries, an ice pack should be used and parents informed verbally at the end of the day and via a copy of the Accident Record. All children who have received a minor head injury should be monitored throughout the day.

Nose bleeds

The head should be tipped forward and the area just below the nose bridge should be pinched. If bleeding has not stopped after 10-15 minutes, the parents should be informed and the child taken to hospital.



Burns

Any child receiving a burn resulting from an electric shock should be taken immediately to hospital. For very minor burns, the wound should be flooded with cold water for 10 minutes. For more serious burns, clingfilm should be used to cover the area.

Neck injuries, strains and sprains

Where there is concern that the neck has been injured or if the child is unable to move, they should be immobilised wherever they are. Children who incur strains and sprains should be allowed to rest. An ice pack should be applied and the limb should be elevated. If there is any concern about deformities, the child should be taken to hospital.

Eye injuries

Most eye injuries will require irrigation. Either an eye wash or tepid water from a tap may be used.

Insect bites

Stings are best treated with water or ice packs. Stings near the eyes, lips or nose should be handled with great care as these may lead to breathing difficulties. If a child displays any anaphylactic symptoms, the emergency services should be contacted immediately and a paramedic crew requested. A child's medical records should be checked to see if they are allergic to particular insect bites.

Sun protection

During the summer months, children are encouraged to wear a sunhat whilst outdoors. Parents are encouraged to apply sunscreen to their children before coming into school. Due to child protection considerations, teachers and other members of staff are not allowed to apply sunscreen. Older children may apply sunscreen themselves.