

## **FIRST AID POLICY & PROCEDURES**

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**Arnold Aim**

- 1) Each Arnold pupil will be guided and supported throughout their time in school by the highest standards of pastoral care.

**Policy Statement (1)**

Arnold School recognises its legal obligations to provide a first aid service for all its staff and pupils, including those in the EYFS setting. The school is committed to providing a first aid service which satisfies the school's needs in terms of the requirements of the *Health and Safety (First Aid) Regulations 2009*.

The legislation sets out the required standards for first aid in the workplace, including number and contents of first aid kits, training of first aid personnel and provision of first aid rooms. This policy requires that all first aid injuries be reported and treated.

To this end, the school will provide information and training on first aid to voluntary nominated members of staff to ensure that the needs of the school are met, in line with HSC regulations

In accordance with national regulatory requirements, the School's provides:

- 1) practical arrangements at the point of need;
- 2) the names of those qualified in first aid and the requirement for updated training every three years; and refresher course annually
- 3) having at least one qualified person on each school site when children are present;
- 4) showing how accidents are to be recorded and parents informed;
- 5) access to first aid kits;
- 6) arrangements for pupils with particular medical conditions (for example, asthma, epilepsy, diabetes);
- 7) hygiene procedures for dealing with the spillage of body fluids;
- 8) guidance on when to call an ambulance;
- 9) reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive.

This policy is supplemented by the whole school *Administration of Medicines and Health and Safety* policies. The school is fully committed to ensuring that the application of this policy is non-discriminatory in line with the UK Equality Act (2010). Further details are available in the school's *Equal Opportunity* policy document.

**Policy Statement (2)**

- 1) This policy applies to all members of the Arnold school community, including those in our EYFS setting.

- 2) Arnold implements this policy through adherence to the procedures set out in the rest of this document.
- 3) This policy is made available to all interested parties in accordance with our *Provision of Information* policy.
- 4) This policy is reviewed at least annually by Matron and the Deputy Head, who will report to the Headmaster and Local Governing Body on its implementation on a regular basis.

### **Key Personnel**

- 1) Helen Hotchkiss: School Matron
- 2) Craig Jenkinson: Deputy Head
- 3) Katy Wright: Head of the Junior School
- 4) Katie Hartley: Kindergarten Manager
- 5) Ken Huttley: Health & Safety Co-ordinator
- 6) Mark Woods: Facilities Manager

### **Definition of First Aid**

First Aid can be defined as the emergency treatment of illness or injury in order to maintain life, to ease pain and to prevent deterioration of the patient's condition until professional medical help can be obtained. Providing First Aid is the primary role of the First Aider.

### **Arrangements for Securing First Aid Provision**

The Deputy Head or his designate will have overall responsibility for placing the school's policy into practice and for developing detailed procedures by:

- 1) regularly reviewing the school's First Aid needs at least annually and particularly after any changes in staff or curriculum to ensure that the provision of First Aid is adequate.
- 2) providing the First Aid Co-ordinator and staff with sufficient time in order to undertake training to the standard required by the HSE.
- 3) ensuring that all employees and pupils of the school are aware of the school's policy on First Aid and the procedure for the reporting of accidents.

### **First Aid Co-ordinator**

In addition to her contracted duties the school's Matron or her designate will act as the nominated person to coordinate First Aid. The school's Matron will be responsible for assisting the Deputy Head to meet the school's responsibilities for First Aid.

A list of responsibilities for the First Aid Co-ordinator can be found in *Appendix 1*.

### **Nominated First Aiders**

First Aiders are qualified personnel who have received training and passed an examination in accordance with Health and Safety Executive requirements. Incorporated into this will be refresher training at regular intervals to ensure that their skills are maintained.

In determining the number of Nominated First Aiders required, the following factors will be taken into account:

- 1) The size of the school
- 2) Pupil numbers and age ranges
- 3) Staff or pupils with special needs or disabilities
- 4) Particular hazards
- 5) Cover for staff absences
- 6) Provision on school visits
- 7) Provision in practical departments and physical education

Persons to be considered to act as Nominated First Aiders should;

- 1) Express willingness and enthusiasm to so act
- 2) Show evidence of a capacity to deal with injury and illness
- 3) Be in reasonable health
- 4) Be available at short notice
- 5) Be able to act calmly in an emergency

A list of First Aiders can be found in *Appendix 3*. The duties and responsibilities of a First Aider can be found in *Appendix 2*.

In order to ensure appropriate First Aid cover is available the First Aid Co-ordinator will provide a list of Duty First Aiders. The list will be sited at agreed locations around school and a copy will be held in Reception.

Under Early Years Foundation Stage requirements, at least one person on the premises and at least one person on outings must have a paediatric first aid certificate. It must be clear from the certificate that the course followed has covered first aid for children (with the words 'children', 'child' or 'paediatric' somewhere on the certificate). The course must involve a minimum of twelve hours training. As a general principle, the first aid training should be appropriate to the age of the children in question.

### **Legal Indemnity of First Aiders**

It is extremely unlikely that first aid personnel rendering assistance will become subject to legal action because of deterioration in the injured person's condition. However, the school has arranged to guard against this possibility by providing, through its insurance policies, indemnification for any member of staff who assists a person who becomes ill/injured either on or off the school's premises but in association with school business.

### Matron

Matron is based in her office in the main corridor and is available from 8.30 to 4.15 Monday to Friday and on Saturday mornings for sporting fixtures.

Her mobile number is: 07967 973722.

The School Matron is ordinarily the person to whom pupils should go if they are feeling unwell in the Senior School. In the Junior School, pupils who are unwell should be sent to the School Office. The Office will then contact Matron. In the Kindergarten, minor illnesses/injuries are dealt with by the trained staff who will, where appropriate, consult with Matron.

### Medical Information

A medical information document for the current academic year is issued to every member of staff. This document describes pupils' physical disabilities, allergies or other significant medical details and it is essential that staff read this and use the information provided both inside the classroom and elsewhere, and are aware of what to do should problems arise.

A file containing this information is kept in the Junior and Senior staff rooms. There is a similar document in the Kindergarten. Details of Health Care Plans and Emergency Procedures are also placed in this folder and it is essential that all staff familiarise themselves with this information.

No medical information is to be posted publicly on the notice board to respect a person's confidentiality.

A dietary information document is issued to the Catering Manager for the current academic year and such information is available should those staff planning school trips require it.

### First Aid Boxes

First Aid boxes are located all around the school site. Locations are listed in *Appendix 3*. If a person requires the use of any provisions held within a first aid box, then they should contact their nearest First Aider.

All boxes will contain the minimum supplies which are required by law:

#### 1-10 Persons

6	medium dressings
2	large dressings
3	extra large dressings
2	eye pads
6	triangular bandages
20	plasters
6	safety pins
10	alcohol free wipes

#### 11-50 Persons

8
4
4
4
6
40
12
10

2	sterile saline 500ml *	2
2	Pair of Disposable Gloves	2

\* Eye irrigation where mains tap water is not available and/or there is a risk of injury to the eye.

Only specified first aid supplies will be kept; no creams, lotions or drugs, however seemingly mild, will be kept in these boxes.

### **First Aid/Recovery Room**

To comply with the Education (school premises) Regulations 1996 the school has provided a dedicated room for first aid treatment.

The First Aid/Recovery Room is located on the Senior School main concourse. There is also a similar facility in the Junior School/ Kindergarten.

### **Field Trip or Portable First Aid Kits**

Field trip or portable first aid kits are to be made available for those persons who are required to be undertaking their work/study away from their normal place of work/study, external to the school, where an assessment has highlighted that access to such facilities may be restricted.

### **Infection Control**

Common sense infection control measures include: hand washing; and the use of disposable gloves when dealing with any body fluids. All clinical waste should be disposed of in a yellow bag.

### **High Risk Areas**

In areas classed as high risk by the Health & Safety Department, the Head of Department has specific responsibilities for First Aid. These duties are detailed in *Appendix 4*.

Areas classed as High Risk following Risk Assessments are:

- Art & Design
- Science
- PE
- Housekeeping
- Catering

### **Procedures in the event of an Accident (Green, Amber, Red)**

The circumstances in which first aid may be required vary considerably within a large organisation such as a school. Despite the relative safety of the school environment, situations may well arise where staff, trained in First Aid, are necessary. Such incidents can include cardiac arrest, loss of consciousness and epileptic fits as well as the more common

situations of faints and musculoskeletal sprains and strains. First Aid may also be required in the situation of a work related injury such as burns, eye injury or musculoskeletal injury. The school recognises the importance of providing the appropriate response required for a particular injury or illness, and have provided the following categories to assist staff in the course of action to be taken when dealing with an accident.

### **Green Procedure**

Green Procedure is for accidents that can be dealt with in-house by a qualified First Aider. The response for this category is provided as a flow chart in *Appendix 5*. In the unlikely event of Matron being absent staff should contact the nearest First Aider.

Where there is any doubt about the level or nature of the injury, the red procedure should always be initiated.

### **Amber Procedure**

Amber Procedure is for an accident that can be referred to a doctor, clinic or hospital by transport by parent or school, and there is reasonable certainty that any time delay in transporting a pupil to a doctor, clinic or hospital will not increase the level of discomfort for the pupil or worsen their medical condition. The response for this category is provided as a flow chart in *Appendix 6*. In the unlikely event of Matron being absent staff should contact the nearest First Aider. Where there is a requirement for the patient to be transported to hospital by the school, the First Aid Coordinator will advise the Deputy Head/Headmaster of the Junior School/Kindergarten Manager who will arrange transport and where appropriate staff to accompany the patient.

Where there is any doubt about the level or nature of the injury, the red procedure should always be initiated.

### **Red Procedure**

Red Procedure is for serious accidents that require immediate hospitalisation, or any accident where there is sufficient doubt about the pupil's condition that expert medical opinion is required. The response for this category is provided as a flowchart in *Appendix 7*. In the unlikely event of Matron being absent staff should contact the nearest First Aider.

### **Recording of Accidents/Injuries**

- 1) In the Junior and Senior School an accident/injury will be recorded in the relevant Incident and Accident Book (Pupil or Adult). This is completed by Matron or designate. This is a HSE document, with individually numbered tear-off pages, to ensure authenticity of entry and to prevent misuse. Only original HSE forms are used; photocopying or other duplication is not permitted.

- 2) Details are also recorded by Matron or designate on the pupil database (Engage) as an 'Incident and Action'. This includes:
  - a) The date of the incident.
  - b) The time of the incident.
  - c) The location of the incident.
  - d) Details of the incident, including any witnesses (staff and pupil) as appropriate.
- 3) Matron refers any incidents/accidents to the Health and Safety Co-ordinator, if there is reasonable cause for investigating whether any improvements to health and safety site arrangements could prevent a similar future incident. This is logged in the pupil database (Engage) as 'Follow Up Action' and dated.
- 4) Any outcome to the investigation is added to the 'Follow Up Action' entry by Matron or the Health and Safety Co-ordinator, as agreed in each case.
- 5) The Health and Safety Co-ordinator, in liaison with the Facilities Manager and Matron, escalates an issue to senior management, if required.
- 6) Once Matron and the Health and Safety Co-ordinator agree that a matter is closed, the 'Follow Up Complete' box is ticked.
- 7) Where appropriate, parents are informed, and copies of all correspondence are kept attached to the original Accident Record, including any emails.
- 8) In the Kindergarten and Reception (EYFS), minor accidents and injuries are placed in an incident book and parents sign this document when they collect their child at the end of the day. More serious injuries are recorded in the Accident Book.
- 9) Any person who suffers an injury as a result of an accident that occurred off the school's site whilst undertaking their role for the school should report the accident to Matron when they return to school. In addition, accidents occurring on a third party's site should be reported in accordance with the arrangements applying at that site.

### **Reporting of Accidents**

It is the responsibility of the First Aid Co-ordinator to ensure that all employees and pupils of the school are aware of the procedure for the reporting of accidents. For contractors and visitors the Facilities Manager will take responsibility. Under RIDDOR the school has a legal duty to report and record some work-related accidents by the quickest means possible. HSE has set up on-line reporting procedures for RIDDOR reportable accidents. The relevant link is: <http://www.hse.gov.uk/riddor/index.htm>

### **Reportable Deaths and Major Injuries**

#### **Deaths**

If there is an accident connected with work and an employee, pupil or a member of the public is killed the school must notify the enforcing authority without delay.

## Major injuries

If there is an accident and an employee, pupil, or member of public sustains a major injury and is taken to hospital from the site of the accident, the school must notify the enforcing authority without delay.

Reportable major injuries are:

- fracture, other than to fingers, thumbs and toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (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, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury: leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- head injuries

## Reportable Over-Three-Day Injuries

If there is an accident connected with work (including an act of physical violence) and an employee, pupil, or self-employed person working at the school suffers an over-three-day injury the school must report it to the enforcing authority within ten days.

An over-3-day injury is one which is not "major" but results in the injured person being away from work or unable to do their full range of their normal duties for more than three days. The school must notify the enforcing authority without delay.

## Reportable Disease

If a doctor notifies the school that an employee/pupil is suffering from a reportable work-related disease, then the school must report it to the enforcing authority.

Reportable diseases include:

- certain poisonings;
- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;

- lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
- infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
- other conditions such as: occupational cancer; certain musculoskeletal disorders; decompression illness and hand-arm vibration syndrome.

The school must notify the enforcing authority without delay.

### **Reportable Dangerous Occurrences (Near Misses)**

If something happens which does not result in a reportable injury, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately.

### **Procedure for Correct Forwarding of Accident Forms**

In order to comply with the Data Protection Act, as from January 2004 the accident book is kept securely in the First Aid Co-ordinator's Office. In the event of a reportable occurrence, or near miss, the following course of action is taken:

- 1) Member of staff witnessing the incident completes the accident form in full, in liaison with Matron or designate, and passes the completed form to Matron. In order to comply with the Data Protection Act no copies of the form are to be made.
- 2) Matron then provides the Health and Safety Co-ordinator with details of the reportable incident and he investigates where necessary (ref: 'Recording of Accidents/Injuries' above).
- 3) If the accident, or occurrence, falls under the RIDDOR rules then Matron will report the occurrence to the HSE by completing the online form. Out of term time this role will be undertaken by the Facilities Manager.

### **Risk Assessments for Medical Activities**

Risk assessments for medical activities are provided in *Appendix 8*.

## **APPENDIX 1 – Duties & Responsibilities of the First Aid Co-ordinator**

- 1) Familiarise themselves with the content of the First Aid Policy
- 2) Co-ordinate and implement training of First Aiders to a level required by the HSE
- 3) Regularly assess and report back to the Deputy Head or his designate the School/Department's first aid requirements.
- 4) Regularly carry out an audit to ensure that the first aid boxes contain the minimum supplies which are required under law. (Only specified supplies will be kept).
- 5) Regularly check that the appropriate lists and signs showing the location of first aid equipment, facilities and first aid personnel are updated and displayed in conspicuous places. (Lists and signs can be obtained from the Health and Safety Department).
- 6) Liaise with the Health and Safety Department, regarding accidents or near misses
- 7) Receive requests from First Aiders to order replacement provisions
- 8) Maintain a record of all First Aid treatment for a minimum of 7years or if the person is under the age of 18 until the person is 28 (21years+7)

## **APPENDIX 2 – Duties & Responsibilities of a First Aider**

- 1) First Aiders must complete a training course approved by the Health & Safety Executive.
- 2) Give immediate help to casualties with common injuries or illnesses and those arriving from specific hazards at School.
- 3) When necessary, ensure that an ambulance or other professional medical help is requested.
- 4) Maintain a fully stocked First Aid Kit.

**APPENDIX 3 – Lists of First Aiders****The following staff hold a current HSE First Aid at Work Certificate:**

<b>Name</b>	<b>Department</b>	<b>Expiry</b>	<b>Contact</b>
Mr C Briers	Junior School	10.10.2014	
Mrs H Counce	Art	22.06.2014	
Mr P Collinson	Chemistry	22.06.2014	210
Mrs T Dagger	Infants	13.10.2013	241
Mr M Downey	Biology	22.06.2014	215
Mr M Evans	PE	05.01.2014	219
Mrs H Hotchkiss	Matron	09.02.2013	205; 07967 973722
Mr R Jones	PE	05.01.2014	219
Mrs K Hartley	Kindergarten Manager	13.10.2013	248
Miss C Norris	Art	09.06.2013	221
Mr N O'Loughlin	Geography	31.01.2013	
Mrs G Raby	PE	05.01.2014	219
Miss N Strino	Biology	09.06.2013	215
Mrs M Thornton	Chemistry	13.10.2013	206

**Support Staff**

Mrs E Fairburn	Technician	09.06.2013	215
Ms N Phillips	Security	21.06.2012	07815 128947
Mrs C Wright	Technician	22.06.2014	214
Mrs P Angle	Catering	10.10.2014	227
Mr S Lee	Maintenance	10.10.2014	253
Mrs B Syson	House Keeping	10.10.2014	239

**The following staff have completed the Foundation and Early Years 2 Days Course:**

	<b>Expiry</b>
Miss J Allen	01/03/2014
Mrs L Buck	06/10/2011
Mrs M Brooker	01/11/2012
Mrs T Dagger	01/03/2014
Mrs E Foster	07/04/2014
Mrs K Hartley	01/11/2012
Mrs H Hotchkiss	24/03/2013
Mrs S McGivern	07/04/2014
Miss N Metcalfe	07/10/2011
Miss C Parkin	03/12/2013
Mrs L Parkinson	06/10/2011
Miss R Starritt	03/12/2013

**In addition, 65 teaching staff from both Senior and Junior sections successfully completed the accredited British Life Support Course on 03.01.12.**

**First Aid Boxes are placed in the following locations:**

**Senior School**

Art and Design Workroom  
Housekeeping  
Kitchen  
Matron's Office  
Science (Biology workroom)  
Sports Hall Office  
Staff Common Room  
Drama Office

**Junior School and Kindergarten**

Kindergarten  
Kitchen  
School Office

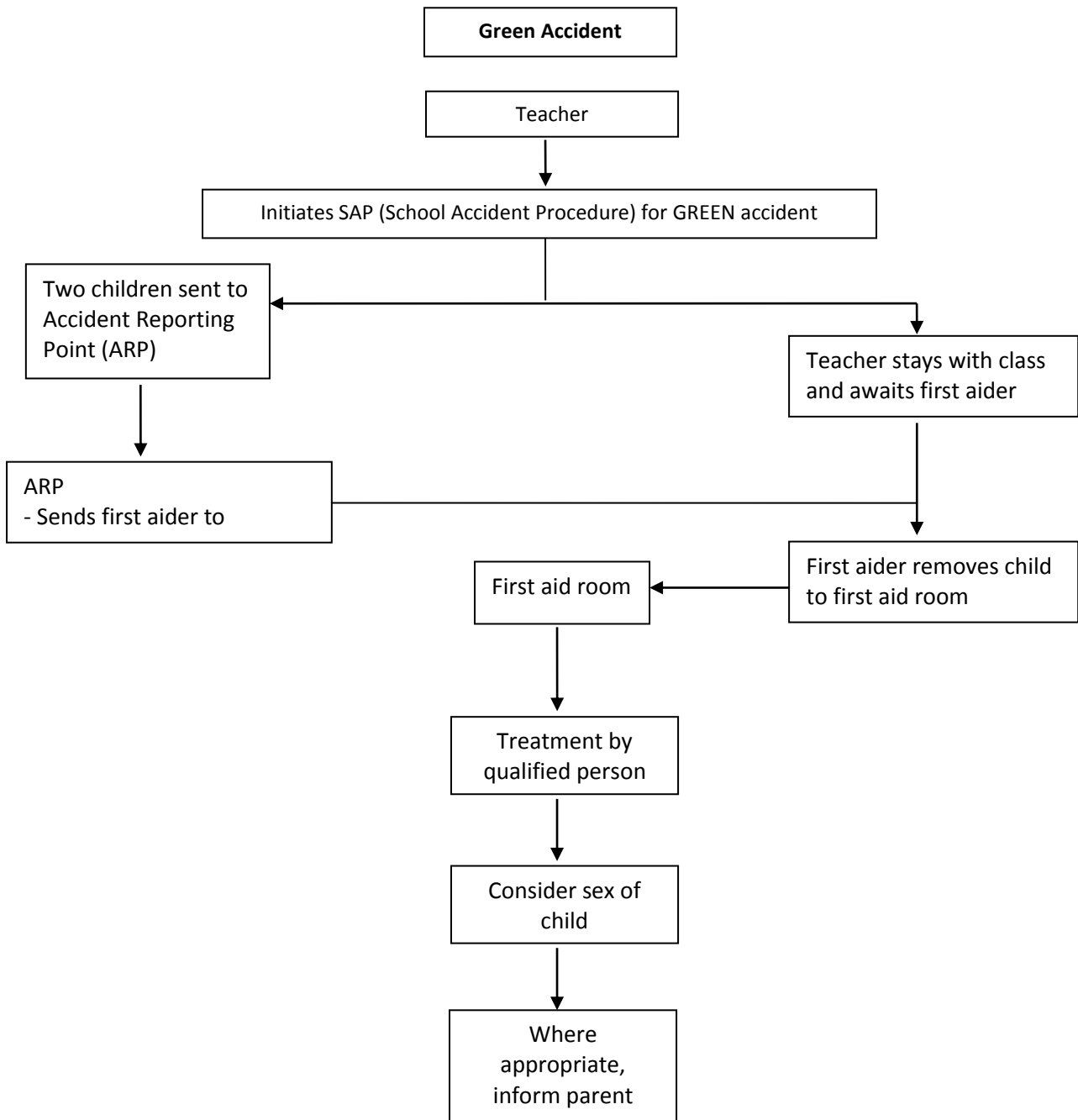
There is also a first aid box in the Pavilion.

#### **APPENDIX 4 – Duties & Responsibilities of Heads of Department in high risk areas**

- 1) Identify the nature of activities within the department and review first aid requirements.
- 2) Identify through Risk Assessments if their Department presents special/unusual hazards and, where necessary, ensure any additional or specific training is required.
- 3) Inform persons within their Department of arrangements which have been made for first aid and keep them suitably appraised of any changes. These arrangements should be contained within staff and pupils' induction training.
- 4) Ensure that staff in their Department are aware of how to summon first aid assistance.

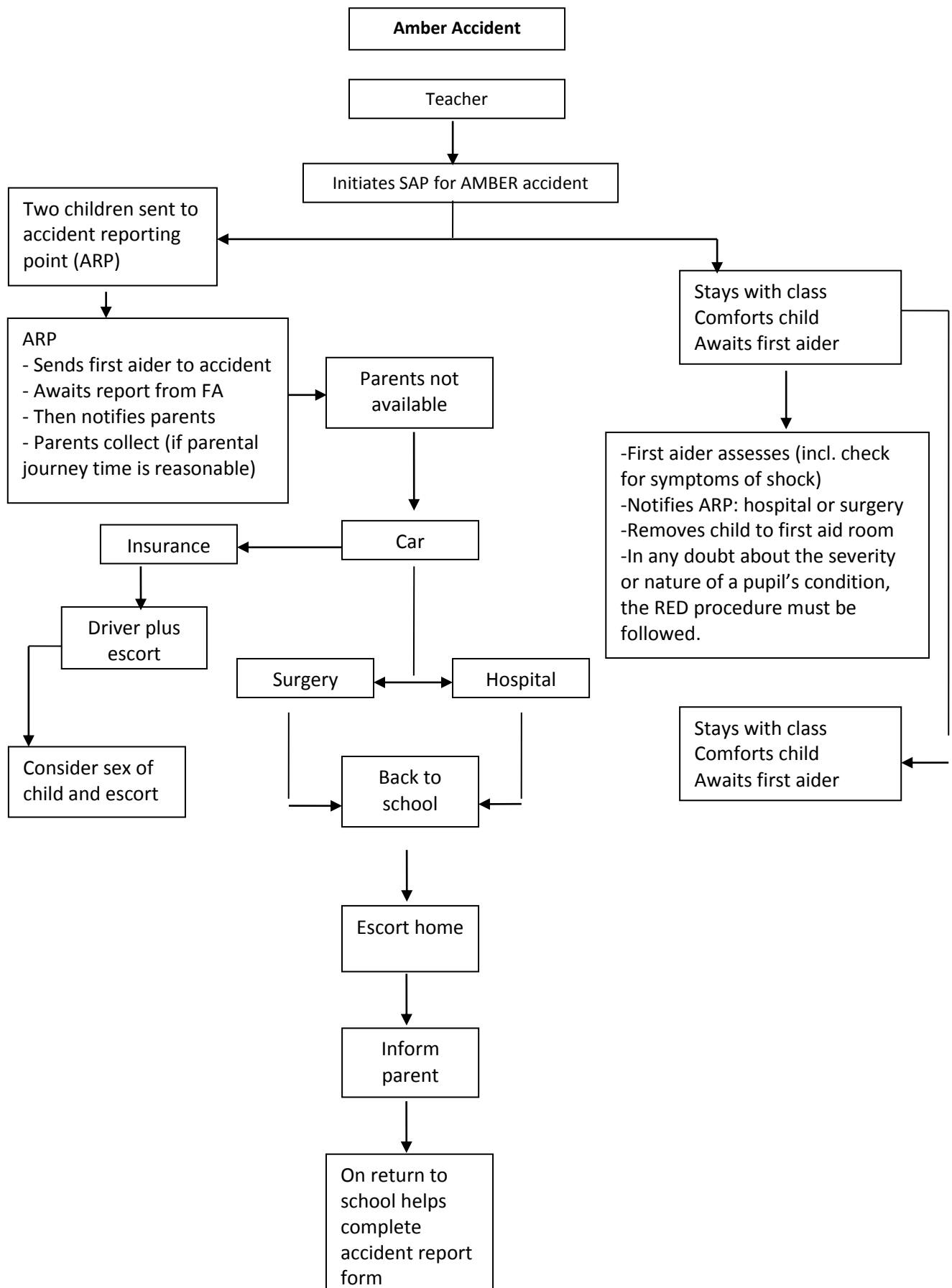
**APPENDIX 5 – Green Procedure**

**(NB – If in any doubt about the level or the nature of the injury, the RED procedure must be used)**

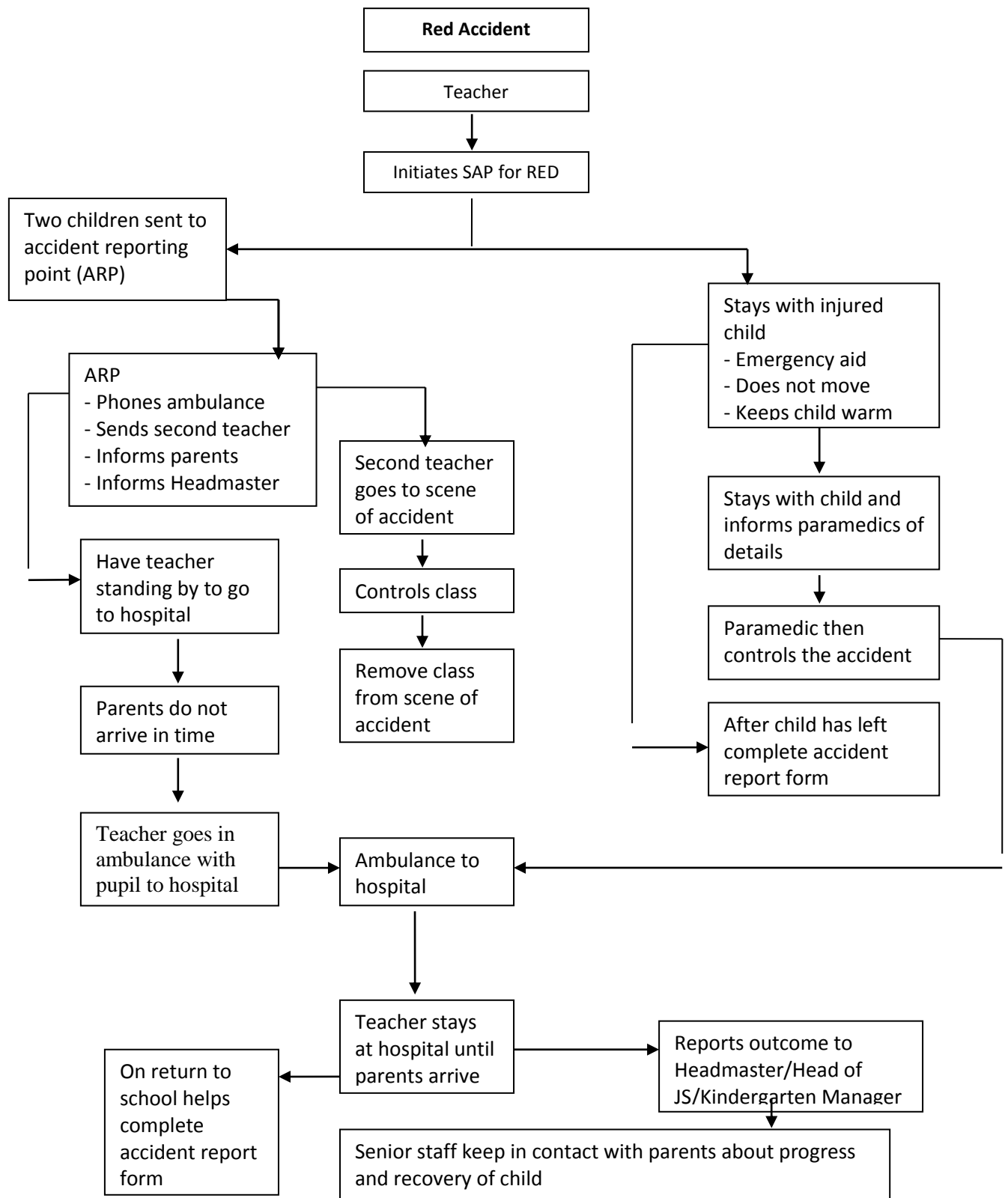


**APPENDIX 6 – Amber Procedure**

(NB – If in any doubt about the level or the nature of the injury, the RED procedure must be used)



**APPENDIX 7 – Red Procedure**



**APPENDIX 8 – Risk Assessments for Medical Activities Form**

<b>TASK:</b>	Hygiene Procedure for Spillage of Bodily Fluids				
<b>ASSESSOR</b>	Matron	<b>DATE</b>	July 2011		
<b>HAZARD To reduce spread of infection and danger of injury</b>					
<b>RISK ANALYSIS</b> (Mark one in each column)					
<b>LIKELIHOOD OF OCCURRENCE</b>			<b>CONSEQUENCE OF OCCURRENCE</b>		
Most unlikely		1	Trivial injury/ies		1
Unlikely		2	Minor injury/ies	x	2
Possible	X	3	Major injury/ies		3
Likely		4	Major injury/ies to several people		4
Most likely		5	Single death		5
Certain		6	Multiple deaths		6
Now multiply likelihood and consequence to give a score =					<b>6</b>
<b>SCORE</b>	<b>RISK ASSESSMENT</b>				
1 – 3	Is classified as a minimal risk		- keep control measures under review		
4 – 6	Is classified as a low risk		- fine tune control measures		
8 – 10	Is classified as a medium risk		- control measures to be improved		
12 –36	Is classified as a high risk		- consider stopping activity until control measures have been completed		

**WHAT ACTION IS TO BE TAKEN (BY WHEN AND BY WHOM)**

First person on scene is to ensure the individual is stable using First Aid assessments as per policy
Cover fluid with paper, sand or sawdust.
Inform Housekeeping
Wear gloves to dispose in clinical waste bag or box

**APPENDIX 9 – Infectious Diseases Timescale for Absence**

<b>Disease/Illness</b>	<b>Minimal Exclusion Period</b>
Chicken pox	At least 7 days from appearance of rash or until last spot has scabbed over
Conjunctivitis	Minimum of 1 day - longer if eyes are still weeping
Diarrhoea	48 hours or until diarrhoea has totally stopped
Gastroenteritis/Food Poisoning, Salmonella and Dysentery	48 hours or, for notifiable diseases, until advised by public health official
Head Lice	Until appropriate treatment has been administered
Infected Hepatitis	7 days from the onset of jaundice
Influenza/Swine Flu	7-10 days after the onset of symptoms, depending on the severity
Impetigo	Until the skin is healed and sores are no longer weeping
Measles	7 days from appearance of rash
Meningococcal Infections	Until complete recovery from illness and on advice from health professional
Mumps	Until swelling has subsided and in no case less than 7 days from onset
Pertussis (Whooping Cough)	21 days from the onset of the cough
Plantar Warts	No Exclusion period - warts must be covered at all times
Poliomyelitis (polio)	Until declared free from infection by appropriate health professional
Ringworm	No exclusion period, if affected area is covered with appropriate dressing
Scabies	Until appropriate treatment has been administered
Scarlet Fever and Streptococcal Infection of the throat	Until appropriate medical treatment has been given and in no case less than 3 days from onset of treatment
Tuberculosis	Until declared free from infection by appropriate health professional
Typhoid Fever	Until declared free from infection by appropriate health profession

## **APPENDIX 10 – Pandemic Flu Procedures**

### **Is there a serious risk of a flu pandemic, and what impact could it have?**

- 1) Experts advise that a further flu pandemic is inevitable, but cannot say when it will happen.
- 2) When it happens, we expect it to spread rapidly to all areas of the UK and have a significant impact.
- 3) Depending on the severity of the pandemic, 25-50% of the population may become ill at some stage during one or more waves, each lasting 3-4 months, and 50,000 – 700,000 more people than usual may die.

### **What are the roles of Central Government, local authorities and schools?**

- 1) Central Government has overall responsibility for contingency planning and is responsible for national policy decisions (and communicating those to relevant partners) and the overall co-ordination of activities during a pandemic.
- 2) Local authorities and other front-line emergency responders (e.g. police, NHS) must work in partnership to build their local preparedness; in a pandemic these would work together in Strategic Co-ordinating Groups to co-ordinate activities in an area.
- 3) Local authorities should also communicate information from Central Government to schools and others – all schools, not just maintained schools.
- 4) Schools should prepare plans for a flu pandemic as part of their general emergency planning and ensure these are shared with staff and, as appropriate, parents.
- 5) School managers (normally the Head Teacher, if the governing body delegates this to the Head) would make the final decision on whether to close a school during a pandemic.

### **Will schools close during a pandemic?**

- 1) The general advice to all sectors is that they should seek to continue operating as normally as possible during a pandemic – but should plan for much higher than usual levels of staff absence and the consequences of this, as well as for other possible disruption resulting from the pandemic's impact on other services.
- 2) However, schools (and childcare settings) are potentially different from other settings. Children are highly efficient 'spreaders' of respiratory infections, both among themselves and to adults in their families. There is some evidence that such infections spread less among children in holiday periods than in term-time. So, closing schools and childcare settings for a period might significantly reduce the number of children infected.
- 3) We will not know until nearer the time, when we know more about the nature of a pandemic strain of virus, and children's vulnerability to it, whether the Government will advise schools and childcare settings to close to pupils for a period during a pandemic, but it is a possibility.

- 4) Any such advice would affect each region only when the pandemic reached it, based on central guidance about when to close and re-open, but it is very likely that all areas would be affected at some stage.
- 5) **The school will, therefore, plan both for remaining open during a pandemic and for possible closure.**

### **What should staff do if schools close to pupils?**

In line with workers in all other sectors, staff should come into school, unless:

- a) ill,
- b) caring for dependants or
- c) authorised to work elsewhere.

### **What does the school do now, during a pandemic and in between?**

- 1) The decision to close the school will be taken by the Headmaster, or his representative, following relevant advice.
  - a) Central Government will advise whether schools in affected areas should stay open or close, on the basis of scientific advice. If the government were to advise closure, Local Authorities (LAs) would communicate the message to schools, but schools would not close at that point. LAs – acting on local health information – would inform schools when their area is affected and if the advice to close applies.
  - b) The decision on whether to close at that time remains with the school – normally the governing body would delegate that power to the Headmaster. The Headmaster would also usually decide whether a school should close for other reasons (e.g. lack of staff).
  - c) If there were advice to close all schools in an area, the LA would tell schools when this advice would be reviewed; after such a review, the LA would advise schools whether to remain closed or to re-open and, if they are to re-open, whether any specific conditions should apply.
- 2) The decision to close the school will be communicated to staff and parents by email and the school website. If the school has to be shut at very short notice, the decision will also be communicated by local radio (Radiowave 96.5).
- 3) Pupils and staff should not come into school if they have any flu-like symptoms (sudden onset of fever, headache, muscle pains and feeling ill, with or without sore throat, cough or difficulty breathing).
- 4) If pupils and staff develop symptoms in school they will be separated from other children and staff until they are collected by parents or go home.
  - a) The Quiet Room in the Senior School and the Medical Room in the Junior School will be used for this purpose.
- 5) Within school we will follow advice by the HPA to minimise the spread of infection if the school remains open during a pandemic, e.g. hand-washing, disposal of tissues,

etc.

- 6) If the school does close, we will attempt to provide appropriate work for those pupils who are not unwell via the school website.
- 7) Parents will be made aware of the plan when appropriate.

### **Updates and Review**

This policy will be continually reviewed in the light of any further advice from the HPA, Government or LA. There will be regular update during a pandemic at:

[www.teachernet.gov.uk/humanflupandemic](http://www.teachernet.gov.uk/humanflupandemic)

## **APPENDIX 11 – Action in the Event of a Drug Related Incident**

- 1) If the pupil is unconscious
  - a) Stay calm
  - b) Place casualty in recovery position
  - c) Dial 999 ambulance
  - d) Collect any evidence of what has been taken eg. pills, syringes, vomited material
- 2) If the pupil(s) is conscious, intoxicated or high
  - a) Make sure they do not wander off
  - b) Sit them in a quiet, well ventilated room
  - c) Do not shout, or threaten
  - d) Speak quietly and calmly
  - e) Contact a First Aider or administer First Aid
- 3) Inform the Headmaster, or his representative, who will deal with the matter in accordance with the school's *Drugs Misuse* policy.
- 4) Any decision to inform the police will be taken by the Headmaster or his representative.
- 5) No staff other than the Headmaster, or his representative, should communicate with the media in any way.

## **APPENDIX 12 – Asthma**

Asthma is a condition of the respiratory system – it affects the airways in the lungs. When a person with asthma comes into contact with something that irritates their airway [an asthma trigger], the muscles around the walls of the airway tighten so that the airways become narrower and the lining of the airways become inflamed and start to swell. Sometimes stick mucous or phlegm builds up which can further narrow the airways. This makes it difficult to breathe and leads to symptoms of asthma.

### **Recognition of an asthma attack**

- The airways in the chest become restricted
- The pupil may only be able to speak with difficulty
- The pupil may wheeze, unable to breathe out
- The pupil may become distressed, anxious, exhausted, have a tight chest or may even go blue around the lips and mouth

### **What to do if a pupil has an asthma attack**

- 1) Get immediate First Aid assistance.
- 2) Ensure that the reliever medicine is taken. The medication must belong to the pupil having the asthma attack, and will be in the pupil's emergency box.
- 3) Note that some pupils may not have spare medication stored with school.
- 4) Stay calm and reassure the pupil. Attacks can be frightening, so stay calm, the pupil has probably been through this before. It is very comforting to have a hand to hold but do not put your arm around the pupil's shoulder as this is very constrictive. Listen carefully to what the pupil is saying. Loosen any tight clothing.
- 5) Encourage the pupil to breathe deeply and slowly. Most people find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended.
- 6) Call 999 and request an ambulance urgently (Red procedure) if
  - a) The reliever has no effect after five or ten minutes
  - b) The pupil is becoming distressed or unable to talk
  - c) The pupil is getting exhausted, becomes disorientated or collapses
  - d) The pupil looks blue
  - e) You have any doubts at all about the pupil's condition
- 7) The pupil's parents or guardian will need to be informed after an attack even if relatively brief
- 8) Minor attacks should not interrupt a pupil's involvement in the school. As soon as the pupil feels better they can return to school activities.

Please contact Matron for advice, help and support and for further information or training regarding the practical use of asthma inhalers.

In developing this set of procedures, the school has regard to the guidance of the National Asthma Campaign, Asthma UK and Matron. In recent years the incidence of childhood asthma has doubled and the school recognises its responsibility in dealing with children appropriately.

- a) The school understands the importance of ensuring the pupils feel safe and secure.
- b) The school recognises that asthma is a widespread, serious but controllable condition and welcomes pupils with asthma.
- c) The school tries to ensure that its environment is favourable to children with asthma.
- d) The school encourages, helps and supports pupils with asthma to achieve their potential and to participate fully in aspects of school life.
- e) Pupils with severe asthma will have an Individual Health Care Plan.
- f) All school staff, through reading of this document, should have an understanding of what it means to be asthmatic, signs and symptoms of an asthma attack and what to do in an emergency.
- g) All staff must understand that access to inhalers is vital. The majority of pupils keep spare inhalers, labelled with the pupil's name.
- h) Some pupils may not have spare medication kept by the school and, instead, responsibly carry it themselves.
- i) All staff, teaching and non-teaching, have access to information on pupils with severe asthma in the Medical Information folder.
- j) A printout of pupils' medical conditions can be obtained from Engage Unite and Individual Health Care Plans are available to all staff and kept confidentially and available in The Medical Information folder.
- k) Advice and further information is available from Matron.

The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

## **APPENDIX 13 – Epilepsy**

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder. However, its cause – especially in the young – may have no precise medical explanation.

### **Tonic Clonic Seizures (arinal mal)**

The person may make a strange cry and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the person may be incontinent.

### **Complex and partial seizures (temporal lobe seizures)**

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip smacking. The person appears conscious, but may be unable to speak or respond during this form of seizure. Ensure safety of the person – gently guide away from dangers and speak calmly to the person and stay until they recover.

### **Absence (petit mal)**

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs, if any, of an ‘absence / petit mal’ seizure. This can lead to serious learning problems as the seizures may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore it is so important to be understanding, note any petit mals and inform parents.

Teachers can play an important role in the recognition of epilepsy and in the recognition of changing patterns or an increased rate of seizures.

## **Procedure for an epileptic seizure**

### **Total seizure (total clonic)**

- 1) KEEP CALM – pupils will tend to follow your example! Let the seizure follow its own course. It cannot be stopped or altered.
- 2) Ask the other pupils to leave the room and ask a responsible pupil to fetch another adult.
- 3) Get First Aid assistance.
- 4) Note the time.
- 5) Refer to the pupil’s Individual Health Care Plan which can be accessed in the Medical Information folder.
- 6) Administer the prescribed medication as per instruction – kept with the emergency medication – according to the pupil’s Individual Health Care Plan.

- 7) Protect the pupil from harm. Only move the pupil during seizure if you have to for their protection. If possible move any objects that may hurt them, rather than move them from dangerous objects.
- 8) As soon as possible (normally post-seizure) place the pupil on their side – this does not have to be true recovery position – just so that the tongue falls forward so that any saliva can drain out of the mouth easily.
- 9) Put something under their head to protect them from facial abrasions if at all possible.
- 10) Try not to leave the pupil alone if at all possible. If you need to leave the pupil make sure there is something behind their back to try to maintain a sideways position.
- 11) Talk quietly to the pupil to reassure them but do not try to restrain any convulsive movements.
- 12) Do not place anything in their mouth.
- 13) Minimise any embarrassment as during the fit the pupil may be incontinent – cover with a blanket to keep warm.
- 14) Once recovered, move them to the Medical Centre. A wheelchair may be used if appropriate – send a responsible pupil to fetch this – check no obvious injuries have occurred.
  - a) If possible, ask other pupils to leave the Medical Centre – perhaps sick pupils could sit in the Reception area.
  - b) Allow the pupil to sleep on their side. Do not leave them alone as the seizure may be the first of a cluster.
- 15) Call the pupil's parent/guardian and request the pupil be collected from school so that they can sleep as long as needed. If the seizure occurs in the morning they may even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide.
- 16) If the seizure lasts five minutes or longer call an ambulance immediately (Red procedure).
  - a) If a seizure lasts that long, it is likely to last longer. It is very important that the pupil goes to hospital and gets the proper treatment within one hour of the beginning of the seizure. If you are concerned or the pupil has received injury e.g. due to a fall, call an ambulance. We are advised it is better not to call an ambulance if the seizure lasts less than five minutes as they are better off left in peace and quiet.
  - b) When the ambulance arrives, report to the paramedic details of the seizure – especially how long it has lasted. If the parent arrives, report the details of the seizure to them.
  - c) An appropriate member of staff must accompany the pupil in the ambulance and stay with them until the parents arrive.
- 17) Ensure any pupils who were present at the time of the seizure have a chance to talk it over with Matron.

Please contact Matron for advice, help and support and for further information or training in the administration of emergency epileptic medication.

In developing this policy, the school has regard to the guidance of Epilepsy Action and Matron. The school recognises its responsibility in dealing with children appropriately.

- a) The school understands the importance of ensuring the pupils feel safe and secure.
- b) The school recognises that epilepsy is a common condition affecting many children and welcomes pupils with epilepsy.
- c) The school encourages, helps and supports pupils with epilepsy to achieve their potential and to participate fully in aspects of school life.
- d) Pupils with epilepsy will have an Individual Health Care Plan.
- e) All school staff, through reading of this document, should have a clear understanding of the condition epilepsy and what to do in the event of a pupil having an epileptic seizure.
- f) Some pupils may have emergency medication – but it is NOT carried by pupils, it is vital that all staff know where this is kept.
- g) Matron provides training for all staff on the use of epileptic emergency medication.
- h) The school advises pupils with epilepsy to provide spare clothing to be kept in school especially underwear and socks.
- i) All staff, teaching and non-teaching will be informed of pupils with epilepsy in the Medical Information folder.
- j) A printout of pupils' medical conditions is available on Engage Unite and Individual Health Care Plans are available to all staff and kept confidentially in Medical Information folder.
- k) Advice and further information is available from Matron.

The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

## **APPENDIX 14 – Allergies and Anaphylaxis**

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances, usually proteins that cause the formation of an antibody and react specifically with that antibody). In susceptible individuals, the reaction may develop within seconds or minutes of contact with a trigger factor. Exposure may result in a severe allergic reaction (anaphylaxis) that can be life threatening. In an anaphylactic reaction, chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

Triggers can be

- a) Skin or airborne contact with particular materials
- b) Injection of a specific drug or insect bite
- c) Ingestion of a certain food e.g. nuts, fish, eggs

Recognition

- a) Anxiety
- b) Widespread red blotchy skin eruption
- c) Swelling of the tongue and throat
- d) Puffiness around the eyes
- e) Impaired breathing from tight chest to severe difficulty in breathing

Serious symptoms

- a) Cold, clammy skin
- b) Blue-grey tinge around the lips
- c) Weakness / dizziness
- d) Feeling of impending doom

Progresses further

- a) Restlessness
- b) Aggressiveness
- c) Gasping for air
- d) Yawning (trying to get oxygen into the body to the brain)
- e) Unconsciousness

Treatment

- 1) Seek immediate First Aid assistance.
- 2) Administer antihistamine tablets / syrup as prescribed in the pupil's emergency box
- 3) If the pupil feels better, allow them to rest and contact the parents

- 4) If the serious symptoms appear call for an ambulance and ADMINISTER ADRENALINE VIA EPIPEN/ANAPEN IMMEDIATELY. Instructions are kept in the emergency box with the EpiPen/Anapen.
- 5) Lie the pupil down if possible, and lift the legs up slightly
- 6) Try and expose the thigh, especially if the pupil is wearing thick trousers
- 7) Remove the grey safety cap of the EpiPen
- 8) Hold the EpiPen very firmly to the outer aspect of the thigh, at right angles to the leg
- 9) Press hard into the thigh, UNTIL A CLICK IS HEARD
- 10) Hold the EpiPen in place for a count of ten seconds
- 11) Remove the EpiPen from the thigh and rub the area gently
- 12) Do NOT throw the used EpiPen away
- 13) Ensure the used EpiPen is taken to hospital with the pupil in the ambulance
- 14) If the pupil is feeling no better or appears worse after ten minutes you may need to give a second injection if available (using the other thigh)
- 15) Stay with the pupil until the ambulance arrives

Please contact Matron for advice, help and support and for further information or training in the administration of emergency epileptic medication.

In developing these procedures, the school recognises the advice and guidance of the Anaphylaxis Society, Allergy UK and Matron. The school recognises its responsibility in dealing with children appropriately.

- a) The school understands the importance of ensuring the pupils feel safe and secure.
- b) The school recognises that allergic shock (anaphylaxis) is a common condition affecting many children and positively welcomes pupils with different types of allergies.
- c) The school encourages, helps and supports pupils with allergies to achieve their potential and to participate fully in aspects of school life.
- d) All school staff will have a clear understanding, through reading of this document, of what it means to be allergic to a particular substance (whether the trigger of a reaction is skin or airborne contact, injection or ingestion), signs and symptoms of a reaction, and what to do in the event of a pupil having an anaphylactic reaction, including the use of an EpiPen to administer emergency adrenaline.
- e) Matron provides training for all staff and how to administer the emergency medication.
- f) All staff must understand that immediate access to EpiPens and/or antihistamine tablets/syrup is vital. The school has at least one EpiPen and/or two antihistamine tablets or a bottle of antihistamine syrup which are to be labelled correctly with the pupil's name and form, in a clear bag/container.

- g) Allergy boxes are kept in a large box labelled 'Epi Pens' in the Staff Study in the Senior site and in the Offices on the Junior site.
- h) Please note all pupils have spare medication in the emergency boxes and also carry spare medication, this is their responsibility to do so. In the Junior School the pupils' medication is kept in a yellow bag and is taken by the class teacher/teaching assistant whenever the pupil goes.
- i) All staff, teaching and non-teaching will be informed of pupils with allergies in the Medical Information folder.
- j) A printout of pupils' medical conditions can be obtained from Engage Unite and Individual Health Care Plans are available to all staff and kept confidentially and are available Medical Information folder.
- k) The school will also inform catering staff of pupils with food allergies, to ensure the pupils' dietary requirements are catered for.
- l) Advice and further information is available from Matron.

The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

## **APPENDIX 15 – Diabetes Mellitus: Type 1 Insulin Dependent**

Diabetes Mellitus is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the blood stream and can cause hyperglycaemia. People with diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections. Children can have emotional, eating, behavioural and confidence difficulties as a result of their condition. Therefore much support is required.

**Hypoglycaemia – low blood sugar**

**Hyperglycaemia – high blood sugar**

### **Causes of Hypoglycaemia**

- a) Inadequate amounts of food ingested – missed or delayed
- b) Too much or too intense exercise
- c) Excessive insulin
- d) Unscheduled exercise

### **Recognition of Hypoglycaemia**

- a) Onset is SUDDEN
- b) Weakness, faintness or hunger
- c) Palpitations, tremors
- d) Strange behaviours or actions
- e) Sweating, cold, clammy skin
- f) Headache, blurred speech
- g) Confusion, deteriorating level of response, leading to unconsciousness
- h) Seizures

### **Treatment of Hypoglycaemia**

- 1) Seek First Aid assistance.
- 2) Request the pupil's emergency box from the Medical Room at Senior site, or from the office on the Junior site (Follow pupils' individual Medical Plan)
- 3) Ensure the pupil eats a quick sugar source e.g. three glucose tablets, glucogel, fruit juice or fizzy drink (not a diet version)
- 4) In the Medical Room or Junior Offices there is a 'diabetic snack box' should the pupil not have any snacks with them
- 5) Wait ten minutes and, if the pupil feels better, follow with a carbohydrate snack e.g. cereal bar, toast
- 6) Once recovered allow the pupil to resume school activities
- 7) If the pupil becomes drowsy and unconscious then the situation is now LIFE-THREATENING and call an ambulance

- 8) Place the pupil in the recovery position and stay with the pupil until the ambulance arrives
- 9) Contact the parent / guardian immediately

### **Causes of Hyperglycaemia**

- a) Too much food
- b) Too little insulin
- c) Decreased activity
- d) Illness
- e) Infection
- f) Stress

### **Recognition of Hyperglycaemia**

- a) Onset is over time – hours or days
- b) Warm, dry skin, rapid breathing
- c) Fruity / sweet breath
- d) Excessive thirst and increased hunger
- e) Frequent urination
- f) Blurred vision
- g) Stomach ache, nausea, vomiting
- h) Skin flushing
- i) Lack of concentration
- j) Confusion
- k) Drowsiness that could lead to unconsciousness

### **Treatment of Hyperglycaemia**

- 1) Seek First Aid assistance.
- 2) Request the pupil's emergency box from the Medical Room at Senior site, or from the office on the Junior site (Follow pupils' individual Medical Plan)
- 3) Encourage the pupil to drink water or sugar-free drinks
- 4) Allow the pupil to administer the extra insulin required
- 5) Permit the pupil to rest before resuming school activities if able
- 6) Contact parent / guardian

Please contact Matron for further advice, help and support and for further information.

In developing these procedures, the school recognises the advice and guidance of the British Diabetic Society, Diabetes UK and Matron. The school recognises its responsibility in dealing with children appropriately.

- a) The school understands the importance of ensuring the pupils feel safe and secure.

- b) The school recognises that diabetes is a widespread condition affecting children and welcomes pupils with diabetes.
- c) All pupils with diabetes will have an Individual Health Care Plan.
- d) The school encourages, helps and supports pupils with diabetes to achieve their potential and to participate fully in aspects of school life.
- e) All staff will have a clear understanding, through reading this document, of what it means to be a diabetic and what to do in the event of a pupil having a hypoglycaemic or hyperglycaemic episode and what to do in an emergency.
- f) All staff must understand that immediate access to insulin or diabetic snacks is vital.
- g) Pupils' emergency boxes are kept in the Medical Room at Senior site and in the Offices on the Junior site. Staff must familiarise themselves with these locations. The Medical Centre and Prep/Pre-Prep Offices also have 'spare diabetic snacks' in a labelled emergency box.
- h) Please note that some pupils do not lodge spare insulin with school – they have it on them at all times.
- i) All staff, teaching and non-teaching will be informed of pupils with diabetes in Medical Information folder.
- j) A printout of pupils' medical conditions can be obtained from Engage Unite and Individual Health Care Plans are available to all staff and kept confidentially and are available in Medical Information folder.
- k) The school will also inform catering staff of pupils with diabetes in case these pupils have no snacks with them and urgently need something to eat.
- l) Advice and further information is available from Matron.

The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

**APPENDIX 16 – Head Lice**

In developing these procedures, the school has regard to the advice and guidance of the Infection Control Nurses Association and Matron. The school recognises its responsibility in dealing with children appropriately.

- 1) Head lice infection is not primarily a school problem but one of the wider communities.
- 2) Whilst the school cannot solve the problem it can help parents to deal with it.
- 3) Head lice do cause concern and frustration for some children, parents and teachers.
- 4) Matron should be informed in confidence of all head lice cases.
- 5) Matron may decide to offer information, advice and support to parents.
- 6) All reports shall remain confidential.
- 7) The school may inform parents by an 'advice' letter given to a whole year or class group but not individual parents.
- 8) Affected pupils will not be excluded from school.
- 9) The school will maintain a sympathetic attitude and avoid stigmatising / blaming families who are experiencing difficulty with control measures.
- 10) The school will assist in reducing agitation and alarm.
- 11) Routine head inspections are not effective and will not be introduced to placate anxious parents.
- 12) It is part of the school Uniform Policy for all pupils to keep their hair tied back at all times as this is a preventable measure against head lice.

## **APPENDIX 17 – Symptoms of Shock**

The most common symptoms of shock include:

- 1) A fast, weak pulse
- 2) Low blood pressure.
- 3) Feeling faint, weak or nauseous.
- 4) Dizziness.
- 5) Cold, clammy skin.
- 6) Rapid, shallow breathing.
- 7) Blue lips.

### **Treatment and Recovery**

If you're with someone who goes into shock, prompt treatment can make all the difference:

- 1) Lay the person flat and raise their legs by at least 25cm to help restore blood pressure (note that in anaphylactic shock, if the person is conscious but having trouble breathing, it's better to sit them up).
- 2) Stop any bleeding by applying direct pressure over the wound or a tourniquet on extreme limb injuries (it's harmful to stop the blood flow to a limb for more than 10-15 minutes).
- 3) Administer anaphylaxis treatment if necessary.
- 4) Loosen tight clothing.
- 5) Keep the person warm with layers of blankets (not a hot water bottle).
- 6) Don't give them anything to eat or drink because of the risk of vomiting.
- 7) Call an ambulance as soon as possible.

### **Causes and Risk Factors**

There are various types of shock with varying causes.

#### **Psychological Shock**

This may be caused by:

- 1) Hearing bad news, such as the death of a loved one.
- 2) Being involved in a traumatic event, such as an accident.
- 3) Being the victim of crime, violent or otherwise.

While psychological shock is less likely to kill you than physiological shock, its effects can persist for years and cause immense disruption. Mild shocks leave you feeling stunned for a while, absorbed in your thoughts and unable to focus on anything else. After a while, though, the brain gets the event in perspective and normal life resumes. However, especially if the shock is more profound, some people find it harder to return to normal, and may develop post-traumatic stress disorder (PTSD). This tends to affect people in one of three ways:

- 1) Intrusion - the event is constantly replayed in the mind.

- 2) Avoidance – the person feels numb, retreats from normal emotions and activities, and may use alcohol and drugs as a form of 'self-medication'.
- 3) Increased arousal – the person is left angry, and prone to irritable behaviour.

### **Physiological Shock**

This type of shock can be caused by:

- 1) Severe bleeding.
- 2) Pulmonary embolus (a blood clot in the lungs).
- 3) Severe vomiting and diarrhoea.
- 4) Spinal injury.
- 5) Poisoning.

There are also specific types of physiological shock, with very particular symptoms.

### **Cardiogenic Shock**

Cardiogenic shock occurs when the heart is severely damaged - by a major heart attack, for example - and is no longer able to pump blood around the body properly, causing very low blood pressure. This develops after about eight per cent of heart attacks. It can be difficult to treat, but drugs may be given to make the heart beat stronger. This may be enough to bring someone through the worst until the heart can mend itself, but cardiogenic shock is still fatal in as many as eight out of ten cases. New treatments to 'revascularise' or restore blood flow to the heart muscle are improving survival rates.

### **Septic Shock**

This occurs when an overwhelming bacterial infection causes blood pressure to drop. It is fatal in more than 50 per cent of cases. Although it is caused by bacterial infection, treating septic shock with antibiotics is far from simple, because the bacteria release massive amounts of toxin when they are killed off, which initially makes the shock worse. It must always be treated in hospital where the correct drugs and fluid support can be given.

One type of septic shock is toxic shock syndrome - a rare but severe illness caused by certain strains of the bacteria *Staphylococcus aureus*.

### **Anaphylactic Shock**

Anaphylactic shock is a severe allergic reaction. Common triggers include bee and wasp stings, nuts, shellfish, eggs, latex and certain medications, including penicillin.

Symptoms include:

- 1) Burning and swelling of the lips and tongue.
- 2) Difficulty breathing (like in an asthma attack).
- 3) Red, itchy or blistered skin, sneezing.
- 4) Watery eyes.
- 5) Nausea.
- 6) Anxiety.

Anaphylaxis requires urgent treatment in hospital. People at risk should always carry an emergency anaphylaxis treatment kit that includes adrenaline.

**APPENDIX 18 – Sickness and Diarrhoea**

In developing these procedures the school has regard to the advice and guidance of Ofsted and the HSE. The school recognises its responsibility in dealing with pupils appropriately and Ofsted are notified if there are two cases of food poisoning at any one time.

In order to minimise the spread of a gastro-intestinal infection in the school environment we ask that parents adhere to the following guidelines:

- a) If your child has been unwell at home with sickness and/or diarrhoea please keep your child off school for minimum of 48 hours following the last episode of illness.
- b) If your child is sick and/or has diarrhoea at school we will contact you to collect your child as soon as possible. Your child should then remain off school for a minimum 48 hour period following the last episode of illness.
- c) When your child returns to school we do ask that they are well enough to be eating their normal diet.

We ask that you keep us informed about how your child is and whether you have had to seek medical advice for the episode.