



Rugby Free

Secondary School



First Aid

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Contents

1. Introduction	3
2. Legislation and guidance	3
3. Appointed Person(s) and first aiders	3
4. Emergency Procedures	3
5. Other incidents	4
6. Contacting a First Aider	4
7. Informing Parents / Next-of-Kin	4
8. Roles and responsibilities	5
Headteacher	5
The Lead First Aider	5
The Senior Teacher with responsibility for Staff Training	5
The First Aiders	5
Teachers of PE.....	6
Visit Group Leaders.....	6
Directors of Learning	6
All staff	6
9. Provision of first Aid Personnel	6
10. First Aid Equipment	7
11. Information	8
12. Training	8
13. Reporting and Record Keeping.....	9
14. Riddor.....	9
15. Hygiene procedures when dealing with a spillage of bodily fluid (e.g., vomit)	10
16. Reporting to Ofsted and Child Protection Agencies.....	10
17. Review and Monitoring of First Aid Provision	10
18. Appendices	11
Appendix 1 – Severe allergic reaction - Anaphylaxis.....	12
Appendix 2 – Asthma.....	16
Common signs of an asthma attack	17
Appendix 3 – Diabetes	18
Appendix 4 – Epilepsy.....	22
Appendix 5 – Wound management protocol & procedure.....	25
Dressings.....	26

1. Introduction

The aim of the Rugby Free Secondary School First Aid Policy is to:

- Ensure the Health and safety of all staff, students and visitors
- Ensure that staff and trust are aware of their responsibilities with regards to health and safety.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

2. Legislation and guidance

[The Health and Safety \(First-Aid\) Regulations 1981](#) place a duty on employers to provide adequate First Aid equipment, facilities and personnel to their employees. In its guidance, HSE strongly recommends that employers include non-employees in their assessment of First Aid needs and that they make provision for the needs of visitors to the school site.

[The Management of Health and Safety at Work Regulations 1999](#) require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

[The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept.

[First aid in schools, early years and further education \(DfE 2022\)](#) also provides guidance for schools which this policy follows.

3. Appointed Person(s) and first aiders

In order to ensure that adequate First Aid provision is provided for staff, students, contractors and visitors to the school, it is Rugby Free Secondary School's policy that:

- There is a Lead First Aider in attendance during the school's normal working hours and if they are absent, that the school puts adequate First Aid cover in place
- A First Aider is available when students are present on-site
- Sufficient numbers of trained First Aid personnel, together with appropriate equipment, are available to ensure that there is someone competent in basic First Aid techniques who can attend an incident during times when the school is occupied
- Appropriate First Aid arrangements are in place whenever staff and students are engaged in offsite activities and visits. Further information can be found in the School's Policy for Educational Visits and other off-site activities.
- Teachers' conditions of service do not include giving First Aid, although any member of staff may volunteer to undertake these tasks. The school must ensure that there are sufficiently trained staff to meet the statutory requirements and assessed needs.

4. Emergency Procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will not need to wait for the Lead First Aider to arrive at the scene but will ask another member of staff to contact them. They will remain on the scene

until help arrives

- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a student is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the first aider or Lead First Aider will contact parents immediately
- The Lead First Aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

Staff should always call an ambulance if there is:

- A serious injury or illness
- Serious breathing difficulty
- Any significant head injury
- Major bleeding
- A period of unconsciousness (excluding a faint)
- A severe burn
- An obvious open fracture or dislocation
- Anaphylactic shock

Whenever possible, an adult should remain with the casualty until help arrives and other staff can be called upon to help with moving away any students present.

If an ambulance is called, the receptionist should be notified immediately in order to alert site staff and the other key personnel to open the relevant gates and direct the ambulance crew to the casualty's location.

Parents/next of kin of the casualty should be notified and a responsible adult should go to hospital with the casualty if deemed necessary.

5. Other incidents

For all other illnesses and accidents, a student should either be sent immediately to the Medical Room or advised attending during the next break. During lesson times, students should notify a member of staff and be escorted by walkabout.

Any student who suffers an injury to the head must be sent to the Medical Room immediately, accompanied by a responsible friend or adult.

If the condition involves the student feeling dizzy or unstable then the First Aider should be sent for and they will bring the wheelchair to transport the casualty to the Medical Room if appropriate. Under no circumstances should the student walk to the Medical Room as injury may occur on route.

6. Contacting a First Aider

The individual summoning First Aid should call for first aid using the emergency number (2006), or the first aider will be on the school radio on channel 1.

7. Informing Parents / Next-of-Kin

- If an ambulance is called, parents or next-of-kin will be notified as soon as possible.
- Following a head injury (except the most minor), parents are informed by telephone as necessary, and a separate head injury advice letter is given by the Lead First Aider to the student to take home.

8. Roles and responsibilities

Headteacher

The Headteacher is responsible, through the senior staff to whom they give delegated authority, for:

- Putting the policy into practice and for ensuring that detailed procedures are in place
- Ensuring that parents are aware of the school's Health and Safety Policy, including the arrangements for First Aid, by making both policies available on the school's website
- Overseeing the adequacy of First Aid cover including organisation of qualified staff training programmes and equipment

The Lead First Aider

The Lead First Aider is responsible for:

- Reviewing the School's First Aid Policy in consultation with the Senior Leadership Team
- Reviewing the operation of the First Aid Policy to determine any changes that might be required to the School's First Aid provision
- Assessing the First Aid needs throughout the school
- Deciding on First Aid issues with SLT
- Organising the ordering, provision, and replenishment of First Aid equipment to ensure that First Aid boxes and kits are adequately always stocked.
- Checking the off-site PE First Aid kits at the beginning of each term (the PE department are then responsible for re-stocking the kits as needed, with supplies provided by the Lead First Aider and kept in the PE office)
- Checking the Emergency Asthma kits at the beginning of each term and after each occasion when they have been used
- Checking the Emergency Spare Adrenaline Auto-Injectors at the beginning of each term and ensuring that they are replaced at the earliest opportunity after they have been administered

The Senior Teacher with responsibility for Staff Training

The Senior Teacher with responsibility for Staff Training is responsible for:

- Organising and carrying out First Aid training for staff
- Ensuring there is a rota to allow for a suitable number of First Aiders to be available when students are on-site and for events out of hours
- Ensuring that an up-to-date list of qualified First Aiders is kept at Reception and displayed in other relevant places around the school

The First Aiders

The First Aiders are responsible for:

- Providing First Aid cover during normal school hours
- Maintaining accurate records of first aid or any treatment given

- Updating records on CPOMs
- The Operations Manager is responsible for ensuring that Health and Safety records of accidents are maintained with support from the Estates and Compliance Advisor and the HR Officer.
- The Operations Manager and HR Officer are responsible for making reports under RIDDOR where appropriate (see section 8 below)
- The Educational Visits Coordinator, in consultation with the Senior Leadership Team, is responsible for ensuring that appropriate arrangements are followed for off-site activities/trips and out of hours activities

Teachers of PE

Teachers of PE are responsible for:

- Ensuring that First Aid kits are taken on all home/away matches and also during practice sessions
- Restocking the off-site PE First Aid kits on an ongoing basis, in liaison with the Lead First Aiders (who will stock the kits at the start of each term and provide supplies for restocking)

Visit Group Leaders

Visit Group Leaders and PE staff taking students off-site are responsible for:

- Ensuring that they are aware of all students' medical needs and have contact details for all the students in their care. Any medication for students who require them and who have provided the Lead First Aiders with such medication should have this ready.
- Ensuring that students are also carrying their own medication
- Liaising with the Lead First Aider to ensure that they have up-to-date awareness and knowledge of the medical needs of members of their visit groups, squads and/or practice groups

Directors of Learning

Directors of Learning are responsible for ensuring that:

- Staff in their departments are aware of the procedures set out in this policy and, where appropriate, the location of the nearest First Aid kits
- Risk assessments, especially for practical work, take account of First Aid Procedures, and any relevant instructions from the Lead First Aider.
- If specified in risk assessments, emergency action such as immediate flushing and cooling for burns is carried out without waiting for a qualified first aider or the Lead First Aider to arrive on the scene

All staff

All staff have a duty of care towards students and should respond accordingly when First Aid situations arise. All staff should:

- Familiarise themselves with the list of qualified First Aiders kept at Reception.
- Understand that in general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency

9. Provision of first Aid Personnel

The school has a well-equipped first aid room, trained first aiders and a Lead First Aider. During the day there is one first aid trained personnel on duty during every lesson who is contactable via a radio.

During school hours (8.30am to 4.30pm) the school ensures that there is at least one First Aider with a FAW certificate on duty and contactable by radio.

Appropriate First Aid arrangements are in place whenever staff and students are engaged in off-site activities and visits. Further information can be found in the School's Policy for Educational Visits and other off-site activities.

10. First Aid Equipment

First Aid kits are located in many areas of the school and are clearly labelled with a white cross on a green background in accordance with Health and Safety regulations. All staff and students have access to these First Aid kits and in case of emergency would be able to access appropriate First Aid equipment to support their treatment. In addition:

A first aid kit includes;

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves
- No medication is kept in first aid kits

First aid kits are stored in:

- The medical room
- Reception (at the desk)
- Science labs
- All design and technology classrooms
- The school kitchens
- School vehicles
- First Aid kits are available to PE staff during lessons and are taken to matches
- First Aid kit should be taken to all off-site activities and visits. The Lead First Aider will provide these kits and the Group Leader should liaise with them in advance in accordance with the School's Educational Visits Policy. Group Leaders should advise the Medical Lead First Aider which might require specific or extra First Aid items.

When taking students off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit including, at minimum
- A leaflet giving general advice on first aid
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated dressing
- 2 triangular bandages – individually wrapped and preferably sterile

- 2 safety pins
- Individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves
- Information about the specific medical needs of students
- Parents' contact details
- Risk assessments will be completed by the relevant staff member prior to any educational visit that necessitates taking students off school premises
- Medications are kept locked away in the medical room. Controlled drugs are also kept in a separate locked cabinet inside the main drugs cupboard. Lead first aider and one other first aid trained member of staff only to have access to key. Controlled drugs are counted in and out using appropriate documentation.

The Lead First Aider is responsible for checking and restocking First aid kits, Emergency Asthma kits and Emergency Spare Adrenaline Auto-Injectors, but staff must inform the Medical Lead First Aider if items have been used so that they can be replaced if necessary. Each First Aid kit contains a laminated card listing the basic contents of the kit.

Location of student's own Adrenaline Auto-Injectors - Emerade/EpiPens/Jext for individual students: these are kept in the Medical Room. The door is locked on a main school master key for fast access.

Location of Asthma Inhalers for individual students (when provided by parents): these are kept in the Medical Room in clearly labelled individual.

Location of Emergency Asthma Kits: these are kept in the Medical Room and are available to any student with asthma who requires emergency access to a Ventolin reliever inhaler.

Location of Emergency Spare Adrenaline Auto-Injectors: these are kept in the Medical Room. They can be administered in an emergency to a student who has already been prescribed an Adrenaline Auto-Injector but for whatever reason their own Adrenaline Auto-Injector is not available.

11. Information

It is essential that there is accurate, accessible information about how to obtain emergency aid.

All new staff receive information during their induction programme on how to obtain First Aid assistance. This includes:

- Location of the Medical Room
- The names of the First Aiders
- How to contact the First Aiders in an emergency
- The procedure for dealing with an emergency when first aid is not there
- Where to access the names of qualified First Aiders and appointed persons
- The location of the First Aid kits
- How and when to call an ambulance
- Where to access a current copy of this policy

12. Training

First Aid training is organised in-house by the Senior Teacher with responsibility for staff training. A list of staff trained in First Aid, and their level of qualification, is contained in Schedule 2 to this policy and is available at Reception.

A qualified First Aider is someone who holds a valid certificate of competence in First Aid at Work (FAW) or other recognised first aid qualification such as Emergency First Aid at Work (EFAW). These qualifications expire after a period of three years and must be renewed. Regular annual update courses are provided for staff. Or someone who has attended a minimum of 4 hours First Aid training (renewable every three years) and is competent to give emergency aid until further qualified help arrives.

Additional training for other medical conditions for example; use of Adrenaline Auto-Injectors, Asthma inhalers and education regarding Diabetes or Epilepsy is provided by the Lead First Aider or outside instructor when necessary. Staff can also find further information on these conditions in the attached Appendices as follows:

- Appendix A Anaphylaxis
- Appendix B Asthma
- Appendix C Diabetes
- Appendix E Epilepsy
- Appendix F Wound Management

13.Reporting and Record Keeping

Every accident which occurs in school, whether to students, staff or visitors, must be reported using the paper Accident Book in the Medical Room.

If a student suffers an accident an accident report should be made by the person supervising the lesson/activity at the time of the accident, even if they were not aware of it at the time (in which case the student, or the Medical Room if the student is incapacitated, should pass on the details to the supervising member of staff). If the accident took place outside lesson time, the report should be made by the member of staff first on the scene. These should all be reported on the first aid accident log.

All accident reports and associated records should be kept by the Lead First Aider and kept under GDPR regulations. accident or incident which requires a supplementary accident form to be completed or an investigation to discover the root causes, to prevent a recurrence or for disciplinary or insurance purposes. All accidents or incidents that are reportable under RIDDOR (see below) will be investigated and a record of the investigation kept by the Medical Officer or the Operations Manager.

14.Riddor

The Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) require the school to report to the Health and Safety Executive certain accidents, diseases and dangerous occurrences arising out of or in connection with work.

- For employees or self-employed contractors this includes accidents or physical violence resulting in death or a specified injury; an injury resulting in the employee being incapacitated for more than 7 days; or certain occupational diseases.
- For students and other non-employees this includes death or an injury arising out of, or in connection with, a work activity and resulting in the individual being taken directly from the scene of the accident to hospital for treatment. This applies to accidents on the school site or off-site on an activity organised by the school.
- Dangerous occurrences (near-miss events) are reportable if they are specifically listed under

RIDDOR

Injuries to students and other non-employees will be considered to “arise out of, or in connection with, a work activity” if they are caused by:

- Failure in the way the work was organized (e.g., inadequate supervision of a field trip)
- The way equipment or substances were used (e.g., lifts, machinery, experiments etc.); and/or the condition of the premises (e.g., poorly maintained, or slippery floors).

All incidents can be reported online but a telephone service is also provided for reporting fatal and specified injuries only - 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

All notifications required under RIDDOR will be made by the Lead First Aider or, in their absence, by the Operations Manager within the prescribed timeframes.

15. Hygiene procedures when dealing with a spillage of bodily fluid (e.g., vomit)

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and when disposing of dressings or equipment.

The First Aider attending should take the following precautions to avoid the risk of infection:

- Cover any cuts and grazes on their own skin with a waterproof dressing
- Wear suitable disposable gloves when dealing with blood

Each first aid kit contains gloves and a yellow clinical waste bag for the disposal of any items used during the treatment of the First Aid incident. This should then be disposed of in the yellow clinical waste bin located in the Medical Room. The bin is clearly labelled for the disposal of clinical waste.

If a First Aider has had to deal with any incident involving the spillage of bodily fluids (for example vomit) they should call the Site Team who will come and attend to the clear up. The member of staff should not attempt to clean the area as this requires specialist training and treatment with a specialist product.

The PE department can provide spare clothes for a student if required.

16. Reporting to Ofsted and Child Protection Agencies

The Headteacher will notify Ofsted of any serious accident, illness, or injury to, or death of, a student while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify Warwickshire safeguarding team of any serious accident or injury to, or the death of, a student while in the school's care.

17. Review and Monitoring of First Aid Provision

First Aid arrangements, including the contents of this policy, are under annual review to ensure that the provision is adequate and effective. This review will be carried out by the Lead First Aider and the Operations Manager.

An annual review of training provision will be carried out by the Senior Teacher responsible for staff training.

Students joining RFSS with additional medical needs require a meeting with the Lead First Aider before commencing their journey. Lead First Aider to discuss needs and Health Care Plan completed

18. Appendices

Appendix 1	Severe Allergic Reaction – Anaphylaxis
Appendix 2	Asthma
Appendix 3	Diabetes
Appendix 4	Epilepsy
Appendix 5	Wound Management protocol & Procedure

Appendix 1 – Severe allergic reaction - Anaphylaxis

An allergy is a hypersensitivity to a foreign substance that is normally harmless but produces an immune response reaction in some people. An anaphylactic reaction is the extreme end of the allergy spectrum affecting the whole body and requires emergency treatment to preserve life, with an intramuscular injection of adrenaline (in school - via an Adrenaline Auto-Injector such as an Emerade/EpiPen/Jext. The reaction usually occurs within minutes of exposure to the “trigger” substance although in some cases the reaction may be delayed for a few hours (bi-phasic). Common trigger substances include peanuts, tree nuts, eggs, shellfish, kiwi, insect stings, latex and drugs such as penicillin. **Avoidance of the allergen/trigger substance is paramount. We do not serve any food in the canteen that contain nuts.**

Signs and Symptoms

The early symptoms of an allergic reaction are:

- Itchy, urticarial rash (hives) anywhere on the body
- Runny nose and watery eyes
- Nausea and vomiting
- Abdominal cramping
- Tingling when an allergen has been touched

Where possible remove the “trigger” – the sting, food etc. – get them to spit the food out but **NEVER** induce vomiting.

The student’s medical condition must be monitored as it may **rapidly** deteriorate.

Definition and Anaphylaxis

Anaphylaxis involves one or both of two features:

- Respiratory difficulty (swelling of the airway or asthma)
- Hypotension (fainting, collapse, or unconsciousness)

Symptoms suggestive of Anaphylaxis are:

- Skin Changes: Pale or flushed, urticaria (hives)
- Severe swelling of lips or face
- Tongue becomes swollen
- Respiratory difficulty - audible wheeze, hoarseness, stridor
- Difficulty in swallowing or speaking
- Student may complain that their neck feels funny
- Feeling weak or faint due to a drop in blood pressure
- Feeling of impending doom (anxiety, agitation)
- Pale and clammy skin

- A rapid and weak pulse
- May become unconscious

Treatment - what to do

Follow the student's individual Emergency Allergy Action Plan.

Treatment depends on the severity of the reaction and may require the administration of an Emergency Adrenaline Auto Injector (Emerade/EpiPen/Jext) to be given without delay.

Any anaphylactic shock should result in an ambulance being called.

For mild symptoms

An antihistamine and if prescribed, an inhaler should be taken by the student/be given by the first aider, or on visits, by the teacher with responsibility for First Aid. Monitor the student's medical condition as it may **rapidly** deteriorate. This antihistamine should only be given if declared by the parents and cannot be given to a student if it is from another person's private stock.

For severe symptoms

Each student with a known severe allergy, who has been prescribed an Adrenaline Auto Injector - Emerade/EpiPen/Jext should (parents advised) carry x2 with them at all times. Each student also has at least x1 Adrenaline Auto Injector together with any other emergency medication required and a named Emergency Allergy Action Plan.

Treatment for anaphylaxis is adrenaline administered via an Adrenaline Auto Injector into the upper outer thigh muscle and may be given through clothing (avoiding the seam line) noting the time. Adrenaline quickly reverses the effects of the allergic reaction, but it is short-acting. If there is no improvement or the symptoms return, then a second Adrenaline Auto Injector must be administered after 5 minutes. Follow the student's Individual Emergency Allergy Action Plan which includes details of any additional medication to be administered such as antihistamines, an inhaler or steroids (adjuncts). The student must always go to hospital by ambulance if an Adrenaline Auto Injector is administered, even if they appear to have recovered.

First episode – In the case of a student without a previous history of anaphylaxis or allergy reaction

The Lead First Aider should be contacted without delay if the episode occurs in school. If they are not available or the incident is off-site, then an ambulance should be called (stating that the emergency is a suspected anaphylactic reaction) and First Aid measures carried out.

New students

- Parents must inform us of their child's allergy on the Confidential Medical Questionnaire Form that they complete when their child joins Rugby Free Secondary school. If the condition develops later, the parents must notify us as soon as possible.
- The Lead First Aider will discuss with parents the specific arrangements for their child
- Parents will need to teach their child about the management of their own allergy including avoiding trigger substances and how and when to alert a member of staff

- The parents should ensure that their child has been shown how to self-administer an Adrenaline Auto Injector by the prescribing doctor or specialist allergy nurse and that this is regularly reviewed
- Students should carry x2 Adrenaline Auto Injectors and any other emergency medication required with them at all times
- Parents must provide the Medical Room with a spare Adrenaline Auto Injector. Parents will also supply any antihistamine or other medication that may be required.
- Parents are responsible for ensuring that all medication is in date and replaced as necessary
- Parents must keep the school up-to-date with any changes in symptoms or medication and must provide an up-to-date individual Emergency Allergy Action Plan from the prescribing doctor
- Catering staff will take all reasonable steps to ensure that only suitable food is available and will advise students on ingredients and appropriate food choices as required
- Although the catering department can accommodate most food allergies, the parents will need to provide their child with snacks/packed lunches where appropriate

Training

- Training will be available to all staff in the recognition and treatment of anaphylaxis and allergic reactions, including the use of Adrenaline Auto Injectors and how to summon help in an emergency
- An update on allergy/anaphylaxis will take place regularly – preferably annually as staff change
- An update may also be required when protocols and guidelines are revised
- Specific training can be given on individual students as and when the need arises
- The training to be provided will cover: prevalence; recognition of signs & symptoms of allergic reactions, including anaphylaxis; differential diagnosis; treatment; roles and responsibilities; storage of medication; and administrative procedures and School Visits
- Specific arrangements should be made for after-school or weekend activities and for school visits
- At least one member of staff trained in administering and an Adrenaline Auto Injector must accompany the party if there is someone that needs an auto injector
- The degree of supervision required for the student should be discussed with parents and will depend on the student's age
- A letter for the Airline will need to be requested from the Medical Room and signed by one of the First Aiders (BSACI form)

Following any anaphylactic episode all staff will meet to discuss what occurred, offer support to each other and look at how the emergency procedure worked and the procedure will be amended if necessary.

Appendix 2 – Asthma

Rugby Free Secondary School recognizes that Asthma is a common condition affecting children and young people and welcomes all students with Asthma to the school.

Asthma is a serious but controllable chronic disease affecting 1.4 million children within the UK and is one of the most common causes of absence from school and the most frequent medical condition which requires medication to be taken during the school day.

Asthma can vary in its severity and in presentation according to the individual and can occur at any time.

When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to symptoms of asthma.

Asthma can be controlled by taking medication in the form of an inhaler. A reliever inhaler opens the airways and makes breathing easier. A preventer inhaler makes the airways less sensitive to irritants. **Immediate access to a reliever inhaler is essential.**

Types of inhalers

- Blue - Salbutamol (Ventolin) - reliever inhaler – generally delivered via a Volumatic spacer device (taken for the immediate relief of symptoms)
- Brown - Beclomethasone – preventer inhaler (usually taken only in the morning and at bedtime)

Students with asthma learn from their past experience of asthma attacks; they usually know what to do, nevertheless effective communication is essential.

Triggers

- Grass and hay
- Pollen
- Animal fur
- Viral infections
- Cold, damp weather Exercise
- Emotion
- Smoke, pollution, and dust

Signs of poor control are:

- Nighttime symptoms lead to exhaustion during the day and poor concentration
Frequent daytime symptoms
- Using their reliever inhaler on more than two occasions in a week
Time off school because of respiratory symptoms

New students

- Parents must inform us of their child's asthma on the Confidential Medical Questionnaire Form they complete when the student joins Rugby Free Secondary
- If the condition develops later, the parents must notify us as soon as possible
- The Lead First Aider will discuss with parents the specific arrangements for their child and parents will be asked to provide a copy of their child's current Asthma Action Plan
- A student with asthma should carry their inhaler with them at all times in school
- Parents must provide The Visit Group Leader with a spare named inhaler for staff to take on residential visits. Parents are responsible for ensuring that inhalers are in date and replaced as necessary and have sufficient doses remaining.
- All students on the Student Asthma List will have access to an emergency reliever inhaler if required
- Regular training will be available to all staff in the recognition of an asthma attack and how to summon help in an emergency. All staff should familiarize themselves with the procedure for dealing with an asthma attack.
- Students with asthma are encouraged to take a full part in PE at Rugby Free Secondary School and PE staff will remind students who have exercise induced asthma to use their reliever inhaler before the commencement of the lesson and during it if needed
- Specific arrangements should be made for after-school or weekend activities and for school visits

Common signs of an asthma attack

- Coughing
- Shortness of breath or wheezing
- Feeling tight in the chest Being unusually quiet
- Difficulty speaking in full sentences

It should be noted that in atypical asthma no wheezing will be audible.

After a minor asthma attack

Minor attacks should not interrupt the involvement of a student with asthma in school

When the student feels better, they can return to school activities.

The parents/guardian must always be informed if their student has had an asthma attack

Appendix 3 – Diabetes

Rugby Free Secondary School support students attending the school with type 1 diabetes and recognise that they need understanding, encouragement and support to ensure a sense of independence. Most students with diabetes have a good knowledge of their condition and can manage it well but good communication between the student and medical team is essential.

New students

When the student joins the school, the parents will complete a Confidential Medical Questionnaire informing us that their student is diabetic. The Lead First Aider will then send an individual care plan for completion, unless the family already has an appropriate and up-to-date plan; in which case a copy will be requested. This will include details of the care to be given for hypoglycaemia (low blood glucose) and the emergency treatment that will be needed and instructions on when to call the emergency services. It is crucial to reinforce that parents are experts in the care of their child and should be involved from the outset. They are best positioned to indicate they are ready to share responsibilities with the school. Raising expectations of what is possible and keeping their student at the centre of everything is essential. Collaborative working between healthcare professionals, education staff and the student's family will support the school in their day-to-day management of diabetes including monitoring of the condition, food, physical activity and the student's wellbeing.

A copy of the individual care plan will be kept in the Medical Room; spare equipment will be kept in a named box, or in the fridge as necessary.

Insulin

The student will know how to administer their insulin and will carry this with them during the normal school day. However, the school will support them and the Lead First Aider will discuss with the parents all aspects of the student's insulin and its administration. The school will support the student in the safe disposal of needles.

The need for regular eating times is recognized by the school and appropriate arrangements will be made. Diabetes management outside school will be the responsibility of the student's consultant/diabetes specialist nurse (DSN) and the parent/guardian must inform the Lead First Aider of any change in the student's regime in writing as soon as they occur.

Day visits

The student will need to carry their insulin and blood glucose testing kit and snacks as usual and must plan for the possibility of a delayed return. All staff will be advised of the necessary precautions and the emergency procedures. The staff will collect the student's spare emergency kit and a copy of the individual care plan detailing the emergency procedures, for use in the event of a hypoglycaemic episode. They will also carry spare fast acting glucose/snacks/juice boxes. The emergency kit must be returned to the Medical Room immediately on return to school.

Residential and overnight visits

The parent will complete a detailed medical history form prior to departure which will include the details of insulin with current dosage and frequency. A risk assessment will be carried out and a meeting between the parents and Lead First Aider will take place. The teacher

organizing the visit will aim to ensure that there is refrigerated storage for the insulin. The student must be confident in the management of her diabetes with regard to dosage administration, monitoring control and the adjustment of dosage when necessary. A copy of the individual care plan and emergency procedures will be taken on the visit. When travelling by air, a letter will be written explaining the medical need for equipment to be carried on the plane – this is requested from the school office and signed by one of the Medical Officer/Lead First Aider of loss or damage to the insulin, it will be the parents' responsibility to provide where possible extra medication. However, where this is not possible or a delay will occur the visit leader should contact the paediatric department or Accident and Emergency department at the nearest hospital, who will be able to offer assistance.

If following a risk assessment, it is felt by the parents and Lead First Aiders that the student is not able to manage their diabetes independently, then the requirement for a trained health professional to accompany the visit will be discussed.

PE

The school will ensure that PE staff are aware of the precautions necessary for a student with diabetes to take part in sporting activities and on the emergency procedures. PE staff will have a supply of fast acting glucose/snacks/juice boxes available for diabetic students when they are off site or at sporting events.

Background

Type 1 diabetes develops when the insulin-producing cells in the body are destroyed by the body's immune system; the body is unable to produce any insulin. It is a long-term medical condition. Insulin is the key that unlocks the door to the body's cells. Once the door is unlocked glucose can enter the cells where it is used as fuel. In Type 1 diabetes the body is unable to produce any insulin so there is no key to unlock the door and the glucose builds up in the blood. Nobody knows for sure why these insulin-producing cells have been destroyed, but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a virus or other infection. Type 1 diabetes can develop at any age but usually appears before the age of 40, and especially in childhood. Type 1 diabetes accounts for between 5 and 15 per cent of all people with diabetes and is treated by daily insulin injections, a healthy diet and regular physical activity.

The main symptoms of undiagnosed diabetes can include:

- Passing urine more often than usual, especially at night
- Increased thirst
- Extreme tiredness
- Unexplained weight loss
- Genital itching or regular episodes of thrush
- Slow healing of cuts and wounds
- Blurred vision

If you are concerned that a student is showing these symptoms, please contact the Lead First Aiders without delay.

Medication – Insulin

Insulin cannot be given orally as it will be digested. It is administered by either an Insulin pen, injection or by a pump. Insulin may be administered several times a day, so the student will carry their pen and blood glucose testing kit with them. Spare insulin will be kept in a labelled box in the fridge. It will be the responsibility of the students to be aware of their dosage of insulin. If there is a query during the school day either the parents will be contacted or the named diabetes specialist nurse if the parent is unavailable.

Insulin pump

This continually delivers insulin into the subcutaneous tissue

The device is worn attached to the student's waist. It helps maintain a more stable blood glucose level and as it is easy to vary the dose, gives students more freedom with diet and activity.

Using the maximum bolus and maximum basal facility settings can give added reassurance that too much insulin will not be delivered in error.

Each student who uses a pump must learn and be confident to carb count, to set/adjust the insulin dose delivery themselves according to their diet, activity and blood glucose levels. Staff and First Aiders will not be required to know how to carb count, calculate dosages or administer insulin via a pump.

General points

No diabetic student will be allowed leave the classroom alone or be left unattended if unwell and will always be accompanied to the First Aid Room

Privacy for blood glucose testing will always be available in the First Aid Room

Glucagon emergency injection kit

When a student with Type 1 Diabetes joins the school, they must provide the Medical Room with a spare Glucagon emergency injection kit. This is kept in the unlocked Medical Room fridge, and the expiry date is checked each term

Checklist for visits

Students/Parents/Carers	Staff
Hand gel	Copy of Individual care plan, visit medical consent form with full contact details of parent/guardian
Blood glucose testing kit and urine testing kit (if B/G testing does not include ketone testing)	School visit information Risk assessment Letter for airline
Insulin plus spare in case of loss/damage	Mini sharps box



<p>Insulin pen and needles plus spares in case of loss/damage</p> <p>All insulin pump equipment if applicable</p>	<p>Quick reference flow-chart with photograph of student</p> <p>Spare insulin pump equipment if applicable</p>
<p>Fast acting glucose/carbohydrate snacks/juice boxes</p> <p>Extra food in case of a delayed return</p>	<p>Spare fast acting glucose/carbohydrate snacks/juice boxes</p>
<p>Cool bag for transportation of insulin</p> <p>Medical Alert bracelet</p>	<p>Ensure suitable refrigeration facilities are available at destination</p>

Appendix 4 – Epilepsy

Rugby Free Secondary School recognizes that epilepsy is a common condition affecting children and young people and welcomes all students with epilepsy to the school. The school supports students with epilepsy in all aspects of school life and encourages them to achieve their full potential. We believe that every child with epilepsy has the right to participate fully in the curriculum and life of the school, including all outdoor activities and residential visits; assuming health and safety considerations are met following a risk assessment. The school's aim is to meet all the educational needs of the student, through discussions with the student, parents, head of section, the form teacher and the medical team.

Background

Epilepsy is the most common serious neurological condition. It affects about 1 in 200 children under 16 years and is currently defined as a tendency to have recurrent seizures. A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's message becoming halted or mixed up. It can be due to head trauma or secondary to drugs, toxins, stress, infections such as meningitis, or of no known cause.

The brain is responsible for all the functions of the body, so what is experience during a seizure will depend on where in the brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them. Seizures that affect the whole of the brain are known as generalized seizures and only part of the brain, are known as partial seizures. Generalized seizures usually result in a loss of consciousness, which may last seconds or several minutes. Partial seizures only partially affect consciousness.

Generalized seizures – Tonic-clonic

The tonic phase

The person loses consciousness and, if standing, will fall to the floor. Their body goes stiff because all their muscles contract. The eyes roll back and they may cry out because the muscles contract, forcing air out of their lungs. The breathing pattern changes, so there is less oxygen than normal in the person's lungs; because of this, the blood circulating in their body is less oxygenated than usual; causing the skin, particularly around the mouth and under the finger nails to appear blue in colour. This is called cyanosis. The person may bite their tongue and the inside of their cheeks.

The clonic phase

After the tonic phase has passed, the clonic phase of the seizure begins. The person's limbs jerk because their muscles tighten and relax in turn. The person may occasionally lose control of their bladder and/or bowels. It is not possible to stop the seizure; no attempts should be made to control the person's movements, as this could cause injury to their limbs.

After a tonic-clonic seizure

After a short time, the person's muscles relax and their body goes limp. Slowly they will regain consciousness, but they may be groggy or confused. They will gradually return to normal but may not be able to remember anything for a while. It is usual to feel sleepy and have a headache and aching limbs. Recovery times can be different. Some people will quickly want

to get back to what they were doing; other people will need a short sleep, whereas, some will need plenty of rest and will need to go home.

Post-ictal state

After a tonic-clonic seizure, some people may be very confused, tired or have memory loss. This is known as a post-ictal state.

Absence seizures (petit mal)

The person briefly loses consciousness (3-30 seconds); they may appear to be distracted or daydreaming and these seizures can occur up to 20 times a day; lasting only a few seconds. There may be a slight drop in muscle tone causing the person to drop something and there may be frequent repetitive movements. In an undiagnosed child these are often mistaken for inattentiveness or daydreaming and their schoolwork may deteriorate.

Complex partial seizures

During these seizures, lasting 1-2 minutes, the person will have impaired consciousness and may do repetitive actions such as lip smacking, scratching, chewing, picking at clothing or rubbing an object. They are unable to articulate their feelings. This may also be interpreted as inattentive behaviour. It is important not to restrain the person, as this may frighten them, but it is essential to keep them safe, by guiding them away from stairs or busy roads. When the seizure ends, they may be confused and will require reassurance and monitoring until fully alert.

Triggers

Any of these may cause a seizure to occur:

- Excitement tiredness
- Emotional stress Illness
- Fever
- Flickering lights

New students

When the student joins the school, the parents will complete a Confidential Medical Questionnaire and inform us that their student suffers from epilepsy. The Lead First Aider will request a copy of the existing individual care plan; where no plan exists, the parents will be sent an individual care plan for completion. This will include details of any known triggers, the care to be given in the event of a prolonged seizure and the emergency treatment that will be needed. Where emergency medication has been prescribed by a consultant neurologist, then the consultant must provide a complete and signed individual care plan for emergency medication to be administered in school.

We keep a record of all the medical details of students with epilepsy and keep parents updated with any issues which may affect the student. We ensure that at least one member of staff who is trained

to administer emergency medication is in school during normal school hours. Advice about this condition is available to all staff. The student's name and photograph is included on The Medical Needs Poster; a copy of which is available in the Staff Room, First Aid Room and in



the online staff intranet. The staff will be informed of any special requirements, such as the most suitable position for the student to sit within the classroom.

The epilepsy procedure applies equally within the school and for any activities off the school premises that are organized by the school. A risk assessment will be carried out for educational visits involving the student. If the student, parent, or member of staff or the medical team have any concerns these will be addressed at a meeting prior to any off-site activity involving the student taking place.

Emergency Medication

Named emergency medication, when prescribed is kept in the locked medicines cupboard in the First Aid Room and can only be given by the Lead First Aider or a qualified first aider.

Appendix 5 – Wound management protocol & procedure

WOUNDS

There are 4 categories of wounds:

Abrasions	A graze caused by friction, superficial and partial thickness
Cuts	A break in the skin caused by a sharp object e.g., knife, glass; easy to close
Lacerations	Caused by a blunt force; the skin has burst rather than been cut
Penetrating wounds	Usually unable to visualize the base. These wounds require examination in an Accident and Emergency Department. Cover wound with a temporary dry dressing and send student to hospital

Minor wounds do not require referral to an Accident & Emergency department but may require further assessment in a Minor Injuries Unit (MIU).

Exclude complications

Problems with exploration – excessive pain, unable to visualize all of the wound

Cleaning or closure of the wound – unable to remove all of the debris/harmful debris e.g., glass and/or difficult shape of wound

Concern about size or depth or site

Mechanism: human bite, animal bite or extreme violence

Cleaning

This reduces the risk of complications after closure

Place patient in a quiet place and appropriate position. Keep them comfortable and calm;

- Maintain their dignity
- Use appropriate sterile field to protect patients, environment and yourself
- Wear protective gloves

Tap water

If drinking water is used there is no evidence to suggest that infection levels are increased. It is readily available and convenient for exploration and cleaning using tap pressure. Alternatively use boiled and cooled water. The infection rate remains 5-10% approximately. (Fernandez and Griffiths 2007)

Saline–Sodium Chloride 0.9%w/vPh.Eur

Non-irritant, no antiseptic effect.

Wound cleaning procedure

Irrigate – using tap pressure Irrigate until all debris is removed. Dry using gauze swab.

Dressings

Plasters	<p>Range of sizes</p> <p>Short term solution</p> <p>Use until bleeding has stopped</p> <p>They do not allow the wound to breathe particularly well</p> <p>Be aware of students with latex allergy</p>
Mepitel	<p>Expensive</p> <p>Range of sizes</p> <p>Single layer can stay in place for up to 7 days</p> <p>Dry dressing required on top can be changed without disturbing the wound</p>
Steristrips	<p>Good for superficial wounds - cuts and lacerations</p> <p>Painless, non-invasive</p> <p>Excellent on frail skin. Can use tincture of Benz co as skin prep to help adhesion</p> <p>Place steristrips 3mm apart</p> <p>Place anchor strips either side of the wound</p>

- Ensure appropriate aftercare advice is discussed and recorded and where appropriate parents informed

If necessary, provide parents with written instructions of what they need to look out for (list below) and when they should seek further immediate medical advice:

- If an increase in pain, swelling and redness is evident
- If any red lines are seen travelling away from the wound
- If there is an offensive smell coming from the dressing
- If the child develops a temperature or diarrhoea