



theHammond

FIRST AID POLICY

2023-24

THE HAMMOND SCHOOL LTD., MANNINGS LANE, CHESTER, CH2 4ES

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The Hammond School Limited is registered in England and Wales Number 838325. Registered office is above. Charity Number 1022427 incorporating the Betty Hassall Foundation. The school is accredited by the I.S.A and C.D.E.T. and is a member of the B.S.A and I.S.I.

1. Aims and Purpose

- 1.1. The Hammond is committed to the implementation of policies, procedures and practices designed to minimise the risks of injury, ill health and accidental loss to its staff, students, pupils, contractors and visitors to the school. This includes the timely and competent administration of first aid and the effective implementation of the first-aid policy.
- 1.2. The reporting of accidents and ill health at work is a legal requirement under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). This policy outlines the procedures to be followed in relation to the reporting of accidents, near-miss incidents, dangerous occurrences or reportable diseases, both within the Hammond and, where appropriate, to the Health & Safety Executive (HSE) via their online website.
- 1.3. The Hammond ensures the provision of trained first aiders and first aid facilities to staff, students, pupils, contractors and visitors to the school, so that initial first aid may be provided in the event of an accident or illness occurring whilst on school premises. This policy provides details of the provision.

2. Scope and Availability

- 2.1. This policy applies to accidents, near-miss incidents and dangerous occurrences which occur on school owned or managed premises, whether they involve school staff, students, pupils, contractors or visitors.
- 2.2. Copies of this procedure are available from the school Health & Safety department or from the school Health & safety intranet site.

3. First Aid Facilities

- 3.1. The Hammond provides trained first aiders and first aid facilities to enable treatment or minor injuries and illness on site, and to provide immediate assistance before the arrival of the emergency services.

4. First Aiders

- 4.1. The Hammond provides training for first aiders and ensures that an adequate number of first aiders are available on school and boarding premises.
- 4.2. During school hours a list of First Aiders is posted on notice boards and they can be contacted directly or through reception.
- 4.3. During Boarding hours there is a trained First Aider present in each boarding house.
- 4.4. First Aiders are to complete an incident report following any incident they attend and administer first aid so that accurate records can be maintained.
- 4.5. Where first aiders accompany trips an assessment of trained staff left in school should be made.

5. First Aid Rooms

5.1. First Aid Rooms are available within each boarding house and within the medical centre on the school site. If a member of staff, student, pupil, contractor or visitor who feels unwell wishes to use any of the room. He/she must inform a first aider who will complete a register of who is occupying the room. The room may not be accessed unless a first aider has been made aware prior to its use.

6. First Aid Boxes

6.1. The Hammond provides first aid boxes containing supplies for use by first aiders in treating minor injuries. The contents of these boxes are in accordance with appropriate standards. A list of contents can be found on the relevant HSE web pages.

6.2. First Aiders are responsible for checking the contents of the first aid boxes on a regular basis and for restocking them after use.

7. Defibrillators

Defibrillators are available for use in emergencies and can only be operated by staff trained in their use. Defibrillator trained staff are responsible for checking the condition of defibrillator battery charge on a regular basis and should report any issues to the Head of Operations and Estates.

8. Procedure following an Accident

8.1. In the event of an accident the nearest available first aider should be contacted for treatment. If no first aider is immediately available contact reception who will call the first aider during school hours.

8.2. If the accident is serious, or there is a medical emergency, the first aider will decide if an ambulance should be called. The first aider will ask for the ambulance to be called on 999 and give the specific information required by the emergency services operator.

8.3. The first aider will notify the estates team that an ambulance has been called to enable them to ensure unrestricted access to the ambulance and crew.

8.4. The first aider will remain with the casualty and brief the ambulance service on the situation.

9. Accident reporting

9.1. Details of all accidents MUST be reported on the Accident and Incident form (this form is located in the Health and Safety Hub area on Sharepoint).

9.2. Particulars must be entered by the person carrying out the first aid treatment or the injures person themselves, or if this is not possible, they must be entered by someone acting on the injured persons behalf.

9.3. The person completing the Accident and Incident form is responsible for sending a copy immediately to the relevant persons outlined below. Failure to do so may result in the employee, student, pupil, contractor or visitor not receiving the appropriate advice or support to enable them to return to their normal day to day activities as quickly as possible.

Injured Person	Where to send the Accident & Incident Report
Member of Staff	Director of Operations and Estates HR Manager Line Manager
Student/Pupil	The Principal Student Support Team Form Teacher
Contractor	Director of Operations and Estates Premises Manager
Visitor	The Principal Director of Operations and Estates

9.4. Accident Investigation and RIDDOR reporting (Where required) will be carried out by the Director of Operations and Estates.

9.5. Any accidents or incidents occurring off site should be recorder in the accident book at the location of the accident and a record retained by the injured person and a copy sent to the Director of Operations and Estates.

10. Near Miss Reporting

10.1. Near-miss incidents are those incidents in which all the conditions for an accident occurred but no personal injury resulted form the incident. It is vital that these incidents are reported and dealt with appropriately if injuries in a possible repeat incident are to be avoided.

10.2. All staff, students and pupils should be encouraged to submit reports of near-miss incidents. Near-miss reports should be submitted on the Accident and Incident form and sent to the Director of Operations and Estates.

11. The Scene of an Accident, Near-miss or Dangerous Occurrence

11.1. The area where the accident or near-miss incident or dangerous occurrence has occurred should be made safe as soon as possible, even before first aiders attempt treatment or Accident Report Forms are completed and sent to the relevant persons. The first aider should contact the estates department should assistance be required with this.

11.2. Care should be taken not to disturb any items or arrangements of material after an accident that may assist in any assessment of its cause.

12. Investigation

- 12.1. Investigation will be required for all incidents. The type and level of investigation will be appropriate to the circumstances.
- 12.2. In non-serious cases the investigation should be undertaken by the relevant department and appropriate measures put in place to prevent reoccurrence.
- 12.3. In cases of a serious or fatal accident or dangerous occurrence, the Principal and the Director of Operations and Estates must be contacted immediately so emergency measures can be put in place and the relevant external agencies contacted.

13. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

- 13.1. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 requires the Hamond to provide information to the HSE when certain types of incident occur, so that the HSE and local authorities can identify where and how risks arise and whether they need to be investigated.
- 13.2. The Director of Operations and Estates will review the details of the accident, incident or dangerous occurrence from submitted forms or verbal notification and determine if it is reportable.
- 13.3. Should the accident, incident or dangerous occurrence be reportable under RIDDOR, the Director of Operations and Estates will contact the HSE via their online form or verbally if required.

14. Records, Statistics and Confidentiality

- 14.1. All documents relating to an accident or RIDDOR incident will be stored in accordance with the General Data Protection Regulations (GDPR).
- 14.2. Records MUST be kept of every reportable (RIDDOR) event and should be preserved for at least three years however it is recommended that they be kept for six years should any legal matters arise where they may be needed.
- 14.3. The Risk committee will review accident statistics on a termly basis and make any recommendations based on the statistics to the main board of directors.

15. First Aid Appendices

Appendix 1 Dealing with a Student/Pupil accident or incident and sick children.

Appendix 2 Staff Training List.

Appendix 3 Educational Visits.

Appendix 4 Administration of Medicines.

Appendix 5 Epilepsy Guidance.

Appendix 6 Diabetes Guidance.

Appendix 7 Asthma Guidance.

Appendix 8 Accident and Incident Form.

Appendix 1 Dealing with a Student/Pupil accident or incident and sick children.

Most injuries in school are minor cuts and bruises caused by falls. These usually go no further than a spot of first aid by a member of staff. The Hammond always has at least one qualified person on site when children are present.

Pupils should be encouraged to clean their own cuts where possible. If not then protective gloves should be worn. Some pupils have allergies to plasters - check this.

Injuries to children in school that cause concern

With this type of injury, we must ensure that certain procedures are followed. These are to ensure that the injury is dealt with correctly, safely and legally.

Assessing the injury

It is the responsibility of the member of staff who is first alerted to the accident to assess the seriousness of the situation and to call help from one of the school's First Aiders.

ON NO ACCOUNT SHOULD THE INJURED PERSON BE LEFT UNATTENDED

If this involves leaving other students unsupervised the teacher must decide the priority and, wherever possible, alert other staff to arrange cover. If possible or appropriate send two students to the main office.

People who have suffered an injury should not be moved immediately. Instead the situation should be assessed and then, if possible, the injured should be made more comfortable. It is advisable that one of the school's First Aiders take this decision if possible.

Getting Help

In cases of serious injury as little time as possible should elapse before professional medical attention is provided. If the staff member first alerted feels that the accident warrants calling an ambulance immediately then this should be called for **at once** and then one of the school's First Aiders called to the scene.

The member of staff at the scene of the accident or the First Aider should advise the Principal whether the student's parents should be notified and advised to take to Hospital.

Where the student's parents or a member of the boarding staff is unobtainable a member of staff will take the student to Hospital and school staff will continue to try to inform parents.

Recording what happened

An accurate and complete record of the incident must be completed, and the Principal and Director of Operations and Estates should be informed immediately (see accident/incident form). If no adult was present, do not rely on one account but question all present. The

Accident and Incident Form must be completed accurately, and once signed; this form becomes a legal document.

Informing Parents

For any other than minor injuries parents must be informed as soon as possible and given details of the action taken/advised.

To summarise;

- We must assess injury before attempting to move injured person.
- We must send for medical help, school First Aider or, if necessary, an ambulance.
- We must ensure that the next of kin has been contacted immediately in the case of and emergency.
- We must make an accurate and complete record of the incident on the accident form and inform the Principal and Director of Operations and Estates as soon as possible.
- We must make every effort after assessing the priority to ensure classes are not left unattended. However, the priority must be to the injured student/pupil.
- Staff, as part of their regular supervisory role, should be constantly assessing risk of accident, and must be aware of possible accidents.

Sick Children

If a pupil feels ill in class staff should assess whether they are well enough to continue to the end of the lesson. Where possible other staff should not have their lesson disturbed.

If the pupil is too unwell, they may be sent to the pastoral team who will assess the situation. The school has a sick room for use of students in years 7-14. If the child is likely to be sick or faint, they should be accompanied to the sick room and not left alone.

No pupil may go to the sick room without adult permission and they must be logged with the receptionist who holds the key.

Where possible pupils will be sent home or back to the boarding house if they are unwell.

Parents are advised that children who are unwell should not be sent to school. However, doctors sometimes advise that children should attend school while still needing to take medicines, either because they are suffering from some chronic illness or allergy (such as diabetes or asthma) or they are recovering from a short-term illness and are undergoing a course of treatment needing antibiotics.

Appendix 2 Staff Training List.

HEALTH AND SAFETY – First Aider Listing - Updated September 2023

First Aiders

First Aid at Work - Three Day Course:	Valid until
Matthew Bodels (Teacher / DoE)	Mar '26
Barbara Phoenix (Boarding)	Feb' 24
James Liley (Teacher / Summer School)	Mar '26
Anthea Garratt (Teacher)	Mar '26

Emergency First Aid at Work - One Day Course:	Valid until
Nicola Kelly (Event Co-ordinator)	Mar '26
Michael Hart (Facilities)	Mar '26
Meg McKinlay (Teacher)	Mar '26
James Wilson (Teacher)	Aug '24
Wendy Lockwood (Teacher)	Aug '24
Emma Coupe (Pastoral)	Mar '26
Beth Edwards (Boarding)	Aug '24
Carla Gore (Boarding)	Aug '24
Lara Caughey (Boarding)	Aug '24
Lucia Martin (Boarding)	Jan '25
Emily Carpenter Pritchard (Boarding)	Apr '26
Abigail Lord (Boarding)	Apr '26
Martin Dutton (Teacher)	Apr '26
Alex Rigsby (Teacher)	May '26

Mental Health First Aiders – Two Day Course:	Valid until
Emma Coupe (Pastoral)	July '22

Mental Health First Aiders – One Day Course	Valid until
Jennifer Roscoe	July '26
Laura Coard	July '26
James Wilson	July '26
John Young	July '26
Hannah Thomas	July '26
Andrew Saunders	July '26
Hannah Selby-Hughes	July '26
Sean Boyes	July '26
Tarran Knight	July '26
Sarah Gray	July '26
Nicola Moxon	July '26

Vocal Health First Aider	Valid until
Laura Coard (Teacher)	Feb '24

Defibrillator

The school has an AED – Defibrillator device on site. **Two of the above first aiders have been trained on its use as follows: Nicola Moxon and Nicola Kelly.** This unit is housed in a wall mounted box adjacent to the theatre entrance (studio 1&2) in the Performing Arts Centre. Signs in the Performing Arts Centre alert people to the location of the AED and Northwest Ambulance have been informed.

Staff are encouraged to take up the opportunity of First Aid training. School insurance provides full cover for claims arising out of action of staff acting within their scope of employment. Training is renewed every three years.

There should always be at least one first aider on site during any activity involving pupils.

First aid containers are situated in the following places:

Reception Office	Art Room	Finance Office	New Studios
Chemistry lab	Physics lab	Theatre	Jazz Café
Biology lab	Kitchen	Theatre Balcony	Resource Centre
Car Park Studios	Staff Room	Studio 3	
Mezzanine Kitchen	Boarding Houses	Home Economics	

It is the responsibility of the member of staff who works in and is in charge of the Health and Safety in that area to check that the box remains well stocked. A **confidential** list of pupils with specific medical needs / allergies is kept with the pastoral team. Any requirements should be reported to the school office, who will arrange to restock. (See recommended list of equipment). Staff should be retrained every 3 years.

Appendix 3 Educational Visits.

Educational Visits - a first aid box should be taken on all appropriate trips.

Where first aiders accompany trips an assessment of trained staff left in school should be made.

In an emergency staff should -

- 1) Consider their own safety and the safety of others around
- 2) Not leave the patient unless absolutely necessary but send for the nearest first aider.
- 3) Do not attempt to move the patient, especially if they have fallen and may have injured their back.
- 4) For non-emergency treatment the patient should be referred to a first aider at the soonest convenient time (try not to interrupt other lessons)
- 5) For emergencies call an ambulance on 999
- 6) All accidents / injuries must be reported on an accident form (from the main office as soon as possible after the event) and copies to pupil/staff file and accident file (after informing the Principal and Director of Operations and Estates)
- 7) All staff should take precautions to avoid infection and must follow basic hygiene procedures, using disposable gloves and apron, washing hands and taking care when dealing with blood or other body fluids and disposing of dressings or equipment. Where possible let the patient deal with their own injury. A spill kit for bodily fluids clean up can be located in the main office and with premises and cleaning staff (Sodexo).
- 8) Parents / carers / partners etc. should be notified as soon as possible.
- 9) A list of pupils with known special health needs is kept in the school office.

First aid boxes should include:

A leaflet giving general advice on first aid

20 individually wrapped sterile adhesive dressings (assorted sizes)

Two sterile eye pads

Four individually wrapped triangular bandages

six safety pins

six medium sized individually wrapped sterile unmediated wound dressings

one pair of disposable gloves

Sick Children

If a pupil feels ill in class staff should assess whether they are well enough to continue to the end of the lesson. Where possible other staff should not have their lesson disturbed.

If the pupil is too unwell, they may be sent to the school office to see a First Aider who will assess the situation. The school has a sick room for use of students in years 7-14. If the child is likely to be sick or faint, they should be accompanied to the sick room and not left alone.

No pupil may go to the sick room without adult permission and they must be logged with the receptionist who holds the key.

Where possible pupils will be sent home or back to the boarding house if they are unwell.

Parents are advised that children who are unwell should not be sent to school. However, doctors sometimes advise that children should attend school while still needing to take medicines, either because they are suffering from some chronic illness or allergy (such as diabetes or asthma) or they are recovering from a short-term illness and are undergoing a course of treatment needing antibiotics.

Teachers have a professional duty to safeguard the health and safety of pupils, but this does not imply a duty upon teachers to undertake the administration of medicines, indeed teachers are advised **not** to take responsibility for the administering unless absolutely necessary, and then only under strictly controlled guidelines.

It is the responsibility of the parent or carer to ensure that the correct medication is at school and that the pupil has the knowledge to administer it.

Note - No medicines should be administered in school, by staff, without parents' written consent.

Security of medicines - on school property

Parents are advised that it is their responsibility to issue their child with only the correct amount of medication for one day. Where this needs to be stored securely or in a cool place the school will agree to look after the medication in the school office (including spare Epi Pens). Otherwise it is the responsibility of the pupil to look after the medicine. Under no circumstances should medicine intended for one pupil be issued to another.

Where possible medicines should be administered at home and should not be brought into school. Staff should **not accept** on behalf of school any responsibility for administering medicine, unless fully aware of the details, particularly in the following cases;

- where the time of the administration is important or crucial.
- where some technical medical knowledge or experience is required
- where intimate contact with the child is necessary.

Any member of staff who does take responsibility for administering medicine takes on a heavy legal duty of care to discharge the responsibility correctly.

Pupils with long-term health problems

Following receipt of written advice from the student's doctor and parents, the Principal will consider the full implications and will wherever possible make every effort to set up appropriate procedures to accommodate the child's special needs.

Directions for using the Epi Pen

- Call for an ambulance
- Open the Packaging
- Remove the Grey Safety Cap
- Place the black tip of the pen at right angles to the upper thigh and press hard until the auto-injector mechanism functions. Hold in place for count to ten, and then remove. (See notice board in staff room for instructions)
- Massage area for ten seconds
- Used Epi Pens should be placed in a rigid container e.g. ice cream container or a bottle and given to ambulance staff. Be careful not to touch the needle. If injury does occur seek medical attention immediately.

Appendix 4 Administration of Medicines.

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- Massage area for ten seconds

- Used Epi Pens should be placed in a rigid container e.g. ice cream container or a bottle and given to ambulance staff. Be careful not to touch the needle. If injury does occur seek medical attention immediately.

Appendix 5 Epilepsy Guidance.

Pupils with epilepsy are welcome in school and will be encouraged, as far as possible, to take a full part in all school activities. The school will ensure that awareness of epilepsy is raised across the whole school community. Particular attention will be given to the pupil's peer group so that they know what to expect, are not scared by a seizure and know what to do if a pupil has a seizure.

THE SEIZURE - WHAT TO DO

1. **Stay calm.**
2. **Look around** - is the person in a dangerous place? If not, don't move them. Move objects like furniture away from them.
3. **Note the time** the seizure starts.
4. **Stay with them.** If they don't collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
5. **Cushion their head** with something soft if they have collapsed to the ground.
6. **Don't hold them down or restrain them.**
7. **Don't put anything in their mouth.**
8. **Check the time again.** If a convulsive (shaking) seizure doesn't stop after 5 minutes, call for an ambulance (dial 999).
9. **After the seizure has stopped,** put them into the recovery position and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking their airway such as food or false teeth. If their breathing sounds difficult after the seizure has stopped, call for an ambulance.
10. **Stay with them until they are fully recovered.** If they are injured, or they have another seizure without recovering fully from the first seizure, call for an ambulance.

You should also call an ambulance if:

- it is the person's first seizure
- they have injured themselves badly
- they have trouble breathing after the seizure has stopped
- one seizure immediately follows another with no recovery in between
- the seizure lasts two minutes longer than is usual for them
- the seizure lasts for more than five minutes and you do not know how long their seizures usually last.

These guidelines are particularly relevant for tonic clonic (convulsive) seizures.

HOW TO DEAL WITH A SEVERE ATTACK

Follow the advice below:

1. Call an ambulance and advise that an epileptic student is having a severe attack.

2. A member of staff must accompany the student in the ambulance.
3. Inform the pupil's parents and advise which hospital they have been taken to.

Appendix 6 Diabetes Guidance.

Pupils with diabetes are welcome in school and will be encouraged to take a full part in all school activities. The school will ensure that awareness of diabetes is raised across the whole school community. Particular attention will be given to the pupil's peer group so that they know what to expect, are not scared by a hypo or hyper and know what to do if a pupil in this situation.

Symptoms of diabetes

The main symptoms of diabetes are:

- feeling very thirsty
- urinating more frequently than usual, particularly at night
- feeling very tired
- weight loss and loss of muscle bulk
- itching around the penis or vagina, or frequent episodes of thrush
- cuts or wounds that heal slowly
- blurred vision (caused by the lens of the eye becoming dry)

Type 1 diabetes can develop quickly over weeks or even days.

Many people have type 2 diabetes for years without realising because the early symptoms tend to be general.

Hypoglycaemia (hypo)

Hypoglycaemia happens when blood glucose levels fall too low (below 4mmol/l). Most children and families will call it a 'hypo'. You need to be aware that children with diabetes are likely to have hypos from time to time and they can come on very quickly.

Sometimes there's no obvious cause, but usually it's because the child:

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

How to recognise a hypo

Most children will have warning signs of a hypo.

These warning signs can include:

- feeling shaky
- sweating
- hunger
- tiredness
- blurred vision
- lack of concentration
- headaches
- feeling tearful, stropky or moody
- going pale.

Symptoms can be different for each child and the child's parent or carer can tell you what their child's specific warning signs are. They will also be listed in the child's IHP.

Treating a hypo

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

In the event of a child having a hypo, here's what to do:

If a child's blood glucose levels are too high or too low while at school, they might start to feel unwell. Some children with diabetes may have more frequent absences because of their condition.

Here are some of the things to be aware of and look out for:

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

Some children will need a snack after treating a hypo, such as a piece of fruit, biscuits, cereal bar, small sandwich or the next meal if it's due*. The child's parent will tell you if they need a follow-on snack.

Once a hypo has been treated and the blood glucose has returned to a normal level there is no reason why the child can't continue with whatever they were doing. However, it can take up to 45 minutes for a child to fully recover. Children should have easy access to their hypo treatments and should be allowed to eat or drink whenever they need to, to prevent or treat a hypo. All school staff should know the signs of a hypo and what to do should a child have one.

You should call an ambulance if:

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

1. Call an ambulance; tell them the child has Type 1 diabetes.
2. Contact their parent or carer if they are local. Parents have an emergency injection of glucagon (a hormone that raises blood glucose levels), which can be given if a child becomes unconscious.
3. A member of staff must accompany the student in the ambulance.

4. Inform the pupil's parents if you have not already done so and advise which hospital they have been taken to.

Hyperglycaemia (hyper)

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

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

Treating a hyper

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

- taking an extra dose of insulin
- drinking plenty of sugar-free fluids

School should inform parents of the hyper and ask advice. Children on pumps will need to treat high blood glucose levels more quickly.

Appendix 7 Asthma Guidance.

Pupils with asthma are welcome in school and will be encouraged to take a full part in all school activities.

Parents

School asks all parents whether their son/daughter has asthma (or is ever wheezy). A record of all pupils with asthma will be maintained. Details of treatment will need to be obtained from parents, together with clear guidance of usage.

It is the parents' responsibility to ensure that asthma medication is available at all times.

Sport

The aim is that all students but the most severely affected are involved in normal activity. However, nearly all young people with asthma can become wheezy during exercise.

Students who are normally active should not be forced to participate in games if they are too wheezy to continue.

Staff should notify the student's Form Tutor or the Principal if they feel a student is becoming over reliant on their inhaler.

Pets

Pets in classrooms could cause problems for children with asthma and staff should be aware of this situation and deal with it as appropriate.

THE ASTHMA ATTACK - WHAT TO DO

Follow the advice below:

If an asthmatic pupil becomes breathless and wheezy or coughs continually:

1. Keep calm. It's treatable.
2. Let the pupil sit down in the position they find most comfortable. Do not make them lie down.
3. Let the pupil take their usual reliever treatment - normally a blue inhaler.
If the pupil has forgotten their inhaler, and you do not have prior permission to use another inhaler:
 - call the parents.
 - check the attack is not severe - see below.
4. Wait 5-10 minutes.

5. If the symptoms disappear, the pupil can go back to what they were doing.
6. If the symptoms have improved, but not completely disappeared, call the parents and give another dose of inhaler while waiting for them.
7. If the normal medication has had no effect, see severe asthma attack below.

WHAT IS A SEVERE ASTHMA ATTACK?

Any of these signs mean severe:

- Normal relief medication does not work at all.
- The pupil is breathless enough to have difficulty in talking normally.
- The pulse rate is 120 per minute or more.
- Rapid breathing of 30 breaths a minute or more.

HOW TO DEAL WITH A SEVERE ATTACK

Follow the advice below:

1. Call an ambulance and advise that an asthmatic student is having a severe attack.
2. A member of staff must accompany the student in the ambulance.
3. Inform the pupil's parents and advise which hospital they have been taken to.
4. Keep trying with the usual reliever inhaler every 5-10 minutes and don't worry about possible overdosing. Once ambulance staff are on site update and follow their instructions.

Appendix 8 Accident and Incident Form (PLEASE NOTE, THE FORM SHOULD BE COMPLETED DIGITALLY AND SENT TO THE DIRECTOR OF OPERATIONS AND ESTATES)

Please complete **all** this form

Injured or Affected Person	
Surname:	Forename(s):
Address:	Age: Gender:
Status:	

Details of Accident or Incident	
Nature (accident/near miss etc):	
Location:	
Date:	Time:
Witnesses:	

Description of details leading up to accident or injury

Details of Injury (if applicable)			
Part of Body:			
Nature of Injury:			
Treatment (tick box):			
No treatment		Referred to Physio	
Sent home		Resumed work	
First aid		Sent to hospital	
Attended GP		Number of hours detained for	
Head Bump		Parents Informed	

Serious Injuries may require reporting to the HSE within certain time limitations. Please contact the Principal and the Head of Operations and Estates immediately.

Outcome (tick box):			
Not off work		Permanent total disability	
Off work or school for less than three days		Permanent partial disability	
Off school for more than three days		Temporary incapacity	

Description of immediate action

Description of possible causes

Review of options to prevent reoccurrence – Premises Action Required Yes/No

Recommendations

Reported and completed by:	
Signature:	Date:
Countersigned (Principal/Vice Principal):	

Policy Details

This Page Should Not Be Published

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