



## **First Aid Policy**

**Review date: April 2025**

**Next review date: April 2026**

**All staff are expected to use their best endeavours in the event of a first aid emergency.**

All staff must know:

**1) How to call the emergency services**

Dial 999 and ask for an ambulance.

If there is any doubt that an ambulance is required, call an ambulance straight away.

**2) The location of the nearest first aid box**

**The first aid equipment will be kept in the building in the First Aid cupboard in the snack room located at entrance to the big garden (only First Aiders will be able to access this cupboard). A full first aid kit will also be kept in the Annex building, one in the cookery room and one in the main kitchen.  
A travel first aid kit will be kept in all GOING OUT BAGS for all out of school activities.**

**3) The name of the appointed person responsible for First Aid within the school**

**Name of appointed person: Chris Davies**

**4) A basic aide memoir for dealing with first aid emergencies - (Appendix A)**

**5) Basic first aid equipment - (Appendix C)**

Staff are to inform appointed person if supplies need to be re-stocked/re-ordered.

**6) Aware of the location for the name and contact number for the nearest doctors:**

**Kidwelly Surgery - Hillfield Villas Kidwelly, Carmarthenshire SA17 4UL  
Telephone Number - 01554 890234**

## **Responsibility**

### **This document is based on Supporting Learners with Health Care needs 215/2017**

The provision of first aid at the Gwenllian Education Centre is delegated by the Head Teacher (Dr Lynsey Herdman) who determines the number of appointed persons and the number of First Aiders and the level of training they should receive.

The number of Appointed Persons and First Aiders is reviewed annually by the Proprietors or more frequently when required, for example following an accident or emergency.

When determining the appropriate number of Appointed Persons and First Aiders, the following will be taken into account:

- The number of staff (and pupils) present at any one time;
- The distribution of staff;
- The number and locations of first-aid boxes;
- Whether there are inexperienced members of staff;
- The number of staff and pupils with disabilities or specific health problems;
- The size, nature and location of the school premises to which members of staff have access in the course of their employment;
- Whether there are travelling, remote or lone staff;
- Arrangements for off-site activities;
- Arrangements for out of school hour activities such as parent evenings;
- Parts of the school premises with different levels of risks;
- The types of activity undertaken;
- The proximity of professional medical and emergency services;
- Any unusual or specific hazards (for example, working with hazardous substances, dangerous tools or machinery);
- Accident statistics. These indicate the most common types of injuries, times and locations. It is a useful tool as it highlights areas to concentrate on and tailor first aid provision to.

## **Appointed Persons**

The appointed person at Gwenllian Education Centre is Chris Davies.

Appointed persons are responsible for:

- taking charge when someone is injured or becomes ill;
- ensuring that an ambulance or other professional medical help is summoned if appropriate;
- looking after and restocking the first aid box and any other first aid equipment

The appointed person does not have to be a First Aider but it is good practice for the appointed person to undertake emergency first aid training to help them cope with an emergency. This training would include: - what to do in an emergency

- cardiopulmonary resuscitation
- first aid for the unconscious casualty
- first aid for the wounded, bleeding or burnt

The appointed persons may undertake basic and/or advanced HSE approved first aid training, if funding and vacancies allow.

### **First Aiders**

Please see appendices for the list of qualified first aiders at Gwennllian Education Centre.

First aiders are responsible for:

- giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- where necessary, ensuring that an ambulance or other professional is called.

First aiders must complete a training course approved by the HSE. Refresher training is required every three years.

Guidance on the minimum legal requirement for Appointed Persons and First Aiders; the recruitment, selection and training of First Aiders; the responsibility and accountability of the First Aiders; the need for a first aid room and the contents of first aid boxes can be found in the Health and Safety (First Aid) Regulations 1981.

### **Reporting accidents and record keeping**

All members of the school should report any accident or incident, however minor, as soon as possible after it occurred. When an injured person is unable to complete their own details of the accident, then the Appointed Person/First Aider and/or witness should do it on their behalf.

Complete an Incident form and/or an Accident/First Aid form found on Microsoft Teams.

Please see sample form below (**Appendix B**).

Staff who do not have access to Forms on Teams can fill out a paper copy of the First Aid Form. (**Appendix B**).

#### **Reports must contain:**

- the date, time and place of the event;
- details of those involved;
- a brief description of the accident/illness and any first aid treatment given;
- details of what happened to the casualty immediately afterwards – for example went to hospital, went home, resumed normal activities, returned to class.

The Head Teacher should be informed about any Incident/Accident if it is at all serious or particularly sensitive. For example, when a pupil has had to go to hospital or if one pupil has caused deliberate damage to another or where negligence might be suggested.

If, as the result of an accident, an employee is taken to hospital and is unable to work or subsequently becomes absent from work, the Proprietor should be notified immediately.

The Proprietors must report all serious accidents to the Health and Safety Executive as required by RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

In an emergency, all contact details of pupil's, parents and guardians are located in the school office and each going out bag has an emergency contact list. Emergency contact details of employees and details of their next of kin can also be found in the school office.

A list of all current First Aiders – (**Appendix D**).

Pupils at GEC may have specific medical conditions for example epilepsy, diabetes or allergies that require medication. A list of individual pupil's conditions can be found in their Individual Skills and Behaviour Plan.

### **Medication**

(Please refer to Medication Policy)

### **Allergies**

Information about children who suffer from an allergy can be found in their Individual Skills and Behaviour Plan. All staff will be informed of the individuals involved. Class teachers are issued with lists informing of any medical issues concerning children.

The school has identified those able to administer adrenaline via an Epi Pen when necessary. Epi-pens are to be kept out of reach of children but easily located by staff who may need to administer them. Pupil Epi-pens must be stored in the bum bag on the staff member with the pupil who has the allergy and kept out of reach of pupils. During off-site visits, two Epi-Pens must be taken. Spare Epi-pens for pupils are to be placed in the going-out bags and returned to the medical cupboard/medical box when returning to school.

If an emergency allergic reaction occurs in school and an Epi-pen needs to be administered then a member of staff who has been Epi-pen trained, needs to administer this. The assistance alarm button needs to be pressed ASAP which is worn by staff members to call for assistance.

### **Cleaning up Bodily Fluids from Floor Surfaces and Disposing of Safely**

In the event of spillage of bodily waste which includes urine, faeces, vomit and blood. All cleaning equipment is stored in the disabled toilet outside the office in the locked cupboard.

1. Remove pupils from the contaminated area
2. Avoid direct contact with bodily fluids as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up bodily fluids quickly.
3. Put on gloves and a disposable apron.
4. Sprinkle absorbing powder liberally on all visible material (**Safety First Aid Group HypaClean Absorbent Powder**). Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.

5. Remove all visible material from the most soiled areas, using blue roll.
6. Put all used blue roll into a black bag and into the yellow foot-operated hazardous waste bins.
7. The remaining visible material should then be vacuumed using a designated vacuum cleaner (purple Dyson). The vacuum MUST be EMPTIED after use into the yellow foot – operated hazardous waste.
8. Use a disinfectant solution that is **EN 1276 or EN 14476 certified** (kills bacteria and viruses) - **Safe4 Disinfectant** using the **RED** mop and bucket.
9. Dry the area using blue roll to dry the area and then dispose of it into the yellow foot-operated hazardous waste bin.
10. Carpeted areas: The area should be cleaned with detergent – **Safe4 Disinfectant** rather than bleach solution and should contact the affected area for at least ten minutes. The area should then be shampooed within 24 hours (**Prochem Extraction Plus Carpet Cleaner**)
11. Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water, then rinse with the disinfectant.
12. Discard gloves and disposable apron into a black bag and into a yellow hazardous waste bin.
13. Finally, staff should wash their hands thoroughly using liquid antibacterial soap as per the manufacturer's instruction and hand-hot running water).
14. Alcohol hand gel may be used in addition to, but not instead of hand-washing.
15. Foot-operated bodily waste bin to be emptied at the end of each day.

**Disposal of Soiled/Contaminated Clothing:**

In the event of clothing being contaminated by a bodily fluid, staff are to follow the procedure outlined. Ensure pupil is in a safe environment.

- Where possible pupil is to remove contaminated clothing
- Staff to wear disposable gloves and aprons
- Staff should place contaminated clothing in a disposable bag and tie bag to be sent home
- Staff should remove gloves and apron and place in disposable bin bag in yellow foot-operated hazardous waste bin
- Staff to ensure pupil is clean by supporting the pupil appropriately following their care plan
- Ensure that the pupil has available clean clothing to wear

## **Appendix A**

### **Basic First Aid:**

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit and familiarise yourself with how to deal with some of the more common situations.

If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- keep calm
- if people are seriously injured, call 999 immediately; contact the Appointed Person and the First Aider
- make sure you and the injured person are not in danger
- assess the injured person carefully and act on your findings using the basic first aid steps below
- keep an eye on the injured person's condition until the emergency services arrive

### Unconsciousness:

If the person is unconscious with no obvious sign of life, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, give them mouth-to-mouth resuscitation while you wait for the emergency services

### Bleeding:

Control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down, reassure them, keep them warm and loosen tight clothing


### Burns:

For all burns, cool with water for AT LEAST 10 minutes. Do not apply dry dressings, keep the patient warm and call an ambulance.

### Broken bone:

Try to avoid as much movement as possible

## Appendix B





# Accident and First Aid Form


To be completed when an accident occurs and if first aid is required

Hi, Christopher. When you submit this form, the owner will see your name and email address.


\* Required

1. Date \* 


Please input date (dd/MM/yyyy) 

2. Name of Person Injured 


Enter your answer

3. Staff Member with Pupil 


Enter your answer

4. Name of any witnesses to the accident 

Enter your answer


5. Time of accident 

Enter your answer

6. Location of accident 

Enter your answer



7. What happened during the accident? 

Enter your answer

8. Were there any injuries sustained? 

☐ Yes

☐ No

9. Please describe where the injury is located (e.g. front of right forearm half way between wrist and elbow, back of the left calf muscle mid way between ankle and foot) Please add a photograph if you can by using the upload tab in the corner.




Enter your answer


10. Did the injury require first aid treatment 

☐ Yes

☐ No


11. Was first aid treatment administered? (if any) 

Enter your answer


12. Were Parents informed 

☐ Yes


☐ No

13. Name of person making report 

Enter your answer

14. Date report was made (dd/mm/yy) 

Enter your answer

15. Job title 

Enter your answer

☐ Send me an email receipt of my responses

Submit

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## FIRST AID RECORD

### Details of incident:

Date of incident:	
Location of incident:	

Details of injured person:

Name:	D.O.B:
Address: (if needed)	
Post code:	Job title:

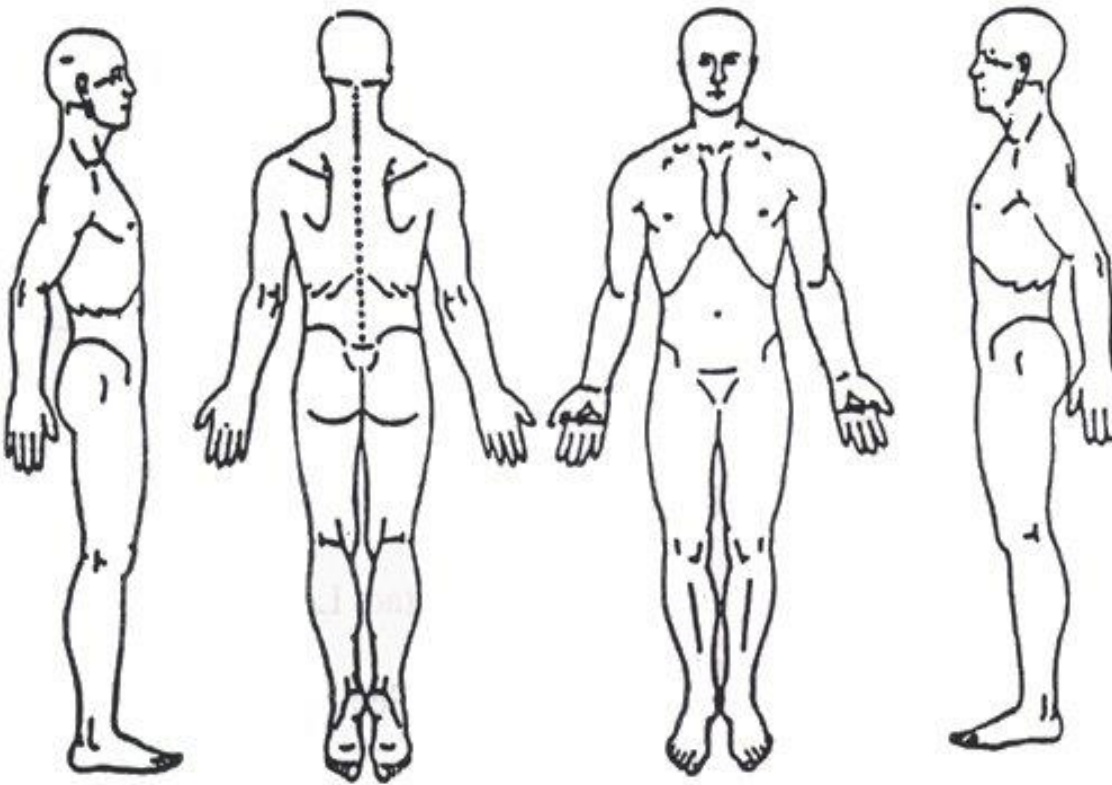
## Details of Person implementing First Aid:

Name:	D.O.B:
Address: (if needed)	
Post code:	Job title:

Please make a detailed description of injury below.

<u>Injury:</u>	
----------------	--

Please mark on diagram where the injury is located



Please make detailed description of First Aid used:

Any Medication given?

☐ Yes ☐ No

Permission given?

☐ Yes ☐ No

If yes, how?

If yes, what medication?

Any First aid kit used? and what was it?

Were used items replaced? ☐ Yes ☐ No

Any other notes: e.g. Did the casualty go to hospital? Did the casualty return to work?

--

**Person Reporting:**

Name:	D.O.B:
Address: (if needed)	
Post code:	Job title:
Signed:	Date:

**For Employers use only:**

How was it Reported:	
Date Reported:	Signed

## **Appendix C**

Contents of first aid boxes on site:

- General first aid guidance leaflet
- Individually wrapped sterile adhesive dressings/plasters (assorted size)
- Sterile eye pads
- Individually wrapped triangular bandages (preferably sterile)
- Safety pins (do not use for children's slings - use tape)
- Medium sized (approx. 12x12cm) individually wrapped sterile non-medicated wound dressings and large ones (18x18cm)
- Disposable gloves

Please note that, for instance, eyewash will be necessary in identified areas such as labs or workshops.

Please do not include known allergenic materials, i.e, Elastoplast or any creams or otherwise.

Prescription medication such as inhalers must not be kept in first aid boxes.

## Appendix D

### Qualified First Aiders

Name	Expiry Date
Lynsey Herdman	March 2026
Rebecca Hipkiss	
Hope Harries	
Michelle Thomas-Troake	
Bridget Lynch	
Christopher Davies	
Gwenan Nelson	
Zoe Jones	
Steph Thomas	
Sara Eborn	
	Expires August 2026
Leigh Hipkiss	
Leanne Lloyd	
Jordanna Evett	

## Appendix E

### **Anaphylaxis**

#### **1. What is anaphylaxis?**

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). In its most severe form, the condition can be life-threatening. Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil would necessarily experience all of these symptoms at the same time.

#### **2. Medication and control**

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an EpiPen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for an individual pupil must be kept in the bum bag of the member of staff responsible for that pupil and kept out of the reach of children. If a pupil has an EpiPen, it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

It is important that key staff in the school are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.

It is not possible to overdose using an EpiPen as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than to hold back. All pupils who have anaphylaxis will require an individual health care plan. This can be found in their Individual Skills and Behaviour Plan. The health care plan should indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the school. Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils should also be advised not to share food or drink with a pupil who is likely to experience an anaphylactic reaction.

#### **3. Managing Pupils with anaphylaxis**

- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all pupils who have an EpiPen prescribed to them, have their medication on them at all times.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction (staff to seek advice from First Aid trained staff)
- If a pupil feels unwell, the First Aid trained staff should be contacted for advice.

#### **4. Away trips: Please refer to the Staff Handbook for full procedures**

- Staff should ensure that all pupils going on away trips, carry their medication with them.
- Staff members trained in the administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.



- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### **5. Issues which may affect learning**

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day but schools should bear in mind the potential risk to such pupils in the following circumstances, and seek to minimise risk whenever possible.

### **6. What are the main symptoms?**

- Itching or presence of a rash
- Swelling of the throat
- Difficulty in swallowing
- Difficulty in breathing
- Increased heart rate
- Unconsciousness

### **What to do if a pupil has an anaphylactic reaction**

- Stay calm and reassure the pupil/staff.
- Press the 'assistance alarm button' which staff members wear to call for assistance.
- Staff who are with the pupil and staff who have an EpiPen for themselves should have the EpiPen on them.
- Ensure that a paramedic ambulance has been called and state 'anaphylaxis' on the phone.
- Member of staff who has been trained to administer the EpiPen should administer it, BUT any member of staff should administer the pen as it is important that it is administered quickly then not at all.
- If in doubt that it is anaphylaxis, administer the EpiPen anyway.
- 1<sup>st</sup> jab should be administered at the top of the leg for 10 seconds, followed by rubbing the leg for 10 seconds.
- If symptoms do not improve after 10 – 15 minutes, administer a second jab in the other leg or above/below the previous entry point BUT NOT in the same spot.
- Office to contact parents.

## **Asthma**

### **1. What is Asthma?**

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

attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

## **2. Medication and control**

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances. Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name. Pupils with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the school with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's name and stored in a locked cabinet in accordance with the school's health and safety policy. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

Where pupils are unable to use an inhaler by themselves or where a pupil requires additional medication, e.g. a nebuliser, a health care plan must be completed (this can be found in the pupil's Individual Skills and Behaviour Plan). For pupils whose asthma is controlled by an inhaler, an information card giving the basic details should be completed and kept with the pupil's file. Note that it is difficult to "overdose" on the use of an inhaler. If a pupil tries out another pupil's inhaler, there are unlikely to be serious side effects, although clearly pupils should never take medication which has not been prescribed for their own personal use. Following discussion with the pupil and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's condition to his/her peer group so that they are made aware of their classmate's needs.

## **3. Managing Pupils with asthma**

- Staff should be aware of those pupils under their supervision who have asthma.
- Games staff should ensure that all pupils with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has an asthma attack.
- If a pupil feels unwell, a first aider should be contacted for advice.

## **4. Away trips: please refer to the Staff Handbook for full procedures**

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the Pupil's condition and of any relevant emergency procedures.

## **5. Issues which may affect learning**

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

## **6. What are the main symptoms?**

- Coughing
- Wheezing

- Inability to speak properly
- Difficulty in breathing out

## **7. What to do if a Pupil has an asthmatic attack?**

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.
- Summon assistance from the first aider. Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medicines and/or inhalers are used promptly
- Help the pupil to breathe by encouraging the pupil to breathe slowly and deeply and relax
- Help the pupil to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the pupil does not respond to medication or his/her condition deteriorates, call a paramedic ambulance immediately.

Liaise with staff about contacting parents/guardians.

## **Diabetes**

### **1. What is diabetes?**

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

### **2. Medication and control**

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an individual health care plan (this can be found in their Individual Skills and Behaviour Plan). In most cases, pupils will have their insulin injections before and after school, but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school, he/she will need support with this. The pupil may also require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure. An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the school should establish with the pupil (where possible) and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode. The issue of close communication between parents and the school is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

Following discussion with the pupil (where possible) and his/her parents, individual decisions should be made as to whether to provide basic information on a pupil's condition to his/her peer group so that they are aware of their classmate's needs.

### **3. Managing Pupils with diabetes**

- Staff should be aware of those pupils under their supervision who have diabetes.
- Games staff should ensure that all pupils with diabetes have a sugared Lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode (staff to seek advice from first aid trained staff)
- If a pupil feels unwell, the first aid staff should be contacted for advice.

### **4. Away trips: please refer to Staff Handbook for full procedures**

- Staff should ensure that all pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

### **5. Issues which may affect learning**

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose, there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level:

- Encourage the pupil to eat or drink some extra sugary food before the activity.
- Have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia;
- After the activity is concluded, encourage the pupil to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

### **6. What do in an emergency if a Pupil has a hypoglycaemic (low blood sugar) episode**

#### Common causes:

A missed or delayed meal or snack

Extra exercise

Too much insulin during unstable periods

The pupil is unwell

The pupil has experienced an episode of vomiting.

#### Common symptoms:

Hunger

Drowsiness

Glazed eyes

Shaking

Disorientation

Lack of concentration

1. Get someone to stay with the pupil - call for ambulance (if they are hypo, do not send them out of class on their own, their blood sugar may drop further and they may collapse).

2. Give fast acting sugar immediately (the pupil should have this), e.g.

- Lucozade
- Fresh orange juice
- Sugary drink, e.g. Coke, Fanta
- Glucose tablets
- Honey or jam

- 'Hypo Stop' (discuss with Sanatorium whether this should be taken on trips off site)

3. Recovery usually takes ten to fifteen minutes.

4. Upon recovery give the pupil some starchy food, e.g. couple of biscuits, a sandwich.

5. Inform first aider of the hypoglycaemic episode.

6. In some instances, it may be appropriate for the pupil to be taken home from school

**NB. In the unlikely event of a pupil losing consciousness, call an ambulance (and then contact the first aider).**

## **7. What do in an emergency if a Pupil has a hyperglycaemic episode (high blood sugar) episode**

Hyperglycaemic episodes occur when the blood glucose level is too high.

Pupils may display the following symptoms:

- Excessive thirst.
- Passing urine frequently
- A change of behaviour
- Vomiting
- Abdominal pain

Care of Pupils in a hyperglycaemic episode

- Do not restrict fluid intake or access to the toilet
- Contact the Sanatorium and/or parents if concerned.

In both episodes, staff should liaise about contacting parents/guardians.