



First Aid Policy

1. Aims: The aims of the First Aid Policy are to ensure that:
 - First Aid provision is available at all times both within school and when pupils are on school trips.
 - Procedures for the administration of First Aid are known by all staff.
 - First Aiders are appropriately trained on a recognised course ran by St Johns Ambulance.
 - The school provides sufficient and appropriate First Aid resources.
 - A clear procedure is in place for the reporting and recording of accidents.

2. Recording:

All accidents are reported and recorded on an accident form whether or not they are considered serious. Forms may be found in First Aid boxes and on the school network. A record of the accident is also kept on the pupil's personal record card which is kept by Nurse. A record of the original accident form, for pupils is sent to the Headmistress. For Staff and visitors from 01.09.19 accidents will be noted on the Evolve Accident book online. A special head injury form is always sent home when a pupil has sustained an injury to the head. Appendix 8C

An accident report is made to the Health and Safety Committee by Nurse and patterns of accidents examined and appropriate action taken.

Accidents must be reported to RIDDOR as follows

For an employee of the school

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding), which: cover more than 10% of the body; or
- cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia
- any other injury which leads to hypothermia or heat induced illness
- requires resuscitation or admittance to hospital for more than 24 hours

For a pupil

- the death of the person, out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity **and** the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

- The incident is deemed to be connected with a work activity if
- a failure in the way a work activity was organised (eg inadequate supervision of a field trip);
- the way equipment or substances were used (eg lifts, machinery, experiments etc); and/or
- the condition of the premises (eg poorly maintained or slippery floors).

3. Staff Training

It is the school policy to have a number of staff with First Aid qualifications. These are updated as and when required by law. (Please see appendix A). No untrained member of staff should administer First Aid except for minor cuts and bruises.

There must be at least one first aid member of staff on site when children are present.

Allergy/Epi Pen training is available for all staff during each academic year. Regular training is provided on Asthma, Diabetes and Epilepsy. Information about these conditions can be found at Appendix 8D.

Staff are made aware of pupils who may be at increased risk of accidents at the start of the academic year and this list is regularly updated. If a pupil has a condition which places her in the 'high risk' category of incurring injury, a risk assessment will be written and shared with staff.

Staff will also be informed of any pupil with a medical condition such as epilepsy or diabetes and a risk assessment written for each particular pupil.

A List of Staff holding First Aid Qualifications is at Appendix 8A.

4. First Aid Boxes

The contents of First Aid boxes follow H.S.E. guidelines. First Aid bags are provided for Sports fixtures, Duke of Edinburgh Expeditions and day and residential visits. Contents are discussed and agreed with the designated First Aider and Nurse.

School minibuses have First Aid Boxes. Location of First Aid Boxes in school is at appendix B.

5. Treatment

Pupils with minor injuries (cuts, bruises etc) or who are feeling unwell should be sent or taken to Nurse. On most occasions the unwell child should be accompanied. The casualty will be dealt with by Nurse and the accident recorded on an Accident Report Form. After treatment the pupil may return to class or remain with Nurse until she is well enough to re-join her class. If a pupil is unable to remain in school parents will be asked to collect her. If a pupil is distressed by her injury she will not be left alone. Any medical treatment administered will be recorded on the pupil's medical record. Nurse should be called to treat individuals in situ, if the individual is too unwell to move.

6. Bodily Fluids

Contact with bodily fluids should be avoided at all times. In such a situation Nurse should be called to handle the situation and to advise the correct course of action to be taken.

All classrooms have supplies of tissues and alcohol hand wash.

7. Parental Contact

Parents are always contacted when this is considered necessary. This does not necessarily mean the casualty needs to go home, but this is a safeguard when it is thought that a parent may need a further check on the injury. Emphasis is always put on the importance of having injuries checked by the hospital or a doctor. When a casualty needs to be taken either to hospital or home parents will be contacted and arrangements made accordingly. If there is any delay in contacting parents, in an emergency, the casualty will be removed to hospital accompanied by either the First Aider or a member of staff and the parents contacted as soon as possible (a pupil's medical record sheet should be taken to hospital so that relevant medical information can be provided).

A Head Injury sheet is always sent out to parents. Appendix C

8. Trips out of School, Duke of Edinburgh and Sports Fixtures

Staff taking pupils out of school should be fully aware of procedures for medical treatment. Parents will have been asked in advance for permission to allow staff to make decisions for medical treatment for their daughter if they are not contactable when an emergency arises. Medical Details for each pupil must always be taken on the trip.

The recommended First Aid Box contents should always be taken on a visit for pupils out of school, and a qualified First Aider must be present on the trip, unless the venue provides cover in this respect.

9. Notes on Medication

When the children move into Senior School they are encouraged to take responsibility for their inhalers, epipens and similar medication themselves and they should carry it with them at all times. The school is to be provided with spare emergency medication for senior girls. This medication is evacuated by the school nurse or receptionist in the case of a fire alarm. **Children may not attend trips without their prescribed Emergency Medication including Epipens, Inhalers, Insulin and anticonvulsant medication. This must not have passed its expiry date. Parents must provide spare emergency medication for their child.**

Supplies of emergency medication such as insulin are kept in the fridge in the medical room

It is parents' responsibility to ensure Emergency rescue medicine is regularly checked for expiry dates and to ensure ample quantity of medication is available. Girls are not permitted on school trips without an inhaler and without a permission slip to us the emergency inhaler and at least 1 Epipen, 2 where possible.

Any child who might potentially require emergency medication will have an appropriate school alert card. This has a photograph of the child and provides instructions on how the medication should be administered. School alert cards are kept in a file in the medical room. List of girls complete with photos can be found in the staff rooms, kitchens, swimming pool, music block, reception and Home Economics department. Parents are asked to inform school regularly of any changes in their daughter's condition or medication.

Girls with diabetes should be encouraged to keep to their required diet. Glucose in the form of sweets, Lucozade, biscuits, glucose tablets should be readily available to treat hypoglycaemia. If blood glucose monitoring is required, then a clean private room with washing facilities should be made available. School aims to ensure we have emergency inhalers in all appropriate areas of the school.

With written parental consent emergency Ventilin can be administered to the named individual pupil.

School holds spare junior and adult adrenalin pens which can be administered with parental consent unless instructed by the paramedics to do so.

Medication to be taken in the school day must be given to the nurse and kept in the First Aid Room. Parents are given a copy of the medication policy on admission to the school and sign to give their consent to the administration of medication.

Information about Anaphylactic Shock is given in Appendix 8D.

The Preparatory School has its own Medication Policy.

10. Guidance on when to call an ambulance

Any member of staff can call an ambulance as required. If in doubt call an ambulance however situations which require an ambulance are

- Abdominal Pain- undiagnosed and severe
- Allergic reaction – has difficulty breathing or loss of consciousness
- Back pain (severe) – post a fall or over 50 years of age
- Breathing difficulty – if the person cannot speak or has blue lips
- Bleeding – continuous bleeding that does not stop after at least 10 minutes of continuous pressure
- Burns – a major burn or larger than the size of a hand, or if has difficulty breathing, and is not relieved with Paracetamol and twenty minutes of continuous running cold water
- Choking – unable to talk, breathe or cry
- Convulsions or seizures – if still having a seizure after five minutes, or shows no sign of stopping after what is normal seizure length for that person, or if it the first seizure for that person, breathing difficulties, or as a result from head injuries
- Diabetes – if person not behaving normally, or not fully awake
- Drowning – or near drowning
- Drug overdose or poisoning – suspected overdose or known for sure
- Electrical shock – any electrical shock
- Haemorrhages – major uncontrolled bleeding. Vaginal bleeding (severe) with possible or confirmed pregnancy
- Heart Attack – crushing chest pain, spreading to arms and jaw, lasting for more than five minutes
- Hypothermia or heat stress – if severe
- Industrial accidents – where a person is injured or trapped
- Meningococcal Disease – if symptoms indicate possible infection
- Motor Vehicle Accident – if someone has been injured from an accident
- Pain (severe) – from a fall or injury, not able to move, sit up or walk
- Stroke (possible) – person experiencing numbness, loss of function of hand, arm or leg, slurred speech, facial droop, or severe headache
- Suicide attempt
- Trauma (severe) – to the head, neck, chest or abdomen – e.g. been shot, or impaled by a sharp object
- Unconscious person – unresponsive when shaken

11. Emergency Procedure for First Aid

Should it be necessary for the next of kin to be informed of an emergency at school, on an away sports match, or an off-site visit, the following procedure should be followed:

- Contact a senior member of staff such as the Headmistress or Deputy Headmistresses **before** a call to parents or guardians is made.
- The senior member of staff will decide who will make the call and at what stage the call should be made.
- All relevant details must be made prior to making the call.
 - Time
 - Place
 - Nature of accident/incident
 - Others involved
 - Action taken

Document the information as soon as possible to ensure accuracy.

Next of kin should be contacted when a situation is well under control. These are often distressing calls and are made worse by vague or incomplete information.

Staff directly involved with the incident/accident should not be advised to make these calls.

12. Rights of the Child

When treating pupils due regard is made to Fraser Guidance and Gillick competency when assessing a child's maturity.

13. Emotional and Sexual Health

The emotional and sexual health of a pupil is of paramount concern. If a member of staff has any concerns whatsoever in this area they must consult with the school nurse and the Pastoral Deputy who will assess the situation and decide the course of action required.

14. Information about Anaphylaxis, Asthma, Diabetes. Please see Appendix 8D.

15. If a major incident occurs refer to Critical Incident Policy.

Other Policies: Asthma Policy
 Sharps Policy
 Prep Medication Policy
 Medication Policy

Appendix 8A

Asthma on line module Training 19th- June-31st August.

Whole school attendance and completion.

First Aid course ran for 14 members of staff June 4th 2019.

Anaphalaxis (EpiPen) and Epilepsy Basic Information Training Tuesday, 17 April 2018

146 people attended training.

Update: September 2019

**Members of Staff Holding
First Aid at Work Certificates**

Jane Irving	27 September 2016	26 September 2019
Wayne Hayes		
Maria Al-Ani	1 April 2016	31 March 2019
Yvonne Crawford	11 May 2016	10 May 2019
Niki Dean	16 March 2019	15 March 2022

Training took place: 7/6/16 and will expire 6/6/19

Members of Staff Holding School's First Aid (2)

Cathy Harris; Training took place 03 Feb 2017 expires 02 Feb 2020
 Madeline Henry; Training took place 03 Feb 2017 expires 02 Feb 2020
 Kimberley Lawerance Toko place June 2019 expires June 2022

Members of Staff Holding School's First Aid (3)

Eleanor Cruice	Sophie Vann	Ana Duvnjak	Louise Mooney
Kevin Robson	Rachel Norman	Sarah Rees	Marie-Pierre Monet-Rossetti
Martha Hayday	Naila Khodabukus	Toni Cirillo-Campbell	
Sara Hewison	Mike Tomaszewicz	Nathan Southall	

Training took place: 5/6/18 and will expire 4/6/20

School's First Aid Course (including Epi-pen Administration) (4)

Maria Aznar-Lopez	Sophie Glover	Jessica Rance
Lara Batchelor	Heather Howell	Charlotte Roye
Avril Brookes	Matthew James	Daniel Wilkins
Annie Cummings	Kirsty McAlister	Emily Wood
Zoe Ehiogu	Lucy Parsons	

Valid for 3 years from 06 June 2017
 Expires 05 June 2020

Members of Staff Holding School's First Aid

Aimee Smith	Andrea Benton	Karen Newling
Katie Williamson	Kate Massey	Rebecca Matthews
Abigail Mortimer- Lane	Julia Fones	Caroline Cardellino
Amit Rajp	Paul Smith	Michael Rees
Ruth Jarvis		

Valid from 3 years from 04/06/19
 Expires: 04/06/22

Paediatric First Aid 12 Hours

Cathy Harris

Date Commenced: 11 and 12 January 2018

Date Expires: 11 January 2021

Alex Sanzari

Date Commenced: 27 January 2019

Date Expires: 26 January 2022

QUALIFIED FIRST AIDERS IN PREP –

Name	Form room/usual location	Expiry date
Mrs. H. Heyes	Medical Room	March 2021
Mrs. A. Aston	Office	March 2021
Mrs. M. Bracey	1C	March 2021
Mrs. N. Ash	Library (part time)	March 2021
Mrs. A. Collins	4O	March 2021
Mrs. C. Pavlovic	6I	March 2021
Mrs. C. Hennous	Various!	June 2021
Mrs. L. Humble	(Maternity leave)	June 2021
Mrs. S. Crompton	4N	June 2021
Miss. S. Dawes	PE office/playground/field/pool	June 2021
Mrs. G. Villiers-Cundy	5D	June 2021
Miss. R. Deacon	1C	November 2019
Mrs. J. Goodyear	Support Room	November 2019
Miss. C. Robinson	Office	January 2022
Mrs. L. Hobbs	1B	January 2022
Mrs. C. Eveleigh	Science Room	January 2022
Mrs. A. Dawes	(Maternity leave)	January 2022
Mrs. M. Poade	5F	January 2022
Miss. K. McKee	3L	January 2022
Miss. B. Brown	6G	January 2022
Mrs. M. Jhangee	Y2	January 2022
ASC		
Mrs. M. Henry	ASC/Dining room	February 2020
Mrs. L. Osborne	ASC/Kitchen	March 2021
Mrs. M. Rees	ASC/Kitchen	June 2021

QUALIFIED FIRST AIDERS IN WESTBOURNE – February 2019

Name	Form room/usual location	Expiry date
Mrs. E. Roberts	K1	March 2021
Mrs. E. Cornelius	K1 <small>Mon,Tues,Wed</small>	February 2021
Mrs. H. Robinson	R4	June 2021
Mrs. P. Varma	Transition WB / ASC	June 2021
Mrs. F. Green	K2	June 2021

Miss. C. Stokes	R5	June 2021
Miss. E. Clinton	R3	March 2021
Mrs. J. Redden	R4	May 2020
Mrs. H. Coulson	Nursery	May 2020
Miss. E. Gough	Nursery	July 2019
Mrs. R. Aulak	Nursery	May 2019
Mrs. J. Goodman	Currently on maternity leave	May 2020
Miss A. Sanzari	R3	January 2022
Mrs. L. Bowler	R5	January 2022
Mrs. M. Hart	ASC	January 2022

Appendix 8B

First Aid Boxes

1. First Aid Boxes are positioned about the School as follows:

***includes Scissors, Foil blanket and Resuscitation shield.**

a. Senior School

Design Room	-	S1A
Physics 1	-	S5 *
Physics 2	-	S14 *
Physics 3	-	S12 *
Textiles 1 & 2	-	S26 & S26A
Home Economics	-	S27 *
Art Room	-	T1
Biology 1	-	T8 *
Biology 2	-	T10 *
Chemistry 1	-	T19 *
Chemistry 2	-	T25 *
All Science Department preparation rooms		
Music School		
IT2	-	T24
Sixth Form Common Room		
Kelly Holmes Fitness Suite		

b. Preparatory Department

Preparatory Department Reception Hall Cupboard under Trophies *
Design and Technology Room
Science Room *
Lower Corridor New Classroom
First Floor Corridor
I.T. Room

c. Westbourne

Upstairs Resource Room
Downstairs First Aid Room *
Nursery

d. Miscellaneous

Reception
Reprographics Room
Kitchen *
Swimming Pool *
Pavilion
Caretakers Workshop *
Groundsmens Hut
Minibuses x 2 *
Allotment *
Octagon

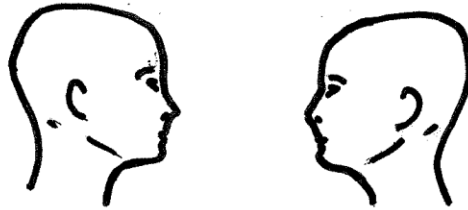
Appendix 8C Head Injury

Head Injury Information

Date.....

Time.....

Your daughter sustained a minor head injury at school today. It was not severe enough to warrant further action at school, but should she develop any of the following signs over the next 48 hours then further advice must be sought either from your General Practitioner or the Casualty Department of your local hospital.



1. Constant or persistent headaches
2. Nausea and vomiting
3. Drowsiness and amnesia
4. Visual disturbances

Could I request that you confirm receipt of this information by completing and returning the slip below to the School Nurse.

Mrs J Irving RGN RSCN

**EDGBASTON HIGH SCHOOL FOR GIRLS
HEAD INJURY INFORMATION**

Daughter's Name..... Form.....

I confirm receipt of the letter regarding Head Injury Information.

Signed..... Date.....

Appendix 8D

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 (eg dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (eg 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.

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.

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 hold back.

All pupils who have anaphylaxis will require an individual health care 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.

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. Annual update training is provided.

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

- Ensure that a paramedic ambulance has been called.
- Stay calm and reassure the pupil.
- Encourage the pupil to administer their own medication as taught.
- Summon assistance immediately from the Sanatorium.
- Liaise with the Sanatorium staff about contacting parents.

Asthma

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.

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, eg a nebuliser, a health care plan must be completed. 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.

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 Regular training updates are provided.

What are the main symptoms?

- Coughing
- Wheezing
- Inability to speak properly
- Difficulty in breathing out

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 Nurse. 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 child does not respond to medication or his/her condition deteriorates call a paramedic ambulance.

Diabetes

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.

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.

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 know how to

undertake the procedure without adult supervision. However, the pupil may 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 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 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.

Managing pupils with diabetes

Staff should be aware of those pupils under their supervision who have diabetes.

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

What to do in an emergency

Hypoglycaemic Episode (Low Blood sugar)

- i. Get someone to stay with the pupil - call for nursing staff/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.
- ii. Give fast acting sugar immediately (the pupil should have this), eg:
 - Lucozade
 - Fresh orange juice
 - Sugary drink, eg Coke, Fanta
 - Glucose tablets
 - Honey or jam

- iii. Recovery usually takes ten to fifteen minutes.
- iv. Upon recovery give the pupil some starchy food, eg couple of biscuits, a sandwich.
- v. Inform Sanatorium/parents of the hypoglycaemic episode.
- vi. In some instance it may be appropriate for the pupil to be taken home from school
- vii In the unlikely event of a pupil losing consciousness, call an ambulance
- viii A hyperglycaemic episode (high blood sugar)

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 nurse