

## First Aid and Medical Policy

*“Twickenham Preparatory School seeks to create a safe, caring and happy Christian environment in which all pupils are valued and can thrive personally, socially and academically.”*

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### 1. Guidelines

Twickenham Preparatory School is committed to dealing efficiently and effectively with illnesses and emergencies that may arise while pupils are in our care. This policy applies to all members of the school community including Early Years Foundation Stage (EYFS).

Under duties set out in the Health and Safety (First Aid) Regulations 1981, the School recognises its responsibility of providing adequate and appropriate First Aid provision at all times when there are people on the school premises and for staff and pupils during off-site visits and activities. The policy has been drawn up with reference to DfE Guidance on First Aid (D FEE-20025-2000).

### 2. First Aid Personnel

A **First Aider** is qualified to give immediate help to casualties with common injuries and illnesses and those arising from specific hazards in School and must complete a three day HSE approved “First Aid at Work” (FAW) training course, and hold a valid certificate of competence. The certificate is valid for three years.

A **Paediatric First Aider** has completed the Early Years Paediatric First Aid Qualification. With effect from September 2016 all newly qualified L2 and L3 staff working in Early Years will hold the Early Years Paediatric First Aid Qualification.

Details of current Designated First Aiders and Paediatric First Aiders can be found in Appendix 1.

First Aiders, alongside staff with a Paediatric First Aider qualification are responsible for maintaining the correct contents of all first aid boxes and storing pupils' medication – e.g. asthma inhalers.

The Marketing and Administration Manager maintains a record of all trained staff and organises refresher training as required.

There will always be at least one qualified person on site when pupils are present. A qualified EY Paediatric First Aider will accompany any EYFS trip.

Appointed First Aid staff at the School receive basic first aid training every three years conducted by accredited agencies such as the Red Cross or St John Ambulance.

All First Aiders are fully indemnified by the School against claims of negligence, provided that they are suitably trained and are acting within the scope of their employment and within the guidelines for the administration of first aid.

### **3. First Aid Equipment**

#### **3.1. Location of First Aid Resources**

These are stored in the following areas of the School:

- Prep First Aid Room
- Pre-Prep Kitchen
- School Mini-Buses
- Additional eye baths in the Science Laboratories.
- Mobile First Aid kits in the Prep First Aid Room

The contents of all first aid boxes/eye baths are regularly checked and updated by the designated First Aiders.

#### **3.2. Defibrillator**

The School has a defibrillator support system for associated emergencies in the School. It is located in the Prep medical room. A number of staff have been trained in its use. However, the defibrillator is designed to be used by any responsible person with or without training in an emergency. Clear guidance on how to use it is given on opening.

### **4. Medical Documentation & Responsibilities**

#### **4.1. Medical Questionnaires**

On each child entering the School parents are required to complete a medical questionnaire providing details of allergies, medical conditions and inoculations. These forms are filed in the main School Office.

A request to update medical details is made annually, however parents are reminded to inform the School of any changes on a day to day basis.

#### **4.2. Staff Responsibility**

All staff must acquaint themselves termly with the list of pupils' allergies and medical problems produced each term. Staff must also review this information prior to school trips. This list is stored on the school management system, and a

hardcopy is kept in the Prep First Aid Room, Pre-Prep kitchen and in the School Office.

Children with serious medical conditions are identified with a photo in the Pre-Prep kitchen and main staffroom, to ensure staff are familiar.

#### **4.3. Parental Responsibility**

Parents are responsible for supplying information about medication that their child needs to take at School, and for letting the School know of any changes to medication or the type of support needed from the School.

### **5. Medical Support**

#### **5.1. Long Term Needs**

All parents of pupils at the School will have completed a medical questionnaire on entering the School. These forms are stored in the School Office and will detail those pupils who have long term medical needs.

The medical form should give the following information:

- Details of the condition
- Any special requirements, e.g. Dietary
- Medication and any possible side effects
- Who to contact in an emergency.

#### **5.2. Short Term Needs**

Pupils may need to take some kind of medication at some time during their school life, and for most this will be for a short period of time only.

Applying a lotion or perhaps finishing a course of antibiotics would be a typical example here.

It will obviously be helpful if any medication can be given in dose frequencies that enable it to be taken outside school hours. Parents are encouraged to ask their doctor or dentist to take this in to account when giving a child a prescription.

#### **5.3. Urgent Medical Attention**

In the event of a pupil requiring urgent medical attention of any sort e.g. X-rays, injections, blood transfusion or an operation, staff are authorised to agree to such treatments in the School's name in the Headmaster's absence, if and only if the following conditions are satisfied:

- The medical authority tells you that the treatment is urgent or essential
- If the emergency is so serious as to warrant an immediate decision before parents or other named persons can be contacted
- Time permitting, if you have tried unsuccessfully to contact the pupil's parents
- The pupil's medical notes have been consulted for any possible adverse conditions.

All staff must ensure that they know how to call the Emergency Services in the event of an emergency.

A member of staff must always accompany any pupil taken to hospital by ambulance. This member of staff must remain until the pupil's parent/s arrive.

Staff must never take a pupil to hospital in their own car; it is safer to call an ambulance.

## **6. Administering Medication**

Some medicines may be harmful to children and adults for whom they have not been prescribed. If the School administers such medicines then it has a duty of care to ensure that the risks to the health of others are properly controlled.

### **6.1. Authority**

When a pupil is required to take medication during the course of the school day, this medicine must be delivered to the School Office for Prep and to the adult on duty in Pre-Prep in the morning.

The doctor or the parent should provide relevant details in writing by completing an Administration of Medicine School Form (see Appendix 1). The form must accompany the medication, which must be in the original packaging.

When a pupil is away from the school premises either on a day trip or residential trip, the same procedure should apply. The completed form and the appropriate medication must be handed to the designated member of staff for that particular trip.

A record book logging all medication given is kept in Prep and Pre-Prep. There is no legal requirement to do so but a record of what medication has been given and when and by who is an example of good practice and indicates that correct procedures have been followed should there be a problem.

### **6.2. Non-Prescribed Medication**

The School will only administer medicine that has been either prescribed by a doctor or purchased by parents as recommended by a doctor for a particular condition. If this is not the case, parents should address a short note to the Headmaster requesting permission for its administration.

### **6.3. Prescribed Medication**

No pupil at the School should be given any prescribed medication without the written consent of the pupil's parents.

The following should be checked against the permission form and the medication prior to giving to a pupil:

- Name of pupil
- Name of medication
- Written instructions from the parents or doctor
- Prescribed dose
- Frequency of the administration
- Expiry date of the medication.

If the member of staff is in any doubt whatsoever they must either check with the parents or a suitable health professional before taking any further action.

#### **6.4. Self-Management of Medication**

Pupils at the School should only carry medication around with them if a genuine need arises. Any parents who wish their child to administer their own medication must request prior approval from the Headmaster and provide written consent if granted.

#### **6.5. Pupils who Refuse to Take Medication**

Any pupil who refuses to take medication should not be forced to do so. The School must inform the parents as quickly as possible. If necessary the emergency services should be contacted.

#### **6.6. Storage of Medication**

Any medication brought to School and handed to the School Office for Prep or the adult on duty in Pre-Prep, must be stored in its original packaging, with the following information clearly labelled:

- Name of the pupil
- Name and dosage of the prescribed medication
- Frequency of the administration.

The School follows the following guidelines when managing storage of medicines:

- Large volumes of medicines should not be stored in School
- Where a pupil needs two or more prescribed medicines each should be stored separately in original packaging
- Medicines must never be divided from the original container into two separate containers
- All medication in School must be stored safely
- Pupils should know where their own medication is stored and that it is stored securely
- A few medicines such as asthma inhalers must be readily available to pupils and must not be locked away
- Other medicines should be kept in a secure place not accessible to pupils
- Some medicines need to be refrigerated. Access to the lockable fridge in the Prep First Aid Room and the Pre-Prep First Aid Room are strictly limited.
- Pupils must have supervised access to their medicine when it is needed but medication must only be accessible for those to whom it has been prescribed
- The School should not dispose of medicines; parents should collect medicines held at School when no longer needed. It is the parent's responsibility to dispose of all date-expired medicines.
- The School monitors the expiry dates of EpiPen-Auto-Injectors and inhalers that are kept in School and informs parents of approaching expiry dates
- A 'Sharps' Bin is located in Prep First Aid room. This is to be used to store all used needles e.g. staff, pupils or visitors who may be diabetic

- A separate bin is located in the Prep medical room for disposal of cleaning materials connected with bodily fluids
- Staff are not permitted to keep personal medication in the classroom. Any medication should be stored securely in staff lockers or in the lockable fridges in Prep/Pre-Prep First Aid Rooms.

## **7. Effect of Medical Conditions on Activities**

### **7.1. School Outings and Residential Visits**

As far as possible pupils with special medical needs should be encouraged to participate in such activities as long as it is safe to do so.

Parents complete a medical form prior to a school outing or residential trip, these are checked by staff. The School will liaise with parents if there are changes to medical information or medication needs to be administered during a trip. Once the trip is over all medical forms are returned to School where they are filed.

Staff involved in such trips must be aware of any pupils on the trip with special medical needs and when planning activities take into account how administration of any medication will take place. All pupils with specific medical conditions will be included in the trip risk assessment and all staff on a trip must have read and understood this assessment prior to the trip taking place. Please note that such medical information is for staff only and is not to be shared with parent helpers etc.

If there is concern as to whether it is wise and indeed safe for a pupil to participate in a particular trip or trip activity, the leader of the trip and/or the parents should seek medical advice from the pupil's GP or Consultant and obtain written consent for the pupil to participate in the activities. Staff at the venue should also be consulted to ensure participation would be safe for the pupil.

### **7.2. Sporting Activities**

Most pupils with special medical needs can participate in extra-curricular sport or PE. Indeed for many pupils such activity benefits their overall social, mental and physical health.

Some pupils may need to take precautionary action before and after exercise and should be allowed to do so. The member of staff in charge must be aware of pupils who have such needs and allow this to happen. All staff who take pupils for sport must be aware of the relevant medical conditions of pupils in their care and any emergency procedure should the need arise.

## **8. Reporting of Injuries, Diseases or Other Dangerous Occurrence**

All accidents to persons on School premises whether to staff, pupils or other persons must be reported and fully investigated.

Off-site accidents during authorised school activities, such as day or residential visits, must also be recorded and fully investigated. Appropriate medical assistance may be required.

### **8.1. Accident Form – Pupils**

The member of staff on duty must fill in the School's Accident Form recording in detail the individual's name, age, gender etc. Details of the accident as well as the names of any witnesses should be entered. The possible cause of the accident should be entered and any advice for preventing a similar accident happening again. Details of any treatment given should be recorded.

The member of staff should then sign and date the form and file it in the Pupil Accident Log Book. Forms are located in the Prep First Aid Room and the Pre-Prep Kitchen.

### **8.2. Accident Form - Adults**

The H.S.E. accident loose leaf Book B510 will be used to record accidents involving all staff and other adults including visitors to the school. These forms will also be used for accidents involving visiting pupils for matches etc.

Such details should include the time the incident took place as well as the nature of the injury and the treatment given. Forms are located in the Prep First Aid Room, Pre-Prep Kitchen and School Office.

### **8.3. Accident Form - Off Site**

On day outings or visits, the accident form should be completed on the trip. It is vital that this is not left until the following day, as important detail will inevitably be forgotten. A supply of accident report forms should be easily accessible for the trip leader.

Accident report forms should be taken on all school residential trips and completed in the usual way.

Any accident report forms should be handed in to the School Office at the end of the trip.

### **8.4. Notifying Parents**

Parents must be advised of all significant injuries. If a pupil sustains an injury to the head then parents must be sent the advice slip entitled "Advice for parents whose children have received a head injury whilst at school".

In the event of a head, dental or internal injury, parents are usually advised by the School to have their child checked over at A & E.

### **8.5. Action**

The Health and Safety Committee review all accident report forms at their meetings. Those of a sufficiently serious nature are reviewed in detail to see if there are ways of preventing future similar incidents.

### **8.6. Serious Accidents**

Certain accidents are of a sufficiently serious nature that they must be reported to the HSE using the appropriate online report form. The form will then be submitted directly to the RIDDOR database. In normal circumstances this should be

completed by the Headmaster or in his absence by the Deputy Head. Types of reportable injury are:

#### **8.6.1. The Death of any Person**

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

#### **8.6.2. Specified Injuries to Workers**

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- 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:
  - Covers more than 10% of the body
  - Causes 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 arising from working in an enclosed space which:
  - Leads to hypothermia or heat-induced illness
  - Requires resuscitation or admittance to hospital for more than 24 hours.

#### **8.6.3. Over-seven-day Incapacitation of a Worker**

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

#### **8.6.4. Over-three-day Incapacitation**

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

#### **8.6.5. Non-fatal Accidents to Non-workers (e.g. members of the public)**

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

## **9. Cleaning, Removal and Disposal of Bodily Fluids**

Spillages of diarrhoea and vomit should always be attended to as quickly as possible.

- Always assess the risk of carrying out the required task before you begin
- Isolate the affected area
- Make sure that the protective clothing and equipment you require is available
  - (disposable gloves and plastic aprons)
- Put on the protective clothing
- Contain the spill, if needs be, by placing disposable wipes/paper towels around it
- Remove the bulk of the contamination with paper towels. The area should be cleaned thoroughly with detergent and water, using disposable cloths
- Ensure adequate ventilation when using hypochlorite solutions
- Put all disposable items into a plastic bag, consider double bagging if bags are flimsy, tie and dispose
- All re-usable items must be thoroughly cleaned, disinfected and dried before being returned to the correct storage area
- Thoroughly wash your hands on removal of gloves with soapy water and dry well and apply surgical hand gel.

## **10. Management of Cuts/Abrasions and Spills of Blood**

Certain precautions should be taken to minimise risk.

- Wear single use well-fitting disposable latex gloves whenever in contact with blood (washing grazes, dressing wounds, cleaning up blood after an incident) and wear a disposable plastic apron if possible
- Carefully cleanse the wound under running water or using a fresh sachet of normal saline from a first aid kit. Avoid splashing. Dab carefully dry
- Cuts and grazes that are openly bleeding will be covered with a suitable dressing
- Cover any blood spillage on hard surfaces with paper towels, then (if the surface allows) gently apply 1% hypochlorite solution (e.g. Milton – follow instructions on the bottle), avoiding splashing. Allow to stand for 10 minutes then clean the area with warm water and detergent
- If the surface would be damaged by the hypochlorite (e.g. soft furnishings) wash with detergent and water
- At sports events, the sponge or cloth used to mop blood from one pupil must never be returned to a bucket of water or used on another pupil
- If someone suffers a bite, scratch or puncture injury that may have introduced someone else's blood or a splash of blood to the eye, area of broken skin or mouth, then rinse well with water and seek medical advice urgently
- Dispose of any soiled materials and disposable gloves immediately. Wash hands with hot soapy water and apply surgical hand gel

## **11. Treatment Guidance for: Anaphylaxis, Asthma, Epilepsy, Diabetes**

### **11.1. Allergy and Anaphylaxis**

Anaphylaxis is an acute, severe reaction due to an abnormal sensitivity which requires immediate medical attention.

### **11.1.1. Causes**

Anaphylaxis can be triggered by a variety of allergens:

- Food [peanuts, nuts, egg, dairy products and shell fish]
- Drugs [Penicillin]
- The venom of stinging insects [bees, wasps or hornets]

### **11.1.2. Symptoms**

Symptoms usually occur within minutes of exposure to the allergen. A combination of symptoms can be present at any one time, such as:

- Itching, tingling sensation
- Swelling of throat and tongue
- Difficulty in swallowing/breathing
- Generalised flushing of skin
- Abdominal; cramps, nausea, vomiting
- A sudden feeling of weakness/floppiness
- Collapse and unconsciousness

### **11.1.3. Treatment for Anaphylactic Shock**

Treatment is urgent and essential to prevent progression of a severe anaphylactic reaction. In the event of an acute allergic reaction, staff should follow this procedure:

- Contact the ambulance service on 999 or 112. Medical attention must be sought in every case.
- Inform parents immediately or other appropriate emergency contact person.
- Stay with the pupil and assess the severity of the symptoms. As long as written permission has been provided by parents, the appropriate prescribed medication should be given e.g. antihistamine or EpiPen.
- If the EpiPen is the prescribed medication then sit the pupil down, support them from behind. If the pupil doesn't have an EpiPen then stay with the pupil and reassure them until the ambulance arrives. EpiPens are only available on prescription and under no circumstances should a pupil use another pupil's EpiPen.
- If the pupil becomes unconscious place the pupil on the floor in the recovery position [safe airway position] and give the EpiPen injection [if available] to the outer thigh. This can be administered through light clothing.
- EpiPen should be used immediately in a severe reaction.
- If there is no improvement within 10 minutes, and there are symptoms of weakness, floppiness then repeat EpiPen once more if a second EpiPen is available.
- If no breathing/pulse initiate mouth to mouth resuscitation and cardiac massage [five rescue breaths followed by 30 chest compressions followed by 2 rescue breaths and 30 chest compressions etc until help arrives]. Please note that a child is classified as being aged between one year old and puberty.
- Hand over the pupil's care to the ambulance team/parents on their arrival.

- Hand over the EpiPen to ambulance staff. Never throw the EpiPen away. Keep all packaging and hand over to paramedics.
- Record all medication given with date and time of administration. Inform the Headmaster of the incident.

#### **11.1.4. Day to Day Management**

All named epipens are stored in the Prep First Aid Room or Pre-Prep kitchen. Careful pre-planning and awareness amongst staff taking school trips of any kind is essential.

### **11.2. Asthma**

Asthma is an allergic response within the lungs causing difficulty in breathing due to the narrowing of the tiny airways. There are many triggers. About one in seven children have asthma diagnosed at some time and one in twenty children have asthma requiring medical medication.

#### **11.2.1. Signs and Symptoms**

Symptoms vary widely. Very cold weather or prolonged energetic exercise may require preventative measures in some children. Signs of worsening asthma or the onset of an attack can include the following:

- Increased coughing
- Wheezing
- Feeling of tightness in the chest
- Breathlessness – in-drawing of the ribcage
- Blueness of lips **Caution as this is a very late sign!**

#### **11.2.2. Medication**

Preventers: These usually come in brown, white, green or purple containers e.g. Intal, Becotide, Pulmicort, Flixotide, Seretide. These are of no use during an attack.

Relievers: These help open up the airways quickly and are often in blue containers e.g. Atrovent, Ventolin, Bricanyl.

#### **11.2.3. Management of an Attack**

If an attack takes place staff should take the following action:

- Stay calm and reassure the pupil
- Ensure the reliever medicine is taken promptly and properly
- If there is no improvement after 3 minutes then another dose should be taken
- Listen to the pupil as they often know what they need
- Encourage the pupil to sit and lean forward but without squashing the stomach - breathe deeply and slowly
- Loosen tight clothing and offer sips of water [not cold] to keep mouth moist
- If there are any doubts about the pupil's condition, for example if it is a first attack, if the pupil is unable to talk, is distressed, the reliever hasn't worked within 5-10 minutes, or the pupil is exhausted, then an ambulance should be called

- If the pupil suffering from the asthma attack responds quickly to treatment, the pupil may continue in school but the parents **must** be informed of what has taken place that day

#### **11.2.4. Day to Day Management of Asthma**

- All children must have easy access to their medication. Children's asthma medication is either kept on their person or in an unlocked cupboard in the Prep First Aid Room or Pre-Prep kitchen
- If a spare 'reliever inhaler' is provided by parents this must be clearly labelled with the pupil's name and stored safely in the Prep First Aid Room or Pre-Prep kitchen
- Pupils should not take medication which has been prescribed for another pupil. However it should be noted that no damage will be caused through taking asthma medication by mistake [either by a pupil that didn't need it or by an asthmatic taking too much]
- If appropriate, remind pupils to take the reliever inhaler as a preventative measure prior to exercise
- Remind pupils to take necessary devices on school day trips, residential trips or out onto the playing fields
- If a pupil is having problems taking their medication, report this to parents
- Pupils who suffer with asthma should be encouraged to participate in all activities and not to 'opt out' because of their condition
- Always be vigilant for signs of an attack
- In the event of a pupil not having his/her inhaler available (or the inhaler being exhausted) the spare school inhaler should be used.  
**N.B. This is the only situation when another person's medication could be used.**

#### **11.3. Epilepsy**

All staff should be aware of emergency procedures. There are many types of epilepsy the following are examples of four different types:

##### **Simple Partial**

- The person is fully aware
- Abnormal twitching movement of part of the body (head, eyes, arm)
- Hand or tingling sensation
- May sense odd smell or taste

##### **Partial Complex**

- The person might experience an odd taste or smell
- Might be in a dreamlike state
- Lip smacking
- Fidgeting
- This could lead to a generalised seizure

##### **Generalised Absence**

- Brief loss of consciousness
- The person does not usually fall down

- No abnormal movements
- Appears to be day dreaming

### **Generalised Tonic Clonic**

- Loss of consciousness
- Body stiffens and may start to jerk uncontrollably
- May bite tongue or become incontinent
- Feels sleepy and confused afterwards

#### **11.3.1. Action in the Event of a Seizure**

- Send for a first aider - note the time
- Do not try to restrain or move unless in danger
- Make space around the pupil, remove any potentially hazardous items and make safe
- Remove any pupils from the incident as it could be alarming to them
- Loosen clothing around neck if possible
- Let the seizure run its course
- After seizure place in recovery position and monitor
- Note the time (duration)
- Stay with the pupil until fully recovered
- Always inform parents or next of kin
- Observe for two hours
- Call 999 or 112 IF
  - A first seizure
  - If there is more than one seizure
  - If the seizure lasts more than 5 minutes
- Contact parents in all cases
- Remember the ambulance service would prefer a well-intentioned false alarm to a late call

#### **11.3.2. Maintenance**

- Ensure staff awareness of all known epileptics
- Keep medication readily available with the pupil's name clearly marked

### **11.4. Diabetes**

All staff should be aware of emergency procedures.

#### **11.4.1. Recognition of Hyperglycaemia (high blood sugar – gradual onset)**

- Thirsty
- Vomiting
- Frequent urination
- Abdominal pains which could result in vomiting
- Rapid breathing
- Rapid weak pulse
- Warm dry skin
- Drowsiness

**11.4.2. Action**

- If unconscious place in recovery position and monitor
- Call 999 or 112. send or call for First Aider
- **NEVER GIVE FLUIDS TO AN UNCONCIOUS PERSON**

**11.4.3. Recognition of Hypoglycaemia (low blood sugar – rapid onset)**

- Hungry
- Strong, rapid pulse
- Pale, cold and sweating
- Weakness, loss of co-ordination, feeling dizzy or faint
- Dramatic change in behaviour (crying, giggling, shouting, anger)
- Inattentiveness and slurred speech
- May be asleep and unresponsive
- If left might possibly have a convulsion

**11.4.4. Action**

- Send runner or call for First Aider
- Raise sugar levels quickly, a glucose gel or glucose tablets are normally given (located in Prep First Aid Room and Pre-Prep Kitchen)
- If there is a quick response, rest and constantly reassure then more food/drink
  - (Recovery should be about 5-10 minutes)
- If there is no response or loss of consciousness, call 999 or 112
  - Monitor vital signs until recovered or help arrives
- If in doubt about 'Hyper' or 'Hypo' then treat for Hypo

**11.4.5. Maintenance**

- Insulin cartridges are kept in the fridge in the Prep First Aid Room or Pre-Prep kitchen, along with blood testing equipment
- Snacks to be kept easily accessible to rectify Hypoglycaemia

## Appendix 1

### Staff with Current First Aid Qualification

#### **Schools First Aid**

- Jane Taylor
- Beata Chlopecka
- Linda Russell

#### **Emergency First Aid at Work**

- Jo Fox
- David Shone
- Juliet Woolford

#### **First Aid at Work**

- Serin Thomson
- Jane Taylor

#### **Sports First Aid**

- James Doughty
- James Edwards
- Amanda Hepburn
- Keith Hoo
- Matthew Howorth
- Grainne McHenry
- Alison Powell
- John Webber
- Liz Harber
- Bruno Bouget
- Linda Russell

#### **Paediatric First Aid**

- Paula Melvin
- Michelle Brown
- Jo Fox
- Jane Openshaw
- Christine MacAulay
- Sally Anne Goodman
- Fiona Williams
- Wendy Brister-Runnacles
- Anne McVey

#### **Additional First Aid Courses**

- Jane Openshaw: Mountain & Outdoor Pursuits First Aid