

## Medical Condition awareness policy

### What to do in an asthma attack

- Keep calm.
- Encourage the child or young person to sit up and slightly forward.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Call for a first aider to come to the pupil.

### If there is no immediate improvement

- If there is no improvement in their asthma symptoms after the initial 2 puffs - then administer 2 puffs every 2 minutes up to a maximum of 10 puffs - if ambulance doesn't arrive in 10 mins - give another 10 puffs in the same way.

### Call 999 or a doctor urgently if:

- The child symptoms do not improve in 5–10 minutes.
- The child is too breathless or exhausted to talk.
- The child lips are blue.

Ensure the child takes two puffs of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

### Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling □ tight in the chest as a tummy ache.
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### After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

### Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.

If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.

In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.

- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- If pupils own inhaler is unavailable, administer the school's **EMERGENCY INHALER**. Written permission from parent/carer must have been given for this to proceed.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

### Epilepsy awareness for school staff

#### Complex partial seizures

##### Common symptoms

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around
- Crying, becoming upset

#### Call for a first aider to come to the pupil

#### Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

#### Do...

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

#### Don't...

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them

- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

### **Tonic-clonic seizures**

#### **Common symptoms:**

- the person goes stiff,
- loss of consciousness
- falls to the floor

### **Do...**

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

### **Don't...**

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

### **Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The seizure lasts longer than the period set out in the care plan
- Repeated seizures -unless this is usual, as set out in the care plan.
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

## Anaphylaxis awareness for staff

### ANAPHYLAXIS

Symptoms of allergic reactions:

#### Ear/Nose/Throat - Symptoms:

runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

#### Eye - Symptoms:

Watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Airway - Symptoms: wheezy breathing, difficulty in breathing and or coughing (especially at night time).

#### Digestion:

swollen lips, tongue, itchy tongue, stomach-ache, feeling sick, vomiting, constipation and or diarrhoea.

#### Skin:

Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes. Eczema -cracked, dry, weepy or broken skin. Red cheeks.

Angiodema - painful swelling of the deep layers of the skin.

#### Symptoms of Severe Reaction/ Anaphylaxis:

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

### TREATMENT

Call for first aider to come to student

Send a member of staff to collect epipen and to ask them to ring for an ambulance and parents.

If pupil is conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position. Trained member of staff to administer epipen, as per training. Record time of administration.

If no improvement within 5 minutes then 2<sup>nd</sup> epipen to be administered.  
Keep used epipens and give to paramedics when they arrive.

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

### Signs and symptoms:

#### Hypoglycaemia:

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

#### Hyperglycaemia:

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

### First aid aims

#### Hypoglycaemia:

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

#### Hyperglycaemia:

- Get casualty to hospital as soon as possible

### Treatment

#### Hypoglycaemia:

- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink. Help the pupil to find glucose testing kit to check their level. Advise parents that they need to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

#### Hyperglycaemia:

Call 999 immediately

### Further actions

#### If the pupil loses consciousness

- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation

First Aid (see separate First Aid Policy)

Always wear gloves when administering First Aid.

First Incident ( body map form) – entries must be clear, in ink, and include:

- Name of child and class
- Signature of the person reporting the accident

- Date and time
- Where it occurred and what happened
- The resulting injury
- How it was dealt with.

Parents should be notified of any First Aid given to a child during the school day (by phone call, text or in person at the end of the day). Any serious injuries (other than non-serious bruises, grazes etc) will require the parents to be contacted immediately.

If the accident occurs due to a Health and Safety oversight, please pass on the information to Ms Zahina.

### In Our Care - Ill Children

Procedure to follow if a child in our care is taken ill

- 1) Assess the child's condition and ensure the room leader and manager know the situation.
- 2) Make sure all children are being supervised whilst one staff member attends to the sick child.
- 3) Inform the child's parents of the situation, so that they can obtain proper medical advice as necessary.
- 4) If parents cannot be reached use the emergency contact details on the child's registration form, located in the office.
- 5) If no one can be reached, continue trying all numbers given until you are successful.
- 6) One staff member must stay with the sick child and continually monitor any changes.
- 7) If a child has a temperature, keep checking their temperature every 10 minutes. Record their temperature on the child medicine form, stored in the child's folder.
- 8) Steps to take if a child has a temperature are:
  - Give cool water to drink.
  - Undress them.
  - Fan them.
  - Sponge them down, using tepid water NOT cold water.
  - Ensure room temperatures are appropriate and cool if not.
  - Contact their parent/carer.
- 9) If a child is being sick, ensure there is an appropriate receptacle for them to be sick in.

Any spillages must be cleaned up immediately, using proper protective clothing. All equipment used to clear up spillage must be put into the clinical waste bin.

- 10) Arrange for the child to be collected by a parent/carer as soon as possible.
- 11) If the child's condition is of significant concern an ambulance must be called, dial 999 and ask for ambulance.

Give the nursery name address and as much information about the situation as possible to the emergency services.

- 12) Contact head office and inform them of the situation.
- 13) If a child's parent/carer has not arrived at the setting and the emergency services wish to take them to hospital a member of staff will accompany them and take all relevant information about the child with them.

- 14) Keep the child's parents/carer's informed and let them know where and when their child will be taken.
- 15) The child remains under our care until their parents/carer's are with the child.
- 16) If no one can be contacted ensure someone is continually trying until successful.
- 17) Record an account of every step of action that was taken for our records/future information.