ST IVES
HASLEMERE

FIRST AID LOCAL POLICY

First Aid Local Policy

(whole school policy)

Contents

	DATE	NAME
AUTHORISED	January 2026	Kay Goldsworthy
POLICY REVIEWED	January 2026	Kay Goldsworthy
NEXT REVIEW DATE	January 2027	

Policy statement

The school aims to provide a safe, happy environment for all the children in our care so that learning and play can take place in a relaxed and secure atmosphere.

At St Ives School we are committed to ensuring that every pupil (including those in our EYFS setting), every member of staff and every visitor will be provided with adequate first aid in the event of an accident or illness, no matter how minor or major.

Procedures and information set out in this document aim to ensure that:

- all members of the school community are aware of the procedures to follow in the event of an accident, the support available and the role that they play.
- effective management systems are in place to support individual children with medical needs.
- medicines are recorded, handled, stored and administered responsibly.
- first aid provisions are available at all times while pupils or employees are on school premises, and also off the premises whilst on visits or trips.
- all incidents involving medical assistance are properly recorded.

By implementing this policy, we will be helping to achieve our shared vision that all members of the St Ives School community should be healthy, stay safe, enjoy and achieve, and be able to make a positive contribution.

To this end, all staff, including non-first aiders, have a responsibility in ensuring the welfare of pupils by ensuring that:

- they are familiar with the first aid procedures in operation and know who the current First Aiders are and how they can be located
- pupils are aware of the first aid procedures
- written parental permission must be received before medicine is administered.

This policy links with **Every Child Matters** agenda, in that every child has a right to grow up safe, healthy, enjoying and achieving, making a positive contribution and achieving economic well-being.

This document was drawn up in conjunction with Guidance from Managing Medicines in Schools and Early Years Settings (**Department for Education and Skills / Department of Health)**

This policy applies to all members of our school community, including those in our EYFS setting.

St Ives School is fully committed to ensuring that the application of this policy is non-discriminatory in line with the UK Equality Act (2010). Further details are available in the school's Equal Opportunity policy document.

St Ives School seeks to implement this policy through adherence to the procedures set out in the rest of this document.

In line with our Provision of Information policy, this document is available to all interested parties on our website and on request from the main school office.
This document is annually reviewed by the Head (Kay Goldsworthy) or as events or legislation change requires. The next scheduled date for review is January 2027.

Key Personnel

A number of school staff are designated First Aiders:

Camilla Argent (Sport)	First Aid at Work	Expires 28.07.28
Rachel Blewett (EYFS)	Paediatric First Aid Administering Medicines	Expires 08.07.28 Expires 01.12.27
Connie Chuter (Catering)	Paediatric First Aid	Expires 26.10.28
Cheryl Cooper (Pre-Prep)	Paediatric First Aid Administering Medicines	Expires 13.20.28 Expires 11.06.27
Hayley Dibb (School Office)	Administering Medicines	Expires 27.02.27
John Lally (Estates)	Paediatric First Aid	Expires 19.10.26
Beth Niven (School Office)	Administering Medicines	Expires 05.11.27
Suzy Philpott (Prep)	Administering Medicines	Expires 30.11.27
Rachel Sacre (EYFS)	Paediatric First Aid	Expires 17.10.27
Angela Sahal (EYFS)	Paediatric First Aid	Expires 01.05.28
Lucy Tapp (EYFS)	Paediatric First Aid Administering Medicines	Expires 19.09.26 Expires 14.11.27
Jade Vaus (EYFS)	Paediatric First Aid Administering Medicines	Expires 08.12.27 Expires 06.10.26
Alex Viner (School Office)	First Aid at Work Administering Medicines	Expires 07.11.27 Expires 24.02.27
Rebecca Waterson (Pre-Prep)	Paediatric First Aid Administering Medicines	Expires 04.11.28 Expires 08.12.27

Staff are trained in basic first aid and epi-pen use every 3 years.

First Aid assistance can always be called for via the school office (01428 643734).

First Aiders at St Ives School have undertaken training and have a qualification approved by the HSE. They hold a valid certificate of competence in either Emergency First Aid at Work (EFAW) or First Aid at Work (FAW). This training enables them to give emergency first aid to someone who is injured or becomes ill whilst on the school premises.

First Aiders at St Ives School are co-ordinated by Kay Goldsworthy (Head) who is responsible for ensuring that:

- First Aid qualifications and insurance (provided by the school) are up to date
- Copies of certificates are kept by the Business Manager in her office
- Updated training is received every three years for those qualified
- The list of First Aiders is kept up to date and posted around the school in the designated locations for the benefit of staff, pupils and visitors (see appendix 2)
- Information on the location of equipment, facilities and first aid personnel is provided to staff via the staff handbook.
- The Notice Board in the staff room is kept up to date with First Aid information.
- There is a First Aider present on site when pupils are present.

- There is someone with the relevant paediatric First Aid training on a site where EYFS are present – including on visits.
- The number of First Aiders (both EFAW and FAW trained) is adequate to provide First Aid cover during the school day and after school hours for trips and after school activities. (This is to be done in consultation with the Head and in light of on-going risk assessments).

Provision of First Aid and Personnel

Staff should use the First Aid box located nearest to the accident; a list of First Aid box locations is attached – Appendix 1

- If a pupil at break or in class needs attention, then the duty member of staff should assess the child to determine the needs of the child or if the child needs to go home.
- If the child needs to go home staff should inform the office.
- If the member of staff is unsure then watch and observe the child, perhaps allowing them to sit quietly.
- This information needs to be passed on to the next teaching member of staff, or whoever happens to be on duty at break.
- In the event of a serious accident, inform the office, call 999 and summon an ambulance.
- The pupil's parent/guardian (or other appropriate adult) should be contacted at the same time. If the pupil is taken to hospital, they should be accompanied by two members of staff.

Hygiene Procedures

When dealing with the spillage of body fluids gloves should be worn precautions should be taken.

Record Keeping and Administration

- All accidents (including serious accidents) are recorded on ARMS (Accident Record Management System)
- Inform the Schools First Aid Administrator if a First Aid box has been used so that it may be replenished.

Accident reporting and record keeping

Where there is an accident or medical emergency and First Aid assistance has been provided, the person who has administered First Aid must record the incident according to the procedure outlined below. N.B. it is a statutory requirement that all accidents/incidents as described in the Health and Safety Policy must be recorded in an accident book or on-line system, and must be readily accessible for a minimum of seven years.

Parents are initially notified of an incident involving their child by the School Office and must be kept sensibly informed by an appropriate member of staff. The Head will be responsible for ensuring that parents are notified of significant incidents/accidents both verbally and in writing. Parents will always be informed of injuries to the head.
In line with the Accident, Records and Notification procedures in the United Learning Group Health and Safety document Kay Goldsworthy (Head) at the school will notify the HSE, in collaboration with the Group Health and Safety Manager, under RIDDOR, of any serious accident, illness or serious injury to, or death of, any pupil whilst in our care,

and of action taken in respect of it. For EYFS pupils Ofsted will also be notified and will be notified of any instance in connection to medicines which leads to such an event. A pupil's GP has the responsibility of reporting notifiable diseases and ensuring that a pupil is safe to return to school and not cause public health problems from infections. However, the school may also seek advice from the Health Protection Agency if a pupil is believed to be suffering from a notifiable disease as identified under the Health Protection (Notification) Regulations 2010. For pupils in our EYFS, notification will be made to Ofsted as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. If St Ives School, without reasonable excuse, fails to comply with this requirement, we commit an offence. Contact details for Ofsted are as follows: www.ofsted.gov.uk or by telephone on 0300 123 4666.

The School (St Ives)

Provides written records each time a medicine is administered to a child.
Keep a record of accidents or injuries and first aid treatment.
Will inform the child's parents and/or carer on the same day, or as soon as reasonably practicable.

How to record an accident or medical incident

- Any incident/accident must be recorded on the appropriate form online or can be downloaded as a hard copy by the person attending the casualty or dealing with the incident.

- The records of first aid treatment given by a First Aider or appointed person must include:
    - Date, time and place of incident.
    - Full name of injured/ill person.
    - Detail of the injury/illness and what first aid treatment was given.
    - Any review of the person's condition.
    - Name and signature of the first aider or appointed person dealing with the incident.

- Once an Accident or Incident Report and Investigation Form has been completed the form must be returned to the Head who maintains the central records.

The school will keep a record of any reported injury, disease or dangerous occurrence which must include:

- the date and method of reporting.
- the date, time and place of event.
- personal details of those involved.
- brief description of the nature of the event or illness.

Informing the HSE (Health and Safety Executive) or RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) - statutory requirements

The Head is responsible for determining if the HSE needs to be informed of an accident or incident and for keeping a school central record in her office together with the RIDDOR form if appropriate.

Under the reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) the following accidents MUST be reported to the HSE without delay:

- Accidents to employees resulting in death of major injury (including as a result of physical violence)
- Dangerous occurrences
- Accidents to any persons (pupils and visitors included) killed or taken from the premises to a hospital
- Accidents to employees which prevent the injured person from doing their normal work for more than 3 days must be reported within 10 days of the accident.

The Head will be responsible for ensuring that the HSE, at the HSE Incident Contact Centre at www.hse.gov/uk/contact/index.htm, is notified without delay about the above accidents and then followed up with a completed RIDDOR form (F2508) within 10 days. These can be accessed online www.hse.gov.uk/riddor/online or by telephone **0845 300 99 23**.

Details of RIDDOR accidents will be made available to the Health and Safety Committee, the LGB and will also be forwarded to UCST Central Office.

Record keeping

Clear records are maintained of all prescribed medications brought into the school in a 'Medications Register.' Entries to The Medications Register are made in ink in chronological and in year order. It is kept in the school office.

Medications Register entries:

- are made at the time medication is received and dispensed
- show the name of the person from whom the medicine was obtained
- show the name of the person for whom the medicines were supplied
- show the name of the person who accepted the medication
- show the date the medicine was obtained or supplied
- give the name of medicine supplied
- detail the quantity and form in which (e.g. liquids, capsules) the medication is supplied
- detail the amount administered each time
- details the amount left each time
- notes the expiry date of the medication

Refusing medication

If a child refuses to take any medication, the school may not force them to take it. The school will inform the parents as soon as possible if this occurs.

Procedures (see Appendix 3 for Emergency First Aid instructions)

Minor Accidents

A First Aider should be summoned immediately in the case of a minor accident.

- Use the First Aid box located nearest to the accident. A list of First Aid box locations is attached – Appendix A.
- Gloves should be worn when tending to an open wound.
- Clean the wound with alcohol-free wipes before applying a dressing. Blood-stained wipes should be placed in a plastic bag and sealed before disposal.
- Chemical burns should be treated with cold water, and the injured person taken to the Royal Surrey Hospital together with the name of the chemical.
- Body fluids should be removed, wearing plastic gloves, with paper tissue or disposable cloths and placed in the waste disposal bin.
- Stains should be cleaned with diluted disinfectant, and stain remover on carpets. Any washable soiled items should be washed at high temperature.
- If the wound requires a plaster larger than standard size or a dressing, parents should be informed of the injury so they are able to follow up at home.

Administration of Medicine

Written consent is required for the administration of medical and dental treatment, first aid and non-prescription medicines.

Staff who have medication in school must store the medication securely away from pupils.

For full details please refer to the Whole School Administering of Medicines Policy.

Inhalers

Children are encouraged to notify staff before each games session
or match and inhalers will then be kept by the member of staff taking that session.

Anaphylaxis/Epipens

St Ives seeks to provide a safe environment for staff and pupils who are at risk of severe allergic reactions. It undertakes to ensure that anyone suffering a severe allergic reaction will be treated appropriately and enabled to access emergency services promptly.

The medical histories of all new pupils should be carefully searched to identify possible cases of allergy sufferers. Any medical questionnaires not returned should be vigorously pursued

The presence in school of a susceptible pupil must be made aware to all those who need to know including especially the catering staff. Children are identified by photographs displayed in the Staff Room, Pre-Prep Office, Nursery, Catering Office and Kitchen.

Adrenaline in the form of Epipens, are stored in the main school office and the school kitchen. Children, if deemed competent will be allowed to carry Epipens with them (but they will not be allowed to self-medicate).

Epipens are provided by parents and are named.

Foods that contain an ingredient to which a child is known to be sensitive to must be clearly labelled.

The School will check the Epipen expiry dates regularly and advise parents if a new one is needed in school.

Should a child suffer from **anaphylaxis** whilst in the classroom or outside at play/PE, the member of staff in charge at the time should call the school office immediately and summon a first aider.

Head injuries

All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence or drowsiness. If in doubt, or if any of the key signs are exhibited, seek medical help. The School policy with regard to head injuries is always to 'play safe'.

Parents will be informed by a telephone call and could be asked to collect their child and seek expert medical attention.

The School will ensure that any pupil who has been treated for a head injury, no matter how minor, will be issued a green wristband so they can clearly be identified to all staff and parents.

The following staff members have received specific concussion training:

Camilla Argent (Head of Sport)

Alex Viner (Business Manager)

Rectal Medicines

Only trained full first aiders may administer rectal medication. Parents will be asked to consent to this in writing.

Any specific training required by staff on the administration of rectal medication will be provided by the Schools Appointed First Aid Training company.

Games Staff

For all match and/or practice the following the following guidelines should be followed.

- Attend to the pupil as soon as you are aware that they are in distress. (Do not necessarily wait for the game to be stopped).
- Make an immediate assessment as to whether the pupil requires medical attention.
- In the event that medical treatment is required decide whether the situation is an emergency or simply in need of basic treatment.
- If an emergency, call for an ambulance, contact Haslemere Hospital or, if appropriate The Royal Surrey Hospital, to notify them that an injury is coming in, or ask for advice.
- If basic treatment is required, treat the pupil yourself. Games staff carry mobile phones.

General Advice for Staff

IF YOU HAVE ANY DOUBTS OVER THE EXTENT OF THE INJURY, DO NOT MOVE THE PUPIL, CALL FOR HELP - WAIT FOR A QUALIFIED MEMBER OF THE MEDICAL PROFESSION TO ARRIVE.

All serious accidents must be recorded on ARMS. The Head should be notified immediately of any serious accidents. Minor accidents should also be recorded on ARMS.

Inform the School Office if a First Aid box has been used so that it may be replenished.

Telephone numbers:

Haslemere Hospital: 01483 782300
The Royal Surrey Hospital: 01483 571122
School Office: 01428 643734

The Governing Body will:

- Provide adequate First Aid cover as outlined in the Health & Safety [First Aid] Regulations 1981.
- Monitor and respond to all matters relating to the health and safety of all persons on school premises.
- Ensure all new staff are made aware of First Aid procedures in school.

The Headteacher will:

- Ensure that if an injury has caused a problem, the student must be referred to the School Office (Lead First Aider) in the first instance or a First Aider for examination.
- At the start of each academic year, provide the school with a list of students who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness. This will have been compiled by the School Office using information received from parents
- Have a file of up-to-date medical consent forms for every student in each year and ensure that these are readily available for staff responsible for school trips/outings.

All staff will:

- Familiarise themselves with the first aid procedures in operation and ensure that they know who the current First Aiders are.
- Be aware of specific medical details of individual children in their class.
- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- Send for help from the School Office as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.
- Reassure, but never treat, a casualty unless staff are in possession of a valid Emergency Aid Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
- Send a child who has minor injuries to the school office where a First Aider will see them. If they are able to walk; this child should be accompanied.

- Ensure that they have a current medical consent form for every student that they take out on a school trip which indicates any specific conditions or medications of which they should be aware.
- Have regard to personal safety.
- Administer first aid and medications (with written parental consent)
- Send home bump/medical notes to parents
- Call for parents to collect a child when necessary.
- Call for an ambulance when necessary

Procedure (whilst away from school on an outing or trip)

All EYFS trips away from school (non-residential) will include staff who have received Paediatric First Aid training through the school.

The above procedures remain relevant and the following must also apply:

- The Trip Leader will ensure that a first aid kit is taken on the outing. All relevant medical details, allergies etc are taken on the outing. Emergency contact telephone numbers of parents will be taken on the outing.
- The Trip Leader will contact the Head immediately should an accident or incident occur.

Conclusion

It is the aim of the school to ensure that there is a continuity of approach throughout the school with regard to the safety of children in its care. New members of staff will be informed of the department's policy on First Aid and be expected to adhere to it.

Appendix 1

Location of First Aid Boxes:

- One on every floor level of The Ivies Pre-Prep Building
- One in the Medical Room
- One in the Kitchen

Pouch style "bum bags" are in the medical room to be taken to Forest School, trips and visits. Medical bags are located by the backdoor in the Main Building to be taken out at breaktimes and for outdoor use. For sports, a medical rucksack is taken to all fixtures and sports lessons. Medical kits are located on each minibus.

Appendix 2

Basic First Aid Training is delivered to all staff on a 3-yearly cycle.

First Aid at Work: Camilla Argent/Alex Viner

Paediatric First Aiders: Rachel Blewett/Connie Chuter/Cheryl Cooper/ John Lally/Lucy Tapp/ Rachel Sacre/ Angela Sahal/ Jade Vaus/Rebecca Waterson

Appendix 3 - Emergency Procedures

Asthma

Recognition of an asthma attack

- The airways in the chest become restricted
- The student may only be able to speak with difficulty
- The student may wheeze, unable to breathe out
- The student may become distressed, anxious, exhausted, have a tight chest of may even go blue around the lips and mouth

What to do if a student has an asthma attack

1. Get immediate First Aid assistance from the School Office
2. Ensure that the reliever medicine is taken. The medication must belong to the student having the asthma attack.
3. Note that some students may not have spare medication stored with school.
4. Stay calm and reassure the student. Attacks can be frightening, so stay calm, the student has probably been through this before. It is very comforting to have a hand to hold but do not put your arm around the student's shoulder as this is very constrictive. Listen carefully to what the student is saying. Loosen any tight clothing.
5. Encourage the student to breathe deeply and slowly. Most people find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended.
6. Call 999 and request an ambulance urgently if:
7. The reliever has no effect after five or ten minutes
8. The student is becoming distressed or unable to talk
9. The student is getting exhausted, becomes disorientated or collapses
10. The student looks blue
11. You have any doubts at all about the student's condition
12. The student's parents or guardian will need to be informed after an attack even if relatively brief
13. Minor attacks should not interrupt a student's involvement in the school. As soon as the student feels better they can return to school activities.

Epilepsy

Total seizure (total clonic)

1. KEEP CALM – students will tend to follow your example! Let the seizure follow its own course. It cannot be stopped or altered.
2. Ask the other students to leave the room and ask a responsible student to fetch another adult.
3. Get First Aid assistance from the School Office.
4. Note the time.
5. Administer the prescribed medication as per instruction – kept with the emergency medication.

6. Protect the student from harm. Only move the student during seizure if you have to for their protection. If possible move any objects that may hurt them, rather than move them from dangerous objects.

7. As soon as possible (normally post-seizure) place the student on their side – this does not have to be true recovery position – just so that the tongue falls forward so that any saliva can drain out of the mouth easily.
8. Put something under their head to protect them from facial abrasions if at all possible.
9. Try not to leave the student alone if at all possible. If you need to leave the student make sure there is something behind their back to try to maintain a sideways position.
10. Talk quietly to the student to reassure them but do not try to restrain any convulsive movements.
11. Do not place anything in their mouth.
12. Minimise any embarrassment as during the fit the student may be incontinent – cover with a blanket to keep warm.
13. Once recovered, move them to the Medical Room. Check no obvious injuries have occurred.
14. If possible, ask other students to leave the Medical Room – perhaps sick students could sit in the Reception area.
15. Allow the student to sleep on their side. Do not leave them alone as the seizure may be the first of a cluster.
16. Call the student's parent/guardian and request the student be collected from school so that they can sleep as long as needed. If the seizure occurs in the morning they may even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide.
17. If the seizure lasts five minutes or longer call an ambulance
18. If a seizure lasts that long, it is likely to last longer. It is very important that the student goes to hospital and gets the proper treatment within one hour of the beginning of the seizure. If you are concerned or the student has received injury e.g. due to a fall, call an ambulance. We are advised it is better not to call an ambulance if the seizure lasts less than five minutes as they are better off left in peace and quiet.
19. When the ambulance arrives, report to the paramedic details of the seizure – especially how long it has lasted. If the parent arrives, report the details of the seizure to them.
20. 2 members of staff must accompany the student in the ambulance and stay with them until the parents arrive.

Allergies and Anaphylaxis

Triggers can be:

a) Skin or airborne contact with particular materials
b) Injection of a specific drug or insect bite
c) Ingestion of a certain food e.g. nuts, fish, eggs

Recognition:

- Anxiety
- Widespread red blotchy skin eruption
- Swelling of the tongue and throat
- Puffiness around the eyes
- Impaired breathing from tight chest to severe difficulty in breathing

Serious symptoms:

- Cold, clammy skin
- Blue-grey tinge around the lips
- Weakness / dizziness
- Feeling of impending doom

Progresses further:

- Restlessness

- Aggressiveness
- Gasping for air
- Yawning (trying to get oxygen into the body to the brain)
- Unconsciousness

Treatment:

1. Seek immediate First Aid assistance from the School Office.
2. Administer antihistamine tablets / syrup if appropriate.
3. If the student feels better, allow them to rest and contact the parents
4. If the serious symptoms appear call for an ambulance and ADMINISTER ADRENALINE VIA EPIPEN/ANAPEN IMMEDIATELY. Instructions are stored with the EpiPen/Anapen.
5. Lie the student down if possible, and lift the legs up slightly
6. Try and expose the thigh, especially if the student is wearing thick trousers
7. (however medication can be administered through clothing)
8. Remove the grey safety cap of the EpiPen
9. Hold the EpiPen very firmly to the outer aspect of the thigh, at right angles to the leg
10. Press hard into the thigh, UNTIL A CLICK IS HEARD
11. Hold the EpiPen in place for a count of ten seconds
12. Remove the EpiPen from the thigh and rub the area gently
13. Do NOT throw the used EpiPen away
14. Ensure the used EpiPen is taken to hospital with the student in the ambulance
15. If the student is feeling no better or appears worse after ten minutes you may need to give a second injection if available (using the other thigh)
16. Stay with the student until the ambulance arrives

Diabetes

Hypoglycaemia – low blood sugar
Hyperglycaemia – high blood sugar

Hypoglycaemia:

Causes of Hypoglycaemia

a) Inadequate amounts of food ingested – missed or delayed
b) Too much or too intense exercise
c) Excessive insulin
d) Unscheduled exercise

Recognition of Hypoglycaemia:

a) Onset is SUDDEN
b) Weakness, faintness or hunger
c) Palpitations, tremors
d) Strange behaviours or actions
e) Sweating, cold, clammy skin
f) Headache, blurred speech

g) Confusion, deteriorating level of response, leading to unconsciousness
h) h) Seizures

Treatment of Hypoglycaemia

1. Seek First Aid assistance from the School Office.
2. Ensure the student eats a quick sugar source e.g. three glucose tablets, glucogel, fruit juice or fizzy drink (not a diet version)
3. Wait ten minutes and, if the student feels better, follow with a carbohydrate snack e.g. cereal bar, toast
4. Once recovered allow the student to resume school activities
5. If the student becomes drowsy and unconscious then the situation is now LIFE-THREATENING and you must call an ambulance
6. Place the student in the recovery position and stay with the student until the ambulance arrives
7. Contact the parent / guardian immediately

Hyperglycaemia:

Causes of Hyperglycaemia:

a) Too much food
b) Too little insulin
c) Decreased activity
d) Illness
e) Infection
f) Stress

Recognition of Hyperglycaemia:

a) Onset is over time – hours or days
b) Warm, dry skin, rapid breathing
c) Fruity / sweet breath
d) Excessive thirst and increased hunger
e) Frequent urination
f) Blurred vision
g) Stomach ache, nausea, vomiting
h) Skin flushing
i) Lack of concentration
j) Confusion
k) Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia:

1. Seek First Aid assistance from the School Office.
2. Encourage the student to drink water or sugar-free drinks
3. Allow the student to administer the extra insulin required
4. Permit the student to rest before resuming school activities if able
5. Contact parent / guardian