FOREST SCHOOL

Medical Policy

Whole School including EYFS

v1.1

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Owner (Name, Title):	The Bursar
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Comment:	

CONTENTS

1 STATEMENT

1.1 The care of our pupils is paramount. With adequate information we endeavour to help our pupils to remain healthy, enabling them to continue to access their education without stigma or exclusion. In order for this to occur parents, pupils and staff need to work closely together. The school employs two full time RGNs (Registered General Nurses) to cover the medical/health needs of the members of the school.

1.2 This policy should be read in conjunction with:
First Aid Policy
Health and Safety Policy
Supervision Policy
Educational Visits Policy

2 PROVISIONS

2.1 There is a medical room within the main school which is open from 8.15am to 6.00pm Monday to Friday. This contains two treatment rooms and two rooms for rest and recovery.

3 QUALIFICATIONS

3.1 The majority of teaching staff hold current Emergency First Aid Certificates. In Forest School several staff hold the First Aid at Work Certificate. Within the Preparatory School most teaching staff hold the two-day Paediatrics First Aid Certificate. This includes training in the handling of Asthma, Diabetes, Epilepsy and Anaphylaxis.

3.2 The School nurses (Hereafter called nurses) will update staff on the above conditions as required. First aid boxes are available around the school sites as are defibrillators. The nurses also update their training regularly in order to maintain their registration.

4 INFECTION CONTROL

4.1 All staff are familiar with normal precautions for avoiding infection. A separate Clinical Waste bin is provided in the Medical Centre. Disposable gloves are available in all first aid boxes and care is taken when dealing with spillages of blood and other body fluids.

4.2 Serious illnesses and injuries will be taken to a hospital A&E, parents will be contacted immediately to take them, but if more serious the pupil will be accompanied by a member of staff to meet the parents at the hospital. Further information can be found with the First Aid Policy.

5 RECORDS

5.1 Daily computer records are kept of any medication or treatment administered to a pupil whilst under the care of the school.

5.2 Records are kept of all major accidents in the accident book. Major and minor accidents and illnesses are recorded with the medication administration on pupils' computer records.

6 HEALTH CHECKS AND VACCINATIONS/IMMUNISATIONS

6.1 On admission parents are asked to complete a questionnaire about the pupils past medical history. They are asked to sign giving consent for First Aid to be carried out and for their agreement to their child being treated by one of the nurses or qualified first aider.

6.2 All pupils have a health check on admission to the school in Year 3. The School Health Authority Vaccination Nurses attend the school annually to administer the tetanus, diphtheria, polio vaccines and Meningococcal A,C,W and Y to year 9 and to administer HPV vaccinations to year 8 girls. They also attend to administer any other national vaccinations.

7 CONFIDENTIALITY

7.1 The nurses have a divided loyalty, firstly to the pupils and parents and secondly to the school. The nurses regulatory body the Nursing and Midwifery Council (NM) code states that nurses are obliged to keep information from their patients confidential: Code of Conduct.

7.2 Occasionally conflicts may occur between maintaining confidentiality and the need for communication of information to those caring for the pupils. Pupils should be aware that they can discuss any matter with the nurses in complete confidence. Any breach of that confidence would be discussed with the pupil first and only if it was thought that the health of other pupils in the school was at risk, or that it was in the pupils own interest to share information would this happen. General health information is shared with the school staff on a need-to-know basis.

8 TEACHERS' RESPONSIBILITIES

8.1 Teachers should know of pupils with conditions which might lead to their being placed at risk in certain activities e.g. defects of vision or hearing, epileptics, diabetics, asthmatics etc. School staff and the catering staff will also be advised of significant allergies i.e. nut allergy. This information is available on the ISAMS database which is maintained by the nurse. Parents are made aware that details from the medical questionnaire will be passed on to teaching staff on a need-to-know basis.

9 EMERGENCY PROCEDURES

9.1 In the case of severe accident or incident at the main school a nurse should be called. If required, the first person on the scene will call 999 without delay. If not apparently obvious as to the extent of the injuries the situation will be assessed. If required, an ambulance will be called by the nurse or staff member at the scene. The school office should also be made aware of the problem and will then co-ordinate a porter being sent to meet the ambulance. The parents, carers or emergency contact will be notified. The casualty will be accompanied to hospital by one of the nurses, a staff member or parent, carer. If the parent, carer has not arrived the nurse or staff member will remain with the casualty until a parent arrives.

10 COMPLAINTS

If you feel you child's medical condition is not being taken seriously or the school is not following your wishes or advice from your GP, Consultant please contact the nurses in the first instance. If you feel the issue remains unresolved please refer to the Complaints Procedure to escalate the matter.

11 HIV

11.1 The number of people in the school who will be made aware of a pupil who is infected with HIV will be rigorously confined to those who need to know in order to ensure proper care of the child and other pupils. The school follows the policy as explained in "HIV in Schools – Good practice guide to supporting Children infected or affected by HIV – NCB 2005 updated 2015".

12 UNWELL CHILDREN

12.1 PUPILS ILL DURING THE SCHOOL DAY

12.1.1 The nurse will care for any sick pupils or any emergency. Parents will be contacted if they deem this necessary. Pupils can only return home once their parents have been contacted by the nurse. The School follows the Public Health England (PHE) guidelines when recommending exclusion from school. DfE Health Protection in Education and Childcare Settings.

12.1.2 In line with this guidance from PHE pupils suffering from sickness and/or diarrhoea will be asked **NOT** to return to school until 48 hours from the last episode of sickness and/or diarrhoea.

12.2 PUPILS COMING IN UNWELL

12.2.1 We are increasingly seeing pupils who are obviously coming into school unwell and unable to cope with the rigours of the school day. This causes the pupil distress.

12.2.2 The Medical Centre is an emergency facility, the staff in the Medical Centre will do their utmost to treat and care for you before contacting your parents. However, on the advice of the Public Health England, the following actions will be taken who have the following conditions:

12.2.3 Vomiting/Diarrhoea – will be sent home and must be kept away from school for at least 48 hours, after the last episode and must be eating and drinking normally.

12.2.4 High Temperatures – if a pupil has had a high temperature, please do **NOT** come into school for at least 24 hours or until you are well enough and your temperature is normal without medication.

12.2.5 Any infectious or contagious conditions – do not come into school until you are fully recovered.

12.2.6 Furthermore, please see below guidelines relating to controlling the spread of respiratory infections within our school environment:

12.2.7 Hand hygiene: hand washing is one of the most important ways of controlling the spread of infections, Liquid soap and paper towels should be available in all toilets for both pupils and staff.

12.2.8 Coughing and sneezing – Children & Adults should be encouraged to cover their mouth and nose with tissue.

12.2.9 Wash hands after using or disposing of tissues.

13 MEDICINES BROUGHT INTO SCHOOLS

13.1 During a pupil's time at school it may be necessary for him/her to receive medication (either short or long term). It may be medicine prescribed by a Doctor e.g. antibiotics, asthma inhalers, or non-prescription medication such as paracetamol and antiseptic creams. Whatever type of medicine it can only be administered with written parental consent.

13.2 All medicines brought into school must be given to the Nurses by the parents. This also applies to a long-term medication such as asthma inhalers and eczema creams. All medicine must be clearly labelled and in the original container. Pupils in the Middle/Senior years may take responsibility for their own inhalers, whilst for younger pupils; the inhalers are kept accessible in each pupil's classroom. On **NO** account should **ANY** other medicine be left in satchels or kept by pupils themselves.

13.3 Whilst at school your child may become unwell or injured and would benefit from the administration of simple over the counter medicines such as paracetamol, antiseptic cream, cough linctus. All such medicines can only be given with the parents' written consent and under the direction of the School Nurse. Please complete the consent form and return it to the school as soon as possible if you wish your child to receive such medicines. The Nurses are happy to discuss these and any other health matters with parents.

13.4 Parents must ensure that for any out of hours school activities, the pupils are provided with any emergency medication they require. I.e. Auto Injectors, asthmas inhalers.

14 PERSONAL MEDICATIONS

14.1 It is the School's policy that asthmatics and anaphylactic's should carry their own medication, Inhalers and auto-injectors. Within the Preparatory School years 3, 4, 5 and 6 carry their own inhalers and auto-injectors with a spare kept in the Medical Room. All other years have their inhalers kept easily available in their classrooms. The inhalers and auto-injectors are taken with them by a staff member should they go off site.

14.2 Other prescribed medications should be left with the Nurses with an accompanying administration of medication form stating its name, use, dosage and times to be administered. The container should be labelled with the pharmacist's label. If a non-prescription medicine, it should be labelled with the name of the medication, the date and the child's name. All medicines kept at school are kept in a locked cupboard in the treatment room within the Medical Centre.

15 ADMINISTRATION OF MEDICINES, Inc EYFS

15.1 **Aim:**

To ensure safe storage and administration of medication to pupils and staff by the nurses.

This policy is based on 'The handling of medicines in social care'. RPSGB.

15.2 Storage

All medications are kept in the Medical Centre in a locked cupboard in a room not normally accessible to pupils. Medicines that require refrigeration are kept in a locked medicine fridge.

15.3 Controlled drugs

15.3.1 There are legal requirements for the storage, administration, records and disposal of CDs. (Misuse of Drugs Act Regulations 2001 (as amended). To comply with these regulations Controlled Drugs (CDs) are stored in the Medical Centre in a CD cabinet.

15.4 Non- Prescribed Medications - Over the counter medicines

15.4.1 These are available to pupils and staff. Medication are kept in the Medical Centre and are given by Nurse.

15.5 Prescribed Medications

15.5.1 Medication prescribed by a doctor should be administered according to the instructions on the individual medication and only given to the named pupil to whom it has been prescribed. According to the law (The Medicines Act 1968) medicines can be administered by a third party. They should be kept in their original container. The original dispensing label must not be altered. The protocol should be the same as for non-prescribed medications.

15.5.2 Parents of pupils should give written instructions. The medication must be in its prescription container.

15.5.3 A record is kept of any prescribed medication that a pupil is taking and where appropriate a care plan is written. We do obtain parental permission to be able to administer prescription medicines.

15.6 Adverse reactions

15.6.1 Drugs can cause adverse reactions in some people. If a pupil experiences adverse reaction to a medication do not give any further doses until instructed to do so by the doctor. A medical incident form should be completed.

15.6.2 If a serious reaction occurs medical attention should be sought immediately.

15.6.2.1 An adverse reaction should be reported by the nurses using the yellow card system to the Medicine and Healthcare Products Regulatory Agency (www.mhra.gov.uk)

15.7 Medicines given in error

15.7.1 A medical incident form should be completed explaining the error and any action taken. The error should also be recorded in the record book and entered onto the pupil's individual health records. An investigation will take to place conducted by the Health and Safety & Compliance Director in conjunction with the Director of Medical Provisions and the Bursar.

15.8 Medication brought into school by the pupils

15.8.1 Parents/guardians should inform the Medical Centre of any medication the pupil has brought into school. There are risks that prescribed medications will interact with medications purchased over the counter and cause harm. Or that herbal or traditional medications could interact with prescribed or over the counter medications. Over the counter medication should never be given to a pupil who has taken their own medicine.

15.8.2 A record will be kept of any medications that the pupils bring into school. It is the Schools policy that the pupils do not bring in their own medications unless they are prescribed, but some always will, it is therefore essential that pupils are asked whether they have taken any medication that day before administering medication.

15.9 Parent Liaison

15.9.1 In relation to illness and infections procedure please refer to the First Aid Policy.

15.9.2 The School will work with parents/guardians to ensure medical information is kept up to date. Medical records are completed by the parents/guardians when the child joins Forest School. Thereafter it is the parents' responsibility to update their child's school medical record by reporting to the nurses should there be any changes to the child's medical status as stated on the medical record form.

15.10 Record keeping

15.10.1 This is extremely important. From the records, anyone should be able to understand exactly what has been done and when. Records should be made immediately after the medication has been given and recorded in black ink for copying purposes. Records must be complete, legible, up to date, dated and signed to show who has made the record.

15.11 Staff training

15.11.1 Auto-Injector Training is given to staff periodically Nurses or the Health & Safety and Compliance Director. In additional, staff going on educational visits will be updated with any new protocols or updates on new auto-injectors.

16 TOILETING/CONTINENCE

16.1 Continence is normally achieved when a pupil has reached 3 years of age, with most achieving full control by the time they are 4. If there is a problem with continence in school, a meeting should be convened with the Head Teacher, Class Teacher, Parents/Carers and Nurse.

16.2 A full assessment of the pupil's difficulties has to be undertaken and some form of monitoring system put in place. The pupil's progress can then be measured against a set of agreed targets and reviewed at intervals of time.

16.3 A Continence Management Plan for the pupil would be developed by the Head Teacher, Class Teacher, Parents/Carers and Nurse if felt necessary.

16.4 Targets for improving continence can include:

16.4.1 Increasing the pupil's awareness that there is a problem

16.4.2 Going to the toilet at regular intervals or at specific times

16.4.3 Going to the toilet independently

16.4.4 Ability to clean him/herself after using the toilet, e.g. wiping bottom

16.4.5 Ability to tell an adult if he/she has had an "accident"

16.4.6 Ability to wash hands after using the toilet

16.5 An assessment of the facilities available in school and the pupil's daily toileting routines to ensure there is always a toilet easily accessible for the pupil.

16.6 Toilet Training Programme:

16.6.1 Record all trips to the toilet

16.6.2 Look for signs that the pupil may wish to use the toilet

16.6.3 Give praise when prompts are successful

16.6.4 Make visits to the toilet enjoyable – keep the visits short and stay with the pupil – perhaps telling them a short story.

16.6.5 Establish a suitable "toilet" language and use it consistently

16.6.6 Make sure the pupil is wearing clothes which are easy to pull down or up

16.6.7 Never scold or punish

16.6.8 Ensure a dialogue is kept up with parents in order to evaluate progress

16.6.9 Aim to establish a pattern of regularity

16.7 Soiling Procedures:

In the event that a pupil does soil him/herself:

16.7.1 The pupil should be taken by a member of staff to the shower/toilet facilities

16.7.2 It is important both for the welfare of the pupil and the adults concerned that there are two adults present whilst the child is being cleaned.

16.7.3 If an accident occurs in the playground then one of the duty staff should alert the head of Pre Prep for the above to come into play

16.7.4 Records should be kept of such incidents.

16.7.5 In the first instance staff will need to try and establish the reasons of how/why this occurred and establish if anything could be altered at school to prevent this happening again.

16.7.6 In the event of a second episode of incontinence this will be discussed with the Class Teacher and Nurse will inform the Parents/Carers.

16.7.7 Should a third episode occur then the Parents/Carers will be called in to meet with Nurse and advised to seek medical intervention.

16.8 Hygiene:

16.8.1 Staff to wear disposable gloves and aprons when dealing with the incident

16.8.2 Changing area to be cleaned after use

16.8.3 Hot water and liquid soap to be available to wash hands as soon as the task is done.

16.8.4 Hot air dryer or paper towels available for drying hands

16.8.5 Effective hand washing is an important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting.

16.8.6 Always wash hands after using the toilet and before eating or handling food using warm, running water and a mild, preferably liquid soap. Toilets must be kept clean

16.8.7 Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds ensuring all surfaces of the hands are covered

16.8.8 Rinse hands under warm running water and dry with a hand dryer or clean towel (preferably paper)

16.8.9 Discard disposable towels in the bin. Foot pedal operated bins with lids are preferred

17 EPILEPSY

17.1 Daily activity and sporting participation for a child diagnosed with Absent Seizures/Epilepsy at Forest School.

17.2 The balance between a pupil's safety and the ability to enjoy a full range of activities is tested when it comes to recommendations regarding sports and other physical activities. Because epilepsy affects each person differently, the approach must be individualised.

17.3 The seizure type and frequency of the seizures, the type of medication and its adverse effects, the pupil's ability to follow instructions and act responsibly, and the nature and supervision of the activity must all be considered. Individualised care plans are provided by the Pupils Healthcare professional and staff in school are informed of the protocol to follow should a pupil experience a seizure at school or whilst in our care.

17.4 Common sense should be the guiding force in making these decisions. The goals should be both safety and a lifestyle that is as normal as possible. No activity is completely safe. Making safety the exclusive concern will unnecessarily limit the pupil's activities. Restriction and isolation foster low self-esteem and emphasise the disability. Nevertheless, certain activities and sports can be dangerous for some children with epilepsy, and safety concerns require that these activities be forbidden or carefully supervised.

17.5 In the past, doctors and parents tended to strictly limit physical activities.

17.6 The current trend is to allow children with epilepsy to be children and to pursue as full a range of activity as reasonable.

17.7 The type of seizures and their frequency are critical in determining which activities are safe. Children whose motor control or consciousness is impaired during seizures are at higher risk for injuries.

17.8 Children who have uncontrolled, frequent seizures should know that certain activities are restricted. They should not swim alone (in fact, no child should swim alone). They should not play on high bars or climb ropes without a proper mat and supervision.

17.8.1 If a child's seizures are more common at certain times (within 2 hours of awakening, for example,), activities can be scheduled for the times when seizures are less likely to occur.

17.8.2 **Seizures are only rarely provoked by exercise**, but when this pattern is identified, physical exertion should be limited. However, it may be possible to devise a satisfactory program of exercise in which the level of exertion is gradually increased. **Prolonged physical activity in a hot environment may provoke seizures in some children.** In such cases, plenty of cool drinks and frequent rest periods can help reduce the risk of seizures.

17.9 Children with epilepsy should be encouraged to participate in group and competitive sports, such as football, running and all sports at school. Group activities are part of childhood and

foster a sense of "belonging," high self-esteem, and independence. These benefits are extremely valuable, and the risks of participation must be serious to warrant prohibiting a child from joining group activities.

17.10 Most potential hazards can be overcome. In fact, players with epilepsy can be found in major football clubs, hockey, and other professional sports.

17.11 Serious injuries in children with epilepsy are uncommon and rarely occur during participation in sports. Bathrooms are much more dangerous to children than playing football or ice skating.

17.12 Bathing

17.12.1 Children with epilepsy should not bathe in a bathtub unsupervised. Children should take tub baths only when they can be supervised moment to moment. A child can need privacy, and this means that they must take showers. Bathroom/toilet doors should never be locked.

17.13 Stair Climbing

17.13.1 Our world is filled with stairs. For the vast majority of children with epilepsy, stairs should not be barriers to getting around. However, seizures that impair motor control or consciousness can cause serious injuries if they occur while the child is on a staircase. If a child has an aura, or warning, before a seizure, he or she may be able to sit down until the seizure is over.

17.13.2 In school, however, this restriction can cause the child to be late for classes or to stand out from schoolmates. In these unusual cases, a buddy who is aware of the epilepsy may be able to accompany the child from one class to the next.

17.14 Swimming

17.14.1 Swimming is a pleasure all children should be encouraged to enjoy. Although water poses special dangers for children with epilepsy, epilepsy is not an insurmountable barrier to swimming.

17.14.2 ***The issue of epilepsy and water safety is really a question of how much supervision is necessary.*** No matter how severe or frequent the epilepsy, a child can enjoy the water. If the child's seizures are well controlled, swimming should be encouraged, although it is necessary to make sure that at least one person who knows the child has epilepsy and who knows basic lifesaving is nearby. The most difficult decisions about swimming arise when children have occasional seizures that impair motor control or consciousness. These children should be allowed to swim, but they must be closely supervised. **There should be a lifeguard on duty that is aware of the child's disorder.** For educational visits or off site swimming fixtures, an additional staff member should be factored into the risk assessment.

17.14.3 The lifeguards should know that they must keep their eyes on the pool while the child is swimming.

17.14.4 The child with epilepsy who wants to swim competitively should be encouraged. Competitive swimming practices and matches are usually well supervised. The coach should be aware that the child has epilepsy, however, and everyone involved, including the child, should recognize that there is some additional risk to this activity and make an informed decision about whether it is worth it.

17.14.5 High diving poses clear dangers for children with epilepsy. Only children with well-controlled seizures should consider high diving.

17.15 Cycling

17.15.1 Bicycles are a part of childhood. Yet a bicycle, if ridden on or near the street, presents a serious potential danger for a child with epilepsy. Even if a parent rides just behind the child on the sidewalk, during a complex partial seizure the child may suddenly veer off into the street, out of the parent's reach and protection. Despite the dangers, children with epilepsy can learn to ride and enjoy bicycles. Because most serious bicycle injuries involve the head, everyone who rides a bicycle should wear a helmet. If the seizures are under control or do not impair motor control or consciousness, bicycle riding should be unrestricted. When the seizures pose a danger, bicycles can be ridden in a park or other place where there are no motor vehicles.

17.15.2 Risks and benefits of horseback riding must be carefully weighed for these children. Competitive horseback riding often involves galloping and jumping and should only be considered for children with mild or well-controlled epilepsy.

17.16 Contact sports

17.16.1 Contact sports such as football, basketball, soccer, rugby, and ice hockey are generally safe for children with epilepsy. The principal concern with contact sports is the chance of head or bodily injury, but children with epilepsy are not necessarily more likely to be hurt than other children. If an absence or complex partial seizure were to occur during a game, there is a small chance of injury if someone were to tackle the child, for instance, during the spell. Tackle football, rugby, and ice hockey have a higher incidence of injuries than most other sports and participation in them should probably be limited to children with well-controlled seizures. There is nothing wrong, however, with a child who has occasional or even frequent seizures playing touch football in the back yard. The risks must be weighed against the benefits of the sport. The chances of serious injury are small compared with the positive effects of team participation.

17.17 Gym

17.17.1 Some forms of gymnastics are dangerous for children with epilepsy. Only those with well-controlled seizures should consider performing on the high bar, uneven parallel bars, vaults, or rings. Other gymnastic events, such as floor routines and the pommel horse, pose little risk. The parallel bars are of intermediate risk; the risk reflects the specific exercises being done. Climbing a rope higher than 5 feet is also dangerous if seizures are not well controlled.

17.17.2 First aid will depend on the individual's epilepsy/fits and the type of seizure he/she is having. General guidance below, but most of all it is important to keep calm and call for Nurse. Do not allow the person to be mobilised and the member of staff who has witnessed the event MUST stay with her and give a detailed account to Nurse and/ or Ambulance staff.

17.18 What might happen?

The person loses consciousness; the body stiffens, and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely, due to irregular breathing. Loss of bladder and/ or bowel control may occur. After a minute or two the jerking movements should stop and consciousness slowly returns. Documentation of seizure duration and nature of severity is paramount at all times.

17.19 **DO…**

- Protect from injury - (remove harmful objects from nearby)
- Cushion his/ her head
- Aid breathing by gently placing him/ her in the recovery position once the seizure has finished
- Be calmly reassuring
- Stay with the person until recovery is complete

17.20 DON'T...

- Restrain
- Put anything in his/ her mouth
- Try to move him/ her unless he/she is in danger

- Give him/ her anything to eat or drink until he/she is fully recovered
- Attempt to bring him/ her round

1.2 **Call for an ambulance if...**

- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without regaining consciousness between seizures
- Injury during the seizure
- You believe that needs urgent medical attention.
- Repeated seizures

18 ANAPHYLACTIC SHOCK

18.1 Anaphylaxis is a severe allergic reaction that may occur in a child or young adult who is allergic to specific foods, drugs or insect stings. Severe food-allergic reaction may present for the first time at school and overall 20% of food reactions occur at school. DfE guidance – Supporting pupils at school with medical conditions – December 2015.

18.2 Symptoms of anaphylaxis usually involve more than one part of the body such as the skin, mouth, eyes, lungs, heart, gut, and brain. Some symptoms include

Symptoms include:

- Skin rashes, itching and hives
- Swelling of the lips, tongue or throat
- Shortness of breath, trouble breathing, wheezing (whistling sound during breathing)
- Dizziness and/or fainting
- Stomach pain, vomiting or diarrhoea
- Feeling like something awful is about to happen

18.3 The reaction causes substances to be released into the blood that dilate blood vessels and constrict air passages. Blood pressure falls dramatically and breathing becomes difficult. Swelling of the tongue, face and neck increases the risk of suffocation. The amount of oxygen reaching the vital organs becomes severely reduced.

18.4 Emergency Care:

- **Call 999 for an ambulance immediately** – mention that you think the person has anaphylaxis. Ensure Reception are informed of the arrival and that paramedics can be taken to you as quickly as possible.
- **Remove any trigger if possible** – for example, carefully remove any wasp or bee sting stuck in the skin.
- **Lie the person down flat, legs raised if condition allows** – unless they're unconscious, pregnant or having breathing difficulties. If having difficulty breathing, sit them up so airway is open.

- **Use an adrenaline auto-injector if the person has one** – but make sure you know how to use it correctly first. Make a note of the time this was administered.
- **Give another injection after 5-15 minutes** if the symptoms don't improve and a second auto-injector is available. Inject into the opposite leg from the first injection.
- The School will work closely with the pupils and parents and individual care plans will be drawn up by parents, pupils and nursing staff for each pupil, who has been diagnosed with anaphylaxis. The school follows the new MHRA (Medical and Healthcare Products Regulatory Agency May 2014) advise that two adrenalin auto-injectors should be available at all times, so pupils will be expected to provide spare prescribed medications/adrenalin auto-injectors to be kept in the Medical Centre. https://www.gov.uk/drug-safety-update/adrenaline-auto-injector-advice-for-patients
- Staff will receive regular updates and training on how to manage pupils with anaphylaxis.
- Any prescribed preloaded adrenaline auto-injector, will be carried by the pupil at all times. Spare medications will be kept for pupils in the emergency box in the Medical Centre, supplied by the parents. The expiry dates will be checked and parents contacted if a new injector pen is required. There are facilities on the Epipen (http://www.epipen.co.uk/) and other similar websites to request reminders when the auto-injector requires renewal.
- All staff will have access to a protocol of information on how to help a pupil who has an anaphylactic episode. This is available to all staff through ISAMS. The nurses have copies of individual care plans as relevant. These plans should accompany pupils with their auto-injectors when they are taken from the school site. Most staff have received First Aid training where anaphylaxis is covered.
- All Sports staff, SLC management and the Catering Department are informed on Pupils who have a diagnosis of severe allergies with prescribed auto-injector AAI medication. Teaching Staff will be notified of any newly diagnosed or new pupils with anaphylaxis.
- In lines with DfE Guidance, the school now holds emergency auto-injectors in the following locations:

1. Dining Hall
2. Prep Office
3. Sports Hall
4. Catering Provision – Gilderdale and Acorn

These are to be administered by trained staff, ideally and to those that have been diagnosed and carry a prescribed auto-injector that may be out of reach or not usable. These can be administered to pupils who have not been prescribed an auto-injector but the school has received medical and parental consent that an auto injector can be used in the event of an emergency. This will be on ISAMs. Also, in principle, a school's spare AAI may be used in emergency situations notwithstanding the lack of medical authorisation or parental consent. For example, a pupil may have an unrecognised allergy and may present for the first time with anaphylaxis, posing a risk to life. **In such exceptional circumstances**, the Medicines & Healthcare products Regulator Agency (MHRA) advises that the school's spare AAI may lawfully be used.

19 DIABETES

19.1 Pupils with diabetes will be encouraged to take a full part in all the activities within the school, including sport and educational visits.

19.2 The school will work closely with the pupils and parents and individual health care plans will be kept for each pupil with diabetes. Parents are asked to produce the individual healthcare plan for their child which will then be agreed with the nurses. These will be kept in the Medical Centre with the parent and pupils permission. The peer group will be advised of signs and symptoms to watch for. The relevant staff will automatically be given this information.

19.3 Staff will receive regular updates on how to manage pupils with diabetes.

19.4 Spare insulin, and hypo stop, which needs to be provided by the parents, will be kept for individual pupils in the Medical Centre. Hypo stop will be kept in the emergency box in the Medical Centre Office. A tube of dextrose tablets will also be available in the box.

19.5 All staff will have access to a protocol of information on how to help a pupil who has a hypoglycaemic episode.

20 DIABETES PROTOCOL

20.1 Hypoglycaemia:

20.1.1 The danger for a diabetic is a low blood sugar level. This is caused either by too much insulin, not enough carbohydrate (missed or delayed meal) or too much exercise.

20.1.2 Symptoms:

Hunger

Sweating

Drowsiness

Pallor

Glazed eyes

Mood changes or lack of concentration

Shaking

20.2 Management.

20.2.1 If the symptoms occur while conscious, give a fast acting sugar immediately. Examples include – Lucozade, sugary drink e.g. Coke; Tango; Fanta (not diet); mini chocolate bars e.g. Mars; Milky Way; fruit juice; glucose tablets; honey or jam. Glucose tablets are available from the Medical Centre Office.

20.2.2 Recovery should be in 10-15 minutes. The pupil may feel nauseous, tired or have a headache.

20.2.3 If the pupil is unconscious, do not try to give anything to swallow. Rub some jam, honey or hypo stop (if supplied by the parent, this will be available in the Diabetic emergency box in the Medical Centre Office) inside the cheek where it can be absorbed. Place the pupil in the recovery position and call an ambulance.

20.3 Hyperglycaemia:

20.3.1 Hyperglycaemia is also known as "high blood sugar", or high "blood glucose", and can be a serious problem for a person with "diabetes". Hyperglycaemia happens when the body is unable to remove glucose "blood" and turns it into energy.

20.4 Symptoms:

Increased thirst and/or hunger

Frequent urination

Sugar in the urine

Headache

Blurred vision

Fatigue

20.5 Short term symptoms include:

Increased thirst,

Wanting to urinate more often and feeling tired.

20.6 In the longer term:

Untreated hyperglycaemia can cause blurred vision and

Unexpected weight loss.

The symptoms of hyperglycaemia can often lead to a diagnosis of diabetes, or in a person already diagnosed with diabetes it can be a sign that the condition is not well managed.

20.6.1 In fasting hyperglycaemia, blood sugar is still high after fasting for at least 8 hours.

20.6.2 In postprandial or hyperglycaemia after a meal, blood sugar becomes high after eating and drinking.

20.6.3 What causes hyperglycaemia in diabetes?

20.6.4 Hyperglycaemia in diabetes may be caused by:

- Skipping or forgetting your insulin or oral glucose-lowering medicine
- Eating too many grams of carbohydrates for the amount of insulin administered
- Infection
- Illness
- Increased stress
- Decreased activity or exercising less than usual
- Strenuous physical activity.
- Treat with insulin.
- In school call the nurse on extension 6515 or their mobile 07766 112038

21 ASTHMA

21.1 The School:

21.1.1 **Recognises that asthma is an important condition** affecting many school children and welcomes all pupils with asthma by having this clear policy which is to be followed by all staff in school who come into contact with the pupils. The policy is reviewed annually by the nurse. Parents are required to inform the nurses about their child's asthma and their treatment.

21.1.2 **Ensure that children with asthma participate fully in all aspects of school life** by ensuring that the Asthma Policy is understood by teaching staff, associate teachers, visiting professions, and the school support staff. PE staff are aware that asthma may be triggered by exercise and will encourage those affected to use their inhaler before the lesson and again during the lesson if required.

21.1.3 **Recognises that immediate access to reliever inhaler is vital** so pupils are encouraged to carry their reliever inhaler with them at all times and have a spare one in their sports bag. All school staff will let pupils take their own medication when they need to. The school also has spare inhalers and spacers which can be used in an emergency and the nurse will ensure that these inhalers have not expired.

21.1.4 **Ensure all staff who come into contact with children with asthma know what to do in the event of an asthma attack**. The nurse will produce clear instruction notices so that all staff who come into contact with pupils with asthma know what procedure to follow in the event of an asthma attack. The Nurse is available in the Medical Centre during the school day and at all times to give guidance and appropriate treatment.

Ensure that the reliever inhaler is taken immediately, (normally a blue inhaler). As they are breathless, they may need several attempts before it successfully reaches the lungs. It opens the narrowed passageways.

Help the pupil to breathe. Let the pupil sit (not lie) down, encourage slow, deep breathing. Ensure tight clothing is loosened and offer them a drink of water.

If attack continues, allow them to use their (blue) inhaler every 5-10 minutes preferably through a spacer* (kept in Medical Centre) as their breathing will be shallow. If symptoms improve but not completely disappear, take to Medical Centre for parents to be contacted. Continue treatment.

After an attack. If the pupil says they feel better and symptoms have disappeared they can go back to what they were doing after about 5 minutes.

Contact Nurse in Medical Centre if during the school day. Allow the pupil to sit quietly, listen to anything they say, and observe.

If it develops into a severe attack. i.e. too breathless to talk, pulse over 120 per minute or respiration rate above 30 per minute or signs of exhaustion call for an ambulance (and the parents and nurse) and continue treatment every few minutes. A nebulizer is available in the Medical Centre.

Always ensure parents know about an attack. If not controlled quickly then a doctor's assessment is advisable to avoid a repeat attack.

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