AYSGARTH SCHOOL
CARE OF PUPILS AND BOARDERS AND MEDICAL AND FIRST AID POLICIES INCLUDING ADMINISTRATION OF MEDICINE

Reviewed September 2023
Member of Staff responsible for this policy: Hester Anderson
To be reviewed October 2024

Medical and First Aid Policies

Personnel responsible for Medical Provision:

School nurses
Headmaster's wife

Introduction

Aysgarth School is a boarding school for boys aged 8-13 and it has a Pre-Prep and Nursery for boys and girls. It is an educational establishment and a place of work. This Medical Policy is designed to comply with best practice and meet the legal requirements of the school. We aim to take the best possible medical and pastoral care of our pupils, efficiently and sympathetically. The staff are 'in loco parentis' with regard to pastoral care of the boarders, and pupils will receive medication in the event of illness or injury at the discretion of the school nurses or matron (see parental consent).

This Medical Policy is for the care of those who are unwell. This is a whole school policy and informs the practice in the Early Years Foundation Stage, Pre-Prep, before and after School care in the Pre-Prep, the Prep School day boys and boarders, and staff.

The Policy includes First Aid, care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of both prescription and non-prescription medication (including controlled drugs). The school is aware of its responsibilities for the mental health and emotional well-being of our pupils.

Following the outbreak of Covid-19 the school medical department have, and will, implement any necessary changes in line with guidance received from the Department for Education.

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Appendix A: Asthma Policy
Appendix B: Diabetes Policy
Appendix C: Anaphylaxis Policy
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Medical Policy

1. Parental Consent for Medical Care

All parents are required to complete a Health Questionnaire and permission to treat consent form (**see appendix i**). This is an online form which is sent directly to the parents on admission to the school and the completed form is sent back to the school nurses. The information is then collated and updated on the school system and the nurses inform all relevant staff of any pertinent information. Parents are sent a new form each year so that this information can be regularly updated.

New parents to the school, also give consent prior to their child joining when signing the Aysgarth School Parent contract (**see appendix ii**).

Any particular medical concerns will involve a discussion between the parents and the school nurses, along with the Headmaster or his wife. Any special arrangements for the care of that child, or any staff training for any particular chronic condition will be arranged (for example, the use of an adrenaline auto-injector).

Parents of pupils in EYFS, Pre-Prep and Prep give the school written permission to administer Epipens or inhalers as an emergency procedure without first making contact with them.

In the Pre-Prep and EYFS parents sign a Pre Prep Medication Administration Record (**see appendix iii**). In cases where parents are unable to give written permission (for example in the middle of the day) and both the First Aider and parent are in agreement that to delay medication would be to the detriment of the health or comfort of the child, consent by email will be accepted. A record is made of the conversation and an email must be sent by the parent stating the time of last dose and giving permission to medicate the child. Copies of the medication record are sent home and kept in the child's file.

Appendix i.

AYSGARTH SCHOOL

PUPIL HEALTH QUESTIONNAIRE / PERMISSION TO TREAT CONSENT FORM

Child's First Names *(as shown on birth certificate)*
Surname Date of Birth Parent Contact- Name:
Home Address Telephone Number
Emergency Contact Information: 1 Name: 2 Name: Number: Number :

GP Name Tel No
GP Address Postcode
If your child was born overseas, have they ever been registered with a doctor in the UK? YES/NO

Immunisations – *Please tell us whether your child has had the following immunisations (with dates*)
TETANUS YES/NO Date: POLIO YES/NO Date:
DIPTHERIA YES/NO Date: MENINGITIS YES/NO Date:

MMR YES/NO Date:
OTHERS:

Previous medical history/operations
If your child is currently undergoing any treatment or investigations please give as much information as possible.

Are there any mental health/psychosocial concerns? E.g. low mood, ADHD, eating disorders, anxiety. Details:

In emergencies children are admitted under the NHS.
For routine appointments please state if you have private health insurance : YES/NO Scheme number:

We have a local GP Glebe House Surgery, Bedale .
Please contact the School Nurse if you would like your child registered with the surgery, they can be treated at the surgery as a temporary resident if required .
school-nurse@aysgarthschool.co.uk
01677 451025

Known Allergies or Drug Sensitivities please give details
Allergies (food) :

Allergies (medicines) :

Allergies (other e.g. bites, stings, latex etc.)

Does your child have an Adrenaline auto-injector (EpiPen/Emerade/Jext)? YES/NO
If yes, please contact the School Nurse

Does your child have any of the following?
Hearing problems YES/NO Details:

Bed wetting or nightmares YES/NO Details:

Eyesight problems YES/NO Details:
Epilepsy YES/NO Details:
Diabetes YES/NO Details:
Asthma YES/NO Details: *Please provide your child with two named inhalers (if possible).* **List of Current Medications** (specify dose and frequency):

Family History :*Please tell us if any member of the close family has been affected by high blood pressure, diabetes, asthma, heart attack, stroke, angina, any form of thrombosis, cancer or any other disease or condition which runs in the family.*

Confidentiality
A list is available to School staff regarding pupils with ongoing medical conditions, which might affect their well-being or safety .The school nurses may disclose to a responsible member of the School staff, any matter which in his/her judgement seriously affects the well-being of a pupil, or of the School community as a whole.

I have read and agree to the above statement regarding confidentiality. YES/NO

Urgent Treatment
We will make every reasonable effort to contact you should a medical emergency arise. In case we cannot contact you quickly enough, we must have consent for your child to receive any treatment which is, in the opinion of the Medical Team, urgently necessary, including the administration of local or general anaesthetic .

I have read and agree to the above statement regarding urgent treatment. YES/NO

Non presciption medication & First Aid
Do you consent for your child to be given non-prescription oral medication and basic First Aid at School. This may include Paracetamol, Ibuprofen, antihistamines, lozenges & wound dressings.
PARACETAMOL/CALPOL YES/NO
CHLORPHENAMINE MALEATE (antihistamine) YES/NO
IBUPROFEN YES/NO
THROAT LOZENGES YES/NO
I give consent for my child named above to receive non-prescription medicines (dose in accordance with the manufacturer's age guidelines) and First Aid at the discretion of the School Nurse or another responsible member of the School staff. YES/NO

Parent's Name Signature:
Date:

Parent's Name Signature:
Date:

IF ANYTHING CHANGES WITH YOUR CHILD'S MEDICAL NEEDS, PLEASE INFORM US IMMEDIATELY

Appendix ii - Sections copied from Aysgarth School Parent Contract

8.4 *What happens if your child needs urgent medical attention*. If your child requires urgent medical attention while under the School's care we will try to contact you and, if practicable, we will share information from your child's medical file with the doctor or other medical practitioner.

9.3 *You must notify us of your child's health/medical conditions or special educational needs*. **It is a condition of your child's joining and remaining at the School that you complete and submit to the School a medical questionnaire in respect of your child.** You must inform the School of any health or medical condition, special educational need(s), disability or allergies that your child has or subsequently develops, whether underlying, long-term, or short-term, including any infections. You must also provide us, whether upon further request by the School or otherwise, any reports or other materials relevant to any of the same. **If you withhold from us or otherwise misrepresent to us information of this nature in particular, please be aware that this may result in us exercising our right to end this contract under Clause 14.1.2 below**.

9.4 *Circumstances where we may require you to keep your child away from School*. If the School so requires due to a health risk either presented by your child to others or presented to your child by others or by reason of a virus, pandemic, epidemic or other health risk, you may be required to keep your child at home and not permit him/her to return to the School until such time as the health risk has passed. Where it is considered appropriate, we will try to continue providing education to your child remotely during such period (including, for example, by sending you/your child work assignments electronically or by post).

9.5 *You must notify us of any special arrangements needed for your child*. You must inform the School of any situations where special arrangements may be needed for your child, including for their education or welfare.

Appendix iii - Pre-Prep (Including EYFS) Medication Administration Record

Name: …….
Allergies: ……..
Date: ……

I give permission for my child: ……to be administered his/her current medication by Aysgarth Pre-Prep staff.

The medication is : …….. and is to be given as prescribed on the container. This is the original container.

Signed: ……
Date: …….
Parent/Guardian

Medication	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Name	Signature	Initials

2. Personnel and Procedure

School nurses
We employ two school nurses who 'job share'. They are both registered nurses who hold current NMC registration, are revalidated every three years and keep professionally updated.
One of them attends daily from Monday to Friday and Saturday matches as required. They are responsible for the provision of healthcare to all pupils and visiting pupils.

Matrons
All matrons hold FAW qualifications and Paediatric First Aid qualification.

The School Doctor
The School Doctor is Dr. R. Bigham, a GP based at Glebe House Surgery, in Bedale. Pupils are also seen by other doctors at Glebe House. All boarders (weekly and full) are given the option to be registered with the School Doctor, with the exception of foreign pupils if they are only at the school for a short period of time. Foreign pupils and pupils who are registered with their family GP will be seen by the school doctor as a "Temporary resident". Pupils are escorted to appointments by a member of staff, usually a school nurse or matron. If a pupil has seen the doctor the parents are informed as soon as possible, by telephone.

Dentist
Taking children for routine dental appointments is not the responsibility of Aysgarth School staff, and parents are encouraged to arrange these during the school holidays or exeats where possible. When a child needs to see a dentist urgently we will take him to the Bedale Dental Surgery, and the parents will be informed.

Optician
As with dental appointments, parents are encouraged to arrange these in the holidays, but in emergencies, for example getting glasses repaired, we will use a local optician.

Staff qualifications
Many of our Prep and Maintenance staff hold FAW qualifications and all our Pre-Prep staff hold Paediatric First Aid qualifications. The school nurses keep an up to date list and organise for retraining when appropriate.

3. Health Assessments

The school nurses assess height, weight and a basic eye test at the start of term. Any problems are referred to the appropriate practitioner in consultation with the parent. All screening information is recorded in the

Pupil's Health File. All parents receive the Department of Health Healthy Child programme questionnaire with their registration pack and services are accessed if required.

The school doctor is not involved with the Pre-Prep children except in emergencies and for consultation regarding school health issues.

A separate Health Questionnaire is given to new members of staff prior to commencement of employment.

4. Pupil Health Records

Any visit to a health professional or to hospital is recorded on School Base or documented in the nursing care notes.
All interactions with the school nurses or matrons are recorded on School Base. The day book is for communication purposes only and may be written in brief. This will state the name, date, time, medication, reason, and initials of a responsible member of staff. All records are kept in the school archives until a child is 25, when they will be securely destroyed. A separate book is kept for medication given to staff.

All signed consent forms, health questionnaires and any letters from parents or other health-related information and nursing documentation is kept in the locked cabinet in surgery. Confidentiality is preserved at all times.

Prescribed treatments are recorded in a Medicine Administration Record file. The boy's name, the date and time, the dose, and signature of staff, are recorded. Sample signatures of staff designated to administer medication are stored in the Medication Administration File, kept in Surgery.

Pre-Prep and EYFS Record keeping - A record is made each time medication is given. This is copied and given to the parents or adult collecting the child, and a copy is kept in the child's file in the office. Medication doses are checked by the school nurses.

5. Medical Alerts

A list of pupils with specific medical conditions (see 20 Chronic Conditions) is made available to all staff. A list of Pre-Prep and EYFS pupils is kept in the Pre-Prep kitchen and a list of boys in the Prep School is displayed in the staff room. A tailored medical conditions list will be made available for staff taking children on a trip or activity off site. The information on these lists is kept live and updated when necessary. A list of children and staff suffering from food allergies and intolerances is displayed in the school kitchen.

In the Pre-Prep and EYFS any child with a chronic or long-term medical condition that requires a specific need will have a Care/Welfare plan. This will be written with parents and will include details of the condition, special requirements (for example dietary needs), pre-activity precautions and any side effects of the medicines.

6. Prep School Surgeries

Surgeries are held twice a day for regular medication and for other ailments to be attended to. These are held by the school nurses or the Head/Senior matron in their absence. Queries may be referred to the school doctor or a child will be taken by a member of staff to the Doctor's surgery or to Accident and Emergency at the Friarage Hospital in Northallerton. Alternatively an ambulance will be called.

One of the school nurses or a senior matron is available at other times (during Prep School hours) to attend to accidents or emergencies (also for EYFS and Pre-Prep), and to look after pupils who are unwell. The school nurses will decide if a child is unfit to play games. A list of boys in the Prep School who are "off games" is displayed on the electronic Children's Update.

The school nurses work in the Surgery but when they are not there but on site, they will keep a walkie talkie on their person. When they are off site a matron will be on call on the walkie talkie. If a child needs medical attention, either they will go to Surgery, accompanied by another child or adult, or someone else will go to get the nurse/matron. When the Surgery is not manned, another walkie talkie will be in the docking station outside the matron's room. The boys in the Prep school are to contact the nurse/matron on the walkie talkie. A notice is displayed showing the location of staff on duty and reminding boys to use the walkie talkie if necessary.

The Pre-Prep and EYFS have access to a nurse or qualified matron at all times when children are present. All Pre-Prep staff are Paediatric trained first aiders and a qualified Paediatric first aider always accompanies pupils on outings.

The right of a boarder as a patient to confidentiality is respected. This includes the right of a boarder deemed to be "Gillick competent", to give or withhold consent for his treatment.

7. Medical Treatment received during the Holidays

Parents are asked to inform the school nurses, or Head matron, at the start of term, half term or the end of an exeat if their child has received any significant medical treatment or any immunisations whilst at home.

8. Welfare Plans and Care Plans

In the Prep, Pre-Prep and EYFS, **Welfare plans** are put in place, in consultation with the parents and, when appropriate, the child. These are put in place for children requiring particular care and management methods beyond normal practice. These plans are designed to suit each child as an individual. These are signed by the parent and the headmaster and kept on the database. Staff are informed, as appropriate. Paper copies are held in surgery and in the child's file in the school office.

A **Care Plan** is put in place for every child in the Prep School, Pre-Prep and EYFS who is on regular medication eg. Asthma, or has particular needs for example a sleeping problem, dietary requirements or religious reasons. These are filed in the Surgery and stored electronically on a Care and Welfare Plan spreadsheet. The Care Plan contains an outline of the medical condition or concern and any remedial action in place.
Care plans are regularly updated and evaluated by the school nurses in discussion with relevant parties.

9. Provision for Special Dietary Requirements

The school makes provision for special requirements, whether for medical reasons, eg. Coeliac disease, or religious reasons. See our Catering Policy for allergen information. The school nurses liaise with the Catering department providing up to date information about the pupils' dietary needs each term. They also liaise with other school nurses regarding visiting teams.

10. Provision for Disabilities

The school will endeavour to implement plans to meet the needs of a child with disabilities. It may be, for example, that a pupil has a broken leg; provision would then be made for them to be located on a lower floor and in a single bed.

11. Off Games Policy

The school nurses, or a senior matron, will decide if a pupil should be "off games". The school nurses display a note of "off games" boys on the electronic Children's Update.
Alternatively, at shorter notice, if she deems a boy is unfit for a specific activity they will tell the relevant member of staff. The school nurses will decide when a child is fit to resume some, or any activities. When appropriate a child will be encouraged to take some fresh air, perhaps a walk outside during games time. Alternatively, in the Prep school, he may

exercise in the boys' rehabilitation room. Again, the school nurses will determine which form of exercise is appropriate for the boy.

In the Pre-Prep and EYFS, a parent or a member of staff will decide if a child is fit to play games.

12. Prep School Sick Bay Procedures

Boys who are unwell in the Prep School, both in the week and at weekends, in the daytime or overnight, are cared for in the sick bay, next to Surgery.

Boys who are feeling ill or who may be infectious must be admitted to Sick Bay where they can rest and recover from their illness. A room is provided next to the Surgery where 3 boys can be nursed in a restful environment. We can accommodate up to 5 boys if we use camp beds. The Sick Bay has its own bathroom and lavatory.

- Cross infection is to be avoided; hence no other boys may visit those in Sick Bay, should an infectious disease be suspected.
- The nurse/matron will always be available in the building when Sick Bay is occupied. Should she need to go away temporarily, the patient must be informed.
- Boys in Sick Bay must be provided with a radio to call the nurse/matron in case they need urgent attention. If the boy is unwell and a cause for concern, a member of staff will remain within the boarding house at all times.
- Fresh water is to be provided to all boys in Sick Bay who are not to have restricted fluids.
- Disposable vomit bowls are to be provided. Tissues must also be available in the room.
- Frequent hand washing must be undertaken by patients and staff in Sick Bay.
- Boys may watch TV for short periods of time only. Reading, playing games and listening to story tapes must be encouraged to avoid prolonged TV viewing.
- Parents must be informed where possible if their son is kept in Sick Bay overnight. Telephone contact between boys and parents is possible using the surgery telephone, as long as precautions are taken to avoid cross-infection.
- Records are kept of all boys admitted to Sick Bay and of their condition.
- When boys are in Sick Bay, they must wash or shower, clean teeth etc daily, and also prior to returning to school.
- Boys with a temperature of over 38.0 are to be admitted to Sick Bay and given an age-appropriate dose of Paracetamol or Ibuprofen which will reduce the body temperature as well as relieving aches

and symptoms of fever. During the daytime the temperature should then be checked 4 hourly. Fluids must be offered frequently.

- After an 8 hour period of normal temperatures since the last dose of analgesia, the boy may be discharged from Sick Bay if he is feeling well.
- In cases of viral vomiting and diarrhoea, 12 hours must elapse since the last episode, before the boy may get up and mix with other pupils. If the child suffers three episodes or more of vomiting and diarrhoea then refer to public health guidelines; 48 hours should elapse post symptoms if the vomiting and diarrhoea have been severe. Clear fluids should only be given during the period of symptoms.
- Food may only be offered when the school nurses or matron consider it appropriate. Dairy foods are not advisable after stomach upsets. Tea and toast are usually offered at the 3-4 hour stage. If this is tolerated with no further vomiting or diarrhoea after 2 hours, a light meal may be taken.
- If more beds are required, a dormitory may be converted into a second Sick Bay.
- Occasionally, boys need to rest in their own beds in dormitories. Their details must be recorded on Schoolbase , as though they were in Sick Bay.
- When discharged from Sick Bay, boys may be 'off games' the following day, on the advice of the school nurses.
- Parents are given the opportunity to take their child home if the illness becomes protracted. It is borne in mind however that distance and busy schedules may limit this option. Parents must always be reassured that we are more than happy to care for their sick child.
- If the number of patients is increasing and the disease is becoming a school epidemic, boys are to be sent home where possible, to limit the spread of infection. Public Health should be informed.
- All bedding from Sick Bay is to be washed on a high heat i.e. 60 degrees.

13. Day children, Pre-Prep and EYFS Sick Child Procedure

Parents, or the responsible adult are contacted and asked to collect their child if he or she is unwell. The child will go to the Sick Bay or to the Pre-Prep office or a classroom with a member of staff to wait quietly until they are collected.

14. Hygiene Procedures for dealing with the spillage of body fluids

Staff must wear disposable gloves when coming into contact with body fluids, handling vomit bowls or soiled linen. Vomit bowls must be double bagged for disposal. Soiled linen or clothing must be put into water

soluble bags. Aprons are also provided. Gloves must be worn to mop body fluids and the mop head changed after use. Biohazard crystals can be used on large areas of body fluids.

15. Administration of Medicines

All medication must be licensed for Paediatric use. (For more detail see Administration of Medicine policy at the end of the document **Appendix iv**)

i. Consent in the Prep

Written consent for the administration of all prescription and non-prescription medication and first-aid treatment, is obtained from parents when the boy joins the main school (see copy of Pupil health questionnaire/permission to treat consent form). This form is updated each year. Consent is given for non-prescription medicine and First Aid to be administered by a School Nurse or another responsible member of the School staff.

ii. Pre-Prep and EYFS Administration of Medicines

Parents of Pre-Prep and EYFS children complete a form giving consent (see copy of Pupil health questionnaire/permission to treat consent form) when joining the school, this form is updated each year. In EYFS parents must give written permission for each and every medicine before medication is given. In cases where parents are unable to give written permission (for example in the middle of the day) and the First Aider and parent are in agreement that to delay medication would be to the detriment of the health or comfort of the child, consent by email will be accepted. A record is made of the conversation and an email must be sent by the parent stating the time of last dose and giving permission to medicate the child. The school secretary or the child's form teacher will administer the medication, when necessary. If a child refused to take their medicine, parents would be informed.

iii. Self-Medication

In the Prep school, the school nurses will use their discretion as to when to allow a boy to self-medicate, for example allowing an asthmatic boy to carry his own Inhaler. The child's parents are consulted and if they are in agreement, and the child deemed competent, a self- medication form will be signed by both the parents and the child and the process will be reviewed by the school nurse regulary. Under "Gillick Competency" the nurses may however decide not to allow a child to self-medicate. A boy

may be encouraged towards independence with his own medication, for example a boy with diabetes; but all his medication will be administered by the school nurses or matron or by the boy himself under their supervision. The parents are consulted throughout the whole process and the child will be reviewed regularly and have a care/welfare plan in place to reflect the fact that they are self medicating.

vi. <u>Prescribed Medication</u>

The surgery staff (those authorised by the school nurses, and named in the Medical Administration Record file) may administer prescribed medication. If this has been prescribed by a doctor, parents will be informed prior to administration, where possible.

Prescribed medication must only be given to the pupil for whom it has been prescribed. Prescribed medication must be kept in its original container and the label must not be altered. If a pupil shows an adverse reaction to any medication, it will be noted in the Day Book and the school nurses will take appropriate action. All medicines brought into school by a parent are noted in the Medicine Administration Record File in Surgery, stating the dose and frequency required. (See Pupil Health Records above). Parents must sign a consent form for the administering of this medication.

The school nurses (or class teacher in the Pre-Prep and EYFS) are responsible for ensuring that a child on a trip or going home, takes their medication with them.

v. <u>Administering Medication for boys from abroad</u>

Under legislation from the GMC (Government Medical Council), with which we must comply, we can only administer medication that has been prescribed in the UK. However, for those boys on medication who are living abroad, we need to ensure continuity of medication whilst a boy is moving to and from home and school. Therefore, we need a letter from his family doctor with details of the medication that has been prescribed. This must be in English. We will administer this medication, but, at the earliest opportunity, the school nurses will take the boy to the School Doctor and ask them to prescribe the same medication, having read the prescription and letter from the family doctor. Alternatively the school doctor may give us permission to administer the medication that has come from abroad. All medication brought into school must be sent in the original container with the original label.
If a boy from abroad requires any kind of medical treatment, or their family doctor makes a change to the dosage or medication, parents must inform the school nurses who will take him to be seen by the School Doctor; medicines will then be prescribed and dispensed from the doctor's surgery. Once again, we will require a letter or prescription from

the family doctor, in English, with the details of the new medication or dosage.
All boys joining the school from abroad will be registered as temporary visitors with the School Doctor, if their stay is for a year or under. Those staying for longer periods of time will be fully registered.

vi. <u>Safe Administration of Medicines</u>

Although non-prescription medicines are available 'over the counter' and are used by non-qualified people, all matrons, Pre-Prep and EYFS staff must have an assessment of competence in administration of medicines to children before they are allowed to give medication. This will be carried out by the school nurses after some elementary training has been provided and recorded. The Prep school teaching staff will also complete a basic online training course in the administration of medicines.

All staff responsible for giving medicines must read the instructions on the label regarding usage, correct dose, frequency, instructions, drug interactions and side-effects.

It is not necessary to check the medication with another member of staff, but the child must be told the name of the medication they are about to receive. Parents in the Prep school are not usually informed of non-prescription medication administered to their child.
A list of pupils' allergies is kept on the door of the medicine cupboard and is checked prior to administration of medication to check for allergies or any parental concerns.
The day book and School base entries must be checked to establish any previous doses that day.
For day pupils no analgesia will be given within four hours of the pupil arriving in school.

Expiry dates must be checked and nothing used if past this date.
Pills or medicines must not be decanted from one container to another.
Medicines must not be mixed, even if apparently the same type and dose.
Eye drops, eye ointments, nasal sprays etc must not be used for more than one person, to maintain good hygiene and avoid cross infection, unless specific cross-infection precautions have been taken.

All containers must be labelled with the original unaltered label.
Treatments prescribed for individuals are not to be used for others or kept as stock.
All labels must be applied to the inner container, e.g. the ointment and not the box.
Medication must not be handled where possible, but given directly to the patient from the dispensing foil or bottle. Any tablets which are dropped must be discarded.

Constituents of each medication must be checked to avoid overdoses.

The school nurses keep an inventory of the drugs kept in school. In the Pre-Prep the school secretary keeps a record of how much Calpol/Paracetamol is used. The school nurses check the Pre-Prep medicine cupboards termly.

vii. Safe Storage of Medicines

Ensuring safe storage of medicines is the overall responsibility of the school nurses. In the Prep school all medicines are kept in a locked cupboard. Asthma inhalers and adrenaline auto-injectors are accessible in a critical emergency. A lockable refrigerator is available for the storage of certain medicines. Asthma preventer inhalers are also kept locked other than when the school nurses deem it appropriate for a boy to self-medicate.

In the Pre-Prep building, medicines are either kept in a locked box in the fridge, in the staff kitchen or a locked cupboard in the staff kitchen. Inhalers are also kept in this locked cupboard. The only medicine kept in the Pre-Prep building are Paracetamol and specific medications for individual children brought in from home.

viii. Administration of Medicine on a trip or visit

When pupils are taken off site for a trip or visit a designated member of staff will be responsible for administering medication. They meet with the school nurse prior to the trip to discuss the medical conditions of the attending pupils. They are provided with a general First Aid kit, a specific school trip medication box containing any individual medication and a Medication Administration Record (MAR chart) to complete when the medication has been given.

ix. Specific Medication

Analgesia (treatment of pain, swelling and temperatures)
An ice pack will be applied to the affected area as soon as possible following an accident. Sprains and swellings should be treated with ice. Ibuprofen may be necessary for the first 24 hours as an Anti-Inflammatory. In moderate to severe pain, Paracetamol may be given alongside Ibuprofen.

Analgesia may help relieve the chills and aches of a cold as well as bringing down a high temperature.

Ibuprofen medicine, whether tablets or capsules, should not be taken on an empty stomach. Children with a diagnosis of Asthma should not be

offered ibuprofen. Frequent doses of Paracetamol and Ibuprofen must be avoided.

<u>All</u> analgesia is recorded in green in the day book to avoid any incorrect dosing and on school base.

Cough Medicines and Decongestants
If the cough is 'dry' (tickly), a soothing linctus e.g. Honey and Lemon may give relief. If the cough is 'chesty' (it could be productive or non-productive) an expectorant should be given (e.g. Chesty Cough Relief). An irritating night cough can be relieved with 'Drowsy' cough medicines but these should be avoided during the daytime.
If there is congestion, a 'blocked up nose' or pressure on the sinuses (usually causing headaches) a decongestant containing Pseudoephedrine (e.g. Sudafed /Meltus) may help. Runny noses are dried up by Sudafed, which is a decongestant. Steam Inhalations are helpful for a blocked nose. Olbas Oil aids relief.

Sore Throats
Throat lozenges are given for symptomatic relief of sore throats.

Gastrointestinal Remedies
Stomach ache is not relieved by medication. Constipation may be the cause, and water, fruit and a high fibre diet will aid relief.
Diarrhoea is treated with regular fluids.
Indigestion may be relieved by an antacid such as Milk of Magnesia.

Antihistamines/Travel Pills
May be given as required. Cetirizine 10 mg (5mg if under 12 years of age) is given as a maximum daily dosage for hay fever symptom prevention and for treatment of allergic reactions, rashes etc.
Kwells and travel sickness pills can be administered, one tablet to be given six hourly.

Herbal Sleep Remedies
Herbal remedies (e.g. Bach Night Rescue) may be given if a boy has a constant problem sleeping.

Elastoplast
Plasters may be used with cuts but use of plasters must also be recorded in case of allergic reactions.

Sun Protection
The school provides a high factor sunscreen and these are included in First Aid Kits in the summer term, or as necessary. Children are encouraged to wear hats and drink water when it is hot and sunny.

In Pre-Prep and EYFS children are requested to apply sunscreen before they arrive and the school provides high factor sunscreen in the first aid kit. Sun cream sent in by parents for staff to apply should be clearly labelled with the child's name, in the original packaging with the original instructions. An application consent form must be signed. Staff administer spray on suncream which the children can then rub in themselves.

Steroids
Steroid cream (Hydrocortisone 1%) must be applied very thinly as it can cause friable skin. It must not be applied unless on prescription or under the direction of a School Nurse.

x. Head Lice and Remedies (Prep School)

The school policy is to use the Condition and Comb method of detection which proves to be the most effective. The best way to prevent head lice spreading is to regularly check heads, and treat them as soon as live lice are found. ALL boys will have their hair checked regularly, by a school nurse or matron, using the conditioner and comb method, known as "Bug Busting". Any boy found to have infestation that year group will be checked every week and conditioned and combed. At exeats/end of terms, parents will be informed if their child has head lice and the treatment used and treatment needed at home.

Head lice policy Pre-Prep and EYFS The school nurse will check a child's head if requested by the Pre-Prep staff. No medication is given but parents are informed if a case is found and a letter is sent to all parents asking them to check their child's hair.

16. Controlled Drugs

Controlled Drugs are kept in a locked cabinet within the locked cupboard in the Surgery. This inner cupboard is for the sole use of controlled drugs and only those with authorised access may have access to the keys. If Controlled Drugs are present they are counted every time medication is administered and a random count is made by the school nurses witnessed by another person. There is a separate book for recording the administration of controlled drugs. There is a Risk Assessment for Controlled Drugs.

17. Disposal of medicines and sharps

Needles are disposed of in a designated Sharps container which the School Nurse takes to the Health Centre for disposal. Unused medicines are returned to the chemist for disposal.

18. Insurance

Marsh Insurance Brokers provide cover for liability by staff for injury to children arising from prescribed and non-prescribed medicines, providing that the member of staff is exercising their duties on behalf of the school (ie. following school policy).

19. Errors in Administration of Medicines

In the case of an error made by staff during administration of medication which could potentially cause harm, a report must be completed and filed in the pupil's health record, and the parents must be informed. The School Doctor will be informed. A medical near miss form must be completed and a copy made available for Health & Safety purposes.

20. Chronic Conditions (e.g. Asthma, Diabetes, Epilepsy, Anaphylaxis)

The school nurses liaise with parents as to specific care requirements and medication for any child suffering from a chronic condition. The school nurses train the matrons to a greater degree and the other staff to a satisfactory level on any chronic condition that is present in any child in the school and any action that would be necessary to take in the event of an attack (asthma, anaphylactic etc).

Training is given in use of Epipens, Inhalers, and Insulin injections for a diabetic. Training will also be given for any other administration of medication.
A list of all pupils' medical conditions can be shared with staff on request on a need to know basis. Every teacher will be made aware of the relevant medical conditions of the children under their care.

Any child presenting symptoms of a chronic condition would be taken to a doctor, by parents or in consultation with parents.

The school has a nut free policy.

Asthma

Asthma is a chronic condition involving the respiratory system, in which the airway occasionally constricts and becomes inflamed. A condition that is most common in children. If treatment is not given in the early stages then it could lead to respiratory failure.
See Asthma Policy (Appendix A)

Diabetes

Diabetes is a disorder caused by insufficient or absent production of the hormone insulin by the pancreas. Insulin is responsible for the absorption of glucose into the cells. A diabetic will carry his/her own Blood Monitor. A normal reading is between 4 – 7. A diabetic may suffer from **Hypoglycaemia** which is when the reading has fallen below 4.
Hyperglycaemia is when the reading has risen above 7.
Child specific needs will be documented in an individual Welfare plan along with guidelines from a diabetes nurse specialist.
Signs and symptoms of **Hypoglycaemia** which is when their blood sugar is **low** (because they have too much insulin) are: hunger, sweating, trembling, shakiness, drowsiness, irritability or rapid pulse.
(**See Diabetes Policy Appendix B)**

Anaphylaxis

Anaphylactic shock is a life threatening allergic reaction that occurs in people with extreme sensitivity to a particular substance (allergen) often a food. **(See Anaphylaxis Policy Appendix C)**

Storage of Epipens

When we have pupils for whom Epipens are prescribed, the Epipens are kept on the wall in the Staff Room. Epipens are also kept in the Surgery. Whenever the pupils leave the school they MUST have their Epipens with them. A pupil may carry their own Epipen. If a child in the Pre-Prep or EYFS has an Epipen, one is also kept in the Pre-Prep staff kitchen. There is an Anaphylaxis kit that is kept with the matron on overnight duty containing epipens and antihistamine.

Epilepsy

Epilepsy is a neurological disorder characterised by recurring seizures. When someone has epilepsy, it means they have a tendency to have epileptic seizures.
Anyone can have a one-off seizure, but this doesn't always mean they have epilepsy. Epilepsy is usually only diagnosed if a doctor thinks there's a high chance that the person could have more seizures. (**See Epilepsy Policy Appendix D)**

21. Smoking, Alcohol and Drugs Abuse

No boy is permitted to use, consume or possess alcohol, tobacco or illegal/illicit drugs . See Alcohol, Smoking and Substance policy and Parents' Handbook.

22. Well-being

The school is aware of its responsibilities for the mental health and emotional well-being of its pupils, ("well-being" as defined by the Children Act 2004, 10(2)) and realises that this is an area of increasing awareness and importance. The school has in place a strong, close knit boarding team who meet each week to discuss any boys' concerns, and any action to be put in place (although they speak daily and would not delay to react immediately when necessary). There is good leadership under the Head of Boarding and Housemasters, and staff are all aware of the need to tell the Safeguarding Lead (Headmaster) in the event of any concern. We have an Independent Listener and a School Counsellor, to whom the boys may turn for help but they are also aware that they may talk to any member of staff. All staff have received training in Child Protection from the Headmaster.
All staff complete Mental Health First Aid Training. There is an emphasis in the school on positive discipline: although sanctions are necessary we aim to give more rewards than sanctions. Form tutors monitor these and any behavioural issues would be raised with other pastoral staff. The school has combined Wellbeing with Religious Education lessons for every year group from Year 4 upwards and this is a forum in which emotional and behavioural issues are discussed alongside exploration of religious teaching, primarily Christian in line with the Christian values the school upholds (see REW Scheme of Work). The school has also implemented the Steer programme, this is an online tool to detect hidden pupil wellbeing, mental health and safeguarding risks in and out of school.This highlights any pupils at risk and enables staff to respond to any concerns early. We have also implemented their 'Footprints' lesson plans within the PSHE curriculum. PSHE, Relationship Educations and Relationship Sex Education is taught by class teachers in Years 1-5 and by a specailist teacher if years 5-8. The school nurses are also available to discuss any concerns.

First Aid Policy

1. Provision of First Aid

Aysgarth School aims to provide timely and competent administration of First Aid and the effective implementation of this policy.

The Health & Safety Executive (HSE) legal requirement is that Aysgarth School must have a qualified First Aider on duty at all times. The First Aider must hold the HSE approved First Aid at Work (FAW) certificate. We have a qualified First Aider on duty at all times.

Currently there are approximately 20 First Aiders who hold a FAW and Paediatric First Aid qualification including: The school nurses, all of our matrons; Housemasters; Facilities Manager and our Finance and Estates Manager.

All our staff are encouraged to be First Aid competent and receive training as part of our regular staff insets.

In the Pre-Prep and EYFS, all members of staff are Paediatric First Aid trained. New legislation from the Department for Education requires all newly qualified level two and three child carers to have either an emergency paediatric first aid or full paediatric first aid certificate. At least one person with a current paediatric first aid certificate will be on the premises or on outings when EYFS children are present. The school nurses hold the certificates and monitor when they need to be updated. Staff in the Pre-Prep are aware of the duty to inform parents following an accident or injury. Parents are informed of any first aid treatment provided at collection time or sooner in the case of a more serious injury.

The school nurses display lists of qualified First Aiders in the main building of the school and there are First Aid kits, which they stock and maintain appropriately. Prep school staff should inform the school nurses of anything used from the First Aid kits (see Trips policy). The Pre-Prep makes regular checks and ask the school nurses for supplies as needed. Each bag contains a list of contents and instructions for administering First Aid.
Kits are located in the following places:

- Surgery
- Sports Pavilions x 1
- Swimming pool
- Secretary's Office (Prep)
- Minibuses
- Main Kitchen (Prep)
- Changing Room (Prep)
- DT/art department
- Science laboratory

- Reynolds Hall
- Touchline/Away Fixture kits x 5 kept in surgery
- Smaller kits for other activities x 2 kept in surgery
- Pre-Prep Art room
- Early Years area (hall shelf)
- Pre-Prep kitchen
- Pre-Prep office (portable kit)
- Pre-Prep staff bathroom
- EYFS hall drawers located by the outside door
- Maintenance workshops
- Asthma emergency kits changing room and sports hall
- Eye wash kits in science lab, plant room, estates office.

2. Trips out of School

Aysgarth School staff in charge of outings are accountable for all children taken out of school and must ensure that the Risk Assessment has been adequate, and that they liaise with the school nurses to ensure that all medical needs are considered (or, in the Pre-Prep and EYFS the member of staff will refer to the relevant online information provided by the school nurses) and an appropriate First Aid kit is taken.

The school nurses will inform relevant staff and other schools of any significant medical information. A medical list, relevant to the children on the trip should be attached to the Risk Assessment.
The school nurses or matron will provide First Aid kits for all school trips.

Pre-Prep and EYFS will take their own First Aid kit.

It is the responsibility of the member of staff taking the trip to ensure they take a First Aid kit with them and that it is carried with the group onto the sports field or to the area of the visit.

3. Children visiting from other schools

Aysgarth School has a duty of care to all visiting children. First Aid cover is provided at every home fixture or social function for all children on the premises. All details of treatment given to visiting pupils is recorded in the visitors treatment book and visiting match treatment form and communicated to the staff from the schools concerned. Medication is only administered to visiting pupils after authorisation is given from the member of staff from the visiting school. If an accident form is necessary, it will be completed and a copy will be given to the accompanying member of staff. A form for treatment on away matches will be in each First Aid Kit to record any injuries and resulting treatment, this information will be transcribed to the day book, school base and an accident form if required.

4. First Aid cover for matches

Cover is provided at all home rugby and football matches. The school nurses or a First Aid trained matron will be at the touchline for rugby and football matches. When a player is injured the First Aider will decide whether they are fit to continue, and must inform the referee of the reason to keep the injured child out of play.

With visiting teams, the First Aider must take responsibility for the child's welfare and advise the staff accordingly. If he/she deems their pupil is fit to continue play, against our advice, he/she is responsible for the occurrence of any medical problem which may ensue. Cricket matches are not attended by the First Aider. Aid can be summoned from the Duty matron if required. A First Aid kit is kept in the Pavilion.
A treatment form is available for visiting students and staff and any treatment they receive from Aysgarth Staff will be recorded and a copy given to the visiting team staff member.

5. Use of Stretchers/Splints

A stretcher is located in the surgery. **This is only to be used when moving patients with non-serious injuries**, e.g. sprains, suspected ligament damage. A qualified FAW person must be present when using a stretcher. Splints are kept in Surgery for use with suspected fractures whilst awaiting Paramedics.
Spinal Boards are stored in the Surgery and the Sports Hall. To be used by qualified first aiders only, however it is not advised to move a pupil with a suspected spinal injury and always best practice to await the arrival of paramedics.

6. Procedure in the event of an accident:

IN ANY LIFE THREATENING SITUATION AN AMBULANCE SHOULD BE CALLED AT THE EARLIEST OPPORTUNITY WITHOUT WAITING FOR THE FIRST AIDER TO ARRIVE

a) A child must find an adult quickly to inform him/her what has happened and where.
b) The adult must assess the extent of the injury.
c) If the casualty cannot be moved, send a child or another adult to summon a School Nurse/matron. **Stay with the casualty**.
d) If the casualty can be moved, they should be sent to the School Nurse/matron accompanied:

i) if serious, by the member of staff in charge
ii) if slight, by a pupil.

e) An accident report form must be completed. See Accident Reporting below.

Procedure for Calling an Ambulance:

Ensure all staff who need to be aware are alerted that an ambulance has been called and the exact location it is required.

The ambulance should be directed to Aysgarth School, Newton-le-Willows, Bedale, Postcode DL8 1TF
Telephone Number : 01677 450240

- **Give the exact location**
- **Caller's name**
- **Name of the person requiring help, age and a brief description of the injury**
- **If able to, suggest the best and most direct instructions for the ambulance to enter the school premises in order to get to the casualty quickly**
- **Inform the bursar and security**

When to call an Ambulance:

- **Significant head or neck injury**
- **Fitting, unconsciousness, concussion**
- **Difficulty breathing, severe asthma attack, chest pain**
- **Severe allergic reaction**
- **Severe burns or scald**
- **Serious fracture**

Parents and/or guardians must be informed of any incident requiring an ambulance call and before the child is taken from the site.

A detailed account of the injury/ incident must be recorded in the child's notes on schoolbase and in the day book for reference.

An accident form must be completed and filed.

7. Accident Recording and Reporting

All significant accidents should be reported in writing and on School Base. The school nurses keep a record of all accidents in the **Accident Report**

Book located in the surgery. The school nurses are to be informed of any first aid administered to Prep boys and staff. Parents must be informed as soon as possible. RIDDOR must be informed by the school nurses in the event of serious injury. The Accident Report Book is evaluated at the termly Health and Safety meeting.

In the Pre-Prep and EYFS minor accidents are written up in the Pre-Prep Accident Book. All accidents are logged on the health and safety spreadsheets for the health and safety committee. Anything serious is dealt with by the school nurses (or matron in their absence) and recorded by them.

The North Yorkshire Children's Safeguarding Board will be notified in the event of any serious injury or the death of any child whilst in our care, and the school will act on any advice given.

8. Head Injuries/Concussion

Should a child sustain any bang to the head and require First Aid, they must be reviewed by the School Nurse on duty, or matron, to be checked and observed to ensure there are no changes in the child's level of consciousness or behaviour that may indicate concussion or require further investigation by a doctor. The child will remain the responsibility of the staff in charge at the time of injury until handed over to the School Nurse or matron with an explanation of the incident. An accident report must be completed by the member of staff who reported the incident and the parents informed as soon as possible. Any head bang must be brought to the attention of the boarding staff so that the student can be monitored overnight if necessary.

Concussion is a temporary impairment of brain function usually caused by a blow that has shaken the brain within the skull. If a child has suffered a diagnosed concussion he will make a graduated return to sport. They must not play or train for contact sports for a minimum of three weeks in accordance with RFU guidelines.

In the Pre-Prep and EYFS a qualified First Aider checks the child. The School Nurse on duty, or matron, will be consulted if the First Aider considers it necessary. An accident record is completed. The adult collecting the child at the end of the day is informed of any head injury and asked to sign the completed accident form to acknowledge they have been informed and they receive a head bump letter.

(See Concussion Policy Appendix E)

9. Burns

Burns can be very serious. If the size of the burn is larger than a 50 pence coin then the pupil must be seen by a medical professional for advice. Certain chemical burns may seriously irritate or damage the skin.

General treatment: Cool the affected area with cold water until the pain is relieved, this may take up to 10 minutes. Burnshield dressings are stored in surgery and in first aid kits .

10. Defibrillator

The school has a defibrillator that can be used to give one or more brief electric shocks to the heart, this is performed to return the heart back to a normal sinus rhythm. The defibrillator is stored in the staff room and can only be used by a qualified/or competent person, although in an emergency situation anyone who can follow the instructions can use the defibrillator. First aid inset training includes the use of the defibrillator.

11. Staff medicines

Staff must seek medical advice if they are taking medication which may affect their ability to care for children. In the Pre-Prep, staff must ensure that medicines are locked away and out of pupils' reach. Lockers in the staff toilets have been provided for this purpose. Alternatively, staff may store medicines in other locked secure places, such as the school medicine cabinet.

In the Prep school, staff should not leave medication in their classrooms unattended but may keep medication in the staff room or school medicine cabinet.

AYSGARTH SCHOOL

Appendix A:

Asthma Policy

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all students with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- up-to-date asthma policy,
- an asthma lead (school nurses)
- all pupils with immediate access to their reliever inhaler at all times
- all pupils have an up-to-date asthma action plan
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training

Asthma Register and Care Plans

We have an asthma register of children within the school. This is kept up to date along with their personal asthma action plan/care plan and permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. All pupils who carry their own inhaler will have completed a self medication assessment with the school nurse.

Currently named reliever inhalers are kept in the surgery and administered as prescribed under supervision. As part of our responsibility to ensure all children are kept safe on trips away all Care/ Action plans and named inhalers will be held by the group leader and administered as prescribed.

Staff training

Staff will need regular asthma updates. This training can be provided by the school nursing team or as part of mandatory first aid training.

School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school has a definitive no-smoking policy. Children's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that children will not come into contact with their triggers, where possible.

Triggers can include:

- Colds and infection
- Dust and house dust mites
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols, volatile substances
- Food allergies
- Fumes and cigarette smoke

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all children. All staff, including sports staff will know which children in their class have asthma. Children with asthma are encouraged to participate fully in all activities. Children who find exercise is a trigger are encouraged to take their reliever inhaler before the lesson.

When asthma is effecting a child's education

The school recognises that children with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma. The

school is aware that the aim of asthma medication is to allow people with asthma to live a normal life. If the medication does not seem to be effective they may require an asthma review. All staff should be alert to changes in a children's ability to fully participate in lessons, not just sports. Tiredness, lack of concentration and a change in breathing function, no matter how small, being the most common features of a decline in asthma control.

Emergency Salbutamol Inhaler in school

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools.
https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The school nurses will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use;

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler **AND** for whom written parental consent for use of the emergency inhaler has been given.

Common 'day to day' symptoms of asthma

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis. However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising

- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support students with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff should be aware of how to recognise an asthma attack and how to manage an asthma attack.

What to do in the event of an asthma attack:

Signs of severe asthma attack:

- Persistent cough
- Nasal flaring
- Wheezing sound from the chest at rest
- Breathing difficulties - rapid, short breaths using abdominal muscles
- Distress - this is a frightening experience
- Unable to talk in full sentences. Some children become very quiet
- May say their chest feels tight or they have tummy ache

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Has collapsed
- Is going blue
- Appears exhausted
- Has a blue/white tinge around lips

Emergency First Aid

- Sit the child upright
- Stay calm and reassuring
- Call for help do NOT leave them alone

- Use the ventolin inhaler provided in the first aid bag for that person (use any if theirs cannot be found)
- Use a spacer if available
- Administer 2 puffs with 4 breaths after each puff
- If no immediate improvement continue with this to a maximum of 10 puffs
- DIAL 999 if no improvement during or after 10 puffs have been reached
- Continue to administer puffs until ambulance arrives if required
- Commence CPR if they become unresponsive

CONTACT PARENTS AS SOON AS SAFE TO DO SO.
A MEMBER OF STAFF SHOULD ACCOMPANY THE CHILD TO HOSPITAL.

AYSGARTH SCHOOL

Diabetes Policy

Appendix B: **Diabetes**

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This happens because:

- The pancreas does not make any or enough insulin or the insulin does not work properly. It can be a combination of both. Insulin is the hormone produced by the pancreas that helps glucose, from digestion of carbohydrate, move into the body's cells where it is used for energy. The body's cells need glucose for energy and it is insulin that acts as the 'key' to 'unlock' the cells to allow the glucose in. Once the door is 'unlocked' the glucose can enter the cells where it is used as fuel for energy. When insulin is not present or does not work properly, glucose builds up in the body.

There are two main types of diabetes:-

- Type 1 - diabetes develops if the body is unable to produce any insulin. The majority of children who have Type 1 diabetes need to have daily insulin injections, or are fitted with an insulin pump and they monitor their blood glucose levels and to eat regularly counting their carbohydrates.

- Type 2 - diabetes develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Aysgarth School is an inclusive community that welcomes and supports pupils with a variety of medical conditions. This school provides all pupils with a medical condition the same opportunities as others at school. Aysgarth School encourages children with diabetes to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils.

Training:

The school makes sure that all staff, providing support to a diabetic pupil, have received suitable training to ensure they have both competence and confidence to provide the necessary support. In addition, it ensures that they fulfil the requirements set out in each pupil's Individual Healthcare Plan (IHP), which is written by the Paediatric Diabetes Specialist Nurse (PDSN) or other suitably qualified healthcare professional. All specific insulin pump training and assessment for blood glucose testing will be carried out by the PDSN to ensure competency. The school nurses can provide general staff education and training on diabetes and Diabetic

emergency first aid is covered in all First Aid courses that remain mandatory for all staff. New teaching and non-teaching staff to the school will be trained appropriately if they are to have responsibility for a diabetic child.

Risk Assessments:

Risk assessments for regular school activities, school visits and other activities outside the normal routine will be completed in consultation with parents. A Welfare Plan will be completed by the School and this will outline the specific needs of the child. All staff responsible for any trips or visits will meet with the parents, specialist nurse (where appropriate) and relevant healthcare services, prior to any extended trip out of school, to discuss and make a plan for any extra care requirements that may be needed.

Individual Health Plan:

As outlined these are provided by the specialist community diabetic team. Parents are asked to inform the school nurses of any changes to the IHP and, in turn, the nurse will give relevant information to the staff caring for diabetic children. The nurses will ensure that IHPs are reviewed at least annually or more often if evidence is presented that the child's needs have changed. Each IHP should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. The parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of, and have access to, the IHP for the pupils in their care.

Emergency procedures:

The School makes sure all staff understand their duty of care to children in the event of an emergency. All staff, including supply staff, must know what action to take in an emergency and receive updates at least annually. If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives if possible, or accompany a child taken to hospital by ambulance. Whilst each child carries their own medical equipment, the nurse will ensure that there is a diabetic emergency response kit which will be stored in the Surgery.

Insulin and Testing :

Children with Type 1 diabetes cannot produce any insulin, which means they must take insulin and check their blood glucose levels regularly throughout the day. Insulin cannot be swallowed; it either needs to be injected or given via a pump. Children who inject their insulin will usually take four or more injections a day (known as Multiple Daily

Injections or MDI). However, some may only take insulin twice a day. In most cases the equipment will be an insulin 'pen' device rather than a syringe. Some children may want a private area where they can take their injections, others may be happy to inject in public. Both situations should be allowed. Children might need help with injecting, especially if they're younger, newly diagnosed or have learning difficulties.
Depending on the child's individual needs there are different frequencies of injections.

Multiple Daily Injections (MDI)

MDI can control blood glucose levels better than twice daily injections. Most children are now started on MDI from diagnosis. Children taking MDI will need an injection with each meal as well as one at bedtime and/ or in the morning. This means they'll need to have an injection at lunchtime, and perhaps at other times of the school day too.

Two injections a day

Children who take two injections a day usually take them at breakfast and evening meal time, and so won't usually need to inject during the school day. This is less common nowadays.

Injecting insulin at school

Children who inject insulin to treat their diabetes will use an insulin pen. There are two types of insulin pen:

- disposable which comes pre-filled and is thrown away when empty
- reusable which have a replaceable cartridge of insulin.

Using cold insulin can make the injection more painful, so the insulin a child is currently using should be stored at room temperature. Spare insulin should be stored in the fridge, although extreme temperatures stop insulin from working so it should never be put in a freezer or near a heat source.

When you take space insulin out of the fridge, it can last for a month before you should dispose of it.

The amount of insulin a child needs to keep at school will depend on how much insulin they are prescribed.

Insulin pumps

Insulin pumps are small devices that give someone a small, varying amount of insulin all the time. This is pre-set to meet the needs of each

child individually and is done by their PDSN. This dose of insulin is called background insulin.

As well as the background dose of insulin that is continuously delivered by the pump, children who use an insulin pump will need to give extra insulin through the pump when they eat or if their blood sugar levels are high. This is done by pressing a combination of buttons which some children might need help with.

An insulin pump delivers a small amount of insulin round the clock via a thin flexible tube. This is connected to a cannula, which is inserted just under the skin. The cannula usually stays in place for 2–3 days so shouldn't need changing at school unless it becomes dislodged or blocked.

Their PDSN will train school staff on how to give insulin through the pump and how to look after the pump at school.

Blood glucose testing

Most children with diabetes will need to test their blood glucose levels on a regular basis, including at school. Blood glucose testing involves pricking the finger using a special device to obtain a small drop of blood. This is then placed on a testing strip, which is read by a small, electronic blood glucose meter. A test usually takes a few seconds.

A child is likely to need to test:

- before meals
- before, during and/or after physical activity
- if they're unwell
- anytime they or school staff feel that their blood glucose level is too low or too high.

Children might need help with blood testing, especially if they're younger, newly diagnosed or have learning difficulties.

Continuous Glucose Monitor (CGM):

Some children will wear a CGM. This is a small sensor that remains attached to them 24 hours a day, and gives automatic and frequent blood glucose readings. Children wearing a CGM generally won't need to test their blood glucose levels regularly during school hours. CGM is not available to all children but may be used in specific circumstances. The help a child needs with taking insulin and blood glucose monitoring will be explained in their IHP.

Food and Drink:

No food is off limits just because a child has Type 1 diabetes, but food and drink choices can affect a child's diabetes management. Children with diabetes should follow the same diet that's recommended for all children

– one that's low in fat (for older children), salt and sugar and includes five portions of fruit and veg a day. No food is out of bounds, including sweets and other sugary foods. But too many sweets and chocolates aren't good for anyone, so they should be a treat rather than a regular snack. Diabetic foods are not recommended because they still affect blood glucose levels, can have a laxative effect and are expensive.

Carb counting:

All children using a pump, and most using MDI, will match their insulin exactly to the amount of carbohydrate in the food they're about to eat. This is known as carbohydrate or 'carb' counting. The school nurse or trained member of staff will assist with counting carbs and this is inputted to the pump for an exact measure of insulin before eating .

Snacks:

Children who take insulin twice a day and younger children (no matter how they take insulin) may need snacks between meals. Snacks may need to be eaten during lessons and the choice of snack will depend on the individual child, but could be:

- a portion of fruit
- an individual mini pack of dried fruit
- a cereal bar
- a small roll or sandwich
- biscuits.

Older children who take insulin with meals or who are on a pump may not need snacks between meals.
Children who take multiple daily injections or who use a pump can usually be reasonably flexible with their eating times. But if a child takes two injections of insulin per day, meals and snacks may need to be eaten at regular intervals to help keep blood glucose levels stable. Refer to the child's IHP for specific information about how to manage their food during the school day.

HIGHS AND LOWS :

Hypoglycaemia (hypo) Hypoglycaemia happens when blood glucose levels fall too low (below 4mmol/l). Most children and families will call it a 'hypo'. All staff need to be aware that children with diabetes are likely to have hypos from time to time and they can come on very quickly. Sometimes there's no obvious cause, but usually it's because the child:

- has had too much insulin

- hasn't had enough carbohydrate food
- has been more active than usual.

How to recognise a hypo :

Most children will have warning signs of a hypo. These warning signs can include:

- feeling shaky
- sweating
- hunger
- tiredness
- blurred vision
- lack of concentration
- headaches
- feeling tearful, stroppy or moody
- going pale.

The child's usual symptoms will be listed in the child's IHP.

Treating a hypo:

Hypos must be treated quickly. Left untreated, the blood glucose level will continue to fall and the child could become unconscious or have a seizure. Some children will know when they are going hypo and can treat it themselves, but others, especially if they're younger or newly diagnosed might need help. A child should not be left alone during a hypo or be made to go and get the treatment themselves. Recovery treatment must be brought to the child.

What to do in the event of a child having a hypo :

- Check the child's blood glucose level
- Immediately give them something sugary to eat or drink, like Lucozade, a non-diet soft drink, glucose tablets or fruit juice.
- After 10–15 minutes, check the blood glucose level again.
- If the level is still low, repeat step 2.
- Check the blood glucose level again in another 20–30 minutes to make sure that they have returned to normal.
- Some children will need a snack after treating a hypo, such as a piece of fruit, biscuits, cereal bar, small sandwich or the next meal if it's due.

Once a hypo has been treated and the blood glucose has returned to a normal level there is no reason why the child can't continue with

whatever they were doing. However, it can take up to 45 minutes for a child to fully recover.

Unconsciousness:

In the unlikely event of a child losing consciousness,

- Do not give them anything by mouth.
- Place them in the recovery position (lying on their side with the head tilted back).
- Call an ambulance, tell them the child has Type 1 diabetes and then contact their parent or carer.
- Administer an emergency injection of glucagon (a hormone that raises blood glucose levels) stored in the fridge in the surgery.

Hyperglycaemia (hyper):

Hyperglycaemia happens when blood glucose levels rise too high. Most children and families will call it a 'hyper'. All children are likely to have high blood glucose levels sometimes and they might happen because the child:

- has missed an insulin dose or hasn't taken enough insulin
- has had a lot of sugary or starchy food
- has over-treated a hypo
- is stressed
- is unwell
- has a problem with their pump.

Treating a hyper :

Depending on how a child takes their insulin, if their blood glucose is only high for a short time, treatment may not be needed. But if blood glucose has been high for some time, treatment may include:

- taking an extra dose of insulin
- drinking plenty of sugar-free fluids
- testing the blood or urine for ketones

Children on pumps will need to treat high blood glucose levels more quickly.

Physical activity:

Diabetes shouldn't stop children from enjoying any kind of physical activity, or being selected to represent your school in sports teams. But children with diabetes will need to plan for physical activity, which includes checking their blood glucose levels carefully and making sure they drink enough fluids. All forms of activity, like swimming, football, rugby, netball, hockey, running and athletics, use up glucose. This can mean that a child's blood glucose level can fall too low and they'll have a

hypo. Also, if their blood glucose is high before getting active, physical activity may make it rise even higher. The way a child prepares for activity will vary depending on:

- when they last injected their insulin
- the type of physical activity they'll be doing
- the timing of the activity and how long it will last
- when they last ate
- their blood glucose level.

So they may need to:

- have an extra snack before/during/after physical activity
- alter their insulin dose
- inject in a particular place on their body.

This will all be included in the child's IHP.

Day trips:

Depending on what's planned for the trip, you might not need to make any adjustments to the child's usual school routine and a risk assessment drawn up by School nurses, trip organisers in consultation with parents and Nurse specialists if required .

Exams:

Managing a child's diabetes during an exam needs to be planned for in advance. The child will need to take their blood glucose monitor and hypo treatment into an exam and may need extra time to finish the exam.

Administering and storing of medication:

The school will make sure that there are appropriate numbers of staff who have been trained to administer the medication and meet the care needs of an individual child. This will include sufficient numbers of staff trained to cover absences and other situations. This school has clear guidance on the storage of medication and equipment at school. This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish/this is appropriate. Pupils may carry their own medication/equipment, or they should know exactly where to access it. Medications will be stored in their original, labelled container where possible, and in accordance with its instructions. The nurses will ensure that such medications are in date and that out of date medications are returned to the parents or pharmacy for disposal. The exception to this is insulin, which will generally be supplied in an insulin injector pen or a pump, but must still be in date. Parents are asked to collect all medications/equipment at the end of the school term and to provide new and in-date medication at the start of each term. This school disposes of

needles and other sharps in line with local policies. Sharps boxes are kept securely at school. They are collected and disposed of in line with local authority procedures.

Record keeping:

New parents to the school are asked to complete a medical questionnaire when their child starts at Aysgarth School . Each subsequent year, and when any changes occur, parents are expected to update this information. All pupil records and IHPs, including those for diabetic children, will be stored in the locked filing cabinet in the surgery. An accurate record of all medication administered, including the dose, time, date will be recorded on school base.

School environment:

This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.We also understand that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these. Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. The school catering department must be made aware of any dietary requirements and be kept up to date with any changes.

Roles and Responsibilities:

Supporting a child with a medical condition, especially diabetes, during school hours is not the sole responsibility of the school nurses. The school's ability to provide effective support will depend to an appreciable extent on working cooperatively between school staff, healthcare professionals and, where appropriate, social care professionals, local authorities, in conjunction with parents and of course the pupils themselves.

This Diabetes Policy has been written with advice from the Department for Education and Employment, Diabetes UK
(Diabetes UK, https://www.diabetes.org.uk/Guide-to-diabetes/)

AYSGARTH
SCHOOL

Appendix C:

Anaphylaxis Policy

What is Anaphylaxis?

Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds, minutes or up to 3 hours after exposure to an allergen.

Anaphylaxis causes the immune system to release a flood of chemicals that result in the body going into shock. Shock causes the blood pressure to drop suddenly and the airways narrow which impedes breathing.

Causes:

The immune system produces antibodies that defend against foreign substances. This is good when a foreign substance is harmful, such as certain bacteria or viruses. But some people's immune systems overreact to substances that don't normally cause an allergic reaction.
Allergy symptoms aren't usually life-threatening, but a severe allergic reaction can lead to anaphylaxis. If someone has suffered a mild anaphylactic reaction in the past, there's a risk of more severe anaphylaxis after another exposure to the allergen.

The most common anaphylaxis triggers in children are food allergies, such as peanuts and tree nuts, fish, shellfish, wheat, soy, sesame and dairy; milk/eggs. Besides allergies to peanuts, nuts, fish, sesame and shellfish, anaphylaxis, triggers in adults include:

- Certain medications, including antibiotics, aspirin and other pain relievers Stings from bees, wasps, hornets and ants
- Latex

In some cases, the cause of anaphylaxis is not identified; this is known as idiopathic anaphylaxis.

Symptoms:

Anaphylaxis symptoms usually occur within minutes of exposure to an allergen. Sometimes, however, anaphylaxis can occur a half-hour or longer

after exposure. In rare cases, anaphylaxis may be delayed for hours. Signs and symptoms include:

- Skin reactions, including hives (Urticaria), itching, flushed or pale skin (Note: these may be absent in up to 20% of cases)
- Swelling eyes, lips, face (Angioedema)
- Low blood pressure (hypotension) - a child may become floppy and very pale
- Constriction of the airways and a swollen tongue or throat, which can cause wheezing and difficulty breathing
- A weak and rapid pulse
- Nausea, vomiting or diarrhoea
- Dizziness or fainting
- Confusion or aggression
- Collapse and unconsciousness

ALL STAFF SHOULD BE FAMILIAR WITH THE LOCATION OF THE ADRENALINE AUTOINJECTORS ON SITE. ALL INDIVIDUAL ADRENALINE AUTOINJECTORS WILL ACCOMPANY STUDENTS ON TRIPS AWAY FROM THE SCHOOL.

If an allergic reaction is suspected, administer oral antihistamines in the first instance. These are kept with the Autoinjectors.

Using an autoinjector :

This device is a combined syringe and concealed needle that injects a single dose of medication when pressed against the thigh.

The instructions for use are on the pens. Always explain to the person what you are about to do, then:

- remove the pen from the plastic tube ,
- pull off the safety cap ,
- place black end against the outer thigh (with or without clothing) .
- push down hard until a click is heard or felt and hold in place for 10 seconds,
- remove the pen and massage the injection site for 10 seconds

Emergency First Aid Treatment:

Look for pale, cool and clammy skin; a weak, rapid pulse; trouble breathing; confusion; and loss of consciousness. Do the following immediately:

- Call for help and an adrenaline autoinjector
- Lie the person flat and raise legs if possible
- The diagnosis is supported if a patient has been exposed to an allergen known to affect them.
- Oral antihistamines if able to swallow.
- Administer injectable Adrenaline (Emerade, Jext, Epipen) intramuscularly (IM) into the outer thigh
- Dial 999
- Monitor ABC (Airway Breathing & Circulation)
- Repeat IM adrenaline after 5 minutes if Airway/Breathing/Circulation problems persist.
- Commence CPR if required until Ambulance arrives
- Contact parents/ guardians

***** IF IN DOUBT ADMINISTER ADRENALINE *****

A single dose of IM Adrenaline is well tolerated and poses minimal risk to an individual having an allergic reaction.

ALL STAFF SHOULD BE FAMILIAR WITH THE LOCATION OF THE ADRENALINE ON SITE (STAFF ROOM AND KITCHEN). matronS WILL CARRY AN AUTOINJECTOR PACK AT NIGHT. ALL INDIVIDUAL ADRENALINE AUTOINJECTORS WILL ACCOMPANY STUDENTS ON TRIPS AWAY FROM THE SCHOOL.

Appendix D:

EPILEPSY POLICY

This policy has been written in line with information provided by Epilepsy Action www.epilepsy.org.uk , the Department for Children, Families and Schools, Epilepsy Foundation and Department for Educations and Skills (DfES).

What Is Epilepsy ?

Epilepsy is one of the most common serious neurological conditions in the world. It affects around 600,000 people in the UK. This means almost 1 in 100 people in the UK have Epilepsy.
Epilepsy is a neurological disorder characterised by recurring seizures. When someone has epilepsy, it means they have a tendency to have epileptic seizures.
Anyone can have a one-off seizure, but this doesn't always mean they have epilepsy. Epilepsy is usually only diagnosed if a doctor thinks there's a high chance that the person could have more seizures.
Epilepsy can start at any age and there are many different types. Some types of epilepsy last for a limited time and the person eventually stops having seizures. But for many people epilepsy is a life-long condition.

Seizures and epilepsy are not the same. An epileptic seizure is a transient , short lived, occurrence of signs and/or symptoms due to abnormal excessive electrical activity in the brain. Epilepsy is the disease characterised by a predisposition to generate epileptic seizures and by the neurobiological, cognitive, psychological, and social consequences of this condition. In other words a seizure is an event and epilepsy is the disease involving these seizures.Possible causes of epilepsy include:

- Brain damage, for example damage caused by a stroke, head injury or infection
- Brain tumours
- Problems with the way the brain developed in the womb
- Genetic factors

However, in over half of all people with epilepsy, doctors can't find a

cause. It's thought that our genes play a part in who does and who doesn't develop epilepsy. This may explain why some people develop epilepsy with no clear cause. Researchers have found a number of genes linked to particular types of epilepsy.

There are three major groups of seizures:

Generalised Onset Seizures

These seizures affect both sides of the brain or groups of cells on both sides of the brain at the same time. This term was used before and still includes seizure types like* tonic-clonic, absence, or atonic to name a few.
(* blue text denotes hyperlink for more detailed information)

For generalised onset seizures:

- **Motor symptoms** may include **sustained rhythmical** jerking movements (clonic), muscles becoming weak or limp (atonic), muscles becoming tense or rigid (tonic), brief muscle twitching (myoclonus), or epileptic spasms (body flexes and extends repeatedly).

- **Non-motor symptoms** are usually called absence seizures. These can be typical or atypical absence seizures (staring spells). Absence seizures can also have brief twitches (myoclonus) that can affect a specific part of the body or just the eyelids.

Focal Onset Seizures

Focal seizures can start in one area or group of cells in one side of the brain.

Focal Onset Aware Seizures: When a person is awake and aware during a seizure, it's called a focal aware seizure. This used to be called a simple partial seizure.

Focal Onset Impaired Awareness: When a person is confused or their awareness is affected in some way during a focal seizure, it's called a focal impaired awareness seizure. They may have unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly, staring into space for a prolonged period of time or wandering around. This used to be called a complex partial seizure. You may also hear this type of seizure called a partial seizure.

Do:

- Guide them away from danger (such as roads or open water)
- Stay with them until recovery is complete
- Be calmly reassuring

- Explain anything that they may have missed

Don't:

- Don't restrain them
- Don't act in a way that could frighten them, such as making abrupt movements or shouting at them
- Don't assume they are aware of what is happening, or what has happened
- Don't give them anything to eat or drink until they are fully recovered
- Don't attempt to bring them round

Unknown Onset Seizures:

When the beginning of a seizure is not known, it's now called an unknown onset seizure. A seizure could also be called an unknown onset if it's not witnessed or seen by anyone, for example when seizures happen at night or in a person who lives alone.

- As more information is learned, an unknown onset seizure may later be diagnosed as a focal or generalised seizure.

Many different symptoms happen during a seizure. This new classification separates them simply into groups that involve movement.

For unknown onset seizures:

- **Motor seizures** are described as either tonic-clonic or epileptic spasms.
- **Non-motor seizures** usually include a behaviour arrest. This means that movement stops – the person may just stare and not make any other movements.

Triggers

In many people with Epilepsy, seizures happen without warning, but in some individual's certain triggers can be identified. Some examples include;

- Not taking epilepsy medicine as prescribed
- Feeling tired and not sleeping well
- Stress
- Alcohol and recreational drugs
- Flashing or flickering lights
- Monthly periods
- Missing meals

- Having an illness which causes a high temperature

Status epilepticus (or status)

If a seizure continues for more than five minutes and this is not usual, or one seizure follows another with no recovery in between, this is known as status epilepticus. Status during a tonic clonic seizure is a **medical emergency** and needs urgent treatment. Call 999, ensure the airway is patent.

MANAGEMENT IN SCHOOL

The school nurse holds a Pupils with Medical Conditions Register from the information provided by parents. This is available to school staff on a need to know basis.

- All pupils with Epilepsy/seizures will have an Individual Health Care Plan (ICP). The plan will include specific details of the pupil's condition, medication, first aid procedures and emergency contact details.

- Parents are asked to notify school if and when their child has been unwell at home and or over the holidays , if there are any changes in medication and any information regarding
  Consultant follow ups.

- All trained First Aiders will cover treatment of a seizure.

Medication

Anti epileptics

The majority of children with epilepsy take anti-epileptic drugs (AEDs) to control their seizures. These drugs are usually taken

twice a day. They are not controlled drugs but do need to be kept in a locked cupboard in the surgery or a locked box on school trips. Certain types of medicines taken for epilepsy can have an effect on a child's learning or behaviour. It is important that staff are aware of this. If a teacher notices a change in the child's learning or behaviour, then this should be discussed with their parents.

All epilepsy medication should be given by staff who have been trained and are competent in the administration of medicine and given as prescribed by the Paediatric Consultant involved in the Child's medical care. All medication should be clearly labelled and in original packaging. It is the responsibility of the school nurses to ensure all medication is in date and that stock is always readily available. Gaps in medication could result in a seizure - it is imperative that no dose is missed wherever possible.

Emergency medicines

If a child with epilepsy is likely to need emergency medicine to stop a seizure, it is vital that the parents and school staff work together to decide how this should happen. Aysgarth School will ensure that a sufficient number of staff are trained to administer emergency medicines if required. The two main forms of emergency medicines are rectal diazepam and buccal (orally; under the tongue) midazolam. Rectal diazepam has been used for many years. Buccal midazolam is currently unlicensed for treating epilepsy in children. However, many consultants and some epilepsy specialist nurses prescribe this drug, as it is easier to use and less invasive than rectal diazepam. The government's own advice on the use of buccal midazolam states that if the medicine is used in schools then 'instructions for use must come from the prescribing doctor'. These instructions should be written into an individual care plan for each child who may need medication in school time.

Guidance from the Department for Educations and Skills (DfES) on administering emergency medicines states clearly: 'In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.'

Record keeping

All medication administered will be recorded onto a Medication Administration Record form (MAR Chart) which is kept in the surgery.

Each child will have a Welfare Plan- all staff will be made aware of

the students specific needs on a need to know basis. This record will be agreed by the parents and the School Nurse, and signed by the parents and head teacher. This form will be kept safe and updated when necessary. Staff will be notified of any changes. This will make staff aware of any special requirements, such as seating the pupil facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.

In particular it will state whether the pupil requires emergency medicine, and whether this medicine is rectal diazepam or buccal midazolam. It will also contain the names of staff trained to administer the medicine and how to contact these members of staff. If the pupil requires emergency medicine then the school's policy will also contain details of the correct storage procedures in line with the DfES guidance.

Trips Away from School

A risk assessment must be completed and agreed with parents before any prolonged trips out of school. All staff must be trained and competent in the administration of medication and first aid and emergency first aid. The attending staff will be made aware of the student's individual healthcare needs and supplied with clear and concise instructions on medicine administration and their seizure type, triggers and signs and symptoms. Staff will be trained by the school nurse.

Emergency First Aid

In the event of a student , member of staff or visitor having an epileptic seizure staff should follow the procedure below:

Do…

- Protect the person from injury (remove any harmful objects from nearby)
- Cushion their head.
- Time the seizure from start to finish.
- Once the seizure has finished, aid breathing by gently placing the person in the recovery position.
- Stay with the person until recovery is complete.
- Be calm and reassuring.
- Inform the parents and, if a day pupil, arrange for collection.
- If incontinent during seizure, cover with a blanket after seizure has finished to avoid potential embarrassment.

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.
- Try to bring them round.

Call for an ambulance if…

- You know it is the person's first seizure, or
- The seizure continues for more than **five minutes**, or
- One generalised tonic clonic seizure follows another with no recovery in between *(status epilepticus), or
- The person is injured during the seizure, or
- You believe the person needs urgent medical attention

Radio the School Nurse for assistance or a duty first aider.

https://www.epilepsy.org.uk/info/treatment

https://www.epilepsy.org.uk/info/firstaid

AYSGARTH SCHOOL

Appendix E:

Please note: the headcase concussion protocol is written in conjunction with the 'Consensus Statement on Concussion in Sport' which is a statement produced from an internationally recognised conference which collates all the latest knowledge, updates and treatments of concussion. They were due to meet in 2020 but it was postponed and are meeting this year so there will most likely be changes to be made then. This is the most up to date information.

AYSGARTH SCHOOL CONCUSSION POLICY

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1. Concussion in School
2. Recognise - How to diagnose concussion
3. Remove
4. Staff & parental responsibilities
5. Recover
6. Returning to play
7. Appendix 1 - Graduated return to play program
8. Appendix 2 - Head Injury Advice Leaflet
9. Appendix 3 - Aysgarth GRTP Protocol
10. Appendix 4 - CRT 5 Concussion recognition tool 5

This policy is designed to assist members of staff with identification and treatment of a possible concussion injury. It is written in accordance with the Berlin Concussion in Sport report 2016 , Headway and RFU .

Definition of Concussion.

'Sport related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilised in clinically defining the nature of a concussive head injury include:

- SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
- SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
- SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
- SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged. The clinical signs and symptoms cannot be explained by drug, alcohol, or

> medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc) or other comorbidities (eg, psychological factors or coexisting medical conditions)'(Berlin expert panel 2017)

Or more simply:
Concussion is also often referred to as mild head injury, minor head injury or mild traumatic brain injury (mTBI). In any head injury the brain is caused to shake back and forth inside the skull, causing mild damage.

Concussion is commonly caused by falls, road crashes, assaults and sports accidents.

Concussion typically results in the rapid onset of short - lived impairment of neurological function that resolves spontaneously. In some cases, however, symptoms may evolve over a number of minutes or hours.

While most mild head injuries result in no long-term damage to the brain, it can cause temporary disruption to brain function that can last for at least a number of weeks. (Headway - the brain injury association 2015)

1. Concussion in school.

Concussion can result from falls from height or when the head comes into contact with a hard object. Concussion most commonly occurs during sporting activities. With any head trauma neck injuries must also be considered. Any blow to the head, neck or face should be assessed before play/activities recommence. Returning to play without proper assessment and clearance to continue can result in second impact syndrome, where the brain doesn't have time to recover should a second injury occur resulting in severe swelling which can be fatal.

It is important to recognise the signs, remove from play (in a sporting setting) and administer required first aid. All students with a confirmed concussion should adhere to a graduated return to play schedule (GRTP) (see appendix 1) and be reviewed by a medical doctor if possible.

2. Recognise - How to diagnose concussion.

The diagnosis of concussion involves the assessment of a range of domains, including clinical symptoms, physical signs, cognitive impairment and sleep disturbances.

Only 10 % of concussions result in a total loss of consciousness. Depending on the actual injury there can be varying symptoms displayed

and no two concussive injuries are the same. The following range of signs and symptoms can be indicators of concussion:

Table 1 (Headcase England rugby 2021)

ANY ONE OF THE FOLLOWING OBSERVABLE SIGNS:	PRESENCE OF ANY ONE OR MORE OF THE FOLLOWING SYMPTOMS:	RED FLAGS IF ANY OF THE FOLLOWING ARE REPORTED OR DEVELOP, (E.G. CONSIDER CALLING AN AMBULANCE)
Loss of consciousness or responsiveness • Lying motionless on ground / Slow to get up • Unsteady on feet / Balance problems or falling over / Incoordination • Grabbing / Clutching of head • Dazed • Blank or vacant look • Confused /disoriented to time and date	• Loss of consciousness • Headache, or "Pressure in head" , neck pain • Seizure or convulsion • Dizziness or balance problems • Confusion • Difficulty concentrating or feeling like"in a fog " • Nausea or vomiting • Drowsiness, feeling slowed down, fatigue or low energy • More emotional or sadness • Blurred vision, or sensitivity to light or noise • Nervous, anxious or irritable • Amnesia	• Deteriorating conscious state • Increasing confusion or irritability • Severe or increasing headache • Repeated vomiting • Unusual behaviour change • Seizure or convulsion • Double vision or deafness • Weakness or tingling/burning in arms or legs

All staff must be aware of the concussion recognition tool (CRT) , all first aid kits contain such a tool - CRT contains a brief synopsis of possible concussion signs and symptoms and prompts questions to be asked of the casualty - failure to answer any of these questions may suggest a concussion: "What venue are we at today?" "Which half is it now?" "Who scored last in this game?" "What team did you play last week/game?" "Did your team win the last game?" The above questions are NOT to be used to clear a player to return to play. Any player with suspected concussion should be IMMEDIATELY REMOVED FROM PLAY and NOT RETURN.

3. Remove

If concussion is suspected the individual must removed from play, or the play moved from the casualty if spinal injury is suspected, they must be assessed by a health professional to ensure that there are no significant underlying medical issues, and the appropriate first aid administered. The appropriate disposition of the player must be determined by the treating healthcare provider in a timely manner. If no healthcare provider is available, the player should be safely removed from practice or play and urgent referral to a physician arranged. The player should not be left alone after the injury, and serial monitoring for deterioration is essential over the initial few hours after injury.
Healthcare practitioners should use the CRT 5 (concussion recognition tool) symptom checklist to monitor recovery.
Pupils must not engage in any physical activity on the day of any suspected concussion.

IF IN DOUBT, SIT THEM OUT

Parents should be contacted and a head injury advice leaflet given to any day boy or visiting student. (appendix 2)
A student with a confirmed concussion should be reviewed by a doctor if possible that day either at the surgery or A&E.

Danger Signs:
An ambulance 999 call should be made if the following symptoms emerge/ develop:

- Deteriorating conscious state
- Seizure
- Repeated vomiting
- Becoming unresponsive
- Increased severity of headache or pressure
- Limb numbness, weakness or tingling
- Neck pain or stiffness
- Deafness
- Clear fluid from ears or nose
- Bleeding from ears
- Increased irritability

4. Staff & parental responsibilities

All staff must be familiar with the signs and symptoms of concussion and be aware how to use the CRT concussion recognition tool. If a concussion injury occurs they must :

- Remove the student from play, if it is a sporting injury.

- Complete an accident form as soon as possible.
- Record all details of the injury: mode of the injury (how it happened), time, place staff involved, all communication with parents and emergency services if required.
- School Nurse to record all details on School Base.
- Parents must be informed.
- House parents and boarding staff must be made aware.
- All staff need to be aware of the restrictions that apply to the student in terms of recovery and the GRPT programme .

5. Recover

Concussion must be taken seriously to safeguard the short- and long-term health and welfare of players. The majority (80-90%) of concussion symptoms resolve in around 7-10 days, with symptoms resolving within 1 - 2 days in around a third of cases. However, irrespective of how quickly symptoms resolve, everyone should go through the full appropriate Graduated Return to Play programme (GRTP). (Headcase England Rugby 2021)

The student must have a period of complete rest until symptom free. They may have to miss some academic activities and refrain from screen time, white board and even reading. If they return to normal activity before the brain has had time to fully recover it could result in an extended period of recovery.

If the student is recuperating at home the parents must be fully aware of the recovery process and adhere to it. They will receive a head injury leaflet describing symptoms and what to look out for.

6. Returning to play

All students should be assessed at least once by a Doctor, preferably twice before resuming normal activities in sport. There are always exceptions and students who suffer regular head injuries with resulting concussion, especially if there has been a documented loss of consciousness may be referred for neurological assessment and consider not playing contact games.

GRTP should only commence if the student:

- Has completed the minimum rest period of 2 weeks- earliest return to contact is 23 days post injury.
- Is symptom free.
- Has resumed and is coping with academic performance.

- Has been given clearance by a Doctor, if possible, to return to play.

Regular communication with parents is recommended especially for boarding pupils under our care. It must be stressed that this is a well recognised process that must be adhered to no matter how well the student thinks they feel. It is often hard for them to accept such a long period off sport and activities and parents must assist us in the enforcement of that. A premature return to play would be indefensible should a further impact injury occur.

Appendix 1: GRTP <u>Graduated Return to Play Program</u>

(Adapted from Headcase England Rugby 2021)

Stage	Duration	Exercise	Objective
1 (initial rest body and	24-48 hours	no exercise , no school work no phones or	Recovery

brain)		screen time	
	Review by Doctor		
2a	14 days(Must be symptom free before progressing to stage 2b)	No exercise , consider limited school work depending on symptoms	Recovery
2b	Minimum 48 hours	Light aerobic exercise Walking jogging swimming short duration less than 20 mins	Increase heart rate
3 (sport specific exercise)	Minimum 48 hours	For example: Running drills. No head impact activities . Less than 45 mins	Add movemen t
4 (non contact training)	Minimum 48 hours	For example: Passing drills. May start progressive resistance training . Less than 60 mins	Exercise, coordinat ion and cognitive load A return to learning/ work must be achieved before returning to sport
	Review by Doctor for clearance if possible		
5 (Full Contact Practice)	Minimum 48 hours	Following medical review. Return to normal training activities	Restore confidenc e and assess functiona l skills
6 (Return to Play)	EARLIEST RETURN TO PLAY: 23 DAYS	Normal activities resume	

AYSGARTH SCHOOL

Appendix 2: Head Injury Leaflet

Dear Parent/Guardian,

Your child has suffered a minor bump to the head today .

It is perfectly normal for them to suffer a headache , dizziness, tiredness and tearfulness.
If they have a headache you may treat them with paracetamol at the correct dose for their age. They should refrain from screen time including reading to allow their brain a chance to heal.
They may be on a graduated return to sport and we will provide further details about that. In the meantime allow them to rest fully for the next 24-48 hours and should the following symptoms develop within the next 2-3 days or before - call NHS 111 or go to A&E for assessment if your child :

- **Vomits more that twice in 12 hours**
- **Becomes more sleepy and difficult to wake**
- **Develops double vision**
- **Develops memory problems**
- **Becomes overly irritable**
- **Has a fit/seizure**
- **Develops numbness or weakness of their limbs**
- **Complains of a worsening headache not relieved by paracetamol**

If you have any questions please don't hesitate to be in touch.

Best wishes,

School Nurse
Aysgarth School

AYSGARTH SCHOOL

Appendix 3: Aysgarth Return to play

Name : Form :

Date of Concussion :

Stage	Duration	Rehabilitation stage	Start Date	End Date	Comments	Signed
1	24-48 hours	**Complete rest no exercise , no school work no phones or screen time**				
2 Day 1-7 (Week 1)	Up to 7 days	No exercise				
Reviewed by medical staff to proceed to next phase						
3 Day 8-14 (Week 2)	Upto 7 days or as long as is required	Light aerobic exercise such as running				
Reviewed by medical staff to proceed to next phase						
4 Day 15-23 (week 3)	Up to 7 days or as long as is required	No contact sport , can perform drills/ touch matches				
Day 23 Further medical review before starting full contact		Return to play if symptom free and cleared by a Doctor/ medical staff				

Appendix 4: CRT 5 Pocket Concussion Recognition Tool 5



CONCUSSION RECOGNITION TOOL 5©

To help identify concussion in children, adolescents and adults

Supported by

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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AYSGARTH SCHOOL

Appendix F:

ADMINISTRATION OF MEDICINE POLICY

1 . **ADMINISTRATION OF MEDICINE**

1.1. Prescribed medicines are the property of the pupil to whom they have been prescribed and dispensed. The level of security in the storage of students' own drugs, including controlled drugs, is balanced against the need to ensure timely access to medicines in the event of them being required in an emergency situation.

1.2. Medicine must be administered to the pupil whose name appears on the label and according to the prescriber's instructions. These instructions are indicated on the pharmacy label. At each administration, medicine must be recorded and signed for on the MAR (medication administration) chart and a corresponding school base entry (EYFS and pre prep do not record medicine administration on school base). Paracetamol and Ibuprofen times and doses are also recorded manually in the day book to further avoid any possibility of overdose.

1.3. For EYFS pupils Paracetamol 120mg/5ml Oral suspension will only be administered with the parents' permission. Parents will be informed when a pupil receives medication.

1.4. Parental permission is required before any Prep School child can receive medication from staff. Consent is taken on entrance to the Prep, Pre Prep School and EYFS when they complete the health questionnaire and at the start of each academic year. Parents have the right to remove consent at any time and should inform the School Nurses of any changes.

1.5. Parents of day boys at the Prep School will be informed by email if their child receives medication in the afternoon. Parents are asked to inform us if a day boy has received paracetamol or ibuprofen at home to avoid overdosing. This applies to all children in EYFS and pre prep.

1.6. Potential allergies must be checked before administration. It is the parent's responsibility to inform the school of any known allergies. The School Nurse will be responsible for ensuring that this information is shared appropriately with staff in school.

1.7. Medication must be in its original packaging and not transferred between containers.

1.8. If there is any query or concern regarding a pupil's medicine, then that medicine should not be given and the School Nurse or prescriber must be consulted immediately.

1.9. The label on the container provided by the pharmacist must not be altered under any circumstances.

1.10. Prescriptions are transcribed onto the MAR chart by the school nurses. Care is taken to ensure that the prescription is transcribed correctly. Medicines are not transcribed where details are illegible, unclear, ambiguous or incomplete. Since transcribing is the copying of medicines information for the purposes of administration, it cannot be used in place of prescribing and therefore checking the original prescription before administration is ALWAYS encouraged.

1.11. The 6 Rights of Administration must be applied:

- RIGHT PUPIL

The identity of the pupil must be confirmed. This must be checked with the name on the medicines record and the pharmacy label on the medicine and by addressing the pupil by name.

- RIGHT MEDICINE

The name, form and strength of the medicine must be checked during the administration process i.e. the pharmacy label on the medicine should be compared with the medicines record.

- RIGHT TIME

Medicine should be given at the time indicated on the medicines record.

- RIGHT DOSE

The dose of medicine must be administered in accordance with the prescriber's instructions. Refer to the medicines record and the pharmacy label to ensure this.

- RIGHT ROUTE

Medicine must be administered in its prescribed form i.e. tablet, capsule, patch, inhaler etc. and by the prescribed route i.e. oral, sublingual, topical etc.

- The pupil's RIGHT to REFUSE must be respected.

1.12. It is essential that administration of medicine and subsequent signing of the medicines record is completed for one pupil before selecting medicines for the next.

1.13. For medicines with a limited expiry, containers of the medicine should be marked with the date of opening and/or date of expiry e.g. eye drops, creams, liquids.

1.14. Medicine must not be left unattended with the pupil. The trained staff member should remain with the pupil until administration is complete.

1.15. Medicine should not be opened or prepared until the pupil is ready to accept it.

1.16. For application of creams and ointments, disposable gloves must be worn.

1.17. Medicine should not be given if:

- The medicines record is missing or is difficult to read or there is any evidence that the dose has already been administered.
- The pharmacy label is missing or is difficult to read
- A significant change in the physical or emotional condition of the pupil is observed
- The 6 Rights of Administration cannot be verified
- The pupil has queries about the medicines e.g. colour, size, shape, consistency of liquids etc
- If there are any doubts or concerns in these situations, the medicine should not be given until advice has been sought from the School Nurse

1.18. Medicine must never be crushed, broken or mixed with food and drink unless it is designed for that purpose. All liquids must be shaken prior to administration. Liquid dose measurements must be undertaken with accuracy. For doses of 5 or 10ml, the 5ml plastic measuring spoon should be used. For doses over 10ml, an appropriately graduated plastic measuring pot can be used. This must be held at eye level for accurate dose measurement. For doses of less than 5ml, an oral syringe should be provided for measurement of the dose.

1.19. All bottles of liquid should be wiped after use.

1.20. Never give medication covertly (i.e. disguising it as something else).

1.21. Any adverse drug reaction experienced is noted and managed in accordance with the organisation policy/procedures. Where appropriate,

details of the reaction are documented and reported to the prescriber or nationally if required.

2. **STAFF TRAINING**

2.1. Medicine administered in the surgery is done by designated staff deemed competent and when authorised to do so by the School Nurse. Registered healthcare professionals who administer medicines, or delegate the administration of medicines, are accountable for their actions, non-actions and omissions, and exercise professionalism and professional judgement at all times. Registered nurses have a duty of care and a legal liability with regard to the patient. If they have delegated an activity they must ensure that it has been appropriately delegated.

2.2. All staff who administer medicines e.g school trips or pre prep EYFS must have completed online training on the safe administration of medicine. Competence of staff must be assessed at least annually or more frequently if required e.g. following an incident or error. A medicine administration record will be provided for all medicine that has to be administered on school trips by the school nurse before departure.

2.3. Advice on medicine issues, policies and procedures should be sought from a Pharmacist in conjunction with the GP and school nurses.

2.4. Staff must be aware of the medicines they are administering and the consequences of administration and non-administration.

2.5. Staff must be mindful of the arrangements that must be in place for medicines that need to be given at specific times to ensure the dose interval is appropriate.

2.6. Staff are responsible for monitoring the effects of the medicines they administer and taking action if a pupil's condition changes.

2.7. Teaching and support staff reserve the right to refuse to administer medication.There is no legal or contractual duty on teachers to administer medicine or to supervise a pupil taking it. This is a purely voluntary role. While teachers have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines.Teachers may volunteer to administer medication but should seek advice before agreeing to administer medicines where:

- the timing of its administration is crucial to the health of the child
- some technical or medical knowledge is required
- intimate contact with the pupil is necessary (i.e. rectal Valium)

The following guidance is from the National Education Union (NEU):

'In cases of accident and emergency, teachers must, of course, always be prepared to help as they and other school staff in charge of pupils have their general legal duty of care to act as any reasonably prudent parent would. In such emergencies, teachers should do what is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.'

3. **RECORD KEEPING**

3.1. All medicines brought into the prep school must be taken to surgery with full instructions including when the last dose was given, where appropriate. Parent's of overseas students must email the school with full instructions of the medication and its storage and administration. EYFS and Pre Prep store the medication brought in by parents in a locked cupboard in the staff kitchen.

3.2. Records must be kept of all medicines administered to pupils including what, how and how much was administered, when and by whom. Any side effects of the medication should be noted. A record must also be made for non administration e.g. refusal.

3.3. The MAR chart must contain an up-to-date record of all medicines administered. After each administration, the trained staff member should sign the medicines record to verify that the medicine has been administered. A code or explanation must be used for non-administration.

3.4. MAR charts should be signed in black ink. If a mistake in recording is made, a single line should be made across the incorrect entry, initialled and a new clearly legible entry made.

3.5. For pupils with a long term condition, an individual healthcare plan (IHCP) or Welfare Plan will be made in consultation with parents, the pupil and School Nurse. This will be reviewed annually or as required.

3.6. An up-to-date sample signature and initials list should be kept for those staff eligible to undertake medicine administration.

3.7. For medicines that are administered regularly, but infrequently - e.g. monthly or every 3 months, a system must be in place to record when these medicines are due. This may include marking the relevant box on the medicines record for monthly items and recording the date in the diary to remind staff e.g. for 3- monthly medicines.

3.8. The School Nurse must be informed of any unusual incidents e.g. medicine given out of the time frame, incorrect dose. A medical near miss form should be completed and relevant people made aware.

3.9. Discontinued medicines may only be documented on the MAR chart by the School Nurse.

3.10. All entries must be written clearly and with no abbreviations.

3.11. For pupils who have more than one medicines record, these must be labelled 1 of 2, 2 of 2 etc.

3.12. Any changes to medication made by the prescriber by phone can only be accepted if it is supported in writing (by email) before the next or first dose is given. The records (and IHCP if appropriate) must be updated as soon as possible.

3.13. MAR charts must be kept with the individual medical records and retained for the time specified by the regulator and thereafter destroyed securely. This is currently advised at 25 years of age or 10 years after leaving the school.

3.14. The Controlled Drugs register must be used when Controlled Drugs are received into the school, administered or returned to the parent/pharmacy.

4. **CONTROLLED MEDICATION**

4.1. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as a medicine for use by children, e.g. methylphenidate (Ritalin).

4.2. Any authorised and trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

4.3. Controlled drugs (CDs) are subject to safe custody and must be stored in a locked cupboard/CD cabinet. The key to this cabinet must be securely stored and only accessible to staff authorised to have access to it. Cupboards and closed storage units in which medicines are stored and/or the rooms that accommodate these are lockable and locked when not being accessed.

4.4. Record Keeping For Controlled Drugs – Legal Requirements Paper Controlled Drug Register (CDR) will be kept in a bound book format

- There must be a separate page for each strength and form of an individual drug.
- Each page must specify the name, strength and form of the drug at the head of the page and all of the entries on that page must relate to that drug only.
- Each entry must be in chronological order.
- Each entry must be legible and written in indelible ink. If a mistake is made then it should be crossed through with a single line so that it can still be read.
- The CDR must be kept on the premises to which it relates.
- The CDR must be available for inspection by an authorised person.

4.5. Relevant staff will be given annual training on the administration and safe storage of Controlled Drugs.

4.6. All pupils requiring CDs must have a consultants letter stating diagnosis, medication prescribed and dosage.

4.7. All CDs must be in the original packaging, with a pharmacy label including Name and correct dosage.

4.8. International pupils bringing CDs with them also need to have a consultants letter and shared care agreement set up and this should be done prior to the pupils arrival in the UK. If the medication is not an EU recognised medication a UK alternative will need to be prescribed. They may need to be referred to a psychiatrist in the UK in order to receive repeat prescriptions.

5. **CHOICE AND CONSENT**

5.1. Medicine may not be administered without consent. All pupils should be given the choice to take or refuse medicines and their dignity and independence should be maintained at all times.

5.2. If a pupil refuses to take medicine, they should not be forced to do so but staff should follow directions in the pupil's IHCP. The School Nurse should be informed who will in turn inform the pupil's parents and GP so that alternative options can be considered.

5.3. Non-prescription and prescription medicines should only be given if parents/guardians have provided written consent.

5.4. When the pupil joins the school, parents will be requested to complete the health questionnaire outlining any past medical history, current medical issues and treatment, any known allergies and past immunisations. In addition, parental consent will also be requested for administration of routine vaccines and over-the-counter medicines.

5.5. Parents will be requested to update their parental consent at the beginning of the autumn term detailing any treatment or changes that have occurred in the school holidays.

5.6. Students who are considered 'Gillick Competent' can self-administer medication, if it is in their best interests to do so. This is decided with the student and their parents and the school nurse. A self medication form is completed and signed by the student, parent and school nurse. The student is assessed, supported and continued to be monitored if the are self medicating. Their medication is kept in a lockable box in their locker and is topped up by the school nurse or matron. In cases where ventolin inhalers are kept with the student for away trips for emergency access they will carry the inhaler themselves and hand it in at the end of the school trip. Should they require to carry it at all times this of course can be permitted.

6. **ERRORS AND SAFEGUARDING**

6.1. Aysgarth School recognises that, despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. If a mistake occurs, this must IMMEDIATELY be reported to the School Nurse so as to prevent any harm to the pupil. There must be no delay in reporting the incident.

6.2. Advice must be sought from the School Nurse who will contact the GP/emergency services as appropriate. Any advice given by the healthcare professional must be actioned immediately. The pupil must be observed and monitored for side effects and emergency action taken if required. The parents must be informed immediately.

6.3. All medication errors, incidents and near misses must be fully and carefully investigated and documented by the School Nurse to determine the root cause and action taken as appropriate. A medical near miss should be completed and reported to the Health and Safety Committee. Detailed audits must be carried out on a regular basis and used in school briefing meetings to improve practice.

7. **SAFE STORAGE OF MEDICINE**

7.1. The level of security to be applied in the storage of *students'* own drugs, including controlled drugs, and the way in which this is achieved, is balanced against the need to ensure timely access to medicines when they are required.

7.2. Medicines are stored under conditions that assure their quality until they are used or administered including during transportation and a risk Assessment for Controlled Drugs would be completed for trips .

7.3. For items that require refrigeration or freezing, the equipment used is designed for the storage of medicines and conforms to current guidance. The temperature of the refrigerator or freezer is monitored using a thermometer .

7.4. Where staff reading the temperature find that it is outside the accepted range they are aware of the actions to be taken to report and address this.

7.5. Refrigerators and freezers are not overloaded to allow air circulation and medicines are not stored in contact with the sides or bottom of the refrigerator/freezer.

7.6. Refrigerators and freezers are locked when not in use.

7.7. Steps are taken to ensure that refrigerators and freezers are not accidently switched off.

7.8. Refrigerators and freezers used for the storage of medicines are not used to store any other items.

7.9. Discontinued, expired or unsed medication is disposed of in a safe way at the local pharmacy. All needles are disposed of in a clinical sharps bin and taken to the local health centre for disposal when no longer in use or full.

8. **STORAGE AND ACCESS OF MEDICINE FOR USE IN A CLINICAL EMERGENCY**

8.1. Storage arrangements allow for immediate access to critical medicines in the event of a clinical emergency, e.g. asthma or anaphylaxis. All staff are made aware of the location of the adrenaline auto injectors and emergency inhalers stored in school.

8.2. These critical medicines are ready to administer preparations wherever possible and are held in containers. The locations of containers are clearly signposted.

This policy was written in conjunction with:

The Professional Guidance on the Safe and Secure Handling of Medicines, The Royal Pharmaceutical Society, Medicines Management; Royal College of Nursing, Administering Medicines; National Education Union .

Appendix G:
Aysgarth School over the counter/non prescription medication

Medicine	Indication for use	Contra- idication	Dose	Side effects	Duration of treatment
Paracetamol/ Calpol ● Suspension 120mg/5ml ● Suspension 250mg/5ml ● Calpol fastmelts 250mg ● Calpol sachets 250mg ● Tablets 500mg	Mild to moderate pain. Pyrexia (high temperature)	Hepatic and renal impairment.	1-5 years : 120mg - 250 mg 6-12 years : 250 - 500mg Adults and children over 12 : 500mg - 1g Doses 4 - 6 hourly max. 4 doses in 24 hours.	May cause a rash	Doses 4 - 6 hourly max. 4 doses in 24 hours.
Ibuprofen ● Suspension 100mg/5ml ● Tablets 200mg	Mild to moderate pain. Inflammation Pyrexia	Asthma Hypersensitivity to NSAID Renal, cardiac & hepatic impairment	3-7 years : 100mg 8-12 years : 200mg Adults & children over 12: 200-400 mg Max of 3-4 divided doses in 24 hours. Do NOT administer to asthmatics	Gastro-intestinal pain, nausea, diarrhoea and occasionally bleeding or ulceration	Max of 3-4 divided doses in 24 hours.
Ibuprofen Gel	Back pain, muscular pain strains , sprains or inflammation.	Asthma Hypersensitivity to NSAID Renal, cardiac & hepatic impairment	Ensure preparation is age appropriate. Thin layer to affected area 3 doses in 24 hours	Asthma . Not to be taken in conjunction with oral ibuprofen	3 doses in 24 hours
Cetirizine Hydrochloride ● Tablets 10mg	Symptomatic relief of allergy	Hepatic disease, renal impairment .	2 to 5 year: 2.5mg, twice a day.	Can cause drowsin	

	i.e. hay fever, urticaria, hives		6 to 11: 5mg, twice a day. Try to leave 10 to 12 hours between doses. Children over 12 and adults : 10mg a day	ess	
Cetirizine Hydrochloride Suspension 5mg/5ml	Symptomatic relief of allergy i.e. hay fever, urticaria, insect bites and stings	Hepatic disease, renal impairment	Children 2-5 years : 2.5 ml twice a day or 5 ml once a day 6-11 years : 5ml twice a day or 10 ml once a day Adults and over 12 years : 10 ml once a day	Can cause drowsiness	
Loratidine ● Tablets 10mg	Symptomatic relief of allergy i.e. hay fever, urticaria, hives		Adults & children 2 years and over, weighing more than 30 kg : One tablet a day		
Barrier Balm	For the relief of hay fever symptoms caused by pollen dust and allergens	Allergy to any ingredients	Small amount to be rubbed on nostrils	External use only	
Kwells - Hyoscine hydrobromide ● Tablets 150 mg ● Tablets 300mg	Prevention of travel sickness. Antiemetic	Glaucoma. Paralytic ileus Pyloric stenosis myasthenia gravis enlarged prostate	Children 4-10 years : 75-150 mg every 6 hours Adults and children over 10 150 - 300 mg every 6 hours No More than 3 doses in 24 hours	Blurred vision , dilated pupils, dry mouth , drowsiness, dizziness	No More than 3 doses in 24 hours

Ovex Mebendazole 100mg	Treatment of threadworms	Any antibacterial meds	Adults & children over 2 years: One tablet	Common side effect : stomach pain Rare : convulsions , allergic reaction , rash Very rare : abnormal liver function	
Optase allergy eye drops	Relief of allergic conjunctivitis	Allergy to any ingredients	Age 10 years and above : 1-2 drops per eye several times a day	Local sensitivity	If symptoms persist may need medical intervention
Simple Linctus	Relief of a dry cough	Allergy to any ingredients	1-5 years: 1x 5ml spoon 6-12 years: 2x5ml spoon. No more than 4 doses in 24 hours	Caution in diabetics as contains sugars	No more than 4 doses in 24 hours
Dry tickly cough syrup Glycerol 0.75g/5ml	Relief of a dry cough		1-5 years: 2.5 ml spoon 6-12 years: 5ml spoon Adults & children over 12: 1-2 5ml spoon No more than 4 doses in 24 hours	Caution in diabetics as contains sugars	No more than 4 doses in 24 hours
Lemon Honey & glycerin lozenges	Relief of sore throat	None known	As required	Caution in diabetics as contains sugars	

Olbas Oil	Relief of nasal congestion	Allergy to any ingredients	Children aged 2 and over: 2- 3 drops on a tissue for inhalation Adults and children over 12 years : 2- 3 drops for inhalation Do Not allow oil to touch skin .	Hypersensitivity/ skin reactions	
Vicks Vaporub	Relief of congestion, topical cough suppressant	Allergy to any ingredients	Rub onto chest and throat . 3 - 4 times a day	None known	
Congestion relief Nasal spray	Relief of nasal congestion	Allergy to any ingredients	Infants, children & adults:1-2 sprays each nostril	None known	
Olive oil Ear drops	Relief of excess ear wax	Allergy to any ingredients	2-3 drops to affected ear twice a day	None known	Up to 7 days
Milk of Magnesia. Magnesium Hydroxide	Indigestion , heartburn	Renal impairment	3-12 years: 5ml spoon maximum 6 in 24 hours Children over 12 & adults: 1 -2 5ml spoon up to 12 times in 24 hour period	Has many drug interactions . See bottle for list before administering Rare Hypermagnesemia	Do not use after 14 days consult a doctor
Magnesium Sulphate Paste	Drawing paste for splinters and minor skin	None known . Allergy to any of the ingredients	Apply liberally to the affected area and cover with a clean dressing	Local skin sensitivity , redness	

	infections			, swelling , itching pain or burning sensation	
Anthisan cream 2%	Relief from pain , itching and inflammation caused by insect bites, stings a nettle rash	Eczema or extensively broken skin , cut or grazed skin	Adults & Children over 2 years: Apply 2-3 times a day for up to 3 days	Local skin sensitivity , redness , swelling , itching pain or burning sensation	
E45 Cream	Dry skin treatment	Allergy to any of the ingredients	From age 1 month - adult Apply 2- 3 times a day	Local skin sensitivity , redness , swelling , itching pain or burning sensation	
Cetrimide 0.5% Antiseptic cream	Cuts, grazes , chapped hands , small wounds	Allergy to any of the ingredients	From age 1 month - adult Apply 2- 3 times a day	Local skin sensitivity	
Arnica Montana 1x Homoeopathic cream	Relief of Bruising	Eczema or extensively broken skin , cut or grazed skin	Apply 4 times a day	Local skin sensitivity	
Bonjela Junior Oromucosal gel	Relief of mouth ulcers, tooth eruption ,	Allergy to any of the ingredients	Pea sized amount 3 hourly 3- 5 time in 24 hours		

	brace irritation				
Bonjela Oromucosal gel	Relief of mouth ulcers, tooth eruption , brace irritation	Allergy to any of the ingredients	Pea sized amount 3 hourly 3- 5 time in 24 hours		
Zovirax Aciclovir	Relief of Cold sores Herpes simplex	Allergy to any of the ingredients	Apply to affected area 5 times a day at time of onset		4 days
Cymex	Relief of Cold sores & Dry lips	Allergy to any of the ingredients	Apply to affected area sparingly hourly		
Bazuka gel	Treatment for verrucas, warts, corns and calluses	Allergy to any of the ingredients	Adults & children over 2 years. See information leaflet for instructions	Local skin sensitivity	
Daktarin Cream 7 Spray Miconazole nitrate	Treatment and relief of athlete's foot	Allergy to any of the ingredients. Warfarin	Adults and children of all ages:Apply cream or spray to affected area twice a day for 7 days	Allergic reaction . swollen face , lips, tongue. Local skin sensitivity	
Eurax	Relief of itch from: Itchy dermatitis , allergic rashes, hives,	Allergy to any of the ingredients	Adults & children over 3 years: small amount massaged into affected area. 2-3 times a day	Local skin sensitive redness , swelling	

	nettle rash , chickenpox lesions, insect bites and stings sunburn			, itching pain or burning sensation	
Calamine & Glycerin cream	Relief of dry , tender or irritated skin Sunburn Windburn	Allergy to any of the ingredients	Adults and children: Apply to affected area as required	Local skin sensitivity	
Deep Freeze Cold Gel	Cooling therapy for the relief of sore back , neck shoulder, legs and feet	Allergy to any of the ingredients. Broken skin	Adults & children over 6: Apply to affected area 2-3 times a day	Local skin sensitive redness , swelling , itching pain or burning sensation	
Deep Heat Rub	Relief of muscular pain stiffness sprains,strains and bruises	Allergy to aspirin or NSAIDs. Asthma . allergy to active ingredients	Adults & Children over 5 : small amount massaged into affected area. 2-3 times a day	Local skin sensitive redness , swelling , itching pain or burning sensation	
Vaseline - White petroleum jelly	Soothe smooth and hydrate skin and chapped lips	None Known	Apply small amount to affected area	Unlikely	

Sudocrem	Eczema , surface wounds, sunburn , minor burns, acne	Allergy to any of the ingredients	Apply thin layer to skin as required	Local skin sensitivity	If symptoms persist may need medical intervention
Bach Rescue remedy Rescue Night	Sleep aid	Allergy to any of the ingredients	4 drops directly on tongue		
TCP antiseptic liquid	Relief of sore throats , mouth ulcers cuts grazes spots stings & bites	Allergy to any of the ingredients	Gargle diluted in 5 parts water or dab onto skin . DO NOT SWALLOW	Local skin sensitivity	Do not use after 14 days consult a doctor
Emergency					
Salbutamol Emergency inhaler	Treatment of Asthma Used with a spacer	**Allergy** to any of the ingredients	In an emergency 2 puffs every 2 mins to a maximum of 10 puffs	Headaches , dizziness shaking	As required Call 999 if symptoms do not improve
Adrenaline Auto Injector	anaphylaxis		Follow guidelines		Call 999