FOREST SCHOOL

Medical Policy

Whole School including EYFS

v1.4

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Owner (Name, Title):	The Bursar
Classification:	Statutory
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CONTENTS

1 STATEMENT

1.1 The care of our pupils is paramount. With adequate information, we endeavour to help our pupils remain healthy, enabling them to continue to access their education without stigma or exclusion. For this to occur, parents/carers, pupils and staff need to work closely together and maintain clear and consistent communication. The School employs a Medical Team consisting of one GMC registered Doctor (Director of Medical Provision), one Medical Administrator and two NMC registered Nurses to cover the medical needs of members of the School.

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

2 PROVISIONS

2.1 There is a Medical Centre within the Whitmore building, which is open from 07:30 to 18:00 Monday to Friday. This facility contains two treatment rooms and a clean utility, where medication and medical equipment is securely stored.

2.2 The Director of Medical Provision oversees all medical operations at Forest School.

3 QUALIFICATIONS

3.1 First Aid training is provided onsite and monitored closely by the Health and Safety & Compliance Director.

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

3.3 The Nurses are responsible for assessing all pupils and providing treatment. The Medical Administrator is first aid trained and may provide basic treatment and administer over-the-counter medication under supervision.

3.4 The Director of Medical Provision and School Nurses update their training regularly to maintain their registration.

4 INFECTION CONTROL

4.1 All staff are familiar with standard precautions to avoid the spread of infection.

4.2 Personal protective equipment (PPE) is worn where there is a risk of contamination with blood or bodily fluids. Gloves are disposable, non-powdered vinyl and CE (Conformité Européene) marked. If there is a risk of splashing to the face, goggles are worn. PPE equipment is available in the Medical Centre and in all first aid boxes.

4.3 In the event of a large spillage of blood, faeces, saliva, vomit, nasal and eye discharges, the area is sectioned off and the cleaning staff are notified. The area may be quarantined if deemed necessary.

4.4 Cuts and abrasions are covered with waterproof dressings.

4.5 If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded, and medical advice is sought immediately.

4.6 Clinical waste bins are provided in the Medical Centre.

4.7 In all toilets, wall-mounted soap dispensers and hot air hand dryers are used, toilet paper is always available in cubicles and suitable sanitary disposal facilities are provided where necessary.

4.8 All laundry is washed in a separate, dedicated facility, and any soiled linens are washed separately.

5 HEALTH CHECKS AND VACCINATIONS/IMMUNISATIONS

5.1 On admission, parents/carers are asked to complete a questionnaire about their child's past medical history. This information is checked by the Medical Team and shared with relevant community on a need-to-know basis.

5.2 Consent forms must be signed for first aid treatment to be carried out by the School Nurses or a qualified first aider, and for over-the-counter medications to be administered when necessary. If consent forms have not been completed, the Medical Team may contact parents/carers to obtain verbal consent on each occasion.

5.3 Parents/carers of pupils with pre-existing medical conditions must provide an individual care plan, produced by a healthcare professional, which outlines the medical condition, actions to be taken in the event of an emergency, prescribed medications and any adjustments that must be implemented by the School to best support the pupil.

5.4 It is the parents' responsibility to update their child's school medical record by reporting to the Director of Medical Provision, should there be any changes to the child's medical status as stated on the medical record form.

5.5 All pupils have a health check on admission to the School in Year 3.

5.6 Each pupil's immunisation status is checked upon School entry and at the time of any vaccination.

5.7 Whilst the School encourages parents to have their children immunised, parental consent will always be sought before a vaccination is given.

5.8 The School Health Authority Vaccination Nurses attend the School annually to administer: the flu vaccine for all pupils from Reception to Year 11, the tetanus, diphtheria, polio and Meningococcal A,C,W and Y vaccines to Year 9 pupils, and the HPV vaccination to Year 8 pupils (only one dose is required).

5.9 Where a pupil is returning to School following a period of hospital education or alternative provision (including home tuition), Forest School will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.

6 RECORDS

6.1 It is the responsibility of the School Nurses to keep accurate records of illnesses, accidents, and injuries of which they are aware of, along with an account of any first aid treatments and medications administered to a pupil or a member of staff. The School has a password-protected electronic record system for this purpose.

6.2 The Medical Administrator keeps a record of all attendances to the Medical Centre.

6.3 The School Nurses, Medical Administrator and the Director of Medical Provision will update teaching staff on any medical conditions, treatment and action plans of pupils, as necessary.

6.4 Accident report forms are completed by the member of staff attending to the pupil and stored securely on the electronic record system. The reports are reviewed by the Director of Medical Provision and Health and Safet & Compliance Director.

6.5 Records are kept of all minor accidents managed by a First Aider, not requiring the attention of a School Nurse, in the accident book.

6.6 The Health and Safety & Compliance Director has a duty to report accidents to the relevant enforcing authorities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR Regulations).

7 CONFIDENTIALITY

7.1 The Medical Team have a divided loyalty, firstly to the pupils and parents and secondly to the School. The Medical Team regulatory bodies, the Nursing and Midwifery Council (NMC), and the General Medical Council (GMC) codes state that practitioners are obliged to keep information from their patients confidential: Code of Conduct.

7.2 General health information is shared with the school staff on a need-to-know basis.

7.3 Pupils should be aware that they can discuss any matter with the Medical Team in complete confidence. Any breach of that confidence would be discussed with the pupil first.

7.4 Information will be shared outside the team with the knowledge and consent of the pupil. If consent to share information is refused, this will be respected unless the individual practitioner considers the pupil or another person's welfare or safety to be put at risk by non-disclosure. If information is shared without consent, the pupil will be informed of this.

7.5 Keeping children safe from harm depends on professionals and others sharing information. There may be a conflict between the need to share information and the normal duty of confidentiality. The common law permits the disclosure of confidential information necessary to safeguard a child in the public interest: that is, the public interest in child protection may override a person's right to confidentiality.

7.6 Article 8 of the European Convention on Human Rights states that disclosures of information must be justifiable in each case. The Data Protection Act allows for disclosure without consent for the purposes of the prevention of detection of crime or the apprehension or prosecution of offenders.

8 TEACHERS' RESPONSIBILITIES

8.1 Teachers must know of pupils with conditions which might lead to them being placed at higher risk in certain activities e.g. those with visual or hearing deficits, epileptics, diabetics, asthmatics etc.

8.2 School staff and the catering staff must be aware of significant allergies, particularly anaphylactic allergies. This information is available on the ISAMS database which is updated by the Medical Administrator.

8.3 The Chartwell's Medical Diet Request Form is distributed to parents/carers of new pupils. Completed forms are sent directly to the catering team and Director of Medical Provision.

8.4 Parents/carers are informed that relevant medical details from the medical questionnaire will be shared with teaching staff on a need-to-know basis to ensure the safety and well-being of their child.

8.5 Emergency protocols (action plans) for handling allergic reactions, hypo/hyperglycaemia, seizures, and other medical emergencies should be clearly communicated and regularly reviewed.

9 MEDICAL EMERGENCY PROCEDURE

9.1 In the event of an emergency, the first response must be to provide Basic Life Support measures and get help. Ensure the safety of both the rescuer and the casualty.

9.2 If onsite, the Medical Centre must be alerted without delay. SLC First Aiders should be notified for initial support if the Medical Team cannot attend immediately. If offsite, the Medical Team must be informed of the incident upon return.

9.3 If the casualty is not breathing, has no pulse, or has sustained a life-threatening injury, a nominated person must dial 999.

9.4 Instructions to the Emergency Service and the Medical Team must be clear and provide:

- The number of casualties involved.
- The name and age of each casualty.
- The nature of the injury or illness and their condition (breathing, pulse, bleeding).
- The treatment or actions that have been taken, if any.
- The exact location of the casualty.

9.5 Upon arrival, the Medical Team Leader will assume full authority and responsibility for managing the medical emergency. All medical decisions and actions during the emergency must be directed by the Medical Team Leader.

9.6 The Medical Team Leader will assign roles to staff members to ensure an organised and efficient response. Staff members not assigned a role must leave the scene immediately and return to their regular duties.

9.7 The casualty must not be left unaccompanied.

9.8 The casualty's confidentiality must be maintained, including personal and medical information. These details can only be shared with authorised personnel, as necessary.

9.9 The casualty's rights and dignity must always be respected.

9.10 The Bursar must be informed if an ambulance is called so that a member of the Estates Team can meet the ambulance crew. If the casualty needs hospital treatment but does not require an ambulance, the Bursar will arrange transport.

9.11 The Health and Safety & Compliance Director must be alerted by the Medical Team or a nominated member of staff if there is potential external risk to the casualty or wider community.

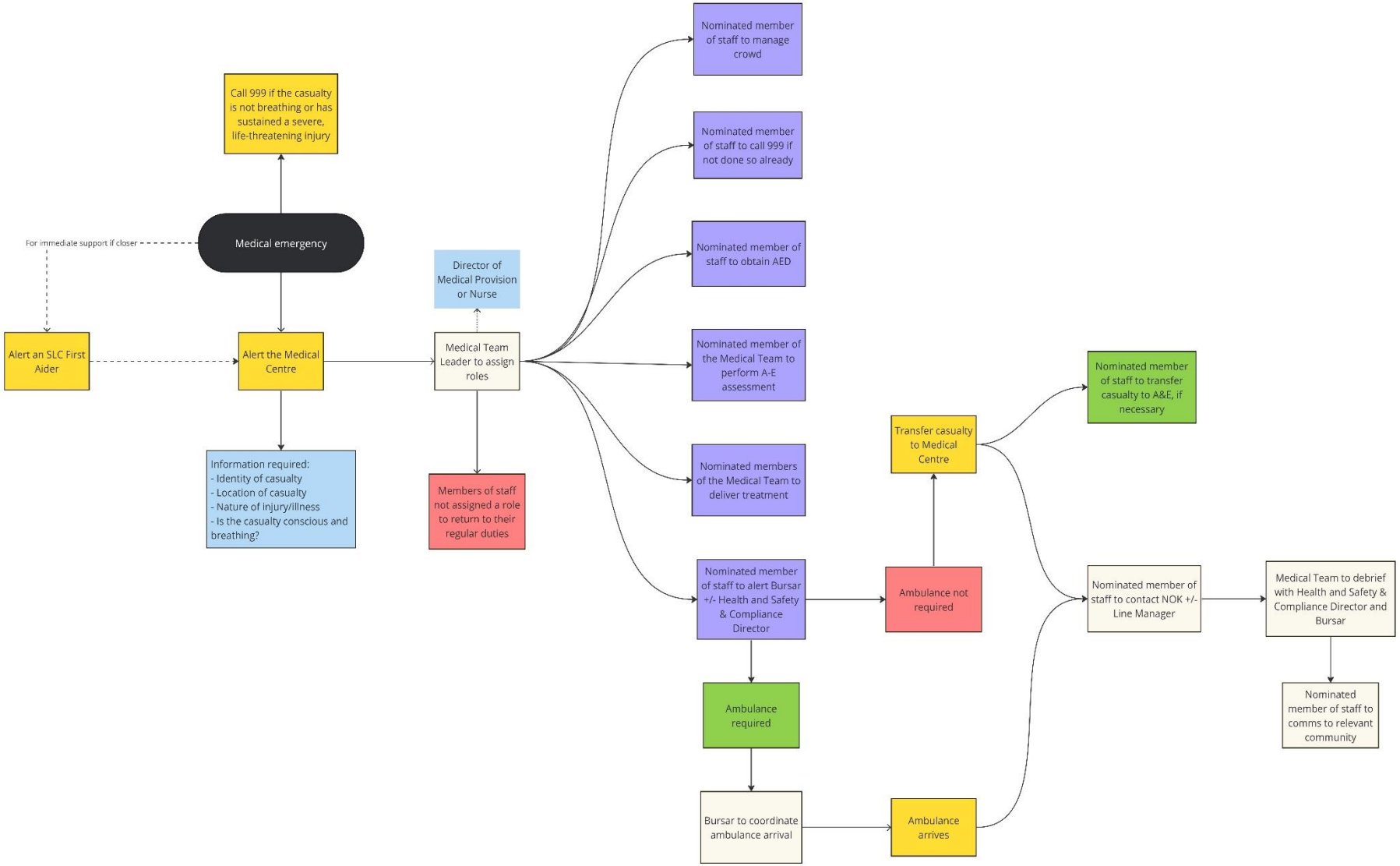
9.12 The parents/carers, next of kin or emergency contact must be notified by the nominated member of staff without delay.

9.13 If the casualty requires hospital treatment, they will be accompanied to hospital by their parent/carer, authorised family member/friend, or an appropriate nominated staff member.

9.14 All staff members involved must keep detailed records of the incident, including the time of the emergency, the events leading up to it, actions taken and communication logs.

9.15 The Medical Team will debrief with the Health and Safety & Compliance Director, Bursar and any other relevant party following the incident.

9.16 A nominated member of staff will provide necessary updates to the relevant community and assist the Medical Team in providing follow-up care and support for the casualty.


Call 999 if the casualty is not breathing or has sustained a severe, life-threatening injury
For immediate support if closer
Medical emergency
Alert an SLC First Aider
Alert the Medical Centre
Information required:
- Identity of casualty
- Location of casualty
- Nature of injury/illness
- Is the casualty conscious and breathing?
Director of Medical Provision or Nurse
Medical Team Leader to assign roles
Members of staff not assigned a role to return to their regular duties
Nominated member of staff to manage crowd
Nominated member of staff to call 999 if not done so already
Nominated member of staff to obtain AED
Nominated member of the Medical Team to perform A-E assessment
Nominated members of the Medical Team to deliver treatment
Nominated member of staff to alert Bursar +/- Health and Safety & Compliance Director
Ambulance not required
Ambulance required
Bursar to coordinate ambulance arrival
Ambulance arrives
Transfer casualty to Medical Centre
Nominated member of staff to transfer casualty to A&E, if necessary
Nominated member of staff to contact NOK +/- Line Manager
Medical Team to debrief with Health and Safety & Compliance Director and Bursar
Nominated member of staff to comms to relevant community

9.17

10 COMPLAINTS

10.1 If you feel your child's medical condition is not being taken seriously or the School is not following your wishes or advice from a healthcare professional, please contact the Director of Medical Provision in the first instance. If you feel the issue remains unresolved, please refer to the Complaints Procedure to escalate the matter.

11 HIV

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

12 UNWELL CHILDREN

12.1 PUPILS ILL DURING THE SCHOOL DAY

- The School Nurses will attend to any sick pupils or any emergencies during Medical Centre opening times.
- Parents/carers will be contacted if the pupil is too unwell to stay in School or has sustained an injury preventing them from staying in School.
- Pupils can only return home once their parents have been contacted by the School Nurse and the School Office has been informed.
- The School follows the Public Health England (PHE) guidelines when recommending exclusion from school. DfE Health Protection in Education and Childcare Settings.

12.2 PUPILS COMING IN UNWELL

- The Medical Centre is an emergency facility and should not be treated as an alternative to a GP service.
- On the advice of the Public Health England, the following actions will be taken who have the following conditions:

- Suspected **Infective** cause and/or multiple bouts of Vomiting/Diarrhoea – pupils will be sent home and must be kept away from School for at least 48 hours after the last episode. They must be eating and drinking normally.
- **Non-infective** cause of Vomiting/Diarrhoea - if a pupil has a one-off, non-infective episode of diarrhoea (e.g., stress/anxiety, IBS, side-effect of a new medication), or vomiting (e.g., migraines, menstrual cramps, motion sickness etc.) they may stay in School if they feel better, or if they are sent home, they may return to School as soon as they are feeling well enough to do so.
- High Temperatures (38 degrees Celsius or more) – if a pupil has a fever, they must **NOT** attend school for at least 24 hours after the fever has resolved and their temperature has returned to normal without the aid of medication. Additionally, the pupil should only return to school when they feel well enough to participate in normal activities.
- Any infectious or contagious conditions – pupils should not come into School until fully recovered.
- Headlice – pupils may remain in school; however, treatment must be commenced without delay. Where possible, the School encourages parents/carers to collect their child from school to reduce the risk of spreading headlice.

- Guidelines relating to controlling the spread of respiratory infections within the School environment:
  - Hand hygiene: hand washing with soap and water is one of the most important ways of controlling the spread of infections.
  - Coughing and sneezing – children and adults are encouraged to cover their mouth and nose with a tissue and washing their hands after using or disposing of tissues.

13 MEDICINES BROUGHT INTO SCHOOLS

13.1 During a pupil's time at School, it may be necessary for them to receive a medication (either emergency, short or long term treatment). This may be prescription or non-prescription medication. Written parental consent must be obtained if a medication brought in from home requires administration during school hours.

13.2 All medicines (prescription and non-prescription) brought into school must be given to the Medical Team and be stored in the Medical Centre.

13.3 The School ensures that all staff understand what constitutes an emergency for an individual child and ensures that emergency medication/equipment is readily available wherever the child is onsite and offsite and is not locked away.

13.4 Outside of the Medical Centre opening times and when offsite, medications must be securely stored and administered by the designated First Aider.

13.5 All prescription medicine must be in the original packaging with a legible prescription label. Non-prescription medication must be in its original packaging, with the pupil's name, date of birth and instructions clearly labelled.

13.6 Pupils in the Senior School may take responsibility for their own inhalers, with one inhaler on them and one in their sports bag, whilst inhalers for Preparatory School pupils are kept accessible in each pupil's classroom.

13.7 Pupils with anaphylactic allergies must keep one Adrenaline Auto-Injector in the Medical Centre and one on their person. Spare emergency Adrenaline Auto-Injectors are supplied by the Medical Centre and are accessible in emergency anaphylaxis kits around the School.

13.8 On **NO** account should **ANY** medicine be left in school bags or kept by pupils themselves.

13.9 A pupil must not self-administer any medication unless previously agreed upon by the Director of Medical Provision.

13.4 Parents must ensure that for any out of hours school activities and residential trips, regular, short-term and/or emergency medication a pupil may require must be given to the School Nurses at least 48 hours prior to the excursion.

14 ADMINISTRATION OF MEDICINES, Inc EYFS

14.1 **Aim:**

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

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

14.2 Storage

All non-emergency medications are kept in the Medical Centre in the clean utility, which is locked and not accessible to pupils. Medicines that require refrigeration are kept in a locked medicines fridge.

14.3 Controlled drugs

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

14.4 Non- Prescribed Medications - Over the counter medicines

- These are available to pupils and staff. Medications are kept in the Medical Centre and are given by the Medical Team.

14.5 Prescribed Medications

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

- A record is kept of any prescribed medication that a pupil is taking, and where appropriate a care plan is written.

14.6 Adverse reactions

- Drugs can cause adverse reactions in some people. If a pupil experiences an adverse reaction to a medication, do not give any further doses until instructed to do so by the pupil's GP. A medical incident form should be completed.
- If a serious reaction occurs, medical attention should be sought immediately.
- Parents/carers should inform the Medical Centre of any medication the pupil has brought into school. There are risks that prescribed medications will interact with medications purchased over the counter and cause harm, or that herbal or traditional medications could interact with prescribed or over the counter medications.
- It is essential that pupils are asked whether they have taken any medication that day before administering medication.

14.6..1 An adverse reaction should be reported by the School Nurses using the yellow card system to the Medicine and Healthcare Products Regulatory Agency (www.mhra.gov.uk)

14.7 Medicines given in error

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

14.8 Record keeping

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

14.9 Staff training

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

15 TOILETING/CONTINENCE

15.1 Continence is normally achieved when a child has reached 3 years of age, with most achieving full control by the time they are 4. If there is a problem with continence in school, a meeting should be convened with the class teacher/Head of House, parents/carers and Director of Medical Provision.

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

15.3 A Continence Management Plan for the pupil would be developed by the class teacher/Head of House, parents/carers and Director of Medical Provision, if felt necessary.

15.4 Targets for improving continence can include:

- Increasing the pupil's awareness that there is a problem
- Going to the toilet at regular intervals or at specific times
- Going to the toilet independently
- Ability to clean him/herself after using the toilet, e.g. wiping bottom
- Ability to tell an adult if he/she has had an "accident"
- Ability to wash hands after using the toilet

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

15.6 Toilet Training Programme:

- Record all trips to the toilet
- Look for signs that the pupil may wish to use the toilet
- Give praise when prompts are successful
- Make visits to the toilet enjoyable – keep the visits short and stay with the pupil – perhaps telling them a short story
- Establish a suitable "toilet" language and use it consistently
- Make sure the pupil is wearing clothes which are easy to pull down or up
- Never scold or punish
- Ensure a dialogue is kept up with parents in order to evaluate progress
- Aim to establish a pattern of regularity

15.7 Soiling Procedures:

In the event that a pupil does soil themselves:

- The pupil should be taken by a member of staff to the shower/toilet facilities.
- It is important both for the welfare of the pupil and the adults concerned that there are two adults present whilst the child is being cleaned.
- If an accident occurs in the playground, then one of the duty staff should alert the Head of Pre-Prep for the above to come into play.
- Records should be kept of such incidents.
- In the first instance staff will need to try and establish the reasons of how/why this occurred and establish if anything could be altered at school to prevent this happening again.
- In the event of a second episode of incontinence this will be discussed with the class teacher/Head of House and the Medical Administrator will inform the parents/carers.
- Should a third episode occur then the parents/carers will be called in to meet with the Director of Medical Provision and advised to seek medical intervention.

15.8 Hygiene:

- Staff to wear disposable gloves and aprons when dealing with the incident
- Changing area to be cleaned after use
- Hot water and liquid soap to be available to wash hands as soon as the task is done.

- Hot air dryer or paper towels available for drying hands
- Effective hand washing is an important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting
- Always wash hands after using the toilet and before eating or handling food using warm, running water and a mild, preferably liquid soap. Toilets must be kept clean
- Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds ensuring all surfaces of the hands are covered
- Rinse hands under warm running water and dry with a hand dryer or clean towel (preferably paper)
- Discard disposable towels in the bin. Foot pedal operated bins with lids are preferred

16 EPILEPSY

16.1 The balance between a pupil's safety and the ability to enjoy a full range of activities is tested when it comes to recommendations regarding sports and other physical activities.

16.2 Because epilepsy affects each person differently, the approach must be individualised. The seizure type and frequency of the seizures, the type of medication and its adverse effects, the pupil's ability to follow instructions and act responsibly, and the nature and supervision of the activity must all be considered.

16.3 Individual care plans are provided by the pupil's healthcare professional and teaching staff are informed of the protocol by the Medical Team should a pupil experience a seizure at school or whilst under the School's care. The plan must be reviewed annually.

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

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

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

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

16.8 Children with epilepsy should be encouraged to participate in group and competitive sports. Group activities are part of childhood and foster a sense of "belonging," high self-esteem, and independence. These benefits are extremely valuable, and the risks of participation must be serious to warrant prohibiting a child from joining group activities.

16.9 Bathing

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

16.10 Stair Climbing

- For most children with epilepsy, stairs should not be barriers to getting around. However, seizures that impair motor control or consciousness can cause serious injuries if they occur while the child is on a staircase.
- If a child has an aura, or warning, before a seizure, they may be able to sit down until the seizure is over. In school, however, this restriction can cause the child to be late for classes or to stand out from schoolmates. In these unusual cases, a buddy who is aware of the epilepsy may be able to accompany the child from one class to the next.

16.11 Swimming

- Swimming is a pleasure all children should be encouraged to enjoy. Although water poses special dangers for children with epilepsy, epilepsy is not an insurmountable barrier to swimming.
- The issue of epilepsy and water safety is really a question of how much supervision is necessary. No matter how severe or frequent the epilepsy, a child can enjoy the water. If the child's seizures are well controlled, swimming should be encouraged, although it is necessary to make sure that at least one person who knows the child has epilepsy and who knows basic lifesaving is nearby.
- Children who have occasional seizures that impair motor control or consciousness should be allowed to swim, but they must be closely supervised. There should be a lifeguard on duty that is aware of the child's disorder.
- For educational visits or off-site swimming fixtures, an additional staff member should be factored into the risk assessment.
- The lifeguards should know that they must keep their eyes on the pool while the child is swimming.
- The child with epilepsy who wants to swim competitively should be encouraged. Competitive swimming practices and matches are usually well supervised. The coach should be aware that the child has epilepsy, however, and everyone involved, including the child, should recognise that there is some additional risk to this activity and make an informed decision about whether it is worth it.
- High diving poses clear dangers for children with epilepsy. Only children with well-controlled seizures should consider high diving.

16.12 Cycling

- A bicycle, if ridden on or near the street, presents a serious potential danger for a child with epilepsy. Despite the dangers, children with epilepsy can learn to ride and enjoy bicycles. Because most serious bicycle injuries involve the head, everyone who rides a bicycle should wear a helmet. If the seizures are under control or do not impair motor control or consciousness, bicycle riding should be unrestricted. When the seizures pose a danger, bicycles can be ridden in a park or other place where there are no motor vehicles.
- Risks and benefits of horse riding must be carefully weighed for these children. Competitive horse riding often involves galloping and jumping and should only be considered for children with mild or well-controlled epilepsy.

16.13 Contact sports

- Contact sports such as football, basketball, rugby, and cricket are generally safe for children with epilepsy. The principal concern with contact sports is the chance of head or bodily injury, but children with epilepsy are not necessarily more likely to be hurt than other children. If an absence or complex partial seizure were to occur during a game, there is a small chance of injury if someone were to tackle the child, for instance, during the spell. The risks must be weighed against the benefits of the sport. The chances of serious injury are small compared with the positive effects of team participation.

16.14 Gym

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

16.15 What might happen?

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

16.16 DO…

- Ensure the immediate surrounds are safe to protect from injury - remove harmful objects from nearby
- Cushion their head without restricting movement
- Aid breathing by gently placing them in the recovery position once the seizure has finished
- Be calmly reassuring
- Stay with the child until recovery is complete
- Alert the School Nurse

16.17 DON'T...

- Restrain
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they fully recover
- Give emergency medication unless instructed to do so by the Emergency Service dispatcher or if administered by a medical practitioner

1.2 Call for an ambulance if...

- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without regaining consciousness between seizures
- Injury occurs during the seizure

17 ANAPHYLACTIC SHOCK

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

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

Symptoms include:

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

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

17.4 Emergency Care:

- **Call 999 for an ambulance immediately** – mention that you think the person has anaphylaxis. Ensure the School Office are informed of their expected arrival.

- **Remove any trigger if possible** – for example, carefully remove any wasp or bee sting stuck in the skin.
- **Lie the person down flat, legs raised if condition allows** – unless they're unconscious, pregnant or having breathing difficulties. If having difficulty breathing, sit them up so airway is open.
- **Use an Adrenaline Auto-Injector if the person has one** – but make sure you know how to use it correctly first. Make a note of the time this was administered. It can be injected through clothes.
- **Give another injection after 5-15 minutes** if the symptoms don't improve and a second auto-injector is available. Inject into the opposite leg from the first injection.

17.5 **Pupils with anaphylaxis must have a completed BSACI action plan which has been signed by the parent/carer. This plan must be followed.**

- The School follows the new MHRA (Medical and Healthcare Products Regulatory Agency May 2014) advise that two adrenalin auto-injectors should be available at all times, so pupils will be expected to provide spare prescribed medications/adrenalin auto-injectors to be kept in the Medical Centre. https://www.gov.uk/drug-safety-update/adrenaline-auto-injector-advice-for-patients
- Staff will receive regular updates and training on how to manage pupils with anaphylaxis.
- The expiry dates of Adrenaline Auto-Injectors will be checked by the School Nurses, and parents will be contacted if a new injector pen is required. There are facilities on the Epipen (http://www.epipen.co.uk/) and other similar websites to request reminders when the auto-injector requires renewal.
- All staff will have access to pupils' BSACI action plans when they are taken from the School site. Most staff have received First Aid training where anaphylaxis is covered.
- All Sports staff, SLC management and the Catering Department are informed of pupils who have a diagnosis of severe allergies with prescribed Adrenaline Auto-Injector medication. Teaching Staff will be notified of any newly diagnosed or new pupils with anaphylaxis.
- In lines with DfE Guidance, the School now holds emergency auto-injectors in the following locations:

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

    - These are to be administered by trained staff to those that have been diagnosed and carry a prescribed auto-injector that may be out of reach or not usable.
    - These can be administered to pupils who have not been prescribed an auto-injector but the School has received medical and parental consent that an auto injector can be used in the event of an emergency. This will be on ISAMs.
    - The School's spare Adrenaline Auto-Injector may be used in emergency situations notwithstanding the lack of medical authorisation or parental consent. For example, a

pupil may have an unrecognised allergy and may present for the first time with anaphylaxis, posing a risk to life. **In such exceptional circumstances**, the Medicines & Healthcare products Regulator Agency (MHRA) advises that the School's spare Adrenaline Auto-Injector may lawfully be used.

18 DIABETES

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

18.2 The School will work closely with the pupils and parents/carers and individual care plans will be kept for each pupil with diabetes. Parents are asked to produce the individual care plan for their child. These will be stored securely on the computer system. Relevant staff will be advised of signs and symptoms to watch for.

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

18.4 Spare insulin, and hypo stop, which needs to be provided by the parents, will be kept for individual pupils in the Medical Centre. Hypo stop will be kept in the diabetes emergency box in the clean utility.

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

DIABETES PROTOCOL

18.6 Hypoglycaemia:

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

  Hunger

  Sweating

  Drowsiness or altered consciousness

  Pallor

  Glazed eyes

  Mood changes or lack of concentration/confusion

  Tremor

18.7 Management.

- If the symptoms occur while conscious, give a rapid-acting sugar immediately. Glucogel is preferred. If those are not available, a dextrose tablet, Lucozade, a sugary drink e.g. Coke; Tango; Fanta (not diet), fruit juice, mini chocolate bars, honey or jam can be used but these work much slower. Glucogel and dextrose tablets are available in the Medical Centre.
- The blood sugar level needs to be measured after 15 minutes.
- As the child recovers, they may feel nauseous, tired or have a headache.

- If the pupil is unconscious, do **NOT** put anything in the child's mouth (including Glucogel). Place them in the recovery position and call an ambulance. Alert the Medical Team, so that intramuscular glucagon can be administered.

18.8 Hyperglycaemia

- Hyperglycaemia is also known as "high blood sugar", or high "blood glucose", and can be a serious problem for a person with diabetes. The symptoms can be initially harder to spot, and children are usually made aware of it by their glucose monitor.

18.9 Symptoms:

Increased thirst and/or hunger

Frequent urination

Headache

Blurred vision

Fatigue

Vomiting

Abdominal pain

Fruity smelling breath

18.10 Hyperglycaemia in diabetes may be caused by:

- Skipping or forgetting a dose of insulin or oral glucose-lowering medicine
- Eating too many grams of carbohydrates for the amount of insulin administered
- Infection
- Illness
- Increased stress
- Decreased activity or exercising less than usual
- Strenuous physical activity

18.11 Management:

18.11..1 Alert the Medical Team for a dose of insulin to be administered to the child.

18.12 Diabetic Ketoacidosis:

Diabetic ketoacidosis (DKA) is a potentially life-threatening condition caused by a shortage of insulin which causes the breakdown of fatty acids into ketones. Ketones make the blood more acidic and leads to dehydration, electrolyte imbalances and can result in brain swelling and death. Triggers can include: an intercurrent illness, inadequate insulin administration, trauma and other medications.

- **Symptoms:**
  - Vomiting and/or diarrhoea
  - Abdominal pain
  - Fruity smelling breath
  - Deep sighing respiration

18.13Management:

- Call 999 for an ambulance immediately and alert the Medical Team.

19 ASTHMA

19.1 The School:

- **Recognises that asthma is an important condition** affecting many school children and welcomes all pupils with asthma by having this clear policy which is to be followed by all staff in school who come into contact with the pupils. The policy is reviewed annually by the Director of Medical Provision. Parents are required to inform the School Nurses about their child's asthma and their treatment.
- **Ensure that children with asthma participate fully in all aspects of school life** by ensuring that the Asthma Policy is understood by teaching staff, associate teachers, visiting professions, and the School support staff. PE staff are aware that asthma may be triggered by exercise and will encourage those affected to use their inhaler before the lesson and again during the lesson if required.
- **Recognises that immediate access to reliever inhaler is vital** so pupils are encouraged to carry their reliever inhaler with them at all times and have a spare one in their sports bag. All school staff will let pupils take their own medication when they need to. The School also has spare inhalers and spacers which can be used in an emergency. The School Nurse will ensure that these inhalers have not expired.
- **Ensure all staff who come into contact with children with asthma know what to do in the event of an asthma attack.** The Director of Medical Provision will produce clear instruction notices so that all staff who encounter pupils with asthma know what procedure to follow in the event of an asthma attack. The School Nurses are available in the Medical Centre during the School day to give guidance on appropriate treatment.

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

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

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

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

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

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

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