KING HENRY VIII
JUNIOR SCHOOL

Medical Policy and Procedures

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First Aid Policy and Procedures

First Aid Policy Statement

King Henry VIII Junior School recognises its duties to provide adequate and appropriate first aid provision for its staff and will ensure that these arrangements take into consideration other persons (pupils, parents, visitors, contractors, etc.). This policy is written as an extension and supports the requirements of the Foundation first aid policy.

First Aid Aims/ Objectives

- To ensure compliance with all relevant legislation- in particular RIDDOR;
- To identify and implement reasonably practicable arrangements for dealing with first aid accidents;
- To provide sufficient numbers of competent persons for carrying out first aid treatment;
- To conduct regular checks on first equipment and the availability of consumables;
- To undertake suitable and sufficient assessments of first aid needs.

First Aid Responsibilities

The Headteacher

- Works with the School's Health and Safety Officer to ensure that appropriate Foundation policies, procedures and audit protocols are in place and reviewed as per statutory/recommended requirements;
- Ensures that a suitable and sufficient assessment of first aid needs is undertaken and that the appointment and training of staff is appropriate and provided to address identified risks;
- Ensures all staff and other persons are aware of the first aid policy and procedures;
- Ensures adequate resources are made available for the Schools first aid arrangements
- Ensures that these policies and procedures are communicated, implemented and adhered to on a sustainable basis.

School Nurse

- Responsibility in conjunction with the Health and Safety Officer and the Facilities Manager to ensure that suitable and sufficient assessments are carried out to ascertain first aid needs;
- Endeavour to provide immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- As necessary, ensure that an ambulance or other professional medical support is contacted;
- In conjunction with the Health and Safety Officer, Facilities Manager and Health and Safety Co-ordinator provide staff with information on location of equipment, facilities and first aid Personnel.

Medical Assistants and First Aiders

- Must have completed and keep up to date, the appropriate training course that has been approved by the HSE. A register of qualified and authorised staff will be maintained.
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school but only those which they have training for and feel competent to deliver;
- When necessary, contact the School Nurse for additional advice and support, ensure that an ambulance or other professional medical support is called as required.

First Aid Procedures

The Health and Safety (First Aid) Regulations 1981 set out the essential aspects of First Aid that employers have to address. Employers are required to:

- Carry out an assessment of first aid need appropriate to the circumstances of each workplace;
- Provide adequate numbers of qualified first aiders throughout the organisation but there are no set limits;
- Maintain levels of competence of first aiders;
- Provide adequate first aid rooms or other suitable areas for first aid treatment;
- Record first aid treatment and report as necessary to the Health and Safety Executive under RIDDOR.

Assessment of First Aid Provision

The School Nurse, Health and Safety Officer and Facilities Manager will undertake a full assessment of potential injuries / illnesses in all areas of the school, including sports fields/ astro pitches on and off site.

Departmental risk assessments should be used by HoD's as a means of identifying hazards when assessing / reviewing the need for first aid cover.

The Health and Safety Co-ordinator carries out a First Aid risk assessment for the school on an annual basis.

Any recurrent injuries / incidents, illnesses that are reported should be investigated and reported at the Health and Safety meetings.

Assessment review should be carried out at least annually or when there are changes to staff, buildings / site, activities, off-site facilities e.g. sports field / Astro pitches

Points to consider when making the assessment for first aid needs will include the following:

- The size of the school and outlying buildings, sports pitches when making provision for number of first aid personnel, first aid boxes and means of communication;
- Holiday periods to ensure cover is maintained during this time;
- Activities undertaken by staff and pupils;
- Out of hours' provision e.g. clubs, school events, etc.;
- Residential trips, day trips and off-site activities such as Sports field
- The location of the school in relation to the emergency services and any circumstances that may affect access to the school;
- Any hazardous substances used in science departments, dangerous tools and equipment / machinery;
- Hazards that are introduced during holiday periods when large maintenance projects are in progress;

- Staff or pupils with any special health needs or disabilities;
- Accident statistics.

Qualifications and Training

- First Aiders will hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE;
- Appointed persons will undertake one-day emergency first aid training;
- Specialised training will be provided where known conditions exist and it is deemed necessary.

Medical Room

The Medical Room at the Senior School is manned during Term time only, during the School Holiday periods, support staff supervisors and line managers staff should take this into consideration when dealing with accidents, and/or emergencies in the workplace during these holiday periods.

There is one further medical room at King Henry VIII Junior School

This room is opposite reception where there is access to a computer and telephone.

The room contains essential first aid equipment.

- A sink with hot and cold running water;
- Drinking water and disposable / washable cups;
- Soap and paper towels;
- Access to toilet facilities in the adjoining room;
- Store for first aid materials;
- Clinical waste bags
- A couch with waterproof protection, clean pillows with protective roll available to cover) and blankets (Senior School, Bench seating at Hales);
- Duo- fold Stretcher –medical room (Senior School) and offsite at Highway Sports field;
- Wheelchair (Senior School).

Off-Site First Aid

A **qualified first aider**, with a first aid bag should accompany the off-site party whether on an organised school trip. PE staff are all first aid trained.

Staff to ensure all pupils have their own **Adrenaline Auto injectors / Inhalers** or collect the school's individual pupil bag should it be held at school or the emergency inhaler for those consented for use only.

- **Highway**: school offsite playing field. First aid bags for each pitch to be available for use by First aiders.
- A **Duo-fold Stretcher** is available for use with casualties who are mobile. This stretcher is NOT TO BE USED ON ANYONE WITH A NECK INJURY.
- **Blankets:** Emergency reusable foil blankets are available.
- All **accident/incidents** are recorded in the appropriate book or on an accident form and reported on return. It will then be reported to the School's Health and Safety Officer.

- All pupils who sustain an **injury** should report to a First Aider/School Nurse on return to school.
- In the case of pupils going home from the location off – site, the parents must be informed by the member of staff

First Aid Materials, Equipment and Facilities

The Health and Safety Officer, must ensure that the appropriate number of first aid containers according to the assessment of first aid needs are available.

List of where the first aid boxes/ containers are situated on-site should be displayed on the Medical Room noticeboard.

HSE guidelines should be followed as a minimum standard on recommended and mandatory contents.

- All first aid containers must be marked with a white cross on a green background;
- Where possible, first aid boxes should be kept close to hand washing facilities;
- Each school minibus must contain a first aid container;
- First aid containers/ bags must accompany PE Staff off-site or be available at the venue. (Games Kits are red with a white cross)

Spare stock is available from the Medical Room.

Responsibility for checking and restocking the containers:

- The Medical Assistant (Hales) is responsible for carrying out regular contents and expiry date checks and restocking the first boxes as required.
- A designated member of staff will be responsible for checking School mini-buses.

Hygiene and Infection Control

- Basic Hygiene procedures must be followed by all staff;
- Single use disposable gloves should be worn when treatment involves blood or other bodily fluids;
- Care should be taken when disposing of used dressings or contaminated equipment;
- Procedures for cleaning up and disposal of contaminated dressings / equipment

Rugby Accidents

Certain injuries have to be reported to the RFU. There are four different types of form available depending on the injury sustained. The Staff who attended the match or training session should complete the RFU form as well as completing the school accident form. RFU forms are kept by the CSF Health and Safety Officer.

RIDDOR Reporting

All accidents that require reporting to HSE/RIDDOR are listed in the Accident Book. Any accident that requires reporting to RIDDOR must be reported to the School Nurse who will follow the instructions, contact the Health and Safety Officer who will contact HSE. On line forms can be completed.

Record Keeping

- Any pupil, staff or visitor treated or seen by the first aider must be recorded in the Medical Room accident book and an accident form if appropriate;
- Staff must now self- report using the button on the intranet Helpdesk page

- Any treatment or advice given to pupils, staff or visitors must be reported in the first instance in the Medical Room accident book and an accident form if appropriate;
- iSAMS can also be used to upload medical information prudent to the individual;
- A record of medication will be documented on the pupil's paper held health records;
- All Accidents however minor must be fully recorded in the accident book at the time of the administered treatment or as soon as possible;

Monitoring

The Medical Assistant keeps records of accidents. Records are available to the School Governors as requested and are also used to evaluate and adjust policy and procedures.

Review

An annual review takes place of the School First Aid and Procedures Policy.

LOCATION OF FIRST AID KITS

King Henry VIII Junior School

- Medical Room (seven opposite Reception)
- Art Room (one in cupboard)
- Girls Changing Rooms (two in cupboard to the right)
- Sports Hall (two in cupboard at the end on the shelf- labelled)
- Upstairs Staff/Disabled toilet (one in cupboard)

First aid kits available from the Reception office for off-site school trips.

FIRST AID BOX CONTENTS GUIDANCE

- 1 Guidance Leaflet
- 20 Individually Wrapped Plasters
- Sterile Eye Pads
- Triangular Bandages
- 6 Safety Pins
- 2 Large Un-Medicated Dressings
- 6 Medium Un-Medicated dressings
- 1 Roll of Micropore Tape
- 1 Pair Disposable Gloves
- Pack of Saline Cleaning Wipes

Consideration should be given to keeping additional spare stocks of such things as gloves and plasters.

MEDICAL EMERGENCY PROCEDURE

- Dial 999
- Ask for the appropriate emergency service: Ambulance, Fire Brigade or Police
- You will need to provide the following information:
- Your name
- The incident that has occurred
- The location/address of the incident
- Your telephone number

For King Henry VIII Main School Site

King Henry VIII Junior School (next to the Senior school)
Warwick Road
Coventry
CV3 6AQ
Tel: 02476 271160 (reception)

For the Highway Playing Fields

King Henry VIII Playing Fields
Stonebridge Highway
Coventry
CV3 4EJ

For Bablake Playing Fields/Astro

Norman Place Road
Coventry
CV6 2BU

- Arrange for someone to meet the ambulance and direct to the appropriate location
- Contact the Parent/Guardian/Next of Kin to let them know what has happened and ask them to come to the school if they live/work nearby or ask them to go directly to the hospital
- A responsible member of staff should accompany the pupil to the hospital with the ambulance crew and remain with the pupil until the parent/guardian arrives
- On no account should a member of staff attempt to take the pupil to hospital in their own vehicle

PROCEDURE FOR DEALING WITH FIRST AID EMERGENCIES/ILLNESS DURING SCHOOL HOURS

Illness

- Any pupil taken ill during the school day must be accompanied by another pupil or member of staff and taken to the medical room/reception.
- The nurse will inform the appropriate members of staff of any action taken.
- Under no circumstances should the pupil contact their parents directly
- Should it be decided that it is better for the pupil to return home, then the school nurse or reception staff will make contact with the parents/guardian.
- Should the child be sent home due to vomiting or diarrhoea then the parents/guardians must be informed not to return their child to school for 48 hours following the last episode. (In line with Public Health England Guidelines)

Accidents

- Minor accidents or injury should be dealt with as for illness.
- In the event of a more serious accident/injury, do not attempt to move the casualty but contact the School Nurse on **199** or **07483065527**or follow the procedure for medical emergencies if deemed necessary.
- In the absence of the School Nurse, contact a qualified First Aider, a named list with contact numbers is available in all departments, reception and medical room.
- If it is deemed appropriate an ambulance should be called by **any** member of staff, following the Medical Emergency Procedure.
- Parents/guardians/next of kin will be contacted and advised to attend the named accident and emergency department.
- A responsible member of staff must accompany the casualty if less than 16 years of age with the ambulance crew to hospital and remain until a parent/guardian arrives.

An accident report should be completed for all accidents and near misses by the member of staff that witnessed the incident. All of the required information must be completed including personal details and then passed to the Health and Safety Officer who will decide whether it is reportable to RIDDOR. Accident forms can be located on the shared drive, Health and safety Folder under Incident Investigation. On no account should completed forms be left in the accident book, this is for confidentiality reasons in line with the Data Protection Act 1998 and reporting criteria.

When to call an Ambulance

Once you have completed your first aid assessment and you identify the need; or if at any time you feel unable to administer First Aid confidently to a pupil a member of staff or visitor; or you have not received the appropriate training then an ambulance should be called using the following procedures.

ACTION AT THE SCENE OF AN INJURY

In cases of obvious serious injury, the first aider will be expected to

- Assess the situation;
- Make the area safe;
- Give emergency aid according to guidelines set by First Aid Training agencies in conjunction with Resuscitations Council (UK) – general rules of treatment are set out below;
- Get help – Use the nearest available telephone and send for the Ambulance **(Dial 999).** Direct the ambulance to the nearest convenient point (site of injury if possible). Give information re appropriate entrance. Send staff to meet the ambulance at the gate;
- **Inform the School Nurse (dial 07483065527 or 199).**

In the event of a pupil being transferred to hospital, and parents are unable to accompany then a member of staff should accompany the ambulance.

The School Nurse/Reception/Staff will contact parents/guardians giving relevant details, ambulance and destination.

In other cases of injury:

- Have the casualty taken / escorted to Medical room;
- The injured pupil should report for treatment and assessment by the School Nurse;

- The School Nurse may wish to refer the pupil, depending on the severity of the condition, to A&E department.

The Pupil must remain under the care of the School Nurse/Medical Assistant until transport/escort arrives.

No pupil should be permitted to drive accompany another pupil to hospital.

A record of any injury will be entered into the accident book and an Accident form completed if necessary.

TREATMENT

GENERAL RULES OF TREATMENT

- Give the minimum necessary;
- Rest;
- Warmth;
- Support injuries;
- Reassurance;
- Move as little as possible;
- Move the casualty to the Medical room or contact the School Nurse for advice.

DO NOT MOVE AN UNCONSCIOUS CASUALTY

INSTEAD:

- Call 999 immediately;
- Clear the airway, check the breathing;
- If breathing place casualty in Recovery position;
- If not breathing attempt CPR until emergency services arrive according to Resuscitation Council guidelines;
- Summon AED device and trained user;
- Notify School Nurse if available as soon as possible.

DO NOT MOVE A FRACTURE OR POSSIBLE FRACTURE OF:

- Neck, spine, pelvis or leg
- Dislocation of hip / knee/ ankle
- Call 999 immediately
- Inform School Nurse

ANKLE INJURIES/ SPRAINS

- Support injured limb and escort casualty to Medical Room for assessment. A Wheelchair is available from the Medical office – Senior School

HEAD INJURIES

- The consequence of an injury from an accident involving a bump or blow to a pupil's head is not always evident immediately and the effects may only become noticeable after a period of time.

Where emergency treatment is not required a 'Head Injury Instruction form' will be sent home to the parent/guardian. (see appendix I)

CONCUSSION

- Apply dressings to any wounds;
- Remove to the Medical Room.

IN ALL CASES OF INJURY

- All casualties on the sports fields should be assessed by the School Nurse (Medical Room) if available;
- If a pupil requires treatment for their injury and does not want to play on, they should be allowed to leave the pitch and attend the Medical Room for treatment;
- All pupils who have been concussed or shocked or have difficulty walking should be escorted and if possible transported to the Medical Room as soon as possible, not left sitting on the side line while the match continues.

CONTACT DETAILS

In the event of an injury the following numbers should be used

- **999** – in the case of serious injury an ambulance should be requested and the call should remain with the casualty until the ambulance arrives;
- The **School Nurse: 199, Mobile number 07483065527** – this is for minor injuries or to report a serious injury when an ambulance has been called;
- Also please ring Senior School **Reception** to locate the School Nurse: **411**.

POLICY FOR ADMINISTERING MEDICINES

1. Medication should not be carried around school. However, pupils with Asthma are advised to collect their inhalers as needed e.g. for PE/Games lessons and those at risk of an anaphylactic reaction are also advised to carry their adrenaline auto injector with them to PE/Games lessons.

2. A child's medication should be given and stored in school, if it is deemed detrimental for it to be omitted during the school day. (DfES 2005)

3. Consent - Pupils who require prescribed medication to be taken during the school day must bring it straight to the Medical Assistant/Receptionist at the start of the school day. A prescribed medication form must be completed by the parents, explaining dosage, time of administration, the last time medication was taken and whether the pupil is able to self-medicate. The form is available on the school website for parents to download for this purpose (See Appendix 5). All medication should be kept in its original container with the prescribing label still attached. All medication must be prescribed by a doctor with the exception of General Sales List (over the counter) medication. This may be sent into school with prior consent and agreement from the school ensuring the medication form is completed.

4. Should a pupil become ill or be injured during the school day they must be sent to the Medical Assistant for assessment who may contact the School Nurse for advice. After assessment a decision will be made whether the pupil is well enough to remain in school or if the best option is to contact parents to take home.

5. The Medical Assistant/School Nurse/Receptionist/First Aiders may administer medication under the Homely Remedy Protocol (see appendix 1) to allow for the child to remain in school with prior written consent from the parents. These will include: Paracetamol, Ibuprofen and Piriton.

6. The Medical Assistant/School Nurse/Receptionist/First Aiders may administer prescribed or General Sales List medication providing they are aware of the procedures and follow the recommended dosage guidelines. The School Nurse can provide appropriate training to administer medication (DfES 2005)

7. All medication will be locked in a secure cupboard only accessible by the School Nurse and authorised personnel. Emergency Inhalers and adrenaline auto injectors will be stored in an unlocked filing cabinet in the Medical Room/room opposite reception Hales) named **Medication Held in School**. These can be accessed by all staff in accordance with (DfES 2005), for emergency use only.

8. For administering medication on school trips, see separate policy.

9. The Medical Assistant/School Nurse are responsible for the safe storage of medication and will keep a list with expiry dates. These will be updated regularly.

10. For medication held in school it is the responsibility of the parents to keep note of expiry dates and supply new medication when these expire.

11. All pupils with a chronic medical illness will have an Individual Health Care Plan. These can be found in the medical folder in the Reception Office (Hales).

12. It is the responsibility of the parent/guardian to inform the school should there be any changes to their health needs and any change in medication. This will allow for the correct support to be given in school.

13. Any medication that is given in school will be documented, noting Pupil name, date of birth, name of drug, dosage and time given.

14. In the case of medication being brought in to school, it is the person administering the drugs responsibility to check that the right drug is given to the correct person. This can be done by cross checking personal information such as name, date of birth, medication label and consent form.

15. If you are in any doubt about medication to be given, then you must not give it until you have clarified your doubts. In the absence of the School Nurse you must contact the child's parents, with regards to medication.

DEALING WITH BODILY FLUIDS

PURPOSE

To reduce the risk to staff, student and visitors being exposed to potentially harmful body fluids on the King Henry VIII Senior and Junior School

- To comply with the requirements of the Health and Safety at Work Act 1974, ensuring employees are not put at risk;
- To comply with the Control of Substances Hazardous to Health Regulations (COSHH).

DEFINITION OF BODILY FLUIDS

Body fluids include: Blood, Urine, Faeces, Vomit, Saliva, Sputum.

PROCEDURE

When dealing with Blood and Bodily Fluid spillage all staff must wear personal protective clothing (gloves and aprons) at all times.

All Protective clothing must be disposed of into Clinical waste bags/bins.

If there is a risk of extensive splashing of blood of bodily fluids, it is recommended that extra protection be worn such as goggles, face visor and fluid repellent footwear.

BLOOD, FAECES, VOMIT

- NaDCC granules (Sodium dichloroisocyanurate e.g. Presept, Antichlor) should be used to clean and disinfect after theses spillages.
- **DO Not use on urine, see below.**

The dilution of the bleach depends on the product being used. Chlorine content varies from brand to brand and also depends on product storage.

Solutions should be made up fresh as required.

All products should be cleared through the Health and Safety Control System procedure.

If possible the diluted bleach or granules should be poured gently over the spill, covered with disposable towels and cleaned up after 2 minutes with more disposable towels. The towels should be disposed as clinical waste. Remember to wash your hands after removing your gloves. In general, the task is more unpleasant than risky. It is important, however to follow the manufacturer's instructions when using the products.

Should contact with the skin occur, they must be washed off immediately with plenty of water.

URINE

Spillages of urine should be cleared up using paper towels before washing the area with a detergent solution.

Do not use NaDCC granules, as a chemical reaction could take place, which would give of a potentially harmful gas.

CLINICAL WASTE

Clinical waste such as disposable items contaminated with bodily fluids, should be placed in yellow bags for incineration. A flushed toilet is ideal for disposing of faeces, urine and vomit and should be used whenever possible.

Do not attempt to clean up Bodily Fluid spillages unless you have been trained to do so, contact the Caretaker, who will attend with the appropriate chemicals to enable cleaning.

POLICY FOR SUPPORTING PUPILS WITH MEDICAL NEEDS

1. Pupils with medical conditions will have the same rights of admission as other children.

2. The school will ensure that pupils with medical needs will receive proper care and support whilst in the school environment.

3. Basic information and protocols will be available to all staff and parents for the most common medical conditions such as Asthma, Diabetes, Epilepsy and Severe Allergic Reactions (Anaphylaxis).

4. A protocol will be available for all other First Aid emergencies and should be read by all staff.

5. All members of staff will have access to a copy of the school handbook which will contain protocols and policies regarding medical conditions.

6. Details of children with common medical conditions will be displayed on the notice board in the staff room.

7. It is the responsibility of all staff to read protocols and policies regarding medical information. This is located in the Health and Safety folder on the T drive and noticeboard in the staff room.

8. All medical policies and protocols will be reviewed annually to ensure up to date information is available.

9. All Children with a Medical Condition will have an Individual Health Care Plan.

10. All staff will have access to the Individual Health Care Plans should a child with a medical condition be in their care.

11. A copy of the Individual Health Care Plan must be taken on all educational visits should an emergency arise.

12. All individual health Care Plans will be reviewed annually to ensure up to date information is available.

13. The School Nurse/Medical Assistant is the first contact for parents and staff in regards to the medical needs of students.

14. The School Nurse will liaise with external agencies and will inform appropriate staff of the outcome should it be required.

15. Any medical intervention that takes place should be documented in the pupil's file.

16. It is the parent/guardian responsibility to inform the school should there be any changes to their child's medical needs during the school year. This is to allow the school to update the medical files and provide the best support for their child.

17. Children with medical conditions should be allowed to participate in all physical activities and extra-curricular sport. There should be a flexible approach to allow students to partake in line with their own abilities. If there are any restrictions in relation to physical activity, then this will be noted in their Individual Health Care Plan.

18. All staff must treat medical information as confidential and must support children in their care promoting independence and maintaining dignity at all times.

19. Training will be available for all staff in regards to Anaphylaxis, Asthma, Epilepsy and Diabetes; this can be accessed via the School Nurse.

Medications commonly used to treat ADHD.

Ritalin(methylphenidate), dexamphetamine (Dexedrine) Atomoxetine (Strattera) Concerta, Tranquilyn, equasym

Licensed for children 6 yrs. and over currently.

ADHD is a complex phenomenon involving many contributing factors. Therefore, assessment and diagnosis is usually made by a specialist child psychiatrist or paediatrician. The symptoms can involve extreme persistent behaviour, such as over-activity, restlessness, impulsiveness, and inability to concentrate. The behaviour is apparent in more than one setting, for example home and at school.

The medication works by stimulating parts of the brain responsible for consciousness and control of attentions and activity, thus increasing concentration ability and decreasing restlessness in children who are overactive, impulsive and easily distracted.

A child who has been prescribed a controlled drug may have it in their possession but due to its potential for misuse it is advisable that it is stored securely so that the safety of other pupils is not put at risk. These medications are Class B controlled drugs and under the requirements of Misuse of Drugs (safe control) Regulation as of 1971 amendments 2010 should be stored in a double locked cabinet within a designated area where staff with authorised access should hold keys.

It is therefore vital that any Medication brought into the school be appropriately managed and stored. Accurate records of the dispensing to the medication should be made.

To assist in administering at school Parents should supply letters from the Consultant outlining:

Name
Dosage
Frequency
Diagnosis
Review date

Parents must also complete a Prescribed Medication Form (should be available for Parents to download from the website. Any changes to doses should be passed on through this route accompanied by a letter from Consultant.

Receiving Ritalin (concerta, equasym, Tranquilym) for storage in School

Medicines should be in their original packaging and be clearly marked with the child's name and prescriber instructions.

A designated member of staff (Medical Assistant, First Aider, Teacher, School Nurse) should record the amount received, the name of the child for whom it is intended, the expiry date and prescriber instructions in the controlled drug recording book.

The designated member of staff and the Child's parent or carer should both sign to confirm medicine had been handed over to the school. Expired / Unused medicine should be returned to the parent or carer as a matter of routine, whether weekly, monthly or at end of half term. Both parent / carer and staff member should sign to say this has been done.

Side Effects

The main side effects are reduced appetite and staying awake late.

Other less common side effects are anxiety, headaches, nervousness, headache, stomach ache, dizziness

Administration of Ritalin

The member of staff should always check that the child's name and the dose of medication prescribed match what is written on the container and support plan.

The member of staff should supervise the self-administration of the medicine at a time and place agreed with pupil, parent and other staff member. Staff should ensure medicine has been taken.

If a child refuses the medication a note should be made in the record and parents informed.

The member of staff should record the amount of medication taken and the time it was taken.

Best practice is that a second member of staff (or pupil) should countersign the entry in the medication record book. Both staff / pupil should check the remaining amount is correct and accurately recorded.

All controlled drugs must be checked, administered and signed for by two persons. Stock levels and details of administration are recorded in the Controlled drug book as well as pupil held documents.

INFORMATION ON ANAPHYLAXIS AND SCHOOL PROTOCOL MANAGING SEVERELY ALLERGIC PUPILS IN SCHOOL.

Definition of Anaphylaxis

Anaphylaxis involves one or both of two features: -

- Respiratory difficulty (swelling of the airway or asthma).
- Hypotension (fainting, collapse or unconsciousness).

(The Anaphylaxis campaign, 2009).

What's happening to the Body?

- An anaphylaxis reaction is caused by the sudden release of chemical substances, including histamine, from cells in the blood and tissues where they are stored.
- The release is triggered by the reaction between allergic antibodies and the allergen
- The person would have been exposed to the allergen (the thing that they are allergic to) previously. At that time the body misjudged the allergen as a threat and started to make antibodies against it. The next time the body is exposed it over reacts and causes the above symptoms.
- Anaphylaxis is a severe systemic allergic reaction.
- At the extreme end of the allergic spectrum.
- The whole body is usually affected within minutes of coming into contact with the allergen.
- It can take seconds or several hours for a reaction to occur.

(The Anaphylaxis campaign, 2009)

Allergic reactions can produce many unpleasant symptoms; only a few are likely to be described as
anaphylaxis.

(Ewan 1998)

The Symptoms

- Swelling of the mouth or throat.
- Difficulty in swallowing or speaking.
- Alterations in the heart rate.
- Hives anywhere on the body.
- Abdominal cramps and nausea.
- Sudden feeling of weakness.
- Difficulty in breathing.
- Collapse and unconsciousness.

(The Anaphylaxis Campaign, 2009)

Types of Reaction

- Uni-phasic, meaning one phase. Develops rapidly, usually involving the airway or circulation. Once treated the symptoms go away and don't return.
- Bi-phasic, meaning two phases. 6% of children have bi-phasic reactions. It develops rapidly, is treated, and then there appears to be a rest period when all symptoms appear to have gone away for 1-2 hours. Breathing and circulation symptoms return and can become very serious.

(Lee and Greenes, 2000. The Anaphylaxis Campaign, 2009)

Common Causes

- Peanuts
- Tree nut
- Milk
- Egg
- Sesame
- Wasp
- Bee
- Latex
- Penicillin
- Blood Products

- Fish Some medication
- Shellfish Kiwi

Treatments

Adrenaline is the main treatment and:

- Reverses swelling
- Relieves Asthma
- Constricts the Blood Vessels
- Stimulates the heartbeats

Adrenaline works in seconds, whereas antihistamines take about 15 minutes. This is useful if the reaction is coming on slowly, asthma inhalers will also help at this time.

Incidentally children with asthma as well as severe allergies are far more at risk of a severe reaction than allergic children who do not have asthma. (Sampson et al 1992)

Devices

Adrenaline auto-injectors: -

- Adult dose 0.3mg
- Child dose 0.15mgs
- Up to 2 years' shelf life **Storage**
- Accessible
- Avoid extremes of temperatures; the devices are designed to be stored at room temperature. They remain stable up to about 40 degrees C. Should not be stored in the fridge or left in sunlight.
- Clearly labelled
- In date

Emergency Adrenaline Auto-Injector (AAIs) in School

Following guidance from the Department of Health – amendments to the Human Medicines Regulations 2017: Adrenaline-auto injectors, all schools are now able to obtain Adrenaline Auto injectors (AAIs) for emergency use without prescription. This is a discretionary power enabling schools to do this if they wish.

- The Emergency Adrenaline auto injector will be held in the medical room and used under the School Nurse 's direction.
- The Emergency Adrenaline auto injector (AAI) is only available for Pupils known to be at risk of anaphylaxis, where both parental consent and medical authorisation has been given.
- The Adrenaline Auto injector (AAI) should be considered a spare/ back up device only and not a replacement for a pupils own AAI. (for example if their own has been used / broken.)
- In the event of possible severe allergic reaction in a pupil who does not meet the above Criteria, emergency services (9) 999 should be contacted and advice sought from them as to whether administration of the Spare emergency AAI is appropriate.
- Written parental consent for the use of the Emergency Adrenalin auto injector (AAI) needs to be obtained. A list of children with parental/ guardian consent will be kept with the emergency adrenaline auto injector (AAI)

- Use of the emergency adrenaline auto injector will be documented in the pupil's medical records.

The emergency Anaphylaxis Kit

- One or more AAI(s)
- Instructions of how to use the devices(s)
- Instructions on storage of the AAI device
- Manufacturers information
- A checklist of injectors identified by batch numbers and expiry date with monthly checks recorded
- A list of pupils to whom AAI can be administered
- An administration record

Allergen avoidance

- Ensure you know the child in your care and familiarise yourself with their allergies. The child and their parents will have become experts at this and will know what they need to avoid, so speak to the child or the School Nurse.
- These children are very normal and it is important that they join in as many activities as possible.
- Risk assessments should be carried out in regards to location and activities that the child is involved in, particularly trips away, cookery, science experiments and mealtimes.
- Special occasions such as Christmas, Easter and fund raising cakes sales can pose an increased risk to allergy sufferers due to different food being brought in to school. Please be vigilant and risk assess where needed.
- Plan ahead in regards to cookery lessons and science experiments and inform the child or parent to discuss their risks.
- It is good practice not to use Food Technology rooms as form rooms for the allergic pupils.
- Be aware of any empty boxes being brought into school for Art/technology etc. they may have contained things such as crunchy nut cornflakes etc.

Health Care Plans (see appendix B)

- It is the responsibility of the School Nurse that all pupils will have a health care plan.
- The School Nurse will give a copy to the pupil/parent/guardian, the tutor and one will remain in the Medical File in the medical room.
- Pupil medical information is located on SIMS and in the Staff Room along with a named picture of all children who have adrenaline auto injectors.
- All staff including those on supply should be encouraged to check the board regularly and familiarise themselves with these Pupils so that they will be prepared in the case of an emergency.

What to do in the case of an allergic reaction?

- Contact School Nurse immediately on 199 or **07483065527**, stating name, form and location of the pupil, the allergic reaction.

In the absence of the School Nurse

- Ensure a responsible person stays with the pupil at all times.
- Ask a responsible person to collect the emergency drug pack for the pupil. This is found in the medical room, ask a member of the reception staff to direct you to its location.
- **For mild reactions,** to include rash/hives, swelling of the lips, itching and stinging sensation of the mouth administer prescribed antihistamine. Monitor pupil and contact parents to inform them of the event.
- **Should the pupil have a severe reaction** to include swelling inside the throat and mouth, faintness, loss of consciousness, intense anxiety, wheezing similar to asthma attack, abdominal cramps, nausea and vomiting and widespread hives. A responsible person should call for an ambulance (see Medical Emergency Procedure on page 9). Name and age of child should be given along with reason of call 'child having a severe anaphylaxis reaction'
- A second trained member of staff will administer the adrenaline auto injector to the pupil as prescribed by the doctor. (See appendix C on page 59 for guidance)
- The date and time the drug is given should be documented (see policy for Administering Medicines in School on page 13-14) and the used pens kept in a container ready for the ambulance crew.
- Place the pupil in a position of comfort, always ensuring maintenance of airway.
- An accident report should be completed and forwarded to the Health and Safety Officer who will then report it to RIDDOR.

If you would like more information, please contact the School Nurse or the Anaphylaxis Campaign Tel. 01252 542029 or www.anaphylaxis.org.uk

INFORMATION ON ASTHMA AND SCHOOL PROTOCOL. MANAGING ASTHMATIC PUPILS IN SCHOOL

Definition of Asthma

- Difficulty in breathing, with a very prolonged breathing out stage.

(Cleaver et al, 2006)

What's happening to the body?

- Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs.
- When an asthmatic comes into contact with something that irritates their airways it causes unwanted symptoms (also known as an asthma trigger).
- It can take seconds or several hours for a reaction to happen once exposed to the asthma trigger. (Asthma UK, 2009)
- The muscle that is found in the walls of the airway tightens or goes into spasm.
- The airways become narrow and the lining of them becomes inflamed and start to swell.
- Sometimes sticky mucus and phlegm builds up which can narrow the airways further.

(Cleaver et al, 2006)

The Symptoms

- Wheezing as the casualty breathes out.
- Difficulty in speaking and whispering
- Features of hypoxia (lack of oxygen) such as grey blue tinge to the lips, earlobes and nail beds (cyanosis)
- Appears distressed and anxious.
- Dry, tickly cough

(Asthma UK, 2009. Cleaver et al, 2006. Newman et al, 2001)

Asthma Triggers

- Animals
- Air pollutants
- Colds and viral infections
- Emotions
- Exercise
- Food
- Hormones
- House-dust mites
- Medicines
- Moulds and fungi
- Pollen
- Smoking
- Weather

What causes Asthma?

It is difficult to say what causes asthma exactly but what is known is that:

- If you have a family history of asthma, eczema or allergies you are more likely to develop it.
- Family history combined with specific environmental factors can influence whether you get asthma.
- Modern lifestyle changes such as housing, diet and a more hygienic environment may have contributed to the rise in asthma in the last few decades.
- Research shows that smoking through pregnancy significantly increases the risk of a child developing asthma.
- Children whose parents smoke have an increased risk of developing asthma.
- Environmental pollution can worsen asthma symptoms and may play an important part in causing some asthma's.
- Adult onset of asthma can develop following a viral infection.
- Irritants in the work place can lead to a person developing asthma (occupational asthma).

Medication

- Reliever Inhalers (usually blue), taken to relieve asthma symptoms immediately. (bronchodilators)
- Salbutamol is the most popular medication and can have various different trade names such as, Ventolin and Salamol. 100mcg per puff and 2 are usually taken.
- Terbutaline can also be used, also known as Bricanyl. 500mcg per puff and 1 is usually taken.
- Preventer inhalers (usually brown, burgundy, purple or orange).

- Various different medications called corticosteroids, such as, Becotide, Beclomethasone, Flixotide, and Seretide. These are of no use to relieve asthma symptoms once they have manifested, but are used to prevent symptoms occurring.

  (British National Formulary, March 2008)
- There are a number of other medications that can be used to manage Asthma, but these are the most common.
- All Asthmatics are advised to collect their inhalers for PE/Games lessons to use in an emergency. A second inhaler **may** be stored with the school nurse. See Policy for Administering Medicines in School, 2009.

Storage

- Accessible
- Avoid extremes of temperatures; the inhalers are designed to be stored at room temperatures. Should not be stored in the fridge or direct sunlight, this can prevent the inhaler from working correctly.
- Clearly labelled
- In date

Asthma Trigger Avoidance

- Ensure you are aware of any children in your care that have Asthma and familiarise yourself with their triggers. The child and their parents will be experts on this, so makes sure you speak to them if you are concerned.
- These children are very normal and it is important that they join in as many activities as possible.
- Risk assessments should be carried out in regards to location and activities that the child is involved in, particularly trips away, physical education, and cookery and science experiments.

Health Care Plans (see appendix F)

- It is the responsibility and desire of the School Nurse/Medical Assistant (Swallows) that all pupils will have an individual health care plan. (This will be discussed with the parents.) On some occasions it may be felt that it is not necessary by the parents. In this case school protocol on how to manage an asthma attack should be adhered to.
- The School Nurse/Medical Assistant (Swallows) will give a copy to the pupil/parent/guardian, the tutor and one will remain in the medical file in the medical room.
- Pupil medical information is located on SIMS and in the Staff Room along with a named picture of all children who are asthmatic.
- All staff including those on supply should be encouraged to check the board regularly and familiarise themselves with these pupils so that they will be prepared in the case of an emergency.

Games/PE lessons and Asthma Management

- Ensure you know who has Asthma in your group and adhere to asthma trigger avoidance.
- Allow the pupil to increase their fitness levels gradually.
- It is advised that pupils have their inhaler with them when they undertake any physical activity. (Hales pupils only).

- If exercise triggers the pupil's asthma, then they should be reminded to take their inhaler immediately before they participate.
- Should the pupil complain of asthma symptoms during the activity, they must be allowed to stop immediately and be encouraged to take their reliever inhaler and wait until they feel better before they continue.
- When asthma is under control, pupils should be able to take part in all sports.
- Should a pupil be unable to participate in physical education regularly, then the School Nurse will contact the parents to offer advice on asthma management. The nurse will liaise with outside agencies such as Asthma UK, the pupils GP, asthma nurse or Consultant.

Emergency Salbutamol Inhaler in School

Following the guidance from the Department of Health, all schools are now able to obtain salbutamol inhalers for emergency use without prescription. This is a discretionary power enabling schools to do this if they wish.

- The emergency inhaler will be held in the Medical Room and only used under the School Nurse/Medical Assistant's direction. It will be available to any pupil with asthma, or who has been prescribed an inhaler as reliever medication, and can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).
- Written parental consent for use of the emergency inhaler needs to be obtained. A list of children with parental consent will be kept with the emergency inhaler. Disposable spacers will be stocked as well.
- If it is necessary for a child to use the emergency salbutamol inhaler, the information will be documented in the child's medical records.
- The emergency inhaler can be reused. The canister must be removed and the casing can be washed in warm soapy water and left to air dry before reconstructing.

What to do in the case of an asthma attack?

- Contact the School Nurse immediately on **199** or **07483065527**. **A responsible person will stay with the pupil and encourage them to:**
- Take 2 puffs of their reliever inhaler
- Sit up and loosen tight clothing.
- If no immediate improvement, continue to take 2 puffs (one at a time) every two minutes. Up to ten puffs can be taken.

In the event that the symptoms do not improve, a second responsible person should at this point call for an ambulance (see Medical Emergency Procedure, 2009) stating: -

- Reason of call – 'child having a severe asthma attack'. Medication child has already received.

Then:

- Contact parents and tell them to go straight to the named hospital
- Encourage the pupil to continue to take 1 puff of their reliever inhaler every minute until Symptoms improve or the ambulance arrives.
- Ensure a responsible member of staff escorts the pupil with the ambulance crew to the hospital.

- An accident report must be completed and forwarded to the health and safety officer who will need to report it to RIDDOR.

If you would like more information please contact the School Nurse or Asthma UK, Tel. 0800 121 6244 or www.asthma.org.uk

INFORMATION ON DIABETES MELLITUS AND SCHOOL PROTOCOL for MANAGING DIABETIC PUPILS IN SCHOOL

Definition of Diabetes Mellitus

- Diabetes Mellitus often referred to as diabetes, is a syndrome of disordered metabolism, usually due to a combination of hereditary and environmental causes resulting in abnormally high blood sugar.
  (Tierney et al 2002)

What is happening to the body?

- Glucose is the fuel used by the body for each and every cell. When not enough insulin is available or not able to function correctly, then the glucose cannot get into the cells where it is needed. This then builds up in the blood.
- The unused blood sugar circulates through the kidneys, when the amount is more than the kidneys can tolerate the extra glucose spills out into the urine.
- (Ministry of Health and Family Welfare Government of India, 2008-09)
- Glucose come from the digestion of foods containing carbohydrate such as bread, potatoes, chapattis, fruit, dairy products and other sweet foods. It is also produced by the liver.
- Without insulin, sugar accumulates in the blood and can cause hyperglycaemia.
- Insulin is vital for life and is a hormone produced by the pancreas, it helps the glucose to enter our cells where it is used as fuel for energy so we can work, play and generally live our lives.
- Diabetics must carefully balance the amount of sugar in their diet and regulate their blood sugar with insulin injections, tablets or diet; too much insulin or too little sugar can cause hypoglycaemia.

(Diabetes UK, 2015)

Undetected or unmanaged diabetes can lead to organ failure, coma and even death.

The Symptoms

Hyperglycaemia

- Dry skin.
- Rapid Pulse.
- Deep, laboured breathing.
- A smell of acetone or pear drops on the casualty's breath.
- Excessive thirst. o Passing large amounts of urine.
- Tiredness and irritability.

Hypoglycaemia

- Hunger
- Sweating
- Drowsiness
- Pallor (pale)
- Shaking
- Lack of concentration
- Irritability
- Lack of responsiveness reduces
- May become unconscious.
- Cold clammy skin
- Shallow Breathing.

(Diabetes UK, 2015, Cleaver et al, 2006, Newman et al, 2001)

Diabetes Types

- **Type 1 Diabetes.**
  - This develops if the body is unable to produce any insulin. Usually appear before the age of 40.
  - The least common of the two types, accounts for about 5-15% of all people with diabetes.
  - Unpreventable.

- **Type 2 Diabetes.**
  - Develops when the body can still make some insulin or when the insulin that is produced does not work properly.
  - Most cases are linked to being overweight.
  - Usually appears after the age of 40. (in South Asian and Afro
  - Caribbean people often appears after the age of 25). Recently, more children have been diagnosed some as young as 7.
  - The more common of the two types, accounts for about 85-95% of all people with diabetes.
  - Some cases can be preventable.

(Diabetes UK, 2015)

Treatments

- Insulin pumps that infuse insulin 24 hours and are attached to the pupil.
- Insulin injections.
- Tablets
- Diet controlled.
- All are usually managed independently.
- Glucose tablets
- Dexrogel

Storage and disposal

- Insulin is usually stored in the refrigerator but can vary depending on the type of insulin. Advice is to remove 1 hour prior to administration.
- Tablets should be stored at room temperature.

- Any needles that are used should be disposed of in the yellow sharps box that is located in the Medical Room.

Awareness of Hypoglycaemia and Management.

- Ensure you are aware of any children in your care that are diabetic.
- These children are very normal and it is important that they join in as many school activities as possible.
- Risk assessments should be carried out in regards to location and activities that the child is involved in, particularly trips away and physical education.

Health Care Plans

- It is the responsibility of the School Nurse to ensure that all pupils will have an Individual Health Care Plan.
- The School Nurse will give a copy to the pupil/parents/guardian, the tutor and one will remain in the medical file in the medical room.
- Pupil medical information is located on iSAMS and in the Staff Room along with a named picture of all children who are diabetic.
- All staff including those on supply should be encouraged to check the board regularly and familiarise themselves with these pupils so that they will be prepared in the case of an emergency.
- Pupils with diabetes will be encouraged to carry an emergency pack containing carbohydrate snacks, glucose tablets or dextrogel should their blood sugar become low.
- The nurse will have a supply of glucose tablets in the medical room in the case of an emergency.

What to do should a pupil have a hyper/hypoglycaemic episode.

- Hyperglycaemia is unlikely to cause any problems whilst in school but if any of the symptoms are noticed the School Nurse must be informed immediately.
- If a Hypoglycaemic episode is suspected, you should contact the school nurse immediately on **199** or **07483065527.**
- The pupil should be encouraged to eat their emergency snack or have 3-5 glucose tablets or dextrogel if able to swallow.
- Once the pupil recovers, parents will be contacted for further instruction.
  Should the pupil deteriorate despite using their emergency pack or becomes unconscious at any point then an ambulance should be called. (See Medical Emergency Procedure, 2009) stating: -
- Diabetic pupil having a hypoglycaemic attack.
- Emergency pack used. **Then**
- Contact parents and tell them to go to the named hospital.
- Ensure a responsible member of staff escorts the pupil with the ambulance crew to the hospital.
- An accident report must be completed and forwarded to the health and safety officer who will need to report it to RIDDOR.

If you would like more information please contact the School Nurse or Diabetes UK, Tel. 020 7424 1000 or www.diabetes.org.uk

INFORMATION ON EPILEPSY AND SCHOOL PROTOCOL
MANAGING EPILEPSY IN SCHOOL.

Definition of Epilepsy.

- A tendency to have repeated seizures or fits that start in the brain. It is a neurological condition as it affects the brain, but also a physical condition as it affects the body. (The National Society for Epilepsy, 2009)

What is Happening to the Body?

- The cells in the brain, known as neurons, communicate with each other by using electrical impulses. During a seizure these are disrupted, which can cause the brain and the body to behave strangely.
- The severity of the seizures can differ from person to person. Some people will experience a trance like state for seconds or minutes whereas others will lose consciousness and have convulsions (uncontrollable shaking of the body). (NHS.UK, 2009)
- The brain is responsible for all the functions of the body. What is experienced during a seizure will depend on where in the brain the epileptic activity begins and how widely and rapidly it spreads. Epileptic seizures will be unique to the individual. (Epilepsy Action, 2009)

Types of Seizures and Symptoms

Seizures are divided into two main groups as follows: -

Generalised seizures.

- Tonic clonic seizure - most common type of generalised seizure, consciousness is lost, the whole body stiffens and shakes (convulses). This is due to uncontrollable muscle contractions.
- Absence seizures – Brief loss of consciousness or awareness. No convulsions or falling over and lasts only seconds, usually seen in children.
- Myoclonic seizure – Sudden contractions of the muscles which cause a jerk. These can affect the whole body but usually occur in just one or both arms.
- Tonic seizure – Brief loss of consciousness, may become stiff and fall to the ground.
- Atonic seizure – Become limp and collapse, often with only a brief loss of consciousness.

Partial Seizures.

- Simple partial seizures – May have muscular jerks of strange sensations in one arm or leg. Can get an odd taste; develop pins and needles in one part of the body. Do not lose consciousness.
- Complex partial seizures – May behave strange for a few seconds or minutes, e.g. may fiddle with an object, or mumble, or wander aimlessly. As well as odd emotions, fears, feelings, visions or sensations. Consciousness is affected and you may not remember having a seizure.

(Cleaver et al, 2006. Patient UK, 2009)

Common Triggers

- Tiredness, Lack of Sleep.
- Stress.
- Alcohol.
- Noncompliance with medication.
- Less common, flashing or flickering lights or patterns, affects only 5% of epileptics and is called photosensitive epilepsy. **Treatments**
- Anti-epileptic drugs – aim to prevent seizures from happening but do not cure it.
- Rescue medication such as diazepam, administered during a seizure. Other options include vagus nerve stimulation.
- Surgery.

Storage

- Accessible
- Avoid extremes of temperatures. Stored at room temperature.
- Clearly labelled.
- In date.

Awareness and management of Epilepsy.

- Ensure you know the children in your care that have epilepsy and familiarise yourself with their triggers.
- These children are very normal and it is important that they join in as many activities as possible.
- Risk assessments should be carried out in regards to location and activities that the child is involved in, particularly Science, Design and Technology, Food Technology and trips away from school. **Health Care Plans.**
- It is the responsibility of the School Nurse that all pupils will have a health care plan.
- The School Nurse will give a copy to the pupil/parents/guardian, the tutor and one will remain in the medical file in the medical room.
- The tutors copy must remain in their register for the purpose of someone else registering their class.
- A list of all epileptics will be displayed in the Senior Common Room.
- All staff including those on supply should be encouraged to check the board regularly and familiarise themselves with these pupils so that they will be prepared in the case of an emergency.

What to do in the case of a convulsive seizure.

- Contact the school nurse immediately on **199** or **07483065527,** stating name, form and location of the pupil.
- Protect the person from injury, i.e. remove all harmful objects from nearby.
- Place a cushion or coat underneath the pupil's head for protection.
- Do not try to move the pupil unless in immediate danger.
- Do not try to restrain the pupil.
- Make sure pupils are not crowding around and remove them from the area if possible.
- Whilst convulsing the pupil may become incontinent, ensure you are discreet and maintain their dignity.

- Do not put anything in the pupil's mouth or give anything to eat or drink until fully recovered.
- Place in the recovery position once the seizure has finished. Reassure the pupil as they may not know what has happened and contact the parents informing them of the event **Call for an ambulance if: -**
- You know it's the person's first seizure.
- The seizure continues for more than 5 minutes.
- A tonic-clonic seizure follows another without the person regaining consciousness.
- The person is injured during the seizure.
- You believe the pupil needs urgent medical attention.

(Epilepsy Action, 2009)

- If an ambulance is called (See Medical Emergency Procedure, 2009). State the pupils name, age and reason of call – 'child having an epileptic seizure'.
- Contact the parents and tell them to go to the named Accident and Emergency Department.
- A responsible member of staff should escort the pupil with the ambulance crew to the hospital.
- An accident report should be completed and forwarded to the Health and Safety Officer who will then report it to RIDDOR.

For all other seizures contact the School Nurse. In the absence of the school nurse the parents must always be contacted to inform them of the event. Should the pupil feel unwell the parents will take them home to recover.

If you would like more information, please contact the School Nurse or The National Society for Epilepsy. Tel. 01494 601 400 or www.epilepsy.or.uk

INFORMATION ON CONCUSSION IN SPORT & SCHOOL PROTOCOL

What is concussion?

A concussion is a disturbance in brain function caused by a direct blow to the head or indirect force to the body, induced by biomechanical forces. The medical term for concussion is minor traumatic brain injury. Loss of consciousness occurs in than less than 10% of concussions, it is not a requirement for diagnosing concussion. Standard brain scans are typically normal with someone with concussion.

Signs and symptoms of concussion

Symptoms of concussion may be delayed and only present 24-48 hours after the injury.

The most common symptoms of concussion are:

- Headache
- Dizziness
- Nausea
- Loss of balance
- Confusion, such as being unaware of your surroundings
- Feeling dazed with a “foggy head”.
- Disturbances with vision, such as double vision or seeing 'stars' or flashing lights Difficulties with memory

Less common signs and symptoms

- Loss of consciousness
- Vomiting
- Slurred speech
- Vacant or blank stare
- Changes in behaviour, such as feeling unusually irritable
- Inappropriate emotional responses, such as suddenly bursting into laughter or tears

Visible clues may also indicate a concussion

- Lying motionless on the ground or slow to get up
- Unsteady on their feet
- Grabbing or clutching their head

Signs of concern

- A neck injury is suspected or a player complains of severe neck pain
- Pins & needles in arms or hands
- Convulsion or seizure
- Deteriorating conscious state

If any player has any of the above symptoms, an ambulance must be called. Neck pain or pins & needles may indicate a cervical spinal fracture and the player must be removed from the field of play by emergency healthcare professionals with appropriate spinal care training.

Who is most at risk?

Children and adolescents are more susceptible to concussion due to the continuing development of the brain and should be treated more conservatively. Someone with a history of two or more concussions within the past year are at greater risk of further brain injury and slower recovery.

There are a number of factors that cause vulnerability in a head injury

- Previous concussion. Repeated concussions can cause cumulative brain damage leading to second-impact syndrome
- Alcohol or drug use
- Having a condition that makes you bleed more easily – haemophilia
- Taking anticoagulant medication such as warfarin

High risk groups

- Young men
- Sportspeople
- Those with a history of mental health problems

It is important to be aware of demographic groups at particular risk of head injuries and to consider whether symptoms are related to an undiagnosed, previously unreported injury

Management of concussion

Anybody who has received a heavy jolt to the body or head, or a direct blow to head should be removed from play.

Questions to ask a suspected concussed player

Failure to answer 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?
- ✓ Did your team win the last game?

Parents need to be spoken to directly and advised on the symptoms to observe for. Advise they take their child to A&E for further assessment. Written head injury instructions following an injury are good practice, and if available, should be given to the parent (see separate letter) Parents should also be aware that symptoms can be delayed for up to 48 hours post injury.

Most people with concussion make a full and quick recovery. Post-concussion symptoms after a minor brain injury vary; around 20 – 50% have symptoms persisting beyond three months.

Full physical and cognitive rest is important during the recovery period with avoidance of all sport; this also includes swimming and cycling. Cognitive rest includes a rest from watching television, computer games and mobile phone use.

Gradual return to play

The International Rugby Board recommend children and adolescents should not return to play or undertake contact training for a minimum of two weeks following cessation of symptoms. Gradual return to play is a progressive exercise programme, introducing a player back into sport in a controlled and staged manner. It can only be started once the player is symptom free and no longer taking pain- relief for symptom control.

Recommendation

For all PE staff to complete the IRB Concussion Management online resource.

References

1. NHS Choices > Health A-Z > Concussion.

   http://www.nhs.uk/Conditions/Concussion/Pages/Introduction.aspx

2. Consensus Statement on Concussion in Sport: the 3rd International Conference on Concussion in Sport held in Zurich, November 2008.

3. British Journal of Sports Medicine 2009; 43: i76-i84

4. International Rugby Board > IRB Player Welfare > IRB Concussion Guidelines.
   www.irbplayerwelfare

Useful websites

www.headway.org.uk – Headway – the brain injury association

Written head injury instructions to be handed to parents following an injury to their child in sport.

Head Injury sustained in sport

Your child sustained a head injury in sport today. If they experience any of the following symptoms, please contact your GP or nearest Accident & Emergency Dept.

Symptoms can be delayed for up to 48 hours post injury.

Increasing headache	visual problems
Increasing drowsiness	Confusion or change in behaviour
Vomiting	Neck stiffness
	Fits or convulsions

Consult www.nhs.uk/conditions/head-injury-minor for further information.

Please ask them to attend the medical room when next in school, to ensure they are fit enough to continue with academic and sporting activities. Any concerns, please do not hesitate to contact me.

Mrs Sarah Cadwallader

School Nurse

Telephone - 024 7627 1199

E-mail – nurse@khviii.net

EATING DISORDERS POLICY

Introduction

School staff can play an important role in recognising and detecting children with early signs of an eating disorder. They also provide support for those affected by this illness. This document describes the approach that King Henry VIII Junior School will take in regards to eating disorders and is intended as guidance for all staff including non-teaching and Governors.

Aims

- To raise/ increase understanding and promote awareness of eating disorders.
- To help staff recognise the early warning signs of an eating disorder and the leading risk factors.
- To provide staff with support when involved in the management of a pupil suffering with an eating disorder.
- To provide support to pupils suffering or recovering from an eating disorder and their parents/carers and peers.

Definition of eating disorders

Anyone can get an eating disorder regardless of age, sex or cultural background. It is a complex combination of long standing behavioural, emotional, psychological, interpersonal and social factors. Food and the control of food are used to compensate for feelings & emotions that may otherwise seem overwhelming. It can become a chronic condition with long term negative effect on relationships, employment, fertility and parenting.

Risk factors for an eating disorder

Whether or not a person develops an eating disorder will depend on their individual vulnerability, together with the presence of biological or other predisposing factors.

Individual factors

- Experiencing low self-esteem and other mental health and emotional Problems.
- Perfectionist tendencies.
- Adverse sexual experiences and abuse.
- High expectations of achievement, both in school and home.

Environmental factors

- Difficulties in school
- Teasing, critical comments from others about eating, body shape
- Cultural pressures that glorify “thinness” & the “perfect body”.

Interpersonal factors

- Physical and mental health illness of a close family member including eating disorders, depression or alcohol misuse.
- Bereavement

- Conflict at home. High parental expectation.

Types of eating disorders

Anorexia Nervosa

Anorexia nervosa is a syndrome in which the individual maintains a low weight as a result of a preoccupation with body weight, construed either as a fear of fatness or pursuit of thinness. It typically appears in early to mid-adolescence and may present with delayed puberty or stunted growth as well as weight loss.

Signs of Anorexia

- Intense fear of weight gain.
- Self-induced weight loss through food avoidance.
- Use of appetite suppressants or laxatives.
- Exercising excessively.
- Distorted body image.
- Menstrual periods stopping and delayed puberty.
- Rigid or obsessive behaviour attached to eating, including eating secretively.

Bulimia Nervosa

Bulimia Nervosa is characterised by recurrent episodes of binge eating and secondly by compensatory behaviour (vomiting, purging, fasting or exercising or a combination of these) in order to prevent weight gain. Binge eating is accompanied by a feeling of loss of control over eating. Sufferers will then purge (get rid of food by vomiting or using laxatives). Those who suffer from the non-purging type compensate for binges by exercising or fasting.

Signs of Bulimia Nervosa

- Large amounts of food disappearing from the cupboards.
- Going to the bathroom or toilet immediately after meals.
- Using laxatives and vomiting to control weight or sometimes other medications/herbal remedies to lose weight.

Eating Disorders not otherwise specified

Some people may suffer from eating disorders that closely resemble anorexia and bulimia, but are considered atypical, these are classed as Eating Disorders not otherwise specified.
Their weight might be just above the threshold for anorexia or she might still be menstruating. Binge eating and purging may occur less frequently than specified for bulimia. They may have concerns with weight and shape, although in some, primary focus is on maintaining strict control over eating.

Warning signs of an eating disorder

Some eating disorders are mild and can be a passing phase. In others it becomes a long term problem and there is a risk of death. If help is received early in the course of an eating disorder, the better the outcome. Here are some of the first signs that there may indicate a problem: ***Physical signs***

- Fainting, headaches and dizziness.
- Swollen face, around salivary glands
- Dry hair & skin; hair loss is common.
- Downy hair on face & arms
- Hypersensitivity to heat or cold.

- Tooth decay and/or damaged knuckles

Behavioural changes

- Secretive behaviour & avoiding eating in public.
- Missing meals or eating very little.
- Eating rituals; eating alone, cutting food up into tiny pieces Wearing baggy clothes to hide body shape.
- Weight controlling behaviour; taking of diuretics, laxatives, diet pill, stimulants
- Excessive exercising.

Psychological signs

- Lack of confidence and low self esteem
- Withdrawn and isolated from friends
- Setting unrealistic high standards
- Fatigue and poor concentration including difficult with normal activities.
- Distorted perception of body shape
- Change in mood and personality

Roles and responsibilities of staff

There is a thin line between appropriate responsiveness and inappropriate intrusiveness into the personal lives of students and care needs to be taken not to over step this line.
The goal in school is to detect and address problems in their earliest stages where they exist in thinking and attitudes related to self-image, self-esteem and self-control. The goal in determining the existence of an eating disorder is simply to raise concerns with the appropriate staff.

Any member of staff, who is aware of a pupil engaging in or suspected to be at risk of an eating disorder, should consult one of the designated teachers for safeguarding children. Please refer to the Foundation Child Protection/Safeguarding Policy.
Once it is established there may be a concern, an appropriate course of action will be taken.

- Contacting parents/carers
- Arranging a referral to CAMHS, with parental consent.

If a student confides in a member of school staff about their own welfare or that of a peer, they must be made aware that it may not be possible to offer complete confidentiality. If you consider a pupil to be at serious risk of causing themselves harm, then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept, even if a student puts pressure on you to do so.

Students undergoing treatment for an eating disorder or recovering from an eating disorder

All cases will be dealt with on an individual basis in regards to schooling whilst they are suffering with an eating disorder. The decision should be made in discussion with the pupil, their parents, school staff and members of the multi-disciplinary team treating the pupil. Should the pupil be attending a residential trip, then the trip organiser and nominated health care coordinator will be informed, for health & safety reasons.

If the trip is not residential, then the decision as to whether their information needs to be given will be decided on an individual basis and the nature/duration of the trip. If the pupil does not wish for their health condition to be divulged, then they will not be allowed to attend the trip.

The reintegration of a pupil into school following a period of absence should be handled sensitively with regular information up dates from parents, school staff and a member of the multi-disciplinary team.

Further considerations

Any meetings that take place between pupils, their parents/carers or peers should be recorded in writing to include:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed.

This information should be stored in the pupil's medical records marked confidential and only to be opened in the presence of a member of the Senior Leadership Team or School Nurse.

SELF-HARM POLICY

Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, but such statistics may not adequately reflect the scale of the problem.
This document describes the approach that King Henry VIII Junior School will take in regards to self- harm behaviours and is intended as guidance for all staff including non-teaching and Governors.

Aims

- To increase understanding and awareness of self- harm.
- To alert staff to warning signs and risk factors.
- To provide support to all staff dealing with students who self-harm.
- To provide support to students who self-harm & and their peers and parents/carers.

Definition of self-harm

Self-harm is a coping strategy. It is a behaviour that should alert us to an underlying problem, difficulty or disorder. It is a deliberate act and a way of obtaining relief from a difficult and otherwise overwhelming situation or emotional state, but only provides temporary relief; it does not deal with the underlying problems.
Physical pain is often easier to deal with than emotional pain, and its existence can awaken real feelings. It can be a response to everyday stresses and can increase in frequency & severity. It can often become habitual, chronic and repetitive, but not always for the same reason, or by the same method. An individual can self-harm over a few months or years.
Many acts of self-harm are not directly connected to suicidal intent, in fact the purpose in most cases, is to preserve life and can be a "solution" to an overwhelming problem. People who self-injure usually go to great efforts to hide their scars or injuries. It can be very difficult for them to talk about their behaviour, as they may feel ashamed. The act can be very private & personal; it cannot be assumed that it is an attention seeking behaviour.
Although self-harm is not intended as a suicidal act, it must be recognised that the emotional distress that leads to self-harm can also lead to suicidal thoughts and actions. Self-harm behaviour can include, but is not limited to:

- Cutting, scratching or picking
- Burning or scalding
- Banging or hitting the head or other parts of the body
- Bruising
- Non suicidal overdose
- Scouring or scrubbing the body excessively.
- Swallowing inedible objects
- Inserting dangerous objects under the skin. Pulling out hair.

Eating disorders, drug and alcohol misuse, and risk-taking behaviour also fall into the wide definition of self-harm.

Risk factors for self-harm tendencies

The risks of self-harm increase rapidly with the onset of adolescence. It is a manifestation of distress and the presence of other problems. There may be pupils who have none of these risk

factors and seem outwardly happy & high-achieving, but they may turn to self-harm to cope.

Individual

- Low self esteem
- Onset of a more complicated mental health illness: schizophrenia, Bi-polar disorder, personality disorder & OCD
- Poor communication & problem solving skills.

Environmental

- Being bullied or rejected by peers
- Difficulty in making relationships

Interpersonal

- Neglect or physical**,** sexual or emotional abuse
- Poor parental and dysfunctional relationships
- Frequent arguments with parents.
- Depression, self-harm or suicide in the family
- Unreasonable expectations from family.

Groups more at risk

- Adolescent girls are three times more likely to self-harm than boys, although it is less common in Asian girls.
- Friends of self-harmers seem to be at an increased risk from self-harm.
- Young people struggling with sexual orientation.

Warning signs

Staff may become aware of warning signs that indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. Early intervention for self-harm in adolescences is crucial for long-term positive outcomes.

These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the school Nurse or Head of Year.

- Wearing long sleeves & trousers, even in warm weather.
- Increased isolation from friends, being socially withdrawn.
- Changes in mood – more aggressive or introverted
- Fall in academic achievement.
- Reluctant to take part in physical activities or activities that require a change of clothes.
- Expressing feelings of failure, loss of hope.
- Change in fashion style.
- Bandages to wrists/arms.
- Taking personal risks.
- Abusing drugs & alcohol.

Roles and responsibilities of staff

Students may choose to confide in a member of staff if they are concerned about their own welfare, or that of a peer. Encourage the pupil to be open with you and reassure them that they can get the help they need. Self-harm can be hard for a person to discuss. They may be afraid of how others will react. It is best to respond calmly and non-judgementally, so that the person remains willing to talk about their self-harming behaviour. Maintaining a pupil's trust is important, if they feel they have lost that trust, they may become more insular and potentially, this can lead to increased self-harming behaviour. Endeavour to enable pupils to feel in control by asking what they would like to happen and what they feel they need. Avoid

asking a pupil to stop self-harming, you may be removing the only coping mechanism they have.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.
Any member of staff, who is aware of a pupil engaging in or suspected to be at risk of engaging in self harm, should consult one of the designated teachers for safeguarding children. Please refer to the CSF Child Protection Policy.
Following the report, the designated teacher will decide on the appropriate course of action. This may include:

- Contacting parents/guardian
- Arranging a referral to CAMHS with parental consent.
- Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers.

In a case of an acutely distressed pupil, the immediate safety pupil is paramount and an adult should remain with the pupil at all times.

Further considerations

Any meeting with a pupil, their parents or peers regarding self-harm should be recorded in writing.

- Dates and times.
- An action plan
- Areas of concern raised.
- Details of anyone else who has been informed.

This information should be stored in the pupil's file marked confidential and only to be opened in the presence of a member of the Senior Leadership Team or School Nurse.

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Appendix A

KING HENRY VIII JUNIOR SCHOOL

HOMELY REMEDY PROTOCOL

HOMELY REMEDIES THAT MAY BE ADMINISTERED TO STUDENTS OR MEMBERS OF STAFF AT KING HENRY VIII SENIOR AND JUNIOR SCHOOLS.

NAME OF MEDICATION	DOSAGE
Paracetamol	120mg – 1g
Ibuprofen	100mg-400mg
Chlorphenamine Maleate (Piriton)	2mg-4mg
Anthisan (bite/Sting cream)	Sparingly 2-3 times daily
Throat Lozenges sugar free (Strepsils)	No more than 12 daily

HOMELY REMEDY PROTOCOL – PARACETAMOL

Homely Remedy Protocol for administration of **PARACETAMOL** to students or members of staff at King Henry VIII Junior School by the School Nurse or authorised staff.

1.	**Clinical Condition or Situation**	
	Definition of Clinical Situation	Management of mild to moderate pain or Pyrexia, as assessed using Nurse's clinical judgement for students or staff at King Henry VIII Senior and Junior School.

		To include headache, toothache, musculosketetal pain or other condition warranting simple analgesia.
	Persons included	Students/staff with mild to moderate pain.
		Students/staff with pyrexia above 37.5 ^{o}C.
	Persons excluded	Students/staff to whom paracetamol has been administered within the previous 4 hours.
		Students/staff who have taken 4 or more doses of any medication containing paracetamol within the previous 24-hour period.
		Students/staff with current hepatic impairment.
		Students/staff with current renal impairment.
		Students/staff with alcohol dependence.
		Students/staff who have had a recent overdose (within the previous 2 weeks) of any substance containing paracetamol.
		Students/staff with hypersensitivity to any ingredients of the preparation.
		Students/staff on an existing analgesic regime.
	Action to be taken in the case of excluded person	Contact parents or GP

2.	**Staff Competencies**	
	Authorised staff	Registered Nurse Level 1 or authorised consent from the school nurse
	Additional requirements	Satisfactory completion of Homely Remedy Protocol
		To be aware of the medicines available which contain paracetamol
3.	**Description of Treatment**	
	Medicines to be administered	Paracetamol 500mg tablets; 500mg soluble tablets, 250mg/5ml suspension, 120mg/5ml.
		Legal status: Tablets = GSL
		Suspension = GSL
		Storage: Locked medical cabinet or trolley

	Specific Administration	Single dose of 500mg or 1g for adults or children over 16 years.
		Single dose of 500mg -750mg for children aged between 12 and 16 years of age.
		Single dose of 500mg for children aged between 10 and 12 years of age.
		Single dose of 375mg (7.5mls) for children aged between 8 and 10 years of age.
		Single dose of 250mg (5ml) for children aged between 6 and 8 year of age.

		Single dose of 120mg – 240mg for pupils aged between 1 – 5 years of age.
		Frequency: Every 4-6 hours. Max dose in 24 hours: 4 doses, up to a max of 4g in 24 hours for over 16year olds Max dose of 3mg in 24 hours for children aged 12- 16 years. Max of 2g in 24 hours for children aged 10-12 years. Max of 1g in 24hours for children aged 6 – 10 years.
	Follow up treatment	Continue to monitor and review until resolved.
		The nurse should use professional judgement to decide when to seek medical intervention.
	Warning/Adverse Reactions	Side effects rare – rash, blood disorders, liver damage in overdose.
	Consent	Staff - verbal
		Years 12 and 13 – verbal
		Reception – Year 11 – Parental consent via Health Information Sheet followed by confirmation note sent home advising of administration.
	Advice	Inform student/member of staff that the medicine is being administered under Homely Remedy Protocol.
		Instruct student/member of staff to avoid other medication containing paracetamol for 4-6 hours.
	Record Keeping	A record of student's attendance should be recorded in the medical register.
		Record in individual staff/student medical notes, stating date, drug, dosage, time, route. Sign and state administered under Homely Remedy Protocol.

1. Clinical Condition or Situation

Definition of Clinical

Management of mild to moderate pain or Pyrexia, as assessed
using Nurse's clinical judgement for students or staff at King Henry VIII Junior School.

To include headache, muscular skeletal pain or other conditions warranting simple analgesia.

Persons included

- Staff/students experiencing mild to moderate pain.

Persons excluded

- Staff/students to whom Ibuprofen has been administered within the last 6 hours.

- Staff/students who have already received 3 or more doses of Ibuprofen within the previous 24 hours.
- Any person who is pregnant
- Any person who suffers from asthma
- Any person with hypersensitivity to aspirin/ibuprofen or other NSAIDS.
- Any person with current or previous history of dyspepsia or peptic ulceration.
- Any person taking oral anti-coagulants.
- Any person suffering from severe cardiac disease.
- Any person taking lithium, methotrexate, tacrolimus.
- Any person suffering from oedema.
- Any person suffering from hypertension.
- Any person with renal impairment.

Action to be taken in the case of exclusion: Alternative analgesia or advice to seek medical attention.

2. Staff Competencies

Authorised staff: Registered Nurse Level 1 or with staff with authorised consent from the school nurse. Additional Requirements Satisfactory completion of Homely Remedy Protocol Questionnaire.

To be aware of other medicines that contains Ibuprofen or NSAIDS.

Medicines to be administered: Ibuprofen 200mg tablets, Ibuprofen suspension 100mg/5ml.
Legal status: Tablets = GSL
Suspension = GSL
Storage: Locked medicine cabinet or trolley.

Specific Administration: Single dose of 200-400mg for adults 16 or over.
- Frequency every 8 hours
- Max dose in 24 hours: 1.2g

Follow up treatment: Continue to monitor and review until resolved.
The nurse should use professional judgement to decide when to seek medical intervention.

Warning/Adverse Reactions: Take with or after food.
Side effects – rash, abdominal pain, heartburn, diarrhoea, constipation.

Consent: Staff - verbal

Advice: Inform student/member of staff that the medicine is being administered under Homely Remedy Protocol.
Instruct student/member of staff to avoid other medication containing ibuprofen for 4-6 hours.

Record Keeping: Record in Ibuprofen Stock Record

Record in individual staff/student medical notes, stating date, drug, dosage, time, route. Sign and state administered under Homely Remedy Protocol.

Homely Remedy Protocol for Piriton

1. Clinical Condition or situation		
	Definition of Clinical Situation	Symptomatic relief of allergy, as assessed using nurse's clinical judgement for students or staff at King Henry VIII Senior and Junior Schools.
		For acute allergic rhinitis, acute urticaria and emergency treatment of anaphylactic reactions.
	Persons included	Staff/students experiencing moderate allergic reactions.
	Persons excluded	Staff/students with infective rhinitis, renal impairment and hepatic impairment.
		Staff/students with hypersensitivity to any ingredients of the preparation.
		Persons taking monoamine oxidase inhibitors for depression.
		Any person who suffers with epilepsy
		Any person who suffers from glaucoma
		Any person taking medicines to treat anxiety or to help aid sleep.
		Any person suffering from severe cardiac disease
	Action to be taken in the case of exclusion	Contact parents or emergency services
2. Staff competencies		
	Authorised staff	Registered Nurse level 1 or with authorised consent from the school nurse
	Additional requirements	Satisfactory completion of Homely Remedy Protocol Questionnaire
		To be aware of other medicines that contains antihistamines.
3. Description of Treatment		
	Definition of clinical situation	Piriton 4mg tablets, Piriton suspension 2mg/5ml Legal status: Tablets = P Suspension = P Storage: Locked medicine cabinet or trolley
	Specific Administration	Single dose of 2mg-4mg for ages 12 and over
		Frequency every 4-6 hours
		Max dose in 24hours: 24mg
		Single dose of 2mg for ages 6-12 years
		Frequency every 4-6 hours
		Max dose in 24 hours: 12mg
		Single dose of 1mg for ages 2-6 years
		Frequency every 4-6 hours
		Max dose in 24 hours: 6mg
	Follow up treatment	Continue to monitor and review until resolved

		The nurse should use professional judgement to decide when to seek medical intervention.
	Warning/Adverse Reactions	**May cause drowsiness**
		Side effects- headache, psychomotor impairment, urinary retention, dry mouth, blurred vision and gastro-intestinal disturbances.
	Consent	Staff - verbal
		Years 12 and 13 - verbal
		Years 7 to 11 – Parental consent via Health Information Sheet followed by confirmation sent home advising of administration.
		Nursery to Year 6 only to be used in emergency treatment of anaphylactic reactions.
		Inform student/member of staff that the medicine is being administered under the Homely Remedy Protocol.
		Instruct student/member of staff to avoid other medicines containing antihistamines for 4-6 hours.

HOMELY REMEDY PROTOCOL- THROAT LOZENGES

Homely Remedy Protocol for administration of Throat Lozenges to Students or members of staff at King Henry VIII Senior and Junior Schools by the School Nurse or authorised staff.

1. Clinical Condition or situation		
	Definition of Clinical Situation	Symptom relief of sore mouth and throat infections.
	Persons included	Students / Staff with mild to moderate throat discomfort.
	Persons excluded	Student under 6 yrs. of age.
		Students / Staff known Diabetic.
		Students /Staff with hypersensitivity to any ingredient within the preparation.
2. Staff competencies		
	Authorised staff	School Nurse or staff with authorised consent from the School Nurse
	Additional requirements	Satisfactory completion of Homely Remedy Protocol
3. Description of Treatment		
	Medicines to be administered	Sugar Free Blackcurrant and menthol lozenges, Strepsils lozenges.
	Specific Administration	Suitable for children 6 years and over. Dissolve 1 lozenge slowly in mouth every 2-3 hours. No more than 12 lozenges in 24 hours.
	Advice	Inform Student / Member of staff that medication is being administered under homely remedy policy.

	Record Keeping	A record of Student's attendance should be recorded in the medical register
		Record in individual Staff / Student medical notes, stating Date, time, drug, dosage, route. Sign and state administered

HOMELY REMEDY PROTOCOL- Anthisan Cream (Bite or Sting relief)

Homely Remedy Protocol for administration of Anthisan Cream to students or members of staff at King Henry VIII Senior and Junior School by the School Nurse or authorised staff.

1. Clinical Condition or situation		
	Definition of Clinical Situation	Provide relief from insect bites, stings, nettle rash.
	Persons included	Students / Staff with insect bites, stings, nettle rash.
	Persons excluded	Students / Staff with signs of skin sensitivity.
		Students / Staff with hypersensitivity to any ingredient within the preparation
2. Staff competencies		
	Authorised staff	School Nurse or staff with authorised consent from the School Nurse
	Additional requirements	Satisfactory completion of Homely Remedy Protocol
3. Description of Treatment		
	Medicines to be administered	Anthisan Cream, Bite and Sting Relief
	Specific Administration	Cream should be applied directly to the site of the insect bite, Stinging nettle rash. For best results apply as soon as possible following bite or sting. Apply two to three times daily for up to three days. Do not use of larger areas of skin, Eczema, broken or sunburnt skin. External use only.
	Advice	Inform Student / Member of staff that medication is being administered under homely remedy policy.
	Record Keeping	A record of Student's attendance should be recorded in the medical register
		Record in individual Staff / Student medical notes, stating Date, time, drug, dosage, route. Sign and state administered

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Homely Remedy Protocol (HRP) - Questionnaire

Name of Nurse/Authorised Staff: .....

Date Completed: .....

- To be answered by the School Nurse / Authorised staff wishing to use the protocols.
- The writer to be satisfied with the School Nurse / Authorised staff answers prior to being able to implement the protocol.

1. Which **three** medicines can be administered to students/staff under the HRP? Give the name of drug, indication, dose range and frequency.

Drug Name	Indication	Dose Range	Frequency

2. What follow up action would you take after administering a medication under the HRP?

3. What advice would you give to staff/student?

4. Where and what would you document?

5. Under what circumstances would you not administer medication to staff/student under the protocol?

6. What would you do if you administered the wrong dosage of a drug?

Appendix B

Letter to Parents for Anaphylactic Reaction.

Date

Dear Parent/Guardian

According to our records your son/daughter suffers from an allergy and is at risk of anaphylaxis.

It is recommended that allergy sufferers carry an adrenaline pen at all times, and especially when attending events/matches away from school. We also recommend that a spare adrenaline pen (s) is readily available in the Medical Room.

Parents of those obtaining adrenaline pens from their own GP will be deemed responsible for ensuring that they are available and in date, as well as instructing their child in how to use them. Unused adrenaline pens should be taken home at the end of each term.

To assist us in providing the best possible care for your child, would you please complete and return the enclosed form to the School Nurse as soon as possible.

This form will be issued and updated annually to record any changes.

Regards,

Sarah Cadwallader
School Nurse

Allergy and/or Anaphylaxis Home/School Care Plan Agreement

Name:
DOB:
Form:
GP:

May suffer from an anaphylaxis reaction if he/she is exposed to

Usual allergic symptoms

Procedures
In the event of an acute allergic reaction staff will follow this procedure:

The child will be monitored continuously to assess the severity of symptoms. In cases of
Wheezing
Swelling of face and throat

Difficulty in breathing swallowing
Feeling faint

Place child in safe comfortable position

Give adrenaline pen injection to outer thigh (through light clothing if necessary)

Contact Ambulance Service **999 and the School Nurse on 199 or 07483065527 or escort to Medical Room (if safe to do so)**

Monitor closely.

If no improvement, or symptoms of floppiness or pallor develop within 10 minutes, repeat if further adrenaline pen available

Inform School Nurse immediately who will inform the Parents/ Guardian The following will be contacted in this order of priority

Contact no1

Name
Telephone no
Relationship

Contact no2

Name
Telephone no
Relationship

I /My Son/Daughter carries an adrenaline pen and has been instructed how to use it.

Spare adrenaline pens will be kept in the following locations in the School Medical Room

Further information (e.g. uses Antihistamine only)

I consent to the above in the event of my son/daughter suffering an acute allergic reaction. I am aware that I am responsible for supplying/replacing adrenaline pens prescribed by my son/daughter's own GP, and ensuring they are clearly named and in date.

Signed & Dated: …… Pupil

Signed & Dated: ……. Parent/Guardian

Signed & Dated: ……. Headteacher

Signed & Dated: ……..School Nurse

Appendix C

Instructions for using an auto injector

1.Remove the auto injector from its carry case

2. Grasp the Auto-injector with the tip pointing downwards

3. Pull off grey cap.

4. Place black tip against mid-outer thigh and press firmly until the auto injector activates. Hold in place for several seconds and then remove.

5.Massage the injected area for 10 seconds.

6. Call for an ambulance after administration.

7.Give any used auto-injectors to the Ambulance crew.

Appendix D

CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO INJECTOR (AAI)

Dear Parent/ Guardian;

Following guidance from the Department of Health- amendments to the Human Medicines Regulations 2017, all schools are now able to obtain adrenaline auto injectors for emergency use without prescription. This a discretionary power enabling schools to do this if they wish.

The Emergency Adrenaline Auto Injector will be held in the Medical Room to be used under the School Nurse 's direction. It will be available to any pupil known to be at risk of Anaphylaxis and been prescribed Adrenaline Auto injector (e.g. Epipen, Jext, Emerade) in an Emergency (for example due to their own being broken, fail, expired)

The Emergency Auto Injector (AAI) will not be used as a replacement for a Pupils own prescribed medication.

Written Parental consent for the Emergency Adrenaline Auto Injector (AAI) has to be obtained.

Please complete the following information and Return to the School Nurse.

I can confirm that my Child had been diagnosed as at Risk of Anaphylaxis and prescribed an Adrenaline Auto Injector (AAI).

My Child has a working, in-date adrenaline auto injector, clearly labelled with their name which they will bring into school on a daily basis. As agreed a secondary Adrenaline Auto Injector will be provided to the School and stored appropriately in the Medical Room.

In the event of my Child displaying symptoms of anaphylaxis and their own device fails, expired or unusable, I consent to my Child receiving the Adrenaline auto injector held by the School for such emergencies.

Pupil
Name: ……

Date: ……

Form: ……

Name of Parent/Guardian
(print)……

Parent/ Guardian
signature……

Please contact the School Nurse should you have any queries
Sarah Cadwallader nurse@khviii.net

Appendix E

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Dear Parent / Guardian

Following the guidance from the Department of Health, all schools are now able to obtain Salbutamol inhalers for emergency use without prescription. This is a discretionary power enabling schools to do this if they wish.

The emergency inhaler will be held in the Medical Room and only used under the School Nurse/Authorised staff direction. It will be available to any Pupil with Asthma, or who has been prescribed an inhaler as reliever medication, and can be used if the Pupil's prescribed inhaler is unavailable (for example because it is broken, empty).

Written Parental consent for use of the Emergency Inhaler has to be obtained. Please complete the following information and return it to the School Nurse.

I can confirm that my Child has been diagnosed with Asthma / prescribed an Inhaler.

My Child has a working, in-date, clearly labelled with Name which they will bring daily into School.

In the event of my Child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my Child to receive Salbutamol from an Emergency inhaler held by the School for such emergencies.

CHILDS
NAME: ……..

FORM: ……

NAME OF
PARENT/GUARDIAN (PRINT): ……

PARENT / GUARDIAN
SIGNATURE: ……

DATE: ……

Please contact the School Nurse should you have any queries.

Regards
Sarah Cadwallader nurse@khviii.net

Appendix F

Letter to Parents for Children with Asthma

Date

Dear Parents/Guardians

According to our information, your son/daughter has asthma.

In order to update our records, please complete the attached Asthma Review Questionnaire & Care Plan/ Risk Assessment for the self-administration of Medicines forms and return to the School Nurse as soon as possible.

Regards,

Sarah Cadwallader
School Nurse

ASTHMA REVIEW QUESTIONNAIRE & CARE PLAN

Name:
DOB:
Form:
GP:

Date of onset/diagnosis:	
Does your child currently take any asthma medication? Please give details	
If no, when was the last time any asthma medication was received	
If you consider your child no longer has asthma, please sign below and return this form to the School Nurse	
Signed & Dated: Parent/Guardian	

Factors which trigger an attack	
Details and date of most recent episode	

Further Information

In the event of an asthma attack, the following procedure will be carried out.

- The pupil will be positioned comfortably and reassured.
- The pupil will be encouraged to use his/her inhaler, if available.
- The pupil will be escorted to the Medical Room/ School Nurse for assessment & monitoring.

In the event of a severe asthma attack, the ambulance service will be called via 999

The School Nurse will inform the Parents/ Guardians

The following will be contacted in this order of priority

Contact no 1

Name:
Telephone no:
Relationship:

Contact no 2

Name:
Telephone no:
Relationship:

I /My Son/Daughter carries an inhaler and has been instructed how to use it.

I consent to the above in the event of my son/daughter suffering an asthma attack.

I am aware that I am responsible for supplying/replacing inhalers if prescribed by my son/daughter's own GP (i.e. not registered with school doctor), and ensuring they are clearly named and in date.

I am aware that a risk assessment for medicines form must be completed and forwarded to the School Nurse

Signed & Dated: ……..Parent/Guardian

Signed & Dated: …….. Headteacher

Signed & Dated: ……..School Nurse

Appendix G

ADMINISTRATION OF MEDICINE CONSENT FORM

The school will not give your child medication unless you complete and sign this form, and the Head has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname: ……

Forename(s): ……

Address: ……

……Date of Birth: ……..

……. Class/Form: ……

Condition or illness: ……

MEDICATION

Name/Type of Medication (as described on the container): ……

For how long will your child take this medication: ……

Date dispensed: ……

Full Directions for use:

Dosage and method: ……

Timing: ……..

Special Precautions: ……

Side Effects: ……..

Self-Administration: ……

Procedures to take in an Emergency: ……

CONTACT DETAILS:

Name: …… Daytime Telephone No: ……

Relationship to Pupil: ……..

Address: ……..…..

……

Signed (Parents): ……Dated: ……

Health Information Sheet – **Appendix H**

STRICTLY CONFIDENTIAL

Please Use Ink and complete in BLOCK CAPITALS

Pupil:

.....	.....	...../...../.....
Surname	Forename	Date of Birth

Registration Group/Class: ……

Contact information for parents and additional contacts will be taken from the Data Capture Form previously completed.

Medical Practice:

Name: .....Telephone: .....

Address: .....

.....

		Yes	No
1.	Does your child suffer from any medical or emotional conditions or have a disability or any special needs that we need to be aware of? *E.g. asthma, epilepsy, eczema, depression, anxiety, autism, dyslexia, dyscalculia, dyspraxia etc.* ***Please State details below***		

2.	Does your child suffer from any allergies? *E.g. hay fever, food, plasters, medication etc.* ***Please State*** **allergy**		
3.	Are there any foods which your child may not eat due to ethical or religious beliefs? ***Please state foods and reason***		
4.	Is your child taking any regular or prescribed medication? **Please state medication**		
5.	Do you wish the School Nurse/Medical Assistant or Reception Staff to administer this medication? *If yes, please contact the School Nurse/Medical Assistant or Reception Staff for a Prescribed Medication form.*		
6.	Has your child ever had any serious illness, injury or operation?		
7.	Does your son/daughter wear glasses or contact lenses? Date of last eye test ...../...../.....		
8.	Does your child wear a hearing aid or have hearing problems?		
9.	Vaccinations Is your child up to date with all their immunisations?		
	If not please state which vaccinations they have missed.		
10.	Family History Please give brief details of any relevant social history or family illness which may affect your child. *For example, social - adoption, fostering, recent bereavement, divorce/separation or illness – diabetes, epilepsy etc.*		
11.	Do you consent to your child being given the following general sales list *(over the counter)* medication by the school nurse whilst at school?	**Yes**	**No**
	Paracetamol/Calpol *for headaches, period pains, sports injuries etc.*		
	Piriton for allergic reaction		

	Do you consent to the school nurse or nominated member of staff giving first aid to your child?		
	In the case of Emergency Treatment Do you authorise a school nurse or member of the teaching staff to give written consent for anaesthetics or surgery if it proves impossible to contact you.		

In the absence of the school nurse, the pupil will be treated by a nominated member of staff with first aid training, but they may not be willing to administer medication.

Parent's Signature: ..... Date: .....

- Medical Forms are treated as confidential and are kept, securely locked away.
- On completion, please return this form via the school office or, if preferred, direct to:
  Ms Sarah Cadwallader - School Nurse (King Henry VIII Junior School), Miss Christina Lawless, Medical Assistant (King Henry VIII Junior School**)**

King Henry VIII Junior School,
Warwick Road,
Coventry, CV3 6AQ
Email: nurse@khviii.net or info.khps@.org.uk

If your child is unwell and unable to attend school, please ring the Pupil Absence Line:024 7627 1160
or email info.khps@.org.uk
before 9.30am

Appendix I

Head Injury Instruction

Dear Parent,

…… sustained a head injury at school

On……at……am/pm

Nature of incident

Action taken

Symptoms of concern

Worsening headache Visual problems such as blurred vision

Drowsiness, confusion or change in behaviour

Inability to remember events before or after head injury

Vomiting

Any of these symptoms can be delayed for up to 48hours after a head injury. Contact your GP or nearest A&E Dept. if you have any concerns. It is normal after a knock to the head to have a mild headache. Sometimes there is also tenderness over bruising or mild swelling of the scalp. Paracetamol will help with mild symptoms.

Consult www.nhs.uk/Conditions/Head-injury-minor for further information.

Head Injury Instruction

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Appendix J – Paracetamol Sli

KING HENRY VIII JUNIOR SCHOOL
Message from the Medical Assistant: Tel: 02476 271160

..... was given some Paracetamol

today for .....

The dosage was ....., taken at ..... a.m./p.m.

Signed: ..... Date: .....

If you wish to contact me in connection with this medication, please use the number above