

STROUD SCHOOL: FIRST AID AND MEDICAL HEALTH NEEDS POLICY

This policy is applicable to all pupils including those in the EYFS

1 Aims

This policy aims to:

- Provide guidance for all staff in the School regarding the procedure for First Aid on site and on off-site activities.
- Seek to prevent staff from placing themselves at risk
- Continue to monitor and improve the quality of the First Aid service in the School.
- Provide guidance for all staff regarding supporting pupils with medical/health needs in School.

2 Objectives

To achieve these aims:

- 2.1 The School will ensure First Aid equipment is available in School, in the mini buses, and taken on school trips and activities.
- 2.2 Stroud School employs registered nurses who have responsibility for first aid provision for pupils and staff. They also ensure that the health needs of pupils are supported in school and during school activities.
- 2.3 The Matrons will ensure an appropriate number of qualified First Aiders is maintained, with training updated every three years. (File in Matrons' room and see Appendix 3)
- 2.4 The Matron (and the Co-curricular co-ordinator where appropriate) will work to ensure staff are offered the appropriate First Aid training related to the risk involved in taking the pupils on off-site activities and trips (e.g. Adrenaline-Auto Injector training update if necessary).
- 2.5 The Matron will ensure by means of the Staff Handbook, staff induction, Health and Safety notices and INSET days that in the event of an emergency all staff and pupils know how to seek appropriate help. This includes walkie talkie training.
- 2.6 The Matrons will compile a list of pupils with Medical/Health needs. This information will be held on iSAMS and updated as necessary. All teachers will know how to access children with medical needs by way of a red flag highlighting this on the individual notes. The Matrons will also liaise with Tutors and appropriate teaching staff to highlight medical/health needs or disabilities of specific pupils. Guidelines for supporting pupils with medical/health needs in School are provided for staff as an appendix to this policy.
- 2.7 The Matron will provide information on various medical conditions to staff on a one-to-one basis, by group teaching and INSET on how to care for those with specific health problems. Detail regarding the management of pupils who are at risk of Anaphylaxis or who have been diagnosed with Asthma, Diabetes or Epilepsy can be found in Appendix 4-7. Appendix 8 refers to management of head injury and concussion; all are held in the following location on the staff drive: U:\Staff Handbook and Policies\Policies\Whole School Policies incl EY 2015 - 2016\Additional Medical Policies

2.2.8 The School Nurses record all accidents and injuries (in the medical room) on iSAMS and inform the Safety Officer as appropriate including any serious accidents or injuries. The Safety Officer is responsible for reporting relevant accidents and injuries to the Health and Safety Executive under RIDDOR. Local child protection agencies will be notified of any serious accident or injury to, or death of, any child while in the School's care and the school will act on any advice from those agencies.

2.9 The Matrons are available to all teaching and non-teaching staff for confidential health advice or first aid.

2.10 Parents are requested not to bring pupils back to school within 48 hours of vomiting or diarrhoea.

2.11 Parents are also requested to inform the school immediately of any infectious diseases.

3 Provision of Care

a) Staff

Stroud School employs registered nurses who have a professional responsibility for the day-to-day care of the pupils who need or seek advice and support for their medical/health needs. The Head accepts, in principle, the overall responsibility for the welfare of all pupils.

The Matrons are contactable by phone in the Medical Room on extension 207. In an emergency when the Nurse is not in the Medical Room, she is contactable on the walkie talkie, channel 7:11, via the school office.

At least one member of the Administrative staff will be trained as an Emergency First Aider and be able to manage the administration of a serious incident/accident. This includes the calling of ambulances when required or requested by Matron.

There will always be one person in the EYFS setting with paediatric first aid training, and one will always be on trips and visits. When the school site is occupied outside the hours that Matron is on duty or in the holidays there will be a least one fully trained First Aider available for any person on site.

The name of this First Aider will be displayed on the Staff Room notice board. This includes extended School Care where at least one member of staff on duty will hold a Paediatric First Aid Qualification. The majority of staff hold a first aid qualification. The list of these staff is held in a file in Matron's room and it is attached as Appendix 3.

During the hours of Extended School Care there is always a member of staff on duty who holds a paediatric first aid qualification. Details of all children's medical needs are kept in the Extended School Care register and two medic alert boards are situated in the Early Years building and the Main School building. These boards contain a photograph of every child with a significant (e.g. diabetes) medical condition and where their care plan and medication is stored.

b) Medical Room

The Medical Room is located on the ground floor of the main house and is open throughout term time from 8.30am until 4.30pm, Monday to Friday; it has one permanent bed and a treatment couch. It can be access by a ramp from outside.

If a pupil feels unwell or is injured during a lesson he/she should be sent to the medical room by the member of staff in charge. If the teacher deems it necessary the pupils should be accompanied by a member of staff or another pupil. The Nurse will decide whether it is necessary to contact the parents by telephone and, if so, will make that call herself. For pupils in Early Years, parents will be contacted on the same day, or as soon as

reasonably practical to agree the best course of action. Injuries and accidents are recorded by the Matrons on the school system (iSAMS).

c) Confidential Medical Questionnaire

A confidential medical questionnaire is sent to parents or guardians of all new pupils. Thereafter, on the update form sent to all Parents or Guardians at the start of each term there is a reminder to contact the Matron with any changes in medical/health needs or medication. The Matrons will update the pupil's records on iSAMS accordingly.

Parents are also encouraged to contact the Matron at any time during the term with any concerns they may have regarding their child's health.

d) Medication

Pupils are **not** allowed to carry their own medication, **with the exception of inhalers**. All pupil medication is stored in the Medical Room.

Auto Adrenaline Injectors are stored in a clearly marked red basket on a shelf in the Main School staff room and in the Early Years Staff room for those age appropriate pupils.

Spare inhalers are also stored there and in Matron's Medical Room.

Parents will be contacted on the same day or as soon as reasonably practicable by email, or note sent home with their child, if a pupil has been given prescribed medication during the school day detailing the dose and medicine given, the time medication was given, and the reason for the medication.

It should be noted that staff should not administer any drugs to pupils, with only the following exceptions:

1. Any member of staff may administer an inhaler, antihistamine or an Auto Adrenaline Injectors in an emergency
2. On a School trip, a member of staff may take responsibility for administering a prescribed drug, (e.g. antibiotics) which have been provided by the parents and written permission is given.
3. Staff trained in administering medication can administer prescription and non-prescription medication as required only with parental written consent. These medications will be provided by parents or Matron.

e) Non Prescription Medicines

A small stock of non-prescription medicines are kept in a locked cupboard in the Medical Room. These are administered when there is written permission to do so.

Parents will be contacted on the same day or as soon as reasonably practicable by email, or note sent home with their child, if a pupil has been given non-prescribed medication during the school day detailing the dose and medicine given, the time medication was given, and the reason for the medication.

f) Procedure if a Pupil Becomes Unwell During the School Day

Pupils are able to go to the medical room throughout the School day. Ideally they should visit the medical room at break time or between lessons unless the need is urgent. If the pupil requires medical attention whilst in a lesson, another pupil may, if necessary, accompany them to the Medical Room or a pupil will be sent to collect the Nurse. If for any reason the Matron is absent, the pupil should go to the school office who will assist them or call for Matron. If a pupil feels unwell he/she must visit the Matron before the parents are phoned. If necessary a parent or guardian will be contacted by the medical room to inform them of the situation.

Matron will record any treatment given to the pupil on ISAMS and inform the parent either in writing ('Note from Matron') or by telephone or email depending on the nature and severity of each individual case.

g) Supervised School Trips and Away Matches

Matron will provide a First Aid kit suitable to the risks relevant to each individual trip, in consultation with the trip leader. Matron will also provide an electronic emergency contact list, which will include any medical conditions and dietary requirements.

h) Emergency Procedures

In the event of any severe accident or incident on School premises the Matrons must be called, who will assess the situation and deal with it accordingly. If the accident is so severe that immediate hospitalisation appears inevitable then the Emergency Services may be called before calling the Matron. The Main School Office must also be made aware of the situation, and would telephone for the Emergency Services if requested, logging the time and date of the call. If it is appropriate to transport the casualty to hospital by car and no parent is available to do this, a member of SMT must be contacted who will arrange an appropriate member of staff to transport the pupil to hospital. The Matron will assess if two people are required to transport the casualty to hospital safely. Parents will always be informed as soon as possible about the accident.

The member of staff present at the event of an incident (either home or away matches or trips) shall take responsibility for reporting the injury in the appropriate book or form, and Matron is to be informed as soon as possible on return to School. The Matron is responsible for reporting accidents and injuries to the Health and Safety Officer who will report it accordingly. All School minis buses have standard first aid kits. Staff are responsible for replenishing stocks as appropriate from Matron's room if any of the contents have been used.

Incidents of this nature are recorded in the accident book. The accident book is held in the Medical Room clearly visible at all times.

i) Hygiene Procedures for Dealing with the Spillage of Bodily Fluids.

If there is a spillage a spillage kit can be found in Matrons room.

The following guidelines must be observed:

- Wear disposable gloves and apron if necessary
- Cover spillage with absorbent crystals and leave for a few minutes to take effect.
- Use disposable cloths to wipe up debris
- Clear all paper and debris into disposable yellow bag
- Clean the area with disinfectant
- Place cloth and gloves into disposable yellow bag
- Dispose of yellow bag into sanicare bin in the medical room
- Thoroughly wash your hands with soap and water and dry on paper towel

j) Location of First Aid Boxes and Emergency Equipment

A list of the location of boxes around the school is displayed on the main and early years staff room notice boards as part of the 'Medic Alert' information. Boxes are equipped according to the needs of each particular area. Stock is kept in Matron's room and it is her responsibility to ensure all stock is in useable order.

All First Aid kits/boxes are checked termly by the Matrons and staff are responsible for replacing any used items in between. Oxygen is situated in the staff room close to the position of the AED. It is checked annually and the cylinder replaced more frequently if used in between. A portable suction device is also stored there.

List of First Aid Kit Locations:

Early Years -Nursery	Swimming Pool
Early Years -Reception	Facilities Workshop
KS1/Pre Prep cupboard	Staff Room
DT/Art block	ASD Hall
Cookery Room	Minibus x3
Science Laboratory	Travel Kits x4
Riding Stable	Sports Match Kit-Matron
Main Kitchen	Sports Kits- Games Staff x8

k) Mental Health

The School recognises that the mental well-being of all pupils is vital to their development. The School employs an ELSA trained LSA who supports the work of the other members of the pastoral team. The School also operates a Drawing and Talking programme to support children's mental well-being.

l) Diagnosed Food Allergies

As part of the allergy procedure we require parents of children with a diagnosed food allergy to complete the 'Sodexo Food Allergy Request Form' and provide a letter from the GP, consultant or dietician stating the allergy and food requirement.

Matron will record pupils' food allergy and dietary requirements on ISAMS and update this information as necessary.

The school now operates as an allergy aware school but do request that products containing nuts are not brought into school.

m) Automated external defibrillator (AED)

The School has one AED, located in the staff room, alongside the medical kits. See Appendix 2.

Appendix 1

Guidelines for supporting pupils with medical/health needs in school

Purpose of guidelines

This guidance seeks to help parents and staff support any pupil with medical or health needs whilst in School. It also puts into place effective management systems to support individual pupils with medical or health needs.

Most pupils will at some time have medical/health needs that may affect their participation in school life. For many these may be short term. However, for others there will be long term medical and health needs which, if not properly managed, could limit their access to School and ability to take part in all aspects of School life. However, staff may need to take extra care in supervising some activities to ensure these and other pupils are not put at risk.

Pupils with medical/health needs are positively encouraged to participate in off-site activities and trips wherever safety permits. The Matron will liaise with the teacher in charge and the parent /guardian to develop a health plan to support the pupil's needs. Staff supervising off-site activities and trips should ensure they are aware of the relevant health care or medical needs of the pupils in their care.

i. Short Term Medical Needs

Many pupils may have short-term medical needs, which will require the support of the School in order to minimise the time they are away from School. The parents should liaise with the Matron, or Form Tutor.

Medication may be brought into School only if it is clearly labelled with the name of the medication, dose, frequency and pupil's name and expiry date. In all cases an Administration of Medication/Treatment Consent Form must be completed by a parent or guardian.

ii. Long Term Medical Needs

It is important to have sufficient information about the medical condition of any pupil with long-term medical/health needs. If a pupil's medical/health needs are inadequately supported this can have a detrimental effect on a pupil's academic attainment and participation in life at Stroud School. It may also lead to emotional and behavioural problems.

The School therefore needs to know about any medical/health needs before the pupil joins the school, or when a pupil develops a medical condition. For pupils who may need to attend hospital appointments on a regular basis, special arrangements may also be necessary.

Any pupil with long term Medical/Health needs will require an individual health care plan drawn up by the Matron in consultation with parents/guardian and other relevant health professionals. With parental consent the health care plan will be shared with the Head of Year, Tutor and relevant staff.

Parents or Guardians have prime responsibility for their child's health and should provide the correct information about their medical/health needs and the possible effects on School life. If information is withheld, the School cannot be held responsible for acting incorrectly in giving first aid or failing to support a pupil with medical/health needs.

Parents will be contacted on an annual basis requesting that the Matron team are informed of any changes to a pupil's health and if they would like to make any amendments to their consent for the administration of medications. A no response will be taken as no change.

iii. Staff Awareness

At the start of the new School year the Matron will liaise with Heads of Departments and Form Tutors to advise them if any of their tutees have medical/health needs. It is also the responsibility of teaching staff to ensure they inform the Matron when they are aware of problems/issues affecting their tutees. This may include pupil's home situations, e.g. illness, bereavement, divorce, relationships/personal problems.

A weekly whole school staff meeting is held on a Monday when information is given concerning any issues relevant to pupils' care.

The Matrons attend Middle School and Senior School meetings on a weekly basis where possible and discuss pupils with 'cause for concern'. They follow up on this information as necessary.

iv. Record keeping and confidentiality

All treatment given to pupils during the school day is recorded in 'pupil diary' on ISAMS under 'Sanitorium Manager'. This information is confidential but any issues for concern are given a 'red flag' which is visible for teaching staff.

The School staff will treat all medical information confidentially.

APPENDIX 2

AED PROGRAMME PROTOCOL

An automated external defibrillator or AED is a portable electronic device that automatically diagnoses the potentially life threatening cardiac arrhythmias (abnormal heart rate or rhythm) in a patient, and is able to treat them through defibrillation, the application of electrical therapy which stops arrhythmias, allowing the heart to re-establish an effective rhythm.

Purpose

To establish a protocol for the use of the Cardiac Science AED in increasing the chances of survival of the cardiac arrest victim.

Training requirements

All employees are offered training in the use of CPR/AED - staff will receive training annually during Inset training days or Twilight sessions.

NB: For personal reasons a small number of staff may be exempt from training.

Storage of AED

The AED purchased by Stroud School will be stored in the **Staff Room**.

Emergency response plan

Refer to First Aid Policy 5) Emergency Procedures.

In the case of an unresponsive, non-breathing person, help should be called immediately by dialling 999. Main Reception should be made aware of the situation and the Matron should be called stating where the casualty is and request AED equipment. CPR should be commenced as soon as possible. In the absence of a Matron, one of the trained members of staff as listed above should be contacted immediately.

Indications for use

The Cardiac Science AED should only be used on a patient who is:

UNRESPONSIVE

NOT BREATHING

OVER THE AGE OF 8 YEARS (SPECIAL PAEDIATRIC PADS MUST BE USED FOR UNDER 8S)

Procedure

1. Assess scene safety:

Is the scene free from hazards? Some examples are:

- Electrical dangers
- Chemical dangers
- Harmful people
- Traffic
- Fire or flammable gases

This list is NOT exhaustive

2. 2. Determine if patient is:

- Unresponsive
- Not breathing

3. Open airway. Ensure an ambulance is on its way.

4. Start CPR according to guidelines (30 compressions: 2 rescue breaths)

5. Apply the Cardiac Science AED if the patient is unresponsive and not breathing using the appropriate pads.

1. Open lid

Opening lid “turns on” Cardiac Science AED.
Lights will illuminate.

2. Follow voice prompts

Attach pads to victim’s bare chest
Ensure no one touches the victim whilst the AED analyses the rhythm

If a shock is indicated:

- Ensure nobody touches the victim
- Push the red flashing Shock button as directed.
- Continue with CPR (30:2) as directed by the voice prompts

This cycle (30:2) continues until the CPR time expires. At the end of CPR, the AED prompts “Stop CPR”. The AED returns to analysing the victim’s heart rhythm.

If no shock is indicated:

- Immediately resume CPR (30:2)
- Continue as directed by the voice prompts

3. Continue to follow the AED prompts until:

- Further help arrives and takes over
- The victim starts to breathe normally
- You become exhausted

6. After transferring the victim to Emergency Services personnel, prepare the AED for the next rescue.

- Retrieve the rescue data stored in the internal memory of the AED
- Fill out Incident Report form and give to Health and Safety Officer.
- Connect a new pair of pads to the AED and replace any relevant equipment
- Close the lid
- Verify that the status indicator on the AED handle is green.

Quality assurance

A Resuscitation UK Event Report Form should be completed for each use of the Cardiac Science AED and a copy of this sent to the Resuscitation Council at the stated address. If necessary, the rescue data should be reviewed for appropriate treatment.

Basic maintenance

Responsibility for day to day maintenance rests with the Matron who checks the AED each morning. Matron will:

- Check the status indicator to ensure it is green. When the indicator is green, the unit is ready for a rescue.
- If the indicator is red, refer to the trouble-shooting guide in the user manual.
- Check the expiry dates of the pads regularly
- Ask advice where necessary from 'First for Aid' the school's First Aid Training provider.

The Health and Safety Committee shall review this policy annually.

APPENDIX 3

Qualified First Aiders and next training date:

- All members of staff are offered First Aid training on a rolling 3 year programme. Training takes place at Stroud every February.
- Additional First Aid Training is provided as necessary, such as Pitch Side First Aid, and Pool Side First Aid.
- There will always be one member of staff in EYFS on site, and on trips, who holds a paediatric first aid qualification.

FIRST AID TRAINING PLAN

As at 15.01.19

WATER RESCUE valid for 2 years		
Name	Date qualified	Date of Renewal
Joely Van Zyl	April 2018	June 2020
Linsey Beaumont	April 2018	June 2020
Jack Parker	April 2018	June 2020
Joel Worrall	April 2018	June 2020

FIRST AID TRAINING PLAN

As at 17.01.19

FIRST AID AT WORK 3 day national qualification valid for 3years		
Name	Date Qualified	Date of Renewal
Jamie Brown	15/10/18	14/10.21
Joely Van Zyl	15/10/18	14/10/21
Chris Hopper	15/10/18	14/10/21
Sarah Keith	10.02.17	09.02.20

EARLY YEARS 2 day national qualification valid for 3 years		
Name	Date qualified	Date of Renewal
Kate Godwin	24.04.17	23.04.20
Ashley Waterfield	24.04.17	23.04.20
Pip Roberts	24.04.17	23.04.20
Anna Godwin	24.04.17	23.04.20
Lucy Graves	24.04.17	23.04.20
Rebecca Boyes	24.04.17	23.04.20
Chris Hopper	09.10.17	08.10.20
Carly Carney	09.10.17	08.10.20
Nancy Thompson	09.10.17	08.10.20
Trish Tanner	09.10.17	08.10.20
Pepe Alexander	09.10.17	08.10.20
Adrian Higgs	09.10.17	08.10.20
Bob Geddes	09.10.17	08.10.20
Barry O'Connell	09.10.17	08.10.20
Vicky Giles	15.01.19	14.01.22
Lorraine Watts	15.01.19	14.01.22
Jo Humphreys	15.01.19	14.01.22
Sarah Worrall	15.01.19	14.01.22
Pauline Williams	15.01.19	14.01.22
Emma Stapley	15.01.19	14.01.22
Suzy Symmons	15.01.19	14.01.22

APPENDIX 4

POLICY AND PROCEDURE FOR THE MANAGEMENT OF ANAPHYLAXIS ALLERGY

Definition

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. It may occur within minutes of exposure to the allergen, although sometimes it can take several hours. It can be life threatening if not treated quickly with adrenaline.

An allergic reaction occurs because the body's immune system reacts inappropriately in response to the threat of a substance that it perceives as a threat.

Anaphylaxis can be accompanied by shock (anaphylactic shock) and is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis

Peanuts and tree nuts

Other foods eg dairy products, egg, fish, shellfish and soya

Insect stings

Latex

Drugs e.g. some antibiotics

On rare occasions there may be no obvious trigger

Signs and symptoms

Anaphylaxis has a whole range of symptoms. **Any OR some** of the following may be present:

- Generalised flushing of the skin anywhere on the body
- Nettle-like rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of lips, mouth and throat
- Alterations in heart rate ie rapid pulse
- Severe asthma symptoms (see asthma section for more details)
- Abdominal pain, nausea and vomiting
- Sense of impending doom or look of fear
- Sudden feeling of weakness (due to drop in blood pressure)
- Collapse and unconsciousness

When to administer adrenaline

The procedure in normal school hours is for Matron to be called out to see any pupil who becomes unwell and showing signs of a serious allergic reaction. Staff or Matron will administer oral antihistamine initially depending on the severity of the pupil's symptoms.

However, if the pupil has any of the following symptoms then these are signs of a serious allergic reaction their adrenaline auto-injector pen should be administered without delay by any member of staff who has been trained to give it:

- **Difficulty breathing or swallowing**
- **Weakness or floppiness**
- **Steady deterioration**
- **Collapse or unconsciousness**

Once the injection is given, signs of improvement should be seen fairly rapidly.

If there is no improvement or symptoms are getting worse a second injection may be administered after 5-10 minutes.

If adrenaline has been given an ambulance must be called and the pupil taken to hospital.

Staff will call for an ambulance immediately they are concerned that a pupil's condition may be life-threatening, this may be done simultaneously while Matron is being called to attend. They will inform the emergency services that the pupil is likely to be suffering from anaphylaxis.

While waiting for the emergency services Matron will continue to assess the pupil's condition and position them according to their symptoms and give further care as required.

Matron will hand over the care of the pupil to the ambulance crew giving information about the incident, the time and type of medication given and give them all used adrenaline injectors.

Parents will be informed as soon as possible but this should not delay access to the emergency services and to hospital. If necessary, Matron or another member of staff, will need to escort the pupil in the ambulance and meet the parents at the hospital.

Following the incident all staff involved will be debriefed. Parents will be responsible for replacing used medication.

Management and Medication

It is the responsibility of parents to inform the School Nurse (Matron) if their child is diagnosed with any allergy. If the allergy is severe and the child is at risk of an allergic anaphylactic reaction they will be prescribed an oral antihistamine and an adrenaline injector. Treatment of anaphylaxis requires an injection of adrenaline into the muscle and will initially be prescribed by the pupil's hospital consultant. This document will refer to the AAI's (adrenaline auto-injector). There are many manufacturers of these pens and the manufacturers instruction for use should be adhered to and Matron will give training to staff as appropriate.

The school requests that parents provide two AAI's to be kept at school, however, the number of AAI's prescribed is at the discretion of the doctor prescribing it.

The school will follow the written action plan from the pupil's consultant as to when adrenaline should be given. Pupils will be given their own, named AAI in an emergency OR the school's Emergency Adrenaline Pen

(Emerade Adrenaline Auto Injector) of the correct dosage ie 150 micrograms OR 300micrograms which are stored in an orange Emergency Box in the dining room cupboard. A list of pupils prescribed adrenaline pens and correct dosage is kept on the front of the Emergency Box. The list of pupils is kept up-dated by Matron who is also responsible for checking the expiry dates and ordering new Adrenaline pens.

NB The school's Emergency Adrenaline pens can only be given to pupils who have been prescribed an Adrenalin Pen for use in an emergency eg EpiPen, Emerade or Jext Pens).

Matron and the pupil's parents will agree and sign an Individual Healthcare Plan (IHCP) for their care in school. Matron will identify pupils with an anaphylactic allergy on iSAMS with a 'red flag' and input the medical condition. The pupil's name with photograph and type of allergy will be added to the Medic Alert Board in both Staff Rooms.

In the case of a food allergy the pupil will be added on iSAMS with a 'red flag' for Dietary Need and to the Whole School Dietary Requirements list displayed in the Staff Rooms and given to the Catering Manager. Parents will be sent a Sodexo Food Allergy Form for completion and a letter requesting information about the food allergy from the GP/hospital Consultant.

AAI's and the pupil's IHCP (with their photograph) will be stored in a named plastic pouch in the Staff Room/Early Years Staff Room together with their prescribed oral antihistamine.

(Parents are responsible for checking expiry dates of medication and replacing them as necessary – **remove**). Matron checks expiry dates termly and send reminders to parents before medication expires requesting that they are replaced. Parents are responsible for collecting medication to take home at the end of term.

Staff in charge of off site visits, including sports matches and Residential Trips are responsible for ensuring that Pupils' emergency medication are available at all times during the visit and that a First Aider accompanies any pupil with an anaphylactic allergy.

Staff Training

All staff at school are encouraged to train in First Aid (refer to First Aid Training Policy) which will include teaching on anaphylaxis including recognising signs and symptoms and training in the administration of adrenaline injectors.

Staff are up-dated annually by the Matrons during INSET days, Staff 'Twilight' sessions and on request of staff e.g. before school trips, using AAI trainers.

APPENDIX 5

POLICY AND PROCEDURE FOR THE MANAGEMENT OF ASTHMA

What is Asthma?

Asthma is a long term medical condition that affects the airways – the small tubes that carry air in and out of the lungs. When a pupil with asthma comes into contact with something that irritates their airways (an asthma trigger) the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. These reactions cause the airways to become narrower and irritated making it difficult to breath and leading to the symptoms of asthma.

Aims of this policy appendix

This policy aims to:

1. Provide guidance for all staff regarding the procedure for the management of pupils with asthma in school
2. Provide guidance for all staff regarding supporting pupils with asthma in school to ensure that they:
 - Stay healthy
 - Stay safe
 - Enjoy and achieve
 - Make a positive contribution
3. To ensure all pupils with asthma fully participate in all aspects of school life including PE and offsite activities.
4. To work in partnership with all parties involved with pupils, including staff, parents and medical staff to ensure this policy is implemented and maintained successfully.
5. To ensure pupils who have asthma know about the disease and its management and to encourage them to take appropriate actions to care for themselves on a day to day basis.

Management of the pupil's asthma

An admission form is completed before a child starts at the school. Parents are asked to indicate if their child is asthmatic and to detail any regular medication that the child may be receiving for this condition.

A care plan is agreed by Matron and the parent to establish continuity of care with a mutual understanding of the pupil's condition.

Parents are expected to inform the Matrons by email of any changes to their child's medical condition and any new medication they may be taking.

Immediate access to reliever inhalers is vital. Children are encouraged to carry their own reliever as soon as the parent, Matron and class teacher agree they are mature enough.

The reliever inhalers of young children are kept in the classroom or Matron's room as decided by the parent, nurse and teacher and will always be accessible.

Reliever inhalers should accompany pupils on sports trips/activities and any outings (section treats)

All school staff will allow the pupil to take their asthma medication when they need to.

Parents are asked to supply a spare, named and prescribed inhaler for their child to be kept in the medical room. In some cases with older pupils or pupils with more serious asthma some parents prefer their child to carry an inhaler on them as previously stated and agreed.

The Matrons take responsibility for monitoring expiry dates of inhalers stored in the medical room and also for letting parents know when an expiry date is coming up so that a new inhaler can be brought in to school.

Pupils are encouraged to use their inhaler themselves and if necessary are taught the correct procedure by the Matrons if they are not sure or haven't been taught. Different spacing devices are available in the medical room to ensure the drug is delivered efficiently. Pupils are encouraged to use these devices as there is strong evidence that the dose is delivered much more efficiently via this method.

Care plans for more severe asthmatics are available for staff when they go out on trips. These contain information on what to do in the event of an asthma attack.

Pupils own inhalers

There is a clearly labelled storage box in the Medical Room containing all the up to date labelled inhalers that have been sent in by parents. The Matrons are responsible for the storage, care and disposal of the inhalers which is checked half termly.

The spare inhaler

From October 2014 the school is able to hold a spare inhaler on the premises for use in an emergency.

The spare inhaler will only be administered to those pupils who have been diagnosed as asthmatic and whose parents have signed a consent form agreeing to the use of the spare inhaler. The inhaler is clearly labelled and can be found in the inhaler box in the medical room, also one in the ASD hall and the staff room emergency box. Matron will be informed if a member of staff has the need to use any of these inhalers.

Asthma and breathing difficulties are covered within the staff' first aid training programme on a three yearly basis – the matrons are responsible for updating the staff annually in between (the majority of staff hold a certificate).

School Outings and Trips

A pupil's asthma status is available to all trip leaders and sports team coaches via ISAMS – these pupils have a red flag indicator.

Staff are aware of the need to discuss with the Nurses any pupils with specific health needs and medication including asthma and provision and use of inhalers.

Staff are responsible for informing the Matrons of any incident or need for medication during a school trip or at an away sports fixture.

During PE lessons and Sporting Events

Staff are made aware of pupils with severe asthma via the staff room medic alert notice board as well as verbally by the Matrons.

In the case where a pupil's asthma is triggered by exercise, pupils are advised to take a dose of reliever medication 15 minutes before they begin any sporting activity.

It is expected that pupils bring their reliever inhaler to any sporting activity.

Matron should be called if a pupil is suffering from symptoms of an asthma attack and the symptoms are getting worse. She will assess the pupil's condition and act accordingly which may involve calling for an

APPENDIX 6

POLICY AND PROCEDURE FOR THE MANAGEMENT OF DIABETES

Definition

Diabetes is a long term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This happens because either the pancreas does not make any or enough insulin or the insulin does not work properly OR a combination of both. As a result glucose builds up in the body.

There are two main types of diabetes, Type 1 Diabetes and Type 2 Diabetes.

Type 1 Diabetes develops if the body is unable to produce any insulin. Children with this form of diabetes need to replace their missing insulin and will need to take insulin by injection or pump for the rest of their lives. Most pupils with diabetes will have this type and there is nothing the pupil or their parents could have done to prevent it.

Type 2 Diabetes develops when the body can still make some insulin but not enough or when the insulin that is produced does not work properly. This mainly (but not exclusively) occurs in adults and is often linked to being overweight.

Signs and Symptoms

If diabetes goes untreated, the body starts breaking down its stores of fat and protein to try to release more glucose but this glucose still cannot be turned into energy and the unused glucose passes into the urine. Therefore, symptoms of untreated diabetes include: Unusual thirst, passing of large amounts of urine (may need to get up several times in the night to go to the toilet), tiredness, loss of weight.

Complications

HYPOGLYCAEMIA ('Hypo') is when the level of glucose in the blood falls too low (usually under 4 mmol/l*)
*millimoles per litre, as tested with a blood glucose meter.

Signs of a 'hypo' vary from pupil to pupil but may include:

- Paleness
- Trembling
- Sweating
- Anxiety/Irritability
- Tingling Lips
- Blurred Vision
- Paleness
- Vagueness
- Hunger
- Rapid Heartbeat
- Difficulty Concentrating
- Mood Change
- Drowsiness

Causes of a 'Hypo' include- too much insulin taken, delayed or missed meal or snack, not eaten enough carbohydrate, exercised for longer or more strenuously than was accounted for. Sometimes there is no obvious cause. Hypo's are usually unexpected, sudden, rapid, without warning and unpredictable.

HYPERGLYCAEMIA (or 'hyper') is when the level of glucose in the blood rises above 10mmol/l **and stays that way**

Symptoms build up over time and may include:

- Thirst
- Frequent Urination
- Tiredness
- Dry Skin
- Nausea Blurred vision

Symptoms are caused by the body breaking down stores of fat as an alternative source of energy, producing acidic by-products called ketones. The lack of insulin causes the blood glucose to rise. Ketones are very harmful and the body tries to get rid of them through the urine. Children can become very unwell with hyperglycaemia but show no symptoms.

KETOACIDOSIS-If the early signs and symptoms of hyperglycaemia are left untreated the level of ketones in the body will continue to rise and ketoacidosis will develop.

Symptoms may include: vomiting, deep, rapid breathing, breath smelling of acid (like nail polish remover).

If left untreated, diabetic ketoacidosis (DKA), will eventually lead to unconsciousness and coma and can be life-threatening.

Treatment of Type 1 Diabetes

Treatment is by sub-cutaneous insulin either using an injection pen several times a day or continuously via a pump device. The amount of insulin will need to be adjusted according to the pupil's blood sugar level found out by doing a finger-prick blood test and using an electronic blood sugar meter. Blood sugar levels will be affected by factors such as food (carbohydrate) intake and level of exercise. Stress, excitement and having an infection may also affect the blood sugar.

The decision about which system to use will be made by the pupil, their family and diabetic health care team. The Community Diabetic Nurse will give training to Matron on which ever device is used in school and how to maintain equipment.

Parents are responsible for providing the school with the appropriate equipment, medication and spares of each which will be kept in Matron's Room but will be accessible at all times. Spare insulin and Glucagon for injection (for emergency use if 'Hypo' and unconscious) will be stored in a refrigerator in Matron's Room. Insulin Pens "in use" will be kept in Matrons Room at room temperature, out of sunlight and not near a radiator OR with the pupil if appropriate. Insulin can be kept out of a fridge for one month and then must be discarded.

Needle disposal- All sharps e.g. injection needles and blood testing needles will be disposed of in a yellow sharps bin kept in the Medical Room. All blood contaminated non-sharps items e.g. blood testing strips and cleaning wipes will be disposed of in yellow plastic Biohazard bags, put in the yellow bin in Matrons Room and sent for incineration.

Treatment of low and high blood sugars and Emergency Procedures

The pupil's Individual Healthcare Plan will include what to do if a pupil's blood sugar level is not in the normal range i.e. between 4mmol/l and 10 mmols/l

Hyperglycaemia- Blood sugar **above 10 mmols/l** - Matron will need to be informed and more insulin may need to be given. If the pupil uses an insulin pump Matron will check this and the injection site. A blood ketone test may need to be done and the pupil should be encouraged to drink plenty of water. Matron will contact the parents or Diabetic Nurse if she is concerned that the blood sugar level is not reduced and will call an ambulance if the pupil show signs of Ketoacidosis.

Hypoglycaemia-i.e. Blood sugar level **below 4 mmol/l** Staff need to act quickly and give a quick acting carbohydrate (eg Glucose tablet, fruit juice, sweets) as instructed in the IHCP. Matron will be informed and she or a member of staff will stay with the pupil until their blood sugar returns to normal (blood should be retested after 15 minutes). If the pupil is conscious but drowsy and unable to swallow they may be given a sachet of Glucogel into one side of their mouth. If unconscious Matron will administer the pupil's prescribed Glucagon, by injection, an ambulance will be called and parents informed.

Management in school

If a pupil is diagnosed with diabetes (or is a new pupil to the school) Matron will liaise with the parents BEFORE the pupil returns to /starts school. The pupil's parents, Community Diabetic Nurse or Hospital Consultant and Matron will liaise and agree an Individual Healthcare Plan (IHCP) for the pupil. Matron will identify any training needs/up-dates and training will take place so that Matron and staff are competent to provide care once the pupil returns to school. The IHCP will be reviewed annually or when there is any need for change as initiated by parents or Matron or the Diabetic Team.

Matron will identify pupils with diabetes on iSAMS with a 'red flag' and input the medical condition. A copy of the IHCP information will be kept in the pupil's named diabetic bag with the pupil. The pupil's name, photograph and condition will be added to the Medic Alert Board in both Staff Rooms. Matron will ensure that the pupil's teacher and any other relevant staff (including games staff) are receive appropriate training so that they have an understanding of the condition and can recognise early signs of Hypo's and Hyper's so that action is taken quickly to keep the pupil safe. Matron can be alerted quickly by radio if she is not in the Medical Room. The pupil will always be accompanied if sent to the Medical Room.

The IHCP will set out when blood sugar levels are to be checked, the plan for meal and snack times, how blood sugar levels will be managed in sports lessons and out of school hours e.g. after school clubs. Offsite visit and sports fixtures will be planned with parents beforehand. Matron will accompany the pupil on residential trips once she and the parents agree a plan for all aspects of the pupil's care while away. At any time staff or Matron may seek advice from parents or the Emergency Diabetic Helpline at the pupil's hospital.

APPENDIX 7

POLICY AND PROCEDURE FOR THE MANAGEMENT OF EPILEPSY

What is Epilepsy?

Epilepsy is a tendency to have seizures (sometimes called fits). A seizure is caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between brain cells, so the brain's messages briefly pause or become mixed up. There are many different kinds of epilepsy and about 40 different seizure types. The type of treatment given or action taken will depend on the type of seizure. The most commonly diagnosed are:

1. Absence seizures where a pupil may appear as though they are day dreaming or are inattentive but actually the pupil has briefly lost consciousness. The pupil may stop what they are doing and blink, stare and look vague for a few seconds.
2. Myoclonic seizures involve sudden contractions of the muscles, this may be just the arms or head but can occasionally be the whole body. No first aid is needed unless the pupil is injured.
3. Tonic-clonic seizures are the most widely recognised epileptic seizure. In this type of seizure, the pupil loses consciousness, the body stiffens and then they fall to the ground. This is followed by jerky movements called convulsions. Sometimes the pupil will lose control of their bladder or bowel.
4. Prolonged episodes of seizures are known as Status Epilepticus. This is where seizures are prolonged and the pupil may not regain consciousness. If this continues for longer than 30 minutes the stress on the pupil's body may cause brain damage.

Aims of this policy appendix

This policy aims to:

1. Provide guidance for all staff in school regarding the procedure for the management of pupils with epilepsy in school.
2. Provide guidance for all staff regarding supporting pupils with epilepsy in school to ensure that they:
 - Stay healthy
 - Stay safe
 - Enjoy and achieve
 - Make a positive contribution
3. Ensure all pupils with epilepsy fully participate in all aspects of school life including PE and offsite activities.
4. Work in partnership with all parties involved with pupils, including staff, parents and medical staff to ensure this policy is implemented and maintained successfully.
5. Ensure pupils who have epilepsy know about the disease and its management and to encourage them to take appropriate actions to care for themselves on a day to day basis.

Management of the pupil's epilepsy

Through the medical form completed before their child's admission to the school, parents are asked to indicate if their child has epilepsy and to detail any regular medication that the child may be receiving for this condition.

Parents are expected to inform the Matrons of any changes to their child's medical condition and any new medication they may be taking.

Most pupils with epilepsy take their regular medication at home but there may be times when a pupil will be required to take some medication during the school day. On this occasion, parents will be asked to fill in and sign an administration of medicines consent form. The medicine will then be stored in a locked medicine cupboard in the medical room and administered as prescribed.

All pupils with epilepsy will have an Individual Health Care Plan, which can help the school and relevant staff to clarify possible triggers and treatment in case of an emergency. Also available is an off-site Care Plan to assist staff with the management of an epileptic emergency on school outings and trips.

School Outings and Trips

A pupil's epilepsy status is available to all trip leaders and sports team coaches via the schools database.

Staff are aware of the need to discuss with the nurses any pupils with specific health needs and medication, including epilepsy and the provision and use of any related medication.

Detailed in the First Aid Policy is the protocol for informing the Matrons of any treatment given while the pupil is on an offsite trip or sports fixture.

During PE Lessons and Sporting Events

Staff are made aware of pupils with epilepsy via the Staff notice board.

Exercise and physical activity is good for every child and young person including those with epilepsy. With the relevant safety precautions pupils with epilepsy can take part in most, if not all, school activities including sport. Many pupils with epilepsy have their seizures completely controlled by medication and do not need to take any more safety precautions than anyone else.

As epilepsy is such a varied condition good communication between schools and young people and their families is important for ensuring that pupils with epilepsy are fully included in all activities.

APPENDIX 8

POLICY AND PROCEDURE FOR THE MANAGEMENT OF HEAD INJURIES

What is a Head Injury?

The National institute for Health and Clinical Excellence (NICE) defines a head injury as any trauma to the head other than shallow injuries on the surface of the face.

The majority of head injuries are minor and can be seen and treated by a qualified First Aider/Appointed person.

What is Concussion?

Concussion is a temporary injury to the brain caused by a bump, blow or jolt to the head. It usually only lasts up to a few days or weeks, although it sometimes needs emergency treatment and some people can have longer-lasting problems.

Significant Head Injuries

A head injury is considered significant if:-

It involves a fall of 1 metre or more

A fall of 5 stairs or more

Any vomiting since the head injury

Momentary loss of consciousness

Any significant head injuries must be seen and assessed by the matron who will decide if medical intervention is necessary.

Matron will inform parents, give head injury instructions and if going to hospital written details of the incident.

Call 999 if there are any of the following symptoms:-

- Loss of consciousness for more than 1 minute or reduced consciousness.
- Any neurological defects (eg problems understanding/speaking/reading/writing, loss of feeling in part of body, problems balancing, general weakness, changes in eyesight, unsteady gait.)
- Any suspicion of skull fracture (ie clear fluid from ears/nose, black eye with no obvious injuries around the eye, bruising behind one or both ears, visible trauma to scalp or skull, bleeding from one or both ears)
- Any seizure/fit since the injury
- Amnesia especially retrograde
- If Matron is not available to assess a significant injury

Management of a head injury

All pupils must be sent home with either one of the completed Head Injury forms (see attached).

All head injuries must be recorded on iSams.

The pupil's conscious level must always be recorded using the AVPU scale.

Alert – eyes open

Verbal – eyes open to verbal stimuli

Pain – eyes open to painful stimuli

Unresponsive – eyes remain closed to all stimuli

If in any doubt as to the seriousness of the injury call matron.

Aims of this policy appendix

1. The aim of this policy is to ensure all staff have a clear understanding of how to deal with someone who has sustained a head injury.
2. Work in partnership with all parties involved with pupils, including staff, parents and medical staff to ensure this policy is implemented and maintained successfully.
3. To ensure that all staff know how to deal with a pupil that may return to school with concussion following a head injury.

In the event of a suspected concussion injury these are the steps that should be followed:

On the day of the injury a letter outlining the school's protocol to be given to parent. Parents are requested to seek medical advice and to advise the school of the outcome.

Included with this letter will be the following information:

- a) Pocket Concussion Recognition Tool
- b) HEADCASE Advice Sheet
- c) Stroud School Care Plan for Return to Play after Concussion Injury

This will be given to the parent by the school matron or member of the games staff.

In the event of a confirmed concussion injury.

The school's concussion protocol will be put in place, which will mean that

- The pupil will be off games for 2 weeks.
- Before returning to games the pupil will then need to see their GP to confirm that they are fit to commence a gradual return to activities and sports (which will be overseen by the games staff).
- Teaching staff have been informed of the diagnosis and will report any concerns about the pupil to the Matron team.
- The pupil should not be using screens for long periods and not at all if, they experience any headaches, dizziness, visual disturbance or other symptoms of concussion.
- The member of staff who is responsible for that child's age group (i.e. their regular coach) will be responsible for monitoring the player's GRTP, keeping the record up to date (HRFU Check sheet for Player GRTP), liaising with the player, parents and matrons.
- Progress updates also to be recorded on iSAMs in the individual pupil record Notes and Comments so that all staff can have access to the information.

- If this is a rugby related concussion the 'Youth Concussion Club Reporting For' must be completed, signed off by the Director of Sport and sent to the appropriate HRFU contacts.

Last reviewed: Sept 2019