

KING EDWARD VI SCHOOL, SOUTHAMPTON

FIRST AID and MEDICAL HEALTH NEEDS POLICY

1. Aims

This Policy aims to:

- Provide guidance for all staff in the School regarding the procedure for First Aid on School sites as well as for off-site activities;
- Seek to prevent staff from placing themselves at risk;
- Continue to monitor and improve the quality of 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, at Wellington Sports Ground, Lower Lovaton Cottage, and in the mini-buses. It will also provide First Aid kits for staff to take on School trips and activities.
- 2.2 King Edward VI 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 Senior School Nurse will ensure an appropriate number of qualified First Aiders is maintained, with training updated every three years.
- 2.4 The Senior School Nurse and the teacher in charge of co-curricular activities will work together to ensure staff are offered the appropriate First Aid training related to the risk involved taking the pupils on off-site activities and trips.
- 2.5 The Senior School Nurse will offer the opportunity to First Aiders to refresh their First Aid skills in accordance with the needs of the School.
- 2.6 The Senior School Nurse will ensure by means of the Staff Handbook, staff induction, Health and Safety notices, INSET days, the iKES App and Blue Sheets that in the event of an emergency all staff and pupils know how to seek appropriate help.
- 2.7 The School Nurses will compile a list of pupils with Medical/Health needs. This will be updated as necessary. A copy is made available to all staff via the Staff Noticeboard. The School Nurses will also liaise with Tutors and appropriate teaching staff to highlight medical/health needs or disabilities of specific pupils.

The School Nurse will provide information on various medical conditions to staff by one-to-one, group teaching and INSET training on how to care for

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those with specific health problems. Detail regarding the management of pupils at risk of Anaphylaxis or who have been diagnosed with Asthma, Diabetes or Epilepsy is provided in Appendices 2-5 respectively.

2.8 The School Nurses record all accidents and injuries and are responsible for reporting relevant accidents and injuries to the Health and Safety Executive under RIDDOR.

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

3. Provision of care

a) Staff

The 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 School Nurses are contactable by phone in the Medical Room on extension 213. In an emergency when the Nurse is not in the Medical Room, she is contactable on a mobile telephone: 07917 262006 or via the Main Office - extension 200.

When the Nurse is absent the Receptionist/ Administrators, who are both First Aiders, and any member of staff who has a current First Aid Certificate will provide cover. There are several qualified first aiders among teaching and non-teaching members of staff. A list of these staff is held on the T Drive, is posted in various prominent locations around School and can be found on the School website using this link <http://www.kes.hants.sch.uk/health-and-welfare/first-aid-staff..>

There is always a current First Aider on the main school site and at the Wellington Sports ground when children are present.

b) The Medical Room

The Medical Room, situated off the north corridor and also accessible through the Main Office, is open throughout term time from 08.15 until 17.30 Monday to Friday; it has two permanent beds and another folding bed is available if required. 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 pupil should be accompanied by another pupil.

c) Confidential Medical Questionnaire

A confidential medical questionnaire and Homely Remedies Consent form are sent to parents or guardians of all new pupils. There is a reminder on the Parents' Bulletin to contact the School Nurse with any changes in medical/health needs or medication. Parents are also encouraged to contact the School Nurse at any time during the term with any concerns they may have regarding their child's health.

d) Medication

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

- i. Any member of staff may administer an inhaler, antihistamine or an epipen in an emergency
- ii. Staff who have signed the Administration of Medication Protocol for Staff may administer paracetamol. (see below)
- iii. On a School trip, a member of staff may take responsibility for looking after prescribed drugs, which have been provided by the parents, for a pupil to self-administer.
- iv. Some staff may have been granted permission to administer drugs under licence from a medical consultant, when working in extreme remote conditions outside the UK, having completed an appropriate training course.

Prescribed Medication

Pupils are encouraged to administer their own medication when appropriate; e.g. insulin, inhalers. After an initial assessment with the School Nurse and discussion with the pupil and parents, a pupil may carry such medicines. These should be named. Pupils who do not wish to carry their medication have it stored in the Medical Room. For all pupils who have prescribed epipens there is always at least one epipen stored in the Medical Room. Spare inhalers are stored in the Medical Room.

Non Prescription Medicines

A small stock of non-prescription medicines is kept in a locked cupboard in the Medical Room. These are administered when there is written permission to do so. The School's Homely Remedies Policy is described in Appendix 6. When non-prescription medicines have been given to a pupil, the pupil is issued with a green slip to take home, advising parents of the medication given and the reason for this.

The School Nurse will normally administer these non-prescription medicines. However in certain circumstances other staff may give paracetamol, but only if this has been agreed with the School nursing team and the member of staff has signed the Administration of Medication Protocol. A record of staff who have signed the Administration of Medication Protocol is kept in the Medical Room.

e) 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 School Nurse is absent, the pupil should ring the bell in the Medical Room and a member of the school office will assist them or call a First Aider.

The Nurse will decide whether it is necessary to contact the parents by telephone and, if so, will make that call personally. If a pupil feels unwell he/she must visit

the School Nurse before the parents are phoned. The nursing staff are responsible for recording information on the School's database. When a pupil is fit to return to lessons a yellow slip will be completed and given to the pupil to take to the teacher.

f) Mental Health

The School recognises that the mental well-being of all pupils is vital to their development. See separate Mental Health policy.

g) Staff Awareness

At the start of the new School year the School Nurse will liaise with Heads of Year and 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 School Nurse 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.

h) Automated external defibrillator (AED)

The School has two AED's, one on the main site and one at Wellington Sports Ground. See Appendix 1.

4. Record Keeping and Confidentiality

All visits to the Medical Room by pupils during the School day where medical advice is given, medicines are administered or first aid is given are recorded on the School's database. All medicines given to pupils during the School day are recorded on the school's database stating why, what and when the medication was given. All injuries on trips or at School matches are also reported to the School Nurse and recorded (see 5 below).

Medical information is treated confidentially by the School. Records kept by the nursing team are placed on a section of the database where access is restricted to the nursing team.

5. Supervised School Trips and Sports Fixtures

Staff responsible for sports teams gather information regarding pupils with health needs prior to the first match. No other trip or off-site activity should take place unless the trip leader has received the complete medical information from isams, signed B14b. This form will indicate pupils with health needs and will flag up any pupils who need to be discussed in detail with the nursing team.

Trips

Staff taking students on any trip or visit away from the main School site, should ensure that they take the appropriate personal medical equipment (e.g. epipens) for the students on the trip.

Staff taking students on any adventurous trips, including any camping trips should always take a first aid bag with them. However, it should be noted that a first aid

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bag will be provided for any trip, if requested. It is the responsibility of the member of staff in charge of the trip to order and collect a first aid bag.

Any injury whereby a student requires any treatment* should be reported either by email to schoolnurses@kes.hants.sch.uk, or by taking a completed medical form from the bag to the medical room. This must be done by the start of the next school day after the trip returns. The email should contain the following information:

1. Student Name
2. Venue
3. Activity
4. Type of injury
5. How the injury occurred
6. Treatment given

For any major medical problems parents should be contacted as soon as is possible by the trip leader or other designated member of staff. The trip's base contact should also be informed.

For less serious medical problems the parents should be informed on return.

*Very minor injuries, such as blisters, superficial cuts or grazes do not require reporting to parents or the nurses.

Sports Fixtures

Staff taking sports teams should always take a first aid bag with them to a fixture and any injury whereby a student leaves the field and is unable to return immediately should be reported either by email to schoolnurses@kes.hants.sch.uk, or by taking a completed medical form from the bag to the medical room. This must be done by the start of the next school day. The email should contain the following information:

1. Student Name
2. Venue of fixture
3. Type of injury
4. How the injury occurred
5. Treatment given

For any serious injury parents should be contacted as soon as is possible by the team coach. Less serious injuries should be reported to parents when they collect their child.

All School mini-buses have standard first aid kits. Staff must report to the School Nurse if any of the contents have been used.

6. Emergency Procedures

All staff must know how to call an ambulance and who is responsible for carrying out first aid and emergency procedures.

In the event of any severe accident or incident on School premises the Nurse must be called. If the accident is so severe that immediate hospitalisation

appears inevitable then the Emergency Services may be called before calling the Nurse. The Nurse will assess the situation and deal with accordingly. The Main School Office must also be made aware of the situation, if appropriate, and will telephone for the Emergency Services if requested. If it is appropriate to transport the casualty to hospital by car it may be driven by the parents, a School Nurse or another member of staff. The Nurse 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.

7. Supporting pupils with medical/health needs in School

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. The School will put into place effective management systems to support individual pupils with medical or health needs whilst in School. 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 School Nurse 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.

a) 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 School Nurse, Tutor or teachers.

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. When brought to school such medication should be handed to the nurses on the pupil's arrival. This medication will be securely locked in the drug cupboard.

b) 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 King Edward's. 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 who has long-term medical/health needs will require an individual health care plan drawn up by the School Nurse in consultation with

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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.

8. Wellington Sports Ground

- a) The School Nurses, with the assistance of the Ground Staff, will ensure the first aid box and touch line bags are kept up-to-date and restocked.
- b) Ensure that other equipment such as a stretcher and blankets are easily available at all home matches.
- c) The nursing team will work with the Director of Sport and Head of Rugby to ensure that there is first aid cover provided for all Saturday home rugby fixtures.

9. Hygiene procedures for dealing with the spillage of body fluids

If there is a spillage a spillage kit, kept in a yellow container in the caretakers' store MUST be used.

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

10. Location of First Aid information and boxes in potential hazards areas

There are First Aid notices at all main entrances to the School buildings. These detail names of First Aiders and where a First Aid Box can be located in that area. Next to all First Aid Stations there is a list of all staff who have a current First Aid certificate and their extension numbers. The School Nurse will be responsible for checking the contents of the First Aid Boxes every term. Staff are responsible for informing the School Nurse if they notice any shortages of contents at other times.

High Risk Areas

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- **Science Department - Physics, Chemistry and Biology**
- **D&T**
- **Kitchen**

Science Department

1. The Physics Department has two wall-mounted and labelled first aid boxes in the Physics Prep Room, complete with first aid information and an instruction chart on how to deal with bleeding and blood spills.
2. The Chemistry Department has one wall-mounted and labelled first aid box in the Prep Room, complete with first aid information chart and instruction on how to deal with bleeding and blood spills.
3. The Biology Department has a wall-mounted and labelled first aid box in the Biology Prep Room.
4. Pupils are to wear laboratory coats as appropriate during practical lessons.
5. There are two Technicians in the department who hold a current first aid certificate.

D&T

1. There are three wall-mounted first aid boxes in the Department, in DT 1, DT 2, and DT 3.
2. The HoD holds a current first aid certificate.
3. Pupils wear aprons during practical lessons as appropriate.
4. The HoD has discretion to take action required to ensure the operation of machinery is performed in a safe manner.

Kitchen

There is a wall-mounted and labelled first aid box and an instruction leaflet in the Kitchen. There are two qualified first aiders on the Sodexo staff.

Near to all first aid boxes in the above areas are eye wash stations or fresh water.

Medium Risk Areas

Sports Department

1. In the female staff changing room there is a wall-mounted and labelled first aid box.
2. In the PE office there is a large portable first aid box.
3. In the male staff changing room in the Pavilion, there is a portable first aid bag.
4. A number of the PE department staff hold current first aid certificates.

Art Department

Currently there is a wall-mounted first aid box next to the band saw.

Low Risk Areas

Other than the areas mentioned above, all other areas are deemed to be low risk.

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APPENDIX 1

AED PROGRAMME PROTOCOL

An automated external defibrillator (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 patient.

Training requirements

The following employees are trained in the use of CPR/AED.

Andrea Cox	Senior School Nurse
Lisa Duke	School Nurse
Melanie Roe	School Nurse
Richard Wood	Sports staff
Paul Barnes	Educational Visits Co-ordinator/DofE
Geoff Havers	Deputy Director of Sixth Form
Suzanne Meager	Receptionist/Administrator
John Griffin	Facilities Team
John Dear	Facilities Team
Andy Haynes	Facilities Team
Jim Jones	Facilities Team

Storage of AED

The AEDs purchased by King Edward VI School are stored on the main School site (in the Crush Hall, under the stairs by the north door) and at Wellington Sports Ground.

Emergency response plan

Refer to section 6 Emergency Procedures above.

In the case of an unresponsive, non-breathing person, help should be called immediately by dialling (9 for an outside line) 999. The Main Office should be made aware of the situation and the School Nurse 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 School Nurse, 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

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. Determine if patient is:

- Unresponsive
- Not breathing

3. Open airway.

4. Ensure an ambulance is on its way.

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

6. Apply the Cardiac Science AED if the patient is unresponsive, not breathing and over the age of 8 years.

a) Open lid

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

b) Follow voice prompts

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

If a shock is indicated:

- Ensure nobody touches the patient
- 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 patient’s heart rhythm.

If no shock is indicated:

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

c) Continue to follow the AED prompts until

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

7. After transferring the patient 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 complete Resuscitation Council Event Report Form
- 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.

Medical direction

Medical direction for King Edward VI School will be provided by the Senior School Nurse. This will include:

- Development and review of policies and procedures defining the standards of patient care and use of the Cardiac Science AED.
- Review of response documentation and rescue data for all uses of the Cardiac Science AED
- Oversight of the initial and continuing AED training
- Provide advice regarding the medical care of those in need of such care.

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 daily maintenance rests with the School Nurse at the beginning of each school day. 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. The Cardiac Science AED will be serviced on an annual basis with BOC.

APPENDIX 2

Policy and Procedure for the Management of Anaphylaxis

What is Anaphylaxis?

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

Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of allergic reaction.

Common triggers of anaphylaxis include:

- Peanuts and tree nuts (most common triggers)
- Other foods such as dairy products, egg, fish shellfish and soya
- Insect stings
- Latex
- Drugs

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 at risk of anaphylaxis in school.
2. Provide guidance for all staff regarding the treatment of anaphylaxis in school to ensure that they:
 - Stay healthy
 - Stay safe
 - Enjoy and achieve
 - Make a positive contribution
3. Ensure all pupils with at risk of anaphylaxis 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 are at risk of anaphylaxis know about the risks and how to manage their risk and to encourage them to take appropriate actions to care for themselves on a day to day basis.

Management of information related to anaphylaxis

Parents are asked to fill in a medical form before their child's admission to the school.

There is a section to indicate if their child has any allergies and to detail any regular medication that the child may be receiving for this condition and any emergency medication the pupil may need in the event of a severe allergic reaction.

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

Pupils are made aware when they receive their auto-injectors from their Consultants of how to use them and in what circumstance.

The nurses will deliver a staff briefing on what to do in the event of a severe allergic reaction and how to administer emergency medication in this situation on an annual basis.

Staff are encouraged to attend the medical room for a practical demonstration of the use of auto-injectors and a brief talk about anaphylaxis before they go on any trips.

Management of medication in school

Parents are asked to supply two adrenaline auto-injector devices and an oral antihistamine for their child, to be kept in the medical room in a box clearly labelled with the pupils name, photograph and medication details. The emergency boxes are stored at room temperature on an accessible shelf in the medical room that is unlocked during school opening hours. Some parents prefer that their child carries one auto-injector with them at all times. If this is the case a note is placed in the top of the emergency box with the other auto-injector to explain this. The box also contains a signed and completed allergy form detailing what the pupil is allergic to, emergency actions in case of an allergic reaction and parent contact details. Copies of this information are also kept in the school caterers' file and the nurses' anaphylaxis file.

The School Nurses take responsibility for monitoring expiry dates on those auto-injectors kept in the medical room and let parents know when an expiry date is

coming up so that up to date allergy medication and auto-injectors can be brought in to school when required.

When new staff are inducted the nurses will talk through with them the procedure for the administration of auto-injectors in case of emergencies and show them how to use these devices by demonstrating the technique with a dummy device. They will also be shown the location of the boxes and the allergy forms and attached visual instructions inside.

School Outings and Trips

A pupil's allergy 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 anaphylaxis and the provision and use of auto-injectors.

Detailed in the First Aid Policy is the protocol for informing the School Nurse Team 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 anaphylaxis via the Pryory notice board. It is expected that pupils bring their emergency medication to any sporting activity. Medical assistance should be sought immediately if a pupil is suffering from symptoms of anaphylaxis. An emergency instruction sheet is kept in each of the pupil's emergency medication boxes for guidance.

APPENDIX 3

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 in school 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. Ensure all pupils with asthma 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 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

Through the medical form completed before their child's admission to 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.

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

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.

The School Nurses 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 an up to date inhaler can be brought in to school.

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

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

The procedure for the administration of inhalers and also details of how to recognise and asthma attack and what to do in the event of such an attack are provided for staff in the inhaler box in the Medical Room.

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. It contains a list of those who are diagnosed asthmatics. Also in this box is a sheet to be filled in by non-nursing staff should anyone else administer an inhaler to a pupil. The School Nurses are responsible for the storage, care and disposal of the inhalers and to that effect a list of inhalers and their expiry dates is kept on top of the storage box. A protocol for administration of inhalers and a guide of what to do in the case of an asthma attack is also kept in this box for use of non-nursing staff to ensure that pupils will be able to receive appropriate treatment should the nurse not be available.

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 emergency use of the spare inhaler. The inhaler is clearly labelled and can be found in the inhaler box in the medical room. Also in this box is a sheet to be filled in by non-nursing staff should anyone else administer an inhaler to a pupil. The school can buy inhalers and spacing devices in small quantities. The supplier will need a request signed by the Head (ideally on headed paper) stating:

- The name of the school for which the inhalers are required
- The purpose for which it is required
- The total required

School Outings and Trips

A pupil's asthma 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 asthma and the provision and use of inhalers.

Detailed in the First Aid Policy is the protocol for informing the School Nurse Team 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 severe asthma via the Pryory notice board.

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.

Medical assistance should be sought if a pupil is suffering from symptoms of an asthma attack and the symptoms are getting worse.

APPENDIX 4

Policy and Procedure for the Management of Diabetes

What is Diabetes?

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

- The body does not make enough insulin
- The insulin does not work properly
- Or sometimes it is a combination of both

There are two main types of diabetes; Type 1 and Type 2

Type 1 Diabetes

This develops if the body is unable to produce insulin. Pupils with this form of diabetes need to replace their missing insulin, so will need to take insulin (usually via pump or injection) for the rest of their lives. This is the more common form of diabetes in people under 40 years of age.

Type 2 Diabetes

This develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly (known as insulin resistance).

This mainly occurs in adults (but not exclusively) and is often linked to being overweight.

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 diabetes in school.

2. Provide guidance for all staff regarding the treatment of diabetes in school and ensure that they:
 - Stay healthy
 - Stay safe
 - Enjoy and achieve
 - Make a positive contribution
3. To ensure all pupils with diabetes fully participate in school life including P.E 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 diabetes 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 Diabetes

Through the medical form completed before their child's admission to the school, parents are asked to indicate if their child is diabetic and to detail medication and/ or treatment that their child may be receiving for this condition.

Parents are expected to inform the School Nurses of any changes to their child's medical condition and any new medication or treatment they may be receiving.

Pupils and their parents will have been taught by their local Paediatric Diabetes Service how to manage their diabetes and how to administer insulin, whether that be via pump or injection. The School Nurses will liaise with both the Paediatric Diabetes Service, and the pupil and their parents, prior to starting school and will agree an IHCP (Individual health care plan) for the pupil. The Senior School Nurse will identify and arrange any training needs or updates that need to take place, ensuring the School Nurses are competent to support the pupil with his/her diabetes in school. The IHCP will be reviewed annually or when there is any need for change as initiated by the parents or the Paediatric Diabetes Service.

Management of medication in school

Parents are asked to supply spare medication and equipment related to their child's diabetes and emergency supplies for the treatment of a hypoglycaemic episode as indicated in their IHCP. This will be stored in the Medical Room in a named emergency box. Pupils are actively encouraged to keep blood sugar testing equipment with them at all times and to seek immediate advice from the School Nurses, should their result not be within normal range.

The School Nurses take responsibility for monitoring expiry dates of medication and equipment stored in the Medical Room and will let parents know when an expiry date is approaching, so that arrangements can be made to replace any supplies.

Management of information related to Diabetes

The School Nurse will identify pupils with diabetes on the schools database with a 'red flag' and state the medical condition. Any pupil with diabetes will have their name and photograph added to the Priority notice board to make all staff aware of their condition. A copy of the pupil's IHCP will be kept in their named emergency box as well as stored in the diabetes file in the Medical Room.

School outing and trips

All serious medical conditions are available to all trip leaders and sports team coaches via the school's database.

Staff are aware of the need to discuss with the Nurses any pupils with specific health needs and medication including diabetes and the provision and administration of emergency medication. An offsite action plan is available to identify individual needs. Detailed in the First Aid policy is the protocol for informing the School Nurses of any treatment given whilst the pupil is on an offsite trip or sports fixture.

During PE lessons and Sporting events

Exercise and physical activity is good for everyone, including those with diabetes. Diabetes should not stop pupils from being active or being selected to represent school or other sporting teams. However, pupils will have been made aware by their Diabetic team the need to prepare more carefully and how to do so for all forms of physical activity, as all types of activity use up glucose.

If an activity lasts for an hour or more the pupil may need to check their blood sugar and act accordingly.

After an activity the pupil with diabetes may need to eat some starchy food, but this will depend on timing of the activity, the level of exercise taken and whether a meal is due.

APPENDIX 5

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 School Nurses 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 School Nurse Team 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 Pryory 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 6

Policy and Procedure for the Management of Head Injury/Concussion

Aims of this policy appendix

This policy aims to:

1. To alert staff to the risk factors and the warning signs of head injury/ concussion
2. Provide guidance for all staff regarding the procedure for the management of pupils who sustain a concussion
3. Provide guidance for all staff supporting pupils in school who have sustained concussion to ensure that they:
Stay healthy
Stay safe
Enjoy and achieve
Make a positive contribution
4. Ensure all pupils with concussion fully participate in all aspects of school life in line with the RFU Gradual Return to Play
5. Work in partnership with all parties involved with pupils including staff, parents, medical staff and outside agencies to ensure this policy is implemented and maintained successfully.

Minor head injury

Head injuries occur from any bump or blow to the head. Symptoms of a minor head injury include:

- Headache
- Dizziness
- Feeling sleepy.

Any pupil that sustains a head injury should be escorted to The Medical Room by staff, assessed by the School Nurse and treated as required. This may involve initial observation, before returning to lessons, but with further observations throughout the day. Parents must always be informed of any head injury and a Head Injury Instruction advice sheet will be provided.

What is concussion?

A concussion is a disturbance of the normal working of the brain without there being any structural damage. It is usually caused by a blow directly to the head or indirectly if the head is shaken or body is struck. It is important to recognise that most concussions occur without there being any loss of consciousness.

Concussion can occur in many situations in the school environment, but the potential is probably greatest during activities where collisions can occur such as the

playground, or sport and P.E. The nature of rugby specifically, means that concussion can occur in training or matches.

Students may also get concussion when doing activities out of school but return to school with signs and symptoms. It is important that these situations are recognised as the concussion can affect their academic performance and or their behaviour, as well as putting them at risk of more serious consequences should they sustain another concussion before recovery.

How to recognise a concussion

The common signs and symptoms of concussion are listed below. If a pupil shows any of the signs described as a result of a direct blow to the head, face, neck or elsewhere on the body with a force being transmitted to the head, they have suspected concussion.

Key signs and symptoms:

- Loss of consciousness- players do not have to be knocked out to be concussed but loss of consciousness indicates the brain function has been disturbed and the player has been concussed.
- Convulsion/ fit- this is usually not like an epileptic fit and is often very short lived. It is usually a “stiff” posture the player goes into for a few seconds
- Nausea or vomiting- feeling sick or being sick on the pitch
- Unsteady on legs- staggering around

IF A PUPIL PRESENTS WITH THESE SYMPTOMS THEN 999 WILL BE CALLED.

More subtle signs to look out for:

- Inappropriate or unusual behaviour- the player may face the wrong way
- Slowed reactions, such as dropping a ball. Slow reactions to questions or instructions
- Vacant expression- a player who looks ‘lost’ (“the lights are on but nobody’s home”)
- Confusion/ disorientation
- Persistent headache

Management of concussion

When a pupil sustains a head/ neck injury or is suspected of such, they must be attended to by a suitably trained person who is confident to assess the injury and look for signs of concussion. The RFU guidelines suggest every team has access to a qualified First Aider as a minimum requirement. If there is not a suitably trained person available, the pupil should be transported to hospital for assessment or 999 should be called.

The assessment of head injury severity will be determined by a qualified health professional using the assessment tool Child –SCAT 3 (<http://bjsm.bmj.com/content/47/5/263.full.pdf>).

This is a standardised tool for assessing children aged 5- 12 years. Children over 13 and adults will be assessed using SCAT 5

(<http://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>). For all other staff, children and adults should be assessed

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using the Concussion Recognition Tool 5

(<http://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097508CRT5.full.pdf>) and refer on.

Recovery

After a concussion, recovery time can vary greatly. The majority of concussions resolve in 7-10 days, but this may be longer in children and adolescents. Therefore a more conservative approach should be taken with them.

Rest: individuals should avoid the following initially and to gradually reintroduce them:

- Reading
- TV
- Computer games
- Driving

It is reasonable for a student to miss a day or two of academic studies and students should not return to school until initial symptoms such as dizziness and headaches are resolved. On returning to school, teachers should be made aware of the pupils head injury/ concussion. Teaching staff should alert School Nurses to any concerns. Start Gradual Return to Play (GRTP) once all symptoms are resolved.

Parents/ School/ Club (if known) must be informed using our Concussion and GRTP guidelines. Hampshire Rugby should also be informed using the Youth concussion club/school reporting form 2016-2017.

GRTP:



King Edward VI Southampton

Concussion and GRTP guidelines

Player:

DOB:

Player sustained a concussive injury on
KES Nurses informed of the injury on

The event:

Action:

RFU GRTP (Gradual Return to Play) guidelines to be followed.

Stage 1: Once he is well and returned to school with no concussive symptoms, he should do 2 weeks with no physical activity. The player can then progress through the following stages as long as no signs or symptoms of concussion return.

Progression through each of the following stages should take 48 hours

Stage 2: Third week can return to gentle activities such as walking and swimming

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- Stage 3: Sport specific exercise. Running drills, no head impact activities
- Stage 4: Non-contact training drills
- Stage 5: Full contact practice
- Stage 6: Return to play

The link below is a video that may be useful in regards to GRTP.

www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/#



King Edward VI School

Head Injury Notification

Your child _____ received a head injury at school today.

Time _____ Place _____

Brief description of accident and any treatment

Date _____ Signed _____

_____ Position in

School _____

Head Injury Advice

Please observe the following points until your child makes a full recovery, particularly over the next 36 hours. Encourage your child to rest quietly and discourage from playing active games/ sport, watching TV or any form of screen time.

A minor head injury often causes a bump or bruise to the exterior of the head. Other common symptoms may include:

- Nausea or vomiting once, soon after the injury
- Mild headache. Administer Paracetamol according to manufacturer's instructions.
- Mild dizziness
- Feeling generally miserable/ off colour
- Loss of appetite

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- Increased tiredness. It is quite normal to feel sleepy, but check on your child to make sure that they will wake up.
- Lack of interest/ concentration

Most children will make a full recovery. However, if you notice **any** of the following symptoms or you notice a change in your child's behaviour, take them to the nearest hospital immediately for further assessment and observation.

- Becomes steadily more sleepy or very difficult to wake up
- Complains of severe headache or visual disturbance
- Two or more episodes of vomiting
- Appears confused
- Has a seizure or fit (when your body moves uncontrollably)
- Cries continuously/ becomes irritable and cannot be consoled
- Becomes unconscious for a brief or extended period of time

APPENDIX 7

HOMELY REMEDIES POLICY

Definition

A homely remedy is a product that can be obtained, without a prescription, for the relief of a minor, self-limiting ailment.

When to administer a homely remedy

The school restricts homely remedies to a documented list of products used for the relief of specific symptoms. This list has been formulated by the Senior School Nurse.

Only those ailments in the homely remedy policy may be treated and they may only be treated using the specific products and doses. The maximum duration of treatment should not exceed the specified time, without firstly obtaining parent's consent or obtaining medical advice. If the symptoms persist, or give cause for concern, medical advice should be obtained in case they are masking more serious underlying conditions. Administration of homely remedies, except Paracetamol, must only be undertaken by a trained nurse with appropriate knowledge of these medications.

Conditions to consider for treatment using a homely remedy include:

- Indigestion
- Mild pain
- Coughs/colds
- Hayfever/ allergic reactions
- Minor sports injuries

This list is not exclusive.

The homely remedy policy specifies which products should be used for which ailment and provides specific details for nursing staff including:

- Indications for use
- Name of medicine
- Dose and frequency

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- Maximum dose and treatment period
- Cautions or contra-indications

These medicines may interact with medicines that a GP has prescribed and appropriate checks should be made prior to administration if concerned (e.g referral to a current British National Formulary) Parents are aware that they should inform the School Nurse if their child is prescribed any medication at any time.

Obtaining homely remedies

These will be purchased from a community pharmacy and held, by the School, as stock.

Storage of homely remedies

Homely remedies will be kept in a locked medicine cupboard in the Medical Room. They will be separated from any named prescription medicines. Expiry dates will be checked regularly.

Recording of administration of homely remedies

It is essential that all medicines that are given to pupils/ staff are recorded to maintain accurate records and avoid possible overdosing. The School Nurse will record this in the Sanatorium Manager section of the School's database.

A list of all those pupils whose parents have not given consent for homely remedies to be given will be kept on the inside of the locked medicine cupboard in the Medical Room. This list should be consulted prior to administration. Confirmation of this can also be found on the pupil's 'Medication Consent Form' filled out on the pupil's admission to the School.

Expiry dates

All homely remedies should have the date of opening recorded on the packaging. Once opened, homely remedies will be disposed of after the manufacturer's suggested expiry. Expiry dates will be checked on a monthly basis. Expired medication can then be disposed of at the community pharmacy.

The Health and Safety Committee shall review this policy annually and every three years by Governors.

Review: February 2016

Update: June 2016 Self Harm and Eating Disorder policies incorporated

Review: January 2017

Reviewed and endorsed by Governors: February 2017

Update: May 2017 Head Injury and Concussion incorporated

Update: July 2017 First Aiders

Update: Nov 2017 Transfer Mental Health items to new Mental Health policy

Reviewed annually by the School's Health & Safety Committee and every three years by Governors

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<u>FIRST AIDERS AT KES</u>			
<i>First Aid at Work – covering all aspects of First Aid in the work place and medical conditions</i>		<i>Emergency First Aid – basic first aid - CPR, choking, bleeding, shock and minor injuries</i>	
Names	Number	Names	Number
Andrea Cox	213/mob 07917262006	Simon Aellen	224
Lisa Duke	213/mob 07917262006	Richard Cross	235
Mel Roe	213/mob 07917262006	Andy Gilbert	257
Simon Barker	226	Clare Kelly	220
Julia Canty	252	Gavin Lawson	257
Julie Driscoll	203	Alison Mitchell	248
John Griffin	211 or 200 for radio	Sue Owen	292
Andy Haynes	211 or 200 for radio	Sue Quinn	257
David Heath	211 or 200 for radio	Paul Robinson	257
Jim Jones	283 or 200 for radio	Richard Wood	236
Suzanne Meager	203	Karen Wright	264
Matt Mixer	236		
Rosie Morrisson	214		
Yasmin Paul	231		
Lloyd Powell	236		
Carolyn Rayworth	200		
Yvonne West	238		
Katrina Yerbury	224		
<u>Outdoor/Wilderness First Aid training</u>			
Geoff Havers	222		
Lisa Henderson	291		
Paul Barnes	289		
<u>FIRST AIDERS AT WELLINGTON</u>			
Names	Number	Names	Number
Edward Oldham	07920 203242	Stephen Fairbairn	07920 203242
		Alisdair Pither	07920 203242