

Godstowe

School Policy

Medical Policies

Reviewed
May 2024

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Medical Provision

The Health Centre

Godstowe's Health Centre is on the top floor of Dove House. The Health Centre consists of a well-equipped Medical Room, Isolation Room with attached bathroom facilities, plus two additional bedrooms, one with 3 single beds and one with two single beds. There is an additional bathroom with two WCs and two baths with shower fittings.

There is a separate WC across the corridor for the Health Centre staff to use. The health centre has an 'open door' surgery during the school day with pupils

School Nursing Staff

The School Nursing team provides 24/7 cover during term time. There is always one nurse on duty between the hours of 7.30am and 7.30pm Monday to Friday. Nights and weekends are covered by a registered nurse based on site, available on an 'on call' basis to provide medical care and first aid to all boarding pupils if required.

All of the Nurses complete regular professional training to maintain their place to meet the NMC requirements for their registration.

School Doctor

The Nursing Team is supported by Dr Jenny Candy from the Priory Surgery in High Wycombe. All Boarding pupils register with the Priory Surgery unless their parents live locally and they can then remain registered with their family Doctor. Dr Candy provides a GP surgery at Godstowe for boarding pupils every Wednesday morning during term time. If a boarding pupil needs to be seen by Dr Candy, they are triaged via the Nursing Team who will make the pupil an appointment.

Medical Training

- All Nursing staff, boarding house staff and other key people receive regular First Aid training
- Records of Staff first aid training are recorded on Medical tracker by the Nursing team and in the First Aid Policy. The Nursing team organises refresher training as required when staff qualifications expire.
- The School Nursing team delivers medical update training to teaching and boarding staff annually during the September INSET. This includes Anaphylaxis, Asthma, Diabetes and Epilepsy (when necessary).
- The Boarding House Mistresses and Deputies receive training by the School Nurses on the protocol for the administration of both prescribed and non-prescribed medicines and are required to complete the TES 'Administration Of Medication' module
- All Staff dispensing medication on trips are also required to completed the TES 'Administration of medication' module and discuss any specific requirements with the School Nursing team before the trip

Confidentiality and consent

Confidentiality is a fundamental part of the Nurse/Student relationship.

The Nursing and Midwifery Council (NMC) Code of Conduct states that a nurse must:

- respect a person's right to privacy in all aspects of their care
- make sure that people are informed about how and why information is used and shared by those who will be providing care
- share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality
- share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand

In accordance with the School Nurse and School Doctors' professional obligations, medical information about pupils, regardless of their age, will remain confidential. On occasion, and with consent from the pupil the Nurse and/or Doctor may liaise with the Deputy Heads, other academic teaching staff, boarding staff, parents or guardians.

All School Nursing staff and the School GP consider Gillick competence* when discussing medical care with children under the age of 16.

A child's competence to receive treatment, or refuse treatment without informing parents or carers should be assessed on the basis of Gillick competence guidelines

Assessing Gillick competence

There is no set of defined questions to assess Gillick competency. Professionals need to consider several things when assessing a child's capacity to consent, including:

- The child's age, maturity and mental capacity

- Their understanding of the issue and what it involves - including advantages, disadvantages and potential long-term impact
- Their understanding of the risks, implications and consequences that may arise from their decision
- How well they understand any advice or information they have been given
- Their understanding of any alternative options, if available
- Their ability to explain a rationale around their reasoning and decision making.

Remember that consent is not valid if a young person is being pressured or influenced by someone else.

**In *Gillick v West Norfolk and Wisbech Health Authority* [1986] AC 112 it was held that, where a child is under 16, but has sufficient understanding in relation to the proposed treatment to give (or withhold) consent, his or her consent (or refusal) should be respected. However, the child should be encouraged to involve parents or other legal guardians.

The exceptions regarding confidentiality are:

- Where the school nurse considers the information to be a matter of public interest e.g. serious crime, child abuse or drug related activities which place others at serious risk.
- Where a court order overrides the duty of confidentiality

Medical Information and Record Keeping

Godstowe is an inclusive school that welcomes and supports pupils with medical conditions, offering them the same opportunities as all pupils at the school.

On admission, parents/guardians must complete a health history form for all pupils outlining:

- All significant health conditions and any current treatment.
- Any medically diagnosed allergies
- Details of immunisations.
- Consent to first aid, emergency treatment
- Consent to Over the Counter (OTC) medication such as paracetamol/antihistamines

The School Nurses will have a lead role in ensuring that pupils with medical conditions are properly supported in school and be responsible for implementation of the medical conditions policy. This will include:

- Development of an Individual Health Care Plan, developed in consultation with parents, other healthcare professionals, the child, the Deputy Heads and key staff members as necessary.

(Based on the Statutory Guidance for Supporting Pupils at School with Medical Conditions, 2015 updated in 2017)

It is the parents' responsibility to notify the School Nurse/School of any changes to their child's medical condition including change of treatment or medication. It is up to the parents to ensure their child has any medication required in school and it is labelled correctly in English with the child's name. The medication provided by the parent must be in date.

(See Appendix 1 for policies on management of Asthma, Epilepsy, Anaphylaxis, Diabetes)

Extra Provision for Boarding Pupils

All boarding pupils will have an appointment with Jenny Candy (the School Doctor) on entry to the school, where their height and weight are recorded and a urinalysis completed. They will also have a discussion about their health so that any health conditions can be noted. These consultations are completed with a School Nurse present.

NHS Records are accessed by Jenny Candy using her NHS issued laptop.

The Health Centre uses Medical tracker as its medical database to keep contemporaneous medical records for all pupils at Godstowe. Each time a pupil is treated either in the Health Centre or the boarding houses, a record is made on Medical Tracker. The database is secure, and password protected with only the Health Centre staff having full access.

Dietary Policy

Godstowe School is committed to the implementation of an inclusive policy where the needs and requirements of all its pupils are met. The school will undertake to ensure that any pupils with dietary needs will, within reason, be met.

Special dietary provisions include:

- **Allergies and Medical Conditions**

Godstowe School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools.

'Anaphylaxis UK would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. Instead they would advocate for schools to adopt a culture of allergy awareness and education'

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the 14 pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Working in partnership with our catering company CH&Co parents are required to provide a medical letter confirming any allergies or dietary requirements to the school. The school will ensure that all pupils with a confirmed allergy or dietary requirement can be easily identified by the catering staff.

The School Nurses will ensure that new pupils with allergies or medical conditions and any pupils newly diagnosed, have an individual health care plan in place.

Regular reviews of our allergy policy take place between the Nursing team, Facilities Manager and Head Chef to help identify any gaps in our systems and processes for keeping allergic pupils safe.

All pupils with a medically confirmed allergy or dietary requirement will be added to a list and sent to our Chef. The list is monitored by the School Nurses and updated regularly. In lodge an appointed staff member will distribute allergy cards with their name and picture to pupils as required. In the Main School, pupils with a confirmed allergy will collect a lanyard with their picture and allergy clearly stated before they reach the serving hatch and return it after lunch.

- **Religious reasons for restrictions in diet.**

The school always respects an individual's religious beliefs and a choice is always available.

Medical Emergency Policy

If someone at the school has an accident, first aid trained staff and appointed persons have received guidance on when to summon medical help. The School Nurse is normally responsible for summoning an ambulance, but all first aid trained staff are aware that if the Nurse is unavailable, they should summon an ambulance themselves or ask the school office to do so for them (For further information please read First Aid Policy May 2024)

If there is an emergency, any member of staff can call an ambulance. If in doubt, call an ambulance. When calling an ambulance, Reception and Maintenance also need to be informed to guide the Ambulance crew to the correct area on site. An appropriate member of staff will always stay with a pupil in hospital until their parent/guardian arrive. Dial 999 or 112 for an ambulance

To contact the School Nurse, either use extension 212, mobile phone 07841 150152 or walkie talkie channel 3.

If a dangerous injury/accident occurs, it is essential that another supervising adult remains with the pupil while the School Nurse is called. If a spinal or head injury is suspected, extreme care should be taken not to move the pupil until the paramedics or an ambulance arrives.

In other situations, the School Nurse will monitor the pupil whilst the parents are contacted to collect them. A decision can then be made in consultation with the parents as to what further action may be necessary.

For boarding pupils, the School Nurse on duty or a senior member of the boarding team will notify the parents immediately and discuss with them actions to be taken. The School Doctor will also be consulted if necessary.

If the pupil needs to be taken to hospital and it is believed they can be moved, then this should be done immediately. In some cases, two accompanying adults may be required. Any member of staff should be ready to offer their services at short notice, particularly if time is of the essence.

An accident form must be completed promptly by staff involved as soon as they are confident the pupil is in safe hands and is no longer at risk. Any member of staff who witnesses or was on duty at the time of the incident must contribute to the accident form as well as the medical staff on duty, as soon as possible once the pupil has been appropriately treated.

Please see separate First Aid policy for further information

Policy in an event of an illness

The Health Centre has an 'open door' policy throughout the school day, however where possible, pupils should visit during break times to avoid disruption to lessons. A pupil should go to reception for a red card so that pupils are accounted for.

The School Nurse will assess the pupil and complete any necessary observations such as checking temperature if unwell. If possible, they will be encouraged to return to class as soon as possible. If the pupil needs to stay in the Health Centre the Nurse will inform reception and will be returned to lessons once better. They are given a green card to hand back to reception so there is a record of the pupils location in school.

For day pupils the Nurse will liaise with the parents regarding the symptoms and decide if the pupil can remain in school. The Nurse will inform the Deputy Heads, reception and form tutor of any child going home.

In line with NHS guidance, as a general rule, a pupil should not attend school for 48 hours after the last symptoms of diarrhoea or vomiting. Additionally pupils should not attend school for 24 hours after a raised temperature. If a child returns to school within this time their parents will be contacted and asked to collect them.

Overnight Care of Boarding pupils

If a boarding pupil is unwell at night or at the weekend the situation will be assessed by the adult who is on duty in the Boarding House, the Housemistress or the Deputy Housemistress

- If required, the pupil will be moved to the Health Centre and cared for by the Nurse on duty. The parents or guardian will be informed as soon as reasonably possible, and asked to pick up the pupil to avoid the spread of infection. The pupil may have to be cared for in the Health Centre until somebody is able to collect them. If the pupil has a Guardian because their parents don't live in the local area, the Guardian will be expected to collect the pupil within 24 hours.
- In the event of an emergency, immediately dial 999 for an ambulance. The Headmistress/Deputy Heads/Head of Boarding should be also be informed
- If advice is required concerning a medical condition, dial 111 for advice by telephone 24 hours a day.
- If a Doctor is required, the out of hours GP services can be contacted by telephone.

Mental Health Policy

Godstowe school aims to promote and maintain positive mental health by early detection and recognition of broad spectrum mental health issues. At Godstowe we all work together as a team to support the pupils both physically and mentally. We aim to support and assist any pupil who displays signs of difficulties with their emotional or mental health. If any member of staff is concerned about the mental health of one of the pupils they should bring it to the attention of the Pastoral team, **School Nursing team** or in some circumstances the DSL.

By hopefully catching emerging problems, offering support and guidance to the pupil and family we are able to help in the early stages reducing the risk of serious illness. The School Nurses play an important role in noticing any emerging issues or patterns of behaviour and working in conjunction with the pastoral team to support pupils.

All interventions will be carried out in line with the guidance set out by the Department of Health and Nice guidelines for mental health.

Support will be given using the ALGEE action plan from Mental Health First Aid

- **A** - Ask, Assess for risk of harm
- **L** - Listen non-judgmentally
- **G** - Give reassurance and information
- **E** - Encourage appropriate professional help
- **E** - Encourage self help and other support strategies

Medicines Management Policy

The aim of the Medicines Management policy is to provide a clear policy that is understood and accepted by all staff, parents and pupils providing a sound basis for ensuring that pupils with medical needs receive proper care and support at Godstowe School. This policy is based on 'Managing Medicines in Schools and Early Years Settings' Department for Education and skills/Department of Health 2005 and MOSA guidelines.

Parental Consents

Before a child starts at Godstowe parents are asked to give their consent for trained staff to administer the following medication/treatments if needed:

- Calpol / Paracetamol
- Antihistamine tablet
- Cough lozenges
- Antiseptic wipes or cream
- Calamine
- First Aid equipment – plasters, etc.

In addition we also ask for parents of boarding pupils consent to administer:

- Ibuprofen -under direct supervision of the School Nurse (specific consent from parents is required for day pupils)
- Travel sickness tablets
- Hypo-allergenic suncare lotion.
- Head Lice treatment.

Parents should not send in any non-prescribed medication that they have already consented to them having in school (We will use the schools supply)

All consents are recorded on medical tracker and a paper copy kept in pupils notes in filing cabinet

Short and long Term medical conditions

The School Nursing team will administer short and long term prescribed medication to Day pupils and Boarding pupils in order to reduce the time the child is absent from school.

Prescribed medication

Prescribed medicines will only be issued to the pupil for whom they have been prescribed. They must be in their original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage in English. Unless prescribed to a boarding pupil by the School Doctor, the pupil's parent/guardian must complete a consent form available on the parent portal.

All medication should be signed in at reception on arrival at the school, and the School Nurses informed so that they can collect the medicine. At the end of the day, the medication will be returned to reception to be signed out.

Safe Storage of medicines

Medicines may be harmful to anyone for whom they are not appropriate. The Control of Substances Hazardous to Health Regulations sets out that where a school agrees to administer any medicines the employer must ensure that the risks to the health of others are properly controlled.

Medication is primarily stored in the Health Centre in locked cupboards and a refrigerator in a locked room. Medication is stored in accordance with the product instructions in the original container it was dispensed. Staff must ensure that the supplied container is clearly labelled with the name of the pupil, the name and dose of the medicine and the frequency of administration. Large volumes of medicines are not stored.

When required there are lockable fridges in Reception, the Boarding Houses, Lodge, Nursery and Beginner's classroom. All fridges have daily temperature records made when medicine is being stored. Antibiotics suspensions and eye drops are to be kept in the fridge, the temperature should be maintained between 2 and 8 degrees Celsius and fridge temperature monitored daily and recorded when in use. The course of antibiotics must be completed, unless advised otherwise by a Doctor.

For safety purposes medication is never prepared ahead of time and left ready for staff to administer.

Emergency medication (named asthma inhalers and adrenaline pens) are stored in unlocked cupboards in Reception, Nursery, Beginners and Lodge Office so they are readily available to staff and children who are competent to self-administer as per government guidance.

Godstowe School allows asthmatic pupils who are assessed as 'competent to self administer an inhaler' to carry their own inhalers in school (with written parental consent) as per government guidance.

Administration of prescribed and non-prescribed medication

All Godstowe staff that administer medication are required to complete training for medicines management – this will be delivered online through Educare and/or by the school nurses in person.

The following procedure should be followed by all staff before administering any medication:

- The reason for giving the medication must be established and the 'Dispensing Medication Consent' form completed by the Parent or Guardian unless the medication is advised by the School Doctor. No child under 16 should be given medicines without written parent consent .

- The Medical Database -Medical Tracker must always be checked prior to administration. Copies of 'Non-Prescribed Medication' and 'Dispensing Short Term Medication' forms are kept in each pupils notes in the Health Centre.
- Check whether the pupil is allergic to any medication. If there is a known or suspected allergy do not administer medication but discuss the situation with the parent, School Nurse or School Doctor.
- Check whether or not the pupil has taken any medication recently and, if so, what (e.g. Paracetamol must not be taken more frequently than every four hours and the maximum dose in 24 hours for that age group, printed on the pack, must not be exceeded).
- Check whether or not the pupil has taken that medicine before and, if so, whether there were any problems. Read the patient information leaflet before administering medication.

Trained member of staff should check:

- The pupils name
- Prescribed dose
- Expiry date
- Written instructions on the packet
- Patient information leaflet

Medication must be taken under supervision of the trained person issuing it in some instances assistance may be needed, e.g. Eye drops.

If in doubt staff must not administer medicines without checking with the School Nurse

Record Keeping

Immediately record any medication given onto Medical Tracker – including the reason for giving, time given and dose. Record the effectiveness of the treatment or any adverse reactions. This ensures that both the Health Centre and the Boarding houses know the dose given and the time. Parents of day pupils should always receive an email and/or a telephone call when medication has been given.

Refusing Medicines

If a pupil refuses to take medicine, staff should not force them to do so but note this in the records. Parents should be informed of the refusal on the same day and in the case of Boarding pupils, advice should be sought from the School Doctor.

Covert administration of medication will not be used at Godstowe school

Self-Management

Children who are able, have had suitable training and been assessed by the staff in the Health Centre will be encouraged to manage some medicines which have been prescribed for them (eg. Inhalers for asthma).

Pupils will be risk assessed by the Health Centre and advice sought from health professionals. A parental consent form will be required for this. See Appendix 2 for self administration form.

Controlled Drugs (CD)

- The storage of CDs complies with the Misuse of Drugs (Safe Custody) Regulation (1973) amended in 2007. For safe practice the CDs are kept in a double locked medicines cabinet in the Health Centre and only those with authorised access hold the key.
- Separate records for the administration of controlled drugs are kept in a bound record book with numbered pages.
- The drugs should be returned to the pharmacy for disposal and a record kept of disposal for audit and safety purposes.
- *CD medications should be double checked by two competent adults to ensure safe administration. In addition, a stock check of controlled medications will take place once a week on a Tuesday evening.*
- If a CD is to be stored and administered in a Boarding House the medication is stored in a locked cupboard attached to a wall, separate from other medication in a locked room. Records of administration will be kept in a bound book and medical tracker. Relevant training will be given to a named senior member of the boarding house allocated to administer the medication.
- If CD medication is to be administered on a school trip/residential relevant training will be given to a named senior member of staff. Only the required number of tablets will be provided and will be stored in a metal lockable case in a locked room and appropriate records of administration will be documented. The named staff must return the case and medication records to the School Nurse on return to school.
- Unused CD medication should be returned to the pharmacy (by the School Nurse), a record kept for audit and safety purposes.

Medication for Boarding pupils

Receipt of medication

All medicines received in school from Boarding pupils must first be given to the School Nurse for review who will assess and discuss with the relevant boarding house the most appropriate person to administer the medication before it is given.

As previously outlined medication must be in the original container, and include the prescriber's instructions for administration. **All medicines must be clearly marked with name of drug, child's name, dosage, frequency and expiry date all in English.**

School Nurses will accept only medications that have been prescribed by a Doctor, Dentist, Nurse prescriber or Pharmacist prescriber. If long term medication is prescribed for a pupil by another Doctor, there should be written documentation outlining the indication for the medication and who is responsible for monitoring the medication and condition.

Parents will be informed that some medications that have been prescribed overseas might not be licenced for use in the UK. In this case the School Doctor will make an individual cased assessment prior to administration and may be able to prescribe a UK licenced medicine as an alternative.

Stocks of non-prescribed pharmacy medication in Boarding houses

A record is kept of the medications supplied by the Health Centre to the Boarding houses. This includes the date of receipt, the expiry dates of the medication and the amount issued. This is for audit and safety purposes.

Medication is stored either in the locked cupboard or fridge according to the manufacturer's instructions.

The date of opening should be recorded on the medication as once opened, a liquid medication can only be kept for 6 months. Out of date medication should be returned to the school nurse who will return to the pharmacy to be discarded.

Administration of prescribed and non-prescribed medication by Boarding house staff

Each Boarding House has nominated staff who can administer both prescribed and non-prescribed medicines. Along with their annual management of medicines training they receive training in the administration of CDs if required. Gap students **must not** administer any medication unless specific permission is given.

Printed information is also provided by the School Nurses for specific medications to ensure that boarding staff are aware of issues such as indications for the use of the drug, contra- indications, side effects, dosage, precautions regarding administration and clear reasons for giving the drug.

A record must be made of every medication administered on Medical Tracker on the individual pupil record.

Exeat and School Holidays

All prescribed medication for Boarding pupils must be signed out and in by the School Nurse or Boarding Housemistress, this includes emergency medication i.e adrenaline auto injectors and Inhalers. A record of this will be kept in the Health Centre. The School Nurses will discuss plans with the Boarding House a few days prior to Exeat or School Holidays to ensure every child leaves with their prescribed medication. The School Nurse must be made aware of any child not leaving from their designated location and time. A plan should be put into place if a pupil requiring

medication is not being collected by a parent or guardian. Any Controlled medication that is needed must be given to the parent or guardian.

Trips and Visits

Godstowe encourages all pupils with medical needs to participate in safely managed visits.

The teacher arranging the trip will contact the School Nurses with the names of the pupils who are going on the trip. The School Nurse will supply the teacher with a list of pupils that have any allergies or illnesses that may require medication whilst away from school along with their individual health care plan. All medications will have a consent form signed by the parents or guardians – a note will be made of any pupil without specific consent.

Each trip/outing will be assessed regarding the needs of the location and the pupils attending. Any relevant training will be given. The trip risk assessment should highlight the named first aider.

The named first aider taking responsibility for the first aid bag has agreed that they have had appropriate first aid training and feel competent to safely administer any medication to the pupils. All medication used on the trip will be recorded and the list and unused equipment returned to the School Nurses as soon as possible on return.

Any adrenaline auto-injectors or inhalers taken from the reception or Boarding House will be signed out and returned immediately after returning to school, and signed back in. If there is medication required on a residential trip that must be stored in a fridge a cold chain will need to be established (School Nurse to discuss with Teacher).

The School Nurse is available term time between 7.30am and 7.30pm however if the trip occurs during the school holidays staff will use the local medical facilities or contact NHS 111. Staff will take contact numbers for parents.

All Godstowe mini buses carry a First aid box which is checked termly by the School Nurse.

Staff on Medication/with Medical Conditions

All staff are asked on induction for information concerning medical issues/ medication that may affect them at work.

Any staff with long term medical issues/ allergies or those taking medication are advised to inform the School Nurse of these details. A confidential discussion will occur between the School Nurse and the member of staff as to whether this information needs to be shared for their own safety.

It is the responsibility of members of staff to notify the School Nurse of any changes.

If any staff receive treatment/ medical advice from the School Nurse this will be documented confidentially on Medical Tracker under the member of staff's name.

Appendix 1

Anaphylaxis Policy

The aim of this policy is to raise awareness of anaphylaxis so staff can recognise the signs and symptoms of anaphylaxis and treat accordingly to ensure that all pupils with allergies can participate in daily school life (including boarding).

Staff receive an annual training update on Anaphylaxis during the September inset days. Further training can be given to staff taking a child with a prescribed adrenaline auto injector off the school premises this includes practice with a training pen and new staff as part of their induction.

What is Anaphylaxis?

If someone has an allergy their body reacts to a foreign substance in an exaggerated way. Anaphylaxis is an emergency situation in which a severe allergic reaction has occurred. The whole body is affected, usually within minutes but symptoms may occur up to 24 hours after exposure.

Symptoms – these vary in severity but will include some of the following:

- Hives (nettle rash) – red raised area, which may itch and swell
- Tightness in the chest – difficulty in breathing
- Hoarse voice
- Swelling of the tongue or throat – difficulty in speaking
- Dizziness or feeling faint
- Collapse leading to unconsciousness

Adrenaline Auto Injectors (AAI)

The only form of first aid treatment is the immediate administration of adrenaline which works directly on the heart and lungs to reverse potentially fatal effects of anaphylaxis.

We currently have 2 adrenaline autoinjectors containing 0.3mgs of adrenaline in the dining room and one adrenaline autoinjector in Lodge and one in Nursery containing 0.15mgs.

A list of all pupils with severe allergies that have been prescribed an adrenaline auto injector in an emergency are shared on the drive and an updated paper copy in the staff room and with the emergency adrenaline auto injectors (dining room and lodge). Individual adrenaline auto injector are located in an unlocked signed cupboard at the reception desk in main school and in the lodge office.

The School Nurses are responsible each month for checking the adrenaline auto injector are present and in date, and for ensuring replacements are in date when the expiry dates are approaching or if an adrenaline auto injector has been used.

Management of Anaphylaxis

DO NOT LEAVE THE PERSON ALONE

1. Move the person to a comfortable position on the floor, reassuring them constantly (ideally laying flat with legs elevated). Clear the area of other children asking one to get another adult if you are alone. If the sufferer is unconscious get them into the recovery position
2. Send a responsible person to
 - **Collect individual's adrenaline auto injector** from reception in the main school or lodge.. Or emergency from dining room in main school or lodge kitchen
 - **Phone School Nurse on 07841 150152** (do not send child to Health Centre – School Nurse will come to you)

If a child/adult is having a reaction for the first time and is displaying symptoms of anaphylaxis do not delay and administer emergency adrenaline autoinjector (DoH guidelines updated May 2023)

How to administer an adrenaline auto injector

- Follow the instructions for administration that are written on the device
- Remove from container
- Remove blue tip (remember **blue to sky, orange to thigh**)
- Hold in dominant hand (**never have your thumb on the end**)
- Push firmly into child thigh for 3 seconds where their hand would naturally fall and where outside seam of trousers would be (can be given through clothing even denim)
- Remove pen and rub area for 10 seconds (**at no point will the needle be visible**)
- Call for an ambulance (**see school policy for calling an ambulance**)
- Monitor child and if symptoms persist another dose may be administered after 5 minutes (opposite thigh)
- **If the person stops breathing and/or has no pulse Resuscitation should be initiated**
- Note the time and give the used pen to the ambulance staff (each pen can only be used once)
- Ring the parents (and arrange to meet them at the hospital). The child will have to be observed in A&E several hours after the adrenaline is given
- If an adrenaline auto injector is given in 'error' eg. It wasn't needed. It will do the child no harm – it will just involve a visit to the hospital.

School trips

All pupils with a prescribed adrenaline auto injector must carry it with them on any school trip or offsite activity

. They should be signed in and out from the Reception or Lodge staff room.

DOH Guidance on the use of Adrenaline Auto Injectors in School (2017)

Allergy UK

www.sparepensinschool.uk (last update 01/09/21)

www.epipen.co.uk

Paediatric Immediate Life Support 3rd Edition (2016)

Asthma Policy

Pupils with asthma are encouraged to take part in all activities in the School. The aim of total normal activity is the goal for all affected pupils with asthma.

A list of all pupils with asthma is maintained by the School Nurses in the Health Centre. A copy can also be found on the notice board in the Main School Staff Room and the PE Office and with the inhalers in Reception. Lodge office contains information on Lodge pupils with asthma. The School Nurses will liaise with the pupil and parents to devise a Individual Health Care Plan (IHCP) for their Asthma management in School. The IHCP is updated annually or sooner if necessary.

It is the parent's responsibility to notify the school of any changes and to ensure their child has a labelled inhaler in school which is in date.

Health Care plans are kept in the Health Centre and in the relevant staff room (Main School or Lodge) for that particular pupil. IHCP's are also shared with staff on the Drive and are given to staff responsible for First Aid when going on trips. Boarding houses have IHCP's for their individual boarders as necessary.

Immediate access to a blue reliever Salbutamol inhaler is vital. The pupil either carries this with them following assessment for suitability, and with written parental consent, or it is kept in the pupils classroom (depending on the pupils age/ability). Unless prescribed by the School Doctor, pupils must have a medicine permission form for their medication completed by a parent. There is also a named spare in a labelled unlocked cupboard in reception.

In the event of the whole school being off site (for example walking to the church) the asthma inhalers will be carried by the pupil or given to the pupils Teachers to hold in

the event of them being needed. **If the pupil does not have their inhaler with them they cannot attend the trip.**

Boarding pupils with asthma receive an annual review with the Asthma Nurse at the Priory Surgery and are assessed on inhaler technique.

Emergency Inhalers

There are spare emergency inhalers in the PE Office, Swimming Pool, PE storage boxes, and all Boarding Houses. There is also an Emergency kit in reception and Lodge Office which includes:

- a Salbutamol metered dose inhaler
- 2 plastic spacers
- instructions on using the inhaler and spacer
- instructions on cleaning and storing the inhaler
- manufacturers information
- a checklist of inhalers with monthly recorded checks
- a list of pupils consented to use the inhaler
- a record of administration when it has been used

The emergency inhaler is only for use in the case of a suspected asthma attack by pupils when their personal inhaler is not available and we have received written consent from parents to use it.

The emergency Inhaler should not leave the school site

Recording use of inhaler and informing parents

Use of the Emergency Inhaler should be recorded (where the attack took place, pupil, how much medication given and by whom). Parents must be informed of administration in school

Staff training

Staff receive annual training on asthma including recognition and action in case of suspected asthma attack and location of inhalers and the Asthma Policy. The staff at Godstowe are all aware of practical asthma management. Annual training takes place on the September inset days. Further training can be given to staff taking a pupil with an inhaler off site and new staff as part of their induction.

A list of training received is kept in the Health Centre.

Maintenance of Inhalers

The School Nurses are responsible for maintaining the Emergency kit, Emergency inhalers and replacing inhalers when expiry dates approach. Out of date named inhalers are returned to the parent for disposal. The School Nurses return emergency inhalers to the pharmacy for safe disposal.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

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

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer (first prime inhaler, by spraying 2 puffs)
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

DOH Guidance on the use of Inhalers in Schools (2015)

Epilepsy Policy

Epileptic seizures are due to recurrent, major disturbances in the electrical activity of the brain. These seizures can be sudden and usually result in loss or impairment of consciousness.

Pupils who suffer with seizures are encouraged to participate in all activities within the school curriculum, unless otherwise stated by their GP/ parents/guardians. Advice may be given – for example the child may wear a different coloured hat whilst swimming to aid identification.

Symptoms

- Before a seizure, the pupil may have a brief warning (aura) which may involve a strange feeling or a bitter taste or smell.
- Epilepsy ranges from a simple absence – when the child appears to daydream but does not respond to his name to a seizure which can be recognised by one or more of the following symptoms:
 - Sudden unconsciousness often letting out a cry
 - Rigidity and arching of back
 - Lips may become blue and breathing may cease
 - Face and neck may become red and puffy
 - Convulsive movements may begin and the jaw may become clenched, saliva may be bloodstained, but this could be due to biting of the tongue
 - Incontinence
 - At the end of the convulsive movements, the muscles relax and consciousness is regained. The pupil may be unaware of what has happened.
 - He/she may feel tired and fall into a deep sleep.

Guidelines during a Convulsion

- Protect casualty from injury, which may involve helping him/her onto the floor if he/she falls, and possibly putting a cushion in place to help protect limbs when necessary. Do not move the casualty unnecessarily.
- Remove any sharp objects or hot drinks.
- Do not restrain compulsive movements. Loosen clothing around the neck
- Do not put anything in the casualty's mouth (including your fingers)
- Note the time the seizure started, how long it continues for, and any side effects.

Guidelines after a convulsion

- Roll the casualty on her/his side into the recovery position
- Stay with the casualty until consciousness is fully regained or until ambulance arrives

If any of the following apply, dial 999

- Unconsciousness lasting for more than 10 minutes
- Seizure continues for more than 5 minutes
- Repeated seizures or if this is the first seizure
- Casualty is not aware of any reason for this seizure

All staff receive annual training in Epilepsy, and new staff as part of their induction, if a pupil with epilepsy is at Godstowe.

Diabetes Policy

Diabetes Mellitus is a condition in which the body fails to produce sufficient amounts of insulin to regulate the body's sugar levels, normal blood sugar ranges between 4-7mmols.

Children who suffer from Diabetes are encouraged to participate in all activities within the school curriculum unless otherwise stated by their GP/ parents/ guardians.

Symptoms of Hypoglycaemia (LOW BLOOD SUGAR) include

- Weakness
- Feeling faint or hungry
- Palpitations
- Strange behaviour
- Sweating and feeling cold
- Deteriorating level of consciousness

IMPORTANT – Refer to pupil's Care Plan for specific signs and symptoms relating to that child. All diabetic children have a Health Care plan which is updated annually or sooner if required. The plan is developed through guidance from the child's specialist Diabetes Nurse with discussion with the child's parents. This is kept in the medical room and available for staff to access via the Drive.

If the child is showing any of the above symptoms contact the School Nurse (or parents if the School Nurse is unavailable) immediately.

When a Type 1 diabetic pupil is at the school an emergency bag containing fast acting glucose should be with them at all times to treat a hypoglycemic incident.

Symptoms of Hyperglycaemia (High blood sugar) include

- Fruity and sweet breath (Ketones)
- Excessive thirst
- Rapid breathing and pulse
- Drowsiness, leading to unconsciousness.

Guidelines

- Pupils are allowed to keep a supply of sugary foods e.g. biscuits, sweets and glucose tablets with them at all times.
- Staff will assist the child in monitoring their blood glucose levels with School Nursing support if required.
- Equipment for testing blood sugar levels is kept in the Health Centre, Lodge office or with the pupil with parental consent and competence of the child.

All staff receive annual diabetes training when diabetic pupils are at Godstowe during the September inset days. All new staff will receive training as part of their induction. Staff accompanying diabetic children on trips are offered additional training by the School Nursing team prior to the trips taking place.

Appendix 2

SELF MEDICATION FORM

Pupils Name:

Date of assessment:

Medication to be Self-administered:

Condition	Drug	Dose	Frequency

Procedure for assessment of pupil to self-medicate	Comment/ tick	Signature of Nurse completing assessment
Confirm identity of pupil		
Pupil understands reason for the medicine		
Dose and frequency (how much and how many times a day)		
Additional instructions i.e. with or after food etc.		

Length of treatment - continuous or course (i.e. number of days)		
Expiry date		
Advise against stopping without consulting Health Centre first		
Carry medicine with you or locked in safe - storage as appropriate		
Medicine prescribed for personal use – not to be shared		
Unused medicine to be returned to the Health Centre		
Additional medicines not to be used without checking instructions with Health Centre or Doctor		
Any questions?		
Permission to share information with boarding staff		

Pupil to inform boarding staff that medication is taken that day and boarding staff to record on medical tracker		
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