



## **MEDICAL POLICY**

**(Updated February 2020)**

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See HSE-RIDDOR information\HSE.pdf



## **LEGISLATION**

### **The Health and Safety (First Aid) Regulations 1981 set out what employers have to do.**

Employers must provide adequate and appropriate equipment, facilities and qualified first aid personnel.

The Regulations do not oblige employers to provide first aid for anyone other than their own staff, but employers do have health and safety responsibilities towards non-employees. The Health and Safety Commission (HSC) guidance recommends that organisations, such as schools, which provide a service for others should include them in their risk assessments and provide for them.

Where first aid is provided for staff and pupils, schools should ensure that:

- Provision for employees does not fall below the required standard
- Provision for pupils and other complies with other relevant legislation and guidance.

First aiders should complete a Health and Safety Executive approved course every three years. Ideally there should be one first aider for every 150 employees and pupils, and a first aid room for numbers over 400.

Under Early Years Foundation Stage requirements, at least one person on the premises and at least one person on outings must have a paediatric first aid certificate. It must be clear from the certificate that the course has covered first aid for children (with the words children, child or paediatric on the certificate).

### **GDPR Statement – medical records**

For the most part, personal data collected by the school will remain within the school, and will be processed by appropriate individuals only in accordance with access protocols (i.e. on a 'need to know' basis). Particularly strict rules of access apply in the context of medical records held and accessed only by the school nurse, or otherwise in accordance with express consent; and pastoral or safeguarding files.

However, a certain amount of any SEN pupil's relevant information will need to be provided to staff more widely in the context of providing the necessary care and education that the pupil requires.

Staff, pupils and parents are reminded that the school is under duties imposed by law and statutory guidance (including Keeping Children Safe in Education) to record or report incidents and concerns that arise or are reported to it, in some cases regardless of whether they are proven, if they meet a certain threshold of seriousness in their nature or regularity. This is likely to include file notes on personnel or safeguarding files, and in some cases referrals to relevant authorities such as the LADO or police. For further information about this, please view the school's Safeguarding Policy.

Finally, in accordance with Data Protection Law, 2018, some of the school's processing activity is carried out on its behalf by third parties, such as IT systems, web developers or cloud storage providers. This is always subject to contractual assurances that personal data will be kept securely and only in accordance with the school's specific directions.



## **MEDICAL POLICY (Feb 2020)**

### AIMS

1. To give a high quality of pastoral care and medical support to all pupils and staff with medical needs in the school and keep parents informed when necessary.
2. To provide First Aid for any casualties when children are present and to provide guidance for all staff and pupils in the school regarding the procedure for First Aid.
3. To be involved where appropriate in Health Promotion and Health Education in school and seek to prevent staff and pupils from placing themselves at risk.
4. To ensure that all protocols and procedures are adhered to on a day to day basis and as well as in an emergency.
5. To ensure that all records are kept up to date and in accordance with the NMC guidelines.

### IMPLEMENTATION

Objectives: It is the school's intention to achieve these aims by the following:-

1. The School Nurse is a qualified nurse and is on duty in the Medical Room or on the school premises between the hours of 9.00am and 4.00pm Monday to Friday. The Medical Room is fully stocked and has a bed and toilet should anyone need to be accommodated while waiting for a parent to collect. The internal extension number of the surgery is 333.

If in an emergency the school nurse is not in the Medical Room she is contactable on a walkie talkie via central control in the reception area. When the school nurse is not on the premises for any reason, the school office will identify the Appointed Person/First Aider on duty who will have access to the Medical Room (key in Reception office) for any First Aid equipment and who will record all incidents in the medical diary.

2. By ensuring that an appropriate number of qualified First Aiders is maintained, including the PE and Games staff. All staff supervising swimming must have current life-saving qualifications. A list of First Aiders is included in the policy.
3. By ensuring that all staff are aware of their roles, accountability and responsibilities in respect of Health and Safety and are kept updated on First Aid Procedures.
4. By ensuring that members of staff know where First Aid boxes are located, and that all First Aid boxes are checked regularly and missing or used items are replaced. The school nurse is responsible for the First Aid boxes and she must be informed if there are any problems.
5. All PE and Games staff who travel with teams to other schools are issued with their own First Aid kit and these should be taken whenever the member of staff goes off the school premises with a team.



6. By providing information as necessary through the school nurse on how to care for those with specific health problems. It is the school nurse's responsibility to keep herself and the teaching staff up to date with any specific individual health care needs of pupils within the school.
7. By ensuring that a confidential record on the database on each child is available which includes any special medical needs and that this is available, either through the school office, the school nurse's Medical Room and the Essential Information folders. All teaching staff should make themselves aware of the specific medical needs and disabilities of those whom they teach.
8. By ensuring that a confidential list of children with allergies and severe medical conditions is available in the staff rooms, the office, the surgery and the kitchen, and that all staff receive training in the use of Epipens.
9. Parents of all new pupils are required to complete an Essential Information Form providing a brief health summary, if appropriate. The school nurse will liaise with parents as necessary.  
Current parents are asked to review and amend this information annually.  
The following information must be completed as thoroughly as possible:-
  - a) Parents' address and telephone numbers including mobile telephone numbers where possible.
  - b) An emergency contact number should both parents be unavailable.
  - c) Relevant medical conditions and up to date details of treatment. Particularly in the case of asthmatics, please see Asthma Policy
  - d) Signed permission to administer certain over the counter medications, those permitted should be individually ticked and signed at the bottom of the form (See Administration of Medicines).
  - e) Any changes to a child's medical status or any essential information should be reported to the school nurse so that the optimum care can be given.
10. The school ensures and facilitates the school nurse in her continued professional development in order to keep her registration with the NMC current and training up to date in the relevant fields of practice. (Revalidation Process from April 2016)



## **APPOINTED PERSONS**

It is the policy of Rose Hill School to provide first aid to anyone who becomes unwell or is injured within the school, or when involved with school related activities and to ensure that the school complies with Health and Safety Regulations and good practice. **This policy is applicable to all pupils, including those in the EYFS.**

### **School provision**

For first aid provision to be effective the school will take into account the following factors with o-going review:

An adequate number of trained first aiders

First aid equipment

Risk assessments for each activity/trip

Risk assessments for the number of people on site

Organisation of first aiders

Display of first aid information and how to obtain help

The School Nurse is on duty between 09.00 and 16.00, Monday to Friday during term time, she should be called to examine any injured person and give such treatment as appropriate or possible.

In the event of the School Nurse not being available, the First Aider appointed to cover should be contacted via the school office.

Within Early Years setting at least one person on the premises and at least one person on outings holds a paediatric first aid certificate.

All staff should make themselves aware of the location of the First Aid boxes. A list of these and their contents is available in the Medical Room – see attached list.

Disposable gloves should be worn by any member of staff who has to deal with bleeding or spillage of body fluids and the gloves and any contaminated material disposed of safely afterwards in a sealed Biohazard plastic disposal bag. Gloves can be found in every First Aid box and also in the Pre-Prep staff room and Medical Room.

In the event of an accident, injury or medical emergency the following steps should be taken to ensure that the correct help is given as quickly as possible:-

- 1) In the event of an obvious medical emergency an ambulance should be called immediately.
- 2) The injured person should not be moved if there is any suspicion that doing so could exacerbate his or her injuries.**
- 3) The school nurse should be called to examine the injured person or if the nurse is unavailable, the nearest available First Aider should be contacted.
- 4) If hospital treatment is necessary either an ambulance needs to be called or if a member of staff uses his or her own car to take an injured person to hospital,



consideration should be given to the need for another responsible adult to accompany the driver.

- 5) Essential information regarding the injured person and any details of the event must be taken to the hospital with the person.
- 6) The parent(s) or guardian must be contacted as quickly as possible and asked to join their child at school or hospital as appropriate. Members of staff should not wait for parents to arrive to take pupils to hospital unless they are certain that treatment is not urgently required.
- 7) The school nurse or an appropriate member of staff must accompany pupils to hospital if parents have not arrived in time to do so. The member of staff accompanying a pupil should wait at the hospital until the pupil's parent or guardian arrives
- 8) In the event of an accident or medical emergency occurring on the premises outside school hours the same procedure should be put into action and it is the member of staff responsible for the activity or the nearest First Aider who should ensure the correct procedure is adhered to.

### **Recording of Accidents**

All significant injuries and accidents to staff, pupils or visitors must be recorded in the Accident Book B1 510 issued by the Health and Safety Executive.

This Accident book is kept in the Medical Room and it is the responsibility of the member of staff attending the incident either on site or away at matches or trips, to complete the Accident Book. In the holidays the Accident Book will remain in the Medical Room.

It is a statutory requirement to report serious accidents to the Health and Safety Executive, including those resulting in death or major injury and those which prevent the injured from doing their normal work for more than three days (RIDDOR). We follow the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) and complete form F2508 accordingly or call 0845 300 9923 for advice. See appendix "What is Reportable". HSE.

The School Nurse sits on the Health and Safety Committee where she presents Risk Analysis input from the term or more frequently if appropriate.

All incidents, therefore, however minor should be recorded in the diary by the School Nurse or if attended by another member of staff, should be recorded and the record given to the School Nurse at the earliest opportunity.

They are then recorded on each pupils' individual file/medical notes on Engage.

All parents receive either a general injury letter or a head injury letter to inform them of their child's injury and where appropriate the parents will be telephone accordingly. In EYFS parents are asked to sign the individual record kept in the classroom in the individual class files of the incident/injury to acknowledge reporting. EYFS parents must be informed of any accident or treatment given.



**FIRST AIDERS**

(Health and Safety First Aid Regulations) (1981)

The following are Full First Aiders (holding 3 day First Aid and Safety at Work Certification)  
FAW – HSE First Aid Regulations 1981

**FULL FIRST AIDERS (3 DAY FIRST AID & SAFETY AT WORK CERTIFICATE)**

Anthony Horner	IT MANAGER
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**PAEDIATRIC – FIRST AID CERTIFICATE (2 DAYS)**

Jill Spillar (Oct 18)	
Carol Whatman (September 2017)	

THE FOLLOWING HOLD 1 DAY EMERGENCY FIRST AID AT WORK CERTIFICATE (EFAW)

<b>PRE-PREP</b>	<b>PREP SCHOOL</b>
Jan Cooper	Barry Izzard
Helen Finch	Philippa Lang-Daly
Wendy Izzard	Jane Morgan
	Imogen Scarbrough
<b>GROUNDS &amp; MAINTENANCE</b>	
Ken Pullin	
<b>PLAYGROUND SUPERVISORS</b>	<b>OFFICE/RECPETION</b>
Philippa Sykes	Kathryn Clark
Liz Saw	
<b>CATERING STAFF</b>	<b>MINIBUS DRIVERS</b>
Yasmin Mant	Neil Rosser

Training undertaken September 2019. Appointed persons required to update their training every 3 years.



## Location of First Aid Equipment

First Aid kits are located in the following areas:

### **LOCATION**

Medical Room

Pre-Prep Staff Room (EYFS)

Reception

Kitchen

Science Lab

Year 8 Common Room

Sports Hall

DT Room

Art Room

Cricket Pavilion

Toy Shed

Grounds and Maintenance Building

Minibuses – in each minibus

3 larger sports First Aid bags for matches with games staff. 2 further large first aid bags in Medical Room for residential trips and home matches. Small first aid 'bum bags' are located in the Medical Room for school trips.

The School Nurse is responsible for checking and restocking all first aid kits on a regular basis. Heads of Department in areas where boxes are located are also asked to notify the Nurse if supplies are required.



## CONTENTS OF FIRST AID KITS

To comply with current first aid regulations the contents of the first aid kits are listed below (British Standard 8599-1 2011):

- Guidance leaflet
- Medium sterile dressing
- Large sterile dressing
- Triangular bandage
- Safety pins
- Eye pad sterile dressing
- Sterile adhesive dressings
- Alcohol free sterile cleansing wipes
- Adhesive tape
- Nitrite disposable gloves (pairs)
- Finger sterile dressing
- Resuscitation face shield
- Foil blanket
- Eye wash
- Burn dressing
- Shears
- Conforming bandage

Please ensure that the kit is accessible to all staff.

The contents of the kits are regularly checked and recorded – sufficient back-up supplies are available on site.



### Use of Automated External Defibrillator (AED)

Rose Hill School AED protocol provides guidelines for the use and care of the Medtronic LIFEPAK CR Plus Automated External Defibrillator (Semi automatic model). The AED is applied to patients that are unconscious and not breathing. When electrodes are applied to the patient's chest, the AED will analyse the heart rhythm and will indicate if the heart has a shockable rhythm. If a shockable rhythm is detected the AED will deliver a shock (user will be instructed to press the red shock button) through the electrodes attached to the chest.

### Indications for Use.

The LIFEPAK CR Plus Defibrillator is indicated for use on patients in cardiac arrest. The patient must be unresponsive (unconscious) and not breathing normally. With Infant/Child reduced energy defibrillator electrodes, the LIFEPAK CR Plus AED can be used on children up to eight years of age (or 55lbs). These Infant/Child electrodes are located with each of the AED devices.

### Staff trained in use of LIFEPAK CR Plus Defibrillator.

Key Staff Members attended 3 hour accredited AED training (March 2016)

- Juliet Makinson                      School Nurse
- Sally Ann Spence                      Pre Prep & Games Dept
- Simon Hinchliffe                      Head of Boys Games/PE
- Kira Boulton                              Games Dept
- Catherine Groves                      Games Dept
- Yasmin Mant                              Catering Dept
- Amanda Wren                              Head of Girls Games

### Location of AEDS

AED (Defibrillator) 1 – Main Reception area.

AED (Defibrillator) 2 - Sports Hall Atrium area.

### Maintenance & Cleaning of AEDs

The Defibrillator performs an automatic self-test once a week and each time it is turned on. On a weekly basis the following checks are performed and documented accordingly by the School Nurse:

- ❖ Check to make sure the OK symbol is visible.
- ❖ Check the Use By Date on the electrode packet which is visible in the upper right hand corner of the clear lid. If the date has passed, replace the electrode packet and the CHARGE PAK.
- ❖ Check other supplies that are stored with the defibrillator, Infant/Child electrode pads date and resuscitation kit.



- ❖ Lifepak CR Plus exterior case, readiness display and crevice may be cleaned with a damp sponge or cloth. Acceptable cleaning agents include a non-abrasive soap.

## **AUTOMATED EXTERNAL DEFIBRILLATOR (AED) POLICY**



## **LIFEPAK CR Plus DEFIBRILLATOR**

The UK Resuscitation Council recommends that Automated External Defibrillators (AED) are situated in areas of higher population flow. Given that the chances of survival decline at a rate of 7-10% with each minute of delayed treatment after a cardiac arrest, Rose Hill has acquired *two* AED machines.



*An AED is situated Outside the Sports Hall and in the Reception Area*

Any staff member who has been trained to use an AED (through the school or externally) may use the machine provided they feel confident and competent to do so. However, in an emergency situation where there is no trained person present, any untrained person may also use the AED and should follow the instruction sheet.

### **What is an AED?**

Ventricular fibrillation is the most common cause of cardiac arrest. This is a rapid and chaotic rhythm leaving the heart unable to contract and therefore unable to pump oxygenated blood to the brain and the rest of the body. Defibrillation is a controlled electrical shock to stop the lethal ventricular fibrillation. The sooner the shock is provided, the greater the chance is of survival. Death occurs within minutes of ventricular fibrillation starting so it is vital that the AED arrives to the casualty within a target of 5 minutes.

The AED is a sophisticated, reliable, safe, computerised device that delivers defibrillatory shocks to a person in cardiac arrest. It uses voice prompts to guide the user, and is suitable for use by both lay rescuers and healthcare professionals.

The AED analyses the casualty's cardiac rhythm, determine the need for a shock, and then deliver a shock where appropriate. The voice prompts will deliver a step by step guide on what action to take including when to perform manual CPR.

### **When should the AED be used?**

An AED should be applied to any casualty who is unconscious and not breathing.

### **Sequence of actions when using an AED**

1. Make sure the casualty, any bystanders, and yourself are safe from hazards. If two rescuers are present, assign tasks.
2. If the casualty is unresponsive and not breathing:
  - Send someone for the AED and to call 999 or 112 for an ambulance.
  - If you are on your own do this yourself; you may need to leave the casualty.
3. Start CPR according to the guidelines for Basic Life Support
4. As soon as the AED arrives:
  - Place the AED near the casualty's head and switch on the AED.
  - Attach the electrode pads. If more than one rescuer is present, continue CPR whilst this is done.
  - Follow the voice / visual prompts.
  - Ensure that nobody touches the casualty whilst the AED is analysing the rhythm.
5. If a shock is indicated:
  - Ensure that nobody touches the casualty.
  - Push the shock button as directed.
  - Continue as directed by the voice / visual prompts.
6. If no shock is indicated:



- Immediately resume CPR using a ratio of 30 compressions to 2 rescue breaths.
- Continue as directed by the voice / visual prompts.

7. Continue to follow the AED prompts until:

- qualified help arrives and takes over
- the casualty starts to breathe normally,
- or you become too exhausted to continue.

### **Attaching the electrode pads**

The casualty's chest must be sufficiently exposed to enable correct electrode pad placement so clothing will need to be opened (buttons) or cut with the scissors. Chest hair may prevent the pads adhering to the skin and interfere with electrical contact. Shave the chest only if the hair is excessive, and even then spend as little time as possible on this.

In the AED accessory bag you will find scissors, a razor and a towel to wipe the chest dry enabling good attachment of the pads.

The AED pads are labelled and show a diagram for correct placement. With female casualties try to avoid breast tissue by moving the breast aside when placing the electrode pad. Remove wired bras.

### **Paediatric Casualties Aged 1-8yrs**

In the AED accessory bag you will find paediatric electrode pads which are recommended for children 1-8 years of age. If these are not available, use the adult pads

### **Special Circumstances**

- If the casualty is in water, move to a dry surface and dry chest.
- If there is a lump/bump (implanted pacemaker), do not place pad over the area. Put the pad on the opposite side.
- In the case of a medication patch in the area, remove it and wipe the skin.

### **Training**

A 2 hour training course consisting of basic life support and use of the AED machine is recommended. It is the responsibility of the *School Health and Safety Coordinator/School Nurse* to ensure that sufficient staff are trained on each site. It is advisable that skills should be maintained through annual refreshment.

### **Maintenance of AED**

The expiry date of the AED cartridge (electro pads) and the battery must be clearly noted so that replacements are available in good time. Weekly checks should be done and recorded in a maintenance log. It must be checked that the OK sign is visible on the machine and that all the accessories are present and in date in the accompanying accessory bag. On each occasion the checks must be noted: See attached check list.

The School Nurse will be responsible for weekly checks and replacing missing and expired items. In her long term absence there should be a nominated member of staff eg Bursar.



### After using the AED

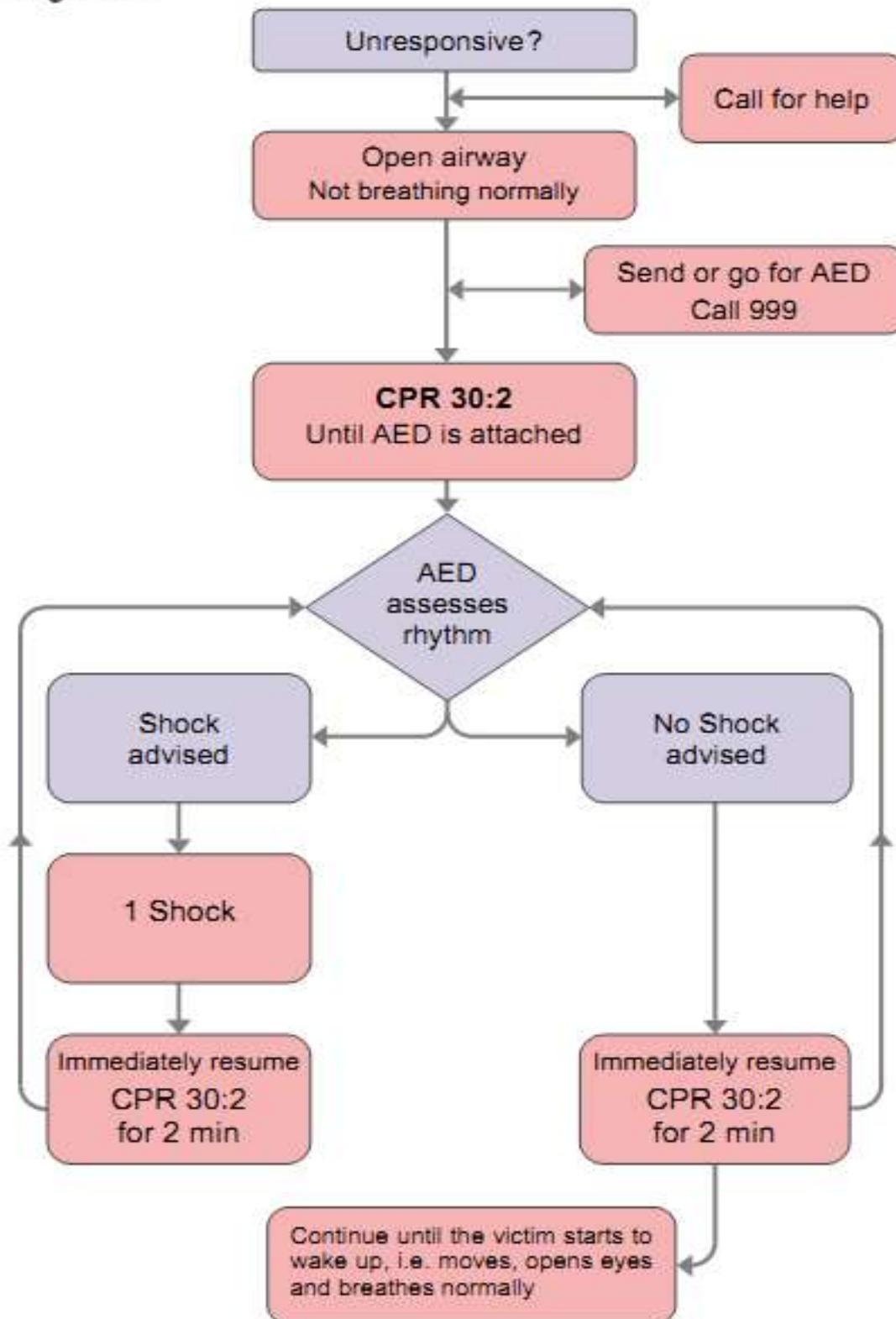
1. If the AED is turned on, press and hold the ON-OFF button for approximately 2 seconds to turn it off.
2. Clean the AED and its accessories.

Item	Cleaning method	Cleaning agent
Exterior case, readiness display, and crevices	Clean with damp sponge or cloth	Nonabrasive soap and water Quaternary ammonium compounds Rubbing (isopropyl) alcohol Peroxide solutions
CHARGE-PAK battery charger	None	None, dispose of/recycle after use
Electrode pads	None, do not remove electrode pads from the packet	None, dispose of/recycle after use
Carrying Case	Wipe with damp cloth or sponge	Water
Quick reference card	Wipe with damp cloth or sponge	Water

3. The School Nurse must inform the Ambulance Service Community Defibrillator Officer that the AED has been used and he should attend and download the information.
4. Replace the CHARGE-PAK battery charge.
5. Install a new QUIK-PAK electrode packet.
6. Close the lid and verify that the OK symbol appears in the readiness display, indicating that the defibrillator is ready for use.  
If the attention symbol  appears after you replace the battery charger, the internal battery needs additional time to reach an adequate charge capacity.
7. Dispose of the used electrode pads, any unused spare electrode pads, and the battery charger.



### AED algorithm





**QUICK REFERENCE**

**Basic Steps for Using the LIFEPAK CR Plus Defibrillator**

Responding to an SCA (Sudden Cardiac Arrest) emergency using the defibrillator involves these basic steps:



Determine if the casualty is in SCA. A person in SCA will not respond when you try to shake him or her.

Check for breathing by listening next to the casualty's mouth and looking for chest movement.



Use your defibrillator only if the casualty is not responding, not moving, and not breathing normally or not breathing at all.

If in doubt, use your defibrillator.

Place your defibrillator near the casualty and on the side next to you. Press the ON/OFF button to open the lid and turn on your defibrillator. Remain calm.

Your defibrillator will guide you through the defibrillation process.



Expose the casualty's chest. If the chest is excessively hairy, quickly shave the hair in the area where you will place the pads. If the chest is dirty or wet, wipe the chest clean and dry. If there are medicine patches on the casualty's chest, remove them. A wired bra should be cut/removed as the metal may interfere with the shock delivered.



Hold down the left side of the electrode packet with one hand and pull the red packet handle down with the other.

The electrode packet tears open.

Tear open the packet completely to remove the pads. A small piece of the packet will remain attached to your defibrillator.

**Using the Defibrillator**



Separate the electrode pads, one at a time, from the blue plastic. Use these pads on adults or children 8 years of age or more, who weigh 25 kg (55 pounds) or more.

For infants or children who are less than 8 years of age or who weigh less than 25 kg (55 pounds), special electrodes are needed.

**WARNING!**

**WARNING!**

If you cannot determine a child's age or weight, and continue on to the next step.

**Warning!** If you cannot determine a child's age or weight, or if special infant/child electrodes are not available, proceed with the existing electrode pads and continue on to the next step.



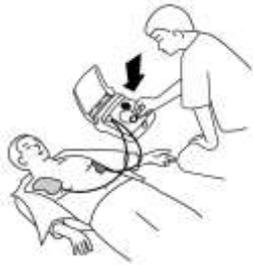
Apply the electrode pads to the casualty's bare chest (exactly as shown in the picture on the pads). Be sure to press firmly so that the pads completely adhere to the casualty's chest.



**Note:** Be sure you do not place the electrode pads over an implanted device such as an implanted pacemaker or ICD. An indication of an implant is a protrusion in the chest skin and a scar. If you are in doubt, apply the pads as shown on the labels.



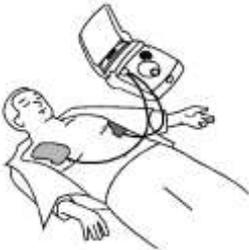
Listen to voice instructions and do not touch the casualty unless instructed to do so.



If the defibrillator heart rhythm analysis determines that a shock is needed, the defibrillator will announce *PREPARING TO SHOCK*, and then instruct you to *PRESS FLASHING BUTTON* to administer a shock (semiautomatic model) or it will announce *PREPARING TO SHOCK*, and then automatically administer a shock without requiring further action (fully automatic model).

Do not touch the casualty while a shock is delivered.

Continue to follow the voice instructions.



Do not remove the pads or disconnect them from the defibrillator until emergency medical personnel arrive. If the casualty starts moving, coughing, or breathing regularly, place the casualty in the recovery position (as instructed in CPR training) and keep him or her as still as possible.

*Taken from LIFEPAK CR Plus Defibrillator Operating Instructions.*



# LIFEPAK CR PLUS DEFIBRILLATOR USER'S CHECKLIST

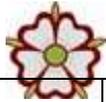
Unit Serial Number \_\_\_\_\_

Department / location \_\_\_\_\_

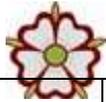
Instruction	Recommended Corrective Action	Date							
		Initials							
1 Check readiness display for: <b>OK</b> indicator <b>CHARGE-PAK</b> indicator <b>ATTENTION</b> indicator <b>WRENCH</b> indicator	None Replace CHARGE-PAK Battery Charger & QUIK-PAK Electrode Packet Refer to operating instructions Contact authorised service personnel								
2 Check Use By Date on all Electrode Packets	Replace electrode packet and CHARGE-PAK if date passed								
3 Check additional supplies	Replenish as needed								
4 Check defibrillator for: Damage or cracks Foreign substances	Contact authorised service personnel Clean the device								
5 Other									



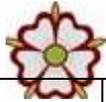
Risk Assessment: Use of Automatic External Defibrillators (AED)						Date: May 2016		
Assessor: Juliet Makinson						Re-assessment date: September 2016		
Hazard	Why is this a risk?	Who is at risk?	Severity 1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic	Existing Control Measures	Likelihood 1 = Improbable 2 = Conceivable 3 = Likely 4 = Probable 5 = Certainty	Risk Rating Severity x Likelihood	Acceptable Tolerable Action Required (9+) Prohibited (See H&S Oracle)	Improvements /Action Required
Use on a casualty who does not need to be 'shocked'	No risk – AED assesses casualty and only 'shocks' if required	No-one	0	Design of AED	0	0	N/A	
Use by an untrained person	Person may not know how to use the AED. correctly	Casualty – If AED not used correctly it might not work & person might not survive	4	Survival rate increased if AED is delivered promptly & used correctly <ul style="list-style-type: none"> <li>AED gives audible &amp; visual instructions</li> <li>AED will not 'shock' if a normal heart rhythm is detected.</li> <li>Schools train many staff to be first aiders (ensure course includes use of AEDs)</li> <li>Schools give AED familiarisation sessions to all staff, e.g. at inset training days.</li> </ul>	1	4	Acceptable	School staff need to familiarise themselves with school's AEDs – they are fully automated (AED gives shock) (NOT semi-automatic - operator presses button to give shock)



Incorrect placement of pads	Shock not effective	Casualty - If AED not used correctly it might not work & person might not survive	• 4	<ul style="list-style-type: none"><li>• Clear pad diagram shows correct placement of pads</li><li>• Razor (in attached kit ) to shave casualty's chest if hairy – only shave required area for pad</li><li>• Remove metal necklaces and underwire bras. The metal may conduct electricity and cause burns. Cut the center of the bra and pull it away from the skin</li><li>• If the casualty is wearing a medication patch that's in the way, remove it and clean the medicine from the skin before applying the sticky pads (wipes in attached kit)</li><li>• Check the casualty for implanted medical devices, eg a pacemaker (The outline is visible under the skin on the chest, and the casualty may be wearing a medical alert bracelet.) Also check for body piercings. Move the defibrillator pads at least 1 inch away from implanted devices or piercings so the electric current can flow freely between the pads</li></ul>	1	4	Acceptable	
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<p>Electrocution and/or burns to people other than the injured person</p>	<p>Person using AED and bystanders may not realise importance of ensuring they have <u>no</u> contact with injured person when they are 'shocked'. This includes contact via wet surfaces, metal floors etc.</p>	<p>Person using AED and bystanders</p>	<p>3</p>	<ul style="list-style-type: none"> <li>• AED gives audible &amp; visual instructions on how to use it including clear warning to 'stand back'.</li> <li>• AED Operator takes control of situation and ensures all bystanders stand clear of the casualty</li> <li>• Schools train many staff to be first aiders (ensure course includes use of AEDs)</li> <li>• Schools give AED familiarisation sessions to all staff, e.g. at inset training days</li> <li>• As long as there is no direct contact between the user and the casualty when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a shock.</li> </ul>	<p>1</p>	<p>3</p>	<p>Acceptable</p>	
<p>Paediatric pads not available</p>	<p>Inappropriate shock could be delivered</p>	<p>Child casualty</p>	<p>2</p>	<ul style="list-style-type: none"> <li>• Standard AED pads are suitable for use in children older than 8 years</li> <li>• Special paediatric pads, that attenuate the current delivered during defibrillation, should be used in children aged between 1 and 8 years if they are available</li> <li>• If no paediatric pads are available, adult pads should be used</li> <li>• The use of an AED is not recommended for children aged less than 1 year.</li> </ul>	<p>2</p>	<p>4</p>	<p>Acceptable</p>	



Rose Hill School

<p>Electrocution and/or burns to injured person</p>	<p>Casualty unconscious so unaware of what is happening to them – completely dependent on capability of rescuer</p>	<p>Casualty</p>	<p>3</p>	<ul style="list-style-type: none"> <li>• Before using an AED, check for puddles or water near the person who is unconscious. Move him or her to a dry area, and stay away from wetness when delivering shocks (water conducts electricity). Dry the casualty's chest if wet (tissue in the attached kit)</li> <li>• Remove metal necklaces and underwire bras. The metal may conduct electricity and cause burns. Cut the center of the bra and pull it away from the skin</li> <li>• Ensure any supplemental oxygen is at least one metre away from casualty before delivering a shock (remove oxygen face mask if one in use)</li> </ul>	<p>1</p>	<p>6</p>	<p>Acceptable</p>	
<p>AED not maintained adequately</p>	<p>Batteries and pads may be out of date</p>	<p>Casualty</p>	<p>4</p>	<p>School nurse ensures that batteries and pads are changed at appropriate intervals – generally every two years. (Reminder alerts can be set up on Outlook Calendar)</p> <p>Weekly visual checks are made and recorded</p> <p>If AED kept outside a building it may be necessary to store in a heated cupboard as most AED's should not be in temperatures below -0c degrees. (check with the manufacturer)</p>	<p>1</p>	<p>4</p>	<p>Acceptable</p>	



Rose Hill School

AED has a fault	AED won't work	Casualty	4	School nurse ensures that AED is checked and serviced in accordance with manufacturer's instructions	1	4	Acceptable	
Trainer AED used instead of functional AED	Trainer AED does not deliver a shock	Casualty	4	Ensure that a trainer device and actual AED are not stored in the same place so that the functional AED is always used.  AED signage should be prominent to ensure prompt access	1	4	Acceptable	
Inaccessible AED or storage place not known	Survival rate increases significantly when AED is used promptly.	Casualty	4	Signage ( preferably UK standardised AED sign) around school clearly identifying where the AED is stored. Ideally AED should be near a telephone as this speeds response and return to the casualty  AED should <u>not</u> be stored in a locked cabinet. If it is necessary to lock the cabinet the key should be easily accessible eg in a smash glass cabinet next to the AED.  Consideration should be given to location of AED within the school taking into account after school functions	1	4	Acceptable	



## **CALLING AN AMBULANCE**

In the event of a life threatening emergency, the first aider must summon an ambulance.

- Dial 999
- When asked which service is required, state clearly 'Ambulance'
- When put through to the ambulance control, state clearly what the emergency is and whether or not the casualty is breathing.
- Listen to the operator and follow instructions given. Do not hang up the telephone until you are told to do so.
- Give the operator your exact location eg Astroturf, Science Lab, Swimming Pool
- Give your telephone number to the operator.
- Send a runner to the main school gate to wait for the ambulance and to direct the crew to the casualty. Inform the school office.
- If the casualty's condition worsens, it is acceptable to call the emergency services back.
- If a decision is made by the ambulance control to send an air ambulance, ensure that the school office informs the Bursar if it is within normal school hours, so that an appropriate area can be kept clear for the helicopter to land.



## **INFECTION CONTROL**

### **Universal precautions**

Body fluids include blood, urine, vomit and faecal matter. All must be regarded as potentially infectious and dealt with in a safe and effective manner

#### **Spillage**

##### Procedure

- In the event of blood loss or vomiting the School Nurse must be informed immediately to provide the appropriate treatment to the affected person.
- The area of the incident should be made safe by the first member of staff at the scene using warning signs if necessary. Where appropriate the spillage may be covered with disposable towels.
- The cleaning staff (via the Maintenance Department) should be notified
- Disposable personal protective equipment (PPE), such as gloves and aprons, is available in the Medical Room, as are disinfectant solutions.
- The spillage must be cleared at the earliest opportunity. The area should be covered using the spillage compound available
- This should be sprinkled over the spillage ensuring absolute coverage.
- Allow 90 sec approximately before scooping debris into a suitable disposable bag - preferably a yellow clinical waste bag
- Any paper towels or similar should be sealed in a plastic rubbish bag, together with any PPE used. Disposal of infected or potentially infected material is through the Health Centre and according to Local Authority guidelines.
- Following cleaning with disinfectants the area may subsequently be washed in the normal manner, and left to dry, using warning signs where necessary.
- Cleaning equipment must be washed after use and stored dry.

#### **Clinical waste**

Clinical waste is placed in a designated waste container that meets regulations and the bags are disposed of via a regular collection by the company that provides them. Sharps and contaminated sharps are disposed of in a designated bin and disposed of as above.



## IDENTIFICATION OF PUPILS WITH SPECIFIC HEALTH NEEDS

- Pupils with particular medical conditions for example asthma, epilepsy, diabetes and disabilities are given suitable support and activities are adapted as appropriate.
- Individual health care plans are drawn up for pupils who either have long term medical conditions or conditions that can require swift emergency medication. The plans identify the safety measures necessary to support pupils with medical needs and ensure that they and others are not put at risk. They also identify any support needed by the school e.g. staff training.
- Parents are involved in the care plan process and are asked to regularly update the School Nurses with any changes to treatment or hospital or clinician visits
- The Nurses work closely with the Teaching Staff to ensure holistic care and support as need is provided
- It is the responsibility of teachers in charge of educational trips (day and residential) to identify those children with specific individual health care needs and include them accordingly in their risk assessments. (In accordance with Supporting Pupils at School with Medical Conditions D.o.E September 2014).

## DEALING WITH CHILDREN WHO ARE UNWELL IN SCHOOL

1. Parents are asked not to send a child who is feeling unwell in to school. Children should be kept at home if they have:
  - a) Diarrhoea and/or vomiting and should not return to school until they have been symptom-free for 48 hours.
  - b) Have a temperature.
  - c) Have unexplained/undiagnosed rash or spots on the body or face.
  - d) Red and discharging eyes indicating possible conjunctivitis, (in this case treatment should have been in progress for at least 24 hours before a child returns to school as this condition is very contagious).
2. If a child becomes unwell while in school, or requires medical treatment, he/she must obtain permission from a teacher or other duty staff member before going to the Nurse. The child should be accompanied to the surgery. The parents/carers will be telephoned.
3. If an accident occurs, the procedures for 'Accidents' and 'Head Injuries' should be instigated.
4. Any visits for medical reasons by children to the school nurse are recorded in the daily diary and also on an individual child's health record which is attached to their Essential Information form and filed in the filing cabinet located in the surgery.



5. Over the counter medications for common ailments are kept in the surgery. The School Nurse, or in her absence, the appointed first aider will administer such medicines checking parental permission granted on the Essential Information Forms. Written confirmation of administration or any medication is sent home detailing which medication/dosage/timing/reason for administration. All medicines given will be recorded on the Medication Administered Form, which is kept in the filing cabinet.
6. If a child has a temperature, is sick or has diarrhoea and is assessed by the nurse as not being well enough to continue the day at school then the parents will be contacted and asked to collect their child.
7. Parents are requested not to send their children into school with medication either in their pocket or school bag. All prescribed medicines should be handed in at the office and kept safe and administered by the nurse or allocated first aider.
8. The school nurse can be contacted via the school e-mail address [juliet.makinson@rosehillschool.co.uk](mailto:juliet.makinson@rosehillschool.co.uk) or by phone 01892 525591 Ext 333. Any changes to children's health should be reported to her to enable us to care for the children appropriately.



## **CONFIDENTIALITY WITHIN THE MEDICAL ROOM**

The Medical Room provides a safe environment where the school nurse can have private consultations with pupils and staff (about pupils).

All consultations with the school nurses are treated as confidential. All records both written and electronic are kept securely and accessed by the school nurse only. However, secretarial staff may be given access to some medical information in order to prepare relevant documents and lists for the nursing staff. Some IT staff will also have access to confidential information. All staff that have access to medical information have a confidentiality clause written into their employment contract.

There are occasions when other members of staff need to be aware of a pupil's medical condition, for example in cases of severe allergies or asthma. Staff can access this information via the Medical Database. Parents give consent for this limited sharing of information, in their child's best interest, on the Medical Questionnaire.

Parents of pupils going out on school trips (both day and residential) must complete consent forms which are given directly to the teachers involved, detailing any medical issues. This will prevent the need for any possible breaches of confidentiality from the nursing staff.

If a pupil or member of staff is sent home by the nursing staff, for safety reasons they must inform the Head or deputy head, the office and any other relevant staff, but without divulging any confidential medical details.

If requested, names and times of people having consultations with the nurse may be given to senior management, but without any confidential medical information including the reason for the consultation.

The nurse will meet with senior teachers/ managers on a regular basis to discuss pastoral concerns of any pupils. It is recognised that although it is desirable for teaching/pastoral staff to be aware of any social issues, nurses are still bound by their code of confidentiality, and must be mindful of this when sharing information.

If the nurse feels that the pupil has raised an issue where they would benefit from support from their teachers or parents, they will strongly encourage them to give consent for the nurse to discuss it and also for the pupils themselves to open with their parents, with support if necessary.

If the nurse feels it is in the child's best interest to breach their confidentiality, for example in cases of safeguarding concerns or bullying, then they must inform the pupil prior to disclosing any confidential information to other staff or parents. The nurse must be aware that she may need to justify these actions at a later date to the NMC and/or a court of law.

This policy is written with guidance on confidentiality from the Nursing and Midwifery Council (The Code, 2015), as well as D of E guidelines; Working Together to Safeguard Children (2018) and Keeping Children Safe in Education (September 2019).



## Educational Visits

- For all educational visits parental consent which includes medical consent must be obtained up to 2 weeks prior to the departure via an online (Wufoo) permission form.
- Hard copies of medical information and emergency contacts will also be provided prior to departure and these must be returned to the school office for shredding (GDPR) on return of the trip.
- Prior to a trip's departure, the trip leader must appoint a member of staff in charge of first aid and arrange to meet with the school nurse for information and copies of any pupils with specific medical needs (IHCP).

*Pupils with IHCPs must be taken into account during the planning of any trip, risk assessments and where necessary must include appropriate staffing.*

- The school nurse will arrange first aid provision and supply the trip leader or designated first aider with any extra medical provision (medicines, epipens, inhalers etc) for the trip.

## Residential & Overseas Visits:

- There is an extra [medical consent](#) form required for residential and overseas visits. Hard copies of these forms must be taken on the trip and returned to the school office on your return.
- External providers who request information on pupils must enter a sharing agreement with the school (GDPR).



## APPENDIX

### **Administration of Medicines**

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

At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2005).

1. All new parents are required to fill out an, 'Essential Information Form' when their child joins the school; this includes within it a list of over the counter medication kept on the school premises. Parents must indicate with a tick, those specific medications that they give permission for their child to receive in certain circumstances and sign the bottom of the form to verify their permission. This includes parents in the EYFS. The listed medications are as follows:
2.
  - Paracetamol liquid/fast-melts for children
  - Paracetamol tablets (12 years and over)
  - Ibuprofen syrup junior
  - Ibuprofen tablets (12 years and over)
  - Throat lozenges
  - Bite/sting relief cream
  - Bite/sting relief spray
  - Arnica cream
  - Antihistamines (including Cetirizine, Loratidine and Chlorphenamine)

A 'Check List' is sent home to all parents annually for them to amend accordingly and return to school for updating.

3. All medication given during the school hours will be administered by the school nurse, or on occasions when the school nurse is not on site, by a First Aider or member of the teaching staff designated by the school nurse who has been given full information and training. Information regarding any medication given during the school day should be either sent home in a note to the parents via the child, or by phone direct to the parent.
4. All medications must be recorded in the file provided (see Record of Medicines Administered to all Children) and all information regarding name, date, time, complaint and medication specified and signed for by the member of staff administering. Specific books will be provided in order to record this information, for those taking children on school trips.



5. If prescription medication is required for any pupil, the parents must fill out a separate 'School Medication Form' to enable it to be given. These forms are available from the school office, or can be downloaded from the website. All details on the form must be filled in and a separate form completed for each medicine that is required. The school nurse will record on the form each dose given in school and sign for it. A letter will then be sent home as written confirmation of any medicine administered that day.
6. All prescription medication brought into school must be in its original container properly labelled by the pharmacy with the child's name. This container should be handed over to the secretary at the school office and the school nurse will collect it and store appropriately (lockable cabinet or lockable refrigerator). The medication will be returned to the parent at the end of the school day.
7. All risk assessment procedures need to be adhered to for the correct storage and administration of medication. There is a lockable refrigerator in the surgery for the safe storage of all medicines requiring refrigeration (of which daily minimum and maximum temperatures are recorded for audit purposes) and all other medications will be locked in the drug cupboard in the surgery.
8. Pupils are not permitted to bring in medication and keep it in their pockets or bag. All medication that may be required during school hours, must be given to, and administered by, the school nurse. Those children suffering from Asthma and require an inhaler and those with life threatening allergies that require an epipen are permitted to keep it on them but only if they are in the Prep school. All pupils are encouraged to keep a spare inhaler/epipen in the surgery. Those pupils in the Pre-Prep department/EYFS have an inhaler/epipen in a clearly labelled box in the classroom.





## ASTHMA

# ASTHMA POLICY

### Aims

- To enable all pupils with asthma to participate fully in all school activities and to ensure they are not disadvantaged by their condition.
- To ensure that all staff have a clear understanding of what asthma is and how to deal with a pupil having an asthma attack.
- To encourage all pupils to take responsibility for their own medication, if appropriate.
- Pupils, parents, school staff and asthma professionals to work together for a greater understanding of the effect of asthma and to adopt a responsible attitude to its treatment.
- To ensure all information is supplied by parents and kept updated by the Medical Centre by using relevant yearly paperwork and encouraging updates.

### Definition of Asthma

Asthma is the most common respiratory disorder of children. Chronic inflammation of the bronchial mucosa and hyperreactive airways results in bronchoconstriction and reversible airway narrowing. It typically presents with wheeze, dry cough, difficulty breathing and/or chest tightness.

### Managing Asthma in School

Pupils with asthma are identified from the Medical History Sheet. The School Nurse will liaise with the parents to ascertain the full extent of the condition and will request an Asthma Treatment Plan to be completed. The Individual Health Care Plans for each child with asthma are stored electronically under the Shared Area of the Server under Medical Info. Copies are also kept in the Medical Room.

Pupils are encouraged to take responsibility for their asthma from an early age. All pupils should keep their inhalers on their person. The inhaler should be clearly named and in date. Pupils in Pre Prep should hand in their labelled spacer to the School Nurse and it will be stored in their respective classrooms in a clearly labelled container ( marked with a green cross)

The Prep School pupils are also asked to have a spare Reliever inhaler in their sports bags that forms an essential part of their "kit".

In addition there are also spare reliever inhalers ( clearly labelled) for each child in wall mounted storage unit located outside the Medical Room ( in Prep school) and in the staff room ( Pre Prep) At the beginning of each school year, tutors will be informed which pupils in the form are asthmatic and this will be updated as necessary.

Teachers in charge of school trips must ensure that pupils have their inhalers with them. A list of known medical conditions, including asthma, is given to staff ahead of trips. For safety reasons, pupils who do not have a valid inhaler on their person will not be allowed to take part on school trip.



Parents may provide the Medical Centre with a spare, in date, inhaler (and spacer if prescribed), which will be kept with each pupil's Asthma Treatment Plan. Throughout the school these will be kept in the Medical Centre.

Parents are responsible for maintaining valid, named inhalers at school. The school nurses will aim to check, as a courtesy, the condition and expiry date of the spare inhaler at the end of each term. They will also arrange 'spot checks' to make sure asthmatic pupils are carrying their inhalers.

### **Asthma and PE**

Exercise has proven health benefits to people with asthma. The school seeks to involve all pupils in sport with support and guidance from the School Nurses to the PE staff as appropriate.

Pupils with asthma are encouraged to have their reliever medication available should they need it during a PE lesson and should not leave it in the changing room. Labelled relief inhalers can be given to the teacher in charge at the start of the lesson for safekeeping.

### **Staff Education**

School staff are regularly updated on the care of pupils with asthma. This includes what to do in the event of an asthma attack and that pupils must be allowed to take their medication as soon as needed. Please see **PROTOCOL** for Staff.

## **ASTHMA PROTOCOL FOR STAFF**

### **Asthma Treatment**

There are two types of treatment:

**Preventers** –these are usually taken twice daily to prevent symptoms from developing. The type of drug commonly used in a preventer is a steroid. They are usually in a brown, red or orange container. They take 10-15 days to work. This inhaler does not help an acute asthma attack and should not be kept at school, unless a prescribed dose is required during the school day. The main inhaled steroid preventer medications are Beclometasone, Budesonide, Ciclesonide, Fluticasone and Mometasone.



**Relievers** – these are the inhalers used in an acute asthma attack. They are often (but not always) blue in colour and are used to relieve the symptoms of asthma by relaxing the muscle in the airways. The two main reliever drugs are Salbutamol (Ventolin) and Terbutaline. It is recommended that spacer devices are used with aerosol inhalers.



Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise).

**Signs of asthma attack include:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue.

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed

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

- Appears exhausted
- Normal relief inhaler does not work
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

**Responding to signs of an asthma attack**

- Call the School Nurse
- Keep calm. It is treatable. Reassure the pupil.
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler-if not available use the emergency inhaler. Help the child take 2 puffs of the salbutamol via the spacer. Encourage them to take slow regular



breaths. They can take up to ten puffs; do not worry about possible over-dosing. The inhaler should be shaken between puffs.

- If they do not start to feel better or you are worried, call an ambulance, inform the Office and arrange for a member of staff to accompany the pupil to hospital.
- Contact the pupil's parents to meet at the hospital.
- Continue to reassure the pupil.
- If an ambulance does not arrive within 10 minutes and they are still feeling unwell continue giving two puffs every 2 minutes
- Have School Asthma Treatment Plan ready to give to ambulance crew.
- Try to make a note of the time of start of the asthma attack and all symptoms to tell ambulance crew.
- Reassure them that they may feel heart beating or hands may be shaky-this is a natural reaction to Salbutamol.

### **At School**

All pupils should have their own labelled, reliever inhaler with them at all times. They must take an inhaler with them when doing all sports and on any school trip/journey.

Pupils in Pre-Prep store their 'spacers' if prescribed in the Pre-Prep Staff Room and the classroom.

A copy of the completed School Asthma Care Plan will be kept in the Medical Room and if provided, stored with a spare labelled reliever inhaler. The School Nurse will aim to check the condition and expiry date of the spare inhaler at the end of each term. However, it is the parents' responsibility to ensure a valid inhaler is kept at the school. Expired drugs cannot be administered.

### **School trips**

Teachers in charge of trips must ensure consent forms with all relevant medical and drug treatment information are completed and signed by parents/guardians.

The pupil must be reminded to take their inhaler with them.

If a pupil has an asthma attack on a trip and the staff have any concerns regarding the severity of the attack, an ambulance must be called.

Staff must also complete an accident form and report the incident to the School Nurse as soon as possible.



### **Use of the Emergency Salbutamol Inhaler**

The emergency salbutamol inhaler should only be used by children:

- ✓ who have either been diagnosed with asthma and prescribed an inhaler;
- ✓ OR have been prescribed an inhaler as reliever medication.

**There is a list of all the children on the asthma register kept with each emergency inhaler.**

The inhaler can be used if the pupil's prescribed inhaler is not available for whatever reason.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

### **Staff**

Any member of staff can volunteer to take on this responsibility but they cannot be required to do so.

It is reasonable for **all** staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are in each area (responsible for storage & care).

### **Storage of the emergency inhaler**

The emergency inhalers are located in the following areas:

- 1 Medical Centre
- 1 P.E. Department (Sports Hall)
- 1 Pre Prep Staff Room

### **Each emergency asthma inhaler kit contains**

- 1 x salbutamol inhaler
- 2 x single use plastic spacers
- 1 x instructions on using inhaler and spacer
- 1 x instructions on cleaning and storing inhaler and spacer
- 1 x manufacturers data sheet
- 1 x inhaler check listing batch number, expiry date and monthly checks
- 1 x instructions on how to replace used items
- A list of children permitted to use the inhaler (asthma register)



- A record of administration

**Recording use of the inhaler and informing parents/carers**

Use of the emergency inhaler should be recorded. This should include where and when the attack took place and how much medication was given, and by whom. The child's parents must be informed in writing so that this information can also be passed on to the child's GP.



**Letter to Parents regarding Asthma**

Dear Parent

In order to give the best possible care to pupils, parents are asked to complete the section below on admission. If asthma is diagnosed after admission then the medical department must be informed as soon as possible. The school nurse will then compile a list of children known to be asthmatic. This list will be included on Health Information Lists kept for staff information in the Staff Rooms in the Prep school and the Pre Prep dept.

Children should be supplied with their prescribed inhaler (labelled with name and class) to carry with them and a spare inhaler which will be kept in a clearly labelled box outside the Medical Room, for use if your child misplaces or forgets his/her own or in an emergency

**Children should take their inhalers with them at games time, to the poolside when swimming, on school trips/ away fixtures.**

Parental responsibilities.

It is your responsibility as the parent to ensure that the medical department is informed of any changes to your child's condition or medication and that your child is supplied with an inhaler to carry with him/her and a spare to be kept in the medical room. If you have any concerns about the management of your child's asthma at school then please speak to the School Nurse.

Thank you for your co-operation.

School Nurse Juliet Makinson R.G.N

Please complete and return to the medical department as soon as possible.

Name of Child -----

Name of Prescribed Reliever Inhaler -----

Name of Prescribed Preventer Inhaler -----

Please state any known triggers -----



# ROSE HILL SCHOOL

Coniston Avenue, Tunbridge Wells, Kent TN4 9SY  
Tel: 01892 525591 Fax: 01892 533312  
e-mail: admissions@rosehillschool.co.uk  
www.rosehillschool.co.uk

Child's name: .....

Class: .....

Date: .....

Dear.....

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs. .

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,



## **DIABETES**

### **AIMS**

To ensure that all children have equal access to education. To enable the individual to participate in all aspects of the school day (as far as is possible) in a safe and secure environment.

### **IMPLEMENTATION**

A planning meeting with the parents of a child with diabetes will be made by the school nurse and an individual care plan drawn up. This will include input from any secondary care/external services/care providers.

### **All school staff that will come into contact with the child should have clear guidance with regarding the following;**

- Emergency contact numbers for the child
- Known symptoms of hypoglycaemia and hyperglycaemia
- Preparations needed before exercise and PE

### **The Facts**

The impact of diabetes will be different for each individual.

A child with diabetes may need to go to the toilet more frequently than his/her peers.

Sometimes it may be necessary for a child to check their blood sugar. They should be given the opportunity and privacy needed in order to do this.

A child with diabetes must have access to a suitable snack at all times especially when embarking on physical exercise.

Meal times must be regular to help maintain stable blood sugar levels, therefore the child must not be held back at break/lunch.

### **RESPONSIBILITIES**

#### **School nurse's responsibility:**

To ensure an up to date health care plan is written for the child and that all relevant staff have access to this information.

To provide information regarding signs and symptoms of hypoglycaemia/hyperglycaemia to all school staff. This may involve using external agencies for training.

#### **All staff responsibility**

To help the child to overcome any barriers to learning.

To read any information, including the child's health care plan.

To liaise closely with the School Nurse.

#### **If a child has a hypoglycaemic/ hyperglycaemic attack:**

Call the school nurse.

DO NOT MOVE THE CHILD OR LEAVE THE CHILD UNATTENDED.

Reassure.

Act in accordance with child's care plan.

Inform parent if necessary, as written in care plan.

Send the child to hospital if appropriate.

### **MONITORING AND EVALUATION**

Governors and SMT when Medical Policy is reviewed (every 3 years).



### **Adrenaline Auto-Injectors (AAI's)**

The School is committed to ensuring the safety of all its pupils and staff at risk of anaphylaxis.

A LIST OF PUPILS WHO HAVE LIFE THREATENING ALLERGIES CAN BE FOUND IN THE STAFF ROOM, KITCHEN, PE DEPARTMENT, MEDICAL ROOM AND OFFICE.

- All pupils who have life threatening allergies will have an AAI (Adrenaline auto injector) Epipen, Jext pen or Emerade issued by their doctor.
- The labelled autoinjector devices are kept in clearly labelled box in the Medical Room
- In the event that the pupil is exposed to the allergen that they are allergic to, the Nurse must be sent for immediately.
- Make sure that the Nurse knows the nature of the problem so that she can bring the correct equipment with her.
- Make the pupil comfortable; preferably sitting or lying on the floor with their back supported. If their breathing is problematic, they may feel more comfortable sitting upright.
- Ask the pupil where their AAI. If they are experiencing ill effects, administer the injection immediately by following the instructions on the syringe or on the packaging.
- Symptoms may include feeling dizzy or faint, feeling short off breath, swelling of the throat/neck/tongue, profuse sweating or sudden collapse.
- AAIs are kept in the MEDICAL ROOM.
- Epipens / Jext/Emerade contain a drug called Adrenaline Epinephrine.
- If you would like to know how to use an Epipen / Jext, please contact the School Nurse in the Medical Room.
- Rose Hill School is committed to a whole school approach to the health care and management of those members of the school community suffering from specific allergies. The School position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self responsibility, and plan for an effective response to possible emergencies.
- Staff receive annual training on the administration of Anaphylaxis management/use of AAIs and complete the online training provided by Allergywise UK.



## ACCIDENTS

1. All visits to the school nurse by pupils for medical reasons are recorded in the Medical Room diary and copied onto the individual pupil records on Engage.
2. In the event of an accident, injury or medical emergency the following steps should be taken to ensure that the correct help is given as quickly as possible:
  - ~ In the event of an obvious medical emergency an ambulance should be called immediately (see Calling an Ambulance)
  - ~**The injured person should not be moved if there is any suspicion that doing so could exacerbate his or her injuries.**
  - ~ The school nurse should be called to examine the injured person or if the nurse is unavailable, the nearest available First Aider should be contacted.
  - ~If hospital treatment is necessary either an ambulance needs to be called or if a member of staff uses his/her own car to take an injured person to hospital, consideration should be given to the need for another responsible adult to accompany the driver.
  - ~Essential information regarding the injured person and any details of the event/accident must be taken to the hospital with the person.
  - ~The parent(s) or guardian must be contacted as quickly as possible and asked to join their child at school or hospital as appropriate. Members of staff should not wait for parents to arrive to take pupils to hospital unless they are certain that treatment is not urgently required.
  - ~The school nurse or an appropriate member of staff must accompany pupils to hospital if parents have not arrived in time to do so. The member of staff accompanying a pupil should wait at the hospital until the pupil's parent or guardian arrives.
  - ~In the event of an accident or medical emergency occurring outside school hours on the premises the same procedure should be put into action and it is the member of staff responsible for the activity or the nearest First Aider who should ensure the correct procedure is adhered to.
3. All significant injuries and accidents to staff or pupils must be recorded in the Accident Book B1 510 according to the regulations for Reporting of Injuries, Diseases and Dangerous Occurrence as laid down by the Health and Safety Executive. Accident Books are kept in the Medical Room, Reception Office and Pre-Prep Staff Room and it is the responsibility of the member of staff attending the incident either on site or at away matches or trips, to fill in the Accident Book.
4. All incidents involving a blow to the head or an injury of some significance that does not require hospital treatment should be reported to the parents. This may be done either by a phone call or an 'Injury Sustained' letter.
5. For Early Years a file containing letters and information regarding Head Injuries is kept in the individual classrooms. The letter should be completed and at the end of the day at pick up time shown to parents who must sign to say they have been informed. EYFS parents must be informed of any accident or treatment given.



## HEAD INJURIES

### Concussion Guidance (RFU)

Concussions can occur in many situations in the school environment; any time that a pupil's head comes in contact with a hard object such as the floor or a desk, or another pupil's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE, and if messing around indoors during breaks. The nature of rugby means that concussion can occur in training and in matches.

Concussion is a temporary impairment of brain function usually caused by a blow that has shaken the brain within the skull. It is usually caused by a blow directly to the head, or indirectly if the head is shaken when the body is struck. It is important to recognise that most concussions occur without there being any loss of consciousness.

Failure to assess, evaluate and manage a pupil with a concussion can have serious adverse consequences, particularly if a pupil with concussion is allowed to continue playing, eg rugby, or returns too early to training or playing.

A pupil who has suffered concussion must comply with the Sport and Recreation Alliance Concussion Guidelines for the Education Sector – June 2015 – and any guidance issued by the RFU – Headcase 2015. In line with guidance players with suspected concussion must go through a graded Return to Play Protocol with medical practitioner clearance before a return to play.

### Procedure

A pupil who sustains a head injury should be assessed by the school nurse as soon as possible or if the school nurse is unavailable, a registered first aider.

The nurse assessment will involve checking for signs of concussion. If necessary, based on findings, the pupil should remain in the medical centre for further assessment – minimum 30 minutes. As appropriate, the nurse will decide on further management. An ambulance should be called in accordance with NICE guidelines (2).

The parents or guardian of the pupil will be informed as soon as possible of the injury and the subsequent need for a visit to A&E if the pupil is or becomes symptomatic of a concussion/head injury.

Written head injury advice sheets will be given to pupils/parents.

NICE guidelines:

<http://www.nice.org.uk/nicemedia/live/11836/36257.pdf>

Rugby/Football Union:

<http://www.rfu.com/takingpart/playerhealth/concussion/schools-and-colleges>



## EPILEPSY

There are 2 types, tonic-clonic or grand mal seizures and absences or petit mal that can lead to tonic-clonic seizures.

Call School Nurse extension 333

An ambulance may need to be called

<u>DO</u>	<u>DO NOT</u>
<ul style="list-style-type: none"><li>• Note the time of the onset of the seizure</li><li>• Clear all bystanders</li><li>• Protect the person from injury</li><li>• Move sharp or hard objects away from them eg tables</li><li>• Guide them away from danger if they are having a partial seizure</li><li>• Cushion their head if they fall down</li><li>• Place them in the recovery position if they are unconscious at the end of the convulsive part of the seizure, this will help their breathing</li><li>• Be quietly reassuring – talk to them even if they are semi-conscious, they can still hear you</li><li>• Stay with them until they have regained full consciousness</li><li>• Go over missed events</li></ul>	<ul style="list-style-type: none"><li>• Try to restrain the limbs of the person having the seizure</li><li>• Put anything in the person's mouth or force anything between their teeth</li><li>• Try to move them unless they are in danger</li><li>• Give them anything to drink until they have fully regained consciousness</li></ul>



## **SUN PROTECTION POLICY**

### **BACKGROUND**

#### **Why is sun protection important for children and young people?**

Skin cancer is one of the most common cancers in the UK and the number of cases is rising at an alarming rate. The good news is that the majority of these cases could be prevented. Most skin cancers are caused by UV radiation from the sun. If we protect ourselves from the sun then we can reduce our risk. This is particularly important for children and young people whose skin is more delicate and easily damaged.

Sunburn in childhood can double your risk of skin cancer. You will not see the damage immediately because skin cancer can take years to develop. But children who are exposed to the sun now are storing up problems for the future.

### **OUTDOOR KIDS SUN SAFETY CODE**

In line with the School Council's chosen charity 2015 (Myfanwy Townsend Melanoma Research Fund), the school implemented the Outdoor Kids Sun Safety Code Initiative and were awarded their accreditation in May 2015.

[www.oksunsafetycode.com](http://www.oksunsafetycode.com)

### **AIM**

To provide information for staff, pupils and parents that will enable them to make good decisions regarding pupils' health and safety whilst in the summer sun.

To ensure that procedures are implemented at the school, and on relevant trips, to ensure pupils are protected from the effects of the sun.

### **DEFINITION**

*Sun safety means that pupils, parents and staff are equipped with the correct information and knowledge of safe practices to ensure that pupils have protection from the sun.*

### **INTRODUCTION**

#### **What is a sun protection policy?**

This policy has been developed in consultation with the whole school community and is specific to Rose Hill. These are the key elements to our sun safety policy:

- **PROTECTION**: providing an environment that enables pupils and staff to stay safe in the sun
- **EDUCATION**: learning about sun safety to increase knowledge and influence behaviour
- **COLLABORATION**: working with parents, governors and the wider community to reinforce awareness about sun safety and promote a healthy school.

### **IMPLEMENTATION**

At Rose Hill we want staff and pupils to enjoy the sun safely. We will work with staff, pupils and parents to achieve this through:



## **PROTECTION**

### Shade:

- We provide sheltered areas around the grounds and in the playgrounds. *(Ongoing audit will identify future needs)*

### Timetabling:

- The timing of our Sports Days and similar events will be looked at to reduce the risk of the effects of the sun. *(Strongest between 11.00am & 3.00pm)*

### Clothing:

- School sun hats are available for parents to buy from the school shop.
- Teachers have been advised to wear hats as necessary, when on playground duty and during sports sessions (... and to set a good example).

### Sunscreen:

- We ask that all parents provide sunscreen for pupils to keep at school during the summer term. This should be applied before going into the sun at lunch breaks, sports sessions and matches.
- Sunscreen use will also be encouraged on school trips and staff must ensure that extra sunscreen is taken in case children forget their own.
- Where possible sunscreen will be applied by the pupils themselves. Where assistance might be needed permission to apply sunscreen must be obtained from parents *(particular reference to younger children)*.

### Hydration

- We ask that all children are supplied with a named water bottle to ensure they remain hydrated. Extra water is available at all times.

## **EDUCATION**

- All pupils will have at least one Sun Safety reminder session per year.
- We will talk about how to be Sun Safety in assemblies at the start of the summer term.
- Parents and guardians will be reminded through the newsletter explaining what the school is doing about sun protection and how they can help at the beginning of the summer term.
- Teachers will be reminded of the key issues of the policy at the start of the summer term in a staff meeting.

The school strive to achieve Sun Safety Code Accreditation through Myfanwy Townsend Melanoma Research Fund annually.

## **ROLES AND RESPONSIBILITIES**

**Pupils:** To remember to dress correctly and to apply sunscreen as necessary.

**Staff:** To remind pupils to apply sunscreen; to ensure that there are enough shaded areas for pupils to move to when necessary; to monitor the length of time that pupils are in the sun (even in cloudy conditions radiation can still penetrate).

**Parents:** To provide the pupils with the correct factor sunscreen, the correct protective wear for sports and the correct sun hat, and sunglasses as necessary.

The **Management team and the School Nurse** will monitor & evaluate this policy every year.



## **EVALUATION**

### **Monitoring and evaluating the policy.**

Evaluation is useful because it helps us to monitor how effective our sun awareness policy has been and identify areas for improvement.

For example:

- keep records of the implementation process: dates, costs and people's reactions
- continue to gather feedback from all the people affected
- monitor incidents of sunburn to see if these are decreasing
- keep records of the implementation process: dates, costs and people's reactions

Monitoring and evaluating this policy will help to make effective changes.

## **REFERENCES**

First Aid provision and training in schools. October 2006

MOSA Guidelines

[www.mosa.org.uk/guidelines.htm](http://www.mosa.org.uk/guidelines.htm)

Guidance on First Aid policy. March 2009

Independent Schools' Bursars Association

Guidance on first aid for schools.

Department for Education and Employment.

[www.teachernet.gov.uk/doc/4421/GFAS.pdf](http://www.teachernet.gov.uk/doc/4421/GFAS.pdf)

Managing Medicines in Schools and Early Years settings. Department of Health March 2005.

Supporting pupils at school with medical conditions – Department of Education September 2014