



# ST PETER'S

PREPARATORY SCHOOL

## Medical policy

Updated on 06 November 2019  
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Approved by Head: *Charlotte P Jones*

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## Medical Policy

### Aims of the Policy

- This policy applies to the whole school, including EYFS and Boarders.
- To ensure that the school has adequate, safe and effective first aid and medical provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor. We aim to ensure that any first aid or medical treatment is administered in a timely and competent manner, as a result of and in accordance with this policy.
- To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury
- To provide awareness of Health and Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.
- Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services on the School site.

### Who is Responsible

**The School Owner** has overall responsibility for ensuring that there is adequate and appropriate first aid equipment, facilities and first-aid personnel and for ensuring that the correct first aid procedures are followed. They will:

- Provide adequate first aid cover as outlined in Para 13 of the New Independent School Standards and Regulations (2015)
- Monitor and respond to all matters relating to the health and safety of all persons on school premises.
- Ensure all new staff are made aware of first aid procedures and administration of medicines protocol in school.
- Ensure that relevant insurances are in place.

**The Senior Leadership Team (SLT)** will:

- Ensure that there is always a qualified first aid person available on school site when children are present during normal school activities.
- Ensure there is always a qualified member of staff who can administer medication on school site when children are present during normal school activities.
- Report to Matron all staff accidents at work that fall under RIDDOR (see below).

**The Head** will:

- Ensure that staff have the appropriate and necessary first aid training as required and that they have sufficient understanding, confidence and expertise in relation to first aid.

- Delegate to Matron the day to day responsibility for ensuring that there are adequate and appropriate first aid equipment, facilities and appropriately qualified first aid personnel available to the School.
- Ensure that all staff and pupils (including those with reading and language difficulties) are aware of, and have access to, this policy.

#### Matron will:

- Regularly (at least annually) carry out a review of the school's first aid needs to ensure that the school's first aid provision is adequate.
- Ensure that first aid and medicine cover is available throughout the working hours of the school week.
- Ensure that he/she always obtains the history relating to a student not feeling well, particularly in the case of headaches, to ensure that no injury has caused the student to feel unwell.
- Collect and collate [medical consent forms \(Appendix i\)](#) and important medical information for each pupil in line with data protection laws and ensure the forms and information are accessible to staff as necessary.
- At the start of each term, provide staff with a list of pupils who are known to be asthmatic, anaphylactic, diabetic, epileptic, or have any other serious illness.
- Ensure that staff have the correct consent/medication forms when taking pupils on residential trips.

#### Staff will:

- Be aware of specific medical details of individual students.
- Ensure that their pupils/tutees are aware of the procedures in operation.
- Never move a casualty until they have been assessed by a qualified first aider unless the casualty is in immediate danger.
- Send for help to Matron as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty.
- Ensure that in the event an injury has caused a problem, the pupil must be referred to Matron for examination.
- Reassure, but never treat, a casualty unless they are in possession of a valid Emergency Aid in Schools Certificate or know the correct procedures; such staff can obviously start emergency aid until a first aider arrives at the scene or instigate simple airway measures if clearly needed.
- Never administer medication to a pupil unless they are in possession of a current Care of Medicines (or equivalent) qualification
- Send a pupil who has minor injuries to Matron if they are able to walk; this student should be accompanied.
- Send a pupil who feels generally 'unwell' to Matron, unless their deterioration seems uncharacteristic and is causing concern. Contact Matron if concerned.
- Ensure that they have a current medical consent form (including contact details of each pupil's own GP) for every pupil that they take out on a residential school trip which indicates any specific conditions or medications of which they should be aware.
- Have regard to personal safety.
- Report all accidents to themselves at work
- EYFS Staff communicate with parents on the same day about any first aid incident that has occurred during the day, either verbally or with a note.
- All staff taking medication which may affect their ability to care for children should seek medical advice. Any staff medication must be securely stored at all times.

All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of first aid. All staff will use their best endeavours, at all times, to secure the welfare of the pupils.

## **First Aid**

The main duties of first aiders are to give immediate first aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First aiders should ensure that their first aid certificates are kept up to date.

First aid trained staff may be called upon to make an assessment of the need for the provision of first aid. However, during the normal course of the school day Matron is always available.

The first aiders will undergo update training at least every three years.

The Director of Operations maintains the list of staff who have undertaken first aid courses, and who hold a valid certificate of competence in Emergency Life Support. This information is also kept on individuals' personal files.

In accordance with statutory requirements (EYFS), a Paediatric first aider (PFA) is always on site when EYFS children are present, and also accompany any EYFS trips off-site. Many staff are trained PFAs.

## **Head injuries**

Where a head injury occurs on site, the individual injured should be seen by Matron as soon as possible and a [head injury form \(Appendix ii\)](#) must be completed

## **First aid boxes**

First aid boxes are marked with a white cross on a green background and are stocked in accordance with the suggested guidelines. For more information see:

<http://www.hse.gov.uk/firstaid/legislation.htm>

First aid boxes are located at these positions around the school site and are as near to hand washing facilities as is practicable:

- Staffroom
- Kitchen
- Science Lab
- Art Room
- Swimming Pool
- Abram Block

If first aid boxes are used, contact should be made with sickbay and replenishment stocks will be issued. All requirements for the first aid boxes are supplied by Matron and are regularly stocked at request of individual departments. This should be done at least once per term.

When undertaking journeys, the School's minibuses should have a first aid bag on board, which is readily available for use, and which is maintained in a good condition.

First aid bags should also be taken for any off-site activities, including and away sporting fixtures. If an incident occurs medical treatment should be sought from first aid staff of the venue being visited. If necessary, the pupil should be taken to nearest casualty by a member of staff. Treatment and after-care should then be followed up by Matron at St Peter's School. Any incident of treatment must be documented firstly within the logs inside the first aid bags and then reported to Matron on return to School for noting on the Accident book in SchoolBase.

## Information on Pupils

Parents are requested to provide information about their child(ren)'s health ([Appendix ib](#)) and give written consent for the administration of first aid and medical treatment before pupils are admitted to the School. ([Appendix i](#)) Matron will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School to the Head, class teachers and first aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the School community.

At the beginning of each term all staff are made aware of relevant pupil ailments by Matron, who provides documented information on the ailments, conditions and treatments (that have been supplied by parents regarding their children). This special sensitive data about individuals is treated in alignment with the School's Privacy Notice and Data Protection Policy that pertains to current data protection legislation.

Some individual care plans (e.g. for severe allergies) are kept on the wall in the staff room and in Sickbay, and for specific dietary / allergy requirements, where appropriate images of specific individuals are displayed in a discreet area of the kitchen to assist Catering staff whilst serving meals.

## Procedure in the event of illness

**Pupils** may visit the sickbay during break or lunch. If a pupil is unwell during lessons then they should consult the member of staff in charge who will assess the situation and decide on the next course of action. The pupil will, accompanied as necessary, be told to go to sickbay. Where a child presents themselves as unwell an initial assessment of their condition is made in sickbay. If deemed necessary the parent(s) are contacted to collect the pupil and take them home.

**Staff** may visit the sickbay as and when necessary, but appropriate cover must be arranged.

Where a pupil is **physically sick, or suffers with diarrhea**, the parent(s) are contacted as a matter of course and asked to collect their child. The parent(s) are then asked to keep their child at home for at least 48 hours.

**Headaches** may be treated by the administering of Calpol or other suitable Homely Remedies provided that parents have signed an agreement to this when the pupil starts at St Peter's. This is carried out in sick bay. There is a locked cabinet (in Sickbay) for medication to be stored. Matron has the key to this cabinet at all times.

Where a pupil presents with a **rash** this is assessed by Matron and, if deemed necessary, parent(s) are contacted to take the pupil home.

## Procedure in the event of an accident or injury

If an accident occurs, then the member of staff in charge should be consulted. That person will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If necessary, Matron should be called for as soon as is possible.

- First aiders can also be called for if necessary, and should be called if Matron is not available immediately.
- However minor the injury, Matron should always be informed and/or called for.

- In the event that the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they should arrange for the injured person to access appropriate medical treatment without delay from the Matron or by dialling 999.
- If an ambulance is called then Matron or the first aider in charge should make arrangements for the ambulance to have access to the accident site and parents should be informed as soon as possible. Staff should ensure that a child who is sent to hospital by ambulance is either:
  - a. Accompanied in the ambulance at the request of paramedics.
  - b. Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted.
  - c. Met at hospital by a relative.
- The first aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.
- Liaison must occur with the teacher in charge of cover, to ensure that lessons are covered in the event of an absent teacher.
- If a spillage of blood or other bodily fluids occurs, Matron must be informed and the area cleaned according to the procedure outlined below.

**The following ailments/injuries are treated as set out below:**

- **Minor grazes and cuts** are cleaned with water/wipes and, where deemed appropriate, covered with a plaster. All staff are aware of the need for good hygiene practices when dealing with spillage of bodily fluids (as detailed below). Details of the incident are recorded in the medical files kept in Sickbay.
- All pupils with **minor bumps to the head** are assessed and, where necessary sent to Matron. An ice pack is usually administered. Details of the incident are recorded in the medical files in sick bay.
- Pupils, who are assessed as having **more serious bumps to the head**, and possibly bleeding, are taken to Matron. Depending on the severity of the injury, parents will be contacted at this stage. Details of the incident are recorded and a [Head Injury Form \(Appendix ii\)](#) is completed by Matron and sent home with the pupil at the end of the school day.
- Any casualty who has sustained a **significant head injury** must be seen by professionals at a hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital. Details of the incident are recorded and a [Head Injury Form \(Appendix ii\)](#) is completed by Matron.
- Ensure that parents are aware of all head injuries promptly.
- Where a suspected broken bone or dislocation has occurred Matron will attend the pupil(s) at their location on the school site. Parents should then be contacted. In extreme cases it may be necessary to call for the assistance of ambulance.

Matron may make contact with the parent(s) of a pupil who has presented as possibly needing first aid. This would be to inform them of the details of the accident/incident prior to the child going home at the end of the school day. It may also be to inform them that further treatment may be necessary, for example a trip to the doctor or dentist.

**Early Years**

- First aid supplies are kept in the nursery and replenished on a regular basis by Matron.
- Cuts, bumps and injuries are dealt with by nursery staff and the injury is recorded on an Accident/Injury/Incident Report Form, the parent informed and signature obtained.
- More serious injuries are dealt with as outlined above.

**After-School Care or Boarders**

- Any after school or boarding care will be administered by staff on after school duty or Matron, or boarding house staff using the same procedures as above.

### **Procedure in the event of contact with blood or other bodily fluids**

The following precautions should be taken to avoid risk of infection:

- Always assess the risk of carrying out the required task before you begin
- Isolate the affected area
- Cover any cuts and grazes on their own skin with a waterproof dressing
- Wear suitable disposable gloves when dealing with blood or other bodily fluids;
- Use suitable eye protection and a disposable apron where splashing may occur;
- Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- Contain the spill, if needs be, by placing disposable wipes/paper towels around it
- Remove the bulk of the contamination with paper towels. The area should be cleaned thoroughly with detergent and water, using disposable cloths. Then wipe over with a standard hypochlorite solution or the recommended product agreed by your locality which should also contain 0.1% hypochlorite. Ensure adequate ventilation when using hypochlorite solutions
- Put all disposable items into a plastic bag, consider double bagging if bags are flimsy, tie and dispose
- All re-usable items must be thoroughly cleaned, disinfected and dried before being returned to the correct storage area
- Thoroughly wash your hands on removal of gloves with soapy water and dry well

If the person dealing with the spillage suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- Wash splashes off skin with soap and running water
- Wash splashes out of eyes with tap water or an eye wash bottle
- Wash splashes out of nose or mouth with tap water, taking care not to swallow the water
- Record details of the contamination in the accident book on SchoolBase.
- Report the incident to Matron and take medical advice if appropriate.

### **Sanitary Accidents**

In the case of a pupil wetting or soiling themselves, the attendant member of staff will act in accordance to our Intimate care policy. They should wear a pair of gloves, to assist in the changing and washing of the pupil. The soiled clothing is placed in a 'nappy sack', double bagged using an ordinary plastic bag, kept on the pupil's peg and sent home at the end of the school day. A supply of clean clothing is kept with Matron or within the Pre-prep.

### **Head Lice**

Due to the sensitive way the children react to headlice, this is not treated at school. Where headlice are sighted or apparent, parents are contacted by Matron as requested to collect and treat their children for headlice.

### **Reporting**

As documented in the Health and Safety Policy, all injuries, accidents and illnesses, however minor, must be reported to Matron and she is responsible for ensuring that the Accident report is

logged on Schoolbase or the Incident Report forms are filled in correctly and that parents, SMT and HSE are kept informed as necessary.

In the case of an accident, the log must be completed on SchoolBase by the appropriate person with support from Matron. This information is collected, processed, recorded and retained in line with current data protection legislation.

### **Reporting to Parents**

In the event of an accident or injury parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with Sickbay and with the Head if necessary.

### **Record of first aid**

When a child reports to Sickbay this is recorded in Matron's diary and on [Appendix iv the child's Daily Record File](#) (medical record) form by Matron. If medicine is administered this is carried out in accordance with the procedures outlined below and is recorded on the Homely Remedies form by Matron.

### **Reporting to HSE (RIDDOR)**

The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) to report the following to the HSE. During term time, this is done by Matron and outside term time this is most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23.

### **Accidents involving Staff**

- Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs).
- Work related accidents which prevent the injured person from continuing with his/her normal work for more than 3 days must be reported within 10 days;
- Cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer)
- Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

### **Accidents involving pupils or visitors**

Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- Any School activity (on or off the premises).
- The way a School activity has been organised or managed (e.g. the supervision of a field trip).
- Equipment, machinery or substances.
- The design or condition of the premises.

For more information on how and what to report to the HSE, please see:

<http://www.hse.gov.uk/riddor/index.htm>

### **Monitoring**

The Head and Director of Operations will organise regular reviews of the Accident and Health and Safety logs in order to take note of trends and areas of improvement. The information may help identify training or other needs and be useful for investigative or insurance purposes.

In addition, the Head will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

## Administration of Medicines

Where it is necessary and appropriate that medication is to be administered to a pupil the school will follow the procedures outlined in this policy.

### **Over the Counter MEDICATIONS**

A small range of over the counter medications are kept in Sickbay; in a securely locked cupboard to which Matron has the key. A list of those medications stocked, their purchase and expiry date, batch number and quantities is kept up to date by Matron.

For all medications stocked, indications for their use, contraindications, dosages, side-effects and the duration of treatment is kept and referred to before anything is administered.

For each medicine administered to pupils under a "homely remedy protocol" (See below) a tracking record is also kept. (Appendix v)

### **PRESCRIBED MEDICATIONS**

- Must only be issued to the pupil for whom they have been prescribed.
- Must stay in their original container that should be childproof;
- Where possible stored in a double locked cupboard.
- The original dispensing label must not be altered.
- Medication for use in urgent situations, for example antibiotics must be prescribed individually for each pupil as and when required.
- Generally, stocks of prescription medicines must not be held.
- However, some prescription-only medicines may be kept as stock for use in an emergency situation when the local primary care organisation (PCO) has agreed to the school using a patient group directive (PGD) for that particular medicine.
- The PGD is drawn up by that PCO and allows named, registered nurses in the school to apply the directive.

### **SELF-ADMINISTRATION OF MEDICATION**

Our standard policy for self administration is that we do not allow pupils to self-medicate at School. However where it is unavoidable and self-medicating is agreed; all parties will sign an appropriate agreement form.

Pupils who self medicate should have their own locked cupboard or drawer if they keep the medication.

### **ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED MEDICATION**

Staff will not be administer medication to a pupil unless they are in possession of a current Care of Medicines (or equivalent) qualification.

Matron or boarding house staff who administer medication should complete training to assist in highlighting issues such as indications, contra-indications, side-effects, dosage, precautions regarding administration, as well as clear reasons for not giving the drug and duration of treatment before nursing or medical advice is sought.

**The protocol for the administration of prescribed medication is as follows:**

- Identity of the pupil should be checked
- Parents should sign the prescribed medicines slip on bringing the medication to Sickbay, and this should be cross referenced with the label on the drug.
- Immediate initialing of the administration sheet.

- Recording a pupil's refusal to take medication.

#### **The protocol for administration of homely remedies / non-prescribed medication:**

- Identity of the pupil should be checked
- Individual's medical consent records should be checked against the medication to check consent has been granted to receive it
- Immediate initialing of the administration sheet.
- Details of quantity and time should be recorded. This detail should be passed to the parents
- Recording a pupil's refusal to take medication.

#### **Protocol if there is an error made in administration**

- This must be reported to parents immediately and logged on the medical incidents log
- Depending on the nature of the error, a decision should be made by a suitably qualified person as to whether additional medical intervention is necessary.
- Where there are adverse drug reactions, medical assistance should be sought immediately.
- When a foreign medication is brought into the school by pupils, it should not be administered without the express written consent of the pupil's parents

These protocols should be agreed, understood and accepted by staff, and known to pupils and parents.

#### **Administration of Medicines to save a life**

In extreme emergencies certain medicines can be given or supplied without the direction of a medical practitioner or there being a PGD, for the purpose of saving life.

#### **Epipens**

The administration of adrenaline by injection (1:1000), chlorpheniramine and hydrocortisone (Epipens) are among those drugs listed under Article 7 of the Prescription Only Medicines (Human Use) Order 1997 for the administration by anyone in an emergency for the purpose of saving life.

#### **Anaphylaxis Protocol**

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The prevalence of allergens is increasing consistently. The most common allergens in children are: Peanuts, eggs, tree nuts (eg cashews), cow's milk, fish & shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

To support the prevention of anaphylaxis in school situations knowledge of those children who have been diagnosed as at risk, awareness of allergens and prevention of exposure to those allergens is key. Communication between the school and parents/guardians is important in helping children avoid exposure.

## Emergency First Aid for Anaphylactic Reaction

Adrenaline should be given through an adrenaline autoinjector (such as a EpiPen or Anapen) into the muscle of the outer mid thigh as soon as anaphylaxis is apparent.

Instructions are clearly visible on the outward packaging.

### Anaphylaxis risk minimisation strategies

- Individual health care plans should be reviewed prior to any special activities to allow for contingencies to be made as appropriate.
- The action plan should be placed in a prominent position with the authority of the parent/guardian.
- Prompt recognition & action for anaphylactic reaction can be life saving, therefore, staff should routinely review the action plan.
- Parents/guardians are responsible for supplying the autoinjector and ensuring that the medication has not expired. The expiry date will be displayed clearly to enable quick assessment.
- Where a child has been exposed to their specific allergens but has not developed symptoms, the child's parents/guardians should be contacted to collect the child and seek medical advice. Immediate action should be taken if the child develops symptoms.
- It is quite possible that a child with no history of anaphylaxis may have their first anaphylactic reaction at school. In this case the emergency services must be called immediately, if they give consent the schools emergency AAI may be administered ensuring it is the correct dosage for that child.
- A child at risk of food anaphylaxis should only eat food prepared at home or by the school under strict conditions. Children should not swap or share food, utensils or containers. Only appropriately trained staff should prepare, handle & serve the allergic child's food to minimise the risk of cross contamination. For further information please see the Food Allergies and Intolerances policy (Appendix ...)
- Some children have severe allergic reactions to insect venoms. Prevention of insect stings from bees & wasps include such measures as:
  - \*wearing shoes when outdoors
  - \*closing windows in cars & buses
  - \*taking care when drinking out of cans, walking around pools, at the beach, or when walking in grasses which are in flower.

### Inhalers

Pupils who have an inhaler should keep this on their person.

A spare emergency inhaler should be handed in to Matron. This will be kept in Sickbay in an unlocked cupboard for quick access.

For PE and Games, the student's inhaler will be kept by the relevant teacher(s) in the immediate vicinity of where the PE or Games lesson and/or inter-school fixture is taking place.

An assessment about the criteria for administering the inhaler is made through liaison with Matron, the parent(s) and an assessment of the pupil.

An asthma card and administration form is filled in by the parents of pupils detailing their specific requirements. Some pupils may recognise their need and notify a member of staff. Some of the inhalers are administered through a nebuliser (a spacer device), for example 'volumatic' and need the assistance of an adult to ensure the medicine is correctly applied.

Matron will contact parents to advise when an inhaler kept at school has expired. See Appendix ...

### **Procedure for Asthma Attacks**

All staff should recognise symptoms:

- Wheezy when breathing out
- Difficulty in speaking
- Tight chest and dry cough
- Exhausted or confused
- Greyish appearance to skin

#### Action

If the child is not too wheezy, accompany to Matron

If the child is too wheezy, call for Matron on 331

Put the child in the most comfortable position to aid breathing, usually sitting forward

Encourage, if necessary assist them to use their inhaler. If not available, proceed as above

If there is no improvement after 5 minutes, repeat dose

If the child loses consciousness or still fails to improve, call 999

Monitor and stay with child until fully recovered or until help arrives

#### Maintenance

Ensure all asthmatics have completed asthma cards

Ensure spare inhalers are easily accessible and clearly marked with the child's name

Ensure inhalers are replaced when empty or expired

### **Aspirin for Heart Attack**

Summon help and ask them to dial 999 (via landline if possible)

Send for the defibrillator (in staircase lobby of Main Building)

Begin CPR procedures and deploy defibrillator as soon as it arrives.

In line with the guidance from the HSE a protocol is required for the use of Aspirin in the event of someone in the workplace having a heart attack.

For this reason, Aspirin 300mg will be kept in the medicine cupboard in sick-bay. In the event of a staff member or visitor to the school having a suspected heart attack, a First Aider will call for an ambulance then put them into the 'Lazy W' position and ask them; 'Are you allergic to Aspirin?' If the response is 'No' an aspirin tablet will be offered to chew slowly whilst waiting for the ambulance to arrive. This information will be recorded and passed on to the emergency services.

This protocol should also be logged (Appendix ...)

### **Insulin for Diabetics**

#### **Procedure for Diabetes**

All staff should be aware of emergency procedures:

#### Recognition of Hyperglycaemia (high blood sugar - gradual onset)

Thirsty

Vomiting

Frequent urination

Sweet smell on breath  
Rapid breathing and rapid weak pulse  
Warm, dry skin  
Drowsiness

#### Action

If unconscious place in recovery position and monitor  
Allow patient to administer insulin if they are able  
Call 999. Send or call for Matron on 331

#### Recognition of Hypoglycaemia (low blood sugar - rapid onset)

Hungry  
Strong, rapid pulse  
Pale, cold and sweating  
Weakness, feeling dizzy or faint  
Confused, often aggressive behaviour, slurred speech

#### Action

Send runner or call 331 for Matron  
Raise sugar levels quickly (sugary drink, chocolate, glucose)  
If there is a quick response, rest then more food/drink  
If there is no response or loss of consciousness, call 999  
Monitor vital signs until recovered or help arrives  
If in doubt about 'Hyper' or 'Hypo' then treat for Hypo

#### Maintenance

All first aid Bags to carry known diabetics' personal treatment for Hypoglycaemia  
Test equipment. Syringes and insulin to be kept in sickbay, locked away with the child's name clearly visible  
Snacks to be kept easily accessible to rectify Hypoglycaemia

### **Procedure for Epilepsy**

All staff should be aware of emergency procedures:

#### Recognition of seizure

Sudden unconsciousness  
Rigid arched back  
Convulsions

#### Recognition of 'Absence'

Blank appearance  
Localised twitching of lips or eyelids  
Repetitive noises e.g. lip smacking

#### Action

Send for Matron or call 331. Note the time  
Do not try to restrain or move unless in danger  
Make space around the child, remove any potentially hazardous items  
Loosen clothing around neck if possible  
After seizure place in recovery position and monitor  
Note the time (duration)  
Stay with the child until fully recovered  
Observe for two hours

Call 999 IF  
A first seizure  
If there is more than one seizure  
If the seizure lasts more than 5 minutes  
Contact parents in all cases

#### Maintenance

Ensure staff awareness of all known epileptics  
Keep medication readily available with the child's name clearly marked

Remember the ambulance service would prefer a well intentioned false alarm to a late call.

#### **Medicine Recording and monitoring records**

Records of all medicines administered should be properly completed, legible and current. They should provide a complete audit trail for all medications.

Matron maintains an up to date reference of all current prescribed medication, and shares this information with the Boarding House team where needed.

ALL medicines brought into School are recorded for each pupil including over the counter and complementary medicines.

The Medicine Administration Record (MAR) Form can be found in Appendix .... It contains the following information:

- Name of pupil.
- Date of receipt.
- Name, strength and dosage of drug.
- Quantity of the drug.
- Signature of the member of staff receiving the drug.

This document should be kept for all drugs administered (including homely remedies) and be retained for 15 years after the last entry.

The designated person should also keep a record of repeat medication requested and check that this has been received.

A record should be kept of medicines sent home or on residential trips with the pupil and if a pupil is admitted to hospital.

The parents and school doctor should be informed if a pupil refuses to take medication.

Parents should be informed if any "homely" remedies have already been given should a pupil require further medical consultation.

#### **Disposal of Medicines**

Unused medicines should be returned home when no longer required. Parents are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal.

Medications should be returned to the child's parent:

- When the course of treatment is complete

- When labels become detached or unreadable
- When instructions are changed
- When the expiry date has been reached
- At the end of each term (or half term if necessary)

At the end of every term a check of all medication storage areas should be made. Any medication which has not been collected by parents and is no longer required should be disposed of safely by returning it to a community pharmacy.

All medication returned or disposed of, even empty bottles should be recorded.

No medication should be disposed of into the sewage system or into the refuse. Current waste disposal regulations make this practice illegal.

Sharps boxes should always be used for the disposal of needles or glass ampoules. Where needed, sharps boxes can be obtained by parents on prescription from the child's GP or Consultant. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

### **Controlled drugs**

Methylphenidate (e.g. Ritalin, Concerta XL, Equasym) is a stimulant medication that is used in the UK for the treatment of ADHD. Although methylphenidate is legally categorised as a Controlled Drug, it should be treated in exactly the same way and with the same safeguards as any other medication which the school agrees to administer. However, even when a child is self managing their medication, Controlled Drugs should be kept securely in a locked non-portable container. Only staff qualified in Care of Medicines should have access to Controlled Drugs.

- Good practice dictates that the storage of controlled drugs should comply with the Misuse of Drugs (Safe Custody) Regulation (1973) as amended so they are stored in a secure, lockable cupboard.
- Only those with authorised access should hold the keys to the cupboard.
- Separate records for the administration of controlled drugs should be kept.
- The balance remaining should be checked at each administration.
- There should be a clear protocol for the disposal of unused controlled drugs which should be returned to the pharmacy.

## APPENDIX TWO

### Part II Schedule 7 of Road Vehicles (Construction and Use) Regulations 1986 first aid Equipment

- 10 antiseptic wipes, foiled packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile un-medicated ambulance dressings (not less than 15.0cm x 20.0cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rust-less blunt ended scissors

## **Procedure for Asthma Attacks**

All staff should be aware of emergency procedures:

### Recognition

Wheezy when breathing out  
Difficulty in speaking  
Tight chest and dry cough  
Exhausted or confused  
Greyish appearance to skin

### Action

If the child is not too wheezy, accompany to Matron  
If the child is too wheezy, call for Matron on 331  
Put the child in the most comfortable position to aid breathing, usually sitting forward  
Encourage, if necessary assist them to use their inhaler. If not available, proceed as above  
If there is no improvement after 5 minutes, repeat dose  
If the child loses consciousness or still fails to improve, call 999  
Monitor and stay with child until fully recovered or until help arrives

### Maintenance

Ensure all asthmatics have completed asthma cards  
Ensure spare inhalers are easily accessible and clearly marked with the child's name  
Ensure inhalers are replaced when empty or expired

Remember the ambulance service would prefer a well intentioned false alarm to a late call.

## **Procedure for Diabetes**

All staff should be aware of emergency procedures:

### Recognition of Hyperglycaemia (high blood sugar - gradual onset)

Thirsty  
Vomiting  
Frequent urination  
Sweet smell on breath  
Rapid breathing and rapid weak pulse  
Warm, dry skin  
Drowsiness

### Action

If unconscious place in recovery position and monitor  
Call 999. Send or call for Matron on 331

### Recognition of Hypoglycaemia (low blood sugar - rapid onset)

Hungry  
Strong, rapid pulse  
Pale, cold and sweating  
Weakness, feeling dizzy or faint  
Confused, often aggressive behaviour, slurred speech

### Action

Send runner or call 331 for Matron  
Raise sugar levels quickly (sugary drink, chocolate, glucose)

If there is a quick response, rest then more food/drink  
If there is no response or loss of consciousness, call 999  
Monitor vital signs until recovered or help arrives  
If in doubt about 'Hyper' or 'Hypo' then treat for Hypo

### Maintenance

All first aid Bags to carry known diabetics' personal treatment for Hypoglycaemia  
Test equipment. Syringes and insulin to be kept in sickbay, locked away with the child's name clearly visible. Snacks to be kept easily accessible to rectify Hypoglycaemia

### **Procedure for Epilepsy**

All staff should be aware of emergency procedures:

#### Recognition of seizure

Sudden unconsciousness  
Rigid arched back  
Convulsions

#### Recognition of 'Absence'

Blank appearance  
Localised twitching of lips or eyelids  
Repetitive noises e.g. lip smacking

#### Action

Send for Matron or call 331. Note the time  
Do not try to restrain or move unless in danger  
Make space around the child, remove any potentially hazardous items  
Loosen clothing around neck if possible  
After seizure place in recovery position and monitor  
Note the time (duration)  
Stay with the child until fully recovered  
Observe for two hours  
Call 999 IF  
A first seizure  
If there is more than one seizure  
If the seizure lasts more than 5 minutes  
Contact parents in all cases

### Maintenance

Ensure staff awareness of all known epileptics  
Keep medication readily available with the child's name clearly marked

Remember the ambulance service would prefer a well intentioned false alarm to a late call.

### **Procedure for Cardiac Arrest**

Summon help and ask them to dial 999 (via landline if possible)  
Send for the defibrillator (in staircase lobby of Main Building)  
Begin CPR procedures and deploy defibrillator as soon as it arrives.

300mg Aspirin tabs are kept in the medicine cupboard in sick bay. If a heart attack is suspected and victim is conscious and able to respond that they can take aspirin, they can be offered one

300mg tablet to chew while waiting for the ambulance to arrive. This should be recorded and related to the paramedic crew.

## APPENDIX FOUR

### Homely Remedies

Bonjela	Arnica
Calpol	Steripods
Children's Nurofen	Waspeze
Cold Remedies e.g. Sudafed	Eye Wash
Cough Medicine	Sensitive Plasters
Dual Action Throat Lozenges	Athletes Foot Cream
Fishermen Friends	Savlon
Hayfever Tablets	Eye Drops
Ibuprofen	Anthisan
Indigestion remedies	E45
Kaolin Mixture	Burn Gel
Migrave	Sun Lotion
Milk of Magnesia	Lip Salve
Paracetamol	Germoline
Piriton	Deep Heat
Strepsils	Burneze
Throat Pastilles	After Sun
Travel Sickness Pills	Plasters
	Vaseline
	Gauze
	Micropore Dressing
	Head Lice Lotion
	Sudacreme
	Olbas Oil

### APPENDICES HELD AS SEPARATE DOCUMENTS

- Head Injuries Form
- Accident/Injury/Incident Report Form
- A4 sheet entitled 'Immediate Action following a serious accident or incident on a school trip'.
- [Parental Medical Consent Form](#)
- [Notification of a School Party Visit out of School \(Risk Assessment Document\).](#)
- [Guidance for Health & Safety of Pupils on Educational Visits checklist \(for staff\)](#)
- [Health & Safety of Pupils on Educational Visits \(DfEE publication 1998\)](#)

**THE EXECUTION OF THIS POLICY will be monitored by the SLT and MATRONS.**

**Reviewed by SLT & Matron**