

## **Forres Sandle Manor (Non-Academic) Policy**

Policy Title	<b>First Aid</b>
Policy Lead (Appointment (& Initials))	<b>School Nurse (CP)</b>
Date of Last Review	<b>September 2023 (CP)</b>
Date of Next Review	<b>September 2024</b>

### **FIRST AID**

#### **STATEMENT**

This policy gives detailed information for all staff in assessing and taking action in situations that require first aid.

#### **PRACTICAL ARRANGEMENTS AT THE POINT OF NEED**

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If a child becomes injured or unwell during the school day or overnight, they will be brought up to Matron who will make an assessment and treat the child appropriately.

The Matron or Pre-Prep member of staff will contact a parent immediately if a pupil suffers anything more than a trivial injury or if they have become unwell.

Parents should keep their child at home if he/she is unwell. We will phone day parents and ask them to collect if their child becomes unwell. In the event of sickness and/or diarrhoea, a child should remain at home for 48 hours after their last episode.

If a Boarder is unwell and parents are able, they will be phoned and it will be suggested that they collect their child. An ill child is always happier at home. However, in the event that a boarder cannot go home, they will be looked after in the Getting Better Bay (GBB) until well enough to return to school.

See the Health and Welfare Policy for further information.

#### **FIRST AIDERS**

We always ensure that a minimum of one member of staff who is qualified in first aid is on the premises when children are present. There is always at least one Matron (or a member of staff who is first aid trained) available on site and contactable 24 hours a day, both by parents and children.

Pre-Prep staff are on a rolling programme of regularly updating their Paediatric first aid training and there is always at least one person who has first aid training and a current paediatric first aid certificate on the premises and available at all times when Pre-Prep children are present, and must accompany pupils/EYFS children on outings (see EYFS Policy for the Supervision of Children on Trips and Outings).

A list of all members of staff who are qualified first aiders or paediatric first aiders is displayed on notice boards around the school. Their training is refreshed every three years or as advised by the training agency. **See Appendix 1 for all first aid trained members of staff.**

### **FIRST AID BOXES**

First Aid boxes are placed in all areas of the school where an accident is considered likely. These are found in the surgery, front hall, school office, kitchen, Pre-Prep, DHH store cupboard, DT lab, Science lab, Food Technology room, Lecky's within the learning centre, Art block and in The Barn.

First Aid boxes are checked every half term and replenished as necessary.

### **REPORTING AN ACCIDENT ON THE SCHOOL SITE**

All minor injuries in both the Pre-Prep and Upper School are logged on the child's medical records on SchoolBase. Parents are informed of any accident or injury sustained by a child on the same day it happens, or as soon as is reasonably practical, as well as details of any First Aid given.

In the case of a day child in Pre-Prep, a minor accidents form is completed by a Pre-Prep member of staff or Matron and given to parents to sign to inform them of the accident and the first aid treatment and homely remedies, if any, given to their child. Pre-Prep children wear a sticker to highlight that they have had a head injury. A Head Injury form is completed for all pupils in Pre-Prep and the Prep School.

In the case of a head injury, additional information is provided to the parents regarding the signs and symptoms which may accompany head injuries and instructions as to what they should do if their child shows any of these signs and symptoms. Please see the separate Head Injury Policy.

In the event of a major injury, the Matron or member of Pre-Prep staff dealing with the incident will fill in the Accident Book and the report taken to the Bursar to be reported to RIDDOR. In the event of any serious accident or injury to, or the death of, any EYFS child whilst in school we understand that we must notify the local Child Protection Agency.

### **TAKING PUPILS OFF-SITE**

First Aid kits are available from the Matrons' department. Matrons will ensure that any specific medical conditions are known to the member of staff leading the trip and also ensure that the appropriate medication is included in the First Aid kit for that trip.

Included in the kit is a sheet for all staff to fill in of any medication or injuries that have occurred so that Matron is aware when the Child returns to school and these can be recorded appropriately.

Staff should not remove a First Aid kit from a fixed location to take on a school trip but should take a kit from the Matrons' Department.

Pre-Prep staff will take their own First Aid kit on any off-site trips or activities.

### **FIRST AID SUPPORT FOR SPORTING ACTIVITIES**

A Matron / School Nurse is always contactable to provide first aid treatment for all sporting events at FSM. For all off site sporting events, a First Aid kit is collected from the Matrons' department, along with any additional medication a child may require.

### **CALLING AN AMBULANCE**

If an adult or child has a serious accident at school, staff are trained to summon medical help from the Matrons department. Matrons, the School Office or Pre-Prep staff are normally responsible for calling an ambulance. All staff are advised that if the Matron or the school office staff are unavailable, they should summon an ambulance themselves. Matrons or Pre-Prep staff will contact parents and escort a child to hospital, unless a parent arrives at FSM before the ambulance arrives. A Matron or a member of Pre-Prep staff will stay with a child in hospital until a parent arrives. If this is when the School Nurse is on site, then a matron will go with the child and the School Nurse will cover the site in the Matrons absence.

In the event of a day child suffering a minor injury (for example a broken arm), parents would be contacted and the child kept comfortable until a parent could collect them and take them to Accident and Emergency. In the event of a minor injury to a boarder, parents would be notified and the child taken to Accident and Emergency by a Matron.

If a Matron is unable to leave school, another member of staff will go with the child. All staff should ensure that they give the school's alternative postcode of SP6 1DS to ensure that the ambulance arrives quickly.

### **ARRANGEMENTS FOR PUPILS WITH PARTICULAR MEDICAL CONDITIONS**

If a pupil has particular medical needs or requires any special adjustments to their care, parents will be contacted by the School Nurse and the most appropriate care and regime will then be arranged for the child. A subsequent meeting may be organised to discuss arrangements further. The Head of Boarding and Head of Pre-Prep will be informed as appropriate. The Deputy Head (Pastoral) will be aware of all care plans put into place.

Additional medical policies also contribute to the FSM aim of total care:

- Administration of Medication.
- Allergy and Anaphylaxis.
- Asthma.
- Blood and Bodily Fluids.

- Diabetes.
- Epidemics, Pandemics and Norovirus.
- Epilepsy.
- Head Injuries.
- Health and Welfare.
- Intimate Care.
- Mental health and wellbeing.

## **HYGIENE PROCEDURE FOR DEALING WITH THE SPILLAGE OF BODILY FLUIDS**

Bodily fluids include:

- Blood.
- Vomit.
- Faeces.
- Urine.
- Saliva.
- Nasal and eye discharge.

Bodily fluids must be cleaned up immediately. Staff are instructed to follow the instructions below:

- Always wear disposable gloves.
- To wear a disposable apron.
- Liberally sprinkle body spill granules over the spillage, and then leave for 5 to 10 minutes.
- Scoop up the hardened spillage with the brush included in the bodily fluid kit and put it in a yellow bag.
- Dispose of the medical waste in the yellow bin behind the Surgery door.

Prevention of infection can be helped by:

- Spraying disinfectant on the infected area once the spillage has been cleaned up.
- Mopping the floor.
- Washing hands thoroughly afterwards.

## **CONTAMINATED BEDDING**

If bedding becomes contaminated with bodily fluids, soiled bedding should be placed in a disposable laundry bag. The bag should be tied up and the entire contents transferred into a washing machine and washed at 60 degrees.

## **CONTAMINATED SWABS AND DRESSINGS**

All contaminated dressings, swabs etc. must be disposed of in the yellow medical waste bin behind the Surgery door.

## **STORAGE OF CLEANING MATERIALS**

Bodily fluid yellow kits are located in the cupboard under the sink in the Surgery.

## **HANDWASHING**

As part of our infection control, all staff and pupils are encouraged to wash their hands thoroughly, particularly after dealing with a First Aid situation and before meal times. Hand gel is also available for staff and children across the site.

**Pre Prep Paediatric First Aid Qualifications**

<b>Name</b>	<b>Class</b>	<b>Course</b>	<b>Date of Attendance</b>	<b>Date of Update</b>
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## Forres Sandle Manor (Non-Academic) Policy

Policy Title	Head Injuries
Policy Lead (Appointment (& Initials))	School Nurse (CP)
Date of Last Review	Sept 2023 (CP)
Date of Next Review	Sept 2024

### HEAD INJURIES

#### **AIMS**

Children frequently sustain minor head injuries. This policy aims to give advice on what signs and symptoms should be looked for in children who have had a bump to their head and when medical advice should be sought.

#### **TYPES OF HEAD INJURY**

Head injuries fall into two categories:

- External, usually scalp injuries.
- Internal, which may involve the skull, blood vessels within the skull or the brain.

Fortunately most childhood falls or blows to the head cause injury to the scalp only.

#### **WHAT ACTION BE TAKEN WHEN A CHILD SUSTAINS A HEAD INJURY**

If a child sustains a head injury, no matter how small, they must be escorted up to Matron where relevant advice will be sought.

If the child is alert and behaving normally after the bump to the head and is able to answer questions, for example 'When is your birthday?', 'How old are you?' or 'What did you have for lunch?' then an ice pack will be applied and they will stay with Matron until the child is deemed well enough to return to school. The child will then need to be watched carefully for the next 24 to 48 hours.

All staff will be emailed and asked to watch the child carefully throughout the day. If a staff member is concerned, the child should immediately be sent back to the Matrons. They must always be accompanied.

Children can appear well immediately after a head injury but all staff should look out for the following side effects in particular:

- Loss of consciousness.
- Vomiting.
- Fits or abnormal limb movements.
- Persistent dizziness or difficulty walking.
- Strange behaviour or confused speech.

If one or more of these side effects presents, the child should be accompanied back to the Matron, where medical advice would be sought or Matron would take the child to Accident and Emergency at Salisbury District Hospital.

If a head injury occurs at bedtime and the child falls asleep soon after, the overnight Matron will check the child a few times during the night. If the head injury has happened within 4 hours of bed time, the child will be woken up once to check they are rousable. After this, if the child is a normal colour and their breathing is normal then the child will be left to sleep. There is no need to keep a child awake after a head injury.

If, however, the on duty Matron was not happy with the child's breathing and/or colour then the child would be partly woken. The child should fuss a little and attempt to resetttle. *If they still seem very drowsy, Matron should try to wake them fully.* If the child couldn't be woken, further assistance would be called.

Where a bump to the head has been assessed and deemed to be a higher level injury, the School Nurse would implement regular observations for an initial period of 48 hours, including through the night.

## **COMMUNICATION WITH PARENTS**

In the event of a head injury, parents of both boarders and day children must be notified. This is regardless of whether or not medical advice has been sought. This is normally done by email, however if a response isn't received from a day parent by the end of the school day, a phone call home must also be made. All information must be relayed clearly to the parent, including how the injury occurred and any treatment, including medication given. It is vital that day parents are informed where an incident has occurred so that they can monitor the child accordingly during the evening. A Head Injury form must be completed by the Matron and parent before a day pupil goes home (see FSM Concussion Policy).

## **RECORDING HEAD INJURIES**

All head injuries must be recorded on SchoolBase and also on a head injury advice form, that gets given to the parents to sign and return.

If a head injury occurs whilst a child is off-site on a school trip or away fixture, all information regarding the head injury **MUST** be passed on to the duty Matron by the member of staff immediately on returning to school through completion of the Head Injury form found in all First Aid kits. The Duty Matron will then record information on SchoolBase.

## **INTERNAL HEAD INJURIES**

These can be life threatening and if any of the following symptoms are present then medical advice **MUST** be sought:

- Unconsciousness for more than a few seconds.
- Abnormal breathing.
- Obvious serious head wound.
- Bleeding or clear fluid from the nose, ear or mouth.



- Disturbance of speech or vision.
- Pupils of unequal size.
- Weakness or paralysis.
- Neck pain or stiffness.
- Seizure.

Parents of both boarders and day pupils would be notified immediately and a Matron would accompany the child to hospital.

## **CONCUSSION**

Concussion in many cases is mild and will not cause long term damage. Children usually recover after a week or two. Playing sports is one of the most common causes of concussion.

Please see FSM's Concussion policy below for further details and protocols.

## CONCUSSION: FSM POLICY AND PROTOCOLS

### **What is Concussion?**

Concussion is a brain injury caused by either direct or indirect forces to the head. It typically results in the rapid onset of short-lived impairment of brain function.

Loss of consciousness occurs in less than 15% of concussion cases and whilst a feature of concussion, loss of consciousness is not a requirement for diagnosing concussion.

Concussion results in a disturbance of brain function (e.g. memory disturbance, balance problems or symptoms) rather than damage to structures such as blood vessels, brain tissue or fractured skull.

Typically standard neuro-imaging such as MRI or CT scan is normal.  
**CONCUSSION MUST BE TAKEN EXTREMELY SERIOUSLY**

### **Children and Concussion**

It is widely accepted that children and adolescent athletes (18 years and under) with concussion should be managed more conservatively. This is supported by evidence that confirms that children:

1. Are more susceptible to concussion
2. Take longer to recover
3. Have more significant memory and mental processing issues.
4. Are more susceptible to rare and dangerous neurological complications, including death caused by a second impact syndrome
5. Are more vulnerable to further injury during the recovery period

When a player sustains a head/neck injury or is suspected of such, the player must be attended by a **suitably trained person** who is confident to assess the injury and look for signs of concussion.

GAP students should therefore not referee rugby matches unless qualified to do so and must only officiate other sports when there is additional teaching staff in close proximity.

### **Visible clues of potential concussion - what you see**

Any one or more of the following visual clues can indicate a possible concussion:

- Dazed, blank or vacant look.
- Lying motionless on ground / Slow to get up.
- Unsteady on feet / Balance problems or falling over / Inco-ordination.
- Loss of consciousness or responsiveness.
- Confused / Not aware of plays or events.
- Grabbing / Clutching of head.
- Convulsion.
- More emotional / Irritable.

### **Symptoms of potential concussion - what you are told**

Presence of any one or more of the following signs and symptoms may suggest a concussion:

- Headache.
- Dizziness.
- Mental clouding, confusion, or feeling slowed down.
- Visual problems.
- Nausea or vomiting.
- Fatigue.
- Drowsiness / Feeling like “in a fog” / difficulty concentrating.
- “Pressure in head”.
- Sensitivity to light or noise.

**Questions to ask - what questions to ask**

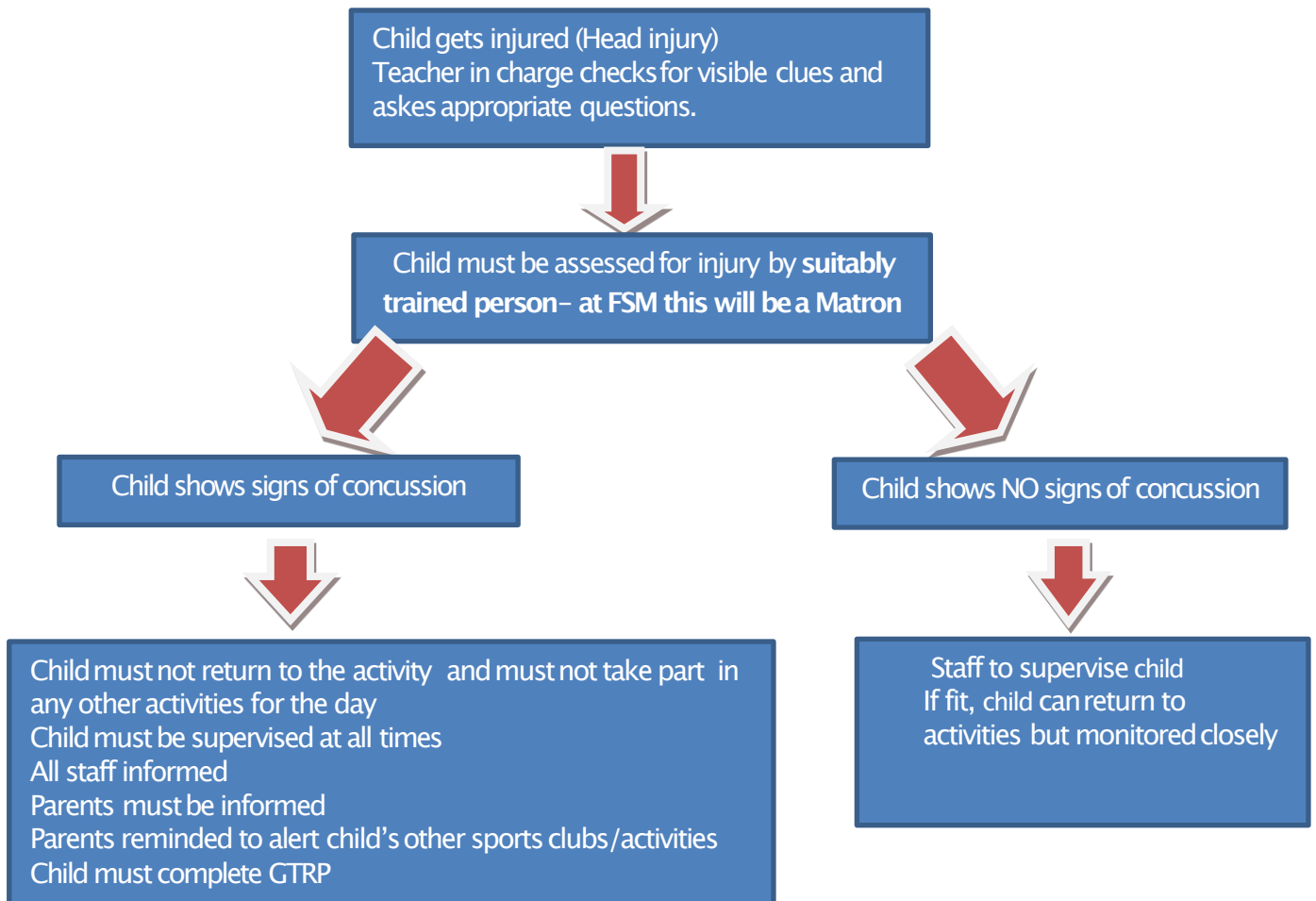
Failure to answer any of these questions correctly may suggest a concussion:

- “Where are you?”
- “What year group are you in?”
- “What were you doing previously?”
- “What part of the day is it now?”
- “What was for breakfast/lunch/supper today”

If a player has signs or symptoms of a possible concussion that player must be:  
**RECOGNISED AND REMOVED and IF IN DOUBT, SIT THEM OUT.**

- Matrons must become involved at this point – matrons mobile: 07917 062540

**A Flow Chart of action: “If in Doubt, Sit them Out”**



If the injury is confirmed as a concussion through playing rugby, it must be reported to the Hampshire RFU within 48 hours.

Tel: 01329 833022 E-Mail: [hampshirerugby@yahoo.co.uk](mailto:hampshirerugby@yahoo.co.uk)

For full concussion advice, please see following link:

[http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/01/parentssummary\\_Neutral.pdf](http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/01/parentssummary_Neutral.pdf)

### GRADUATED RETURN TO PLAY (GRTP)

All children diagnosed with a concussion must go through a graduated return to play (GRTP) program as outlined in this document.

A GRTP should only commence if the child:

- Has completed the minimum rest period for their age.
- Is symptom free and off medication that modifies symptoms of concussion.

In the early post injury period, rest is defined as *complete physical and cognitive rest*. However, if recovery is delayed, rest is defined as being activity below the level at which physical activity or cognitive activity provokes symptoms.

	Rehabilitation stage	Exercise allowed	Objective	Requirement
Date of event:	Off school while symptomatic	<b>Complete body rest and brain rest for minimum 24 hours</b> (no reading, no TV, no computer, no driving)	Rest & Recovery	Child must be symptom free for <b>48 hours</b> before moving to stage 1.
<b>Stage 1</b>  <b>Minimum rest period 14 days</b>	Once symptom-free (and without masking medication e.g. paracetamol)	<b>None</b>	Recovery	Confirmation of recovery by healthcare professional advised before progress to stage 2
Stage 2 -at earliest <b>day 15</b>	Light aerobic exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training	Increase heart rate	<b>48 hours</b> symptom-free for U19's before progress to next stage
Stage 3 -at earliest <b>day 17</b>	Sport-specific exercise	Running drills. No head impact activities.	Add movement	<b>48 hours</b> symptom-free for U19's before progress to next stage

Stage 4 -at earliest <b>day 19</b>	Non-contact training drills	Progression to more complex training drills, eg passing drills. May start progressive resistance training	Exercise, coordination and cognitive load	<b>48 hours</b> symptom-free for U19's <b>and</b> confirmation of recovery by healthcare professional before progress to next stage
Stage 5 -at earliest <b>day 21</b>	Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff	<b>48 hours</b> symptom-free for U19's before progress to next stage
Stage 6 -at earliest <b>day 23</b>	Return to play	Player rehabilitated	Full recovery	

In the case of a **confirmed concussion**, movement to Stage 5 (full contact practice) must have recovery confirmed by a healthcare practitioner (GP, doctor, medical practitioner).

The RFU/Hampshire Hockey recommend **48 hrs** at each stage **after** 14 days rest for U19's and below.

## **SAFEGUARDING STATEMENT**

**Any information sharing between schools and clubs must be done ONLY with the consent of the parents and it should be noted that ANY information of this type is STRICTLY CONFIDENTIAL; information regarding children should only be shared with DBS cleared school/club/health professionals and parents. Communicating this information in writing (by e-mail or letter) should include the statement:**

*“This correspondence, and any attachments, is strictly confidential and may be legally privileged. It is intended only for the addressee. If you are not the intended recipient, any disclosure, copying, distribution or other use of this communication is strictly prohibited. If you have received this message in error, please contact the sender.”*

## **RECURRENT OR DIFFICULT CONCUSSIONS**

Following a concussion a child is at an increased risk of a second concussion within the next 12 months.

Children with:

- A second concussion within 12 months;
- A history of multiple concussions;
- Unusual presentations; or
- Prolonged recovery,

Should be assessed and managed by health care providers (multi-disciplinary) with experience in concussions.

**Recognise**  
**Remove**  
**Refer**  
**Rest**  
**Recover**  
**Return**



**Head Injury Advice Form:** blank copies of this should also be kept in first aid kits.

Where Head injuries occur both a paper and electrical copy should be given/sent to the parent, and a copy retained for records. Parents must also be reminded that it is recommended that this information is shared with any other sports/activity organisations which this person is involved with currently.

### Head Injury Advice Form

Child's name: ..... DOB ..... Date / time of injury:

Brief details of injury and treatment: .....

First Aider: ..... Position: ..... Signed by parent: .....

✂-----

The person named above sustained a head injury, which has been reviewed as described. They have been treated but recovery time is variable in different individuals and the injured person will need monitoring for a further period by a responsible adult as head injury/concussion problems may not become apparent for some time after the original incident.

They should eat, drink and sleep as normal but should avoid pain relief medication. They should not ride bikes or play sports if they feel in any way unwell.

The following are often experienced after head injury:

- Mild headache
- Nausea (feeling sick)
- Mood changes, irritability
- Loss of appetite
- Disturbed sleep
- Lack of concentration and forgetfulness

These should settle down in the days following the incident but medical advice should be obtained from a General Practitioner or NHS 111 if there are any concerns during this time (tel: 111).

#### **If you notice any change in behaviour:**

- Severe or worsening headache, unconsciousness, persistent drowsiness, difficulty waking, unusual sleep patterns
- Slurred speech, nonsense speech, difficulty speaking or understanding
- Behave unusually or seem confused; are very irritable
- Vomiting
- Fits, convulsions, sudden collapse or fainting
- Blurred vision, double vision or any other problems of eyesight
- Deafness, persistent noise, ringing or any other problems of hearing
- Problems of balance, weakness, tingling or numbness in limbs
- Bleeding or discharge of clear fluid from ears or nose (not simple nosebleed)

**Please contact your doctor or the nearest Accident and Emergency department immediately.  
In an Emergency telephone 999**

#### **Other important points:**

- Rest (physically and mentally), including training or playing sports until symptoms resolve and child is medically cleared
- No prescription or non-prescription drugs without medical supervision, Specifically: - No sleeping tablets, aspirin, anti-inflammatory medication or sedating pain killers
- Children should not train or play sport for at least 21 days until medically cleared by a registered healthcare professional

**Remember, it is better to be safe.**

**Consult your doctor as soon as possible after a suspected concussion.**

**Children should not be left alone for at least 24 hours**

## Manor (Non-Academic) Policy

Policy Title	<b>Diabetes Policy</b>
Policy Lead (Appointment (& Initials))	<b>School Nurse (CS)</b>
Date of Last Review	<b>January 2023</b>
Date of Next Review	<b>July 2024</b>

### DIABETES

Pupils with diabetes are welcome at FSM. They will be encouraged to take a full part in all activities in the school, including sport and school trips.

FSM will work closely with pupils and their parents and individual care plans will be drawn up and kept for each child with diabetes. Care plans will be written by parents, pupils, the school nurse, the Head Matron and, in the case of a boarder, the Head of Boarding.

Once the care plan has been written, with the pupil's permission, their peer group will be advised of signs and symptoms to watch for. All staff will also be given this information and relevant staff will receive training from the school nurse.

Staff will be given regular updates on how to manage the child's diabetes by the school nurse. A close relationship between the Matrons' department and the parent will be vital.

All staff will have access to a protocol of information on how to help a pupil who has a hypoglycaemic episode. This protocol can be found below.

Any spare diabetic specific medical devices / medication etc. will be kept in the surgery IE. insulin, glucose tablets, hypo stop, Gluco Gel, sharps box.

If the child is going off-site on an activity, staff on the trip will be fully trained by the School Nurse and supplied with anything they may need. The person who is responsible for the risk assessment for the specific trip will need to ensure at least one member of staff has received the diabetes training by the school nurse.

The kitchen staff, under the direction of Head Chef, will be kept fully informed and will play a crucial role in managing food for the pupil.

Staff will be notified of any newly diagnosed or new pupils with diabetes. An updated list of pupils with important medical needs is displayed in the staff room.



## **DIABETES PROTOCOL**

### **HYPOGLYCEMIA**

The danger for a diabetic is a low blood sugar level. This is caused either by too much insulin, not enough carbohydrate (missed or delayed meal) or too much exercise. The matrons department / School Nurse should be informed immediately in any episode.

### **SYMPTOMS**

- Hunger.
- Sweating.
- Drowsiness.
- Pallor.
- Glazed eyes.
- Shaking.
- Mood changes or lack of concentration.

See the pupil's individual care plan for details of their specific symptoms.

### **MANAGEMENT**

If the symptoms occur while conscious, give a fast acting sugar immediately. Examples include Lucozade, sugary drink, mini chocolate bars e.g. Milky Way, fruit juice, glucose tablets, honey or jam. The pupil may have their own fast acting sugar.

The pupil should recover within 10-15 minutes. They may feel nauseous, tired or have a headache.

When the pupil has recovered, follow up the fast acting sugar with some slower acting starchy food such as two biscuits and a glass of milk or sandwich.

If the child is unconscious, do not try to give anything to swallow. If supplied by the parent, Gluco Gel or Hypo stop should be rubbed inside the cheek where it can be absorbed. Place the child in the recovery position and call an ambulance.

In all instances, no matter the severity, if the School Nurse is on duty, she should be informed so she can perform regular checks on the child. If not, then the Matrons department need to be informed.

Policy Title	<b>Blood and Bodily Fluids</b>
Policy Lead (Appointment (& Initials))	<b>School Nurse (CS)</b>
Date of Last Review	<b>January 2023</b>
Date of Next Review	<b>July 2024</b>

## **MANAGING BLOOD AND BODILY FLUIDS**

Blood and body fluids (e.g. - Faeces, Vomit, Saliva, Urine, Nasal and Eye discharge and Semen) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimise the risk of transmission of infection, both staff and pupils should practise good personal hygiene and be aware of the procedure for dealing with body fluid spillages.

Spills of blood and other body fluids should be cleaned up immediately taking the following precautions.

### **UNIVERSAL PRECAUTIONS**

- A member of staff, from the Matrons' department where possible, should handle all body fluids.
- The immediate area should be cleared of people using hazard signs as necessary.
- Appropriate protective garments should be worn. These include disposable gloves and aprons.
- Organic matter should be removed using disposable absorbent cloths.
- The area should then be cleaned using hot water and detergent followed by the appropriate disinfectant taking into account the surface where the incident happened.
- The area should be dried thoroughly.

### **DISPOSAL AND CLEANING PRECAUTIONS**

- All spillages of body fluids and material used during clearing up should be treated as "clinical waste" and be disposed of appropriately.
- Clinical waste should be disposed of in a securely sealed yellow/red bag. This is to distinguish them from other refuse.
- All Clinical Waste (yellow/red bags) should be brought to the Surgery ready for collection by Initial in order that it may be incinerated. There is a designated bin for Clinical Waste behind the Surgery door.
- Non-disposable cleaning equipment, such as mops and buckets should be disinfected and dried after use. It would be advisable to identify a special

bucket to be used on these occasions. These will be colour coded (e.g. - Yellow) in order to prevent cross contamination.

- Contaminated clothing should be laundered separately on a hot wash.
- Carpets, soft furnishing and upholstery should be steam cleaned when possible (in cases of excessive spillage, these items should be disposed of as clinical waste through Initial services).

### **PROCEDURE FOR STAFF**

- During the school day all blood and body fluid spills should be notified to the Matrons.
- Outside of school hours a Matron should be notified if available.
- The immediate area should be cleared of all people and hazard signs used if necessary.
- The appropriate casualty should be escorted if safe, to the Matrons' Room.
- During accidents and injuries, disposable gloves should be worn and can be found in all first aid kits. It is recommended that these should be latex free in order to reduce the risk of latex allergies.
- All bleeding wounds should be covered with a sterile dressing found in each first aid kit.
- Any surface upon which a body fluid has spilled should be cleaned and disinfected and dried thoroughly using the guidelines below.
- Designated cleaning equipment should be held in the Matrons' surgery.

### **CLEANING UP BODY FLUIDS**

- Use the appropriate body fluids disposal kit supplied in the above areas.
- Open the bag and put on the protective clothing (gloves and apron).
- Sprinkle the powder supplied over the spillage. This should turn into a gel-like substance.
- Using the scraper supplied, scoop up the gel and place in the yellow bag provided.
- In case of small areas of spillage (e.g. - spots of blood) soak up the spillage using absorbent paper towels and place these in the yellow bag provided.
- Wash the area using hot water and detergent with the identified equipment.
- If appropriate for the surface wash thoroughly with disinfectant using the manufacturer's guidelines for correct concentration. For Porous areas use the appropriate disinfectant suggested by the manufacturer.
- Ensure the area is dry.
- Place all disposable items into the yellow bag provided.
- All non-disposable equipment should be washed thoroughly and disinfected.
- The yellow bag should be sealed tightly and taken to the surgery for appropriate disposal.
- Wash hands thoroughly following the attached guidelines.

## **MANAGING ACCIDENTAL EXPOSURE TO BLOOD**

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury (e.g. from needles, instruments, bone fragments, significant bites that break the skin).
- Exposure of broken skin (e.g. abrasions, cuts and grazes).
- Exposure of mucous membranes, including the eyes and mouth.

The following action should be taken immediately following accidental exposure:

- Immediately stop what you are doing.
- In case of a wound, encourage bleeding of the wound by applying gentle pressure - do not suck.
- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into eyes, irrigate with cold water.
- If blood and body fluids splash into your mouth, do not swallow. Rinse out several times with water.
- Report the incident to the school nurse.
- Complete an accident form
- The Health and Safety Officer should carry out a risk assessment in order to reduce further occurrences.
- The School Nurse will seek advice and a risk assessment carried out in consultation with the local health authority on further treatment.

FSM has an obligation to ensure that appropriate cleaning equipment is provided at all sites. It should also ensure this policy is accessible to all staff and guidelines are stored with cleaning equipment.

All Matrons should be trained in disposal of body fluid spills.

### **Forres Sandle Manor (Non-Academic) Policy**

Policy Title	Administration of Medication
Policy Lead (Appointment (& Initials))	School Nurse (CS)
Date of Last Review	January 2023
Date of Next Review	January 2024

## **ADMINISTRATION OF MEDICATION**

### **AIMS**

To ensure safe storage and administration of medication to pupils who need them, by competent, trained members of staff.

### **STORAGE**

All medications are kept in a locked cabinet in the Surgery and are not accessible to children. Medication requiring refrigeration is kept in a separate locked box in the fridge. The temperature of the fridge is checked when medicines are in it, on a daily basis and the temperature recorded in the medical Charts File Medication stock is checked regularly.

### **DISPOSAL OF MEDICINES**

Any unused prescribed medications, including Controlled Drugs (CDs) and any out of date homely remedies will be returned to the Pharmacy for disposal. No medication should be disposed of into the sewage system or into the refuse. Current waste disposal regulations make this practice illegal.

### **CONTROLLED MEDICATION**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as a medicine for the use by children only.

Any trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A pupil who has been prescribed a controlled drug (CD) may legally have it in their possession if deemed Fraser Competent.

However, Forres Sandle Manor School does not allow pupils to self-administer controlled drugs to ensure the safety of the whole school community.

It is permissible for schools to look after a controlled drug where it is agreed that it will be administered to the child for whom it has been prescribed.

Controlled drugs are subject to safe custody and must be stored in a locked cabinet with limited access. CDs at Forres Sandle Manor are kept in a locked tin inside the locked medication cabinet. Only authorised personnel have access to the key.

CDs must be administered in a timely fashion in line with relevant legislation and local standard operational procedures.

There are legal requirements for the record keeping of controlled drugs. The Paper Controlled Drug Register (CDR) will be kept in a bound book format. There must be a separate page for each strength and form of an individual drug. Each page must specify the name, strength and form of the drug at the head of the page and all entries on that page must relate to that drug only. Each entry must be in chronological order. Each entry must be legible and written in indelible ink. If a mistake is made then it should be crossed through with a single line so that it can still be read. The CDR must be kept in the Surgery.

All pupils requiring CDs must have a consultant's letter stating diagnosis, medication prescribed and dosage.

All CDs must be in the original packaging, with a pharmacy label including Name and correct dosage.

International pupils bringing CDs with them also need to have a consultant's letter and shared care agreement set up and this should be done prior to the pupil arriving in the UK.

### **NON-PRESCRIBED MEDICATIONS (HOMELY REMEDIES)**

These are available to all pupils (day and boarding) and staff. The Matrons'/ Nurse's Department and the Head of Boarding have access to give medication from the list of Homely remedies (see appendix 1). All medication given will be recorded on School Base if given to a pupil, or in the Medication File.

Non-prescription medicines should only be given if parents/guardians have provided written consent. When the pupil joins the school, parents will be requested to complete a questionnaire outlining any past medical history, current medical issues and treatment, any known allergies and past immunisations. In addition, parental consent will also be requested for administration of over-the-counter medication.

## **PRESCRIBED MEDICATION**

Medication prescribed by a Doctor should be administered according to the instructions on the individual medication and **MUST ONLY BE GIVEN TO THE NAMED PUPIL TO WHOM IT HAS BEEN PRESCRIBED**. All medications should be kept in their original container and the original dispensing label must not be altered.

For all pupils, a medicines Form A consent form must be filled in, giving details of the name of the child, medical complaint, dosage and time of day that the medication should be given. A record is kept of any prescribed medication that a Boarder is taking and where appropriate, a care plan is written. For medicines prescribed by the doctor during the school term, pupils will be encouraged to involve their parents whilst respecting their right to confidentiality. Fraser competence guidelines should be followed for under 16s without parental consent.

## **COVERT ADMINISTRATION**

Disguising medicines in food and drink is generally not permitted. In exceptional circumstances, covert administration of medicines (disguising medicines in food or drink) may be necessary but it is only permissible where the pupil lacks capacity AND it is in the pupil's best interest. Refer to the Mental Capacity Act Code of Conduct.

Before covert administration of medicines can proceed, there must be an assessment of capacity undertaken followed by a best interests meeting. A decision will then be made on whether to administer the medicines covertly. If this is agreed, a plan should be developed on how to safely administer the medicines covertly. A date should be set for review.

The decision, action taken and details of all parties concerned should be documented in the care plan and reviewed at appropriate intervals. The signature from the GP must be obtained, the Pharmacist must be updated of the intention to administer the medicine covertly.

It should be noted that if a pupil requests that their medicine is to be added to food or drink, this is not "covert" as they are fully aware that the medicine is being administered to them.

## **MEDICATION BROUGHT INTO SCHOOL BY PUPILS**

Parents/Guardians should inform the Matrons and Nurses Department of any medication that a pupil may have brought into school. There are risks that prescribed medications will interact with medications purchased over the counter, or that herbal or traditional medication could interact with other forms of medication. If a child has taken their own medication then over the counter medication cannot be given if it interferes with what has already been taken. The school nurse must check the BNF (British National Formulary) before two different medications are administered to check for any interactions.

A record will be kept of all medication brought into school by a pupil. It is always essential to ask a child whether they have taken any medication that day before administering any, and treatment records on SchoolBase should also be checked first.

### **OVERSEAS MEDICATION**

Overseas boarders are asked not to bring their own medication into school unless absolutely necessary or prescribed by a Doctor. A supply of medication can be brought in by an overseas pupil providing it is accompanied by **English** instructions detailing the dose, administration, cautions etc. No medication will be administered if it is not accompanied by the instructions in English.

### **SELF-MEDICATION**

Occasionally children may self-medicate when it is in their interest to do so, e.g. with inhalers, and providing they have specific permission. A Medicines Form B must be completed. The medication must remain in its original container and be locked in their tuck box. Asthmatics should carry their reliever inhalers with them.

### **MEDICATION COMING IN AND GOING HOME**

All medication coming into school must be handed into the Matrons & Nurses Department and a record of it kept. All unused medication will be returned at the end of each term or disposed of at the pharmacy.

### **ADRENALINE PEN / ANAPHYLACTIC EPISODES**

A separate Allergy and Anaphylaxis Policy should be referred to. People who have previously experienced a severe allergic reaction, may be prescribed with an adrenaline auto-injector pen. In secondary schools adrenaline (also known as epinephrine) auto-injectors e.g. EpiPen, are best carried by the child with a spare auto-injector device stored in school (Surgery and staff room). There must be clear written dated instructions specifying dose, when to give and further action to be taken. These instructions should be kept with the medication with a spare copy kept by the school. Parents/carers should be asked to ensure that dosage requirements are regularly updated and new, dated instructions issued to the school when necessary. A spare auto-injector pen is also kept on the staff room mantelpiece, clearly labelled with instructions.



## **ASTHMA**

A separate Asthma policy should be referred to. Children who are known to have asthma must have a reliever inhaler available at all times in school. Older children should carry their own reliever inhaler and ideally should keep a spare reliever inhaler in school.

## **HOMELY REMEDIES**

### **THE 6 RIGHTS OF ADMINISTRATION MUST BE APPLIED**

1. The identity of the pupil must be ascertained (RIGHT PUPIL).
2. The name, form and strength of the medicine must be checked during the administration process (RIGHT MEDICINE).
3. Medicine should be given at the correct time, as stated on the prescription label, doctors' instructions or in the written consent by parents. If medicine is administered more than one hour either side of the time stated, advice should be sought by the school nurse (RIGHT TIME).
4. The dose of medicine must be administered in accordance with the prescribers' instructions. If in any doubt, contact the school nurse (RIGHT DOSE).
5. Each medicine must be administered in its prescribed form e.g. Tablet, capsule, patch, inhaler etc. and by the prescribed route eg. Oral, sublingual, topical etc. (RIGHT ROUTE).
6. The pupil's RIGHT to REFUSE must be respected.

### **MEDICINE SHOULD NOT BE GIVEN IF:**

- The consent form is not completed
- The pharmacy label is missing or is difficult to read
- A significant change in the physical or emotional condition of the pupil is observed
- The 6 rights of administration cannot be verified
- The pupil has queries about the medicines eg. Colour, size, shape, consistency of liquids etc.
- There are any doubts or concerns

In these situations, the medicine should not be given until advice has been sought from the school nurse who then may need to contact the original prescriber.

## **ADMINISTERING MEDICATION**

Medicine must never be crushed, broken or mixed with food and drink unless it is designed for that purpose or specific instructions have been given to do so in writing by the prescriber.

All liquids must be shaken prior to administration. Liquid dose measurements must be undertaken with accuracy. For any doses under 5ml, an oral syringe must be used.

For medicines with a limited expiry, containers of the medicine should be marked with the date of opening and / or date of expiry eg. Eye drops, creams, liquids.

Medicine must not be left unattended with the pupil. The trained staff member should remain with the pupil until administration is complete.

For application of creams and ointments, disposable gloves must be worn.

Medicine should never be pre-dispensed or dispensed for another person to administer.

The school nurse must be informed of any unusual incidents e.g. Medicine given out of the time frame, refusal etc.

## **MEDICINES GIVEN IN ERROR**

If an error is made with medication, medical advice must be sought immediately. During the school day, staff should contact The Fordingbridge Surgery (01425 653430). If out of hours or during the night, staff should contact NHS 111. At all times, the school nurse should be informed. A medical incident form should be completed, explaining the error and detailing any action taken. The error should also be recorded on the pupil's medical records on SchoolBase. Blank copies of the medical incident form are located in the Surgery filing cabinet and should be given to the Head Matron. The member of staff who made the error must also have a conversation with the school nurse about the incident and a reflection (Appendix 4) completed.

All medicine errors, incidents and near misses must be fully and carefully and documented by the School Nurse to determine the root cause and action taken as appropriate. All staff should be encouraged to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence. All medicine errors must be reported to the School Nurse initially and forwarded to the Interim Head.

If the School Nurse believes an error / incident could be a safeguarding issue, they should report to the local safeguarding team.

A safeguarding issue in relation to managing medicines could include:

- Deliberate withholding of a medicine without a valid reason
- Incorrect use of a medicine for reasons other than the benefit of the pupil
- Deliberate attempt to harm through use of a medicine
- Accidental harm caused by incorrect administration or a medicine error

This list is not exhaustive.

## **ADVERSE REACTION**

Drugs can cause an adverse reaction in some people. If a pupil experiences an adverse reaction to a medication, no further doses should be given until instructed to do so by the Doctor. If a serious reaction occurs, medical attention should be sought immediately.

## **RECORD KEEPING**

This is an extremely important part of the administering of medication. From a pupil's medical records, anyone should be able to understand exactly what has been done and when. Medical records on SchoolBase should be updated immediately once a medication has been given. Signatures are kept of every person who is deemed competent to administer medication and competency forms completed by the school nurse.

All significant incidents of a medical nature are reported to a child's parent or carer, together with any medication given or further treatments advised.

All medical records are kept until the child has reached 25.

### *Appendix 1*

#### **HOMELY REMEDIES STOCKED IN THE LOCKED MEDICINE CUPBOARD IN THE SURGERY**

<b>MEDICINE</b>	<b>INDICATION FOR USE</b>	<b>DOSE, FREQUENCY &amp; MAXIMUM DAILY DOSE</b>	<b>FURTHER INFORMATION</b>	<b>MAXIMUM TREATMENT TIME BEFORE DOCTOR ADVICE TO BE SOUGHT</b>
Paracetamol: Caplets, Tablets, Capsules	Mild pain, Headache, Toothache, Raised Temperature, Common Cold	Refer to the dose on the Box or Bottle for instructions of dosage.	CAPSULES NOT SUITABLE FOR UNDER 12 YRS  DO NOT GIVE WITH ANY OTHER PARACETAMOL	Consult Doctor if symptoms persist after 3 days or get worse

			CONTAINING PRODUCTS	
Paracetamol Suspension 250mg/5ml – (CALPOL 6+)	Mild pain, headache, toothache, raised temperature, common cold	6-8 YRS 5ml 8-10 YRS 7.5ml 10-12YRS 10ml Dosage- follow guidelines on the container and refer to the leaflet if unsure.	DO NOT GIVE WITH ANY OTHER PARACETAMOL CONTAINING PRODUCTS	Consult Dr if symptoms persist after 3 days or get worse
Ibuprofen Caplets/Tablets 200mg	Headaches, backaches, muscular pain, toothache, raised temperature	As above	Consult with a school nurse, Pharmacist or Dr if you suffer from asthma or diabetes.	Consult Dr if symptoms persist after 3 days or get worse
Ibuprofen Suspension 100mg/5ml (NUROFEN)	Headaches, backaches, muscular pain, toothache, raised temperature, common cold	As above	Consult with school nurse, pharmacist or Dr if suffer from asthma or diabetes	Consult Dr if symptoms persist after 3 days or get worse
Lozenges (STREPSILS, SOOTHERS)	Symptomatic relief of mouth and throat infections, sore throat	Suitable for Children over 6 YRS Refer to leaflet and container for dosage.	Contains Glucose	
Olbas Oil	Nasal Catarrh, Sore throat, congestion, coughs due to colds	Add 2-3 drops to a tissue and inhale the vapours	External use only Do not swallow or place in nostrils	Consult Dr if symptoms persist after 7 days or get worse
Vicks Vapour Rub	Nasal Catarrh, Sore throat, congestion, coughs due to colds	Apply liberally to throat, back and chest	External use only. Do not swallow or place in nostrils	Consult Dr if symptoms persist after 7 days or get worse
Sudocrem Antiseptic Cream	Provides a protective layer over cuts, grazes, minor burns, eczema and sunburn	Apply a small amount to the affected area – thin, white layer	Contains a mild, local anaesthetic. External use only	No maximum treatment duration but seek advice if condition does not improve with use
Allergy Relief Syrup	Relieves the symptoms of hayfever and other	As per dose on the box or Bottle and check the leaflet.	Contains Lactose.	Contact Dr if symptoms worsen or do not improve.

(LORATADINE or Piriton)	allergies, insect bites, urticaria (hives and itchy skin rash)			If allergy symptoms worsen, follow advice in the Allergy and Anaphylaxis policy.
Allergy tablets (LORATADINE)	Relieves the symptoms of hayfever and other allergies, insect bites, urticaria (hives and itchy skin rash)	Check dose on box and leaflet included.	Contains Lactose	Contact Dr if symptoms worsen or do not improve. If allergy symptoms worsen, follow advice in the Allergy and Anaphylaxis policy.
Anthisan Cream	Provides relief from insect bites, stings and nettle rash	To be applied directly to the site of the insect bite, insect sting or stinging nettle rash. For best results, use it as soon as possible after the bite or sting. Apply 2-3 times a day for up to 3 days	Do not use it on large areas of skin, if the skin is cut or grazed, on eczema or extensively broken skin, or areas of sunburnt skin. STOP using it if you notice signs of skin sensitivity including redness, swelling, itching, pain or burning sensation. External use only	If symptoms worsen or do not improve, consult a Dr. If allergy symptoms worsen, follow advice in the Allergy and Anaphylaxis policy.
Travel Sickness Tablets – Lloyds own, Kwells	To provide relief/prevention of travel sickness	Refer to leaflet in package	Tablets may be sucked, chewed or swallowed. May cause drowsiness	
Lyclear / Hedrin	Treatment of head lice	Refer to leaflet in package	Do not use broken skin on scalp.	

High Factor Sun creams and after sun lotions	Protection before, during and after exposure to the sun moisturiser	Apply to skin that is/has been exposed to sunlight. Reapply after water based activities (read the label for specific instructions)	Check no previous allergies to sun cream.	If sunburn occurs, the school nurse is to be notified and advice sought.
Vaseline Petroleum Jelly	provides a gentle waterproof layer	Apply liberally where needed	Hypoallergenic	No maximum treatment duration.

When giving medication, the following procedure should be followed:

- The reason for giving the medication is established
- Check whether they have taken any medication recently and if so what.
- Check whether they have taken it before and if allergic.
- The medication is in date
- Verbal consent gained by the pupil
- The pupil should be seen to take the medication by the person issuing it
- The pupil's name, the reason for the medication, the medication issued, date and time noted immediately on their medical records on SchoolBase

*Appendix 2*

**Medical Incident Form**

This form is to be used when a medication has been given in error. A reflection form must also be completed and the member of staff who made the error must be signed off as competent again by the school nurse before giving any further medication to any pupils.

**PUPIL'S NAME**

**PUPIL'S DATE OF BIRTH**

**DATE / TIME**

**MEDICATION GIVEN**

**DETAILS OF THE INCIDENT** What happened?

**DETAILS OF TREATMENT GIVEN**

**OUTCOME**

**AMBULANCE SENT FOR: YES / NO**

**PARENTS / GUARDIANS INFORMED? YES / NO**

**SIGNATURE OF STAFF REPORTING INCIDENT.....**

**NAME OF STAFF REPORTING INCIDENT.....**

**DATE FORM COMPLETED.....**

**Staff Training Record – Administration of Medication at Forres Sandle Manor School  
Opus medication Administration Course.**

<b>Name</b>	<b>Course</b>	<b>Date Completed</b>	<b>Date for Review</b>
<b>Caroline Carver</b>	Opus Medicines Awareness in Schools	<b>26/11/21</b>	<b>26/11/23</b>
<b>Beverley Kendall</b>	Opus Medicines Awareness in Schools	<b>30/11/21</b>	<b>30/11/23</b>
<b>Jayne Davis</b>	Opus Medicines Awareness in Schools	<b>27/11/21</b>	<b>27/11/23</b>
<b>Jenny Peplow</b>	Opus Medicines Awareness in Schools	<b>18/11/21</b>	<b>18/11/23</b>
<b>Sally King</b>	Opus Medicines Awareness in Schools	<b>16/11/21</b>	<b>16/11/23</b>
<b>Chris Hosking</b>	Opus Medicines Awareness in Schools	<b>18/11/21</b>	<b>18/11/23</b>



<b>Clare Dixon-Clark</b>	Opus Medicines Awareness in Schools	<b>25/11/21</b>	<b>25/11/23</b>
<b>Chiara Andreotti</b>	Opus Medicines Awareness in Schools	<b>29/11/21</b>	<b>25/11/23</b>
<b>Claire Sarel</b>	Opus Medicines Awareness in Schools	<b>27/11/21</b>	<b>27/11/23</b>
<b>Celina Chismon</b>	Opus Medicines Awareness in Schools	<b>27/11/21</b>	<b>27/11/23</b>
<b>Tracey Spottiswood</b>	Opus Medicines Awareness in Schools	<b>30/11/21</b>	<b>27/11/23</b>
<b>Robert Tasker</b>	Opus Medicines Awareness in Schools	<b>1/10/20</b>	<b>1/10/22</b>
<b>Charley Froud</b>	Opus Medicines Awareness in Schools	<b>22/11/21</b>	<b>22/11/23</b>
<b>Sarah Holdom</b>	Opus Medicines Awareness in Schools	<b>28/11/21</b>	<b>28/11/23</b>
<b>Lauren Rogers</b>	Opus Medicines Awareness in Schools	<b>11/2022</b>	<b>11/24</b>
<b>Lolla Browning</b>	Opus Medicines Awareness in Schools	<b>11/2022</b>	<b>11/24</b>
<b>Lauren Rogers</b>	Opus Medicines Awareness in Schools	<b>11/2022</b>	<b>11/24</b>
<b>Wendy Hayes</b>	Opus Medicines Awareness in Schools	<b>11/2022</b>	<b>11/24</b>

*Appendix 4*

Reflection – Please fill out a reflection form for any medication errors. Then discuss with the school nurse.

What happened?	
What do you think could be done to prevent this from happening again?	

Do you feel you have had enough training to deal with the task?	
Is there any further support you would like?	
Discussion with the school nurse.	School Nurse ..... Date..... Staff member ..... Date .....

Updated January 2023

## **Forres Sandle Manor (Non-Academic) Policy**

Policy Title	<b>Epilepsy Policy</b>
Policy Lead (Appointment (& Initials))	<b>School Nurse (CS)</b>
Date of Last Review	<b>January 2023</b>
Date of Next Review	<b>July 2024</b>

### **EPILEPSY**

Pupils with epilepsy are welcome in school. They are encouraged to take a full part in all activities in the school.

FSM will work closely with pupils and parents and individual healthcare plans will be produced and kept for each pupil with epilepsy. Care plans will be written by parents, pupils, School Nurse, Head Matron and, in the case of a boarder, the Head of Boarding.

All staff will be given the information they need on how to manage a child with epilepsy, especially if they are taking a child off site. All staff members working with a child with epilepsy must receive training by the School Nurse. Seizure management training and if the child has emergency medication, training will also be given on how to administer this.

An updated list of pupils with important medical needs is displayed in the staff room.

Once a care plan has been written it will be discussed with the child and, if their permission is given, their peer group will be given an explanation of epilepsy and how to help should a seizure occur.

Medication for Boarders will be kept in the locked medical cupboard in the surgery. It should be unnecessary for a day pupil to require medication at school but if this is the case, it will also be kept locked in the medical cupboard in the surgery. If a child goes off site on a residential outing, their medication will be sent and staff accompanying the trip will be fully trained by the School Nurse.

Staff will be notified immediately if any new pupils arrive with this condition or if any current pupils have a new diagnosis.

### **EPILEPSY PROTOCOL**

There are three main types of epilepsy:

- Absence seizures (petit mal) where the pupil will have short periods of absence

- Temporal lobe seizure (complex partial seizures) where the pupil has an altered consciousness and may do inappropriate things. They are not unconscious.
- Tonic-clonic seizure (grand mal) where the pupil has a seizure which normally has three phases. They are unconscious during the seizure.

## **MANAGEMENT**

### **Absence Seizures**

- A general understanding of what has happened is sufficient.
- In a classroom setting the pupil will have missed information.

### **Temporal Lobe Seizure**

- Do not try to stop the seizure.
- The pupil may do inappropriate things.
- Talk reassuringly.
- If they put themselves in danger, guide them around obstacles to safety.
- Only stop them moving if they are in difficulty.

### **Tonic- Clonic Seizure**

- Let the seizure run its course.
- Do not restrict movement.
- Only move the pupil if they are in danger.
- If in school, summon the School Nurse or Matron to attend.
- Cushion the head but do not restrict movement.
- Do not force anything between the teeth.
- After the convulsions have finished, put the pupil in the recovery position to maintain their airway.
- Reassure the pupil during the confused period after the convulsion.
- There is no need for an ambulance to be called, unless this is their first seizure or it becomes a medical emergency. It will be written in an individual care plan for the pupil when/if to call an ambulance.
- Reassure any pupils who may be disturbed by what they have seen.

## **MEDICAL EMERGENCY**

On rare occasions, a seizure may become a medical emergency. This is when:

- The seizure shows no sign of stopping after 5 minutes.
- A second seizure occurs before the pupil has regained consciousness.
- The pupil injures themselves during the seizure.
- It is stated in the individual care plan for the pupil

In such an instance, an ambulance should be called. The Matron or member of staff will accompany the child and parents will be informed immediately.

## **RECORD KEEPING**

Full details of any seizures that occur in school, or on an activity or residential trip off-site, will be recorded on the pupil's medical records on SchoolBase.

For anyone who has a seizure, it is really important for anyone who is with that person to note the time. The time of the seizure **MUST** be recorded. This is also especially important if rescue medication (buccal midazolam, rectal diazepam) has to be given. There will be specific instructions on how to do this. The school nurse will provide training to all members of staff who work with any students who have a diagnosis of epilepsy.

## **Forres Sandle Manor (Non-Academic) Policy**

Policy Title	Asthma Policy
Policy Lead (Appointment (& Initials))	School Nurse (CS)
Date of Last Review	January 2023
Date of Next Review	July 2024

### **ASTHMA**

About one in seven children have asthma and numbers are increasing. We want to make sure having Asthma does not mean that children are missing out when they are at school. Most children with asthma can have a full and active life. This policy will help pupils with the management of their asthma whilst they are at school.

### **RECORD KEEPING**

When a child joins the school it will be listed by parents on their medical and social welfare form if they have asthma. The school nurse will then produce individual care plans for each pupil.

Pupils with asthma will be added to the 'Asthma and Allergies' list which is displayed in the staffroom so that all staff are aware. They will also have a medical alert on their profile on schoolbase.

Boarders with asthma are taken annually for a review at the asthma clinic at The Fordingbridge Surgery to ensure that they are managing their asthma. Their medication will be checked to ensure it is still correct and the Doctor/Nurse at the asthma clinic will check to see that boarders are using their inhalers correctly. Pupils will have their height measured, they will be weighed and they will do a peak flow.

The school holds inhalers for each child in Year 3 upwards in the surgery and they are checked regularly for expiry dates by the School Nurse. Each child has a spare inhaler in school. If any child requires an inhaler in Year 3 below, this would be held in the medical cupboard in the Lower School staffroom.

### **ACCESS TO INHALERS**

Immediate access to a pupil's reliever is vital. Children are allowed access to their inhalers at any time in the school day, should they feel they need to use them. For Children in Prep school, it is encouraged that they keep their reliever inhaler with them at all times.

Inhalers for both boarders and day pupils in Year 4 upwards are kept in the surgery in a clear plastic bag with their name on.

Inhalers should accompany pupils whenever they take part in offsite activities, or residential trips. In the case of residential trips, both the preventer and reliever will be sent.

Inhalers should be taken outside by the Duty Matron when there is a fire drill.

Boarders who use preventer inhalers will have them written on a medication administration record form which is individual for each student in the red folder. This will ensure the inhaler is always given at the correct time each day. This is because using a preventer regularly helps reduce your body's reaction to triggers encountered in daily life.

### **ASTHMA ATTACK**

All staff should be able to manage an attack. If a child is having an asthma attack then a Matron should be summoned. The symptoms a child may display on having an asthma attack are as follows:

- Wheezing.
- Coughing.
- Shortness of breath.
- Tightness of chest.
- Difficulty exhaling a breath.

For a mild asthma attack, children should use their usual reliever inhaler as per instructions. They need to be kept calm and reassured and clothing should be loosened.

If the child has a minor attack it should not interrupt their involvement in school. When they feel better they can return to school.

The child's parent must be notified about the attack and details recorded on their medical records on SchoolBase.

If, however, the child does not feel better in 5 to 10 minutes; is distressed or exhausted; is unable to talk in sentences; has blue lips; or you have any doubts, the following action is required:

- One adult should stay with the pupil and use a reliever inhaler while the other adult dials 999 for an ambulance and states that the pupil is having a severe asthma attack requiring immediate medical attention.
- Continue to give a reliever inhaler until help arrives.
- Inform parents of the situation as soon as appropriate.

**Under no circumstances should the child be taken to hospital in a car, in case the child's condition deteriorates.**

Full details of the incident should then be recorded on the pupil's medical records on SchoolBase.

### **THE SCHOOL ENVIRONMENT**

The school does all it can to ensure the school environment is favourable to children with asthma.

- Where possible, we will avoid feathery or furry school pets.
- We will, where possible, avoid pollen producing plants.
- No smoking is permitted anywhere on the FSM site.