

Medical and First Aid Policy (whole school including EYFS)	13 a & b
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Responsible for Initiating Review of Policy	Assistant Head – Pastoral and Boarding / School Nurse
Committee to Review	SLT
Last Review Date	June 2025
Review Period	Annual
Approved by (Committee and Date)	SLT June 2025
Approved by Board of Governors	Delegated to Head - June 2025
Effective Date of Policy	June 2025
Next Review Date	June 2026
Related Policies	Eating Disorders Self Harm

SECTION 1 - GENERAL

1. Introduction

This policy:

- Aims to provide a safe and healthy environment for all.
- Recognises that pupils may suffer from medical conditions that may affect their schooling.
- Encourages and supports all pupils to achieve their full potential in all aspects of school life regardless of illness or disability.
- Meets the health needs of pupils through the Medical Centre.

2. Medical Centre

The School Medical Centre is run by a Registered Sick Childrens' Nurse (RSCN). Facilities are provided in the Medical Centre for pupils who require first aid for injury sustained during school hours or who fall ill during the day. There are limited facilities to allow girls to rest for short periods of time prior to being collected by parents or returning to lessons. Boarding pupils may rest for a short stay but will be transferred back to the care of their Boarding House staff if unable to return to school after this rest period.

The Medical Centre is manned as follows:

8.00am until 4pm on weekdays

At all other times there are first aid trained staff available. In case of an emergency SLT will be called and assess if A&E is needed. In case of an immediate emergency 999 would be dialled.

A completed medical form with details of any medical conditions, medication, vaccinations, dietary requirements must be returned to the Nurse prior to joining school to ensure the best care for the girls. A digital copy is kept in the Medical Centre to ensure the confidentiality for the girls. In addition, should any girl have a medical condition needing special attention, perhaps serious allergy, asthma, epilepsy, diabetes for example, an Individual Healthcare Plan (IHP) will be completed by the nurse and then discussed with the parents as soon as possible with any emergency medication required and will be implemented accordingly. Staff will then be informed of the condition and suitable training given to ensure optimum care.

Independent Listener

For those times when girls need to talk to someone other than a friend, parent or teacher we have an independent listener available,. They can be contacted by mobile phone directly without the need for staff intervention. Their phone number is on posters around the school (tutor rooms) and in boarding. They attend some functions in school so girls can become familiar with them. We also have a School Counsellor available by appointment through the School Nurse. The counsellor is available for a 40 minute appointment. It is the pupils' decision whether they inform their parents or guardian that they are seeing the school counsellor. If the school deems the child competent under the "Fraser Guidelines" (See Appendix 1) then we, as a school, do not have to inform the parents or guardians unless there is a safeguarding concern. There are three introductory sessions that are free and thereafter a nominal fee is charged. We try to avoid dependency and if it is considered necessary then help is sought through other agencies out of school.

3. Role of the School Nurse

The role of the school nurse is to:

- Provide a high-quality service of nursing care to pupils across the school including in boarding
- Provide Emergency First aid care to members of the school community
- Effectively manage, organise and resource the medical centre
- Oversee health and safety standards and requirements in the medical centre
- Be responsible for safeguarding in a medical environment

4. School Medical Officer

- The School Medical Officer is a local GP attached to a GP practice. The Nurse and Boarding Staff are able to liaise with the doctors at the local surgery for professional guidance and consultation.
- All boarders are registered with the School Medical Officer for the provision of general medical services during the first term of joining the school and remain registered at the surgery until they leave the school.

5. School Dentist/Optician

- Local dental practices as far as Brighton, provide dental care for boarders. If there is a medical emergency boards may be taken to a dental practice locally. Parents have the option to pay privately for dental care. Routine care must be arranged by parents/guardians.
- Emergency dental and optical appointments will be arranged as necessary.

6. Consent

Parental consent is obtained for general medical care, emergency treatment and administering first aid.

A pupil has the right to consent to, or refuse any medical treatment. This is based on competency and not age. The pupil should understand the nature of the treatment, and the consequences of refusal, and can thus be deemed competent under the Fraser Guidelines. (See appendix 1).

7. First Aid

The First Aid procedure at Burgess Hill Girls is to ensure that each pupil, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major.

The term '*First Aider*' refers to those members of staff who are in possession of a valid emergency first aid at work certificate and/or equivalent.

- A list of current first aiders is available from each Reception office – and on display in each staff room.
- Staff will:
 - Never move a casualty until they have been assessed by the Nurse/First Aider or are in immediate danger

- reassure but never treat a casualty unless they hold a first aid certificate
- Ensure they know and understand the medical conditions of children whom they take on a trip
- Never administer any medication including over the counter medicines /creams/ ointments/ gels unless they are OPUS trained

- When the School Nurse is on site, they will ensure that adequate first aid cover is available via the medical centre at all times. In their absence staff will be made aware which first aiders are available in school.
- There is a register of staff holding a current First Aid Certificate at both the Prep and Senior School reception. Nursery staff are also first aid trained and are on the register of trained staff.
- One member of the boarding house staff team will hold a 3 day First Aid at Work certificate and the other house staff have a 1 day certificate.
- Regular First Aid training is held for school staff from all sections of the school community – a one day course. Nursery Teachers and some Early Years Staff have a Paediatric (EYFS) Early Years First Aid 2 day course
- First Aid boxes are checked regularly including in school minibuses by the Nurse. First Aid kits are located around the school site, and in each minibus.
- AEDS (defibrillator) are kept in Senior School Reception and outside Nursery in case of emergency. This is tested regularly.

SECTION 2 – SUPPORTING PUPILS WITH MEDICAL NEEDS

8. Confidentiality

In accordance with the school doctor and nurses' professional obligations, medical information about pupils, regardless of their age, will remain confidential. However, in providing medical and nursing care for a pupil, it is recognised that on occasions the doctor or nurse may liaise with staff appropriate to that area of school or anyone on the Senior Leadership Team and boarding House staff and that information [ideally with the pupil's prior consent] may be passed on as necessary. The doctor and nurse will respect a pupil's confidentiality except on the very rare occasion when they consider that it is in the pupil's best interests, or necessary for the protection of the wider school community, to pass a limited amount of information to the SLT team and selected staff. The pupil will be informed prior to this.

9. Records and record keeping

9.1 A record of administered medication is kept by the medical centre on ISAMS and by boarding staff by hard copy and on ISAMS. The Nursery also hold an administration record. The record includes name, date, time, medication and reason for administration and dose.

10. Health and Welfare

10.1 All pupils will be aware of health provisions available at the school and will attend the medical centre when they need to. Unless advised otherwise by government agencies.

- 10.2 Pupils should be up to date regarding routine immunisations in accordance with schedules issued by the Department of Health.
- 10.2 Other one-off vaccinations are given by the NHS Immunisation Nurses on site as necessary for certain year groups. Permission from parents/guardians will be sought prior to an Immunisation being administered.
- 10.3 Health promotion is provided informally by the Nurse and in a more structured way in PSHE/ PALS lessons. The Nurse is always available during school hours to discuss and advise on health issues.

11 Student Illness

The Medical Centre facilities are available to day pupils taken ill during the school day.

- 11.1 Day pupils' parents will be contacted to collect their child if they are considered unable to return to class. Boarding pupils will be looked after in the medical centre until they are able to safely return to the boarding house usually after 1pm if fit to do so.
- 11.2 Children who are unwell in the morning should not be brought to school.
- 11.3 The Nurse will use her skills and knowledge in the treatment of a pupil. Pupils are able to rest in the medical centre if deemed necessary by the Nurse. Advice may be sought from the School Medical Officer if required.
- 11.4 Pupils who are unwell during the school day should be sent to the Medical Centre. Prep and Pre-Prep School children may be accompanied by one other child if necessary and Senior School girls should also come with a friend if they feel faint or are otherwise unfit to come by themselves. In the event of an emergency ask reception or an adult to phone the Nurse.
- 11.5 In the case of an accident, the Medical Centre should be contacted immediately and the Nurse will attend on site and take appropriate action.
- 11.6 If the Nurse is unavailable, the Prep school and Senior school receptions should be contacted to alert a qualified first aider to attend.
- 11.7 Accident forms should be completed as appropriate
- 11.8 Boarders who are not well enough to attend the Medical Centre should remain in their own beds and the nurse will visit them in the Boarding House. Arrangements for their care will be organised at the time, but will include as a minimum provision, a means of communication with staff and regular monitoring.

12. School Trips

The school encourages pupils with medical needs to participate in school trips, wherever safety permits.

The Trip Leader is responsible for ensuring appropriate training and information on medical conditions is current and that any emergency medication necessary is carried by pupils requiring it.

The Trip Leader will ensure that someone on the trip is first aid trained and a list of medical conditions will be carried for all students on the trip.

13. **Sporting Activities**

The Nurse will inform the PE staff of students with medical conditions. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures. Pupils who need to take precautionary measures before or during exercise should be allowed immediate access to their medication, e.g. asthma inhalers. There are emergency inhalers available at the Medical Centre.

SECTION 3 – DEALING WITH MEDICINES SAFELY

14. **Storage of Non-Prescription Medication**

A limited supply of over the counter medication is held in the Medical Centre in a secure storage area. Consent for the administration of these medicines is obtained on the medical form. Should a girl require regular treatment a supply should be sent in to the Medical Centre in the original container clearly showing the girls name, dosage, frequency and expiry date.

A spare asthma inhaler should be supplied in case of emergency for all asthmatic girls and stored in an unlocked drawer where the girls can access them in an emergency. Spare auto adrenaline injectors are stored in a safe unlocked area in Senior and Prep receptions. Boarding pupils with severe allergies will carry their own emergency medication.

Boarding Houses stock a limited supply of over the counter medicines supplied by the Medical Centre and authorised by the School Medical Officer and staff are trained in their administration. It is forbidden for a boarding student to keep medication in their rooms without prior agreement with the School Nurse. If a pupil needs to take her own medicines she must seek approval from medical staff and/or boarding house staff. Non-conventional medicines, such as Chinese remedies, must not be taken as it would be unclear as to what they contain.

15. **Storage of Prescribed Medication – see Administration and Control of Medicine Protocol below**

Medication can only be accepted into the school in original pharmacy packaging with an English language label or clear written English Instructions. If there is any uncertainty about the medication presented to the Nurse via pupil or via Boarding staff then advice will be sought from the School's Medical Officer, in person, before the medicines will be administered.

Keys should only be held by authorised designated members of staff. At no point should the girls be aware of where these keys are kept or codes to any keyless safes.

A record of controlled medicines received is made in the Controlled Medication Book in the Medical Centre.

Emergency medicines, such as asthma inhalers, must be readily available to pupils and must not be locked away. Pupils are permitted to carry their own inhalers and Auto Adrenaline Injectors. The Nurse will regularly check the expiry dates of all medication throughout the school.

Staff must seek medical advice if they are taking medication which may affect their ability to care for children, and any staff medication must be securely stored at all times.

16. Protocol for the Administration and Control of Medicines

16.1 Medicines are dispensed by the Medical Centre on the direction of the School Medical Officer. The Nurse, Assistant Head Pastoral & Boarding, Nursery teachers, boarding staff and the Heads' PA's that have been trained in the administration of medicines are able to administer prescribed medication, if it is in its original container with the pharmacy label and instructions on, to the named child, following the guidance taught.

16.2 The Nurse dispensing medicines to the Boarding Houses will provide full instructions as to the dosage, administration and special precautions, according to Nursing and Midwifery Council (NMC) guidelines for the dispensing of medicines.

16.3 When administering medicines the school nurse will exercise her professional judgement and apply her knowledge and skill to the given situation.

16.4 Pupils are not given aspirin unless prescribed by a doctor.

16.5 The nurse will ensure that:-

- The medicine is given based on the patient's informed consent and that they are aware of the purpose of the treatment.
- The prescription is clearly written.
- The prescription identifies the patient and specifies the substance to be administered, with the dosage, timing, route and frequency of administration.
- The prescription is signed and dated by the prescriber.
- Substances to which the patient may be allergic will not be given.

16.6 When administering medicines the Nurse or Boarding House staff or any other Opus trained staff will ensure that:

- The medicine is in its original container.
- The container is clearly marked with the pupil's name, the dosage, expiry date and route and frequency of administration.
- The medication log does not show a previous dosage within the permitted timescale.
- The medicine is taken in the presence of a member of staff.
- An entry is made in the medication log.
- An entry is made in the pupil's file recording the date, time, medicine and the dosage.
- Refusal to take medication is noted in the log.
- Any mistakes are reported immediately to the Nurse, Doctor or Pharmacist.

17. EYFS (Nursery)

ADMINISTRATION OF MEDICINES IN THE EYFS

17.1 Any medicines that need to be taken by a child during the school day should be given to the Class Supervisor/Reception Teacher /Duty Manager on arrival. The medicine must be in the original container and clearly labelled with the dispensing label, including the child's name. A letter should

also accompany it stating the time and the dosage required and the reason for taking this medicine. The letter should be signed and dated by the parent/carer; or there are medicine books in each Nursery classroom for parents to fill in their requirements and sign/date.

- 17.2 In the Nursery the member of staff will place it in the medicine box in the fridge in Little Oaks kitchen.
- 17.3 The contracted Nursery staff have completed 'Medicines Awareness for Schools' & can therefore administer prescribed medicines.
- 17.4 The medicine can then be collected from the Supervisor/Reception Teacher/Duty Manager by the parent at the end of the day. An 'administration of medicines' note will then be given to the person collecting the child confirming time medicine was administered etc.
- 17.5 In the nurse's absence EYFS staff are paediatric first aid trained and may ask Opus trained Nursery staff to administer medication if required.

18. Self Administration of Medicines

Medicines may be self administered by Sixth Form students in some cases, but must be kept in a secure area. Pupils storing and administering their own medication will be risk assessed by the School Nurse.

19. Hygiene/Infection Control

There is a single isolation room with attached toilet and shower in Silverdale Boarding House next door to the Boarding Assistants flat for isolation of any pupil deemed infectious to others.

Protective disposable gloves, face masks and polythene aprons (PPE) are available in the isolation room and disinfecting hand gel is supplied on the wall outside the room which must be used when dealing with spillages of blood or other body fluids.

SECTION 4 ANAPHYLACTIC SHOCK, ASTHMA, DIABETES AND EPILEPSY

20. Anaphylactic Shock – See Appendix 2

- 20.1 The school will ensure that pupils with a history of anaphylactic reaction receive appropriate and prompt assistance when required.
- 20.2 The school will support pupils with specific medical needs to ensure individual care and support is given. Pupil's IHP's will be referred to so that appropriate care and treatment is given.
- 20.3 See Appendix 2 for explanation of what anaphylactic shock is and the symptoms and treatments.
- 20.4 Staff will be made aware of any pupil who requires treatment for anaphylactic shock by the use of an adrenaline auto-injector (AAI) and will be given training to administer an AAI for this purpose.
- 20.5 The school nurse will create an Individual Healthcare Plan (IHP) to follow for each pupil affected with this condition, working closely with the parents.

20.6 Although staff have no legal duty to administer medicine, they do have a common law duty of care to ensure pupils are healthy and safe. They may therefore have to administer emergency medication in the event of anaphylaxis and will receive online training. An opportunity to practice with an auto-injector trainer device will be given. All staff will receive refresher sessions annually.

Location of medicine

Medicines required by pupils at risk of anaphylactic shock must be immediately available to the pupil and to staff who may be required to administer such medication. These pupils carry their prescribed emergency medication on them at all times. There is emergency medication at Senior and Prep receptions supplied by Kitt Medical. Training for using these kits is part of the anaphylaxis training provided by the school.

Educational visits

The staff member running the trip is responsible for ensuring the pupil has their AAI with them.

Records

The school nurse will maintain records of any known pupil who could potentially suffer anaphylaxis and share this information as necessary while maintaining confidentiality.

21. Asthma – See Appendix 3

21.1 Burgess Hill Girls recognises that asthma is a chronic condition of the respiratory system that can affect many individuals and be life threatening if not appropriately managed. (see appendix 3) The school positively welcomes all pupils with asthma and encourages these pupils to achieve their potential by participating in all aspects of school life.

21.2 Pupils with a diagnosis of asthma will receive appropriate care and support within the school environment to prevent unnecessary illness from asthma.

21.3 Through education and training from the school nurse pupils and staff will have a good understanding of asthma, and are aware of how to recognise, support and treat someone who is having an acute asthma attack

Record keeping

When a pupil joins the school, parents are asked to complete a medical questionnaire, which is kept digitally in the Medical Centre. Parents are asked to inform the school nurse promptly with any changes to medication or health needs of their daughter.

Spare Ventolin inhalers are kept in the medical centre. Pupils are allowed access to their inhalers at all times.

Educational and emotional wellbeing

Any concerns with reduced academic performance or emotional wellbeing for a pupil with asthma needs to be discussed with the medical centre. Poor asthma control can lead to tiredness from frequent day and/or night symptoms leading to reduced concentration and academic performance.

A pupil who frequently misses school due to asthma symptoms can be at risk of real or perceived social isolation from peers. The pupil, parents, school nurse, boarding staff and Assistant Head of Pastoral and Boarding will liaise to ensure this is managed and minimised.

Sports & P.E

Taking part in sport is an essential part of school life and pupils with asthma are encouraged to participate fully. PE staff will be kept aware of pupils with asthma and they will remind pupils who's asthma is triggered by exercise to take their reliever inhaler and complete a warm up exercise before the lesson. Each pupil will be encouraged to use their inhaler if needed during the lesson.

The school environment

The school strives to provide a favourable environment to pupils with asthma. As far as possible, the school does not use chemicals in science and art lessons that could be triggers for asthma sufferers. There are no pets kept in classrooms, and staff are responsible for ensuring their pets are controlled safely & sensibly around the school site.

The school has a no-smoking policy.

Educational visits

The member of staff in charge of the trip will be aware of asthma sufferers. This staff member must check that all asthmatic pupils have enough of their required medication/inhalers with them prior to leaving school. They must ensure they understand what to do in the event of an asthma attack, seeking advice from the Medical Centre if needed.

Please refer to appendix 3 for treatment advice.

22. Type 1 Diabetes – See Appendix 4

- 22.1 Burgess Hill Girls recognises that diabetes is a long term medical condition and that diabetic pupils need immediate access to their medicine, monitoring devices and hypoglycaemia packs. Burgess Hill Girls does all it can to ensure the safety of pupils with diabetes. An explanation of Type 1 diabetes is given at the start of appendix 4.
- 22.2 The school will support pupils with specific medical needs to ensure individual care and support is given. Pupil's IHP's will be referred to so that appropriate care and treatment is given.
- 22.3 Burgess Hill Girls will support pupils with diabetes, ensuring they receive the appropriate care and support to participate fully in all aspects of school life.
- 22.4 The school nurse will create an Individual Healthcare Plan (IHP) to follow for each pupil affected with this condition, working closely with the parents and diabetic nurses.
- 22.5 Staff will be aware of what to do if a diabetic pupil becomes unwell and ensure staff and other pupils have sufficient information available to understand Type 1 diabetes and support pupils who have this condition.

22.6 Staff will be made aware of any pupil who suffers with type 1 diabetes. Pupils, who are boarding, will be reviewed by the school GP and close links will be maintained with specialist practitioners and the parents.

22.7 Pupils with type 1 diabetes will be allowed to eat at regular intervals.
See appendix 4 for information relating to diabetic medicine and exercise

The health centre will maintain records of any known pupil who suffers with type 1 diabetes and share this information as necessary whilst maintaining confidentiality. Staff supervising school trips will be aware of any pupil with diabetes and will be responsible for ensuring they are aware of emergency treatment. Records of relevant treatment will be completed appropriately. It is important that Parents keep the school medical centre informed of any changes to the pupils' care.

Management in School

It is the parent's responsibility to notify the school if their child suffers from Type 1 Diabetes. The school nurse is responsible for notifying school staff of those pupils who are diabetic. Healthy eating and regular blood monitoring is encouraged. Snacks must be available between meals and before exercise. Time must be allowed for blood testing and insulin injections. The school nurse will liaise with parents of the pupil to ensure care remains up to date and relevant to the child. All pupils with this condition will have an up to date Individual Healthcare Plan to facilitate correct management of the pupils condition.

Sources of Reference:

www.diabetes.org.uk/guide-to-diabetes/schools
www.medicalconditionsatschool.org.uk

23. Epilepsy – See Appendix 5

23.1 A single seizure can happen to anybody but someone is diagnosed as having epilepsy after having *repeated seizures*.
Burgess Hill Girls recognises that the majority of children with epilepsy are able to attend mainstream schools with no major problem, supported where needed by medical care, accurate information and appropriate counselling.

23.2 Burgess Hill Girls will ensure pupils with epilepsy receive appropriate care and support within the school environment. They will have an Individual Healthcare Plan to ensure effective care and treatment is provided and so that the pupil is adequately supported to be able to participate in school activities as fully as possible.

23.3 Pupils and staff at Burgess Hill Girls will have a good understanding of epilepsy, how to treat, and the potential risks it poses. This policy will be read by all staff..

23.4 Staff will be made aware of any pupil who suffers with any sort of epilepsy.
Pupils, who are boarding, will be reviewed by the school medical officer and close links will be maintained with specialist practitioners and the parents.
The school nurse will create and implement an individual healthcare plan to follow for each pupil affected with this condition, working closely with the parents.
Where pupils have prescribed medication this will be administered by the school nurse and/or boarding staff.

See appendix 5 for description of seizures and for treatment.

23.5 It is the parent's responsibility to inform the school if their child suffers from epilepsy. The medical centre will maintain records of any known pupil who suffers with epilepsy. IHP's will be shared with staff of the pupil as necessary whilst maintaining confidentiality. Staff supervising school trips will be aware of any pupil with epilepsy and will be responsible for ensuring they are aware of emergency treatment. Records of relevant treatment and IHP's will be reviewed regularly.

Information source:

www.epilepsy.org.uk

'Supporting Pupil's with Medical Needs' Department for Education

24 Eating Disorder Policy - see separate policy

25 Self Harm Policy - see separate policy

Appendix 1 Fraser Guidelines

In general, in English Law a minor is a person less than 18 years old. However the Family Law Reform Act 1969 states:

"The consent of a minor who has attained the age of sixteen years to any surgical, medical or dental treatment which, in the absence of consent, would constitute a trespass to his person, should be as effective as it would be if he were of full age; and where a minor has by virtue of this section given an effective consent to any treatment it shall not be necessary to obtain any consent for it from his parent or guardian".

It is probably the case that for a person between 16 and 18 years old consent may be obtained either from the parent or from the person themselves.

Adults, defined as people over the age of 18, are usually regarded as competent to decide their own treatment. The Family Law Reform Act 1969 also gives the right to consent to treatment to anyone aged 16 to 18.

Note though that consent to medical treatment can be given by a child under the age of 16 if s/he is 'Gillick competent'

- children under the age of 16 can consent to medical treatment if they have sufficient maturity and judgement to enable them fully to understand what is proposed. This was clarified in England and Wales by the House of Lords in the case of Gillick vs West Norfolk and Wisbech AHA & DHSS in 1985

In making his judgement the Law Lord, Lord Fraser, offered a set of criteria which must apply when medical practitioners are offering contraceptive services to under 16's without parental knowledge or permission. The so-called Fraser Guidelines (some people refer to assessing whether the young person is Gillick competent) state that all the following requirements should be fulfilled:

- the young person will understand the professional's advice
- the young person cannot be persuaded to inform their parents
- the young person is likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment
- unless the young person receives contraceptive treatment, their physical or mental health, or both, are likely to suffer
- the young person's best interests require them to receive contraceptive advice or treatment with or without parental consent

Notes:

- although these criteria specifically refer to contraception, the principles are deemed to apply to other treatments, including abortion
- the Fraser guidelines referred specifically to doctors but it is considered to apply to other health professionals, including nurses. It may also be interpreted as covering youth workers and health promotion workers who may be giving contraceptive advice and condoms to young people under 16, but this has not been tested in court

REF: <http://www.gpnotebook.co.uk/simplepage.cfm?ID=x20050425225930411760>

APPENDIX 2 ANAPHYLAXIS

What is Anaphylaxis and what causes it?

Anaphylaxis is an extreme allergic reaction requiring IMMEDIATE medical treatment.

When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts such as peanuts, tree nuts (EG almonds, walnuts, cashews, Brazils), sesame, fish, shell fish, eggs and dairy products. Wasp and Bee stings, latex (rubber), penicillin or other drugs can also cause allergic reaction. In some people exercise can trigger a severe reaction whether on its own or in combination with other factors such as food or drugs (eg aspirin) In its most severe form the condition can be life threatening, but it can be treated with medication.

Symptoms and Signs

- A metallic taste or itching in the mouth.
- Swelling of the face, throat, tongue and lips.
- Difficulty in swallowing.
- Wheezing or difficulty breathing (Asthma).
- Hives anywhere on the body
- Flushed complexion.
- Abdominal cramps and nausea.
- Sudden feeling of weakness (drop in blood pressure)
- A rise in heart rate.
- Collapse or unconsciousness.

Symptoms usually occur within seconds or minutes of exposure but can rarely take some hours. Nobody would necessarily have all of these symptoms although more than one will be present. The most dangerous

symptoms are sudden feeling of weakness or feeling faint and difficulty in swallowing/breathing and if present should be treated with an Auto Adrenalin Injector (AAI) immediately.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. **In cases of doubt it is better to give the injection than to hold back.** An ambulance should be called immediately.

Administering the Adrenaline auto-injector device.

If the child is conscious and able, he/she should be encouraged to self-administer the auto-injector under supervision. If the child is unable, the following procedure should be followed:

Dial 999 and call an ambulance stating that a child has collapsed with anaphylactic shock.

Where: **Inject Into the fleshy part of the thigh.**

The injection can be given through school skirt and tights.

How: **LOOK AT THE PEN. THE INSTRUCTIONS ARE CLEARLY WRITTEN ON IT**

a. With thumb nearest cap form a fist around the pen.

b. With other hand, pull off safety cap.

c. Hold black tip near outer thigh and jab firmly from a distance of about 10cm (listen for the click which indicates the pen has fired. If no click is heard then you have forgotten to pull off the safety cap)

d. Hold in place for ten seconds and discard safely in emergency box. BEWARE A needle will now be visible and sharp.

Note time auto-injector given.

e. STAY WITH THE CHILD - ensure airway is clear.

f. Place in recovery position if necessary.

g. If no improvement after 10 minutes repeat with second injection. Or if the child has deteriorated within 5 minutes of the first dose a second dose can be given if available.

h. Send the child to hospital with the emergency box and used contents.

N.B. There are no serious side effects even if the medication is given in error.

Relapse is possible after apparent recovery.

The child should always be sent to hospital after an attack, even if they seem to have fully recovered and the auto-injectors replaced as soon as is possible but latest next day.

APPENDIX 3 **ASTHMA**

What is Asthma and what causes it?

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites.

Exercise and stress can precipitate asthma attacks in susceptible people. The narrowing or obstruction of airways causes difficulty breathing and can be alleviated with treatment.

Symptoms and signs

Asthma attacks are characterised by coughing, wheezing, a feeling of tightness in the chest and difficulty breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.

Medication and Control

There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur. Most pupils will relieve their symptoms with medication via an inhaler. If the pupil has forgotten their inhaler, an emergency inhaler is available in the medical centre.

In the event of a child having an asthma attack staff should follow the procedure below:

- a. Ensure the reliever inhaler is taken immediately.
- b. Stay calm and reassure the child.
- c. Help the child to breathe by ensuring tight clothing is loosened. Do not put your arm around the pupil as this may restrict breathing.
- d. Encourage the child to breathe slowly and deeply.
- e. The pupil should sit rather than lie down.
- f. Call the school nurse – DO NOT LEAVE THE PATIENT UNATTENDED

If the medication has had no effect after 5 minutes, or the pupil appears distressed, is unable to talk in complete sentences and is becoming exhausted an ambulance should be called immediately. Continue to give one puff of reliever in haler (blue) every minute until help arrives. Do not use your own car, patients can deteriorate very quickly.

Asthma, if well controlled, should not cause too many problems.

BUT asthma attacks can become serious quickly and should never be taken lightly. Call an ambulance quickly if the pupil is not recovering within 5 minutes or is becoming tired and colour is changing and not able to speak in complete sentences

APPENDIX 4 **TYPE 1 DIABETES**

What is Diabetes?

Type 1 Diabetes is a condition where the pancreas stops making insulin thus preventing glucose being used by the cells, and so are not able to control their blood sugar levels. Children with Type 1 Diabetes normally

need to have daily insulin injections, to monitor their blood glucose level and need to eat regularly. Without insulin, every cell in the body lacks energy, blood sugar levels become too high and dangerous, and life threatening chemicals accumulate.

Medication and Control

Diabetes in the majority of school-aged children is controlled by two to four injections of insulin each day. Most children can administer their own insulin.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals.

If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemia episode (a hypo) during which her blood sugar level falls to too low a level. Staff should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

Hyperglycaemia

Hyperglycaemia is caused by excess food and/or too little insulin and/or malaise.

Symptoms – gradual onset (hours or days)

- Greater than usual need to go to the toilet.
- Excessive thirst and drinking.
- Tiredness and general malaise.
- Excessive irritability.

Later symptoms include:

- Rapid深深 breathing.
- Reduced consciousness.
- Weight loss.
- Sometimes acetone/nail polish remover odour to the breath.

The symptoms are gradual giving plenty of warning of poor diabetic control.

APPENDIX 5

EPILEPSY

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals.

Symptoms

- Unusual behaviour (for example, plucking at clothes, or repetitive movements)
- Strange sensations.
- Confusion.
- Convulsions.
- Loss of consciousness.

- Stopping and staring blankly

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost).

Examples of some types of generalised seizures are:

a) Tonic Clonic Seizures – or Grand Mal.

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's skin colour may change to a dusky blue colour. Breathing may be laboured.

During the clonic phase of the seizure there will be rhythmic movements of the body (convulsions), which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times can vary from a few seconds to several hours.

b) Atonic Seizure – Drop Attack.

During an atonic seizure there is a sudden loss of muscle tone, causing the pupil to fall if standing.

c) Myoclonic Seizure.

During a myoclonic seizure abrupt jerking of the limbs occurs. These often occur shortly after waking up, either on their own or with other forms of generalised seizure.

d) Absences – or Petit Mal.

There is a brief interruption of consciousness without any other signs, except perhaps for a fluttering of the eyelids. These occur most commonly in children. Parents and teachers may think that the child is being inattentive or day dreaming.

Examples of Partial Seizures are:

e) Simple Partial Seizure (when consciousness is not impaired).

This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

f) Complex Partial Seizure (when consciousness is impaired).

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Medication and Control

Seizures can be frightening to watch, but the person having the seizure is not in pain and will have little or no memory of what has happened.

Nothing must be done to stop or alter the course of a seizure once it has begun except where medication is given by appropriately trained staff.

During the seizure:

- Prevent others from crowding around.
- Put something soft under the person's head to prevent injury.
- The pupil's airway must be maintained at all times, but on no account should anything be put into their mouth.
- Do not attempt to restrain the convulsive movements.
- Do not move the pupil unless he or she is in a dangerous place.
- Move any furniture away from the pupil to avoid injury.

After the seizure:

- Turn the pupil on her side in the recovery position.
- Wipe away excess saliva and if breathing is laboured check that nothing is blocking the throat.
- Do everything possible to minimise embarrassment. If the person has been incontinent deal with this as quickly as possible.
- Stay with the person giving reassurance until they have fully recovered.
- Check to see if they are carrying an epilepsy information card and note the duration of the seizure.

Medical help should be called if:

- The pupil has injured him/herself badly in a seizure.
- The pupil is having trouble breathing after a seizure.
- One seizure immediately follows another or the seizure lasts longer than usual. (Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Midazolam for rectal administration).