



Alleyne's School Policies & Procedures

First Aid Policy

Name of Policy	First Aid Policy
ISSR	Part 3: Welfare, Health and Safety and other legislation
Reviewed by	SLT
Author/SLT	Mr G English Deputy Head (Pastoral)
Date of school review	September 2024
Date of next school review	September 2025

Policy Overview

This policy applies to the Senior School. Separate arrangements for Junior School pupils including those in the Early Years Foundation Stage (EYFS) are covered in the Junior School First Aid Policy.

Alleyne's School aims to achieve timely and competent administration of First Aid, and this policy is regularly reviewed, and our training and practices monitored in order to achieve that aim.

MEDICAL ROOM PROCEDURES

Hours

The School Nurses (RN) are in the Medical Room from 8.30am until 5.30pm (5.00pm on Fridays). There are usually two nurses on duty to cover the busiest part of the day.

Out of hours first aid cover

There is First Aid cover by a duty first aider available from 7.00-8.30am and from 5.30 - 9.30pm weekdays (from 5.00pm on Fridays), should any pupil, staff, visitor require help before the nurses arrive or after they have left. On Saturdays for sports fixtures, medical cover is provided by trained personnel. An emergency first aider is also available from 12.00 – 6.00pm on Saturdays and on Sundays from 07.30 - 9.00pm.

Responsibility and Training

The Nurses have two main areas of work. The first is to provide a professional and confidential system of healthcare and advice. The second is to provide First Aid cover for the senior school. Members of the nursing staff each hold a HSE approved First Aid at Work Certificate. Regular updating and education for the Nurses is part of their registration on the Nursing and Midwifery Council. The Junior School has a Nurse working from 8.00am-4.30pm every day.

Facilities

The new medical area, The Well, comprises a reception area, an open waiting area with seating for six and disabled toilet facilities. The Nurses' Offices are used for private consultations with pupils, staff or parents and for initially assessing some pupils when they present to the Nurse. Pupils may be dispensed medication, and minor injuries treated. A quiet room is available for rest with two chairs, three couches, pillows, and blankets, with dividing curtains to maintain some privacy when required.

School Doctor

Dr Shail Parihar, from a local GP surgery, visits the Medical Room at least twice a term and acts as a professional back up for the Nurses and is available by telephone for discussion if necessary.

Medical Information Form

Parents complete an electronic Medical Information and Consent Form (see Appendix 1) prior to their child starting at Alleyn's School. This is stored securely and confidentially in the Medical Room. The pupil's records are kept securely in the medical room until the pupil reaches the age of 25, after which the records are transferred to secure storage under the care of the Data Controller (currently the Chief Operations Officer, COO).

Return to School after illness

Parents are asked to keep their child at home if they are ill or infectious and to telephone or email the School absence line each morning to inform the School of their absence.

Vomiting and diarrhoea is particularly contagious in a school community and the School follows the guidelines from Public Health England who recommend that pupils are kept off school for 48 hours from the last episode of vomiting or diarrhoea. Any pupil who has had diarrhoea is also excluded from swimming at school for 14 days after the last episode in accordance with the Pool Safety Operating Procedures. The School must be informed of any diseases that are reportable and the UK Health Security Agency, UKHSA.

Covid 19 is a highly contagious virus spread by coughing, sneezing, and touching contaminated surfaces.

Routine testing for Covid-19 is no longer performed, but NHS lateral flow tests are advisable for vulnerable groups.

Symptoms include one of the 3 main symptoms - a high temperature, a loss of sense of taste/ smell and a new continuous cough. In addition, people may experience lesser ailments in combination with one of the 3 main symptoms- *e.g.*, a sore throat, headache, nausea, diarrhoea, fatigue.

Staff and pupils should stay home and try to avoid other people if they have a high temperature and the above symptoms. They can return to school when they feel better, or do not have a high temperature.

Children with mild symptoms of runny nose, sore throat and mild cough can attend school if they feel well enough to participate.

Children under 18 years of age who test positive for Covid should stay at home and avoid other people for 3 days, as the risk of transmission for this age group is much lower than for adults. Adults with a positive Covid-19 result should continue to isolate for 5 days which is when they are most infectious.

To minimise cross infection the school reinforces good hand hygiene, appropriate cleaning of rooms/surfaces and adequate ventilation to ensure cross ventilation of spaces.

Vulnerable staff and pupils are advised to speak to their clinician for individual advice and care. They may be eligible for further booster vaccines and antiviral medication. Vulnerable staff/pupils at school should be scrupulous with their hand hygiene, avoid touching their face and consider wearing face coverings.

<https://educationhub.blog.gov.uk/2023/03/23/what-are-the-latest-rules-around-covid-19-in-schools-colleges-nurseries-and-other-education-settings/>
<https://www.nhs.uk/conditions/covid-19/covid-19-symptoms-and-what-to-do/>

Medical Room attendance

Pupils should always ask permission from their teacher to visit the Medical Room and should visit between lessons if possible. However, there are some pupils who need to have immediate access to the Medical Room. Anyone with a head injury, bleeding injury, burns, severe pain or certain medical conditions such as diabetes, asthma, epilepsy, severe allergy, or migraines must be allowed immediate access to the Medical Room. Clearly if urgent medical attention is necessary permission slips are not required. Pupils should be accompanied by another pupil (or a member of staff) to the Medical Room, or the Nurse will be called to attend.

Non-urgent/non-emergency situations

For non-urgent/non-emergency situations, pupils are encouraged to visit the Medical Room outside lesson time i.e. break/lunch/free periods. At these times there is free access to a Nurse and permission is not required.

Medical Room visits during lessons

Should a pupil need to go to the Medical Room during lesson time, permission must be sought from their teacher. The teacher should sign the pupil's calendar confirming permission to attend the Medical Room. Once the pupil is ready to return to class, the Nurse will document the date and time in the calendar.

A pupil leaving a lesson (or the Games Fields) to attend the Medical Room should be accompanied by another pupil.

All pupil visits to the Medical Room are entered onto the secure computer system (only accessed by nursing staff). This records any treatment or advice given and duration of stay. Frequent visitors to the Medical Room are monitored and Form Tutors and/or parents notified if necessary. A record of pupils' medical room attendance is circulated at the end of each week to Heads of Year, Head of House and Heads of Section. Nurses can refer pupils directly to the School Counsellor or the School Chaplain should the pupils request it or if the Nurses feel that it would be helpful to the pupil.

Return to class/parent collection

The pupil will be sent back to class unless the Nurse gives permission for them to remain in the Medical Room until feeling better. If a pupil needs to be sent home, the Nurse will contact the parents and the Form Tutor is notified. Pupils in the Lower or Middle School who are unwell must be collected by a parent or guardian. Upper School pupils may go home after their parents have been notified by the Nurses.

The Nurses are informed by the Liaison Health visitors from A&E departments of local hospitals if pupils attend following an accident at home or school.

Out-of-Nurse-Hours First Aid Provision

Outside Nurses' hours, the emergency duty First Aid number, run by the lifeguards, is 07702 103 454. At the weekends there is First Aid provision on Saturdays from 12.00-6.00pm and on Sundays from 7.30am-9.00pm.

Sport

Saturday sport medical arrangements run separately from the coverage above, depending on the sport and the venue. The SOCS system gives specific details.

Head Injuries

Any pupil who has sustained a head injury is carefully monitored in the Medical Room for a period appropriate to the injury. School refer to the NICE Guidelines on head injuries when assessing whether a pupil needs to be seen in A&E. Every pupil who has sustained a head injury is given a Head Injury Advice Form which is explained and discussed with them. Parents are contacted by email with a Head Injury Form attached, or by telephone depending on the severity of the injury, if the Nurses consider it appropriate. If concussion is confirmed or symptoms of post-concussion persist, the School follows the Head Injury Advice for Pupils regarding return to sport. (see *Appendix 3*).

Hospital admission

If an injury requires hospital treatment the pupil will be accompanied to King's College Hospital by an adult from the School or, if possible, a parent. The parents, if not already with the pupil, will be directed straight to the hospital. Parents sign and complete the Medical Information & Consent Form to give permission for emergency treatment including anaesthetics or surgery in the event of the parent(s) not being contactable. (See Appendix 1)

Medicines

Parents sign and complete the Medical Information & Consent Form (see Appendix 1) to consent to their child being given over-the-counter medication. A supply of over-the-counter medications such as Paracetamol, Ibuprofen, antihistamine, cough linctus, throat lozenges and indigestion tablets are kept in a locked cupboard in the Medical Room and given out when appropriate. Parents are asked to review this consent annually to indicate any changes and pupils' records are updated as required.

Pupils' personal medication can be brought in and kept in the locked cupboard or locked fridge, parents are asked to complete an individual consent form for prescribed medication to be given at school. All treatments, immunisations and medication that are dispensed are recorded on the pupils' computer medical records (see separate Medicines Policy, Appendix 4). Staff who bring their own medication to school must store this safely, so it is not accessible by pupils.

Sun Safety

At the beginning of the Advent term parents are reminded to inform the nurses of any new allergies including to sunscreen. They are given hot weather guidance to remind their child to come to school prepared for the warmer weather. All pupils are encouraged to bring a reusable water bottle which can be refilled at fountains and to apply sunscreen before leaving home on sunny days. For full details see the sunscreen policy

Pupils with existing medical conditions

Some pupils have specific medical problems/needs. Individualised care plans are drawn up in consultation with parents and pupils for those pupils with specific health needs such as diabetes, anaphylaxis, epilepsy etc. and circulated to relevant staff. Staff who are due to take pupils with medical conditions on educational visits are advised to discuss each pupil's needs with the Nurses well in advance of the visit, as set out in the School Educational Visits Policy. Occasionally it is appropriate to have a meeting with the staff member, the parents, pupil and the Nurses prior to the visit.

For recording accidents that occur on educational visits please see the Educational Visits Accident Report Form (Appendix 5). The Medical Room also has policies on the care of pupils with diabetes, asthma, epilepsy and anaphylaxis reaction. See separate policies on Asthma (see Appendix 6 and 6A), Diabetes (see Appendix 7), Anaphylaxis (see Appendix 8 and 9) and Epilepsy (see Appendix 10). These policies are included in the First Aid kit taken on each educational visit and are available on the School Hub for staff reference.

Parents are asked to inform the nurses of new medical conditions, allergies, or changes to existing conditions annually. The pupils' records are updated with any changes.

Asthma

Pupils with asthma should carry their own inhalers with them and they should keep a spare inhaler in an unlocked drawer in the Medical Room. An Asthma Register is displayed in the staff common room and on the Hub. Pupils should carry their inhalers with them for games lessons, off-site sporting fixtures and educational visits.

Anaphylaxis

The school caterers do not knowingly purchase, store or use nuts or sesame, or products containing nuts or sesame. To safeguard the health of pupils with these allergies, products containing nuts or sesame are not permitted at School (with the exception of Food Technology where such ingredients may be used in a controlled environment). Parents should ensure that any food brought into school does not contain any nuts or sesame.

Individually named and bagged adrenaline auto-injectors (AAIs), and oral antihistamines, for those who may suffer severe allergic reactions are kept in pockets in the Medical Room. A list of pupils with anaphylaxis is displayed in the staff common room and on the staff Hub. Training is given to staff in the administration of anAAI should it be required in an emergency. Pupils should ensure that AAIs and oral antihistamines are taken with them on educational visits. Pupils are instructed not to bring nuts/ sesame or products containing nuts or sesame to school for any reason. (See *Appendices 8 and 9*).

Staff

Staff, visitors and contractors visit the Medical Room for First Aid, advice and treatment, if feeling unwell. Their visits are documented in a book which is kept confidentially and locked in the Nurses' Office. If an injury or near miss occurs on site an accident form is completed. Where an injury or illness requires urgent hospital treatment, the person will be accompanied to hospital and their next of kin contacted to attend.

The Nurses provide occasional teaching sessions for staff as needed. Staff taking medication should refer to, and abide by, the School Minibus Policy (Drivers' Responsibilities) if they intend to drive pupils.

Staff who bring their own medication to school must store this safely, so it is not accessible to pupils.

The first aid room has lockable cupboards in which staff can leave medication, should they require. This is kept separately from student's personal medication.

Health Education

Health Education is an ongoing process. The Nurses are available for individual consultations with pupils. Leaflets and posters are displayed inside The Well covering a wide range of topics such as: immunisations, smoking, drug and alcohol awareness, sexual health, mental well-being, fitness, stress and healthy eating. Relevant advice sheets are given to pupils as appropriate.

Spillages of body fluids

Blood and body fluids have a potential to expose staff and pupils to blood-borne pathogens. Blood and body fluid precautions must be applied to all staff and pupils regardless of their presumed or known infective status. Nurses wear protective gloves when treating wounds or disposing of body fluids. Body

fluid spillages should be dealt with as soon as possible with ventilation of the area. Anyone not involved with the cleaning of the spillage should be kept away from the area and protective clothing should be worn when dealing with the spillage such as gloves and aprons.

Disposable paper towels should be used to mop up the excessive spillage and then discarded into a yellow clinical waste bag. Detergent and warm water with paper towels should be used to clean carpeted areas. Granules can be sprinkled directly onto the spillage on hard floor areas or outside areas, left for 2 minutes and then scooped up using paper towels and then discarded in a yellow clinical waste bag (clinical waste bin kept in The Well). Once initial cleaning has been performed the Premises Manager should be informed and arrange for the carpet to be cleaned if appropriate. Small body fluid kits are provided for school trips *e.g.*, such as travel sickness.

Staff Trained in First Aid

Lists of school staff who are trained in First Aid are displayed online (the Hub) and in staff areas *e.g.*, the Staff Common Room and Reception. Lists are amended and updated at the start of each term. The training is updated every three years.

First Aid Boxes

The First Aid boxes are checked by the Nurses, or medical assistant at the beginning of each term and expired items are replaced. They are replenished more frequently than this if used. First Aid kits are available to borrow from the Medical Room for staff to take on educational visits and sports fixtures.

AED Qualification

Training is provided to staff. Most AED-trained staff also hold the First Aid at Work qualification.

AED MACHINES

The school has seven defibrillator machines and participates in the London Ambulance Service defibrillator accreditation scheme. See Operational plan below for the locations.

PROCEDURE IN THE EVENT OF AN ACCIDENT INVOLVING INJURY TO A PUPIL AT SCHOOL

1. All injuries other than the trivial, and all head injuries, should be reported as soon as practicable to the School Nurse and, if possible, to the Form Tutor concerned. Give what First Aid you can at the scene of the accident if necessary.
2. **If a serious accident occurs, call the Nurse on the mobile 07823 539 259 (or telephone 020 8557 1498, internal extension 1498) to assess the situation. An ambulance should be called if necessary, or if less serious the casualty should be escorted to the A&E Department at King's College Hospital by a member of staff, or preferably by a parent.**

It is impossible to legislate for such an event outside weekday school hours, but trained First Aiders, parents or spectators may be able to help. If you are in doubt about the seriousness of an injury, play safe and seek medical aid. Concussion, for example, may not be immediately evident.

3. The School Nurse will take the responsibility for informing parents and the Form Tutor if the member of staff notifying the accident has not been able to.
4. An Accident Form, available from the Medical Room (*Appendix 5A*), or on the Hub should be completed as soon as possible by the witness to the accident. Forms should be handed in to the Nurse

within 24 hours. This applies to accidents on educational visits outside normal lesson/term time as well as accidents at school. There is a separate Accident Form for accidents/incidents that occur on educational visits (see *Appendix 5*). Form Tutors should be informed of any major incidents.

5. Form Tutors, Heads of Section or Housemasters will follow up as appropriate. (In the Lower School, the role of Housemaster will be taken by the Head of Lower School.)
6. Some incidents that occur in schools must be reported to the Health and Safety Executive (HSE) online under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). **The decision to report an accident to RIDDOR is decided by the Chief Operation Officer, COO**, but the medical team should advise the COO if they feel it is likely to need reporting. Also, the Senior Deputy Head should provide details of staff absences due to an injury at work lasting more than seven days.
7. **Reportable major injuries to School employees include:**
 - Fractures other than to fingers and toes;
 - Amputations;
 - Loss of sight, or reduction in sight;
 - Any crush injury to the head or torso causing damage to the brain or internal organs;
 - Serious burns which cover more than 10% of the body, or cause damage to the eyes or vital organs;
 - Any loss of consciousness caused by a head injury, or asphyxia;
 - Any other injury from working in an enclosed space which requires resuscitation or admittance to hospital for more than 24 hours.

Accidents which prevent staff from returning to work for more than seven days (not including the day of the injury), must be reported within 15 days.

Occupational diseases are health conditions or disorders that occur as a result of the workplace environment or workplace activities. RIDDOR reportable occupational diseases include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis, *eg* from work involving strong acids or alkalis, including domestic bleach;
- hand-arm vibration syndrome;
- occupational asthma, *eg* from wood dust and soldering using rosin flux;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

A serious incident relating to a pupil, staff or visitor should be reported to RIDDOR in the following circumstances;

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

Accidents as a result of sports activities or accidents in the playground are only RIDDOR reportable if the conditions of the equipment or premises has led to the incident, or the pupil dies or is taken to hospital following an accident which is linked to the workplace. Accidents that occur as a result of normal games activities are not reportable, but a fracture that occurs due to a slip or faulty equipment would be reportable.

For further information regarding RIDDOR in schools, check the link below

<https://www.hse.gov.uk/pubns/edis1.pdf>

OPERATIONAL PLAN FOR AUTOMATED EXTERNAL DEFIBRILLATOR (AED) AND MEDICAL EMERGENCIES on school premises

There are seven defibrillator machines at Alleyn's situated as follows:

1. Reception (Main Building, Senior School)
2. Swimming pool Lobby (Senior School)
3. Junior School First Aid Room (Junior School)
4. Portacabin (opposite outside toilet - near hockey/tennis pitch) – No code needed
5. The Well, medical room (Senior School)
6. Top field (outside changing rooms). Code C9876
7. EAC building, Burbage Rd (downstairs)

These are checked regularly.

Staff involved in helping the casualty should do the following:

- **Dial 999 for an ambulance.**
- **Send someone to bring the nearest AED machine and in the event of a cardiac arrest start CPR**
- Alert nurses (if on School site) on 020 8557 1498 (extension 1498) or the nurses' emergency mobile 07823 539 259
- **Out of hours emergency number for first aid response 07702 103 454**
- Ring Reception emergency number extension 1458, (or from mobile 020 8557 1458), or extension 1500
Please state the exact location of the casualty clearly.

If staff are alone:

Call 999 for an ambulance first and then start CPR for a cardiac arrest.

Role of reception staff -note the location of the emergency and how many people are affected.

Send a runner to take the reception AED machine to the casualty (if someone has not done this already).

1. Alert the SS and JS nurses if on duty. Or out of hours first aid emergency response **07702 103 454**
2. Inform Security and the Lodge (extension 1526) of the incident and location.
3. Alert additional AED trained First Aiders giving them the location of the casualty.

Role of the Security and Lodge staff:

1. Be ready to open any gates and direct the ambulance crew to the scene.
2. Security staff to inform a member of SLT.

Role of SLT

1. SLT to contact parents (if pupil), or next of kin (if staff).
2. To organise for a member of staff to accompany the pupil to A&E
3. To organise for a member of staff to check on pupils in the medical room if the area is unmanned.
4. To be aware of pupils who may have witnessed the event and be traumatised.

Role of Nurses and First Aiders

To make their way immediately to the casualty and continue/support CPR. The AED machine will be connected to the casualty as soon as it arrives. Staff to continue CPR until relieved by paramedics.

Any First Aiders not directly involved with the resuscitation should assist with:

- The safety of the casualty.
- Ensure that reception/ lodge and SLT have been informed and that someone will meet the ambulance crew and direct them to the scene.
- Move on bystanders/ protect the casualty's privacy.
- Be alert and ready to continue resuscitation if the other First Aiders become tired.

After the incident:

1. An Incident Report should be completed irrespective of whether the AED machine was used.
2. Any equipment used from the pouches should be replaced.
3. If used, the memory chip should be passed to London Ambulance personnel who will arrange for it to be read and produce a printout for the school records.
4. The Incident Report and all associated paperwork are to be handed to Medical Room for filing and storing.
5. The AED machine should be returned to the location it came from, having first checked that it is reset and restocked ready for future use.
6. Following an incident, the nurses will arrange a debriefing session with all the staff involved. This is to support those involved and to highlight any concerns that may have arisen. To make subsequent alterations to the procedure if necessary.

APPENDIX 1

STRICTLY CONFIDENTIAL

MEDICAL INFORMATION & CONSENT FORM

1.Pupil's surname:	2.Pupil's First Name:
3.Date of birth:	4.Homephone:
5.Home address:	
6.Postcode:	
7.Parent 1 (Name and Surname) :	11.Parent 2 (Name & Surname)
8.Parent 1 work phone:	12.Parent 2 work phone:
9.Parent 1 mobile:	13.Parent 2 mobile: 07725418121
10.Parent 1 email:	14.Parent 2 email:
Contact details for one friend or relative who would collect your child in an emergency in your absence or if for any reason we could not reach you:	
15.Friend/Relative #1 name and phone:	
16. Pupil's GP:	
17.Pupil's height now in cm:	18.Pupil's weight now in kg:
19.Pupil's current school:	

Please circle YES / NO as appropriate

20.	Does your child suffer from any medical conditions (eg asthma, epilepsy, diabetes, eczema, etc)? If yes, please give details:
21.	Does your child suffer from any emotional or mental health conditions (e.g. depression, anxiety, receiving counselling or therapy etc)? If yes, please give details.
22.	Does your child suffer from allergies (eg hayfever, food, medication, Elastoplast etc)? If yes, please give details:
23.	Does your child take any regular medication? If yes, please give details:
24.	Does your child need to carry medication with them at school, e.g.an Adrenaline Auto Injector (AAI/Epi-pen) or asthma inhaler? If yes, please give details:
25.	Has your child ever had any serious illness, injury or operation that you would like us to be aware of? If yes, please give details:

26.	Does your child have any hearing or visual impairments? If yes, please give details:
	Vaccination History
27.	Has your child had all of their pre-school vaccinations? This includes vaccinations up to 5 years.
28.	If no, please detail which vaccinations they have not received.
29.	Has your child received a BCG (TB) vaccination? If so, please enter the date. If not, please answer no.
30.	Has your child had an MMR vaccination? If so please enter the date. If not, please enter no.
31.	Has your child had their teenage booster Diptheria/Tetanus/Polio (DTP) vaccination? This is usually between age 12 and 13. If so, please enter the date. If not, please answer no.
32.	Has your child had their teenage booster Men.ACWY vaccination? This is usually between age 12 and 13. If so, please enter the date. If not, please answer no.
33.	Has your child had their teenage Human Papillomavirus (HPV) vaccination? This is usually between age 12 and 13. If so, please enter the date. If not, please answer no or NA.
	Family/Social History: It would be particularly helpful to mention adoption, bereavement, divorce, separation or other relevant social history, and significant medical issues within the immediate family.
34.	Are there any of the above issues that you would like the nursing and/or pastoral teams to be aware of? Please include as much detail as possible. (continue on separate sheet if necessary):
	CONSENT FOR MEDICATION I consent for my child to be given the following common medicines by the School Nurses whilst at School:
35.	Ibuprofen (Nurofen) for headaches, period pain and sports injuries, etc (not for asthmatic students)
36.	Paracetamol/Calpol for headaches, period pain and sports injuries, etc
37.	Antihistamine in case of an allergic reaction
38.	Antacid for indigestion & heartburn
39.	Simple linctus for coughs

DECLARATION

Except as described in this Medical Information Form, I confirm that my child is in good health and I agree to inform the School of any relevant change in my child’s medical condition.

I understand that in a medical emergency, a School nurse or a member of the School staff will support my child. This may include accompanying my child to hospital until a parent or guardian is present.

When a parent or guardian cannot be contacted, I understand that a School nurse or a member of the School staff may provide verbal or written agreement for anaesthetics or surgery in an emergency when asked to do so by a healthcare professional. The School will make every effort to contact a parent or guardian.

40.	Please sign if you are happy with the above declaration and consent given in the above section.
41.	Date signed:

Medical forms are treated as confidential and are kept securely, since this type of information is considered “special category data” under data protection law. Alleyn’s School is firmly committed to your privacy and the protection of your information. For more information about privacy, please see the Privacy Notice on our website alleyns.org.uk

APPENDIX 2

This is now an online form so may appear slightly differently

Asthma and Allergies (Medical form A)

The school asks that all pupils with medical conditions that may require emergency medication, carry their medication on their person during the school day and on trips.

For pupils with asthma and/or anaphylactic allergies we also request a spare of this medication to be provided to the nurses to be kept in the medical room, in case of an emergency in which the pupil's emergency medication is unavailable or unusable.

For asthmatic pupils this includes a salbutamol inhaler.

For pupils with anaphylactic allergies this includes a prescribed Auto Adrenaline Injector/ AAI. E.g. EpiPen/ Jext

Asthma

1. Pupil's full name

2. Request for pupil to carry their own asthma inhaler

My child will keep their inhaler in their possession for use as necessary.

I have advised my child that if they feel unwell after the use of their inhaler, they should go promptly and accompanied to the medical room.

I will inform the nurses as soon as possible via email (nurses@alleyns.org.uk) if there are any changes in dosage or frequency of the medication, or if it is stopped.

- I agree
- Not applicable

3. Please detail the name and dosage of the medication(s)

4. Please detail your child's asthma triggers

- Pollen
- Exercise
- Cold/flu
- Stress
- Weather
- Air pollution
- Other
- Not applicable

5. If other, please detail below

6. I can confirm that a spare salbutamol reliever inhaler will be provided to school for the treatment of acute asthma attacks

- Yes
- Not applicable

7. Generic inhaler consent - The department of Health allows schools to stock emergency salbutamol inhalers kits. These must be considered a spare and not a replacement for the pupils' own medication.

In the event of my child displaying symptoms of asthma and if their own inhaler is unavailable or unusable, I consent for my child to receive salbutamol from a generic inhaler held by the school

- Agree
- Disagree
- Not applicable

Anaphylactic allergies

8. Request for pupil to carry their own allergy medication (e.g. AAI/antihistamines)

I will ensure my child keeps their antihistamines and Adrenaline Auto Injector (AAI) in their possession for use as necessary.

I have advised my child to attend the medical room/summon help in the event of an allergic reaction.

I will inform the school nurses as soon as possible via email (nurses@alleyns.org.uk) if there are any changes to the medication or if it is stopped.

- I agree
- Not applicable

9. Please detail the brand name of the AAI and dosage of the medication(s)

10. Generic AAI consent - From October 2017, The Department of Health allows schools to stock Automatic Adrenaline injectors (AAI's) and states that these must be considered a spare and not a replacement to the pupils' own medication.

In the event of my child displaying symptoms of anaphylaxis and if their AAI is unavailable or unusable, I consent to my child being given the AAI held by the school for such emergencies.

- Agree
- Disagree
- Not applicable

11. Any additional information to add about your child's medical asthma and/or allergies:

12: Signed

13: Date

APPENDIX 3

HEAD INJURY ADVICE FOR PUPILS

Date

Name.....suffered a head injury today at

Anyone who has sustained a head injury should be observed for 24 hours.

The following are signs and symptoms to monitor for and if your child experiences any of these he/she must be seen by a doctor immediately:

- The injury was related to loss of consciousness
- Increased difficulty in waking from sleep than usual
- Appears confused or doesn't seem to understand what you are saying to them
- Repeated vomiting
- Severe headache
- Any problems with their vision
- Fits/collapse
- Any abnormal behaviour
- Loss of use of part of the body *eg* Weakness in one arm or leg
- Dizziness, loss of balance or walking strangely
- Blood or clear fluid leaking from the ear or nose
- Sudden onset deafness in one or both ears

Do expect your child to be generally more tired, especially in the first few hours after the injury. Immediately after the injury you can allow them to sleep but check them at least every hour for the first 4 hours to make sure they are sleeping normally and can easily be roused.

Do give paracetamol if they have some pain over the site of the injury or a general headache. Do encourage them to be quieter than usual and to avoid active games.

CONCUSSION/SYMPTOMS OF CONCUSSION

If concussion is confirmed or if symptoms of post-concussion syndrome persist, the School's policy regarding return to sport is as follows:

Return to sports

Following concussion your child must refrain from all sports for a minimum of two weeks. After this time if your child feels ready to return to sport, they must provide written confirmation from a doctor/parent that they have been symptom free for at least one week and are fit to start a gradual return to sport. The PE staff will facilitate this, and it will involve a minimum of another week of graded physical activity before returning to competitive sport.

SHOULD A CONCUSSION OCCUR OUTSIDE OF SCHOOL, IT IS THE RESPONSIBILITY OF THE PARENTS TO INFORM THE SCHOOL

The safety and well-being of our pupils is our primary concern at all times.

Further information can be found as follows:

- <http://patient.info/health/head-injury-instructions>

- <http://patient.info/health/post-concussion-syndrome>

APPENDIX 4 MEDICINES POLICY

Storage of Medicines

The medical room keeps a small selection of over the counter medications and some individually prescribed medications. Prescribed medicines are stored in accordance with the product instructions and in the original container in which dispensed. Medicines for individual pupils are clearly labelled with the name of the child, drug name, dosage of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container. Medicines are stored in a secure cupboard. There is a locked refrigerator for medicines which need to be refrigerated and the temperature is maintained between 2- 8 degrees.

Administration

When a child joins the school, parents / carers are asked for details of any regular medication their child is taking. They also indicate whether they give consent for over the counter medication to be given at school.

Medicines are administered by trained nursing staff. In the absence of a School Nurse the pupil will be treated by a nominated member of staff with First Aid training, but they are not qualified to administer medication. All medication given is recorded in the pupil's electronic medical records.

Pupils with emergency medication such as asthma inhalers and adrenaline auto-injectors plus oral antihistamines are shown their location in the medical room. These are readily available and not locked away so that they are accessible in an emergency.

Controlled drugs

Controlled drugs, if prescribed, are locked in a separate metal cupboard in the Nurses' office. The Nurses administering controlled drugs keep a record of the number of tablets stored in the controlled drugs register. The medicine must be clearly labelled with the pupil's name, dosage required and in the original container. When being administered, the Nurse and a witness must sign to confirm the pupil's name, date, time dispensed, dosage given and how many tablets are remaining. Any remaining medication not required by the pupil is returned by the Nurses to the parents.

Immunisations

Immunisations are carried out on the school premises for pupils in accordance with the Department of Health guidelines, following parental consent being obtained. NHS School Nurses attend the School to administer the immunisations. A record in the pupil's medical notes of any vaccines given, the date and batch number.

Disposal of Sharps

Sharps boxes are available for the disposal of needles and other sharp clinical waste. Collection, disposal and replacement of the boxes is arranged with Cavabash Group Services.

Educational visits

Pupils are encouraged to take their own medication for personal use on school trips. Pupils with severe allergy **must** bring their adrenaline auto-injectors and oral antihistamines on the trip. Pupils with asthma **must** bring their inhalers with them.

APPENDIX 5

EDUCATIONAL VISITS ACCIDENT/INCIDENT REPORT FORM

Use this form to report all accidents including near misses. All sections are to be completed

Sections A-E can be completed by the member of staff to whom the accident is reported.

Sections F & G should be completed by the Visit Leader or member of staff designated with First Aid for the visit.

The form should be sent to the Educational Visits Coordinator and The Chief Operating Officer (COO) within 48 hours of return to school. Serious accidents should be reported immediately by telephone to the appropriate senior contact and signed statements from the injured person and from any witnesses giving their accounts of what happened should be attached to this report.

Section A – about the accident

When did it happen?	<i>(Date)</i>	<i>(Time)</i>
Where did it happen? (Building, floor level, room number, etc where appropriate)		
Time seen by First Aider		

Section B – about the injured person (if no-one was injured, go to Section C)

Name		Tutor Group	
Age		Male / Female	Pupil / Staff / Contractor
If the injured person is a pupil, give the Form otherwise give his/her home address			
If the injured person was employed by someone else at the time of the accident, what is the name and address of his/her employer			

Section C – Describe what happened and the events leading up to the incident

Signature of the Injured Person:

Section D – Witnesses

Give names, telephone numbers (& addresses if not pupils or staff) of witnesses, if any.	
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Section E – The injury

Describe the injury and which part of the body was affected	
Detail any treatment given, time and by whom	

Sections A-E – Completed by

Name		Email / telephone	
Signed		Date	

Section F – Outcome

Was the injured person taken directly to hospital? Yes/No Time:		Risk assessment/Action taken:			
If a pupil, when were the parents informed and by whom? Yes/No Time:					
What happened next? (a) continued with planned school visit (b) collected by parents (c) other (please specify)		How to prevent in future:			
If staff member, did the injury cause absence from work?		Has the injured person returned to work?		If yes, when did they return?	
Further information following assessment by GP/A&E:					

Section G – To be completed by the Chief Operating Officer

Do you believe that the accident/incident is RIDDOR reportable?	Yes / No	
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Section H – Further information

<p>Copy of Accident Form to:</p> <p>If pupil:</p> <p><input type="checkbox"/> Head of Junior/Lower/Middle/Upper School</p> <p><input type="checkbox"/> Chief Operating Officer</p> <p><input type="checkbox"/> Pupil’s medical records</p> <p><input type="checkbox"/> File of accident reports (kept in Medical Room)</p>	<p>If staff:</p> <p><input type="checkbox"/> Head</p> <p><input type="checkbox"/> Chief Operating Officer</p> <p><input type="checkbox"/> File of accident reports (kept in Medical Room)</p>
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EDUCATIONAL VISITS ACCIDENT/INCIDENT REPORT FORM

Use this form to report all accidents including near misses. All sections are to be completed

Sections A-E can be completed by the member of staff to whom the accident is reported.

Sections F & G should be completed by the Visit Leader or member of staff designated with First Aid for the visit.

The form should be sent to the Educational Visits Coordinator and Bursar within 48 hours of return to school. Serious accidents should be reported immediately by telephone to the appropriate Senior Contact and signed statements from the injured person and from any witnesses giving their accounts of what happened should be attached to this report.

Section A – about the accident

When did it happen?	(Date)	(Time)
Where did it happen? (Building, floor level, room number, etc where appropriate)		
Time seen by Nurse		

Section B – about the injured person (if no-one was injured, go to Section C)

Name		
Age	Male / female	Pupil / Staff / Visitor / Contractor
If the injured person is a pupil, give the form otherwise give his/her home address		

<p>If the injured person was employed by someone else at the time of the accident, what is the name and address of his/her employer</p>	
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Section C – Describe what happened and the events leading up to the incident

<p>Signature of injured person:</p>

Section D – Witnesses

<p>Give names, telephone numbers (& addresses if not pupils or staff) of witnesses, if any.</p>

Section E – The injury

<p>Describe the injury and which part of the body was affected</p>	
<p>Detail any treatment given, time and by whom</p>	

Sections A-E – Completed by

<p>Name</p>		<p>Email / telephone</p>	
<p>Signed</p>		<p>Date</p>	

Section F – Outcome

<p>Injured person taken directly to hospital? Yes/No</p> <p>Time:</p>	<p>Risk assessment/Action taken:</p>
<p>If a pupil, have the parents been informed? Yes/No</p>	<p>How to prevent in future:</p>

Time:					
What happened next? a) Continued with planned school visit b) Collected by parents c) Other (please specify)					
If staff member, did the injury cause absence from work?		Has the injured person returned to work?		If yes, when did they return?	
Further information following assessment by GP/A&E:					

Section G – To be completed by the Chief Operation Officer

Do you believe that the accident/incident is RIDDOR reportable?	Yes/No	
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Section H – Further information

<p>Copy of Accident Form to:</p> <p>If pupil</p> <ul style="list-style-type: none"> • Head of Junior/Lower/Middle/Upper School • Chief Operational Officer • Pupil’s medical records <p>If staff</p> <ul style="list-style-type: none"> • Head • Chief Operational Officer • File of accident reports • File of accident reports (kept in Medical Room)
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APPENDIX 5A

ACCIDENT/INCIDENT REPORT FORM

Use this form to report all accidents. All sections are to be completed

Sections A-E should be completed by the member of staff to whom the accident is reported.

Sections F & G should be completed by the Visit Leader or member of staff designated i/c First Aid for the visit.

The form should be sent to the Assistant Head (Co-curricular) and Chief Operating Officer (COO) within 48 hours of return to school. Serious accidents should be reported immediately by telephone to the appropriate Senior Contact and signed statements from the injured person and from any witnesses giving their accounts of what happened should be attached to this report.

Section A – about the accident

When did it happen?	<i>(Date)</i>	<i>(Time)</i>
Where did it happen? (Building, floor level, room number, etc where appropriate)		
Time seen by First Aider		

Section B – about the injured person (if no-one was injured, go to Section C)

Name		Tutor Group	
Age		Male / Female	Pupil / Staff
Home Address			

Section C – Describe what happened and the events leading up to the incident

Signature of the Injured Person:

Section D – Witnesses

Give names, telephone numbers (& addresses if not pupils or staff) of witnesses, if any.	
--	--

Section E – The injury

Describe the injury and which part of the body was affected	
Detail any treatment given, time and by whom	

Sections A-E – Completed by

Name		Email / telephone	
Signed		Date	

Section F – Outcome

<p>Was the injured person taken directly to hospital? Yes/No</p> <p style="padding-left: 100px;">Time:</p> <p>If a pupil, when were the parents informed and by whom? Yes/No</p> <p style="padding-left: 100px;">Time:</p> <p>What happened next?</p> <p>(d) continued with planned school visit (e) collected by parents (f) other (please specify)</p>	<p>Risk assessment/Action taken:</p> <hr/> <p>How to prevent in future:</p>				
If staff member, did the injury cause absence from work?		Has the injured person returned to work?		If yes, when did they return?	

Further information following assessment by GP/A&E:

Section G – To be completed by the Chief Operating Officer

Do you believe that the accident/incident is RIDDOR reportable?	Yes / No	
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Section H – Further information

<p>Copy of Accident Form to:</p> <p>If pupil</p> <ul style="list-style-type: none"> <input type="checkbox"/> Head of Lower/Middle/Upper School <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Pupil’s medical records <input type="checkbox"/> File of accident reports (kept in Medical Room) 	<p>If staff</p> <ul style="list-style-type: none"> <input type="checkbox"/> Head <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> File of accident reports (kept in Medical Room)
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Section G – To be completed by the Chief Operational Officer

Do you believe that the accident/incident is RIDDOR reportable?	Yes/No	
---	--------	--

Section H – Further information

Copy of Accident Form to:

If pupil:

- Head of Junior/Lower/Middle/Upper School
- Chief Operational Officer
- Pupil’s medical records
- File of accident reports (kept in Medical Room)

If visitor:

- Child’s school
- Chief Operational Officer
- File of accident reports (kept in Medical Room)

If staff:

- Head
- Chief Operational Officer
- File of accident reports (kept in Medical Room)

APPENDIX 6

ASTHMA POLICY

Alleyn's School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the School. The School positively welcomes all pupils with asthma. Alleyn's aims to do everything possible to ensure that the School environment is favourable for pupils with asthma.

Record Keeping

- When a child joins the School, parents/carers are asked if their child has any medical conditions including asthma on their medical form.
- All parents/carers of children with asthma are consequently sent an explanatory letter outlining asthma guidelines for their child whilst at Alleyn's. The nurses also send an online asthma form to be completed which the nurses use to gather information regarding pupils triggers and consent for the use of the school generic salbutamol inhalers. Nurses keep an Asthma Register (a list of all pupils at Alleyn's who have asthma). This is available to all staff; updated lists are posted up in staff areas at the start of each academic year.
- Parents and pupils are encouraged to attend an annual asthma review at the GP surgery/hospital and to inform the School Nurses of any changes in their asthma management.
- Pupils are encouraged to have and be familiar with a personal asthma action plan. Pupils with a history of severe or unpredictable asthma have individual care plans circulated to the staff via the Hub.

Asthma Medicines

- Immediate access to reliever medicines is essential. Pupils at Alleyn's are encouraged to carry their reliever inhaler on them at all times during the School day, including PE and educational visits. Parents/carers are asked to supply a spare labelled reliever inhaler (and spacer/aero chamber if used), which is kept in an unlocked drawer in the Medical Room. Nurses check the expiry dates of all inhalers at the start of each term. Parents/carers are emailed from the Nurses indicating when medication expiry dates are approaching, and are asked to provide a new replacement inhaler for the Medical Room when needed.
- If the nurses have parental consent, a spare reliever inhaler with spacer is available in the Medical Room for emergency use when pupils do not have their own reliever. A copy of the Asthma Register is kept near the spare inhaler. A Nurse can be contacted at all times during the school day via the medical room 'phone or the Nurses' mobile 'phone.

The Senior School has 4 emergency asthma inhaler kits for occasions when a pupil's own medication is faulty or unavailable. The inhalers can only be used following prior written parental consent. These are configured as per the Department of Health Guidance on the use of emergency salbutamol inhalers in school. The kits contain a salbutamol metered dose inhaler, a disposable spacer and a register of children with asthma who are permitted to use the inhaler. See appendix 6A

PE and Games

- Taking part in sports, games and other activities is an essential part of school life for all pupils. The PE staff are aware of all asthmatic pupils in the School from the School Asthma List.
- Pupils with asthma are encouraged to participate fully in all PE and games lessons. PE staff will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. Pupils must be encouraged to take their reliever inhaler to all PE and games lessons. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so. Should symptoms persist they will be sent, accompanied, to the Medical Room for assessment by the School Nurse. **If in**

any doubt that the pupil is able to get safely to the Medical Room, telephone the Nurses and ask them to come to the pupil.

The school is aware that many pupils will have school sporting commitments both on and off the school site, during the week and at weekends. **The School expects pupils to bring an in date reliever inhaler with them for all sporting activities, on and off site.**

Educational Visits

- Careful consideration is given to the First Aid requirements and individual medical needs of pupils on visits, including any pupils with asthma. Where necessary, staff are fully briefed with regard to the specific requirements of individual pupils on a visit.
- Parents complete a Parental Consent Form for each visit which gives the Visit Leader relevant medical information.
- A First Aid kit should be taken on all visits. The Visit Leader should collect a First Aid kit, including a copy of the medical condition policy for asthma, from the School Nurses.
- If pupils carry medication such as an inhaler, then staff should ensure that the pupils have their inhaler with them before departure.

When Asthma is interfering with school life

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the Nurses will contact the parents/carers. If PE staff notice that a child is unable to fully participate in PE they will speak to the Nurses or directly to their parents/carers.
- The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

Asthma attacks

- Allyn's provides an environment where pupils are confident to manage their asthma by ensuring that staff have the skills to assist them if they have an asthma attack. The Nurses follow guidelines set out by Asthma UK and Education for Health. Any pupil who has an asthma attack and who still gives rise for concern after initial treatment will be referred promptly to parents/appropriate medical help. The School Nurses attend regular training sessions to update their knowledge and keep abreast of changes in asthma care. All staff who have completed a 3 day First-Aid-at-Work course receive regular training to help recognise and assist a person with an asthma attack and seek further medical help as appropriate.
- Posters detailing 'How to recognise an asthma attack' and 'What to do in the event of an asthma attack' are posted, adjacent to the Asthma Register, in staff areas.

APPENDIX 6A

Generic emergency asthma inhalers

All pupils who suffer with asthma are encouraged to take responsibility and carry their own inhalers to use as required. Pupils should have their own inhaler for all sport fixtures and trips. Parents are asked to provide a spare inhaler that is kept in the medical room as a backup.

The school keeps generic emergency inhalers to ensure that all pupils within the school environment are close to a kit. These emergency inhalers should not be seen as a replacement but are for use when the pupil's own inhaler is unavailable *eg*, because it is broken or empty.

The emergency salbutamol inhaler should only be used by pupils:

- who have been diagnosed with asthma and prescribed a reliever inhaler,
- OR who have been prescribed a reliever inhaler
- **AND** for whom written parental consent for use of the emergency inhaler has been given.

The Senior School has 4 emergency asthma inhalers which are assigned to designated staff for PE, CCF, DoE/Head of Adventure and the nurses. These are configured as per the 2015 Department of Health Guidance on the use of emergency inhalers in school.

These kits contain a salbutamol metered dose inhaler and a disposable spacer with instructions for use. A register of pupils permitted to use the emergency inhaler is kept with the kits and includes information about the pupil's triggers and what to do in an asthma attack.

PE staff and at least one member of staff attending remote trips are trained during First Aid courses about how to recognise the features of severe or life-threatening asthma attacks. The School Nurses provide additional training on the use of reliever inhalers to all designated staff.

Staff allocated an emergency inhaler should keep a record of the expiry date, monthly checks, the administration date and the dosage given. Staff should notify the school nurse when their kit has expired. The School Nurse is responsible for replacing and the disposal of any used emergency kits.

Administration of Emergency Asthma Inhaler Medication by PE or Trips Staff

Care must be taken that asthma inhalers are used appropriately for breathing difficulties. **Wheeziness and breathlessness can be a sign of anaphylaxis. Staff receive yearly anaphylaxis training to recognise these symptoms.**

PE/Trips sometimes take place in locations remote from the Senior School or off site altogether. Therefore, provision is made for the administration of the emergency asthma inhalers by designated staff. Staff administering the inhaler should check the register to ensure the pupil is permitted to use a generic inhaler.

If a pupil needs to use the emergency asthma inhaler during PE/ sports fixtures/ trips it should be administered immediately under the supervision of - and if necessary, with the assistance of - a trained member of staff.

Staff should document how many puffs have been administered and inform the child's parent.

The Senior School Nurse should be contacted as soon as possible after any administration of the emergency inhaler kits. The Nurse will then go to the pupil's location, if at school, assess them and decide upon further treatment.

If the signs or symptoms of a severe/life threatening asthma attack are present OR if staff are worried about the condition of a child, they are instructed to call 999 for an ambulance immediately.

The school nurse can be informed after an ambulance has been called. If for any reason the Senior School Nurse is unavailable the Junior School Nurse should be contacted.

Asthma treatment

There are two types of treatment:

- **Preventers**-these inhalers are usually taken twice daily at home and are normally in a brown container. When taken regularly they make the air passages less sensitive to the triggers that can start an attack. They take 10-15 days to work. This type of inhaler does not help an acute asthma attack and should not be kept at school.
- **Relievers**-these are the inhalers used in an acute attack to relieve the symptoms of asthma and are usually in a blue container.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

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

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

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

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better

If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs,

CALL 999 FOR AN AMBULANCE

- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

- Arrange for a member of staff to accompany the pupil to A&E department
- Contact parents and arrange for them to meet their child at the hospital
- Continue to reassure the pupil
- Photocopy school medical records and asthma card to give to the ambulance crew
- Note timings of start of attack and all symptoms to tell the ambulance crew.

APPENDIX 7

DIABETES POLICY

Diabetes is a long-term medical condition where the amount of glucose in the blood is too high because the body can't use it properly. This happens because:

- The pancreas does not make any or enough insulin
- The insulin does not work properly
- Or sometimes it can be a combination of both

Most school-age children who develop diabetes will have type 1 diabetes, which is when the body is unable to produce any insulin. Pupils with this form of diabetes need to replace their missing insulin and will need to take insulin by injection or pump for the rest of their lives. They need to adjust their insulin dose and diet according to their daily routine. In order to do this they need to regularly test their blood sugar levels using a finger pricking device and an electronic blood glucosemeter. Insulin is normally administered via an insulin pen or a pump. Normal blood glucose levels are between 3.5-7.0 mmol/l. Hypoglycaemia is a low blood sugar (below 3.5mmol/l). Hyperglycaemia is a high blood sugar, over 10mmol/l and remains high.

Record Keeping

- When a child joins the school parents/carers are asked via a medical form whether their child has any medical conditions such as diabetes
- All parents /carers of pupils with diabetes are contacted by the School Nurse and invited to come in with their child prior to starting at Alleyn's to discuss their diabetes. A detailed individualised care plan is drawn up at this meeting and circulated to relevant teaching staff prior to them starting at Alleyn's. Some pupils will require more support at school with their diabetes than others
- A photographic list is comprised of all pupils who have diabetes; this is displayed in the staff common room and Hub. The list is updated as necessary throughout the school year

Diabetic Medicines

Most pupils will carry their insulin with them in school or will use an insulin pump.

Some pupils will keep spare insulin (in a locked fridge) and equipment in the Medical Room.

The Medical Room keeps in stock a supply of dextrose sweets, Lucozade and biscuits should a pupil have a hypoglycaemic attack.

Pupils' own Glucagon injections are kept in the Medical Room unlocked fridge for easy access and Glycogel/ hypostop is also stocked; these are both used to treat more severe hypoglycaemic attacks.

Educational Visits

- Careful consideration is given to the First Aid requirements and individual medical needs of pupils on visits, including any pupils with diabetes. Where necessary, staff are fully briefed regarding the specific requirements of individual pupils on a visit.
- Parents complete a Parental Consent Form for each visit which gives the Visit Leader relevant medical information.
- A First Aid kit should be taken on all visits. The Visit Leader should collect a First Aid kit, including a copy of the medical condition policy for diabetes from the School Nurses.

- If pupils carry medication such as insulin, then staff should ensure that they pupils have it with them before departure and is stored appropriately.

Diabetes and school life

Pupils at Alleyn's who have diabetes are encouraged to participate fully in all aspects of school life including sport and residential visits.

Alleyn's provides an environment where pupils are confident to manage their diabetes by ensuring that staff have the skills to assist them should their blood sugar become too low/high.

Pupils are encouraged to attend their hospital appointments regularly and keep the Nurses updated with any changes in their diabetic management. School Nurses liaise with pupils' specialist diabetic Nurses from the local hospitals as necessary.

Hypoglycaemia

Hypoglycaemia is when blood sugar drops too low, i.e. 3.5 mmol/l or below.

Causes include:

- too much insulin
- too little carbohydrate
- late/missed meal
- more exercise than usual

Signs include:

- pallor
- sweating
- trembling
- slurred speech
- lack of concentration, vagueness
- altered behaviour *eg* irritable
- weakness

Treatment of low blood sugar, in a pupil who is fully conscious

If at school, send the pupil to the Medical Room with another pupil to accompany them, as long as they are able.

If in any doubt that the pupil is able to get safely to the Medical Room, telephone the Nurses and ask them to come to the pupil.

Check the blood sugar level (the pupil can usually do this with their own kit) give **one** of the following:

- 100ml (half to a third of a plastic cup) Lucozade
- 150 ml small carton of fruit juice
- 5 dextrose sweets
- 150 ml fizzy drink *eg*, Coke, lemonade (not diet)

Sit the child down for 5 minutes. If no improvement in 5 minutes, recheck the pupil's blood sugar and give further sugar if blood sugar still below 3.5 mmol/l.

Always follow the sugary drink with starchy food to prevent the blood sugar from dropping again. Good foods include a roll/sandwich, a cereal bar, several biscuits, or a muffin.

The pupil should remain in the Medical Room until their blood sugar is at least 5 mmol/l. Parents may be informed of hypo attack which is at the Nurse's discretion, particularly if pupil is slow to respond.

Treatment of low blood sugar, in a pupil who is drowsy

If at School, telephone the Nurses and ask them to come quickly to the patient.

Glycogel or sugar can be massaged into the child's cheek if they are alert enough to be able to swallow it. Be ready to call an ambulance if no improvement after applying. Inform parents of their child's condition.

Treatment of low blood sugar, in a pupil who is unconscious

If the child is unconscious and/or fitting, no attempt should be made to put anything into their mouth. The child should be placed on their side in the recovery position and an **ambulance should be called immediately**. Glucagon can be administered into the outer thigh by anyone trained to do so, whilst waiting for the ambulance to arrive. Parents to be informed as quickly as is practical.

Hyperglycaemia

This is when the blood glucose level is above 10mmol/l. Common symptoms include: thirst, frequent urination, tiredness, dry skin, nausea, blurred vision.

Parents should be contacted who may request that the pupil gives extra insulin. Urinalysis may be undertaken if pupil is at school to test for the presence of ketones.

An ambulance should be called if the following symptoms are present:

- Deep and rapid breathing
- Vomiting
- Breath smelling of nail polish remover

PE, Games and other activities

Taking part in sports, games and other activities is an essential part of school life for all pupils. Most pupils with diabetes should be able to enjoy all kinds of physical activity, but they do need to prepare carefully for this as all types of activity use up glucose.

Ensure that the pupil has time to check their blood glucose levels prior to starting the physical activity.

If it is **above 15mmols** they should not take part in the activity but should attend the Medical Room if within school hours and test their urine for ketones. Short-acting insulin should be given by the pupil and they should allow their levels to come down before taking part in any activity.

If the blood sugar is **below 5mmols**, they should be allowed to attend the Medical Room (if well enough to) and to have some sugar such as Lucozade and then followed up by a snack. It is usually advisable for them to miss the period of physical exercise as blood sugar may drop during the exercise.

If the blood sugar levels are **within normal limits**, they need to ensure that they have eaten enough prior to the activity and to have sugary snacks available during and after the exercise session.

Staff should keep an eye on pupils with diabetes whilst doing sport and physical activities but not single them out for special attention. Staff should know when to intervene if a pupil has signs of low blood sugar levels, offer sugary snacks, allow the pupil to rest and check their blood glucose levels. The pupil should be able to continue the activity once they have recovered (blood sugar levels need to be well above 5mmol/l). A pupil's recovery time is influenced

by several factors, including how strenuous the activity and how much the pupil has eaten recently.

After an activity, pupils with diabetes may need to eat some starchy food, such as a sandwich or a bread roll, but this will depend on the timing of the activity, the level of exercise taken and whether a meal is due.

Pupils with **insulin pumps** need to disconnect the pump during contact sports and although some may be waterproof, pupils may prefer to disconnect when swimming. Pumps cannot be disconnected for long periods of time because the pump uses fast-acting insulin. Generally, the pump should be disconnected for no longer than one hour. When the pump is disconnected, no more insulin will enter the body and the blood glucose level will gradually begin to rise. Staff should check that the pupil remembers to reconnect their pump as soon as the activity is over and tests their blood glucose levels.

APPENDIX 8

Anaphylaxis Policy

Anaphylaxis is a severe and potentially life-threatening allergic reaction. It may occur within minutes of exposure to an allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline, administered via an adrenaline auto-injector (AAI). Alleyn's welcomes all pupils with severe allergies and aims to do everything possible to ensure that allergens are kept to a minimum.

Record keeping

- When a child joins the School, parents/carers are asked if their child has any medical conditions including allergies on their Medical Information Form
- All parents/carers of children with severe allergies are sent a letter from the nurses outlining guidelines for their child whilst at Alleyn's and requirements for provision of AAI
- The nurses keep an Anaphylaxis List (a list of all pupils at Alleyn's who may suffer anaphylaxis). This is available to all staff; updated lists are posted up in staff areas at the start of each academic year.

Allergy Medicines

- Immediate access to emergency adrenaline medication, in the form of an AAI, is essential.
- Pupils at Alleyn's are encouraged to carry their AAI with them at all times during the school day, including PE and school trips
- Parents/carers are asked to supply a spare labelled AAI and oral antihistamines such as cetirizine which are kept unlocked in the Medical Room. An emergency pack is made for each pupil to include the AAI, antihistamines, a recent photograph of the pupil, details of the specific allergy, emergency contact details for parents/carers and a hospital care plan if provided
- Nurses check the expiry dates of all medicines at the start of each term. Parents/carers are sent an email/letter from the nurses indicating when medication expiry dates are approaching and are asked to provide replacements for the Medical Room when needed.
- The school is aware that many pupils will have school sporting commitments both on and off the School site, during the week and at weekends. The pupils must have their personal emergency pack with them for all sporting activities. As a safety precaution, this personal allergy pack should contain two in date, labelled Adrenaline Auto Injectors (AAI) as well as oral antihistamines.
- Emergency anaphylaxis kits are available in the school. This is a combined initiative for both Senior and Junior Schools. These contain generic AAIs, provided by the school with full instructions for use and a photograph list of all the pupils whose parents have consented to their use in the event of an emergency. Senior School nurses monitor them for expiry dates and use.

Educational Visits

- Careful consideration is given to the First Aid requirements and individual medical needs of pupils on visits, including any pupils with severe allergy/anaphylaxis. Where necessary, staff are fully briefed about the specific requirements of individual pupils on a visit.
- Parents complete a Parental Consent Form for each visit which gives the Visit Leader relevant medical information.
- A First Aid kit should be taken on all visits. The Visit Leader should collect a First Aid kit and spare individual AAI including a copy of the medical condition policy for anaphylaxis, from the School Nurses.
- Pupils with severe allergies must ensure they bring their AAI and oral antihistamines with them on the trip

Allergies and school life

The school caterers do not knowingly purchase, store or use nuts/sesame/or products containing nuts/sesame.

To safeguard the health of pupils with these allergies, nuts/sesame and products containing nuts/sesame are not permitted at School.

Parents should ensure that any food brought into school does not contain any nuts/sesame.

- The school nurses liaise closely with the catering staff and Food Technology (FT) staff in order to provide as safe an environment as possible for pupils with food allergies
- A list of all pupils with a food allergy is given to the FT department at the start of each academic year. With this information, the FT department follows a risk assessment (see Appendix 10) for use of ingredients that are allergens for some pupils
- The FT department does not use nuts/sesame or nut/sesame products during work with pupils in Years 7– 9
- Controlled use of nuts /sesame may occasionally be beneficial for GCSE students in which case procedures will follow the risk assessment (Appendix 10)
- Pupils are encouraged to attend their hospital appointments regularly and to keep the nurses updated with any changes in their allergy management

Anaphylactic shock

- Alleyn's aims to provide an environment where pupils are confident to manage their allergies by ensuring that staff have the skills to assist them if they have a severe allergic reaction. The nurses follow guidelines set out by the Anaphylaxis Campaign. The school nurses attend regular training sessions to update their knowledge and keep abreast of changes in anaphylaxis care. All staff who have completed a First Aid at Work course receive regular training to help recognise and assist a person having a severe allergic reaction and seek further medical help as appropriate.
- A trainer AAI is available in the Medical Room for staff to familiarise themselves with using an AAI should the emergency arise
- A document detailing 'Emergency First Aid for anaphylactic shock' is posted, adjacent to the Anaphylaxis List, in the staff common room.

Emergency First Aid for Anaphylactic Shock

Signs and Symptoms of Anaphylaxis:

A - Airway Obstructed

B - Breathing Irregularly

C - Circulation Impaired

If any of the following symptoms are evident with any degree of severity, in a child with a known history of anaphylaxis, it must be presumed that the child is having a severe allergic reaction and emergency treatment for anaphylaxis must be given immediately.

A - Airway Obstructed

- hoarseness
- swollen lips/tongue

- itching sensation in throat
- difficulty in swallowing

B - Breathing Irregularly

- breathlessness
- noisy breathing
- unable to communicate verbally
- severe asthma

C - Circulation Impaired

- pallor
- clammy skin
- rapid or weak pulse
- may be blue around mouth
- sudden weakness/floppy/collapse

Other commonly seen symptoms include: the feeling that something dreadful is happening, flushing of the skin, hives/dramatic itchy rash and abdominal cramps/nausea and vomiting.

Action Plan

1. Administer AAI into outer thigh following manufacturer's instructions; lie child down with feet raised; note time
2. Dial 999 for an ambulance stating that child has collapsed with anaphylactic shock.
3. Call the Nurses on ext 1498 or mobile 07823 539 259
4. Call Reception to inform an ambulance coming, or for additional assistance.
5. Contact Parents; to come to Alleyn's if very nearby, otherwise meet at King's A&E
6. Have second AAI ready in case it's needed, 5 minutes after first dose.

APPENDIX 9

Risk Assessment for nuts and sesame usage in the Food and Nutrition

This section has been taken from the School's Health & Safety policy

Allergies and school life

To safeguard the health of pupils with all allergies including nut and sesame allergies, and products containing nut and sesame are not permitted at school. Parents should ensure that any food brought into school does not contain any nuts or sesame.

- The School Nurses liaise closely with the catering staff and Food & Nutrition staff in order to provide as safe an environment as possible for pupils with food allergies.
- The school caterers do not knowingly purchase, store or use nuts or sesame or products containing nuts or sesame or nut or sesame traces.
- A list of all pupils with a food allergy is given to the F&N department at the start of each academic year. With this information, the F&N department follows a risk assessment for use of ingredients that are allergens for some pupils.
- The F&N department does not use nuts or sesame or nut/sesame products during work with pupils in Years 7–9.
- There is controlled use of nuts in some GCSE lessons. On these occasions, the department follows the risk assessment (Appendix 10).
- Pupils are encouraged to attend their hospital appointments regularly and to keep the Nurses updated with any changes in their allergy management

Anaphylactic shock

- Alleyn's aims to provide an environment where pupils are confident to manage their allergies by ensuring that staff have the skills to assist them if they have a severe allergic reaction. The Nurses follow guidelines set out by the Anaphylaxis Campaign. The School Nurses attend regular training sessions to update their knowledge and keep abreast of changes in anaphylaxis care. All staff who have completed a First Aid at Work course receive regular training to help recognise and assist a person having a severe allergic reaction and seek further medical help as appropriate
- A trainer AAI is available in the Medical Room for staff to familiarise themselves with using an AAI should the emergency arise
- A document detailing 'Emergency First Aid for anaphylactic shock' is posted, adjacent to the Anaphylaxis List, in staff areas
- The F&N department has an AAI located between rooms C11 and C12.

RISK ASSESSMENT FOR NUT AND SESAME USAGE IN THE FOOD AND NUTRITION DEPARTMENT

To safeguard the health of pupils with nut and/or sesame allergies, nuts and sesame and products containing nuts or sesame are not routinely permitted at School. However, it is sometimes proposed for pupils studying GCSE Food and Nutrition to use nuts, and/or sesame. To overcome any possible dangers from using such products in Food and Nutrition, the following risk assessment applies:

Activity	Hazard and Associated Risk	Who?	Probability	Control Measures (Reducing the Risk)	Outcome
Cooking activities in Food and Nutrition lessons	Risk of nuts, sesame and coconut being brought into the F&N department by pupils	Pupils with nut, sesame and coconut allergies	Medium	<ol style="list-style-type: none"> 1. School Nurses give Head of F&N up to date lists of all pupils who have an allergy in the first week of the academic year. 2. Pupils are told that they should not bring nuts, nut products, sesame, sesame products (eg tahini) or coconut into the School. 3. Parents receive an Admissions Handbook which explains that pupils should not bring in banned foods listed in point 2 above. 4. If a pupil does bring nuts, sesame, coconut or food containing nuts, sesame or coconut, this will be kept in the F&N Department office. The pupil may collect and take home at the end of the day. 5. The F&N department has an allergy control kit containing an Automatic Adrenaline Injector. This is located on the wall between C11 and C12. 	Low No nuts/ sesame/ coconut to be used
Controlled use of nuts and sesame in Year 10-11 GCSE F&N lessons (it is sometimes proposed for pupils studying F&N to use nuts, and/or sesame)	Risk of allergic reaction in F&N by pupils cooking with nuts, and/or sesame.	Pupils with nut, sesame allergies	Low	<ol style="list-style-type: none"> 1. To avoid the F&N classrooms being contaminated by traces of nuts or sesame, the technicians will wash all equipment in the dishwasher at a high temperature. The work surfaces will be sanitised at the end of the lesson. 2. GCSE pupils who work with nuts are made to work in a workstation at one end of the classroom and on their own. The work surfaces are sanitised at the end of the lesson. 3. If a pupil does bring nuts, sesame, coconut or food containing nuts, sesame or coconut, this will be kept in the F&N Department office. The pupil may collect and take home at the end of the day. 4. The F&N department has an allergy control kit containing an Automatic Adrenaline Injector. This is located on the wall between C11 and C12. 	Low

APPENDIX 10 EPILEPSY POLICY

Epilepsy is a neurological condition where there is a tendency for people to have seizures which start in the brain. A seizure is a short episode of symptoms caused by a burst of abnormal electrical activity in the brain, typically lasting a few seconds to a few minutes. A seizure can affect the muscles, sensations, behaviour, emotions, consciousness, or a combination of these symptoms and can happen at any time. There are many different kinds of epilepsy and about 40 different seizure types.

Seizures can happen without warning, but in some people certain triggers can be identified:

- Stress, anxiety, excitement
- Hormonal changes
- Not taking medication as prescribed
- Unbalanced diets or skipping meals
- Late nights
- Alcohol and recreational drugs
- Some over the counter and prescription medications
- Illness
- Photosensitive epilepsy

Record keeping

When a child joins the School, parents/ carers are asked if their child has any medical conditions such as epilepsy. Parents and prospective pupils are invited to meet with the Nurses prior to starting at Alleyn's to discuss their individual needs.

A detailed individualised care plan is drawn up and circulated to relevant teaching staff prior to them starting at Alleyn's. This can help the school and staff to identify possible triggers and how to avoid them. Staff will be advised on simple First Aid measures to help the child from being harmed by the seizures and when to call an ambulance.

Medication

Most people with epilepsy take regular medication with the aim of controlling their seizures, which can generally be taken outside school hours. Side effects can cause drowsiness, poor memory and concentration, confusion, irritability, over activity and weight gain.

If a pupil needs to take medication during school hours, the Nurses can supervise the pupils taking their medication provided parents have given consent.

Management of Epilepsy

- Try to stay calm, call the school Nurses if during school hours.
- Note the time to try to check how long the seizure is lasting.
- Remove harmful objects from nearby. Only move the child if they are in a dangerous place *eg* at the top of stairs or in the road.
- Do not restrain or put anything in the mouth.
- Try to stop other people from crowding and ask them to move away.

When the seizure stops

- Place the child in the recovery position, check their breathing and pulse at regular intervals and be prepared to resuscitate. Wipe away any spit and if their breathing is difficult check to see if anything is blocking their airway like food.

- Examine for and manage any injuries.
- Try to minimise any embarrassment. If they have been incontinent, deal with this as privately as possible.
- Stay with them giving reassurance until they have fully recovered. Inform parents of seizure.
Allow pupil to have supervised rest in Medical Room following seizure until they feel recovered.
- **Call an ambulance for urgent admission if: -**
- If it is their first seizure.
- The pupil is injured during the seizure.
- You believe that the pupil needs urgent attention.
- **Dial 999** for tonic-clonic seizure lasting more than 5 minutes, or more than 3 seizures in the hour, and treat with buccal / intranasal midazolam if prescribed and available. (Individually tailored dose as per care plan and signed consent by parents. The required dose is drawn up and half the dose is administered quickly to each side of the lower buccal cavity, between the cheek and gum).
- Midazolam has a sedative effect similar to diazepam but of shorter duration.

The onset of action usually occurs within 5 minutes. In 80% of episodes convulsions have stopped after 10 minutes. The side effects are similar to IV administration although the timings may differ:

- Respiratory depression
- Hypotension
- Drowsiness
- Muscle weakness
- Slurred speech
- Occasionally agitation, restlessness and disorientation may occur

Educational Visits

- Careful consideration is given to the First Aid requirements and individual medical needs of pupils on visits, including any pupils with epilepsy. Where necessary, staff are fully briefed about the specific requirements of individual pupils on a visit.
- Parents complete a Parental Consent Form for each visit which gives the Visit Leader relevant medical information.
- A First Aid kit should be taken on all visits. The Visit Leader should collect a First Aid kit, including a copy of the medical condition policy for epilepsy, from the School Nurses.
- If pupils carry medication, then staff should ensure that they pupils have it with them before departure. If pupils carry emergency medication, staff should be trained to administer if required.

PE, Games and other activities

Pupils are encouraged to take part in all aspects of exercise and physical activity (with supervision where appropriate).

Alleyn's operates a 'buddy system' for swimming and the PE staff are all informed prior to a pupil joining Alleyn's with epilepsy.

Epilepsy and School

Pupils with epilepsy may struggle academically in comparison with their peers and some may have problems with learning and attendance. Close liaison with the Learning Support staff and parents is essential to help the pupil manage the school day. Pupils may be exhausted if they experience night-time seizures; seizures during the school day can disrupt their learning.

Pupils are encouraged to attend their regular medical appointments and to inform the School

Nurses of any changes to their epilepsy management.

Further information is available from www.epilepsy.org.uk