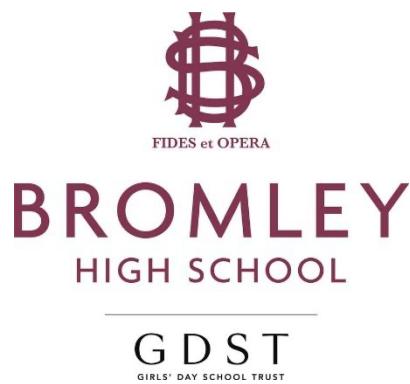


Date: September 2025  
Review date: September 2026  
Responsibility: DAH



# **MEDICAL TREATMENT**

**and**

# **FIRST AID**

**GDST**  
GIRLS' DAY SCHOOL TRUST

**This policy applies to all stages of Bromley High School - Senior, Junior and EYFS. Procedures for each section of the school may vary and have been detailed below.**

### **Policy Statement**

This policy aims to promote the health, safety and welfare of pupils, staff and visitors at the School through the provision of first-aid equipment and trained personnel in accordance with the requirements of The Health and Safety (First Aid) Regulations, and relevant DfE & HSE guidance.

‘First-aid’ means:

- (a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and
- (b) treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse;

*H&S (First Aid) Regulations 1981 (as amended)*

### **School Provision**

The aim of first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones. Therefore, in accordance with good practice, ISI, DfE and HSE requirements, all GDST schools will ensure that:

- A first aid risk assessment is carried out to ascertain how many first aiders, mental health first aiders and what types of first aid equipment / facilities are required on each site. It takes into account factors such as:
  - The number of staff / pupils on the site,
  - The location of the school and higher risk parts of the school site
  - The full range of activities undertaken by staff and pupils on the school premises during the normal school day, and as appropriate off-site and outside normal school hours, e.g. before / after the school day, at weekends and during the school holidays.
  - Whether any staff or pupils have particular physical or mental health problems.
- As a minimum, at least one person with a ‘First Aid at Work’ qualification (3-day training) who has also been trained in the CPR requirements for children and young people, is present on each identifiably separate school site during the normal school day. If EYFS children are present at least one person with a current full (2 day) Paediatric First Aid certificate is also present. It may be sufficient for an “Emergency First Aider in the Workplace” (1-day training) to be present at other times, eg: at the end of the school day or weekends and holidays, when low risk after school clubs and activities are running, or early mornings, evenings, weekends or holidays when only employees are on site undertaking low risk activities, however this will be determined by risk assessment. If there is any doubt about the level of risk of the activity, someone with a current 3 day first aid qualification will be on site.
- As a minimum, at least one adult with a Mental Health First Aid qualification suitable for assisting adults and pupils is present on each identifiably separate school site during the normal school day.
- Appropriately qualified and equipped first aiders will accompany / be present at all off-site sporting activities, fixtures, matches and events, and educational visits / school trips. All school trips / outings taken by EYFS pupils will be accompanied by at least one person with a current full (2 day) Paediatric First Aid certificate
- The necessary first aid equipment and facilities are provided at appropriate locations throughout the School, as well as an adequate number of appropriately qualified First Aiders (see List of First aiders).

- Adequate training and guidance is provided for First Aiders and Mental Health First Aiders, including refresher training every 3 years and, where appropriate, specialist first aid training is provided, for example:
  - Paediatric First Aid for Early Years Provision (renewed every 3 years)
  - First Aid for Lifeguards (renew NPLQ every 2 years + further 20 hours ongoing training and competency)
  - Sports First Aid training for PE staff (3 years)
  - Schools First Aid / First Aid for staff accompanying pupils on lower risk educational visits
  - Activity First Aid (3 years) / Outdoor First Aid (3 years) / Rescue & Emergency training (3 years) for staff accompanying pupils on higher risk educational visits or visits to remote sites.
- Lists of First Aiders', Mental Health First Aiders and Pediatric First Aiders' names, qualifications, locations and contact details are prominently displayed where staff and pupils can see them.
- All staff are made aware of first aid arrangements and such information is included in the induction process for new staff and during the inset days at the start of each academic year.
- Parents are made aware of the School's first aid arrangements and the procedures for informing them if their daughter has had an accident, sustained an injury or received first aid treatment at school. NB: wherever possible, the parents of EYFS pupils will be informed on the same day as the accident/treatment.
- The majority of head injuries are minor and can be assessed and treated by a qualified first aider. In the event of a head injury sustained by either pupil or staff, the school nurse or qualified first aider should be notified immediately so that an assessment can be made. The Head Injury Assessment Form can be used to aid this assessment (Appendix 1). A 'head bump' wristband or similar should be given to the pupil with the date and time of the head injury noted on it, and the class teacher informed. Parents should be informed following usual school procedure and the NHS guidance sent home for parental reference. Further information can be found in the Head Injuries in the '[Head Injuries](#)' protocol available in the Pupil Health and Wellbeing section on *myGDST*.
- A record is kept of any first aid treatment administered by the school nurse/first aiders and all medication administered by school staff.
- A **record** is kept of **all accidents and injuries to staff and pupils** occurring both on and off the school premises as a result of school activities. Detailed guidance on how and where to do this is given in the 'Accident Recording and Reporting' section on *myGDST*. (NB: Photographs should not be taken of a child's injury or bruising, although it is acceptable to make a record / drawing on a body map). Records are kept in accordance with the Trust's policy on the retention of documents. In practice, this means that records relating to pupils are kept until pupils attain the age of 25, and records for all other categories of people are kept for a minimum for 6 years;
- The HSE is informed of injuries that are reportable under RIDDOR without delay (see Health and Safety Policy). Detailed guidance on how and when to do this is given in the Accident and Reporting section of *myGDST*.
- '**Dangerous occurrences**' and **significant 'near misses'** (events that, while not causing harm to a person, have the potential to cause injury or ill health or significant property damage) are recorded. Detailed guidance on how and where to do this is given in the Accident Recording and Reporting section on *myGDST*.
- First aid and accident reporting arrangements are reviewed regularly.

## School Practice

All school staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the safety and welfare of pupils.

Once schools have completed a First Aid Needs Risk Assessment to determine the number of First Aiders, Mental Health First Aiders, and the qualifications they need, they should invite staff to volunteer and provide the necessary training.

The School Nurse<sup>1</sup> or qualified First Aiders/ Mental Health First Aiders, as part of their responsibilities, will administer first aid in a timely and competent manner, and organise an injured person's transfer to hospital in the case of an emergency,

There is a wide range of first aid and mental health first aid qualifications. Which courses staff should attend will be determined by the minimum requirements set down by the DfE, Trust policy and the Trust's insurers and the school's first aid risk assessment. Detailed guidance is given in the First Aid section on the Hub.

The Nurse maintains a register of First Aiders/ Mental Health First Aiders to ensure that refresher training is undertaken at appropriate intervals and new First Aiders / Mental Health First Aiders are appointed as necessary. All newly qualified TAs undertake Paediatric First Aid training within three months of starting work as a matter of course. Copies of training certificates are kept.

All First Aiders? Mental Health First Aiders are covered by the Trust's insurance against claims for negligence provided that they are suitably trained, and are carrying out their duties for the school/Trust.

The school has systems and procedures in place to ensure they are aware of any medical conditions which may require treatment whilst the pupil is in the care of school staff. Initially this information is collected on the Pupil Health Assessment Form which parents complete as part of the admissions process. The school has systems and procedures in place to ensure that the information is regularly updated.

As well as having responsibility for pupils' physical health the Nurse has a heightened awareness of pupils' emotional well-being and is a trained DSL and member of the school's safeguarding committee. She shares non-confidential issues concerning pupil emotional wellbeing and mental health to the appropriate Head of Year, Phase Leader or Deputy head.

### **Administration of medicines**

The school has systems and procedures in place to ensure all medicines are stored and administered safely and documented formally. Staff who are authorised to administer medicines receive training on the procedures, essential precautions, possible side-effects of the medicine and the importance of making appropriate records and informing parents.

No child under 16 should be given medicines without their parent's written consent which is normally provided on the "[Consent to administer prescribed medication](#)" form Appendix B1.

No prescribed medicine should be administered to an EYFS pupil unless they have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and the parents have given specific written permission for each individual medicine and the reason it is needed. The parents are informed, wherever possible on the same day, if any medicines are administered during the school day.

More guidance is given in the '[Administration of Medicines](#)' protocol available in the Pupil Health and Wellbeing section on *myGDST*.

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<sup>1</sup> Some GDST Schools do not have a qualified School Nurse in post, or the School Nurse may be absent on some days. The expression 'School Nurse' in this Policy therefore includes Senior First Aiders, School Welfare or Pupil Health Officers as appropriate.

Parents are required to replace any out of date medicines (such as epipens, inhalers, regular prescribed medications) prior to expiry date. The School Nurse keeps a record of users of regular prescribed medication and a letter to remind parents will be sent out.

## **First Aid Equipment and Materials**

Detailed information regarding first aid equipment and materials can be found in the '[First Aid](#)' section on *myGDST*.

A list of the location of emergency medicines (e.g. automatic adrenaline injectors / inhalers), defibrillators (AEDs) and first aid equipment, stored in containers marked with a white cross on a green background, should be maintained, and notices alerting people of their locations should be prominently displayed in appropriate areas. **NB** ensure travel first aid kits, kits in minibuses or school vehicles, mobile first aid kits carried by specific personnel, and first aid kits in outlying building are included.

The member of staff responsible for the first aid kits in their department should notify the School Nurse when supplies have been used in order that they can be restocked without delay.

The School Nurse will make arrangements for the regular checking and re-stocking of all the first aid kits, emergency medicines and first aid equipment and making appropriate records. Additional supplies are available from her if necessary.

All First Aiders should be aware of and implement the guidance on infection control which can be found in the 'Pupil Health and Wellbeing' section of *myGDST*.

## **Defibrillators**

The school has three defibrillators. Staff who have completed First Aid Training have had defibrillator training.

The machines are sited outside each medical room in the Junior and Senior schools, and in the swimming block. It is the Nurse's responsibility to ensure and the correct functioning of the machines is maintained and that new batteries are fitted as necessary.

## **Information about pupils with medical conditions**

When joining the school, parents/guardians are asked to declare any medical condition their child may have and to inform the school of any change in the condition and contact details when required throughout their child's career at Bromley High.

Parents are asked annually to confirm details held, update the photo if necessary and review any Health Care Plan (see below)

## **Staff taking medication/other substances**

The Statutory Framework for the EYFS (March 2017) states that: "Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking any medication which may affect their ability to care for children, those practitioners should seek medical advice. Providers must ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair the staff member's ability to look after those children properly. Staff medication on the premises must be securely locked, and out of the reach of children at all times".

Through a return to work interview, the school will ensure that practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children correctly.

Staff medication on the premises must be stored securely out of reach of children at all times. In the EYFS, staff medication must be locked away, outside the classroom.

The GDST 'Sickness Absence and Ill Health Procedure, which forms part of the employment contract, stipulates that an existing employee should inform his or her line manager if s/he considers that s/he is affected by a disability, medical condition or medication that affects his or her ability to undertake his/her work.

### **Procedures in the Event of an Emergency**

Examples of emergencies which require immediate first-aid assistance include:

- Cardiac arrest / severe chest pain
- Stroke
- Severe allergic reactions and anaphylaxis
- Asthma attacks
- Difficulty in breathing / choking
- Seizures
- Fainting / collapse
- Diabetic emergency, eg hypoglycaemia
- Severe bleeding
- Severe burns
- Breaks or sprains
- Head injury and concussion
- Effects of severe self-harm
- Hypothermia / heat exhaustion
- Mental ill health episodes, e.g. depression, anxiety, psychosis, substance abuse.

The School ensures that all staff and pupils are aware of the procedures to take in the event of a first aid/mental health first aid emergency, by including advice along the lines below in the staff handbook and in PSHE lessons and tutor time:

Inform a member of staff and ask for immediate first aid assistance

If you witness an incident and the injured person is well enough to walk, take them to the medical room. If the School Nurse is not there send a message to Reception to ask them to contact a First Aider. Do not leave the person unattended.

If you witness an incident and the injured person does not seem able to move, do not try to move them; stay with them and ask for immediate help from a First Aider.

If a First Aider is not available, or the situation requires urgent medical assistance, do not hesitate to call an ambulance by dialing 999 from any mobile or land-line telephone.

Further information on the action to take in the event of allergic reactions and anaphylaxis, asthma attacks, seizures and hypoglycaemia / hyperglycaemia can be found in the 'Chronic / Long term Illness' and Asthma Protocols, the 'Allergies' Policy, and in the '[Pupil Health and Wellbeing](#)' section of *myGDST*.

### **Procedures for pupils who are unwell**

The School ensures that staff, parents and pupils are aware of the procedures in place to respond to pupils who are ill and/or infectious in order to prevent the spread of infection. Parents and pupils are

made aware of the procedures to follow if a pupil is not well enough to attend school, or if they become ill at school and need to be taken home. The School discusses the procedures for caring for unwell or infectious EYFS pupils with their parents.

Parents and pupils are made aware of the times when they can seek help or advice from the school nurse for non-emergency situations, e.g. headaches, or to discuss any concerns.

### **School trips/residential visits**

Staff will ensure that they are well informed regarding all medical conditions of staff and pupils prior to any school journey. The school nurse can help group leaders with risk assessments and provide a list of known medical conditions for all pupils involved in the trip.

Pupils and parents are reminded that all prescribed medications must accompany the pupil and that the member of staff in charge of the trip informed of the name, dosage and frequency of administration of the medicine.

On Junior School trips the responsible adult carries the pupil's two Epipens

In the EYFS, teachers or trained first aiders take responsibility for looking after emergency medication.

### **Protocols/Health care plans**

Pupils with chronic illnesses / long term medical conditions need to be properly supported in school, so they can have full access to education, including school trips and physical education.

The aim of the Medical Protocols is to provide staff, parents and pupils with information on how the school manages medical conditions on a day to day basis, along with guidance on what to do in an emergency. Each Protocol is tailored to account for local circumstances and practice and is reviewed annually by the School Nurse.

Bromley High School takes its responsibilities to support pupils with chronic illnesses / long term conditions very seriously and all pupils are encouraged to take a full and active part in all activities of the school, and reasonable adjustments will be made to accommodate this.

Further information on pupil health care plans and supporting pupils with long-term and / or complex medical conditions can be found in the '[Pupil Health and Wellbeing](#)' section of *myGDST*.

### **Hygiene procedures for dealing with the spillage of body fluids**

In the event of the spillage of body fluids, staff are to contact the cleaning supervisor, who will deal with the situation. If in any doubt, the School Nurse should be asked to attend.

When dealing with spillages of blood, vomit and any other body fluids, protective gloves must be worn. Spillages should be cleaned up as quickly as possible using absorbent materials. The area should then be disinfected thoroughly using a suitable disinfectant as recommended in the Trust medical manual and as directed in the instructions for the product.

Biohazard kits are available from the school nurse or from a premises officer and they contain a disinfectant (Response) suitable for all body fluids including blood and effective against HIV, Hepatitis B, Salmonella, Listeria & E. Coli. The school nurse also has a supply of disinfectant wipes suitable for cleaning

hard surfaces that are contaminated with a bodily fluid. These are effective against most micro-organisms including Hepatitis B and HIV.

Vomit may be put for disposal into the WC, but blood and any other body fluid must be placed inside a biological disposal bag to be collected by an authorised waste disposal contractor.

Usually, the amounts of blood are small and tissues from nosebleeds or cotton wool from cuts or wounds can be put in one of the Sanitary Bins found in the toilets.

Further information on infection control can be found in the '[Pupil Health and Wellbeing](#)' section of *myGDST* and in the *GDST Common Childhood Ailments Protocol*.

## **Further Information and Guidance**

- *myGDST*
  - [First Aid Procedures and Guidance](#)
  - [Accident Recording and Reporting](#)
  - [Pupil Health and Wellbeing](#)
  - [Pupil Mental & Emotional Health](#)
  - [Staff Mental Health and Wellbeing](#)
- [First Aid in Schools, Early Years and Further Education](#) – DfE - 2022
- [First Aid at Work – Guidance on the Regulations](#) – HSE – L74 - 3<sup>rd</sup> edition with 2024 amendments

## **9. Appendices**

The school holds appendices to this policy along with guidance which are found in the '[Pupil Health and Wellbeing](#)' section of *myGDST*.

- First Aid Needs Risk Assessment,
- List of first aiders, mental health first aiders, principal locations and contact details,
- List of the location of first aid kits, defibrillators and emergency medication (e.g. automatic adrenaline injectors and inhalers),
- The school's procedures for:
  - Administration of medicines
  - Allergy management
  - Common childhood ailments
  - Care of pupils with chronic /long term illnesses
  - Eating disorders and self harm
  - Head injuries
  - Infection control
  - Personal and Intimate Care
  - Sharps disposal
  - Spillages of bodily fluids
  - Promoting positive mental health

## PROCEDURES IN THE EVENT OF ACCIDENTS TO STAFF AND PUPILS

Under the GDST/Bromley High School Safety Policy, the person designated to receive notice of an accident is the **School Nurse**. When the Nurse is not available, one of the School First Aiders should be contacted.

### SCHOOL NURSE

Ext.15012 (first aid room) or (0208 781 7012)

### First Aid at Work Certificate Holders

### SENIOR SCHOOL

|                  |                |
|------------------|----------------|
| Caroline DANIEL  | Ext 15060      |
| Debbie HEMINGWAY | Ext 150(NURSE) |
| Debbie LEWIS     | Ext 15033      |

### JUNIOR SCHOOL

|                    |            |
|--------------------|------------|
| Natalie SHALLCROSS | Ext. 15064 |
| Sarah STARR        | Ext. 15064 |

Many more staff have an **Emergency First Aid Certificate** or a **Paediatric First Aid Certificate** and are able to respond to most incidents. If the accident is judged to be an emergency, then an Ambulance must be called by the School Nurse or by the School Office on instruction from her, the First Aider or SLT. Every effort must be made to contact the parents/guardians. The Head (telephone 15026), or in her absence a member of SLT, must be informed. If parents cannot be contacted it may be necessary to inform the police.

A child should never be driven to the hospital in a staff car. Parents must be contacted to take responsibility for their child. Current information about home/parent/guardian telephone numbers is available in the General Office and on SIMS.

Details of the accident must be recorded on an Accident Report Form, please discuss with the School Nurse. This information will be sent to the G.D.S.T. for the attention of the Legal Adviser.

## **TRAINED PAEDIATRIC FIRST AIDERS**

**SCHOOL NURSE** Ext.15012 (first aid room) or (0208 781 7012)

### **SENIOR SCHOOL**

Debbie HEMINGWAY Ext. 15012 (Nurse)  
Hasmik SARGSYAN Ext. 15081  
Arlene OUTEN

### **JUNIOR SCHOOL**

Lisa BAKER  
Katrina BERKHAUER  
Rebecca BIGGENDEN  
Keith BUGDEN  
Nekema DOUGLAS  
Natalie DYER  
Tianna EDMONDS  
Charlotte HARES  
Vicki HARRIS  
Nikki HEARNE  
Michelle HOLLMAN  
Sarah HOWLISTON  
Sheetal KOWALCZYK  
Liz LUCAS  
Jayita KUNDU  
Zoe MARSH  
Aarti MODI  
Ros O'DONNELL  
Jacqui OXLADE  
Natalie SHALLCROSS  
Wendy SHEARMAN  
Fiona SMITH  
Sarah STARR  
Terri STROUD  
Maria WHITROW  
Sarah-Louise WOOD

**Please contact the Junior School Staff on the following extensions:-**

**Junior School Office Ext. 15075/15077**

## Administration of medicines

### Consent

- Consent for **prescribed medicines** should normally be provided on the 'Consent to Administer Prescribed Medication' form. A new form should be completed for each type of medicine and for each new course of medicine.
- Consent for **non-prescription** and **over-the-counter medicines** should normally be provided on the 'Pupil Health Assessment Form' (completed before the pupil joins the school) or on a 'Consent to Administer Over-the-Counter Medication' form. Whilst Bromley High School has systems for ensuring the information received from parents is up to date, there is no need for consents for non-prescription and over-the-counter medicines to be updated annually.
- Medical authorisation and parental consent should be obtained for the use of emergency adrenaline auto-injector devices (**Epipens**) on pupils who are at risk of anaphylaxis. These consents should be updated annually to take account of the changes in the child's condition. A template for parental consent is included in the 'Pupil Health Assessment Form' (completed before the pupil joins the school).
- Medical authorisation and parental consent should be obtained for the use of **emergency salbutamol inhalers** by children who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. These consents are updated annually to take account of the changes in the child's condition. A template for parental consent is included in the 'Pupil Health Assessment Form' (completed before the pupil joins the school).

### Administering Medicines

Medicines will only be given by nominated staff who have access to up-to-date information about a child's need for medicines and parental consent and have received appropriate training about administering medicines. Before administering the medicine, they should check:

- The child's name
- The child's medical consent forms
- Name of medication, that it is in its original container and its expiry date
- Prescribed dose and method of administration
- Time / frequency of administration
- Written instructions provided by the prescriber on the label or container
- Any side effects

Every time a member of staff administers medicine to a child, they complete and sign a record.

If in doubt about any procedure the member of staff should not administer the medicines but check with the parents or school nurse before taking any further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or the school nurse.

### Non-Prescription and Over-the-Counter Medicines

Non-prescription or 'over-the-counter' medicines include Piriton, Nurofen, Gaviscon and Paracetamol.

- Non-prescription medicines should only be given by **nominated staff** who have access to up-to-date information about a child's need for medicines and parental consent and have received appropriate training about administering medicines. Staff will be nominated
- Nominated staff, i.e. the school nurse / named first aider, should **never** give a non-prescribed medicine to a child unless there is a specific written consent from the parents.
- Non-prescription medicines should not normally be administered to **children under the age of 8** (criteria, in the national standards<sup>2</sup> for under 8s day care providers)

- When a non-prescribed medicine is administered to a child a record should be made and the parents informed. School may use an electronic means of communicating with parents, eg email or Firefly alerts, hard copy letters, or tell them in person, eg on the phone or when the child is collected – a record should be made of all verbal conversations.
- Where non-prescribed medicine is administered to an **EYFS child**, the school **must** ensure that the parents/carer are informed as soon as practicable and preferably on the same day, and parents/carers should acknowledge receipt of the information, e.g. by signing the record book.
- A child under 16 should never be given **aspirin** unless prescribed for medical purposes.

### **Prescribed Medicines**

Prescribed medicines, e.g. antibiotics, insulin and codeine phosphate, should only be brought into school when it is essential for a dose to be taken during the school day; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Prescribed medicines should only be given by **nominated staff** who have access to up-to-date information about a child's need for medicines and parental consent and have received appropriate training about administering medicines.

Schools should arrange for staff to complete and sign a record each time they give medicine to a child. Where the pupil is in Early Years (EYFS), the school must ensure as soon as practicable, preferably on the same day, that the parents/carer are informed that the medication has been administered to the pupil as directed on the 'Administration of Medication While at School' form.

### **Controlled Drugs**

The supply, possession and administration of some medicines, e.g. morphine, are controlled by the Misuse of Drugs Act 1971 and its associated regulations. This is of relevance to schools because they may have a child that has been prescribed a controlled drug. The Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012 allows 'any person' to administer the drugs listed in the regulations. Staff administering medicine should do so in accordance with the prescriber's instructions.

Schools should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for safety and audit purposes. A controlled drug should be returned to the pupil's parents/carer when it is no longer required to arrange for safe disposal.<sup>2</sup>

### **Self-Management of Emergency Medicines**

Generally, pupils should not carry medicines whilst at school. However, pupils should be encouraged to carry and be responsible for their own **emergency medicines**, e.g. adrenaline auto-injectors and inhalers, when staff, in conjunction with parents (bearing in mind the safety of other children and medical advice), judge that they are sufficiently capable and competent to do so. Other non-emergency medicines should generally be kept in a secure place, not accessible to pupils.

### **Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so, but should note this in their records. Parents should be informed on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

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<sup>2</sup> Managing medicines in schools and early years settings. DFES / Dept of Health - 2005

2 National standards for under 8s day care and child-minding (DFES/0649/2003)

## **RESPONSIBILITIES**

### **Parental / Carer Responsibilities**

Parents / carers should inform the school about any conditions or illness that their child suffers from that requires them to take medication whilst at school (including on school trips / educational visits) and provide written consent for the school to administer the medication on the '*Pupil Health Assessment Form*' (completed before the pupil joins the school), or on the '*Consent to Administer 'Over-the-Counter Medication'*' form, or on the '*Consent to Administration Prescribed Medication*' form.

Parents / carers should inform the school of any changes in their child's medical needs, condition or illness that results in any changes to the medication, prescription or the support they require.

Staff should check any details provided on the consent forms are consistent with the instructions on the container.

Parents should give any medication required by children under the age of 16 to an appropriate member of school staff. Parents must ensure that the medication is presented in the original packaging with the prescription information on it. This should include details of the medicine to be taken, the child's name and date of birth and the dosage required.

Parents are required to replace any out of date medicines (such as epipens, inhalers, regular prescribed medications) prior to expiry date. The School Nurse keeps a record of users of regular prescribed medication and a letter to remind parents will be sent out.

### **Teachers and Other Staff Administering Medicine**

#### **During The School Day**

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a pupil should have appropriate guidance, including an awareness of any possible side effects of the medicine and what to do if they occur. Normally the school nurse, or in her absence a named first aider, should undertake this responsibility during the school day.

A school nurse should act in accordance with the Nursing and Midwifery Council (NMC) Code of Professional Conduct (NMC 2002a) and Guidelines for the administration of medicines (NMC 2112b). In administering any medication, or assisting or overseeing any self-administration of medication, the nurse must exercise their professional judgement and apply their knowledge and skill in the given situation.

### **Sporting Activities**

Some children may need to take precautionary measures before or during exercise and may need immediate access to their medicines such as asthma inhalers. See the GDST Chronic / Long Term Illness Protocol on the Hub Chronic Illness / Long Term Conditions Protocol.

### **School Trips / Educational Visits**

Arrangements for pupils to take any necessary medication, either routinely or in emergency situations, will need to be taken into consideration when planning the trip / visit. Staff supervising school trips / educational visits should always be aware of any individual pupil's medical needs and relevant emergency procedures. A copy of individual health care plans should be taken on visits in the event of the information being needed in an emergency.

Medication required on Junior School trips and visits will be held by the trip leader and given when appropriate. Junior School pupils who are at risk from anaphylaxis must carry their own epipen with them at all times and the trip leader must hold a second epipen for use in an emergency.

Senior School pupils are responsible for bringing emergency medicines with them on visits. However, **staff must check that pupils have this medication** with them before departing on the visit especially if the pupil has an allergy or is diabetic.

Competency of staff to administer emergency medicines should be taken into account when preparing risk assessments for educational visits and the appropriate training should be provided by the school nurse where necessary, eg how to administer an adrenaline auto-injector.

### **Staff Duty of Care**

Anyone caring for children including teachers or other school staff have a common law duty of care to act like any reasonably prudent parent. In some circumstances the duty of care could extend to administering medicine and /or taking action in an emergency. This duty also extends to staff leading activities off site, such as PE fixtures, school trips or educational visits.

Certain medicines can be given or supplied without the direction of a doctor for the purpose of saving life. For example, the parental administration of adrenaline (1mg in 1ml), chlorpheniramine and hydrocortisone are among those substances listed under Article 7 of the POM order for administration by anyone in an emergency for the purpose of saving life (Prescription Only Medicines (Human use) Order 1997.

Staff assisting in an emergency in good faith and acting reasonably and responsibly, whilst carrying out their duties, will be covered by the GDST's insurance against claims of negligence.

### **Record Keeping**

School has accurate documentation in place and ensure that all staff complete and sign a record each time they administer medicine (prescribed or over-the-counter) to a child, including on school trips and educational visits. Some schools keep a log book for this, either paper or electronic, eg in SIMS or FireFly, there is also a section in the individual school planners to record this information and improve communication between home and school, if wished. The record includes:

- Name of child
- Group, class or form name
- Name and strength of medicine
- Expiry date of medicine
- Prescribed dose, method & frequency of administration
- Date and time medicine administered
- Dose given
- Name & signature of staff administering the medicine

Additional information recorded:

- Date medicine provided by the parent
- Quantity received and quantity returned to parent

In some circumstances, such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult.

### **Storing Medicines**

School only stores, supervises and administers medicine that has been prescribed for an individual child. Medicines are stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. The supplied container must be clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate

container and an individual 'Consent to Administer Prescribed Medication' form should be completed for each medicine and provided to the school.

Children should know where their medicines are stored and know who holds the key to the storage facility. All **emergency medicines**, such as asthma inhalers and epipens should be readily available and should not be locked away, although they should be kept in a lockable room with restricted access. It is recommended that schools make special access arrangements for the emergency medicines that it keeps. Some pupils may carry their own emergency medicines, see the 'Self-Management' section above.

Schools should keep **controlled drugs** in a locked, non-portable container and only named staff should have access to it. Prescribed and non-prescription medicines should be kept in a locked cupboard or fridge.

Some medicines must be stored in a **refrigerator** because they may break down or 'go off'. The patient information leaflet supplied with the medicine will state whether the medicine needs to be stored in a refrigerator. Local pharmacists can also give advice.

There should be restricted access to a refrigerator holding medicines. It is recommended that schools invest in a lockable refrigerator. Medicines can be kept in a refrigerator containing food (in a clearly labelled airtight container) unless there is a constant need to refrigerate medicines that a pupil takes regularly, eg insulin, or if vaccines are stored; in these cases separate, sole use, refrigerators must be provided.

The temperature of the medicine refrigerator should be between 2° and 8°C and monitored daily when it is in use, and recorded. A maximum/minimum thermometer is recommended for this. In the event of the refrigerator breaking down it is important to identify the fault quickly, otherwise medicines may be wasted. Medicines must be returned and parents informed if this occurs. The refrigerator should be cleaned and defrosted regularly.

### **Staff Medicines**

Staff who bring prescribed or over-the-counter medications to school, or on school trips / educational visits, for personal use, must ensure that their medicines are securely stored, especially in EYFS settings.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. If parents do not collect medicines, they should be taken to a local pharmacy for disposal. Some hospitals also have disposal containers for old medicines.

### **Further Information**

Further information can be found in:

- 'Managing Medicines in Schools and Early Years Settings' published by the Department for Education and Skills and the Department of Health in 2005
- 'Supporting Pupils at School With Medical Conditions' - Department for Education – Dec 2015



## ADMINISTRATION OF MEDICATION WHILE AT SCHOOL

Pupil's name: ..... Form: .....

Date of birth: .....

Medical Condition:

.....

.....

Type of medication to be given by the nurse/first aider:

.....

.....

Dosage, date and time: .....

Medication expiry date: .....

Before any pupil is administered medication by the nurse/first aider all medication must be prescribed for the named pupil, it must be in the original packaging with the pupil's name, dose and time that the medication has to be given.

If this procedure is not followed, the staff will not be able to administer the medication.

Please contact the school nurse (Direct Line: 0208 781 7012) if you require any further information.

Parent Signature: ..... Date: .....

.....

Print Name: .....

Next Review Due: September 2026

|                            |
|----------------------------|
| <b>FIRST AID BOX SITES</b> |
|----------------------------|

**First Aid boxes are either labelled green plastic boxes or identifiable white wall-mounted cupboards and are situated as follows:**

**JUNIOR SCHOOL**

|                        |   |
|------------------------|---|
| <b>First Aid Room</b>  | First aid cupboard                              |
| <b>Art Room</b>        | Situated on back wall to right of exit door     |
| <b>Food Technology</b> | Situated on back wall to right of exit door     |
| <b>Science Room</b>    | Situated on back wall by the sinks              |
| <b>Breakout Space</b>  | ABC cloakroom on top shelf facing entrance door |
| <b>EYFS</b>            | Situated above main sink                        |

**SENIOR SCHOOL**

**Art Block**

|                               |   |
|-------------------------------|---|
| <b>DT1</b>                    | Situated on right-hand wall on entry                  |
| <b>DT2</b>                    | Situated on right-hand wall on entry                  |
| <b>DT3</b>                    | Situated on left-hand wall on entry                   |
| <b>Ceramic Room A5</b>        | Situated on teacher's desk                            |
| <b>Art Studio 1 &amp; 2</b>   | Situated on teacher's desk                            |
| <b>Art Studio - Mezzanine</b> | Situated by sink on right-hand wall                   |
| <b>Dark Room</b>              | Situated on left-hand workstation underneath cupboard |

**Science Block**

1 box in each laboratory in the drawer or cupboard marked 'First Aid'

***Gym Block***

|                             |   |
|-----------------------------|---|
| <b>Gym</b>                  | Situated on right-hand wall on entry                                    |
| <b>Swimming Pool</b>        | Situated on right-hand wall on entry                                    |
| <b>Portable kits</b>        | In Gym Office (away games)  |
| <b>Sports Hall</b>          | Situated in Foyer.  |
| <b>Drama Studio</b>         | Situated on right-hand wall on entry from Drama Studio/Honours Corridor |
| <b>Kitchen</b>              | Situated on right-hand wall next to cleaning cupboard                   |
| <b>Pupils Dining Room</b>   | Situated on right-hand wall following entry from the music corridor     |
| <b>First Aid Room</b>       | Situated on top of cupboard on right hand wall on entry                 |
| <b>Senior School Office</b> | Situated on shelf to left-hand wall in alcove.                          |
| <b>School Minibus (x 7)</b> | Inside glovebox   |
| <b>Workshop</b>             | Situated in Workshop  |

**Library**

On desk

All dangerous accidents/incidents should be reported to the School Nurse: 15012 & Director of Finance and Operations: Ext 15021.

Next Review Due: September 2026

## Appendix D

### **Anaphylaxis (Serious Nut Allergy)**

#### **Definition:**

Pupils, staff and visitors can suffer allergies / anaphylaxis from so many other triggers, not just nuts. A pupil may be allergic to one or several types of nuts. Bromley High School treats all nuts as being of danger to these pupils. Those who are known to have a serious nut allergy are not allowed to eat nuts of any kind whilst under the care of the school. The school does not knowingly provide foods that have nuts listed in their contents.

#### **Causes and Triggers:**

1. Accidentally ingesting the nut/nuts to which the pupil has an allergy.
2. Being in close proximity to a food containing nuts, e.g. packed lunch of another pupil.
3. Touching a surface that has a trace of nut residue on it.
4. Inhaling the nut oil released by a food containing nuts (eg: cereal bars or sandwiches)
5. Food that has a “hidden” trace of nuts not disclosed on the product label.

#### **Actions to minimise the risk to these allergic pupils:**

1. School nurse identifies all pupils who suffer from this condition and liaises with parents and medical practitioners about the care and management of each girl.
2. School nurse compiles a register of the girls, including details about their emergency management and procedures to be followed in the event of such an emergency. Information is logged on an anaphylaxis protocol and is made available to all staff.
3. School nurse meets with the girls concerned at the start of each school year to check they all have ‘in-date’ Epi-Pens and have a training session with the ‘Trainer Epi-Pen’.
4. Bromley High School is a “nut-free” environment as far as practicable.
5. Pupils and parents are advised of the potential seriousness of the problem and asked not to send any food or snacks, which may contain nuts, into school.
6. This information to be shared with parents:
  - In their daughter’s induction pack
  - 4+ New Parents Reception evening
  - Year 7 Pastoral evening
  - Item in the school’s Newsletter, at least annually and in response to an incident/near miss at school
7. Pupils are reminded about the dangers of nuts in assembly notices, PSHE and in response to an incident/near miss at school.
8. Information sent to parents regarding an educational visit contains a reminder about nut allergic pupils who are also going on the visit. A request not to supply foods or snacks containing nuts with their daughter’s packed lunch to be included.

## **Staff training**

Staff training sessions to be given at least annually and more often if requested. Training includes:

- How to recognise the signs & symptoms of an anaphylactic reaction.
- How the Epi-Pen, auto-injector of adrenaline, works and how and where it should be self-administered by the pupil.
- Practice with the 'Trainer Epi-Pens'.
- Dangers of a needle-stick injury and how to prevent one.
- The care of the pupil experiencing the serious allergic reaction.

## **How to respond to a pupil experiencing a serious allergic reaction to nuts:**

- Summon an ambulance and inform ambulance control that a life-threatening allergic reaction is suspected.
- Office to alert a member of the SLT
- A member of staff to take the pupil's second Epi-Pen to the place of the incident.
- Get help (school nurse and/or first aider) as quickly as possible for support of the pupil and yourself and alert the General Office.
- A member of staff will meet the ambulance and escort paramedics to pupil in need.
- If the pupil's condition has not improved or it starts to deteriorate again, having improved initially, a second Epi-Pen should be self-administered 5-10 minutes after the first.
- A member of the SLT will notify the girl's parents and advise them which hospital their daughter is being/will be taken to.
- Someone assisting with the incident should log the timing of events and actions taken until the pupil leaves for hospital in the ambulance.
- Any used Epi-Pens must go with the pupil to hospital.

**One Epi-pen for each girl is kept in a clearly labelled First Aid Box in the Junior School Staff Room. The second Epi-Pen for Junior School pupils is kept in the Dining Room in a labelled clear plastic box on the shelf to the right of the Bursary Corridor entrance.**

**Back-up/second Epi-Pens for each senior school pupil are stored in a labelled box on top of the filing cabinet near the window in the General Office.**

**A debriefing session** will be held soon each incident so suggestions can be made to improve the procedure for a subsequent event.

**Home-School communication** is very important, and the nurse will regularly contact parents both by phone and by letter. This will ensure any changes in the management of each pupil can be notified to staff and the "Nut Allergy Register" up dated and circulated.

Senior school pupils are allowed to purchase food in the dining room. Girls aged 8 and over may also go to the dining room if they arrive at school before 8.15am where they are supervised remotely by the catering staff. Breakfast and snack items are on sale at this time. Girls may NOT purchase items which they have not eaten safely before.

The catering manager discusses dietary requirements with parents before their daughter starts at the school. In severe cases parents are given permission to supply their own packed lunch. Products and ingredients are made and stored in an environment where allergens are present. Although controls are in place to avoid cross contamination, total absence cannot be guaranteed. Parents are notified of any activities within the classroom involving tasting or handling food items and are asked to give their consent. Parents provide snacks for Junior pupils.

Whilst Bromley High School tries to be a “nut-free” environment, food producers often label their products with vague statements eg: “This product is produced in an environment where nuts have been used.” “May contain traces of nuts”. Information can be found in the Protocol for Dealing with Allergies and Intolerances on myGDST.

*All dangerous accidents/incidents should be reported to the School Nurse & the DfO Ext. 15012.*

## Asthma

The school acknowledges that asthma is a serious condition affecting many school pupils and will encourage and support each pupil with their individual needs in relation to their asthma to allow them to participate fully in all aspects of school life.

To ensure the school environment is favourable to girls who have asthma, triggers such as cigarette smoke, animals and chemicals are safely controlled.

- The school has a 'No Smoking' policy which ensures pupils are never exposed to the dangers of passive smoking.
- School pets are housed away from the classrooms and laboratories.
- Chemicals for experiments in science lessons are used in fume cupboards to minimise the risks in the laboratory. If this is not possible, the teacher is aware of the girls with asthma in the class and these girls may need to leave the room.

Other asthma triggers are: vigorous exercise, cold weather, strong winds, colds and other viral infections, allergies, excitement and laughing.

### **Inhalers and Medication:**

Inhalers must be available for use. Any delay in using one may lead to a severe asthma attack and in rare cases this can be fatal. Pupils must carry their own reliever inhalers with them at all times. Pupils in the Prep department have their labelled inhalers kept safely but accessibly in the Junior School First Aid Room. Spare inhalers for each senior school pupil are stored in the cabinet under the fridge in the senior school medical room.

A spare, unnamed Ventolin inhaler for emergency use is kept in the First Aid Room in each school building. This may only be administered if prior written permission from a parent or guardian has been granted. It may only be given to pupils who are prescribed Ventolin for their asthma.

Relievers act quickly to open up the narrowed air passages and help alleviate breathing difficulties. Most relievers are in blue containers.

Preventers are taken daily or twice daily, usually at home, and contain a steroid which make the airways less sensitive to the triggers. Most preventers are in brown containers.

Many children use their inhaler with a plastic Spacer or Volumatic, particularly if they have become breathless, as this will prevent any waste of the inhaled medicine so there is maximum benefit to the air passages and lungs.

A Register of pupils with asthma, their inhalers, where they are kept, dosage and management is kept by the school nurse and updated regularly. The register is displayed on notice boards throughout the school and is available on SIMS.

Letters are sent home requesting replacement inhalers for those that are about to expire and a reply slip allows parents to update the school on any changes in their daughter's management and medication. New pupils with asthma are identified from the Health Questionnaires sent out with Induction Packs.

The School Nurses and the team of fully qualified First Aid trained staff know how to respond if a pupil has an asthma attack and a member of this team is always on the premises during school hours. Other members of staff have received basic first aid training and this has included briefing on asthma and its recognition and management. Occasional training sessions also take place during staff meetings.

## P.E. Lessons

If a pupil has exercise induced asthma or the weather is windy or cold she may need to take her (reliever) inhaler before exercising. Swimming is seldom a problem for the asthmatic, unless the water is heavily chlorinated. The aim is for total normal activity for the asthmatic pupil.

Asthmatic pupils should also take their inhalers to the sports field/pitch. In the EYFS and KS1 inhalers are taken by the staff to the sports field.

**School Trips and Outings:**

Asthmatic pupils must be identified by checking the asthma register against the girls who are going on the trip. Pupils bring their asthma medication with them on the day of departure. Staff responsible for organising the trip must ensure that the girls have their inhalers with them. Junior Staff will ensure that asthma medications are taken on every trip.

## HOW TO HELP A PUPIL DURING AN ASTHMA ATTACK

**During an asthma attack a pupil will experience some of the following:**

Tight feeling in the chest or pressure in the central chest

Difficulty in inhaling and exhaling

Fast shallow breathing and/or shortness of breath

Fear

**After a period of time these symptoms will lead on to:**

Dizziness

Pins and needles in hands, feet and face

Muscle spasm in the hands and feet

Make sure she uses her inhaler or prescribed reliever immediately. This will be the blue reliever inhaler which opens up the narrowed air passages and gives relief quickly - one or two puffs depending on the GP's instructions. It will be more efficiently administered if given by a Spacer or Volumatic as there will be less loss of the inhaled medicine from the airways, particularly if someone is unable to hold onto their inhaled breaths.

**Stay calm and be reassuring** as the pupil will be anxious. Do not rush, speak reassuringly and listen carefully to the pupil as it is likely that she has previously coped with this situation and her experience will be of help. Inability to speak is a sign that the attack is severe.

**Try to take her mind off the attack.** Distract her by talking about something else. She will relax and her breathing will slow down and improve.

**Posture and breathing:** It helps to sit her fairly upright leaning forward slightly at a table or desk. Rest her arms in front of her on 2-3 cushions or pillows stacked on the table. She can also rest her head facing to one side. This position expands her chest cavity enabling air entry to the base of the lungs. Her nose, face and abdomen must not be obstructed or squashed.

**Breathe with her.** Breathing in through the nose and out through the mouth will slow the breathing and pause for a few seconds before inhaling and before exhaling.

**If after 5 minutes** her breathing rate is not slowing down suggest she uses her inhaler again. Keep her posture as suggested above and support her to slow down her breathing.

**Repeat the inhaler after a further 5 minutes** and after 15 minutes (earlier if you are concerned about the pupil's condition) if there has been no improvement arrange for a member of the staff to call an ambulance stating that the pupil is having an asthma attack.

**Ambulance control** will need to be given pupil details and these are on SIMS. Inform a member of the SLT and arrange for someone to meet the Paramedics and bring them to the patient. Inform the girl's parents/next-of-kin. A member of staff should accompany the pupil in the ambulance.

## Epilepsy

### Emergency management for epilepsy

Most seizures happen without warning, last only a short time and stop without any special treatment. Injuries can occur, but most people do not come to any harm in a seizure.

#### Aim:

To protect the patient from injury and ensure that the airway is kept clear during unconsciousness. To reassure and give care when consciousness is regained. It is important to keep calm.

#### When the seizure starts

- Note the time
- Call for help (Another student can contact the School Nurse/Duty First Aider)
- Protect the casualty
- Ask bystanders to move away. Maintain their dignity
- Remove potentially dangerous items/loosen tight neckwear and remove spectacles
- Protect the casualty's head by placing a pillow under the head
- Turn head to side if possible to maintain clear airway

#### DO NOT: -

- Put anything in the mouth
- Restrain or restrict movements during the seizure
- Move, unless in danger
- Give anything to eat or drink until fully recovered and alert

#### When the seizure has ceased

- Check for breathing. If breathing present-
- Turn into the recovery position
- Continue to monitor response, pulse & breathing
- If breathing not present – be ready to give CPR
- Reassure – if patient seems confused, tell them what happened
- Check for Injury – apply first aid if necessary
- Observe and stay with patient until recovery complete
- Accompany to Medical Room & offer assistance if any incontinence etc
- Notify parent/guardian
- Complete relevant documentation

#### It is a medical emergency and medical assistance should be sought if: -

- Someone has injured themselves badly in a seizure
- They have trouble breathing after a seizure
- One seizure immediately follows another or the seizure lasts more than five minutes and you do not know how long they usually last
- The seizure continues for longer than usually for that person
- This is the first seizure for the person

Not all seizures are the same therefore it is useful if observations can be made:

- How did the seizure begin? Was there an aura?

- Is the onset generalised (whole body) or localised (just one part)?
- Was there any loss of consciousness, or altered awareness?
- Are there any convulsive movements?
- Did the patient bite their tongue or pass urine during the attack?
- How long did the seizure last, and if more than one, what was the time interval in between?
- What is the condition of the patient afterwards? Did they need to sleep?
- Any other observations?

### **Seizure in water**

Watch for loss of coordination, possible involuntary movement of head, poor direction – may veer off course

Management – approach from behind, ensure head is kept above water, tow pupil to shallow water, after attack assist pupil out of water to the side of the pool. First aid as above.

### **Classroom management**

Staff will be aware of all epileptics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil if s/he has informed her peers of her epilepsy and their degree of knowledge. Any staff concerns should be reported to the Head teacher or school nurse.

#### *Absence Seizures*

- o Understanding and a matter-of fact approach are all that is needed.
- o Staff should be aware of the need for the pupil to catch up on any information missed during the seizure.
- o Other pupils may not be aware that anything has happened.

#### *Tonic-Clonic Seizure -*

- o Calmly reassure the rest of the class and ask them to move away from the pupil having the seizure.
- o Whenever possible move the class out of the room.
- o Only move the pupil if there is a danger of sharp or hot objects or electrical appliances.
- o Send for the School Nurse/First Aider and request a pillow and blanket.
- o Follow the first aid guidelines as above.
- o If this is a regular occurrence spare clothes should be kept at school in case of incontinence

A teacher recognising a pupil with an increasing number of seizures or appearing drowsy, over-active, or inattentive should inform the school nurse.

### **Sport & other leisure pursuits**

Pupils are encouraged to participate fully in all activities unless otherwise advised by their parents/Doctor.

Safety helmets are required when horse riding, cycling (not in busy traffic) and in some contact sports.

The following sports are not advisable-

- Mountaineering
- Boxing
- Swimming\* in the open sea – unless well supervised and safe area
- Water skiing and scuba diving – may be considered if safe environment & additional supervision.
- Life jackets are essential at all times.

### **Televisions/Discos/strobe lighting**

Approximately 3-5% of people with epilepsy have 'photosensitive epilepsy'. Approaching a TV or strobe lighting with one eye shut can help. Avoid Disco lights if possible.

### **Science/Technology**

Normal standards of supervision should ensure safety in lessons where machinery or laboratory apparatus is used. It should be noted that if a pupil experiences a seizure – s/he will usually fall backwards, therefore, hopefully not onto any apparatus or machinery.

### **Medication**

Most anti-epileptic drugs are taken morning and evening, avoiding the inconvenience of taking medication at school.

Any medication required in school time will be given according to the Administration of Medicines Protocol.

Rectal Diazepam (a drug used to stop prolonged seizures) will only be given by a trained person. Instructions for use must come from the prescribing doctor. An authorisation form must be completed. Staff trained in giving Rectal Diazepam will be named in the Health Care Plan.

For female pupils, two female adults, to be present for this treatment, minimises the potential for accusations of abuse. The dignity and privacy of the girl must be maintained at all times.

### **Appendix G**

### **Diabetes**

Children with diabetes need encouragement, understanding, and support to ensure a sense of independence. As a general rule most children will have a very good idea of how to manage their condition, and do so very well. It is therefore important to listen to their needs.

#### **Hypoglycaemia (low blood sugar)**

Hypoglycaemia (hypo) is the most common short-term complication in diabetes and occurs when the blood glucose level falls too low. This is especially likely to happen before meals.

Hypo happens very quickly but most children have warning signs that will alert them, or people around them, to a hypo.

| <b>HYPOGLYCAEMIA (Low blood sugar)</b> |  |
|--|--|
| Watch out for                          | Excessive sweating, faintness, paleness, headache, tingling lips, pounding of the heart, blurred vision, hunger, irritability, lack of concentration, personality change, difficulty awaking   |
| What to do                             | <b>Contact the School Nurse/First Aider</b><br><b>Give sugar or food containing sugar</b> (e.g. 3 glucose tablets or a drink with 2 tsps. sugar followed by biscuits, a yogurt or a sandwich. (improvement within 15 minutes)<br>If available, put Hypostop on the inside of the cheeks and gently massage them on outside (as per packet/Health Care Plan instructions)<br>Do not give Hypostop or fluid if person is unconscious<br>If unconscious put into the recovery position<br>Dial 999 & contact parents<br>Always turn off an insulin pump if used |

|        |   |
|--------|---|
| Causes | Too much insulin<br>Not eating enough food<br>Unusual amount of exercise<br>Delayed meal<br>Stress<br>Hot weather |
|--------|---|

### **Hyperglycaemia (High blood sugar)**

This develops much more slowly than Hypoglycaemia but can be more serious if untreated. Ketoacidosis, a condition that can occur when there is **too little insulin** present in the body can occur. It is unlikely to be a problem in school but it is helpful if staff are aware of the symptoms; it may also be noticeable if a pupil is away on a school trip for any length of time.

| <b>HYPERGLYCAEMIA (High blood sugar)</b>              |  |
|---|--|
| Watch out for<br>(Stage 1)<br><br>(Stage 2 - ketosis) | Very thirsty, passing a lot of urine, feeling tired and weak, small amount of ketones in the urine, blood sugar level 15mmol/l or above  |
|   | As above + nausea & vomiting, abdominal pain, deep rapid breathing, breath smelling of acetone, moderate to large amounts of ketones in urine, drowsiness, unconsciousness   |
| What to do  | Inform the School Nurse/First Aider, do more frequent testing-either urine or blood test. Test urine for ketones, give fluids without sugar if able to swallow, student may be able to give themselves insulin injection, Call 999 & contact parents |
| Causes  | Too little or no insulin, eating more carbohydrates than diet allows for, infection, fever, emotional stress, less exercise taken than usual.  |
| NEVER miss an insulin injection                       |  |

### **Classroom management**

Staff will be aware of all diabetics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil if she has informed her peers of her diabetes and their degree of knowledge. Any staff concerns should be reported to the Head teacher or school nurse.

General points-

- Diabetic Record Card will be displayed
- No pupil is to be allowed out of the classroom alone or be left unattended if unwell
- A small snack will be allowed in the classroom if necessary
- Privacy for blood testing will be provided
- PE staff need to have a supply of glucose sweets/drinks available in the PE Dept. and at sport events

### **Extracurricular activities -**

**Day Outings** - Staff should remember to take a copy of the Diabetes care plan and some extra food in case of unexpected delays. In addition, students should take their insulin and injection kit just in case delays continue over their usual injection time.

**Overnight stays** – These will include injection routines and blood glucose monitoring. Staff will need to be confident that the child is able to do their own injections or that there is a member of staff willing to take responsibility for helping with injections and blood glucose testing.

**Outside the UK** – Staff should ensure that the travel insurance covers pre-existing conditions in the case of emergency. Parents must arrange a general health check and travel advice from their own clinic. Diabetes UK produces various useful leaflets - 0345 123 2399.

**Checklist for trips/holidays**

| Student Pack   | Staff Pack  |
|--|---|
| Glucose in case of hypos, eg fizzy drink (not diet), glucose tablets                                       | <i>Diabetes Record Sheet</i>  |
| Food for the journey eg sandwiches in case of delayed travel   | School trip information   |
| Personal identification eg Diabetes UK identification card or identification bracelet/necklace             | Glucose in case of hypos eg fizzy drinks (not diet) glucose tablets |
| Insulin + spare in case of loss/damage   | Risk Assessment   |
| Syringes or insulin pen and needles plus spares in case of loss damage (Disposal container for sharps etc) | Contact details   |
| Blood & urine testing equipment and spare testing strips   | Ensure availability of 'fridge in hotel                             |
| Cool bag for transportation of insulin   |   |