ARNOLD HOUSE SCHOOL

Arnold House School

13a: FIRST AID POLICY

REVIEW DATE: JUNE 2023

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ARNOLD HOUSE SCHOOL FIRST AID POLICY

Contents:

Approved by: Board of Governors _____
Date:_____

Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them. Our goal is to ensure the boys at Arnold House have their physical and psychological needs met so that they can concentrate on learning. We also believe, that where practicable, every effort should be made to support boys staying at school when they have minor injuries or illnesses.

1. Aims

The aims of the First Aid Policy are to:

- Ensure the health and safety of all staff, boys and visitors
- Ensure the staff and governors are aware of their responsibilities with regard to health and safety
- Provide a framework for responding to an incident, reporting and recording the outcomes

2. Legislation and Guidance

- Early Years: This policy is based on the **Statutory Framework for the Early Years Foundation Stage**, advice from the Department for Education on **First Aid in Schools** and **Health and Safety in Schools**

- **The Health and Safety (First Aid) Regulations 1981,** which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel

- **The Management of Health and Safety at Work Regulations 1999,** which require employers to carry out risk assessments, decide to implement necessary measures and arrange for appropriate information and training.

- **The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013,** which state that some accidents must be reported to the Health and Safety Executive (HSE) and set out the time frame for this and how long records must be kept.

- **The Education (Independent Schools Standards) Regulations 2014,** which require that suitable space is provided to cater for medical and therapy needs of pupils.

3. Roles and Responsibilities

In schools with Early Years Foundation Stage Provision, at least one person who has a current Paediatric First Aid certificate must be on the premises at all times.

NB: (HSE The Health and safety (First-Aid) Regulations 1981 – the following Health professionals are exempt from a qualification in first aid - nurses registered with the Nursing and Midwifery Council)

In all settings, and dependent upon an assessment of First Aid needs, employers must have a sufficient number of suitably trained first aiders to care for employees whilst at work.

Section 3.1 below sets out the expectations of appointed persons and first aiders as set out in the 2013 First Aid Regulations and the DfE guidance listed in Section 2.

3.1 School Nurse and First Aiders

Arnold House employs a registered nurse who has professional responsibility for the care of the pupils who need or seek advice and support for their medical/health needs.

The School Nurse is contactable in the main office on extension 480. Her working hours are 8:00am-4:30 pm. When the School Nurse is off-site, a first aider will be available, contacted via the Main Office. If a pupil is attending a club outside of school hours, run by an outside agency that club will be responsible for the administration of First Aid when needed.

School Nurse is responsible for:

- Supporting and managing medical conditions of pupils within the school
- Taking charge when someone is injured or becomes unwell if on site, if not on site be available to give advice over the phone.
- Be available to assist other first aiders by carrying a Walkie Talkie. The playground monitor will also carry a Walkie Talkie to be able to contact the office and the School Nurse.
- Ensuring that an ambulance or other professional medical help is sought, when appropriate; accompany the boys to the hospital when required
- Take responsibility for all aspects of health care provision, planning and development
- Using evidence-based practice to ensure high-quality care following professional standards, school policies and best practice.
- Acting in accordance with regulations and complying with the school's policies in matters of medicine and care.
- Ensuring there is an adequate supply of medical materials in first aid kits and replenishing the kits at all three sites Loudoun Road, Marlborough Place and Canons Park
- Ensuring that first aiders have an appropriate qualification, keep training updated and remain competent for their role
- Maintaining the list of qualified First Aiders held at the Nurses Station at Arnold House, the Front Desk at Marlborough Place, the First Aid Room at Canons Park and each staff room.
- Maintaining the medical space at Arnold House, Canons Park and Marlborough Place
- Preparing the medical bags daily for off-site activities and for any overnight trips
- Ensuring that all boys that go on an overnight trip have a signed Medical Trip Form signed. Ensure that all medications that will be needed on the trip are collected ahead of time and documented in Evolve.
- Monitoring expiration dates on all Emergency medications and medications brought in from home. Ensure that parents pick up and dispose of the expired medications that were brought in from home. Work with parents to have in-date medications at the school
- Administering medication as prescribed or in accordance with the Medication Administration Policy. Entering all new medications in Evolve, which then allows other staff to document the administration of that medication.
- Ensuring all incidents/illnesses are documented in a timely manner in Evolve.
- Monitoring incidents by using the report capability in Evolve at least once a term and more often if concerns arise. Communicating these reports to the Headmaster and Safe Guarding Lead.
- Educating staff regarding the First Aid Policy and monitoring compliance

- Training staff in the use of Epi-Pens and Emergency Inhalers, yearly
- Training specific staff to administer medication yearly, review training each term to ensure staff remain informed and competent.
- Communicate information on the management and control of infectious diseases in school, to parents via school post and to staff via email
- Act to prevent the spread of infection by liaising with parents, in cases where illness poses a risk to others i.e. measles, impetigo, chicken pox etc.
- Promoting the mental health of the boys through providing them a safe space to talk, get support and find appropriate resources
- Collaborating with the Mental Wellbeing Coordinator to provide support for this role
- Collaborating with the catering company to promote healthy eating choices and ensuring all boys with food allergies are catered for correctly
- Reporting specified incidents to the Safety manager so they can report to HSE (RIDDOR), when necessary
- Ensuring the First Aid Policy is reviewed annually and signed off by the Board of Governors.

First Aiders are responsible for:

- Acting as first responders to any incidents; assessing the situation and providing immediate and appropriate treatment
- Contacting the School Nurse as soon as possible after a major incident and for all possible and actual concussions
- Documenting in the Evolve Accident Book after an incident in a timely manner

3.2 The Governing Board

Governing Board has ultimate responsibility for Health and Safety matters in the School, but delegates operational matters and day-to-day tasks to the Headmaster and staff members.

3.3 The Headmaster

The Headmaster is responsible for the implementation of this policy by the School Nurse.

3.4 The Staff

School staff are responsible for:

- Knowing how to contact the School Nurse or qualified First Aider in an emergency
- Being knowledgeable about the medical needs of all the boys for whom they are regularly responsible. Medical records are confidential but for the safeguarding and proper provision of care of the boys, staff need to be aware of medical conditions.

4. <u>First Aid Procedures</u>

4.1 In-School Procedures

In the event of an accident resulting in injury:

- The closest member of staff will assess the seriousness of the injury and seek the assistance of the School Nurse or qualified First Aider who will provide treatment as necessary
- If necessary, further medical assistance will be sought. The School Nurse or First Aider will remain on the scene until further help arrives

- If the School Nurse or First Aider decides a boy is too unwell to remain in School, parents will be contacted and asked to collect their boy
- If emergency services are contacted the School Nurse or the office staff will contact parents as soon as they are able. The Headmaster and the Head of Governors will also be informed as soon as possible.
- The School Nurse will record all accidents/illnesses in the Evolve Accident Book
- All staff will record all accidents/illnesses in the Evolve Accident Book and alert the School Nurse if there are any head injuries or injuries requiring more than basic first aid.

In the event of a boy or staff member becoming unwell at School:

- The boy will be sent by a staff member to the School Nurse
- Any staff member may contact the School Nurse for medical advice
- Any staff member may administer an inhaler, antihistamine or adrenaline pen (Epi-Pen) in an emergency after completing a brief training and demonstration with the School Nurse. The list of consented boys is in each of the emergency kits the Anaphylaxis Kit and Emergency Inhaler Kit

4.2 Off-site Procedures

When taking boys off the school premises staff will ensure they have informed the School Nurse/Receptionist and have the following:

- Mobile Phone
- First Aid Kit
- Medication stored in the medication cupboard for boys with specific medical conditions
- **Early Years** – there will always be at least one First Aider with current paediatric first aid certificate on all off-site activities with Early Years (Nursery – Reception) as required by **Statutory Framework for Early Years Foundation Stage.**
- There will always be a trained First Aider on all off-Site activities with boys.

4.3 Off-site Overnight Trips

- All boys must have a Medical Trip Form signed by a parent or guardian
- A risk assessment will be carried out in advance for residential trips
- The risk assessment contains a list of the boys dietary and medical requirements
- No vitamins or non-essential medications will be given on school trips
- All necessary medications must comply with the Medication Policy and must be delivered ahead of the trip and not sent with the boys on the day of departure
- There will always be at least one staff member trained and assigned to give medication on an overnight trip

4.4 Exclusions from School

- Boys that are not well should not be at school, even if they are not infectious. If they need Calpol or Nurofen to be able to attend school then they need to stay home, rest and recover.

- If a boy has a temperature greater than 38C they must stay home. If the temperature is found at school they will be sent home. They may return to school once the fever has been gone for a minimum of 24 hours without any fever reducing medications.

- Boys with diarrhoea should not be at school unless the diarrhoea is known to be due to a confirmed non-infectious medical reason or condition, for example: IBS, coeliac disease, mild allergy/intolerance. If a boy experiences diarrhoea at school, they will be sent home for monitoring, proper cleansing and to limit the spread of any potential illnesses. Diarrhoea is defined as liquid or semi-liquid stools, the boy affected must not return to school until 48 hours after their last bout of diarrhoea.

- Boys who have vomited should not be in school. If a boy vomits in school, they will be sent home for monitoring and to limit the spread of any potential illnesses, the boy affected must not return to school until 48 hours after their last bout of sickness

4.5 Hygiene Procedures During First Aid

- Basic hygiene procedures must be followed by all staff carrying out first aid.
- Single use disposable gloves must be worn when treatment involves blood or other body fluids
- Dressings or other material that has body fluids on them must be disposed of in the clinical bin in the office/medical room at Loudoun Rd, in the First Aid room at Marlborough Place, and in the First Aid room at Canons Park.
- Thorough handwashing is paramount when carrying out first aid.

5. First Aid Equipment

First aid kits in School will include at least the following items:

- Bandages
- Triangular bandage
- Adhesive tape
- Disposable gloves
- Antiseptic wipes
- Dressings
- Assorted plasters
- Ice packs
- Sterile water/saline for eye injuries

First aid kits are kept in the following locations within all sites of Arnold House School:

High Risk areas:

- Science Labs at Arnold House
- Kitchens at Arnold House, Canons Park, and Marlborough Place
- Canons Park Activity Centre- First Aid Room (Eye Wash)
- Main Office/Medical Room at Arnold House (Eye Wash)
- Reception area at Marlborough Place
- Undercroft/AstroTurf sports pitches at Arnold House
- Break out room at Marlborough Place
- Staff kitchen Reception area at Marlborough Place (Eye Wash)

Medium Risk areas:

- Staff room at Marlborough Place
- School Mini Buses

The School Nurse will check the First Aid Kits regularly and ensure that they are fully stocked and in date.

6. Supporting and Managing Boys with Medical Conditions within School

Most boys will at some time have medical/health needs that may affect their participation in school life. For many, these may be short-term. However, for others there may be long-term medical and health needs which, if not properly managed, could limit their access to school and ability to take part in all aspects of school life. The school will put into place effective management systems to support individual boys with medical or health needs whilst in school. However, staff may need to take extra care in supervising some activities to ensure these and other boys are not put at risk. Boys with medical/health needs are positively encouraged to participate in off-site activities and trips wherever safety permits. The school Nurse will liaise with the teacher in charge and the parent /guardian to develop an individual health plan to support the boys' needs. **Staff supervising off-site activities and trips should ensure they are aware of the relevant medical needs of the boys in their care.**

The school needs to know about any medical/health needs before the boy joins the school or when a boy develops a medical condition. For boys who may need to attend hospital appointments on a regular basis, special arrangements may also be necessary.
Any boy who has long-term medical/health needs will require an individual health care plan drawn up by the School Nurse in consultation with parents/guardian and other relevant health professionals. With parental consent the health care plan will be shared with the Head of Years, Form Tutor and relevant staff.

Parents are responsible to update the school when there are new medical needs or any changes in medication. A Medical Form will be filled out on intake into the school, and an update form will be sent to all parents before school starts in September.

7. Record Keeping and Reporting

7.1 Reporting accidents and illnesses

- Evolve Accident online form will be completed by the School Nurse, First Aider or staff member as soon as possible after an accident or illness
- All first aid incidences and accidents are reported to the school nurse and head of years by Evolve, however if there is an urgent/emergent situation the School Nurse must be contacted right away via phone
- All staff accident records need to be recorded in Evolve and HR notified

7.2 RIDDOR reportable injuries or diseases

The School Nurse will keep a record on Evolve of an accident which results in a reportable injury, disease or dangerous occurrence as defined in the **RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).**

The School Nurse will report these to the Headmaster and Bursar as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Fractures; other than to fingers, thumbs or toes

- Amputations
- Any injury leading to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to brain or internal organs
- Serious burns (including scalding)
- Scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat induced illness or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries when employee is unable to work for more than seven consecutive days
- If an accident leads to someone being taken to hospital
- Near miss events – i.e. Collapse or failure of load bearing parts of lift and lifting equipment; accidental release of biological agent likely to cause illness; accidental release or escape of any substance that may cause serious injury or damage to health; an electrical short-circuit or overload causing fire or explosion

7.3 Notifying Parents

The School Nurse or the office staff will inform parents of any serious accident or injury sustained by a boy, and any treatment given, as soon as is reasonably practicable. All other communication will be sent as an email via Evolve.

7.4 Documenting in iSams

All dietary needs, allergies and preferences will be documented in iSams. All medical conditions and supporting documentation will be documented in iSams.

8. Training

A large number of school staff are trained in First Aid. A record is kept of the specific qualifications and a copy of any certificates.

First Aid training courses will be arranged annually to keep appropriate staff training updated.

Early Years – At all times, at least one member of staff will have a current paediatric First Aid certificate which meets the requirements set out in the **Early Years Foundation Stage Statutory Framework** and is updated at least every three years.

10. Special conditions

Accepting boys back to school on crutches, with a walking boot or cast, arm or shoulder sling, wrist or arm supports.

Arnold House requires a letter from a medical professional (GP, Hospital etc.) detailing exactly what injury has been sustained before accepting responsibility for a boy on crutches, walking boot, cast or splint. This letter should include details of whether the boy is required to use crutches, walking boot, cast, or other medical supports while in school and approximately how long for.

Further information to be detailed, if possible, includes: when weight bearing should begin and any follow-up appointments [fracture clinics, physiotherapy etc.]. Looking after boys on

crutches or with other medical supports is not a responsibility taken lightly by the school and without clear medical information, potentially puts the boy and school at risk.

It is unacceptable for boys returning to school on crutches, in a walking boot or support that they have obtained from means other than a professional/medical establishment i.e. friends, sports coaches etc. These boys have not been officially checked out either by their GP or A&E Department and are a potential danger to both themselves and other students.

We would appreciate the boy being dropped off by a parent/carer on their initial return to school to enable the following to be discussed/explained:

1. Leaving lessons early
2. Medication (particularly analgesia)
3. Collecting from school arrangements can be discussed
4. Follow up appointments noted
5. Any emergency contact details can be checked

11. Policy Review

The policy will be reviewed every year.

After review, the policy will be approved by the Leadership Team and Governors.

APPENDIX 1

WHEN TO CALL 999

The emergency services should be called in the following circumstances.

1. Profuse and unstoppable bleeding.
2. Blunt injury which could be associated with internal bleeding e.g. abdomen
3. Head injury (nausea, vomiting, altered vision, if pupils are not equal and not reacting to light, increasing and persistent headache, altered consciousness or unconscious and or increasing bump at site of injury, inability to move limb/limbs
4. Any loss of consciousness
5. Suspected meningitis (The onset of this illness is usually abrupt and is characterized by: fever, malaise, unexplained vomiting, back or joint pains, headache, confusion and a rash).
6. Collapse from any cause and/or turning blue.
7. Difficulty in breathing, or choking, acute asthmatic attack (which does not respond to an inhaler).
8. Gross allergic reaction (suspected anaphylactic shock)
9. Seizure (first seizure or in a known epileptic that lasts for more than 5 minutes)
10. If a diabetic has a hypo-glycaemic episode which is not corrected by sugar intake followed by a complex carbohydrate (bread, cake, pasta etc) OR A diabetic who has very high sugar level and can go into a coma, be alert if they have any of these: lethargy, thirst, abdominal pain, passing a lot of urine, with or without a high temp, sweet smell on breath.
11. Suspected broken bone
12. Excessively high temperature (over 40)
13. Severe Vomiting
14. Severe burns or scalds
15. Persistent and increasing pain (e.g. stomach pain)
16. Sudden and severe headache

Calling 999

1. Dial 999 and ask for ambulance

2. Be prepared to give the following information:
   - The current breathing and response status of the casualty
   - School Telephone number 020 7266 4850
   - School address Arnold House School 1 Loudoun Rd London NW8 OLH
   - Exact location of pupil requiring assistance
   - Name of pupil
   - Your name
   - Brief description of symptoms (reiterate that this is a child and it is an emergency)

3. Contact parents

4. Record timings of phone calls, and when situation is safe, ensure that a record of the incident is documented in the pupil's records

Loudoun Road: 020 7266 4840 - 1 Loudoun Rd NW8 OLH

Marlborough Place 020 4553 0905 - 38 Marlborough Place NW8 OPE

Canons Park 020 8381 2218 - 44 Donnefield Avenue HA8 6RH

APPENDIX 2 – SUPPORTING AND MANAGING THOSE WITH SPECIFIC MEDICAL CONDITIONS IN SCHOOL

ALLERGY AND ANAPHYLAXIS

Arnold House School takes allergies very seriously and procedures are in place to ensure the safety of all its pupils and staff. We do not allow any sweets, baked goods or any other food to be brought into the school. This prevents a boy with allergies accidentally being exposed to an allergen that could be life-threatening.

What is an allergy?

An allergy is an abnormal reaction to an allergen or 'trigger' substance. One of the most common allergens is plant pollen, which often causes hay fever. Other allergens include animal hair, bee stings, medication (especially penicillin), and food, such as nuts and shellfish. Allergic reactions can range from mild symptoms to a life-threatening anaphylaxis.

- Mild allergic symptoms can include:
- Tingling to lips and mouth
- Slight external facial swelling
- Nausea
- Urticaria (nettle rash or hives)
- Abdominal pain
- Shortness of breath

Treatment for mild symptoms

Oral anti-histamine like Piriton syrup or Cetirizine tablets
Ventolin inhaler if prescribed.

What is Anaphylaxis?

Anaphylaxis is a severe allergic reaction – the extreme end of the allergic spectrum. Symptoms may be fatal if not treated with adrenaline (also known as epinephrine) as the casualty will go into medical shock. The whole body is affected, often within minutes of exposure to the allergen but occasionally the reaction may occur some hours later.

Signs and symptoms

Look for:

- a red, itchy rash, or raised area of skin (weal**)**
- red, itchy, watery eyes
- swelling of hands, feet, or face
- abdominal pain, vomiting, or diarrhoea.

There may also be:

- difficulty in breathing
- swelling of tongue and throat with puffiness around eyes
- confusion and agitation
- signs of shock leading to collapse and unresponsiveness

Emergency Procedures in School

School staff need to know what to do in an emergency - how to recognise the symptoms of an allergic reaction, and what to do if it happens.

In any case of allergic reaction call the School Nurse at Loudoun road, Head of Pre-Prep at Marlborough Place or first aid certified teacher at Canons Park.

A member of staff must always stay with the boy concerned.

If possible, take the boy to the medical room. If he is unable to get there, they should send someone to get the School Nurse and bring the boys emergency medication pouch.

The boy's treatment plan in the bag must be followed.

If there is any doubt whatsoever, it is better to play safe and administer adrenaline in the form of an auto injector (Epi-Pen/JEXT).

Call 999 IMMEDIATELY and tell ambulance control that you suspect a **severe allergic reaction**.

- Administer the auto injector as highlighted on the device packaging.
- Help them to get comfortable and monitor their breathing and level of response.
- Repeated doses of adrenaline can be given at five-minute intervals if there is no improvement or the symptoms return – USE OTHER LEG FOR SECOND DOSE

<u>Auto-Injector Procedure</u>

1. Ensure that another person has contacted the Ambulance service
2. With thumb nearest top of pen, form fist around unit (tip down, where needle comes out)
3. With other hand remove safety cap
4. Hold where needle will come out on auto-injector near mid outer thigh
5. Jab firmly into outer thigh
6. Press hard until a click is heard
7. Hold firmly in place for 10 seconds
8. Massage the injection area for 10 seconds
9. Arrange immediate ambulance to hospital
10. Give used auto-injector to ambulance crew
11. If after 3 – 5 minutes there is no change, a second auto-injector should be administered (exact same procedure as using the first auto-injector

All boys with adrenaline pens must have an Allergy Action Plan, we encourage all boys with significant allergies to have an Allergy Action Plan even if they haven't been prescribed an adrenaline pen.

2 - ASTHMA

ASTHMA GUIDELINES FOR STAFF

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 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.

If a boy with asthma becomes breathless and wheezy or coughs continually or has a tight chest:

- Keep calm. It is treatable. Call the School Nurse at Loudoun Rd or a First Aider at any other site, stating the boy's name and his condition. Provide reassurance.
- Let him sit down in the position he finds most comfortable.
- Do not make him lie down.
- Ensure the reliever inhaler (usually blue container) is taken promptly and properly. Take 2 puffs immediately. Use aerochamber / spacer if he has one.
- Encourage him to take slow regular breaths.
- If the symptoms disappear, the boy can go back to class. Document in Evolve and call the parents to make sure they agree with them going back to class.
- If the symptoms have improved but not completely gone, give another dose of the inhaler (usually 2 puffs) and again call the parents.

Signs of a severe asthma attack

Any of these signs means 'severe'.

- Normal reliever inhaler does not work
- The student cannot speak normally / in full sentences
- Blue tingeing around the mouth
- Pulse rate of 120 per minute or more
- Rapid breathing of 30 breaths per minute or more If in ANY doubt, call an ambulance.

What to do in a severe asthma attack

- Keep calm.

- Keep using the reliever inhaler -2 puffs (one puff at a time) every 2 minutes until symptoms improve. Use spacer if possible. He can take up to ten puffs. Do not worry about possible over-dosing.
- If he does not start to feel better or you are worried, call an ambulance, and arrange for a member of staff to accompany the boy to hospital.
- Contact the boy's parents to meet at the hospital.
- Continue to reassure the boy.
- If an ambulance does not arrive within 10 minutes and she is still feeling unwell continue giving two puffs every 2 minutes
- Have School IHCP ready to give to ambulance crew.
- Try to make note of time of start of attack and all symptoms to tell ambulance crew.

We encourage all boys with asthma to have an Asthma Action Plan so that all staff know how to treat them if they have any issues with their asthma. All boys with a diagnosis of asthma, with an inhaler at school or who plan on taking an inhaler on an overnight trip, must have an Asthma Action Plan in place.

SEIZURES

If you see someone having a seizure, there are some simple things you can do to help.

Signs and symptoms:

- sudden loss of responsiveness
- a rigid body with an arching back
- noisy, difficult breathing
- grey blue tinge on the lips
- start of jerky uncontrolled movements (uncontrolled)
- saliva at the mouth, possibly blood stained if they have bitten their tongue or lip
- loss of bladder or bowel control.

Treatment:
With any seizure, it is important to first protect the casualty from harming themselves during the fit. Ask any bystanders to stand back and clear away any potentially dangerous objects, like hot drinks or sharp objects. Make a note of the time that the seizure started.

- Do not restrain the casualty or move them unless they are in immediate danger.
- Do not put anything in their mouth.
- Protect their head by placing rolled up blankets around it
- Loosen any clothing around their neck.

When any jerky movements have stopped, open their airway and check their breathing. If they are breathing put them in the recovery position. Monitor their level of response and make a note of how long the seizure lasted. If they become unresponsive at any time, prepare to call 999 for emergency help and give CPR.

Call 999 for an ambulance if the seizure:

- It is the casualty's first seizure
- They are having repeated seizures
- The cause of the seizure is unknown
- The seizure continues for more than five minutes
- The casualty is unresponsive for more than 10 minutes
- They have an injury on another part of the body.

Remember what happened

If at all possible, take a note of what happens during the seizure as this may be useful for the person or their doctor.

Be aware of what the person does during the seizure. Make a note of what they're like afterwards (e.g. sleepy, confused or aggressive), and record how long the seizure lasts.

The following information may be helpful:

- Where was the person? What were they doing?
- Did the person mention any unusual sensations, such as an odd smell or taste?
- Did you notice any mood change, such as excitement, anxiety or anger?
- What brought your attention to the seizure? Was it a noise, such as the person falling over, or body movements, such as their eyes rolling or head turning?
- Did the seizure occur without warning?
- Was there any loss of consciousness or altered awareness?
- Did the person's colour change? For example, did it become pale, flushed or blue? If so, where – the face, lips or hands?
- Did any parts of the body stiffen, jerk or twitch? If so, which parts were affected?
- Did the person's breathing change?
- Did they perform any actions, such as mumble, wander about or fumble with clothing?
- How long did the seizure last?
- Was the person incontinent (could not control their bladder or bowels)?
- Did they bite their tongue?
- How were they after the seizure?
- Did they need to sleep? If so, for how long

All boys at Arnold House that are diagnosed with seizures will need to have an IHP in place before attending school such as this one from youngepilepsy.org
file:///C:/Users/cchuey/Downloads/IHP-child-form%20old%20brand.pdf

Training will be provided to key staff if we have a boy with seizures in school. The School Nurse will coordinate this training with the parents, and the boys healthcare providers.

DIABETES

What is type 1 diabetes?

Type 1 diabetes is a serious condition where your **blood glucose (sugar) level** is too high because your body can't make a hormone called **insulin**.

This happens because your body attacks the cells in your pancreas that make the insulin, meaning you can't produce any at all.

We all need insulin to live. It does an essential job. It allows the glucose in our blood to enter our cells and fuel our bodies.

When you have type 1 diabetes, your body still breaks down the carbohydrate from food and drink and turns it into glucose. But when the glucose enters your bloodstream, there's no insulin to allow it into your body's cells. More and more glucose then builds up in your bloodstream, leading to high blood sugar levels.

Testing a child's blood sugar

Children with diabetes will need to check their **blood sugar levels** regularly throughout the day. Blood sugar tests tell you, and the child, exactly what their blood sugar levels are and what treatment they need to keep them in range of their target levels.

Blood sugar tests will usually need to be done before meals, if they're feeling unwell, before, after and during PE and any time you or they think they might be going too low or high.

The child's diabetic provider will give you advice on when to test a child's blood sugars and also how to do it properly and safely.

Insulin in school

Diabetes is treated with **insulin**, this might be done through **injections** or an **insulin pump**.

Injecting insulin at school

Children who inject insulin to treat their diabetes will use an insulin pen. There are two types of insulin pen:

- disposable which comes pre-filled and is thrown away when empty
- reusable which have a replaceable cartridge of insulin.

Using cold insulin can make the injection more painful, so the insulin a child is currently using should be stored at room temperature. Spare insulin should be stored in the fridge, although extreme temperatures stop insulin from working so it should never be put in a freezer or near a heat source.

When you take spare insulin out of the fridge, it can last for a month before you should dispose of it.

The amount of insulin a child needs to keep at school will depend on how much insulin they are prescribed.

Some children might want a private area where they can take their injections, if this is the case this should be allowed and should never be a toilet. Other children might be happy to inject in public which should also be allowed. Children might need help with injecting, especially if they're younger or newly diagnosed.

Insulin pumps at school

Insulin pumps are small devices that give someone a small, varying amount of insulin all the time. This is pre-set to meet the needs of each child individually and is done by their PDSN. This dose of insulin is called background insulin.

As well as the background dose of insulin that is continuously delivered by the pump, children who use an insulin pump will need to give extra insulin through the pump when they eat or if their blood sugar levels are high. This is done by pressing a combination of buttons which some children might need help with.

Their PDSN will train school staff on how to give insulin through the pump and how to look after the pump at school.

Hypos and hypers

People with diabetes can experience high and low blood sugar levels which are known as hypos and hypers.

It's important to remember that both hypos and hypers can affect a child's behaviour. If a child is behaving out of character, it's always worth checking their blood sugar levels.

Hypos

Hypos are when a child's blood sugar levels go really too low, it's really important that you treat a hypo as quickly as possible.

Hypos are usually treated with something sugary to eat and drink. These amounts will be different depending on how serious the hypo is and how old the child is too. During your training with their PDSN, the diabetes nurse will go through how to treat a hypo and what causes them.

Some children know when they're having a hypo and can treat it themselves, but some children won't be able to and will need your help.

All school staff should know the signs of a hypo in each individual child and what to do if they're having one.

A low blood sugar level can be dangerous if it's not treated quickly, but you can usually treat it yourself.

Early signs of low blood sugar:

- Sweating
- Feeling tired
- Dizziness
- Feeling hungry

- Tingling lips
- Feeling shaky or trembling
- A fast or pounding heartrate – palpitations
- Becoming easily irritated, tearful, anxious or moody
- Turning pale

If low blood sugar levels are not treated, you may get other symptoms such as:

- Weakness
- Blurred vision
- Confusion
- Slurred speech or clumsiness
- Feeling sleepy
- Seizures
- Collapsing or passing out

In most cases, hypoglycaemia can be self-treated when you recognise the symptoms of a hypo. If there is an underlying condition causing regular hypos, this will need to be diagnosed and treated.

Treating an episode of hypoglycaemia

The immediate treatment for a hypo is to have some sugary food or drink to end the episode.

For example, try:

A glass of fruit juice (that contains sugar) or Lucozade

A few sugar lumps

A handful of sweets

Three or more glucose tablets

A cup of milk

Half a cup of non-diet soft drink

Follow the boy's IHCP to find out what is ordered for that particular boy if his blood sugar drops.

Hypers

Hyperglycaemia happens when a child's blood sugar goes too high.

This might be because they've missed an insulin dose, not taken enough insulin, of stress, sugary or starchy food and sometimes there isn't an obvious cause.

Symptoms of a hyper can be the child being

- really thirsty
- needing the toilet, a lot
- feeling sick
- blurred vision
- having a tummy ache

If any of these symptoms happen, test their blood sugar and treat the hyper with insulin.

The child's diabetic provider will tell you how to treat a hyper and when- it should also be written on their IHCP.

All boys with a diagnosis of diabetes will need an IHCP such as this one from the NHS

https://diabetes-resources-production.s3.eu-west-1.amazonaws.com/resources-s3/public/2022-09/National_IHCP-1%20(003).pdf

The IHCP covers all aspects of the boy's care including, activities, diet, medication, and emergency interventions. **Once a boy is diagnosed with Type 1 or Type 2 diabetes the IHCP will have to be in place before the boy can attend school.**

Training will be provided for key staff when we have a boy with diabetes at school. The School Nurse will coordinate this training with the parents and any other health care partners involved in the boy's care.

3 – HEAD INJURY AND CONCUSSION POLICY

Prevention & Management

"Children are more likely to experience concussion than adults and take longer to recover. There is evidence that concussion is a relatively more common injury among rugby playing children and adolescents than it is among adult players. Youth players are at increased risk of what is known as 'second impact syndrome', a potentially fatal phenomenon where a player sustains a second head injury without fully recovering from the effects of the first."

Kirkwood et al (2015), British Journal of Sports Medicine.

This policy has been written to address concerns about involvement in contact sports and the effect of head injuries such as concussion as well as the cumulative effect of successive incidents during a season, which could cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE); symptoms of CTE include memory loss, depression, and progressive dementia.

The policy reflects the latest evidence (1) as of July 2021, whilst also noting that research into the link between head injuries is developing continuously and rapidly.

It is intended to be accessible to all stakeholders, including boys and parents, and will be available on the school's website to enable parties to make informed decisions about consent.

The following information has cited the latest guidance from various NGBs (national governing bodies) such as the RFU, especially the 'Headcase' initiatives. Additionally, the Sport & Recreation Alliance who have produced 'concussion guidelines for the education sector'(3) which included members from major NGBs such as RFU, ECB, FA, RFL, England Hockey.

Contents: The aim of this policy is to:

1. Ensure an understanding of the key terms used in describing the link between head injuries and brain injuries.
2. Identify the sports that carry a risk of head injury.
3. Highlight the preventative steps taken to reduce the risks.
4. Provide clear processes and protocols used when a head injury is sustained.
5. Make some general recommendations to help with the management of head injuries.

Part 1: Key Terms

The following terms are used in this policy to describe incidents around head injuries/concussion, with reference to the ISBA policy:

- *Head injury*: means any trauma to the head other than superficial injuries to the face.
- *Traumatic Brain Injury* (TBI): is an injury to the brain caused by a trauma to the head (head injury).
- *Concussion:* is a type of traumatic brain injury (TBI) resulting in a disturbance of brain function. It usually follows a blow directly to the head, or indirectly if the head is

shaken when the body is struck. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.

• *Transient Loss of consciousness*: is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout.'

• *Persistent loss of consciousness*: is a state of depressed consciousness where a person is unresponsive to the outside world. It can also be referred to as a coma.

• *Chronic Traumatic Encephalopathy (CTE):* is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain and eventually lead to dementia.

• *Contact sport*: is any sport where physical contact is an acceptable part of play for example rugby, football, and hockey.

• *Non-contact sport*: is any sport where physical contact is not an acceptable part of play but where there are nonetheless potential collisions between players and between players and the ball, for example cricket and netball.

Part 2: The Risks

Whilst our data suggests that head injuries are most common in Rugby, a head injury could happen in any sport or, indeed, in any area of school life. **It is expected that this policy will be applied to all sports and in all head injuries in other contexts.**

• Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.

• Collisions can cause a head injury, which can cause a traumatic brain injury such as a concussion.

• It is very important to recognise that a student can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.

• Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.

• The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE).

Part 3: Preventative Steps

At Arnold House, the pupils are at the heart of everything we do. This includes several policies to safeguard their wellbeing. This policy is part of that enhanced duty of care to ensure our pupils are safeguarded, as far as is practicably reasonable, from risk.

Risk assessments: Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created.

The risk assessment will:

• Identify the specific risks posed by the sport/activity, including the risk of players sustaining head injuries.

• Identify the level of risk posed

• State the control measures and reasonable steps taken to reduce the risks.

The NGBs of most sports now produce head injury guidelines that are specific to their sport with protocols/guidance to manage the incidence of head injuries across the continuum of age ranges, in addition to concussion guidance, such as the RFU (4/5) England Hockey (6/7) and the FA (8/9). The relevant and latest guidelines are implemented by those responsible for risk assessing sport activities as well as in practice in the sporting arena.

Practices/Session Management: Other practical measures to reduce the risk of players sustaining head injuries also include:

- Having a sporting programme that offers a large degree of breadth of choice (including contact and non-contact sports) and, where contact sports are compulsory, there are non-contact versions of those sports available.
- Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above).
- Removing or reducing contact elements from contact sports, for example offering 'rugby-ready' or touch rugby as part of the rugby offering. This would include liaising with opposition schools to offer different tiers of fixtures based on level of contact e.g. a rugby-ready 1st XV training match rather than full-contact, B-teams to play touch rather than full contact.
- Ensuring that there is an adequate ratio of coaches to players.
- Staff receive awareness training in managing the level of contact in a sport and concussion protocols.
- Delivering a coaching specification that is focused on technical development to ensure the safe playing techniques; especially in high-risk situations like rugby tackles.
- Encourage and ensure that sportsman-like conduct and mutual respect for both opponents and fellow team members is paramount (reduced emphasis on results ahead of development).
- Using equipment and technology to reduce the level of impact from collision with physical objects and players (e.g. using padding around rugby posts, not overinflating footballs, gumshields, helmets etc).
- Ensuring that the playing and training areas is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines).
- Ensuring that a medical professional or First Aid member of staff is easily accessible during training and matches that take place at Arnold House.

Part 4: Processes and Protocols

The welfare of all pupils is of central importance. The following processes and protocols are there to protect and inform how to assess and manage a head injury situation. The overall advice to anyone using this policy is to adopt a cautious approach if there is any doubt as to whether a head injury has occurred and/or if a concussion has been sustained.

All staff should be encouraged to carry the 'Pocket Concussion Recognition Tool'(10) – this will be compulsory for rugby coaches. Where a pupil sustains a suspected head injury/concussion the person supervising the activity should immediately remove the pupil from play as soon as it is safe to do so, and seek appropriate medical advice (school nurse).

4.1 Concussion Protocols: The 4 R's of concussion management:

RECOGNISE REMOVE RECOVER RETURN

REGONISE: Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present. [Taken from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013.]

a. **Visible clues of suspected concussion:**

- Loss of consciousness or responsiveness.
- Lying motionless on ground/slow to get up.
- Unsteady on feet/balance problems or falling over/incoordination.
- Grabbing/clutching of head.
- Dazed, blank or vacant look.
- Confused/not aware of plays or events.

b. Signs and symptoms of suspected concussion:

- Loss of consciousness
- headache,
- seizure or convulsion,
- dizziness,
- balance problems,
- confusion,
- nausea or vomiting,
- feeling slowed down, drowsiness,
- "pressure in head",
- more emotional,
- blurred vision,
- irritability,
- sensitivity to light,
- sadness,
- amnesia,
- fatigue or low energy,
- feeling like "in a fog ",
- nervous or anxious,
- neck pain, "don't feel right",
- sensitivity to noise,

- difficulty remembering,
- difficulty concentrating.

c. Memory function - Failure to answer any of these questions correctly:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

'Red Flags' – serious concerns:

999 AMBULANCE

- **Athlete complains of neck pain**
- **Deteriorating conscious state**
- **Increasing confusion or irritability**
- **Severe or increasing headache**
- **Repeated vomiting**
- **Unusual behaviour change**
- **Seizure or convulsion**
- **Double vision**
- **Weakness or tingling / burning in arms or legs**

NB: 1. A loss of consciousness is not a prerequisite for concussion.

NB: 2. Concussion symptoms could occur after the event. If a player feels unwell or unusual in the days following a head injury, concussion should be considered, and they should be sent to the Medical Centre. Post-concussion symptoms are often vague and non-specific, but could be confused with those of a viral infection (e.g. flu).

REMOVE:

Any player/athlete with a suspected concussion should be **immediately** removed from play.

The coach must… (primary actions):

- Call an ambulance in the event of any red flag concerns.
- Not let them return to play that day.
- Ensure the boy is not left alone.
- Make sure the School Nurse is called if not on site as soon as possible.

The coach must… (secondary actions):

- Inform the Parents
- Enter it into Evolve as soon as possible

The Medical Centre must…..(as soon as the head injury is reported):

- Ask parents to have the boy assessed within 24-48 hours with a qualified medical professional to review and diagnose if a concussion has been sustained.
- Ensure the pupil is aware of the requirement for time off learning and sport and given head injury advice
- Inform the boy's Form teacher, Head of Year and Director of Sport.
- If a concussion is diagnosed inform Form teacher, Head of Year, Director of Sport, Bursar and Headmaster
- Record the confirmed concussion in our Evolve which is available for all games staff to view.

4.2 Managing a return to play following a head injury: Any pupil that has suffered a head injury and been diagnosed with a confirmed concussion is subject to a graduated return to play programme (GRTP), as well as a graduated return to learning (GRTL). The GRTP & GRTL will be assigned following consultation with a qualified medical professional.

RECOVER:

Following a confirmed concussion

- 0-2 days: complete rest from all physical & cognitive activity.
- 0-14 days: pupils will have a compulsory 14-day break from all physical activity & graded return to learning.
- 14-23 days: pupils will follow a graded return to play (sport/exercise)

a). Return to Learn (GRTL): Return to cognitive activities will also follow a 'graded return' procedure as per guidelines(11), with reference to academic studies, tests and Prep. Once symptom free, start graduated return to schoolwork as follows:

Stage 1 (14 days; initial rest period)*

- **1a**: 2 days complete rest/no screen time.
- **1b**: 1-2 half days(s), with increased rest, limited screen time, 30mins max prep, no tests
- **1c:** 1-2 full day(s) with increased rest, limited screen time, 45mins max prep, no tests
- **1d:** Full day as 'normal', gradual return to tests
- **1e**: Continue as stage '1d' until day 14
- **Day 14** - review with School Nurse, Form teacher and Director of Sport

The Form teacher will lead managing their return to learning, consulting the School Nurse and if continued concerns request a reassessment from the boys' medical doctor.

** If the concussion symptoms return at any stage of the graded return to learn, then the pupil will be reassessed by the School Nurse/Boy's doctor and the stage of the GRTL they are at will be regressed based on their signs and symptoms.*

RETURN:

Boys must not return to play (any sport/exercise), if they have any concussion signs or symptoms. If the signs or symptoms return at any stage through the graded return to play, they will be reviewed by the School Nurse and referred to the boy's own doctor if concerns. The symptoms will be discussed with the parents.

b). Graded Return to play (GRTP) 'Physical activity': Return to sport and exercise must follow the 'Graded Return to Play' (GRTP) guidelines:

Stage 1(14 days):

- Complete rest from all sport/exercise;
- Starting at midnight on the day the head injury is sustained;
- Culminating with consultation with the School Nurse or boy's own doctor prior to starting stage 2 of the GRTP (return to sport/exercise).

Stage 2>Stage 3> Stage 4 (15-20 days):

- Light aerobic exercise> Sport-specific drills>non-contact training (min 48 hours between each stage).

Stage 5 (20-22 days):

- Full-contact training; - Final consultation with the School Nurse or boy's own doctor.

Stage 6 (Day 23+): Earliest Return to Play

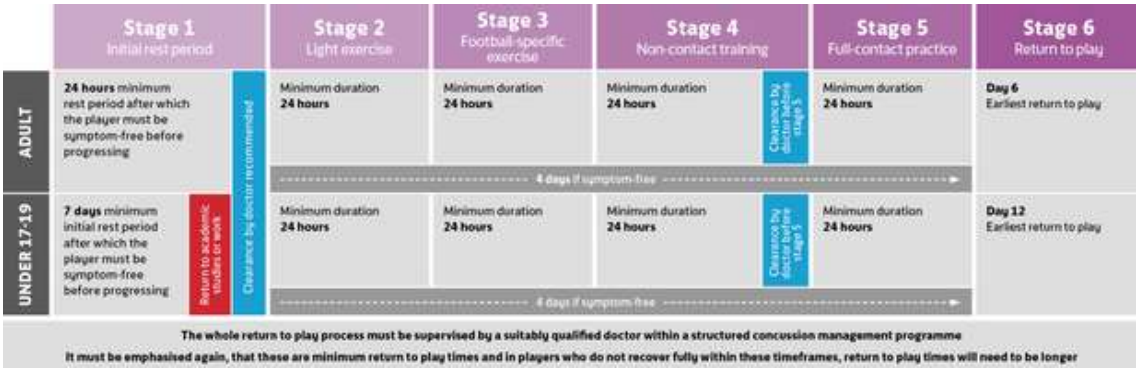
The Director of Sport will oversee the progression through the return to physical activity protocol. The School Nurse or the boy's doctor will play a role in stages 2 and 3, with the Director of Sport ensuring the return to physical activity from stage 4-6 is followed.

* If it's a repeat concussion, the duration of stages might be increased accordingly, based on recommendations from the pupil's doctor.

**If a second concussion is diagnosed in the same term, a return to contact sport at school will not be allowed.

N.B. If the head injury happens outside of school and parents have chosen NOT to take their son/daughter to the doctor on the day of the injury, the school must be informed and will arrange for a head injury review at the School Nurse office on return to school to confirm if a concussion has been sustained. All pupils must follow the school's head injury/concussion policy.

Standard Return to Play Pathway



Repeat Concussions:

Known as ‘Second Impact Syndrome’ (SIS), where another concussion occurs following the return to play. There is some evidence that players are more susceptible to a second concussion following the initial event. Repeat concussions are likely to involve a lengthy absence from activity. If a second concussion is diagnosed within the same term, after assessment by the boys’ doctor, the RTL/GRTP is followed BUT contact sport will not be allowed.

Head injury at a non-Arnold House activity:

As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child’s brain. It is therefore very important that the School, pupils, and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.

Where a boy sustains a head injury which has caused a concussion whilst participating in an activity outside of the school, the parents of the pupils concerned should promptly provide the School Nurse, with sufficient details of the incident, and keep the School Nurse updated of any developments thereafter. This would apply, for example, if a student suffers a concussion playing rugby for an external rugby club or if a student sustains a head injury while taking part in an informal game of sport, for example in the local park.

The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, the school will review the head injury and if a concussion is diagnosed - put into place a GRTL/GRTP.

In turn, the School Nurse will inform parents when a student has sustained a head injury causing a concussion at School.

APPENDIX 4 MEDICATION POLICY

Prescription Medication to be given in school.

Most prescription medications can be given at home and should be timed to be given outside of school. If your boy is in a club after school and needs prescription medication at that time we ask that you come to school to administer this medication.

We will administer prescription medication under the following conditions:

- if it needs to be given more than 3 times a day
- it needs to be given at a very specific time requested by a medical provider.

Our policy is that we limit medication administration at school to prevent interrupting class time and to limit the amount of time a staff member would need to be gone from class to safely give medications. There is more flexibility at Loudoun Rd as the School Nurse is based at this site.

All medication both prescription and OTC to be given at school must have the

- child's name,
- prescription label,
- method of administration,
- date prescribed
- expiry date on it
- be in its original container.

A parent or guardian must deliver any medication. Medication cannot be sent to school with a boy. The online consent form can be found on the

- parent portal
- resources
- medical.

This must be completed before bringing any medications into school or a paper copy will need to be filled out when dropping off the medication.

The consent from the parent/guardian will be attached as a file when the medication is entered into Evolve. No medication will be given without consent, and without the medication being labeled correctly as noted above.

Any medication not correctly labeled or consented will be sent home.

OTC (over the counter) medication

Most OTC medications can be given at home before and after school the exceptions to this would be:

- Allergy eye drops
- Allergy medication if your boy forgot to take it at home
- Pain medication for a time limited condition e.g. pain after an injury

In children Acetaminophen (Calpol) and Ibuprofen (Nurofen) are usually used for the treatment of mild-to-moderate acute pain and are usually for short term use.

Acetaminophen is usually given every 6 hours and ibuprofen every 8 hours, so for the majority of children they can be administered before and after school.

If your boy is feeling unwell and he needs Calpol or Nurofen to feel well enough to come to school, he would need to stay home to rest. If he does well at home for the day he may return the next day.

When administered in the school settings there should be a clear reason why the medication is needed in school and documented on the consent form. For non-prescription (OTC) medicines the dose on the consent form should not exceed the age appropriate dosing on the product packaging unless you have a written note from your doctor stating otherwise.

Conjunctivitis
If your boy has conjunctivitis please get the ointment form or Chloramphenicol as it can be administered at home. If you use the drops they have to be given every 2 hours which is extremely difficult to do at school. If you choose drops please keep your boy home for the first 48 hours when the drops are needed every 2 hours.

OTC medications kept at school and on overnight trips

A supply of Calpol, Nurofen and Cetirizine will be kept at school but only administered after the parents have been called to ask for permission. If on a trip check the Medical Trip Form to see if consent has been given.

These OTC medications will be given for:

- Hay fever/allergic reactions
- Mild pain
- Minor sports injuries
- Colds

The following should be considered before giving any of the above medications:

- Indications for use
- Dose and frequency (check to see if was given at home)
- Maximum dose and treatment period
- Cautions or contra-indications

Trips

For all overnight trips a Medical Trip Form will need to be completed with details about medications that need to be given on the trips.
Please do not send any:

- Vitamins
- Non-essential medications

All essential medication needs to be dropped off at the school before the trip and it must follow the guidelines as outlined above. Any medications that are sent any other way will not be taken on the trip and will be returned to you.

Documentation

All medications will be entered into Evolve Accident by the School Nurse or a delegated First Aider that has taken the Medication Administration course with the School Nurse. A new medication is entered in Evolve in:

- Medication tab
- Stock Medications
- Add new medication for a student

Only the School Nurse or a staff member that has completed the Medication Administration course may give medications to boys. Boys cannot self-carry or self-administer unless they have a written note from their doctor that also shows that they have been trained and are competent to give this medication themselves.

To document in Evolve for a scheduled or assigned medication for that boy only:

- Medication tab
- Usage tab
- Pick the name of the boy
- His assigned medications will populate at the top of the list
- Pick his medication
- Choose time given
- Check dose box
- Document how many are given
- If needed document why it was given

To document in Evolve for Calpol, or Nurofen or Cetirizine:

- Medication tab
- Usage tab
- Pick the name of the boy
- Pick the medication from the drop-down menu. It is a long list you may have to scroll
- Choose time given
- Check dose box
- Document how much or many were given
- You MUST document why it was given for any none assigned medications.

Medication drop off and pick up at the beginning and end of each school year
All medication sent to school that is to be kept at school all year will be picked up at the end of the summer term. If it is not picked up by the end of the day Friday it will be disposed of by the school. At the start of the September term parents will be asked to bring in any medication such as Epi-Pens, inhalers, antihistamines etc. Parents must go online to the Parent Portal and fill in the Medication consent form for each medication they are bringing. We will only accept medication that is in-date; the expiration must last until at least the end of the first term.

Allergy Action Plans

We will need an Allergy Action Plan for all boys that have adrenaline pens at school such as Epi-Pens/Jext this plan must have current information on it including a current photo, current allergies and current plan from the doctor that outlines the medications to be given and the current dose. As boys age their dose will change. The allergies could also change, either adding allergens or removing ones that they are no longer allergic to. These Allergy Action Plans are what staff use to treat boys in the event of an emergency and as such need to be accurate and up to date. If a boy has an allergy but does not use an adrenaline pen there is an Allergy Action Plan for those boys as well.

Asthma Action Plans

All inhalers brought to the school for emergency administration we must have a current, accurate Asthma Action Plan.

The links to these forms is below.

For boys using Epi-Pens

file:///H:/Scans/Allergy%20Action%20Plan%20for%20student%20using%20EpiPen.pdf

For boys using Jext

file:///H:/Scans/Allergy%20Action%20Plan%20for%20student%20using%20JEXT.pdf

For boys that have allergies but are not prescribed an adrenaline pen

file:///C:/Users/cchuey/Downloads/BSACIAllergyActionPlan2018NoAAI2981-2%201.pdf

Sample of an Asthma Action Plan

file:///C:/Users/cchuey/Downloads/childrens-asthma-plan_may22_cc_editable.pdf

Epilespy IHP/Treatment Plan

file:///C:/Users/cchuey/Downloads/IHP-child-form%20old%20brand.pdf

Diabetic IHP/Treatment Plan

https://diabetes-resources-production.s3.eu-west-1.amazonaws.com/resources-s3/public/2022-09/National_IHCP-1%20(003).pdf

Name	Certification	Expiration date
Cathy Chuey – Registered Nurse	Registered Nurse	July 2026
Frances Peel-Yates	First Aid for Teachers	June 2024
Fhilisha Grant	Schools First Aid	May 2024
Patricia Legan	Paediatric First Aid (12 hr) Anaphylaxis First Aid	April 2025 April 2025
Trudy Fedak	First Aid for Teachers	June 2024
Molly Traeger	First Aid for Teachers	June 2024
Maddie Bennett	Schools First Aid	
Keeley Smith	Schools First Aid	May 2026
David Cox	First Aid for Teachers	June 2024
Sean Gleeson	First Aid for Teachers	June 2024
Natalie Hall	First Aid for Teachers	June 2024
Dayne Matthews	First Aid for Teachers	June 2024
Alex Ingram	Schools First Aid	May 2024
Chris Kerr	Schools First Aid Anaphylaxis First Aid	May 2024 April 2025
Luke Ofield	Schools First Aid	May 2026
Caz Clarke	First Aid for Teachers	June 2024
Marlborough Place Staff		
Victoria McKenzie	Emergency Paediatric First Aid one day class	Sept 2024
Kelly-Ann Brennan	Emergency Paediatric First Aid one day class	Sept 2024
Emma Rafferty	Emergency Paediatric First Aid one day class	Sept 2024
Anna Wootten	Forest School First Aid Paediatric First Aid (EYFS compliant)	Feb 2026 Feb 2026
Kacie Taylor	Paediatric First Aid (EYFS compliant)	Sept 2024
Joyce Lam	Emergency Paediatric First Aid one day class	Sept 2024

Name	Certification	Expiration
Megan Cullinane	Schools First Aid one day class	May 2026

References (needs to be completed)

1 **Farrers: "What Schools need to know about head injuries caused by contact sports" (08/03/2021)** *https://www.farrer.co.uk/news-and-insights/what-schools-need-to-know-about-head-injuries-caused-by-contact-sports/*

2 https://committees.parliament.uk/work/977/concussion-in-sport/publications/

3. https://www.afpe.org.uk/physical-education/wpcontent/uploads/Concussion_guidelines_for_the_education_sector_June2015.

4 https://www.englandrugby.com/participation/playing/headcase/age-grade/schools-and-colleges

5 https://www.englandrugby.com/dxdam/04/0453acb5-5fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf

6 https://www.cuhc.org.uk/wp-content/uploads/2020/10/CUHC-Concussion-Policy-2020-21.pdf

7 https://www.englandhockey.co.uk/governance/duty-of-care-in-hockey/safe-hockey

8 https://www.thefa.com/get-involved/fa-concussion-guidelines-if-in-doubt-sit-them-outold

9 https://www.thefa.com/news/2020/feb/24/updated-heading-guidance-announcement-240220 4

10 https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf

11 The Sport & Recreation Alliance's 'Concussion guidelines for the Education Sector' (also attached). The 4th Principle – 'Return' pg P5 – "Once symptom free, pupils should undertake to academic studies. Consideration should be given to managed return to full study days and gradual-introduction of homework"

12 FA: Concussion Guidelines – 2015. http://www.thefa.com/get-involved/fa-concussion-guidelines-if-in-doubt-sit-them-out 13 RFU: Recovery & Return to Play – 2017. http://www.englandrugby.com/my-rugby/players/player-health/concussionheadcase/returning-to-play/