

THORNTON

## **FIRST AID POLICY**

## **Mission Statement**

**'To educate young people to meet the challenges of life courageously, to use their talents to the full and to live the values of Christ's Gospel'**

This Policy is applicable to all students and staff at Thornton College and is relevant to parents and guardians of students at Thornton College.

In accordance with the guidance laid down in the National Minimum Standards for Boarding Schools and National Care Standards Commission Children's Home regulations, all schools are required to have written policies and procedures on the health care arrangements and administration and control of medicines in the school.

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## **1. Health Care Arrangements**

The Thornton College Health Centre is staffed by a Health Care team of Qualified Nurses, First Aiders and Boarding Staff who receive ongoing training and appraisal and provide medical care for the boarding and day students as well as staff and visitors who may need medical assistance during the school day.

### **Health Centre Accommodation**

The Health Centre has a surgery with a day bed and an adjacent office and is staffed from 08.30hrs until 16.30hrs. Boarding and Day students requiring care for a short time will be looked after in the Health Centre until they are either fit to return to class or arrangements have been made for them to be transferred to the boarding house or collected from school by parents / guardians. All information will be recorded via the Medical Centre section on Isams.

### **Health Centre Team**

School Medical Officer/GP: - The Swan Practice, Buckingham,  
Senior School Nurse: - Mrs Juliet Dixon

- Medical care of all students at Thornton College is provided under the NHS and offered to boarding students by a General Practitioner from Swan Practice in Buckingham. Emergency and routine appointments can be made at the GP surgery in the usual manner.
- All students may be offered personal accident and dental insurance cover when they join the school
- Students, both day and boarding, may attend the Health Centre for routine health advice or treatment between the hours of 08.30 – 16.30 but attempting to avoid lessons or school activity time. If they need urgent or emergency treatment they can attend at any time.
- Staff may attend the Health Centre during school hours for medical advice and/or treatment.

### **Students with Medical Conditions/Disability**

Most students will at some time have a medical condition that may affect their participation in school activities and learning. For many this may be a short-term condition. Other students have medical conditions that, if not properly managed, could limit their access to education. These students are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school and the Health Centre staff, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

Students with a medical need may require a risk assessment and will have an individual health care plan to identify the necessary safety measures to support individual students and ensure that they and others are not put at risk. A Health Care Plan will be completed by the Health Centre staff with information from the student's parents. A meeting, if possible, would be made with any condition that may require the school to make adjustments for the student to participate in the school's activities.

Parents or guardians have prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents should give details in conjunction with their child's GP or Paediatrician, as appropriate. The School Doctor, Health Centre staff and specialist health bodies may also be able to provide additional background information for school staff. This information would be confidential and only shared with other members of staff after discussion with parents, in order to ensure the safety and wellbeing of the student.

All staff should be aware of such medical conditions as asthma, anaphylaxis, diabetes and epilepsy and the emergency care that they may require (Appendix A). The Health Centre staff can be contacted for any information or advice on these specific conditions and any other conditions a student may have. Medical conditions that are shared for the wellbeing of the students whilst at school and on trips can be viewed in brief by only relevant staff on the medical trip forms. Further details can be requested and given if appropriate for the student's care. This is updated as soon as we are informed of the condition and as and when the Health Centre staff are informed of any changes / updates.

### **Medical Information**

Medical information, whether it is a student's condition or any care given whilst at school, is documented on the Medical Centre in Isams and Health Centre log book. This section of Isams is restricted for use by designated users only to ensure confidentiality. It is invaluable for accurate communication between the Health Centre staff and the boarding houses.

### **Care of Boarding Students**

When boarding students feel unwell out of school hours, they should contact their boarding house staff or other adult on duty. The member of staff on duty will assess and give the appropriate care to the boarder. A sick room is available, including a toilet and washing facilities. The accommodation is staffed by appropriately qualified personnel, and adequately separated from other boarders

During the day, boarding house staff are informed of any admission to the Health Centre. Parents/guardians will be informed of their daughter's condition and kept up to date with any care and treatment as well as progress of their recovery. In an emergency or period of extended illness, arrangements would be made to escort the student to A&E or the GP surgery as appropriate. During the school day, boarders may be permitted to rest in the boarding house if unwell. The house staff will be informed and will observe and monitor the student.

- New boarding students are asked if they wish to register with the School Medical Officer's practice and this registration will take place as soon as possible in the September of their joining academic year. If a student is registered with the school doctor, this will replace any registration at another GP surgery. It is advised that all full boarders register, whilst weekly boarders can choose to remain with their current GP depending on convenience. All registered boarders will have the opportunity to have a medical with the doctor to discuss any past medical history, whether they are taking any medication and to have base line recordings of blood pressure, height and weight, vision and hearing tests. If a student is seen by another doctor or other healthcare professional during the holidays, or at any other time, they should inform the school Health Centre with details. They can see another GP during the holidays as a temporary resident. If they complete a full registration form, their notes will be transferred from the school doctor. Students are entitled to register with another local doctor and arrange their own appointments

and transport, but the school Health Centre must be informed with whom the student is registered, and the school informed if a student will be absent.

- All boarders have access to medical, dental, optometric and other specialist services. This will be arranged via the Health Centre and with referrals arranged from the Doctor and parental consent where required. Appointments will be arranged where possible around lessons. Transport will be arranged by Boarding staff, Health Centre staff or a taxi with an escort where necessary. All under 16s must be escorted and the Health Centre staff will assess whether older students would require an escort or not depending on the appointment attended. When arranging an escort, any member of staff may be asked to accompany students on external visits. All Thornton staff have DBS clearance and they will be instructed to brief the Health Centre on their return with any information.

### **Medical Arrangements for Sports Activities:**

Sports staff are trained in first aid and have 3 sports first aid kits in their department which are checked and re-stocked by the Medical Team. There are three defibrillators on-site based in the Health Centre, Reception and the Sports Hall. For away matches sports staff have access to medical information and parent/guardian contact details in case of emergency. Emergency medication packs, such as inhalers and adrenalin pens, are collected prior to departure from school. For home matches a member of the Medical Team will aim to be present at the match to provide first aid and medical assistance should it be needed. The Nurse will have a walkie-talkie and mobile phone in case additional assistance or an ambulance is required. For home sporting activities the medical team are readily contactable by sports staff in the Health Centre, via phone or by walkie-talkie if assistance is required or in the event of an emergency. A member of the medical team will attend the pupil as soon as possible to assess, treat and take any further necessary action.

### **Medical Information for School Trips**

Any relevant medical information that can be shared will be given to the trip organiser about the students attending the trip. A copy of the Medical Trip form will be given with a note of those students attending the trip. This information can be found on iSAMS under Health Record. The Health Centre staff will arrange first aid kits for all trips and any other homely or prescribed medications needed. They will give instruction to the trip organiser about the medications. It is the teacher/trip organiser's responsibility to inform the Health Centre in advance what students will be attending so that medical provisions and any concerns they may have with regards to medical advice can be given. Medical information can be shared with the trip leader via Evolve.

## **2. Roles and Responsibilities in the Provision of Medical Care**

### **Parents**

Parents should provide the Medical Officer with sufficient information about their child's medical needs and any changes in health or treatment. Ideally a Doctor's letter listing treatment, special needs and current medication should be provided. They should ensure that their child's immunisations are up to date, according to the UK Department of Health schedule and give dates of when administered. Thornton College encourages Staff and students to be fully vaccinated. Health Centre staff will support parents in seeking missed vaccines if required.

Parents should, jointly with the Health Centre, reach agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy and sign the appropriate records (Appendix B).

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school or setting has day-to-day contact.

The Health Centre staff will always seek students and parental agreement before passing on information about the student's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a student.

### **The School as Employer**

It is the Employer's responsibility to make sure that the correct procedures are in place and that staff are aware of these procedures and are fully trained to support the medical needs of the students.

The Employer will provide appropriate training for all relevant staff and ensure regular updates are given.

### **Health Centre Staff, Boarding Staff, Teaching and relevant support staff.**

All staff must be aware of the contents of this document and their likely/possible role in providing care for the student, e.g. administration of medicines. They must seek any advice from the Health Centre staff.

### **Health Centre Staff.**

The Health Centre staff are responsible and accountable for the day to day medical care of day and boarding students in the Health Centre. This includes the maintenance of records, communication with relevant staff and parents.

The Health Centre staff have overall responsibility for the management of the Health Centre and all activities connected to the care of the student including administration of medicines.

### **Boarding Staff**

Boarding staff have responsibility to work according to these guidelines. They are responsible for providing basic medical care/treatment with instructions from the parents and Health Centre staff, e.g. giving medication and monitoring of a mild illness. They are responsible for maintaining records in the boarding house and communicating to the Health Centre and parents of any changes or causes for concern. They will seek advice from the Health centre when necessary.

### **Teaching Staff and other Staff**

Non boarding staff have occasional involvement and responsibility to work according to these guidelines, for example, in an emergency or when accompanying students on a school excursion away from school premises.

### **Medical Officer**

The School Medical Officer has overall responsibility for advising the School on Health Care for students. This includes liaison with the Health Centre staff and authorising appropriate homely medication or prescription medication and its use within the terms of this policy.

### **3. Health Centre Records**

The Health Centre maintains secure medical documentation about any students seen. The Health Centre staff record all consultations with students on the Medical System, in the Health Centre log book and consultations with the doctor during clinic times. To ensure continuity of care and patient safety, the boarding staff and specifically identified other individuals have limited access to information stored on the electronic medical records system that the Health Centre staff have not marked as restricted or confidential. The Doctor's notes are strictly confidential unless the Doctor and / or student give permission for it to be shared to those in loco parentis of their care.

There should be an individual Health Care Record (in the form of the Medical Questionnaire) and individual health care plans where necessary, containing relevant information provided by parents and recording significant health and welfare needs and issues. This will be held in conjunction with shared electronic records via Isams, which can be accessed by Health Centre staff, boarding staff and other key designated persons.

A Health Care Plan will be kept for each student with a chronic/notable condition, whether or not regular medication is required and it should be reviewed on at least an annual basis or as appropriate if circumstances change as identified on their individual Health Care Record. This will be held on Isams and in a Care plan file stored in the Health Centre.

### **4. Medications in School**

Thornton College does not allow students to carry or administer any medications in school with the exception of emergency medication and / or where Sixth Form boarding students have been deemed competent to self-administer. The Health Centre Staff will make decisions about self-administering medication and this will be based on individual assessment. The Health Centre has a stock of some homely medications that can be given after assessment e.g. Paracetamol. The Health Centre staff will be responsible for documenting all medication given to students, any other information relating to their medication ensuring the appropriate maintenance of records and use of the Isams Medical Centre within the Health Centre and advise other members of staff. They can appoint other members of staff to be the "designated person" to oversee medication procedures on a day to day basis with appropriate instruction.

All records should be properly completed, legible and current and be available for inspection at all times. Records should provide a complete audit trail of medication. A list of specimen signatures should be kept by the senior member of the Health Centre staff, of all staff who are deemed competent to be involved in the administration of medicines, and/or first aid, following relevant training and/or induction.

Medicine records should be kept for at least 15 years from the date of the last entry.

There is a statutory requirement to record information on all medicines in boarding schools. Records of current medication must be kept for each student. The following records relating to all medicines must be kept:

- All medicines received by the school
- All medicines prescribed for students
- All medicines administered by the school
- All medicines transferred out of the school or returned to the pharmacy for disposal

### **Receipt of Medicines**

All medicines brought into school from whatever source should be formally received by the Health Centre staff and the following information recorded on the students shared electronic health record on Isams.

The records should show:

- Date of receipt
- Name and strength of medicine
- Quantity received

A 'Permission to Administer' form and 'Permission for Student to Carry Medication' (e.g. epipen) should be completed by the parent or Health Centre staff if a boarding student and uploaded to Isams so that it may be viewed by all parties permitted to administer medication (Appendix C).

### **Recording of Medicines Administered to Students**

All medication administered to students must be recorded on Isams. This will include prescribed medication and non-prescribed medication administered by boarding or Health Centre staff.

All records relating to an individual student are held electronically on Isams, which can be accessed by the Health Centre staff, boarding staff and other key designated persons.

Isams should be consulted at the time of administering medication to observe the time of the last administered dose. The reason for its administration must be recorded including any medication refused, missed doses, date discontinued and reason.

Details of any medication errors should be recorded on Isams as a note and the Health Centre be notified as soon as practicable. Health Centre staff will investigate and report any medication errors to the Medical Officer without delay.

### **Self-Administration Assessment**

A comprehensive risk assessment will be undertaken to ensure that an individual student can self-medicate without risk to self or possible risk to other students and be signed by the member of staff assessing and the student. The type of drug to be taken must also be part of the assessment. The majority of students will only be allowed to self-administer emergency medicines in the case of Asthma, Allergies,



Diabetes or Epilepsy. On occasion, where a student is deemed mature and competent, a decision may be taken to permit a student to self-administer non-emergency medication in the boarding house. All risk assessments must be conducted by the Health Centre staff following discussion with boarding staff/parents and it should be recorded on Isams and the self-administration assessment form (Appendix D), which should then be uploaded to the patient record.

### **Self-Administration by Students of Medicines**

When a student is responsible for self-administering medication, an entry must be kept with information of the medication and the times of administration which will be documented on the patient record. The medicine must be kept in a lockable cupboard or safety box with one set of keys with the student and the other with a member of Boarding or Medical Staff.

Boarding staff must undertake regular checks if a student has taken the medication and document such a check. They must ensure that any spare medication is locked away so that it cannot be taken by other students.

When necessary, discussions should be undertaken by boarding staff with the student to encourage compliance in taking medication. Tactful support or timely reminders must be given to the student if necessary to aid compliance. If they are unable to comply the right to self-medicate may need to be reviewed.

Any problems should be reported to the Health Centre nurses.

### **Obtaining Supplies of Medication**

The supply of medicines to boarding schools in the UK comes under the remit of the Medicines Act 1968/ Human Medicines Regulations 2012. This legislation identifies medicines into 3 categories

- GSL or General Sales List: may be purchased from any retail outlet
- P or Pharmacy Only: may be purchased within a community pharmacy when a pharmacist supervises the sale
- POM or Prescription Only Medicines: may only be obtained by presentation of a written prescription signed by an authorised prescriber.

### **Homely Remedies or non-prescribed medication (Appendix E)**

Medicines in the P or GSL category may be purchased by the Health Centre staff to use as stock for treatment of minor ailments. The boarding houses will keep a small stock of homely medicines and a table of instructions will be easily accessed (Appendix F). This will be monitored by the health centre staff who will check the boxes every term. Boarding House staff must record when they receive medicines from the Health Centre (Appendix G).

An agreed list and quantity has been compiled in conjunction with the School Medical Officer as General Practitioner of students.

These medicines must not be labelled for an individual if they are to be administered to several students. Receipt and stock balance must be recorded in the appropriate log. Where non-prescribed drugs are bought by a student or parent, they should be recorded and stored appropriately.

### **Complementary Medicines**

Most complementary treatments, including fish oils, homeopathic treatments etc, are considered as over the counter medicines within the terms of the Policy and parents are similarly requested to notify their child's boarding staff or the Health Centre of their use. This is particularly relevant with international students who may bring powders or tablets for health with no clear labelling. If such supplements are brought into school, they must be presented to the Health Centre for assessment as to their suitability for use in the UK. If it is unclear whether the supplement are recognised in the UK they may be held in the Health Centre and returned to Parents/ Guardians on the next visit home. Vitamins may be kept in the Boarding house in the care of the Boarding staff and be administered as required.

### **Sports Supplements**

Sports supplements (also called ergogenic aids) are products used to enhance athletic performance that may include vitamins, minerals, amino acids, herbs, or botanicals (plants) — or any concentration, extract, or combination of these. These products are generally available over the counter without a prescription.

Sports supplements have become increasingly popular among gym-goers, and not just a small number of serious athletes. People who are interested in fitness and improving their physique may opt for supplements that can enhance their muscle growth when combined with exercise such as weightlifting. They may also look for ways to control their appetite when they're trying to lose weight, as part of a bodybuilding diet.

Young elite sportswoman may be required by their clubs to take these supplements. Therefore, to ensure the safety of Thornton students there are strict guidelines on the use of sports supplements at school.

The Schools position regarding sports / dietary supplements is as follows:

- Students at Thornton College do not need to take any form of dietary / weight training supplements.
- All students are recommended and encouraged to follow a healthy diet.
- No student under the age of 16 should be taking any form of protein or other supplementation. If any such supplements are found by staff, they can expect them to be confiscated and students will be reprimanded.
- Should a senior student be part of an elite academy, or under the supervision of the Director of Sport, they are permitted to take Whey Protein only. In both circumstances, written permission from the parents and an agreement from the school has to be in place.
- Senior players are not permitted to take any other form of supplementation e.g. Creatine, HMB etc.

Should any student or parent wish to discuss the school's position on any of the above or discuss their own personal situation, please contact the Director of Sport.

### **International Medicines**

Medicines that are brought into school by students from abroad must be taken to the Health Centre by the students so that an assessment can be made and it can be discussed as to why they are taking them.

An appointment can then be made to see the School Medical Officer to ensure that the medications are licenced in the UK. The Doctor will then prescribe either the same medication or an equivalent.

### **Prescribed Drugs**

Written prescriptions, both NHS and private may be provided for individual students for medicines in all categories.

The Medicines Act clearly defines that prescribed medicines must only be administered to the person for whom they have been prescribed, labelled and supplied. Medicines supplied for individuals are the property of that individual. These medicines may not therefore be used as “stock” by the school.

Staff must not tamper with supplies of prescribed packs of medicines or decant from one container to another for the purpose of storage. This includes remains of the current supply when a new supply is received. The original supply should be finished first. Stock levels of medication should be kept at an appropriate level for each student dependent on need.

Before it can be administered a prescribed medicine must have a printed label showing:

- Student’s name
- Date of dispensing
- Name and strength of the medicine
- Dose and frequency of the medicine

Multiple containers should be labelled individually. Where items have an inner container, (e.g. eye drops, creams, etc.) the label should be applied to the item instead of, or as well as the outer container. If the label becomes detached, damaged or illegible the advice of the pharmacist should be sought before the product is used.

It is good practice to record that a request for a repeat prescription has been made. This should be documented on the medical record. If medicine is supplied which is unexpectedly different from that received in the past, the staff must check with the pharmacist and/or the prescriber before formally receiving or administering the medication.

If the GP changes the dose of a medication, then they must inform the Health Centre. The container must then be clearly re-labelled by the pharmacist or the GP. The Health Centre staff must not alter any information on medication labels.

Verbal Order Record for Change of Dose of Prescribed Medication by GP or other prescriber

No verbal orders are to be accepted for a change in dose or frequency of an already prescribed drug unless an accompanying fax, email or written instruction onto the medical system is available before administration takes place.

### **Controlled Drugs**

The Misuse of Drugs Act 1971 is the legislation governing controlled drugs. Controlled drugs will only be supplied on an NHS or private prescription for individual students.

The school is not permitted to hold controlled drugs as “stock items”. The above information relating to prescribed drugs also applies to this group.

### **Storage of Medicines**

All medicines should be stored in secure designated areas.

These include:

- The Health Centre
- Boarding Houses (in a safe or locked drawer)
- Personal safe, locked drawer or cupboard, for spare medicines if student is permitted to self-administer or any emergency medication.

Medication access keys or codes should only be held by authorised designated members of staff.

Non-prescribed stock medication must be stored separately from prescribed medication, in a locked cupboard that is securely fixed to a wall in the Health Centre or in the boarding house.

Prescribed medicines should be stored in a locked cupboard or safe that is securely fixed to a wall in the Health Centre or boarding house. There should be sufficient space to store individual students' medication.

Controlled drugs should be stored in a double locked cupboard securely fixed to a wall, in a secure location in the Health Centre or Boarding House staff area. The cupboard should be reserved only for the storage of controlled drugs and other items such as money or jewellery. All other classes of drug should not be placed in the cupboard. Only Health Centre staff and appropriately trained Boarding staff are authorised to hold the keys to the controlled drugs cupboard. All controlled medicine stock must be checked by two members of Staff and a log of medicines, stock levels and administration times be kept in the CD drug book. In the case of a student aged over 16 they may be the counter signatory on receipt of their own prescribed controlled drug

### **Storage of Self-Medication Medicines**

Those students assessed as competent to self-medicate may store their own individual spare emergency drugs (not controlled drugs) in their safe, locked drawer, or locked cupboard, to which they personally have access. It must not be accessible to other students. The school must have a contingency plan for staff to access this, with the permission of the student, in case of a problem or emergency arising. It is the responsibility of the boarding staff to ensure the security of this medication at all times when in the areas for which they have responsibility.

### **Cold Storage**

A separate and secure dedicated refrigerator is available to be used exclusively for stock and prescribed medicines requiring cold storage. It should be kept in a locked room at all times. It should be cleaned and defrosted regularly. The temperature should be measured and recorded daily on a record sheet using a maximum/minimum thermometer. The normal range is 2-8 degrees C.

Staff should contact the Health Centre staff on duty if temperatures are recorded outside of the normal range and adjust if necessary. Pharmaceutical advice should be taken regarding the stability of the contents of the fridge in such circumstances. Prescribed short and long term medicines requiring cold storage should be kept in the Health Centre fridge. If a refrigerated medication is required by a boarder in the evening when the Health Centre is closed, arrangements should be made for access to storage.

## **5. Administration of Medicines**

Administration of medicines is undertaken only by staff designated as competent who have been given appropriate training / instruction. Prescribed medicines should be administered strictly in accordance with the instructions stated by the prescriber. They should only be used for the stated purpose and not administered to anyone other than the student stated on the label. Administration should be made at an appropriate time in order to maximise benefit from the medicine (e.g. may be necessary to take before or after meals or last thing at night). It is an individual's right to refuse medication. Steps should be taken to explain the benefit of taking the prescribed medication. However, persistent refusal should be recorded on the medical record and reported to the Health Centre for further discussion with the student and the Doctor. Record on the medical records any refusal of medication and the reason and that it has been reported to the doctor. Record any advice received from the prescriber. Only a Registered Nurse may administer medication requiring specialised or invasive technique after receiving consent.

These may include:

- Subcutaneous injection of insulin
- Medicines administered by the rectal route
- Giving Oxygen and nebulisers.

In exceptional circumstances this may be delegated to another member of staff who will receive suitable training.

- The student/parent must have given consent for this delegation.
- Details of support and accountability to be included in the individual Health Care Plan.

### **Procedure for the Administration of Medicines:**

- Check the identity of the student.
- Check the medication log on Isams, dosage instructions, noting any recent changes and ensure that the medication has not already been administered.
- Check that the student is not allergic to the medicine before giving it.
- Check the expiry date of the medicine.
- Administer the medicine following the prescribed instructions.
- Chart the administration immediately on Isams after the medication has been given.
- Where there is a choice of dosage (i.e. 250mg or 500mg) record the amount given.
- Where a drug is to be given "as required" record whether given or not and reason as a note on Isams.
- Homely remedies should not be administered for longer than 48 hours without obtaining medical advice from the Health Centre nurses.

- For controlled drugs, appropriate entry must be made on the student's medical record and in the Health Centre/Boarding House Controlled Drug Book. The balance should be checked and maintained by staff after each administration. In the boarding house environment, the administration should be recorded on Isams and also on the paper administration of controlled drug book supplied with the medication when given to the boarding staff by the Health Centre staff. This form will have amount received signed in and a decreasing total of stock as they are administered.
- A record should be made of doses irretrievably lost (dropped or spilled) during administration in case further supplies are then needed to finish the course.
- Crushing tablets or opening capsules to aid administration should be avoided, advice about alternative formulations should be sought from the GP.

### **Administration of Medicines Away from School**

When away from school the parent of the student would receive the balance of the prescribed medication. For occasional days out a separate supply may be organised.

Details of medicines taken out should be recorded and the administration supervised by the staff responsible for the student whilst away from school. The administration guidelines above should be followed. A record of any administration of medicines whilst on the trip should be communicated back to the Health Centre.

A first aid kit containing authorised homely remedies, will be provided in the event of excursions off the school premises. This would usually only be Paracetamol, Chlorphenamine etc. Any other student medications would be given to the trip organiser with instruction on administration and information on any medical conditions.

The Medical Policy should be followed at all times when off the premises.

### **Drug Administration Errors**

- If an error is realised, clinical advice must be sought immediately, no matter how trivial it may seem.
- Appropriate line manager and Health Centre staff must be informed.
- The School Medical Officer must be informed, even if advice is initially sought from a different source, and a record made on the student's NHS record.
- An Incident Form/ Cpoms log should be completed to enable a review to take place into how the error occurred to prevent a similar incident happening again.

### **Disposal of Controlled Drugs and Other Medicines**

All controlled drugs that are out of date or no longer required should be returned to the local pharmacy for destruction. A record of receipt, signed by the receiving pharmacist should be obtained and retained by the school Health Centre. All other unwanted drugs are to be returned to the pharmacy for destruction.

Prescribed medicines for an individual student are their property and should be returned to the student, parent or member of staff as appropriate when leaving the school for any period. Failure to collect them

will result in them being destroyed at the Pharmacy. Consent, verbal or written is required before the medicine can be returned to the pharmacy for disposal. This consent should be recorded by the Health Centre staff, on Isams for the relevant student.

**Disposal of medicine should occur when:**

- The expiry date is reached.
- A course of treatment is finished or is discontinued.
- When a dose of medicine has been removed from the original container but then not taken by the student. It should be kept by the Health Centre staff and returned to the pharmacy for safe disposal.
- Positive consent has been obtained if the medicine is not a stock item but belongs to a student.
- If a student has left the school and the medication has not been collected by the parent or student within 14 days of contacting them.
- In the event of death of a student, keep for 14 working days in case needed by Coroner's Office or Courts.

Controlled drugs obtained on individual NHS prescriptions may be disposed of by returning to the supplying pharmacy.

Boarding house staff should sign the drugs out by documenting such on Isams. Medicines should only be disposed of through the Health Centre.

Return of medicines for destruction should be authorised by the senior member of staff working in the Health Centre, who should ensure that the record of return is completed.

The record of disposal should include:

- The student's name (for prescribed, controlled drugs and individual homely remedies)
- Name, strength and quantity of medicine
- Date of return
- Consent of student
- Signature of nurse authorising the return

**The Handling of Non-Prescribed Controlled Drugs**

A licence is required to possess a Schedule 1 controlled drug. If a circumstance arose, where a member of staff was required to remove a substance from a person, they may only take possession of the substance for the purpose of handing it over to the Police for destruction. A written statement should be produced as soon as practicable but in any case before handing the time to the police, which must include the time, date, location and circumstances in which the item was seized. The actions taken should, whenever possible, be witnessed by another member of staff and the statement by the person seizing the item be countersigned by the witness. A record must also be made of the time and date the item is passed to the police and the details recorded of the officer to whom it was given, who should also sign the record. Any items seized must be passed to the police as soon as practicable, but in any case within 24 hours of seizure.

**Medicines Information and Pharmaceutical Advice**

Staff should have access to appropriate information about medicines. They should contact the local community pharmacist if additional information is required concerning individual medicines. A current copy of the British National Formulary is available on line at <https://bnf.nice.org.uk/>

### **Hazard Notification and Drug Alerts**

In the event of a medicine being recalled or alert being issued by the MHRA (Medicines and Healthcare Regulatory Agency), the Health Centre should notify the Boarding Staff as appropriate and take the necessary action detailed within any alert document or communication. A record should be kept of any action taken. The senior member of the Health Centre staff is responsible for processing and acting upon the information at the time. Alerts and re-calls for drugs are accessed via <https://www.gov.uk/drug-device-alerts>

### **Adverse Drug Reactions**

Any adverse drug reaction (ADR) or suspected ADR should be discussed with the School Medical Officer and/or the pharmacist, before any further administration of that drug. If appropriate the reaction should be reported to the Medicines and Healthcare Regulatory Agency (MHRA) via the yellow card scheme. Yellow cards are available via the BNF, where information about the types of reaction to report is also given. It is possible to report such incidents via the BNF website ([www.bnf.org](http://www.bnf.org)). The senior member of the Health Centre staff is responsible for dealing with and acting upon the information at the time.

### **Staff induction and training for giving medicines**

- If the employee is employed as a nurse, they must have current registration status with the Nursing and Midwifery Council (NMC)
- All Health Centre staff should, as part of the Health Centre induction, be instructed on procedures for:
  - Obtaining medication
  - Storing medication
  - Administering medication
  - Recording activity
- All staff must receive training/information on any current policies and procedures for the management of medicine within the school.
- Nursing and Boarding Staff should not be responsible for administering prescribed or controlled medication until they have been given full instruction.
- Staff required to administer First Aid should be appropriately trained and regular updates provided.

### **Management of Medication for Staff**

Staff may also need to take medication or be given medication whilst on the school premises. For most, this will be for a short period to allow them to finish a course of antibiotics or apply medicated lotion / creams. In some cases, there may be a long term need for staff to take medication.

Staff should notify Health Centre staff if medication needs to be taken whilst on the school premises. It is vital that any medication is stored securely. Medication should not be left in bags or anywhere that



students may have access to it. It is therefore recommended that medication is taken to the Health Centre unless it can be locked away in a locked cabinet or draw.

Any staff taking medication that could cause drowsiness should be mindful of this if operating machinery. Advice should be taken if in any doubt from a qualified member of staff.

## 6. Immunisations

Information about immunisations and vaccines can be obtained from:  
<https://www.nhs.uk/conditions/vaccinations/>

### **National Child Health Programme**

Thornton College expects all pupils to be fully vaccinated and up to date with the recommended primary childhood vaccinations. The school actively supports and encourages parents to vaccinate their children in line with NHS guidelines. It also recognises that international pupils and their families may have a different immunisation schedule in the country of birth, which may differ from that in the UK. It is acknowledged that vaccinations are not a mandatory requirement in the UK.

Immunisation is one of the most successful and cost effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and long term illness among individuals and to protecting the Colleges community health through both individual and herd immunity. Thornton College has strict infection prevention control measures and encourages good hand hygiene to limit the spread of infectious diseases. See Management of communicable diseases and infections risk assessment.

If a student is identified as having an incomplete vaccination history, a member of the Medical team will contact parents/guardians to offer support in seeking the missed vaccines.

### **School based vaccinations.**

It is school policy to immunise children within the 0 to 19 Healthy Child Programme. Our vaccination programme is run and facilitated by the Buckinghamshire Immunisation Nurses who run clinics in school. Parents/Guardians are contacted via email informing them of an upcoming vaccination clinic. If the vaccinations are required, parents must consent to, and are notified of vaccinations given, as well as the students' GPs via the Buckinghamshire Immunisation Nursing team. The pupils voice is also acknowledged in line with Fraser guidelines.

### **Seasonal Influenza**

Current recommendations in 2023/24 are for all pupils in years Reception to year 11 to be offered the vaccination via nasal spray. Older students in Boarding with a chronic or long-term medical condition will be offered the vaccination free of charge in line with the NHS guidelines. Other students in the Boarding Houses may be offered the vaccination at a cost to parents.

Thornton College aims to also offer staff a seasonal flu vaccine. This is offered by a clinic held in school run by an external pharmacy.

## **Covid -19**

Covid-19 vaccination is no longer a school-based vaccine. Thornton continues to encourage all eligible members of the community to be vaccinated against Covid -19 and to attend vaccination clinics when offered to do so by the NHS.

## **Travel Vaccinations for boarding students**

If required, boarding students registered with the School Doctors Surgery will be supported in seeking travel vaccinations at the Swan Practice in Buckingham.

More information can be found at <https://www.buckshealthcare.nhs.uk/cyp/school-years-development/vaccinations/>

## **7. Student consent to treatment.**

Legally students over the age of 16 years can consent to treatment on their own behalf as they are presumed Gillick competent, those under that age can only do so if they are deemed Gillick competent after a thorough assessment by a professional. If not Gillick competent, consent would need to be obtained from someone with parental responsibility unless in an emergency. Emergency treatment can be given without consent to save the life of, or prevent serious deterioration to the health of a child.

If a young person who is Gillick competent asks professionals not to share information about treatment, their wishes will be considered. In the majority of cases, such wishes will be honoured, with the exception of requests for contraception and where there are safety issues or safeguarding concerns that require the sharing of information in the student's best interest.

Gillick competent means for a particular decision, that the young person:

- Understands the problem and implications
- Understands the risks and benefits of treatment
- Understands the consequences if not treated
- Understands the alternative options
- Understands the implications on the family
- Is able to retain the information
- Is able to weigh the pros and cons
- Is able to make and communicate a reasoned decision about what their wishes are

## **8. Confidentiality**

In accordance with doctors and nurses' professional obligations, medical and nursing details about students, regardless of age, will remain confidential. Ideally in providing medical and nursing care there will be consultation and liaison with a parent or guardian, boarding staff and, when necessary, other staff. This will be with the student's knowledge and consent. There may be occasions, however, where the doctor or member of the Health centre considers that, in the individual student's best interest, or for the protection of the wider school community, information should be shared without the student's consent. This is most likely to occur if there are child protection concerns. Any sharing of information

will be with the student's knowledge, if appropriate, and they will be informed and involved in the process and their views sought.

To ensure a student's safety and welfare during lessons, games and school trips, an electronic list of students with asthma, allergies and significant illnesses is available to the teaching and games staff.

The Health Centre maintains secure medical documentation about any students who have been seen. The Health Centre staff record all consultations with students on this system and consultations with the doctor on their Medical Records. This is confidential. To ensure continuity of care and patient safety, the boarding staff and specifically identified other individuals have limited access to information stored on the electronic medical records system that the Health centre staff have not marked as restricted or confidential.

### **Child Protection**

All staff are attentive to child protection and safe-guarding issues and any concerns must be documented on Cpoms as a Cause for Concern and passed immediately to the school's Designated Safeguarding Lead. All staff will follow school procedures as set out in the Safeguarding Policy found in the staff handbook.

### **Communication**

We aim to maintain effective communication with parents and other key members of staff where consent and confidentiality allow, but not hindering the safety of the student in school

## **9. Emergencies**

As well as the Health Centre staff, there are a number of teaching and resident staff who are trained and qualified as First Aiders. They can give first aid treatment if students or staff are injured or become unwell. In the event of an emergency during the normal school hours, the Health Centre staff should be contacted immediately. If out of school hours, the boarding staff will administer first aid and will call for further assistance if necessary.

First aid boxes are located all over the school and in specific areas where accidents more likely. First aid kits are available for trips and other events and can be collected in advance from the Health Centre. All staff should be aware of where their nearest first aid kit is located. Thornton College has Automated External Defibrillators (AED), which are located in the Health Centre, Front Reception and Sports Hall. Health Centre staff and Teaching Staff are trained to use it.

All students will be assessed by the school nurse or a first aider in the event of a head injury or possible head injury. Parents/Guardians or Boarding staff are informed of any head injury promptly to allow continuous monitoring of the student when returning from school.

Should a student be diagnosed by a member of the Health Centre team or a Doctor with concussion after a head injury, strict guidelines are in place to ensure that they are safely treated, monitored and have gradual return to exercise.

See also Head Injury policy.

### **Paediatric first aid**

In accordance with guidelines Thornton College ensures that there is provision in place for the care of our EYFS pupils. There are paediatric first aid trained staff on site at all times when children are present and also to accompany EYFS pupils on trips away from school.

If first aid is administered or medication given parents or carers will be contacted and informed via email or face to face on collection of the pupil at the end of the school day. See EYFS policy for further information.

### **Calling an ambulance**

If an ambulance is required, the person requesting the ambulance must stay with the emergency. They must inform reception that an ambulance is on its way and where it is needed so that someone can meet the ambulance on arrival. Reception will inform the Health Centre to ensure that they have been contacted and will also inform one of the Senior Leadership Team.

For emergency care for Asthma, Anaphylaxis, Diabetes and Epilepsy (**Appendix A**).

### **External Out of House Contacts:**

Swan Practice, Buckingham 01280 818600

Milton Keynes Hospital, Eaglestone, Milton Keynes MK6 5LD 01908 660033

NHS Direct: 111

Emergency out of hours dentist: 111

<b>10. Accident Reporting</b>
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All accidents necessitating medical attention require completion of an accident form, so that accidents can be monitored and action taken if required to prevent any recurrence. A copy of the form should be held in the Health Centre and Estates Department, where the Health and Safety Manager will keep a record.

The first aider should assess whether the person should go to the Health Centre, whether a member of the Health Centre staff should attend or an ambulance called. The Health Centre staff should always be contacted to attend even if an ambulance is already on its way.

If possible give the name of the injured person, place of accident, what has happened and if a first aider is present until the Health Centre staff arrives.

Reportable accidents include: death, major injuries to staff, and injuries that require time off work, or taken to hospital must be reported to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

## 11. Infectious Disease/Illnesses in School

Boarding schools have a legal duty to the health, safety and welfare of the students in their care and the staff they employ. The steps taken in boarding school to protect students and staff from infection are an important element in the quality of care they provide.

Infectious diseases occur naturally and commonly in school settings. This is a result of the degree of close contact between students and between students and staff, and the difficulties in maintaining a perfect state of hygiene. Infections acquired in the school may spread to staff, family members and the community. Outbreaks of infection may lead to disruption of the school routine and costly control measures. Where possible, the school will prevent the increase in an outbreak of infection into the school and limit its spread. Exposure to an infectious disease is not normally a reason for medical exclusion from school. If an infectious disease is present at school then the local UK Health Security agency advisors should be contacted so that appropriate control measures can be discussed.

It is school policy following advice from the UK Health Security agency that to prevent the spread of gastro-enteritis illness, that student's **must** stay at home or be isolated for 48 hours after their last episode of vomiting and/or diarrhoea.

Special consideration was made during the Covid-19 pandemic for the spread of infection. Guidance will be sought from and followed from UK Health Security Agency in the event of any future outbreaks of Covid-19 or similar infectious illness. The following precautions were observed for future reference; *Face masks/visors must be worn on school transport, pupils and staff must wear masks in school corridors. Hand hygiene, social distancing and best infection control practice must be observed. Pupils must remain in their year group and boarding bubbles at all times. Any child or member of staff that exhibits symptoms while in school must present to the Health Centre staff and be removed from school without delay and seek a CV-19 test as soon as possible. Strict quarantine and self-isolation must be observed and school kept informed of test results and symptoms. Pupils in Boarding will be managed by the Boarding staff and Health Staff. UK Boarding pupils will be asked to return home, International pupils will be isolated and Guardians and Parents contacted. The school will continue to seek up to date guidance from UK Health Security Agency and NHS 111. See Covid-19 policy for further information.*

### Care of the Infectious Boarder

A boarding school has a duty of care which extends beyond the classroom and the school day. The Director of Boarding should be informed of any outbreak. If a student is diagnosed with an infectious disease a number of options should be considered

- They return to the care of the family
- They go to the care of the guardian
- They remain at school with additional support required

### Isolation for the Infectious Boarder

- They will be isolated and cared for during the infectious period of the particular disease/illness, e.g. 48 hours after the last vomit and/or diarrhoea in gastroenteritis
- They will not be in close contact with any other students during this time
- They will have their own wash and toilet facilities

- In the event of an outbreak where more accommodation may be required for isolation of boarders, a contingency plan would be made, whereby other isolated accommodation would be located and staffed in the event of this need. This decision would be made by the Head Teacher and Director of Boarding.
- Provision is in place for isolation of multiple students should an outbreak occur.

### **Care of the Infectious Day Student and Staff**

They should stay at home until after they are no longer infectious and a risk to the school community

### **Hygiene Procedures for Dealing with the Spillage of Body Fluids:**

Spillage of body fluids is a biohazard which must be handled safely to protect staff and pupils from risk of infection. Staff dealing with a spillage must take the necessary precautions to avoid any contact with body fluids by wearing personal protective equipment (PPE) and using the biohazard equipment provided in the Biohazard Clean Up Kits. Correct usage of this equipment also ensures containment of any infectious or hazardous body fluids and safe disposal. Soiled clothing will be placed in soluble red laundry bags or a bag suitable for sending items home safely. All equipment used for dealing with the spillage, including PPE will be disposed of in yellow biohazard bags. Once the spillage has been dealt with and area cleaned staff must wash their hands thoroughly with soap and water, dried with paper towels and disposed of in a pedal bin. Further advice on dealing with spillages of body fluids can be provided by the Medical Team if required. Particular precautions and strict adherence to these guidelines must be observed during any infectious illness pandemic. Any known hazardous spillage or splashes should be reported according to the accident reporting procedure in school.

<h2><b>12. Health Education</b></h2>
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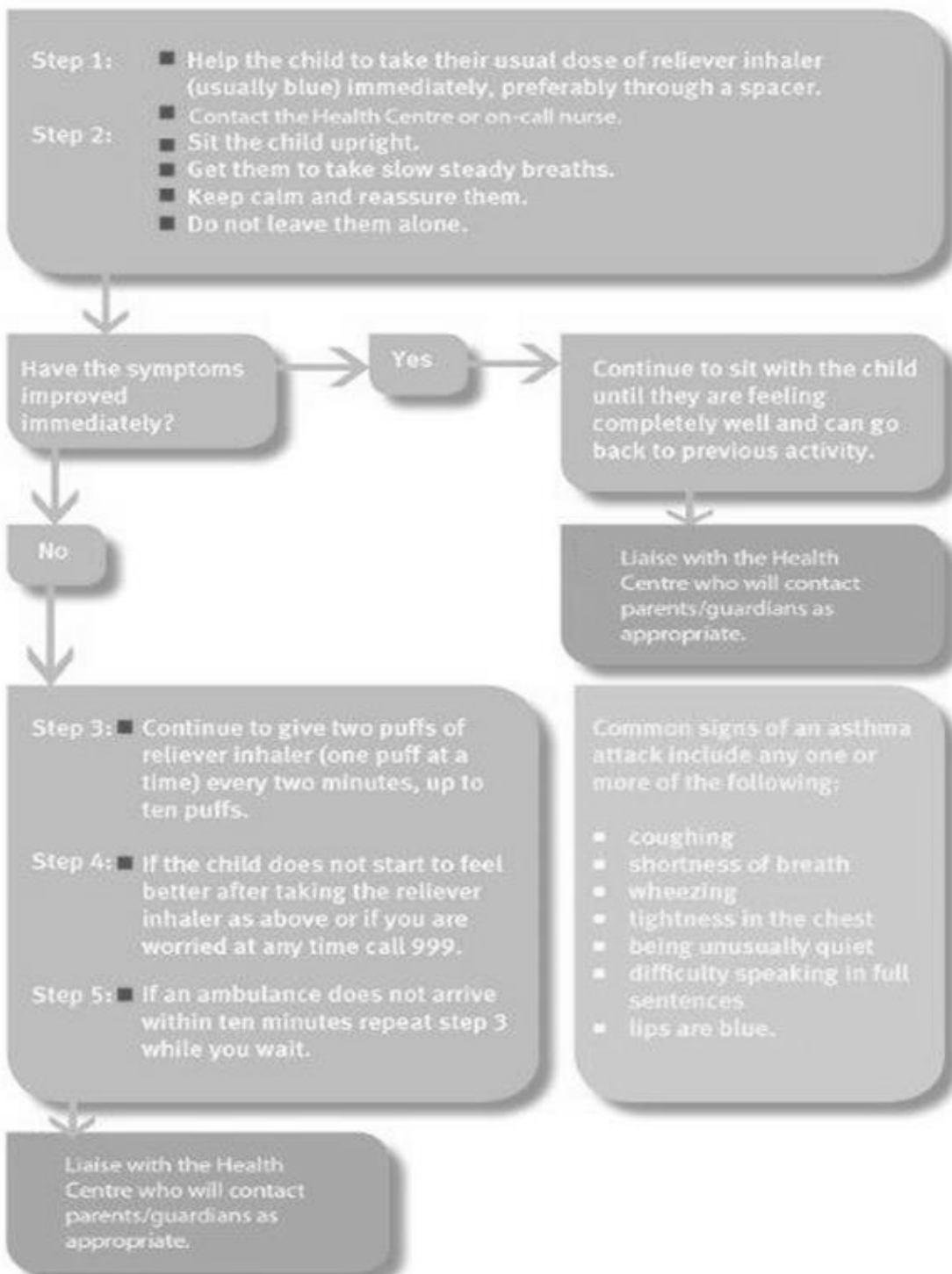
Throughout the student's school life, through the PSHEE programme and specific curriculum areas such as Biology, Theology and other educational lessons, the student will be informed about the importance of being healthy. The Health Centre supports this education in class and on individual requirements.

- Healthy eating
- Hygiene
- Mental health – e.g. stress, depression
- Puberty
- Sleep
- Friendships
- Sexual relationships

If a student needs support or advice with any of the above concerns, then they should be directed to the Health Centre nurses. It is important that confidentiality is maintained wherever possible, but the student must be made aware that the school has a duty of care and may need to contact parents, speak to other members of staff or get specialist advice, preferably with consent. (See Student Consent to Treatment, page 17.)

If there are any mental health concerns with a student, it is important for any concerns to be raised as soon as possible. Detailed information and guidelines can be found in the school Emotional Wellbeing Policy.

# How to deal with an asthma attack

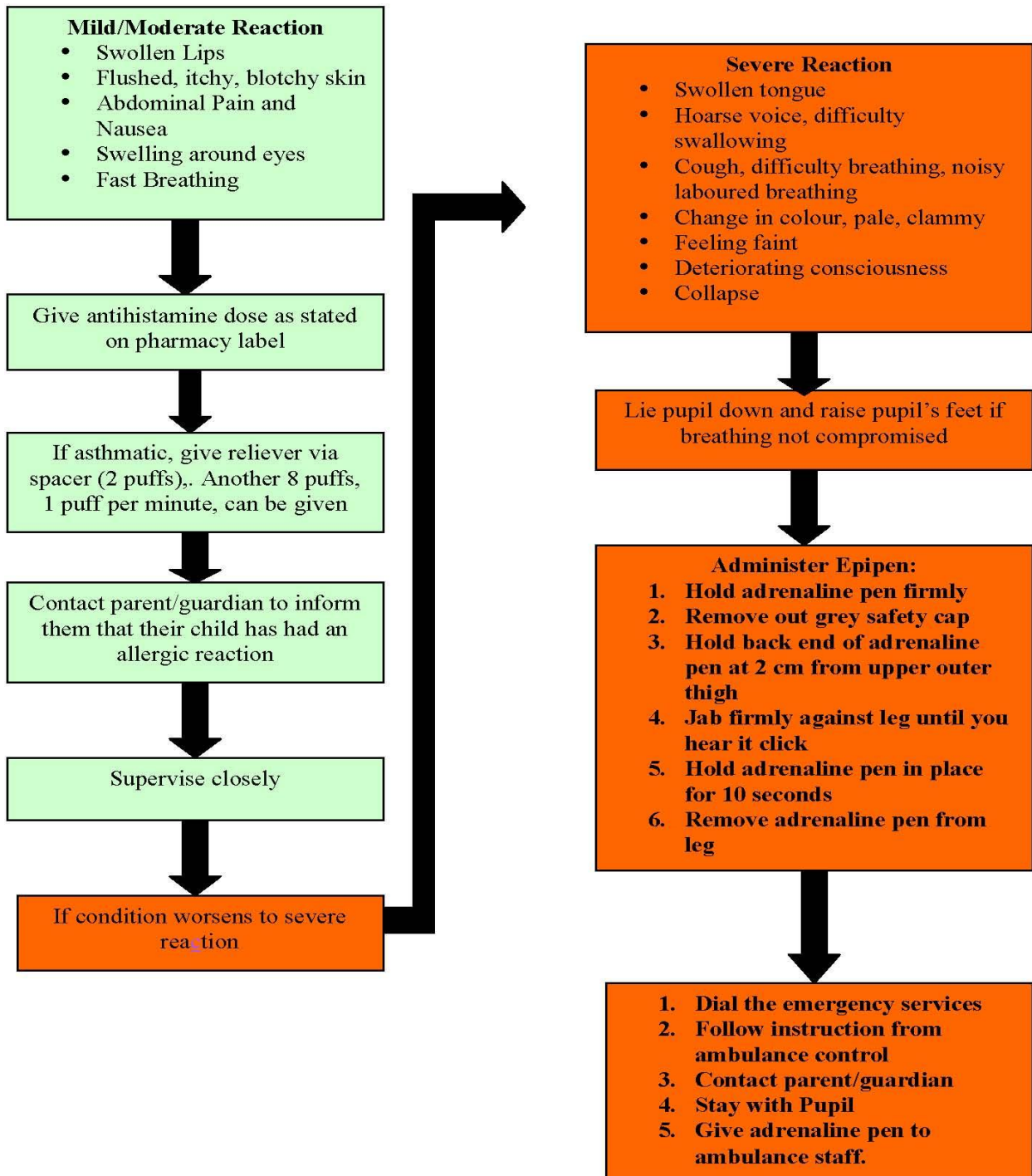


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## Anaphylaxis Algorithm (for severe allergic reaction)

There are different types of adrenalin pen in use. They are Epipen, Emerade, or Jext pen.



**Emergency Treatment of Hypoglycaemia in Diabetes**

Hypoglycaemia (Hypo) means low, blood sugar of less than 4mmol/l.

**Symptoms**

Mild – tingling, feeling hot and sweaty, light headed, headache, blurred vision, hunger and dizziness

Moderate – Disorientated, lack concentration, change in personality, irritability and confusion.

Severe-unconsciousness

**Treatment**

- Call Health Centre staff
- Ask student to take their blood sugar if able to. If the student has symptoms of Hypo but cannot test, treat as a hypo.
- If blood sugar below 4, ask student to take a sugary drink, glucose tablets or jelly babies. These are fast acting sugars. If the blood sugar is below 3 they will need to take a larger dose.
- If the blood sugar rises above 4mmol/l after 10 mins then they will need to take a slow acting sugar eg 1-2 digestive biscuits.
- If the blood sugar is still below 4 after 10mins then repeat by taking fast acting sugars.

In the rare even of a student becoming unconscious, do not put anything in the mouth, place in the recovery position, DIAL 999 and state that the student is diabetic and unconscious.

**Emergency Procedure during an Epileptic Seizure**

- send someone to get the Health centre staff
- time the seizure
- cushion head
- do not move unless in a dangerous place
- do not hold student down
- do not put anything in student's mouth
- put student in recovery position after seizure has stopped
- stay with student until recovered and breathing back to normal

**Call 999 if**

- seizure lasts longer than 5 minutes
- if another seizure starts straight after the first
- if breathing is difficult after the seizure stops
- if student is injured

## Pandemic Flu/Infectious Disease Pandemic

### Policy & Procedures

(This document is applicable to all those involved in responding to a classified flu pandemic or an infectious disease pandemic. Pandemic flu or Pandemic infectious diseases are different from ordinary flu or infectious diseases, as they occurs when a new flu virus or disease emerges into the population and spreads rapidly from person to person worldwide. As a new virus or disease it is unlikely that there would be immunity to it or that there would be a vaccine available. UK Health Security Agency advice forms the basis of this guidance.)

#### Policy Objectives:

- To ensure that the health of pupils and staff is appropriately considered and action is implemented during a pandemic
- To have appropriate procedures in place for managing such an incident
- That suitable communication is maintained during an incident

Thornton College will expect always to implement the highest of standards in term of Health & Safety for our pupils and employees. We will follow all the appropriate recommendations from UK Health Security Agency, paying due regard to advice given by the World Health Organisation, the Department for Education and DEFRA (Department for Environment Food and Rural Affairs). We will aim to keep the school open where possible.

The Bursar and Headteacher will be responsible for the implementation of this policy. In the event of a Pandemic being declared by UK Health Security Agency, a Crisis Management Team will be formed and will hold regular reviews of the situation, listen to parents and research and implement preventative action as recommended by official bodies. The Crisis Management Team will consist of: Senior Management Team, School Doctor, School Nurse, Assistant Head, Office Manager, Head of Housekeeping and Catering Manager; in consultation with the Chair of Governors, Chair of F&GP and Vice Chair of Governors.

Our catering contractor will provide a satisfactory statement about their procedures if appropriate, which can be distributed to parents; this will be reviewed as the situation develops.

## Procedures

1. The symptoms of pandemic flu are similar to those of seasonal flu, but are likely to be more severe, these being:

- fever, cough / shortness of breath
- aching muscles, sore throat, headache, loss of appetite, malaise, chills sneezing

The symptoms of an Infectious Disease Pandemic will be identified following advice given by UK Health Security Agency.

2. The incubation period will be identified from the guidelines given by UK Health Security Agency. The school reserves the right to refuse students entry to school following holidays to countries where the infection is rife until the incubation period has passed. Guidance from the Boarding Schools Association will be followed. This may include insisting boarders remain with their Guardians until the recommended incubation period has passed. In any of these such cases school work will be available via Firefly and email.

3. Thornton College recognises that children are efficient "spreaders" of respiratory infections and that plans are required for both school closure and the school remaining open. Bodily fluid infection is minimised through efficient hygiene procedures.

4. The Headteacher will decide on whether to close a school after taking advice from UK Health Security Agency. The Government may decide to close schools through the Civil Contingencies Committee and would communicate with the school where necessary

5. Children with symptoms of severe flu or an infectious disease will be isolated from other children (making use of the Surgery or another appropriate isolation area) until a parent arrives to take them home (unless otherwise advised). Where children or members of staff exhibit symptoms of severe flu at home they should not come into school. Where children or members of staff exhibit symptoms of an infectious disease they should not come into school. Staff and children should not return to school until they are clear of all symptoms and advice of infection period should be determined and followed with advice from UK Health Security Agency. Boarders will be isolated within the boarding house and arrangements will be made to send the children home where possible.

6. If a pandemic is declared by UK Health Security Agency and that schools are closing, where applicable, the school will normally expect parents to collect their children as normal at the end of the school day. Any variation to this parents will be contacted by text and email. Further correspondence will be sent by email or text.

7. Where a school stays open during a pandemic, the school will:

- follow good hygiene practice and isolate staff / children experiencing flu like symptoms/symptoms of the infectious disease.
- have an emergency supplies box and parental contact is available via iSams.

8. To reduce the risk of spread, hygiene measures will include:

- staff training in this guidance and in infection control

- Appropriate PPE will be provided. Face masks will only be provided if recommended by UK Health Security Agency.
- regular hand washing; during a pandemic, special hand cleanser will be available in every classroom and at the main school entrance, with staff ensuring regular use.
- additional tissues will be provided within all school areas and children encouraged to use and dispose of them carefully.
- the housekeeping team will be asked to provide additional cleaning of hard surfaces
- the sharing of pencils, crayons and pens will be discouraged. Communal soft toys will be removed.
- musical instruments will be carefully cleaned, with no sharing of wind / brass instruments.
- avoiding bringing children together in large crowds in enclosed spaces, where possible.
- curriculum and assembly time will include education to children regarding personal hygiene.
- posters on hand washing, etc will be displayed prominently within the school
- after school clubs, lettings to external organisations, school trips and pre-school facility usage will be discouraged.
- the Surgery will be used as an isolation room.
- Within boarding there is a separate sick room for isolation if the student does not have a single room accommodation.

9. Reopening the school:

- following a closure of the school, update information will be shared with parents, using the Clarion call text messaging programme and via email. School work will be provided using Firefly as appropriate.
- prior to reopening, the school will take advice from UK Health Security Agency regarding the level of cleaning required throughout the school
- once reopen, staff will keep a close check on pupils and report any concerns to the Headteacher who will liaise with UK Health Security Agency.

10. Support:

Thornton College recognises that, in particular Overseas Boarders, may be concerned or troubled by serious concerns for their family back home. Appropriate care and pastoral support will be put into place if required.

11. Information to be communicated will include:

- Staff / Governors
  - infection control guidance
  - use of personal protective equipment when supervising an ill child
  - familiarisation with any school Flu & Infectious Disease Planning documents and recommendations
  - display of Department of Health posters on hand washing and coughs & sneezes or preventing the spread through bodily fluid exposure.
- Pupils
  - guidance on personal hygiene
  - guidance on display of Department of Health posters
- Parents

- Thornton College recognises that the risk of infection is not just from our Overseas boarders but can also be from students coming into contact with family/friends who have recently been travelling – a reminder of this will be sent to all parents.
- global email message

## **Thornton College Diabetes Guidance**

### **1) STATEMENT**

- Thornton College is an inclusive community that aims to support pupils with diabetes, ensuring they participate fully in all aspects of school life.
- It recognises that diabetes is a long-term medical condition where the amount of glucose in the blood is too high because the body is unable to use it properly
- Thornton College is aware that diabetic pupils need immediate access to their medicine, monitoring devices and hypo packs at all times and therefore appropriate steps are taken to ensure easy access to these items.
- All staff are aware of what to do if a diabetic pupil becomes unwell.
- Thornton Staff understand that pupils with diabetes may be embarrassed about their condition and may suffer bullying because of it. Procedures are in place to prevent this.
- Staff will work in partnership with other stakeholders, such as medical professionals, parents, pupils, etc. to ensure this policy is planned, implemented and maintained successfully.

### **2) DIABETES MEDICATION**

#### **2.1 Storage**

Thornton College has a comprehensive *Administration of Medicines Policy*, which covers all aspects of medicine storage, administration and monitoring and should be read in conjunction with this policy.

It may be necessary for insulin to be stored in a fridge. Therefore, the school will ensure that diabetic students and staff have easy access to a controlled medical fridge specifically for this purpose.

Pupils are advised to carry their insulin with them at all times, within appropriate storage devices.

#### **2.2 Administration**

Any oral medication is either kept in the Health Centre in a locked cupboard as per *Thornton College Storage and Administration of Medication Policy*. In most cases Diabetic Students will administer their own medication, any student who requires support with this will attend the Medical Centre.

If the pupil uses an insulin pump a supply of short acting insulin will be kept in the Health Centre and in the boarding house (if boarding) for emergency use.

Medication is only to be given by a trained member of staff to the person named on prescription.

### **2.3 Off Site**

Diabetes should not prevent a pupil from going on school trips or residential. Careful planning is essential, and the Trip Leader should liaise with the students' Parents and School Nurses prior to any trip.

Staff must ensure that they have completed a Risk Assessment before any student is taken off site. Each Diabetic student should only leave the school site once the Trip leader has accessed and retained a copy of their individual care plan and has checked that all control measures are in place (e.g. medications, blood glucose monitoring equipment etc.)

### **2.4 Supplies**

Pupils are advised to ensure they have adequate supplies of their medication. They need to request a repeat prescription via their Parents or the Health Centre. It is the parent's responsibility to ensure their insulin is in date.

### **2.5 Sharps**

Diabetic medication and monitoring necessitate the need for the use of Sharps. All Sharps should be disposed of following the school's Clinical Waste Risk Assessment. Any incidents where this has not been followed should be immediately reported to the Health and Safety Compliance Manager.

## **3) RECORD KEEPING AND CARE PLANNING**

When a pupil starts at Thornton College a diagnosis of diabetes is usually identified on the Health History Form, which is completed by a parent/guardian prior to arrival. It is important that Parents keep the school and the Health Centre informed of any changes to the pupils' care.

All boarding diabetic pupils will have a Doctor and School Nurse appointment within the 2 weeks of admission. They are followed up regularly by the School Nurse.

The MO will contact the student's parents and Specialist (Team) as soon as they are alerted to the condition (i.e.: preadmission) so that liaison and meetings can take place as soon as possible.

### **3.1 Care Plan**

A care plan is devised and agreed, sent to parents for approval then uploaded onto the MRS and Isams for school staff to access as necessary.

A hard copy is also kept in the Medical Centre.

The Individual Care plan should describe the responsibility of all parties, address the pupil's specific needs and provide clear instructions for ongoing and emergency care. It should be regularly reviewed and updated.

#### **4) EXERCISE AND ACTIVITY**

Pupils are encouraged to manage their diabetes to enable them to be involved in all school activities.

Pupils must have access to medication and hypo packs during times of activity. It is the responsibility of the Activity Leader to ensure that this is in place.

It is important to recognise it is potentially just as dangerous to exercise with glucose levels TOO HIGH as low and therefore it is important that blood glucose testing is performed before and after activities and before any snack is eaten

Staff should all know of any diabetic pupils they teach and should ensure that they have a working knowledge of their care plans.

Any member of staff can ask for diabetes training either through the School Nurses or via the Health Centre.

#### **5) SCHOOL ENVIRONMENT**

Thornton College does all it can to ensure the school is favourable to pupils with diabetes.

The school will display first aid information on how to deal with Diabetic emergencies.

#### **6) ROLES AND RESPONSIBILITIES**

Thornton College works in partnership with all relevant and interested parties including School Governors, all Staff, Parents, Pupils and the Health Centre Staff to ensure the policy is planned, implemented and successfully maintained.

##### **6.1 The School:**

Employers have a responsibility to:

- ensure the health and safety of their employees and anyone else taking part in school activities. This responsibility extends to those staff leading activities off site e.g., field trips, outings, etc. Therefore, employers need to ensure an appropriate diabetes policy is in place and trips are adequately risk assessed.
- develop, implement and monitor a Diabetes policy.
- provide indemnity for teachers who volunteer to administer medicines to pupils with diabetes who need help.
- offer training and support via the School's Health Centre.

##### **6.2 School Staff**

All school staff have a responsibility to:

- Understand Thornton Colleges Diabetes Policy



- To attend a First Aid Training Course
- When required to attend Diabetes Information Training provided by Health Centre.
- Know which pupils they come into contact with have Diabetes.
- Know what to do should a diabetic student become unwell.
- Allow pupils with diabetes immediate access to their required medication/treatment.
- Inform Health Centre immediately if a pupil is unwell.
- Ensure diabetic pupils have their medication/treatment with them.
- Allow pupils who have been unwell time to catch up on missed work.
- Advise a pupil to seek advice from Health Centre if symptoms cause tiredness or interfere with their work.
- Look out and report any episodes of bullying.
- Liaise with Health Centre and Head of Year if a pupil is falling behind on work due to becoming unwell.

### **6.3 Medical Professionals**

The Medical Professionals have a responsibility to:

- Monitor, treat and educate.
- Develop/update/review individual diabetes care plans and share with parents, pupil and school staff.
- Devise/update as necessary the school Diabetes Policy (Senior Nurses). This process is overseen by the Medical Officer and is in line with local and national guidance.
- Offer training to staff as required, to ensure all educational needs are met.
- Provide medical assistance.
- Ensure pupils with diabetes know when they need to seek medical help with managing their condition.
- Conduct regular medication reviews (Medical Officer/School Nurse).
- See all new boarding pupils with Diabetes within the first half term of school (Medical Officer and School Nurse)

### **6.4 Pupils**

Pupils have a responsibility to:

- Treat other pupils with and without diabetes equally.
- Let any diabetic pupil with symptoms use their medication and ensure a member of staff is informed when the pupil is not well.
- Treat all medication with respect.
- Know how and when to take their diabetes medication.

- Ensure a member of staff and Health Centre are contacted if someone with diabetes becomes unwell.

## 6.5 Parents

Parents have a responsibility to:

- Inform the school if a diabetes diagnosis has been made and what medication is taken as soon as possible and with adequate information.
- Inform the Health Centre of any changes to treatment plan or any problems with diabetes when a pupil is not at school.
- Update the school after any Consultant/Hospital visits
- Give consent for the pupil to have an annual influenza vaccination.
- Ensure pupil has medication and it is in date when they return to school after holidays/breaks.

Sources of Reference:

- <https://www.diabetes.org.uk/Guide-to-diabetes/Schools/Diabetes-in-schools-legalinformation/>
- <http://medicalconditionsatschool.org.uk/>



# First Aid

Amanda Antwi Saki	Sarah Laverick	Shiva Staten
Ahmed Badiko	Kirsty Law	Tea Stinson
Stephanie Bates	Carol Laurence	Caroline Thomas
Sandra Bird	Claire Leeder	Lesley Try
Gemma Blane	Marie-Louise Lewis	Helen Willis
Shaun Bluck	Andrew Maddick	Alice Winter
Anna Broad	Hisana McPartlan	Laura Wylie
Joanna Callaghan	Suzie Morris	
Alice Clarke	Shauna Murphy	
Ruth Coates	Josie Pamment	
Ruth Corboy	Jo Reid	
Bronte Daley	Karen Reid	
Juliet Dixon	Ian Richardson	
Lauren Ellis	Olivia Roache	
Rebecca Galbraith	Sarah Rogers	
Su Kinton	Leiba Sablon	
	Katie Spink	

## SCHOOL FIRST AIDERS

FIRST AID BOXES AND BAGS ARE LOCATED IN THE FOLLOWING AREAS

ACCIDENT BOOKS ARE IN THE BAGS AND BOX, FRONT RECEPTION AND ALSO  
IN THE HEALTH CENTRE

ART ROOM	MINI-BUS 1	SCIENCE BLOCK PRE-ROOM	CAFE
BOARDING BACHELOR/FACADE	MINI-BUS 2	SUMMER SCHOOL	WORKSHOP
BOARDING NEW WING	BELT BAG 1	HEALTH CENTRE	SECURITY CABIN
DT ROOM	BELT BAG 2	STAFF ROOM	
HOUSE KEEPING	NURSERY	RECEPTION CLASS	
EXPRESSIVE ART STUDIO	SPORTS HALL WALL	THEVENET CENTRE	
EXCURSION BAG 1	SPORTS BLACK BAG 1	TERRAPINS	

EXCURSION BAG 2	SPORTS BLACK BAG 2	YEAR 1	
FRONT RECEPTION	RE ROOM	YEAR 2 & YEAR 6	
KITCHEN	SCIENCE DISABLED TOILET	YEAR 12 & 13	

**IN CASE OF EMERGENCY CALL A MEMBER**

**Allergy Management in school policy**

<b>Author/s</b>	J Dixon
<b>Review Frequency</b>	Annually
<b>Date approved by governors</b>	
<b>Date of next review</b>	February 2025
<b>Purpose</b>	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
<b>Links with other policies</b>	First aid policy

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

\_J Dixon, School Nurse \_-----

\_J Sanders, Bursar \_-----

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1. Introduction
2. Roles and responsibilities
3. Allergy action plans
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6. 'Spare' adrenaline auto-injectors in school
7. Staff training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness and nut bans
12. Risk assessment

**1. Useful links**

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Thornton College will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

## **2. Role and responsibilities**

### **Parent Responsibilities**

- On entry to the school, it is the parent's responsibility to inform staff of any allergies via the Medical Booklet completed on admission. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

### **Staff Responsibilities**

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- Health Centre staff will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however Health Centre staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Health Centre keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

### **Pupil Responsibilities**

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Senior pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

### **3. Allergy Action Plans**

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector. Thornton College recommends using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plans](#)) to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

### **4. Emergency Treatment and Management of Anaphylaxis**

#### **What to look for:**

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

**As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:**

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAI should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.



## 5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAls on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAls i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however Health Centre staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

### Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

### Storage

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

### Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service. The sharps bin is kept in the Health Centre.

## 6. 'Spare' adrenaline auto-injectors in school

Thornton College has purchased spare **AAls for emergency use in children who are risk**

**of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These are located in the Health Centre and the Staff Room in a green container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

Health Centre staff are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAI is included in the pupil's allergy action plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

## 7. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

\_\_\_\_ J Dixon, School Nurse \_\_\_\_\_

\_\_\_\_ J Sanders, Bursar \_\_\_\_\_

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All staff will complete online anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

- A practical session using trainer devices (these can be obtained from the manufacturers' websites: [www.epipen.co.uk](http://www.epipen.co.uk) and [www.jext.co.uk](http://www.jext.co.uk) and [www.emerade-bausch.co.uk](http://www.emerade-bausch.co.uk))

## 8. Inclusion and safeguarding

Thornton College is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

## 9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view termly in advance with all ingredients listed and allergens highlighted on the school website.

Health Centre staff will inform the Catering Manager of pupils with food allergies. A Dietary requirements list is supplied to the kitchen with photographs of each child and their allergies. This is kept updated by Health Centre staff.

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school cafe, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using

warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.

- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

## **10. School trips**

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

### **Sporting Excursions**

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

## **11. Allergy awareness and nut bans**

Thornton College supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the

pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

## 12. Risk Assessment

Thornton College will conduct a detailed assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

## 13. Useful Links

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK - <https://www.allergyuk.org>

- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

Department of Health Guidance on the use of adrenaline auto-injectors in schools - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

## HEAD INJURY AND CONCUSSION POLICY

### 1. Introduction

1.1 The aim of this policy is to:

- 1.1.1 Ensure understanding of the key terms and the link between head injury and brain injury;
- 1.1.2 Identify sport activities which carry a risk of head injury;
- 1.1.3 Underscore the importance of creating suitable risk assessments for sport activities being undertaken by the School; and
- 1.1.4 Provide clear processes to follow when a student does sustain a head injury.

1.2 This policy applies to:

- 1.2.1 School staff (including part time or occasional employees or visiting teachers);
- 1.2.2 Students of the School
- 1.2.3 Parents of Students at the School; and
- 1.2.4 Any other individual participating in any capacity in a School activity. For example, this would include a contractor providing sports coaching, or a volunteer on a School trip.

1.3 A head injury could happen in any area of School life. This policy focuses on sport activities (both contact sports and non-contact sports) where the risk of head injuries happening is higher but can be used for head injuries which occur in another context.

### 2. Definitions

2.1 The following terms are used in this policy:

- 2.1.1 **Head injury:** means any trauma to the head other than superficial injuries to the face.
- 2.1.2 **Traumatic Brain Injury (TBI):** is an injury to the brain caused by a trauma to the head (head injury).
- 2.1.3 **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.

2.1.4 **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.'

2.1.5 **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.

2.1.6 **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.

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

2.1.8 **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.

### 3. The risks

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

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

3.3 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.

3.4 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.

3.5 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).

### 4. Preventative steps to reduce the risks

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

4.2 This risk assessment should be tailored to the specific School environment and should:

- 4.2.1 Identify the specific risks posed by the sport activity, including the risk of players sustaining head injuries;
  - 4.2.2 Identify the level of risk posed;
  - 4.2.3 State the measures and reasonable steps taken to reduce the risks and;
  - 4.2.4 Identify the level of risk posed with the measures applied.
- 4.3 The governing bodies of most sports played in Schools have each produced head injury guidelines that are specific to their sport. Those responsible for risk assessing sport activities in School should have regard to the relevant and latest guidelines when carrying out their risk assessment. For example:
- 4.3.1 The Sport and Recreation Alliance includes members from the major sports governing bodies, including the RFU, ECB, FE, RFL and England Hockey. Together they have produced 'Concussion Guidelines for the Education Sector', which can be viewed here: [https://www.afpe.org.uk/physical-education/wp-content/uploads/Concussion\\_guidelines\\_for\\_the\\_education\\_sector\\_June2015.pdf](https://www.afpe.org.uk/physical-education/wp-content/uploads/Concussion_guidelines_for_the_education_sector_June2015.pdf)
  - 4.3.2 Football:
    - (a) General FA concussion guidelines: <https://www.thefa.com/get-involved/fa-concussion-guidelines-if-in-doubt-sit-them-outold>
    - (b) FA Heading Guidance: <https://www.thefa.com/news/2020/feb/24/updated-heading-guidance-announcement-240220>
  - 4.3.3 Rugby:
    - (a) <https://www.englandrugby.com/participation/playing/headcase/age-grade/schools-and-colleges>
    - (b) RFU Graduated Return to Play guidelines: <https://www.englandrugby.com/dxdam/04/0453acb5-5fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf>
  - 4.3.4 Hockey:
    - (a) GB & England Hockey Concussion Policy <https://www.cuhc.org.uk/wp-content/uploads/2020/10/CUHC-Concussion-Policy-2020-21.pdf>
    - (b) England Hockey 'Safe Hockey' guides <https://www.englandhockey.co.uk/governance/duty-of-care-in-hockey/safe-hockey>
- 4.4 Potential measures to reduce the risk of players sustaining head injuries while playing sports might include:
- 4.4.1 Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above);



- 4.4.2 Removing or reducing contact elements from contact sports, for example removing 'heading' from football;
- 4.4.3 Removing or reducing removing the contact elements of contact sports during training sessions;
- 4.4.4 Ensuring that there is an adequate ratio of coaches to players in training;
- 4.4.5 Ensuring that students are taught safe playing techniques;
- 4.4.6 Ensuring that students are taught to display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally;
- 4.4.7 Using equipment and technology to reduce the level of impact from collision with physical objects (e.g. using padding around rugby posts, using soft balls, not overinflating footballs etc.);
- 4.4.8 Using equipment and technology to reduce the level of impact from collision between players (e.g. gumshields, helmets etc);
- 4.4.9 Coaching good technique in high risk situations (such as rugby tackles);
- 4.4.10 Ensuring that the playing and training area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines);
- 4.4.11 Ensuring that a medical professional is easily accessible during training and matches.

## **5. Head injuries sustained outside of school**

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

Where a student sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents of the student concerned should promptly provide the Health Centre staff with sufficient details of the incident, and keep the School 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.

- 5.3 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, considering whether a return to play plan should be established under this policy.
- 5.4 In turn the School will inform parents where a student has sustained a head injury causing a concussion at School.

## **6. Procedure to follow where a student sustains a head injury at School**

6.1 The welfare of students is of central importance. Any person to whom this policy applies should adopt a cautious approach if they are in any doubt as to whether a head injury has occurred and/or whether the head injury has caused a concussion.

6.2 Where a student sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the student from play where it is safe to do and seek *the school nurse*.

6.3 Those individuals to whom this policy applies should be aware of the symptoms of a concussion. The British Medical Journal has published a one page 'Pocket Concussion Recognition Tool' to help identify concussion in children, youth and adults. The tool is attached at Schedule Two, and is also available for download (here: <https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf>) The tool identifies the following signs and symptoms of suspected concussion:

6.3.1 Loss of consciousness;

6.3.2 Seizure or convulsion;

6.3.3 Balance problems;

6.3.4 Nausea or vomiting;

6.3.5 Drowsiness;

6.3.6 More emotional;

6.3.7 Irritability;

6.3.8 Sadness;

6.3.9 Fatigue or low energy;

6.3.10 Nervous or anxious;

6.3.11 "don't feel right";

6.3.12 Difficulty remembering;

6.3.13 Headache;

6.3.14 Dizziness;

6.3.15 Confusion;

6.3.16 Feeling slowed down;

6.3.17 "Pressure in head";

6.3.18 Blurred vision;

6.3.19 Sensitivity to light;

- 6.3.20 Amnesia;
  - 6.3.21 Feeling like “in a fog”;
  - 6.3.22 Neck pain;
  - 6.3.23 Sensitivity to noise; and
  - 6.3.24 Difficulty concentrating.
- 6.4 Where a student displays any of the symptoms above, they should not be permitted to return to play and should be assessed by the medical professional.
- 6.5 The medical professional should determine whether the student is displaying any “red flag” symptom in which case the ambulance services should be called on 999. The Pocket Concussion Recognition Tool at Schedule Two identifies the following red flags:
- 6.5.1 Athlete complains of neck pain;
  - 6.5.2 Increasing confusion or irritability;
  - 6.5.3 Repeated vomiting;
  - 6.5.4 Seizure or convulsion;
  - 6.5.5 Weakness or tingling/burning in arms or legs;
  - 6.5.6 Deteriorating conscious state;
  - 6.5.7 Severe or increasing headache;
  - 6.5.8 Unusual behaviour change; and
  - 6.5.9 Double vision.
- 6.6 The School will liaise with the medical professional to ensure that the student’s parents are notified of the head injury as soon as reasonably possible, and in any case on the same day of the incident.
- 6.7 Anyone sustaining a head injury and showed symptoms of concussion will not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements should be made.
- 6.8 The School will liaise with the medical professional to ensure that the form at Schedule One is completed as soon as reasonably practicable whenever a student suffers a suspected head injury.

## **7. Managing a return to play following a head injury**

- 7.1 Any student that has suffered a head injury and showed symptoms of concussion should be subject to a graduated return to play programme (**GRTP**).

7.2 The GRTP should be developed in consultation with a suitably qualified medical professional and be tailored to the specific circumstances of the individual (including the type of injury sustained and the relevant sport). For an example GRTP, see the GRTP developed by England Rugby here: <https://www.englandrugby.com/dxdam/04/0453acb5-5fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf>

7.3 It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of School whilst they are subject to a GRTP.

**8. Breaches of this policy**

8.1 The School takes its duty of care very seriously. The School will take appropriate action against any person found to have breached this policy. For example:

8.1.1 if a student attempts to return to play in breach of their GRTP plan, the School would consider the matter under the School’s student disciplinary policy;

8.1.2 if a member of staff fails to report a head injury, the School would consider the matter under the School’s staff disciplinary policy; and

8.1.3 if a parent fails to report to the School a head injury their child sustains outside of School, the School would consider the matter under the terms of the School parent contract.

**Schedule 1  
Head Injury Form**

<b>Name of student</b>	
<b>Date of incident</b>	
<b>Time of incident</b>	
<b>Description of incident</b>	
<b>Description of head injury</b>	

<b>Action taken</b>	

SIGNED: .....

NAME: .....

POSITION: .....

**Schedule 2**  
Concussion Recognition Tool