



**ST JAMES**  
Senior Girls' School

# **First Aid Policy**

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## **St James Senior Girls' School**

January 2024

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Every effort is made to care for the pupils' physical and mental development whilst they are at St James. To that end, a pupil's medical needs during the school day are met by a fully qualified nurse. One qualified first aider will be on the site whenever pupils are present or accompany pupils when they are off site. The school adheres to the DfE guidance entitled 'Guidance on First Aid'.

## **1. Medical information about Pupils**

- 1.1. Pupil Medical Profile forms are completed before entry to school and kept on the pupil's file in the medical room. Care is taken to ensure that access to confidential and sensitive information is restricted.
- 1.2. Parental consent forms are completed for consent to first aid treatment during school hours
- 1.3. Specific medical conditions of pupils are made known to relevant staff, with the consent of the pupils, parents/carers and the Head.
- 1.4. All medical records are kept in a filing cabinet in the medical area, which is kept locked.
- 1.5. Records are kept up to the pupil's 25<sup>th</sup> birthday.

## **2. Staffing and trained First Aiders**

- 2.1. The principal person to administer first aid on the school premises for the Senior Girls' School is the School Nurse. She is on duty in the School Medical Room during school hours.
- 2.2. The School Nurse can be contacted by email – [sg.nurse@sjsg.org.uk](mailto:sg.nurse@sjsg.org.uk)
- 2.3. In addition, there are staff who have undergone three-day First Aid at Work training, and staff who have received one day of First Aid training.
- 2.4. First Aid training is updated every three years with yearly refreshers.
- 2.5. The School Nurse is employed to provide day to day first aid and treatment of minor illness. She also cares for a pupil before she is taken home if she is more seriously ill and accompanies her to hospital when necessary.
- 2.6. The School Nurse is also responsible for checking and replenishing the first aid bags.
- 2.7. A first aider will accompany all residential visits.
- 2.8. Off-site activities will have an appropriately trained first aider running them. On-site pre-school or after-school activities will either be run by an appropriately trained first aider or covered by another member of a staff who is appropriately trained.

### **3. When a pupil is unwell or has an accident**

- 3.1. If a pupil is unwell in class or has an accident, she can be sent to see the School Nurse with an accompanying note in her planner from the teacher in charge to say why she is attending and an outline of the problem.
- 3.2. The School Nurse will assess the pupil and decide on the course of management.
- 3.3. The pupil's Head of Section or a member of the Senior team must be informed of a pupil's condition if they stay in the medical room for longer than an hour. At this point a decision must be made about whether to contact the parents/carers.
- 3.4. Other courses of management will include telephoning for an emergency ambulance if a pupil is seriously unwell or injured.
- 3.5. The School Nurse will document each visit on the pupil's treatment notes on SchoolBase, documenting details of time of attendance, the name of the pupil and her class, the presenting complaint and how it is managed. The Nurse will also communicate with the pupil's Head of Section and keep them informed of the pupil's condition and outcome, if appropriate. Similarly, if appropriate, the Head will be informed.
- 3.6. The School Nurse, if necessary, will attend an accident at any location on the school premises and administer first aid as necessary. When out of her room the Senior School Nurse can be contacted via radio by the Receptionist.
- 3.7. Emergency ambulances have access to the courtyard.
- 3.8. A foldable stretcher chair is available in the Junior Matron's Room and a wheelchair is available in the corridor outside the door to the Senior School Medical room.
- 3.9. The School Nurse will always follow current first aid principles.

### **4. Informing parents/carers**

- 4.1. In the case of a head injury, where a pupil has hit her head or has been hit on the head, the pupil's parents/carers will be telephoned and emailed as soon as possible, including a head injury information sheet. Parents/carers need to be informed (whether there are any signs of injury or not) about the nature of the accident, and any medication or treatment that might have been administered.
- 4.2. A pupil's parents/carers will be contacted by telephone and email whenever a pupil attends the medical room for anything other than a minor complaint or accident. The School Nurse will convey the nature of the pupil's illness and its severity to the parent/guardian and will ask the parent/guardian to collect their daughter as soon as possible. Once a parent gives formal consent a pupil may be allowed to travel home by herself if she is not too unwell.

## **5. Accident forms**

- 5.1. The school will keep records according to Health and Safety Regulations. There is a form available on SchoolBase which members of staff can access at school or remotely. This is to be completed by the member of staff who is present at the scene of an accident, and also by the School Nurse if she is involved in the subsequent care of the pupil, or member of staff. Once the form has been completed it is automatically passed to the Health and Safety Co-ordinator.
- 5.2. If the injured person is a member of staff, they are responsible for recording the injury themselves.
- 5.3. If an accident occurs out of the school premises, the member of staff present should record the injury as soon as possible after returning to school
- 5.4. It is essential that this information is sent to all the parties who should receive it as it is this system that ensures that action is taken to improve the safety of the school environment

## **6. First aid for events outside the school premises**

- 6.1. For P.E. lessons and school trips or lessons off the school premises, there will be a designated person in charge of first aid or ensuring that first aid facilities are available.
- 6.2. All P.E. teachers are qualified first aiders.
- 6.3. It is the responsibility of the teacher in charge or designated first aider to carry a first aid bag.

## **7. First aid bags and boxes on the school premises**

- 7.1. It is the responsibility of the School Nurse to check the contents of each first aid bag, whenever it is brought back from a school trip and before one is given to a teacher for a school trip.
- 7.2. The first aid bag taken to P.E. is similarly checked regularly. It is replenished whenever anything from it is used. It is the responsibility of the P.E. Teachers to bring the first aid bag to the School Nurse for replenishment whenever anything from it is used.
- 7.3. The contents of first aid bags are in accordance with Health and Safety guidelines.
- 7.4. It is the duty of the School Nurse to make regular checks (at least termly) of the first aid boxes situated in the school buildings.
- 7.5. Across the School site, we have 3 designated First Aid points, on the Ground Floor, First Floor and Second Floor. At each point there is a First Aid Kit, an Emergency Adrenalin Kit which contains both Junior and Adult AAIs and an Emergency Asthma

Inhaler Kit. On the Ground Floor there is also a diabetic kit and a defibrillator. These First Aid points are available to both Prep and Senior School. There is also a designated First Aid point in the Sixth Form Centre which has a defibrillator.

- 7.6. If required and when the Medical Centre is locked, there is also a first aid box located on the corridor wall outside the Medical Centre.

## **8. Pupils with special needs/at risk pupils**

- 8.1. At Risk Register of pupils with medical conditions/allergies is compiled and regularly updated. The Catering Manager is informed of all food related allergies. All members of staff have access to this Register and it is consulted prior to all school trips.
- 8.2. Individual protocols are set up for pupils with serious illnesses or at risk of serious illness. These include pupils with allergies or anaphylaxis risk, asthma, diabetes, epilepsy and heart disease. Our medical questionnaire form states that it is the parents' responsibility to update the School Nurse of any changes to their child's condition.

## **9. Staff or parents/volunteers with medical conditions**

- 9.1. It is important that the School Nurse is informed of any significant medical conditions that affect anyone teaching/helping within the school, and that might require assistance e.g. epilepsy, anaphylaxis, diabetes etc.
- 9.2. Leaders of outings and residential visits must check with staff/parents/volunteers whether there are any circumstances they may have to take into consideration when writing the risk assessment.

## **10. Allergies**

- 10.1. Staff are informed of pupils with allergies, as are the catering staff, so that they may avoid contact with foods to which they are allergic. There is a list in both staffrooms and the school office of pupils who have severe food allergies, accompanied by photographs and instructions on how to respond to the reaction.
- 10.2. The school strives to be as nut-free as possible and we do not have food on site that contains nuts. However, risk is always present wherever there is food.
- 10.3. Staff receive training in how to recognise when a pupil is having an allergic reaction and how to deal with it. They also receive training in how and when to use an adrenaline auto-injector ("AAI"). This training takes place at the beginning of the Autumn Term and in a staff meeting before Activity Week in the Summer Term.

- 10.4. Pupils who may require the use of an “AAI” for severe allergic reactions are required to keep their own medicine on their person at all times, in school and off the premises. Students are required to carry 2 AAI pens on their person at all times.
- 10.5. At P.E. lessons, the P.E. teachers have an emergency inhaler kit. The pupils also take their spare emergency medication with them when off site. Spare emergency kits for each pupil, including Automatic Adrenaline Injectors and Inhalers are collected by the P.E. teacher to be kept in the first aid bag which is taken to P.E held off site. Our medical questionnaire form states that, for pupils with allergies, it is the parents’ responsibility to keep the School Nurse informed of any clinical reviews or changes in their child’s condition.
- 10.6. The teacher in charge of any outing away from the school premises has the responsibility of being acquainted with any specific medical needs of the pupils in their care, including having a knowledge of, for example, pupils with asthma, and their need for inhalers, and pupils with allergies, at risk of anaphylaxis.
- 10.7. Students with prescribed AAIs are not permitted to go off-site for any school trip or sports fixture if they do not have their Emergency Medication on them. It is the teacher’s responsibility to check this prior to departure.
- 10.8. Fully completed risk assessments identify pupils at risk on each trip. The risk assessment should identify which member of staff checks that pupils are carrying their medication and that it is in date. Pupils must remain in school if they do not have their medication with them.

## **11. Pupils requiring transfer to hospital**

- 11.1. Pupils who require transfer to hospital generally fall into two groups: Those requiring further assessment/treatment, are non-urgent and can travel safely in a car.
- 11.2. Those who need urgent medical treatment or who cannot travel safely or comfortably in a car due to the nature of their medical problem/injury.
- 11.3. For those who are non-urgent and can travel safely in a car, parents/carers will be informed immediately and requested to come and collect their child for transfer to hospital. In these instances, the parent will accompany their child to hospital. For those who need urgent transfer to hospital, an ambulance will be called.

## **12. When to call an ambulance (see Appendix 2)**

- 12.1. All staff are advised to call an ambulance immediately when a pupil or member of staff has any difficulty breathing; suffers significant blood loss quickly; loses consciousness – other than fainting; uses an AAI due to an anaphylactic reaction; sustains a suspected major fracture.

### **13. Confidentiality**

13.1. In accordance with the School Nurse's professional obligations, medical information about pupils will remain confidential. However, the School Nurse may share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality in providing medical care for pupils. It is also recognised that the School Nurse will liaise with parents/carers, the Head, the Assistant Head, Pastoral (DSL), or other academic staff and will pass on information as appropriate, with the pupil's prior consent.

### **14. Hygiene procedures for spillage of blood or body fluids**

14.1. The risk of infection through exposure when dealing with blood/bodily fluid spillage will be minimised by immediate, safe, and effective cleaning, as detailed in the following instructions:

14.1.1. All staff should wear protective clothing (disposable gloves and apron), and cover any open cuts

14.1.2. Apply contents of a biohazard spillage kit and clean as directed

14.1.3. Clear away and use fresh paper towels with water/detergent solution to clean

14.1.4. Ensure area is safe after cleaning

14.1.5. Perform hand hygiene both before and afterwards

14.2. Note: Splashing must be avoided and mops should not be used.

14.3. One person should be primarily responsible for each area

### **15. Health and safety and awareness of hazards in subject teaching**

15.1. Prevention of accidents is given ongoing consideration within the school. (For full details see the Health and Safety Policy).

15.2. Risk assessments are prepared before any outing, sporting activity or public performance, to ensure careful consideration has been given to the impact of any hazard on pupils, staff and the public. The Science, Art and P.E. departments pay careful attention, through risk assessment and following their respective advisory guidelines to all activities e.g. COSHH etc. All departments follow a code of practice regarding safety and assessment of hazards.

15.3. Completed risk assessments are kept electronically and signed copies kept in the individual departments.



15.4. Particular attention is given to general cleanliness and hygiene of washroom and changing areas.

## **16. RIDDOR: the reporting of injuries, diseases and dangerous occurrences regulations 2013**

16.1. Who reports accidents/incidents within St James?

16.1.1. The Bursar is responsible for informing the HSE. The Headmistress and Health and Safety Co-ordinator should always be informed of any accident that could be reportable.

16.1.2. Party Leaders organising activities out of normal school hours off the school premises should be clear about the school's responsibility to contact HSE within a given timescale, in the event of an accident.

16.1.3. All staff are responsible for filling out an accident/incident report (online).

16.2. What accidents/incidents need to be reported?

16.2.1. HSE must be notified of fatal and major injuries and dangerous occurrences without delay (e.g. by telephone on 0845 300 99 23). This must be followed up within 10 days with a written report on Form 2508.

16.2.2. Other reportable accidents do not need immediate notification, but they must be reported to HSE within 10 days on Form 2508.

16.2.3. This applies to pupils, staff, parents/carers and members of the public, both on and off site, involved or affected by a school activity.

16.3. Reportable Incidents:

16.3.1. Fractures, other than to fingers, thumbs and toes;

16.3.2. Amputations;

16.3.3. Any injury likely to lead to permanent loss of sight or reduction in sight;

16.3.4. Any crush injury to the head or torso causing damage to the brain or internal organs;

16.3.5. Serious burns (including scalding), which:

- a) Cover more than 10% of the body; or
- b) Cause significant damage to the eyes, respiratory system or other vital organs;

16.4. Any scalping requiring hospital treatment;

16.5. Any loss of consciousness caused by head injury or asphyxia;

16.6. Any other injury arising from working in an enclosed space which:

16.6.1. Leads to hypothermia or heat-induced illness; or

16.6.2. Requires resuscitation or admittance to hospital for more than 24 hours.

16.7. Plus:

16.7.1. Accidents which prevent the injured person from doing their normal work for more than seven days (including acts of physical violence). Records are to be kept of an accident if the injured person has been incapacitated for more than three consecutive days.

16.8. Plus:

16.8.1. Dangerous occurrences, e.g. explosion or fire causing suspension of normal work for over 24 hours;

16.8.2. Accidental release of any substance which may damage health.

16.9. Please see the HSE RIDDOR website for more detailed information on dangerous occurrences. Information and quotes have been taken from the HSE RIDDOR site and DfE First Aid in Schools.

## **17. Infections and contagious illnesses**

17.1. Infectious diseases will occur in many pupils and staff, of all ages. They will obviously vary in type from mild, e.g. the common cold, to more severe. Parents/carers must inform the school as soon as possible of any communicable disease their child may have, so that the school may take appropriate action. The school, through the School Nurse, will take appropriate action, informing parents/carers, staff and health authorities where necessary.

17.2. In the event that it is necessary to isolate a pupil or member of staff due to illness, the Medical Room may be used.

17.3. Head lice checks are principally undertaken by the parents/carers. In any incidence where head lice is reported or detected, the pupil is sent to the School Nurse. Parents/carers are informed and the pupils will be sent home to be treated. A letter will also be sent out to the Year Group to enable other families to check their daughter's hair.

## **18. Immunisation and vaccinations**

18.1. Vaccinations are provided by the Central and North West London NHS Foundation Trust in accordance with the NHS school immunisation schedule.

18.2. Please follow this link to the NHS immunisation schedule

<https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/>

18.3. Parents/carers are informed of the vaccinations offered and asked to sign a Consent Form when the appropriate time arises.

18.4. The record of vaccinations given is held with the Immunisation Team and not the School Nurses. This ensures a correct record is held for all school vaccinations for that student from 4-18 years, irrespective of school attended.

18.5. This year the Flu Vaccine will be offered to Year Groups 7, 8 and 9. Any other student requesting a Flu Vaccine will need to talk to their GP to arrange it.

<b>Signed by:</b>	<b>Annabel Lubikowski</b> <b>Chair of Governors</b>
Date of adoption of this policy	Autumn 2022
Date of last review of this policy	January 2024
Date for next review of this policy	Autumn 2024
Policy owner (SMT)/other	Assistant Head, Pastoral/School Nurse

### Allergies and Anaphylaxis Management

Anaphylaxis is potentially life-threatening and always requires an immediate emergency response. Children at risk of anaphylaxis are prescribed adrenaline auto-injector (AAI) devices by their doctor and should bring these to school. Pupils should be encouraged to be independent and keep their own prescribed AAI(s) with them at all times.

#### Management in school

- Parents/carers should inform us of their child's allergy in the Medical Questionnaire they complete prior to starting at St James Senior Girls' School. Even if their child has been a student at St James Prep School, it is still important to complete this form and provide all updated health information.
- The Senior Girls' School will require parents/carers to provide the School Nurse with an up-to-date Health Care Plan and provide two spare AAI(s). Parents/carers are responsible for providing replacements promptly when nearing expiry date. It is not the School Nurse's responsibility to remind parents when their child's AAI will expire.
- Pupils/families may forget to send the AAI(s) into school, so schools may find it easier to request AAI(s) are kept on school premises in term time. However, children at risk of anaphylaxis should always have access to AAI(s), so parents/guardians need to ensure AAI(s) are available for the journey to/from school.
- It is good practice for schools to require parents/carers to take their child's own prescribed AAI(s) home before school holidays (including half-term breaks), to ensure that prescribed AAI(s) remain in date and have not expired.
- The school medical centre holds two spare AAI(s), which accompany sports activities and trips. The brand of AAI the school currently stocks is the brand *Epipen*. It is important to note that the spares are not a substitute for a student's own medication.
- It is the School Nurse's responsibility for checking and maintaining all AAI(s) – both "spare" AAI(s) in the Emergency Anaphylaxis kit, and any devices the school may keep which have been prescribed to individual pupils.
- There are also Emergency First Aid points across the school site, which include Emergency AAI Kits (Epipens – both Adult and Child doses). Staff receive regular reminders of locations of these kits.
- Parents/carers will need to complete the consent form allowing the school's spare emergency AAI(s) to be used in the event a student's own AAI becoming defective on administration.
- The School Nurse will inform all staff of the student's allergy and emergency treatment procedure. A named photo list of all students with severe allergies is

displayed in the Medical Folder on the staff intranet, in both staff rooms, reception areas and catering office.

### **Training**

- Parents/carers are strongly advised to teach their child about management of their own allergy, including avoiding trigger substances and how and when to alert an adult.
- Parents/carers can request a meeting with the School Nurse to discuss their child's allergies at any point during term time. (email: SchoolNurse@sjsg.org.uk)
- Students may also request training on how to use their AAI if they have never received this training or would benefit from a refresher.
- Training will be available to all staff in the recognition and treatment of anaphylaxis and allergy including use of an AAI. Staff receive annual training sessions and allergy updates during Inset Days.

### **Sports and Trips**

- Students need to have their emergency medications including any antihistamines, inhalers or AAI(s) before leaving the school premises to participate in any sporting fixtures or trips. Failure to have *in date* emergency medications will result in the student not attending and they will remain in school.
- It is the teacher's responsibility to check that the students have their devices and all other emergency medications with them prior to departure. Plus a copy of any Individual Health Care Plan.
- Fully completed risk assessments identify pupils at risk on each trip. The risk assessment should identify which member of staff checks that pupils are carrying their medication and that it is in date.

### **Catering**

- The Catering Department have their own Allergy Forms, which accompany the Medical Questionnaires. These are completed by all new students. A comprehensive list of all students with Allergies and/or Food Intolerances are kept on file by the Catering Manager.
- A photo list is also kept in the kitchen areas of those students with severe allergies who have prescribed AAI(s).
- Catering staff will take all reasonable steps to ensure suitable food is available and will advise students on ingredients and appropriate food choices as required.
- Teaching staff should contact parents/carers of allergic children when lessons include food-related activities.

- The school strives to be as nut-free as possible and we do not have food on site that contains nuts. However, risk is always present wherever there is food.

### For reference reading:

<https://www.sparepensinschools.uk/for-parents/reducing-risk-of-allergic-reactions-in-schools/>

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## Food bans

Many parents and schools try to implement a 'ban' certain foods (such as nuts) from school premises. However, schools and parents should consider:

- Banning a particular food does not stop the risk of accidental exposure, and are very difficult to enforce.
- There is **no evidence that food bans help reduce the risk of accident exposures, and may result in a false sense of security.**
- Food bans often focus on nuts: however many food allergies are caused by other foods such as cow's milk or wheat. In the UK, **more fatal reactions in children are caused by milk than peanut.**
- Food restrictions (as opposed to food bans) may be useful in primary schools, where children are less able to check for themselves what a food might contain, and sharing toys is more common.
- **Unlabelled food** poses a greater risk of allergen exposure than prepacked foods with precautionary "may contain" labels.
- Children should be taught to check foods themselves as soon as they are able to do so.
- Many schools have successfully made "food allergy" an example of how children can "look after" their classmates.
- **It is far safer for a school to be "allergen-aware" than "allergen-free".**

If a school does decide to implement a nut ban, it should never claim to be "peanut or nut free". Evidence suggests this may lead to a false sense of security about the risk of accidental exposure to peanuts or nuts. A **recent editorial in an allergy journal** discussing this can be accessed [here](#). Allergy & Anaphylaxis Australia have also produced a **useful factsheet** which may be interest.

- [www.allergyuk.org](http://www.allergyuk.org)

## Recognise the symptoms

Symptoms of an allergic reaction usually develop within a few minutes of being exposed to the allergen. Symptoms will vary from person to person so it is important to discuss your symptoms with your doctor and be clear on what to look out for. Anaphylaxis usually develops suddenly and gets worse very quickly.

### Severe allergic reaction (anaphylaxis) symptoms include:

- Feeling lightheaded or faint
- Breathing difficulties, such as fast, shallow breathing
- Wheezing
- A fast heartbeat
- Clammy skin
- Confusion and anxiety
- Collapsing or losing consciousness

### Mild to moderate allergic reaction symptoms include:

- Red, raised, itchy rash
- Abdominal pain, nausea and/or vomiting
- Itchy, red, watering eyes
- Tingling mouth


## How to use EpiPen® or EpiPen® Jr

Remove the **EpiPen®** from the carry case. Lie down with your legs slightly elevated to keep your blood flowing or sit up if breathing is difficult.


**1** **Pull off Blue Safety Cap.**  
Grasp **EpiPen®** in dominant hand, with thumb nearest blue cap and form fist around **EpiPen®** and pull off the blue safety cap.  
**Remember: "Blue to the sky, orange to the thigh".**




**2** **Position Orange Tip.**  
Hold the **EpiPen®** at a distance of approximately 10cm away from the outer thigh. The orange tip should point towards the outer thigh.



**3** **Jab Orange Tip.**  
Jab the **EpiPen®** firmly into outer thigh at a right angle (90° angle). Hold firmly against thigh for 3 seconds. **EpiPen®** should be removed and safely discarded. The orange needle cover will extend to cover the needle.



**4** **Dial 999.**  
Dial 999, ask for ambulance and state "anaphylaxis".



All instructions are the same for **EpiPen®** and **EpiPen® Jr**

Each **EpiPen®** can only be used once. If symptoms don't improve, you can administer a second **EpiPen®** after 5-15 minutes.

**“ You Must call 999, ask for an ambulance and state ‘anaphylaxis’.”**

Stay lying down or seated and have someone stay with you until you have been assessed by a paramedic.

Unconscious patients should be placed in the recovery position.



## Appendix 2

### CONTACTING EMERGENCY SERVICES

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

your telephone number 020 7348 1777

your name

your location: St James Senior Girls' School, Earsby Street, London. W14 8SH

provide the exact location of the pupil

provide the name of the child and a brief description of their symptoms

inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

put a completed copy of this form by the phone.



### Guidance on dealing with specific Medical Conditions:

#### Management of Asthma in School

Parents/carers complete a Medical Questionnaire when their child joins the school and they will notify the School Nurse of any medical conditions including Asthma.

All parents/carers of children with Asthma are requested to complete the consent for use of an emergency inhaler if required, and complete an Individual Health Care Plan.

Parents/carers are also responsible for informing the School Nurse of any changes. This would include occasions where a child has had an Asthma attack outside of school or any relevant clinical updates.

An Asthma Register is maintained for each year group, and this is available to school staff in the Teams Medical Folder.

Staff cover Asthma management in their Emergency First Aid training and First Aid at Work training. A list of all trained First Aiders is available in all departments and Emergency First Aid points.

The School Nurse is responsible for keeping this list updated and arranging all First Aid Training updates.

Asthma refresher training is also available upon request to the School Nurse.

#### **Medication**

Immediate access to reliever inhalers is essential. Students with Asthma are expected to carry their reliever inhaler during the school day, on all school trip and sports fixtures.

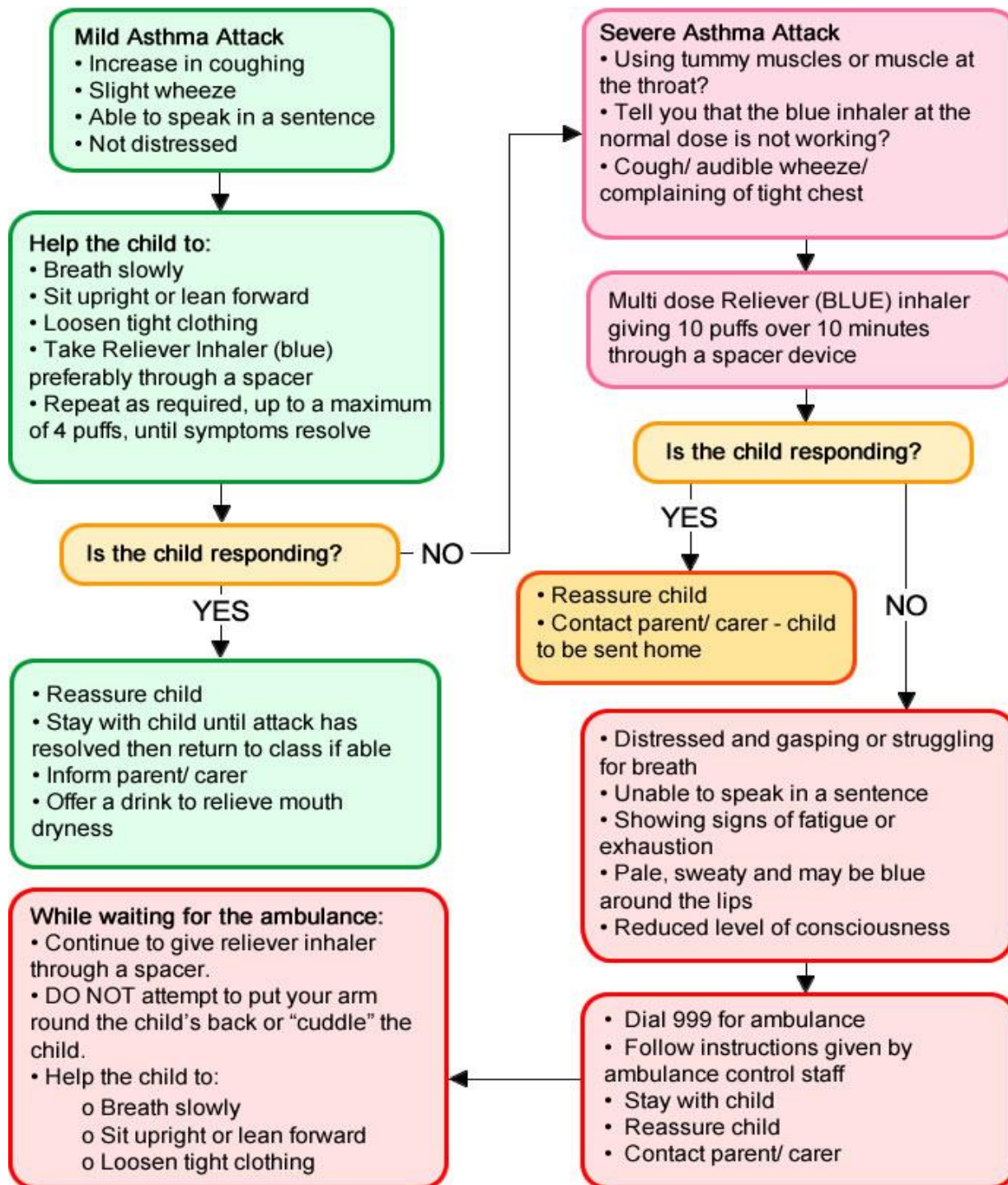
Failure to do so may exclude them from participating in these activities.

Emergency reliever inhalers are also available in the Medical Centre.

There are Emergency Asthma Kits available around the school site:

- Ground Floor            Exit Door to Playground
- First Floor                Refectory
- Second Floor             Wall next to Lift
- Sixth Form Building    Reception

It is the School Nurse's responsibility to maintain the kits and replace expired medications.



## **EPILEPSY**

### **Epilepsy Management in School**

Students with an Epilepsy diagnosis will have an Individual Health Care Plan for school which will include details of triggers for a seizure that are particular to that child, symptoms and the emergency medication that is to be used.

It will also include instructions as to when to call the emergency services.

***The Senior Girls' School has a registered Nurse on site trained to administer emergency medication and is in the school at all times. There is a registered Nurse on site during school hours who will be able to administer the emergency medication.*** (This addresses the query who would administer the medication if the school nurse was off sick. There would be cover or of course Kathy too)

A member of staff will also be trained to administer any emergency medication prior to sports activities or school trips.

The healthcare plan and any emergency medication will be stored in a named box in the medications cabinet in the Prep side of the Medical Centre. This cabinet remains unlocked at all times to ensure access to all student's emergency medications.

All relevant staff will be kept informed of any special requirements, and a list of all students with chronic health conditions is available in the Medical Folder on Teams.

These lists are updated regularly and parents/carers are encouraged to keep the Medical Team informed of any clinical reviews or changes to medications.

If a student has a seizure out of school time the parents/carers should update the School Nurse:

[sg.nurse@sjsg.org.uk](mailto:sg.nurse@sjsg.org.uk)

### **First aid for a seizure**

First aid for the student's seizure type will be included on their healthcare plan.

Staff will be advised on basic first aid procedures and the school has a team of qualified first aiders.

The above epilepsy guidelines apply equally within the school and at any activities off the school premises and organised by the school.

Any concerns held by the student, parent, or member of staff or the medical team will be addressed prior to the activity.

# Seizure First Aid

How to help someone having a seizure

1

**STAY** with the person until they are awake and alert after the seizure.

- ✓ **Time** the seizure
- ✓ Remain **calm**
- ✓ Check for **medical ID**



2

Keep the person **SAFE**.

- ✓ Move or guide away from **harm**



3

Turn the person onto their **SIDE** if they are not awake and aware.

- ✓ Keep **airway clear**
- ✓ **Loosen tight clothes** around neck
- ✓ Put **something small and soft** under the head



Call  
**911**  
if...

- ▶ Seizure lasts longer than 5 minutes
- ▶ Person does not return to their usual state
- ▶ Person is injured, pregnant, or sick
- ▶ Repeated seizures
- ▶ First time seizure
- ▶ Difficulty breathing
- ▶ Seizure occurs in water

Do  
**NOT**

- ✗ Do **NOT** restrain.
- ✗ Do **NOT** put any objects in their mouth.
- ✓ **Rescue medicines can be given** if prescribed by a health care professional

Learn more: [epilepsy.com/firstaid](http://epilepsy.com/firstaid)

## DIABETES

### Diabetes Management in School.

There are two main types of diabetes:

**Type I** - cannot be prevented and occurs usually in young children and young adults, when the pancreas does not produce insulin. Treatment is insulin taken either by injections or via a pump.

**Type II** - is far more common than type 1 and occurs in older people but there is a trend for overweight young adults and teenagers to develop this form. The pancreas can make some insulin but not enough, or the insulin produced does not work very well. Treatment is by diet, weight loss and oral medication.

The School Nurse together with parents/carers and the student, will agree upon an Individual Health Care Plan to enable the diabetic student to participate in the management of their condition and continue to participate in all school activities.

### **Type 1: Management of Medications and Treatments.**

Insulin cannot be given orally as it will be digested. It is administered as a rule by either an insulin pen/injection or insulin pump.

- *Insulin pens and injections* - Insulin may be administered several times a day so the student may carry their pen and blood testing kit with them. Spare insulin may be kept in a labelled box in the fridge. It will be the responsibility of the student to be aware of her dosage of insulin. If there is a query during the school day either the parents/carers are contacted or the specialist nurse, details if given will be in the student's medical box.
- *Insulin pump* – this will continually infuse insulin into the subcutaneous tissue and is worn attached to the student. It helps maintain a more even blood sugar level and as it is easy to vary the dose, gives students more freedom with diet and activity. Each student who uses the pump must learn to set the insulin dose themselves according to their **diets** activity and blood glucose levels; and how to test their blood glucose, and adjust the pump's speed of delivery.

### **Medication**

The student will know how to administer their medication and receive training from their allocated Diabetes Clinical Nurse Specialist. It is important that the student is confident in the management of her diabetes with regard to dosage, administration, monitoring control and adjustment of dosage.

The School Nurse will also receive this information, so that they can support the student in school with all aspects of the medication and its administration.

Staff and first aiders will not be required to know how to calculate dosage or administer insulin, by whatever mechanism.

The school will provide, as necessary, facilities for the safe disposal of needles or the recharging of insulin pumps.

### **Sports/Trips**

Diabetic students can participate fully in all sporting activities and trips.

The school will ensure that staff will be aware of the precautions necessary for a student with diabetes to take part in sporting activities and on the emergency procedures.

Residential and overnight visits - the parent/ guardian confirms a detailed medical history form prior to departure, which will include the details of medication with current dosage and frequency.

In the event of loss or damage to the insulin, it will be the parents/carers responsibility to provide extra medication with full storage details. The teacher organising the trip will aim to ensure that there are available relevant storage facilities for the medication.

The School Nurse will provide training to staff prior to any trip and explain the Individual Health Care Plan and emergency procedures.

The Care Plan should cover:

- Recognising and managing both a potential Hypo-glycemic (Low blood sugar) episode and a Hyper-glycemic (High blood sugar) episode.
- Individualised care
- Managing blood glucose levels
- Understanding Continuous Glucose Monitors
- Managing complications
- What steps to take in an emergency.



## Low Glucose (Hypo) Management (Blood glucose under 3.5 mmol/l or symptomatic)

**NEEDS IMMEDIATE ACTION, MUST BE ATTENDED BY AN ADULT UNTIL RECOVERY.**

- **Symptoms** - drowsy, sweaty, shaky, irritable, headache, poor concentration.
- **Treatment**
  1. If blood glucose is **3 to 3.5 mmol/l**, give rapidly acting carbohydrate (ISPAD recommended amount 0.15g/kg). Juice ..... ml (preferred) or ..... X .....
  2. If blood glucose is **under 3 mmol/l**, give rapidly acting carbohydrate (ISPAD recommended amount 0.3g/kg). Juice .....ml (preferred) or ..... X .....
  3. **DO NOT OVERTREAT and DO NOT GIVE INSULIN BOLUS.**
  4. Re-test blood glucose in 15 minutes.
  5. If blood glucose is still under 3.5 mmol/l repeat above treatment.

## Severe Low Glucose (Hypo) (Child unconscious or fitting)

*While coma and convulsion is very uncommon it can occur if hypoglycemia is prolonged and severe (blood glucose less than 2 mmol/l for at least 30 minutes) and not treated promptly.*

6. Place child on their side in coma position
  7. Follow Airway Breathing Circulation First Aid Rules
  8. Administer Glucagon if prescribed
  9. Call ambulance 000
  10. Notify parents. If unable to contact parents, notify diabetes team member
- Do NOT attempt to insert anything into the mouth, cheeks or gums

## High Glucose (Hyper) Management (Blood glucose over 8 mmol/l)

- High blood glucose is caused by lack of insulin. This may be because of inadequate delivery (failure to inject) or insufficient / no insulin administration with food or drink. Blood glucose is also increased by stress, excitement or illness
- **If the child is UNWELL, nauseated and/or vomiting, notify parents IMMEDIATELY. If unable to contact parents, notify the diabetes team immediately. THIS MAY BE LIFE THREATENING!! NEVER ASSUME the cause of vomiting until the student's diabetes has been assessed by a parent / medically qualified person.**
- If the child appears **WELL**
  1. Take recent history of food intake or insulin usage.
  2. Continue with classroom activities – **DO NOT SEND HOME OR TO SICK BAY.**
  3. **MUST** test blood glucose again in 2 hours. If still over 8mmol/l refer to student's individual Diabetes Management Plan for parental and medical instructions.

## Head Injury Advice Sheet

Advice for parents and carers of children



### How is your child?



**RED**

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

**You need urgent help**  
Go to the nearest Hospital Emergency (A&E) Department or phone 999



**AMBER**

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

**You need to contact a doctor or nurse today**  
Please ring your GP surgery or call NHS 111 - dial 111



**GREEN**

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

**Self Care**  
Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

### Other useful links

CPR & Defibrillator Guide  
First Aid Training Resources  
NHS  
British Heart Foundation  
Mental Health Guidance  
Children's Services  
LGBT Support

[www.resus.org.uk](http://www.resus.org.uk)  
[www.sja.org.uk](http://www.sja.org.uk)  
[www.nhs.uk](http://www.nhs.uk)  
[www.bhf.org.uk](http://www.bhf.org.uk)  
[www.mind.org.uk](http://www.mind.org.uk)  
[www.youngminds.org.uk](http://www.youngminds.org.uk)  
[www.switchboard.lgbt](http://www.switchboard.lgbt)