



First Aid Policy

This Policy is applicable to all pupils, including those in the Early Years Department (EYD).

Policy Statement

The School recognises its legal obligations to provide a first aid service for all its staff and pupils, including those in the EYD setting. The school is committed to providing a first aid service which satisfies the school's needs in terms of the requirements of the Health and Safety (First Aid) Regulations 2009.

The legislation sets out the required standards for first aid in the workplace, including number and contents of first aid kits, training of first aid personnel and provision of first aid rooms. This policy requires that all first aid injuries be reported and treated.

In accordance with national regulatory requirements, the School's provides:

- 1) Practical arrangements at the point of need;
- 2) The names of those qualified in first aid and the requirement for updated training every three years; and refresher course annually
- 3) Having at least one qualified person on each school site when children are present;
- 4) Showing how accidents are to be recorded and parents informed;
- 5) Access to first aid kits;
- 6) Arrangements for pupils with particular medical conditions (for example, asthma, epilepsy, diabetes);
- 7) Hygiene procedures for dealing with the spillage of body fluids;
- 8) Guidance on when to call an ambulance;
- 9) Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive.

General

First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill.

First Aid principles are to

- Preserve life
- Prevent worsening
- Promote recovery.

First Aid may be practised by anyone, anywhere, volunteer or professional. However, in certain circumstances, the provision of first aid and first aid responsibilities are defined by statutes. In the UK, these regulations apply to incidents occurring in the workplace and mass gatherings.

The Health and Safety (First Aid) Regulations of 1981 place a general duty on employers to make first aid provision for employees in case of injury or illness in the workplace. The practical aspects of this statutory duty for employers and self-employed persons are set out in the Approved Code of Practice (ACOP), which is revised periodically. The ACOP contains guidance on first aid materials, equipment and facilities. The number of first aiders required in a workplace is dependent on the risk assessment.

Windermere School is bound under the regulations laid down by RIDDOR (Reporting of injuries, diseases and dangerous occurrences regulations, 1995) under this we are required to report to the Health and Safety Executive (Tel No – 0845 300 9923)

It is vital when accidents occur, minor or severe, to summon appropriate help immediately in accordance to the accident policy. The School Nurse should be contacted as soon as possible when accidents occur, on 07867 000497. In the event of her not being available immediately, a first aider should be called – appendix 1. Some other members of staff have had first aid training and should be prepared to help in an emergency. If in doubt, contact reception for an up-to-date list of qualified first aiders.

Minor incidents at the Preparatory School, especially in the EYD are recorded in the incident log or 'near miss' sheet located in the Prep School Staff room. In accordance to the Health and Safety Executive; an accident is an event that results in injury/ill health. An incident/near miss is an event that whilst not causing harm has potential to cause injury or ill health.

Designated First Aiders

First Aiders are qualified personnel who have received training and passed an examination in accordance with Health and Safety Executive requirements. Incorporated into this will be refresher training at regular intervals to ensure that their skills are maintained (see appendix).

In determining the number of Nominated First Aiders required, the following factors will be taken into account:

- 1) The size of the school
- 2) Pupil numbers and age ranges
- 3) Staff or pupils with special needs or disabilities
- 4) Particular hazards
- 5) Cover for staff absences
- 6) Provision on school visits
- 7) Provision in practical departments and physical education

Administration of medication in School

The Board of Governors and staff of Windermere School wish to ensure that pupils with medication needs receive appropriate care and support at school.

Please note that parents of day pupils including those in the EYD should keep their children at home if acutely unwell (including a temperature of or above 37.5C) or infectious.

Parents or, in the case of Boarders, the School's Doctor, are responsible for providing the School Nurse with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent or Doctor.

Staff will not give a non-prescribed medicine to a child unless there is specific prior permission from the parents. The School Nurse is able to supply non-prescription medicines in her professional capacity. House parents should liaise with the School Nurse with regard to giving non-prescribed medicines to boarders.

Pupils in the EYD are permitted to have non-prescribed medicine (such as children's paracetamol or ibuprofen) which should only be administered by the pupil's Key Worker. The correct reporting and recording procedures should be strictly followed.

Children's paracetamol is administered to Early Years pupils in the case of a high temperature ONLY with the written consent of the parents. If the child's condition deteriorates during the day, or the rise in temperature is so rapid that the child's welfare is compromised, then permission may be sought via email, fax or text message.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of a term's supply at any one time).

Each item of medication must be delivered to the School Nurse or Authorised Person, in normal circumstances by the parent, in a secure and labelled container as originally dispensed. Blister packs should not be cut. Each item of medication must be clearly labelled in English with the following information:

- . Pupil's Name.
- . Name of medication.
- . Dosage.
- . Number of tablets or volume of medicine (for volume please mark and date the bottle)
- . Frequency of administration.
- . Date of dispensing.

- . Storage requirements (if important).
- . Expiry date.

EYD and day pupils are either given a slip to take home informing the parents of any medication given, the dosage, the reason why it has been given and the exact time of administration, or emailed with those details.

For International boarders

If a pupil has an on-going medical condition that requires regular medication, we will request written confirmation from their family Doctor whilst getting them assessed by the School's Doctor. All medication will be prescribed through the Health Centre and shall adhere to English law.

The School will not accept items of medication in unlabelled containers.

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet or lockable refrigerator.

The School Nurse will keep records, which they can make available for parents.

If pupils refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. Refusal of medication will be recorded in the student file.

CONTROLLED DRUGS

Any member of staff can administer controlled drugs, provided they have received training from school nurse on dosage, administration, record keeping. Only named staff will have access to that drug. The controlled drug must be stored in a locked, non-portable container. The drug should be registered as it comes into the school. As the drug is administered, it should be counted down so that a running note of stock is maintained. When the drug is administered, it must be signed for, and countersigned (this can be done by the child) Once a week, two members of staff must run a signed stock check.

Medication that is taken on a school trip, should be carried in a locked, portable container. The amount of drug taken on a trip will be recorded by the school nurse, and compared with quantity returned. Each medicine bag will contain a means of recording drugs administered whilst off site. Medical records will be updated accordingly.

In the case of day students it is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date. For Boarders the School Nurse will ensure that medication is renewed when necessary.

The school will not make changes to dosages on parental instructions.

For each pupil with long-term or complex medication needs, the School Nurse, will ensure that a medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.

Children who have long term medical conditions and who may require on-going medication

A risk assessment is carried out for each child with long term medical conditions that require on-going medication. This is the responsibility of the School Nurse alongside the key worker. Other medical or social care personnel may need to be involved in the risk assessment. Parents would also contribute to a risk assessment. They should be shown around the Early Years Department, understand the routines and activities and point out anything which they think may be a risk factor for their child.

For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.

The risk assessment includes vigorous activities and any other Early Years activity that may give cause for concern regarding an individual child's health needs.

The risk assessment includes arrangements for taking medicines on outings.

A health care plan for the child is drawn up with the parent; outlining the key worker's role and what information must be shared with other staff who care for the child.

The health care plan should include the measures to be taken in an emergency.

The health care plan is reviewed on a yearly basis or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. It is the role of the parent or Doctor to inform the Nurse of any changes so that an update can occur before the review date if necessary.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication and at all times under staff supervision (excluding 6th form having been signed off as competent-see appendix 1a). Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

All pupils will be observed whilst taking their medication (unless self-administration protocols have been observed).

No Early Years pupil may self-administer. Where children are capable of understanding when they need medication, the Key Worker or class teacher may be informed. However, this does not replace staff vigilance.

Staff who volunteer to assist in the administration of medication will receive appropriate training for the School Nurse, this will be carried out on a yearly basis.

Further Information for EYD pupils

Copies of DfES Guidance "Managing Medicines in Schools and Early Years Setting" be downloaded from:<http://www.teachernet.gov.uk/wholeschool/healthandsafety/medical/>

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

Managing EYD medicines on trips and outings

For EYD pupil's staff accompanying the children must include the key worker for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.

Medication for a child is taken clearly labelled with the child's name, name of the medication, a copy of the consent form, with the details as given above.

If a child on medication has to be taken to hospital, the child's medication is taken labelled with the child's name.

First Aid Boxes

First Aid boxes are situated at various locations around the school site – appendix 2. They are checked on a termly basis by the School Nurse. If any item is used out of a first aid box, the School Nurse should be informed so that a replacement can be supplied.

All boxes will contain the minimum supplies which are required by law:

1-10 Persons		11-50 Persons
6	Medium dressings	8
2	Large dressings	4
3	Extra-large dressings	4
2	Eye pads	4
6	Triangular bandages	6
20	Plasters	40
6	Safety pins	12
10	Alcohol free wipes	19
2	Sterile saline 500ml *	2
2	Pair of Disposable Gloves	2

* Eye irrigation where mains tap water is not available and/or there is a risk of injury to the eye.

Only specified first aid supplies will be kept; no creams, lotions or medication, however seemingly mild, will be kept in these boxes.

Medical Room

To comply with the Education (school premises) Regulations 1996 the school has provided a dedicated room for first aid treatment.

The Medical Room is located on the bottom floor of Langdale House. There is also a similar facility in the Ellery Campus.

Recording of Accidents/Injuries

In the Senior and prep School an accident/injury will be recorded in the relevant Incident and Accident Book (Pupil or Adult). This is completed by a responsible person that attended the scene. This is a HSE document, with individually numbered tear-off pages, to ensure authenticity of entry and to prevent misuse. Only original HSE forms are used; photocopying or other duplication is not permitted.

If an employee or pupil is involved in an incident the following details should be recorded in the accident book -

- Full name and address of casualty
- Casualty's occupation
- Date when entry made
- Date and time of incident
- Place and circumstances of incident
- Details concerning injury and treatment given
- Signature of person making entry

Forms for staff accidents are kept in the School Nurse's pigeon hole at the Senior School and in Medical Centre at the Ellera Campus. On completion, the form should be sent to the School Nurse at the Senior School and will be treated in confidence with the appropriate action being taken.

Forms for pupil accidents are kept in the School Nurse's pigeon hole in the Senior School and in Medical Centre at the Ellera Campus. On completion, the form should be given to the School Nurse and filed in the pupil's file after appropriate action taken.

Minor injuries, such as trips, bumps etc., should be recorded in the incident book in the School Nurse's pigeon hole at the Senior School and Medical Centre at the Ellera Campus.

'Near-miss' incidents involving pupils or staff should be reported as soon as possible to the School Nurse. These can be reported anonymously if preferred. Accidents, minor injuries and near misses are reviewed regularly by the Health and Safety committee to determine any trends, which can be improved on.

The School Nurse or person dealing with the incident will inform the parents/guardians/next of kin of the pupil or staff as soon as possible after the incident. The School Nurse will also inform the Head and Bursar. In the event of a major incident, a designated spokesperson will issue a statement on the school's behalf.

Reporting of Accidents

It is the responsibility of the school to ensure that all employees and pupils of the school are aware of the procedure for the reporting of accidents. For contractors and visitors the Facilities Manager will take responsibility. Under RIDDOR the school has a legal duty to report and record some work-related accidents by the quickest means possible. HSE has set up on-line reporting procedures for RIDDOR reportable accidents. The relevant link is: <http://www.hse.gov.uk/riddor/index.htm>

Pupils with known Medical Conditions including EYD Pupils

Pupils with known medical conditions, such as epilepsy, diabetes, and allergic conditions etc. will be dealt with according to medical policies in appendix 3. Staff and pupils will be given help and guidance in how to deal with those situations as necessary.

Infection Control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Common sense infection control measures include: hand washing; and the use of disposable gloves when dealing with any body fluids. All clinical waste should be disposed of in a yellow bag which are found in the body spills kit provided.

Staff should have access to single-use disposable gloves and hand-washing facilities and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. If unsure a member of staff must ask the nurse for assistance.

All pupils including those in the EYD should only return to school 48 hours after their last episode of diarrhoea/vomiting.

Emergency Situations

From April 2004 First Aiders must be trained to recognise and respond appropriately to the emergency needs of children with chronic medical conditions; the most common ones being asthma, diabetes, epilepsy and severe allergic reaction.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Spare inhalers must be provided and labelled by parents and kept in an unlocked cabinet by schools.

The Department of Health has published new guidelines regarding pupils who have asthma which came into effect in October 2014. These guidelines require us to have parental permission to administer an 'emergency' Ventolin (Salbutamol) inhaler to children who have been diagnosed as asthmatic, if a pupil has forgotten to bring an inhaler into school, it is broken, expired, or has run out.

Any pupils that are known to the school as having asthma, are requested to complete the statutory 'consent to administer emergency medication'. The medication within the emergency asthma kit will not be administered without this written consent. This will go alongside their individual care plan and shall not be used as an alternative.

Children with epilepsy - concerns about health and safety should be discussed with the child and parents as part of the health care plan.

Children with diabetes – pupils should be able to manage their own medication, which should be discussed with child and parent as part of the health care plan. A spare insulin pen/snacks are requested and shall be stored in a locked cabinet.

Children with anaphylaxis – parents and child should discuss allergies as part of the health care plan. Pre-loaded injection devices should be provided by the parents in the correct container, labelled with their child's name and date of birth. Again, it is requested that pupils who are prescribed an auto injector device, always carry it on their persons and give the house staff a spare that is useable and in date.

Please note: If the school has to give this injection **an ambulance must always be called**.

Child Protection

If any concerns are raised that have Safeguarding implications (e.g. unexplained marks or scars), while a person is being treated for first aid, the First Aider must inform the designated Child Protection Officer who will then take appropriate action.

Physical Contact with Children

The treatment of children for minor injuries, illness or medical conditions may involve members of staff in physical contact with children. Any treatment should:

- Not involve more contact than necessary
- Be undertaken by staff who have volunteered to be designated to the task
- Be carried out wherever possible, in front of other children or adults
- Be recorded
- PPE will always be used when dealing with bodily fluids
- Be notified to parents

Appendix 1

Designated First Aiders

Under EYD requirements at least one person on the premises and at least one person on outings will have a paediatric first aid certificate.

The following members of staff have attended such a course and have a certificate involving a minimum of 12 hours training. This certificate is specific to the age of children in their care.

Paediatric FAW

Leslie-Ann Allonby
Andrew Bond
Louise Cooper
Jennifer Davies
Helen Johnston
Hannah Little
Janie McConville
Rachael Thomas
Sarah Whitehead

Emergency FAW

Patricia Adcock
Pamela Bell
Leslie Bennett
Kathryn Bethell
Darren Blanch
Paul Bromley
Graham Cooke
Lisa Cooke
Ines Cotarelo Jimenez
Deborah Dalzell
Clare Davies
Helene Evamy
Craig Foster
Sean Gallacher
Christiane Gruber
Janet Hesford
Louise Kershaw
Seema King
Julie King
Kaye Lawrence
Linda Legeard
Elizabeth Linnane
Janet McCallum
Moire McIntosh
Lynn Moses
Annika Owen
Debra Paine
Joanna Parry
Michael Rayner
Daniel Reid
Sandra Richard-Vickers
Simon Rowe
Nicholas Stephens
Eleanor Vermeulen
Natalia Walker
Mark Whitehead

Outdoor FAW

Janie McConville
Paul Platt
Matthew Reedy

Appendix 1a

Sixth Form Medication Policy

It is the policy for Windermere School to allow 6th formers (Year 12/13) to self-administer certain medication thus encouraging the independence and maturity necessary for their future.

This will be at the discretion and with prior approval of the School Nurse, who will, with the input of appropriate house staff, assess each individual student's competence to self-medicate. The student and the school nurse will discuss how to take the medicine, the dosage, the safe storage and any possible side effects. It is advised that the school nurse be made aware of any medication being taken by a pupil in case of an emergency. This information will be kept strictly confidential according to the NMC Code of Conduct.

It is recommended that the type and number of tablets of any medication kept by the student is limited. Below is not a complete list and is open to discussion with the student in question.

Paracetamol 500mg – 16 Tablets

Ibuprofen 200mg – 16 Tablets

A course of antibiotics

Inhalers/nasal sprays

Daily medication e.g. Oral contraceptive tablets, acne treatments, thyroxine tablets, diabetes medication etc.

A record will be kept in the student's file of any student who self-medicates.

Boarders are registered with Dr Winter-Barker of St Mary's surgery (Windermere). Students are able to contact the surgery for an appointment or to arrange a telephone consultation. However, they must inform the matron/house master if they require transport in good time. The School Nurse is available for help, advice and support and all consultations are confidential and in accordance to the NMC Code of Conduct.

If a student is unwell, they are to contact the School Nurse or house staff so that appropriate care can be given.

The following policy should be followed under these circumstances.

Caring for sick students policy

Day students that are feeling unwell should visit the School Nurse in the medical centre, or if she is not available, the matron of Browhead/reception. Parents will be informed if needs be and asked to collect their child.

Boarding students that are feeling unwell in their boarding house:

- See the House staff as soon as possible. They shall assess the student (Obtain brief history, take temperature and give medication if they deem necessary) and pass on to the school nurse at the next available opportunity.
- If the student is thought to be unfit for school i.e. has a temperature above 37.5C, is vomiting or has diarrhoea, they should return to their own bed and be given adequate fluids and regular supervision. Meals offered as appropriate.

- SIMS should be updated as and when. All medication given to the student will be documented on the pupils' personal file on SIMS.
- At no time should the house be left unattended if a student is ill in bed. The student should be made aware of how to contact House staff day or night if necessary.
- If at any time you are worried about the student and their condition is deteriorating, follow the accident policy.

If a student has been in bed ill during the day, they will not be allowed out of their House until they are deemed fit to do so.

Students should be encouraged to see the School Nurse for any ailments during the hours stated below.

Medical Centre Opening Times (Langdale House)

Monday-Thursday: 08.30-17.30

Friday: 08.30-15.30 Contact details

Nurse@windermereschool.co.uk

07867000497/ 01539 446164 Ext. 231

Appendix 2

Location of First Aid Boxes

Preparatory School

Medical Centre
Art room
Gym changing room
DT lab
Form 1 and Reception cloakroom
Preschool Corridor
Kitchen
Reception

Senior School

Browhead:
Reception
Matron's office
Kitchen
Crampton Hall

Langdale:

Dispense
Matron's office
Medical Centre

Westmorland:

Dispense/office

Surrounding areas:

Art block
Science and junior labs
Sports Hall
Astro Turf
Tennis Courts
Maintenance Department
Kitchen
Hodge Howe
Boat House
Safety Boats x 2
Mini buses and car

Appendix 3

Allergies and Anaphylaxis

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances, usually proteins that cause the formation of an antibody and react specifically with that antibody). In susceptible individuals, the reaction may develop within seconds or minutes of contact with a trigger factor.

Exposure may result in a severe allergic reaction (anaphylaxis) that can be life threatening. In an anaphylactic reaction, chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

Triggers can be

- a) Skin or airborne contact with particular materials e.g. latex.
- b) Injection of a specific drug or insect bite i.e. bee stings and penicillin.
- c) Ingestion of a certain food e.g. nuts, fish and/or eggs.

Windermere School recognises that children who are at risk of severe reactions are not ill, but if they come into contact with specific allergen they may become very unwell and need immediate attention.

Record Keeping. When a child joins the school parents are requested to identify on the health form any specific allergies from which they suffer. From that information a list of allergic reactions is placed in the medical file in the staff room, and a list of food allergies given to both the kitchen and the food technology department. A care plan is devised by the medical team along with the parents and pupil's allergy consultant. This is kept in the pupil's medical file and boarding house specific to that pupil. Parents are requested to inform the school if their child subsequently develops an allergy to any substance. The School Nurse will always be available for parents who wish to discuss their child's allergies and their care.

Medication. In the case of a severe allergic reaction an immediate injection of adrenaline is the first line of treatment. Pupils who have known severe allergic reactions should carry a prescribed EpiPen with them in an easily accessible place. EpiPens are also situated throughout the school in the following places: Medical Centre, Elleray Campus office and the Dining room. If staff suspect that a child is having a severe allergic reaction they must contact the School Nurse immediately, follow the anaphylaxis section of their first aid training and administer adrenaline via the pupils prescribed auto injector. The School Nurse will provide instruction for all staff in the administration of adrenaline.

Food Management. A list of pupils with known food allergies is given to both kitchen and the food technology department at the start of the autumn term and is amended as necessary during the school year. There is a copy of this list in the medical file in the staff room. All staff involved in catering and food preparation are aware of the implications of a child with a known allergy ingesting or coming into contact with an allergen. This list is updated when we have new information/on a yearly basis.

A general notice warning of potential allergens is displayed in the dining hall. It is not possible to state firmly that nuts are not present in any dish as there may have been cross contamination in manufacture. A menu board is clearly displayed outside the Dining Hall. Pupils with known allergies are expected to check it for identification of any foodstuffs to which they are sensitive. The catering staff are always willing to answer questions from pupils about ingredients of the meal they are serving.

Pupils with known food allergies should not accept food brought from home by other pupils.

In the Food Technology lessons pupils are asked to carefully check labels before coming into contact with foodstuffs, and if there is any doubt they should discuss the situation with the teacher in charge of the lesson. If the allergy is severe or if there is any potential for an anaphylactic reaction the pupil may not be able to participate in the lesson, and alternative work will be provided.

Procedures for EYD children with allergies

- When parents join Windermere Preparatory School they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, the following is established and recorded in the child's personal file:
 - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.).
 - The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
 - Control measures –such as how the child can be prevented from contact with the allergen.
- Generally, no nuts or nut products are used if there is a pupil with such an allergy.
- If any nuts or nut related products are being used in an activity or come into school, for example, on a birthday cake, the school office will check medical records and parents are informed.

Outings and off site activities

Pupils with known allergies will be identified on the outings health form. Where necessary parents will provide an EpiPen which will be kept in an easily accessible place by the teacher in charge of the outing.

In the case of specific food allergies the catering staff will be informed so that an appropriate packed meal can be provided. Should a pupil have a severe allergic reaction on an outing then an ambulance must be called.

ALLERGIC REACTIONS

Treatment

- Seek immediate First Aid assistance.
- Administer antihistamine tablets / syrup as prescribed in the pupil's emergency box or care plan.
- If the pupil feels better, allow them to rest and contact the parents
- If the serious symptoms appear call for an ambulance and ADMINISTER ADRENALINE VIA EPIPEN/ANAPEN IMMEDIATELY. Instructions are kept in the emergency box with the EpiPen/Anapen. All Elleray Campus staff are trained in using an EpiPen and this is updated on a yearly basis.
- Stay with the pupil until the ambulance arrives.

Recognition

- Anxiety
- Widespread red blotchy skin eruption
- Swelling of the tongue and throat
- Puffiness around the eyes
- Impaired breathing from tight chest to severe difficulty in breathing

Serious symptoms

- Cold, clammy skin
- Blue-grey tinge around the lips
- Weakness / dizziness
- Feeling of impending doom

Progresses further

- Restlessness
- Aggressiveness
- Gasping for air
- Yawning (trying to get oxygen into the body to the brain)
- Unconsciousness
-

Appendix 4

ASTHMA POLICY

Asthma is a condition of the respiratory system – it affects the airways in the lungs. When a person with asthma comes into contact with something that irritates their airway [an asthma trigger], the muscles around the walls of the airway tighten so that the airways become narrower and the lining of the airways become inflamed and start to swell. Sometimes thick mucous or phlegm builds up which can further narrow the airways. This makes it difficult to breathe and leads to symptoms of asthma.

Windermere School recognises that asthma is an important condition affecting many school children and positively welcomes all children with asthma.

This school encourages all children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by both staff and pupils.

Record Keeping. When a child joins the school, parents are asked if their child has asthma and the details of the medication they receive. From this information the school keeps records of children with asthma, which are available for all school staff in the medical file in the staff room. A care plan is devised by the School Nurse and parent and is kept in the pupil's medical file.

The care plan is updated on a yearly basis unless changes occur before the renewal date. Parents are requested to inform the school if there are any changes to their condition.

Medication. Immediate access to relieving inhalers is vital, and pupils are requested to carry their inhalers with them at all times. Parents are asked to provide the school with a labelled spare inhaler. This will be kept in the Medical Centre if they are a day pupil and their boarding house if they are boarders. The School Nurse will provide inhalers for boarding pupils. All inhalers must be labelled with the pupil's name and date of birth and they must be within their expiry date.

All school staff will allow pupils to take their own medication when they need to.

P.E. and Outdoor Education. Taking part in sport is an essential part of school life, and children with asthma are encouraged to participate fully in the activities. P.E. teachers are aware of which pupils have asthma from the information supplied in the medical file. Teachers will remind pupils whose asthma is triggered by exercise to take their inhaler before the lesson and to warm up properly. If children need to use their inhaler during the lesson they will be encouraged to do so.

Outings and Off Site Activities. The school positively encourages all pupils with asthma to participate in offsite activities, both educational and social. Pupils with asthma are identified on the health forms, and should take their inhalers with them. When appropriate, the inhaler may be given to the teacher in charge. In the event of an asthma attack the following procedure should be followed.

ASTHMA ATTACK PLAN

Stay calm (find a first aider or school nurse)

Do not over crowd the pupil

Sit pupil upright and loosen clothing

Do not expose to a sudden change of temperature (e.g. do not take them outside from a warm building)

- Give one to two puffs of reliever inhaler immediately (usually blue inhalers are also known as salbutamol or terbutaline) either carried on pupil or in medical room, If pupil has a spacer device, please use with inhaler.
- Sit them down and encourage them to take slow, steady breaths.
- If no improvement, give two puffs of reliever inhaler (one puff at a time) every two minutes. They can take up to ten puffs.
- If no improvement, or if you are worried at any time, call 999.

If an ambulance does not arrive within 10 minutes and they are still feeling unwell, repeat step 3.

No real improvement is recognised by

- Having extreme difficulty in breathing and coughing with wheezing
- Unable to speak in full sentences
- Lips turn blue
- Becomes exhausted

If asthma is successfully treated in School, parents still need to be advised.

Information from asthma UK 2015

Emergency inhalers.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to keep a salbutamol inhaler for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Windermere School have opted in to this guidance and as such have emergency inhaler kits situated around the school.

Elleray

Entrance foyer

Art Block

Senior School

Crampton Hall

Sports Hall

Langdale House common room

Westmorland House common room

Contents of an emergency asthma kit include:

- A salbutamol metered dose inhaler;
- Two single-use plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer/plastic chamber;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans.

The School Environment. Windermere School does all that it can to ensure that the school environment is favourable to children with asthma. The school has a no-smoking policy.

Diabetes Policy

Diabetes Mellitus is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the blood stream and can cause hyperglycaemia. People with diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections. Children can have emotional, eating, behavioural and confidence difficulties as a result of their condition. Therefore much support is required.

Hypoglycaemia – low blood sugar

Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia

- Inadequate amounts of food ingested – missed or delayed
- Too much or too intense exercise
- Excessive insulin
- Unscheduled exercise

Recognition of Hypoglycaemia

- Onset is SUDDEN
- Weakness, faintness or hunger
- Palpitations, tremors
- Strange behaviours or actions
- Sweating, cold, clammy skin
- Headache, blurred speech
- Confusion, deteriorating level of response, leading to unconsciousness
- Seizures

Treatment of Hypoglycaemia

- Seek First Aid assistance.
- Follow pupils' individual Medical Plan and obtain their emergency diabetes pack (which should be with the pupil at all times).
- Ensure the pupil eats a quick sugar source; approximately 15-20g for an adult e.g. three glucose tablets, glucogel, fruit juice or fizzy drink (not a diet version).
- Wait ten minutes and, if the pupil feels better, follow with a carbohydrate snack e.g. cereal bar, toast
- Once recovered allow the pupil to resume school activities. Notify parents and keep them updated.

If the pupil becomes drowsy and unconscious then the situation is now LIFE-THREATENING and call an ambulance.

Place the pupil in the recovery position and stay with the pupil until the ambulance arrives.

Causes of Hyperglycaemia

- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection
- Stress

Recognition of Hyperglycaemia

- Onset is over time – hours or days
- Warm, dry skin, rapid breathing
- Fruity / sweet breath
- Excessive thirst and increased hunger
- Frequent urination
- Blurred vision
- Stomach ache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia

- Seek First Aid assistance.
- Follow pupils' individual Medical Plan and obtain their emergency diabetes pack (which should be with the pupil at all times).
- Encourage the pupil to drink water or sugar-free drinks
- Allow the pupil to administer the extra insulin required
- Permit the pupil to rest before resuming school activities if able
- Contact parent / guardian

In developing these procedures, the school recognises the advice and guidance of the British Diabetic Society, Diabetes UK and the medical team. The school recognises its responsibility in dealing with children appropriately.

This school encourages children with diabetes to achieve their potential in all aspects of school life by having a clear policy that is understood by both staff and pupils.

Windermere School will work with outside agencies (GPs, Consultant Physicians and Diabetes Liaison Nurse) to ensure that diabetic pupils can participate fully in school life.

Record Keeping. When a pupil is admitted to the school the parents will inform the School Nurse via the health form, that they have diabetes. This information is passed to other staff via the medical file in the staff room. The parents and diabetic liaison nurse of a diabetic pupil will be invited into school to meet the nursing, teaching and catering staff to ensure that his/her specific needs can be met. The School Nurse will keep details of current medication regimes in Dispense, and parents are asked to inform of any changes.

Monitoring. The school accepts that it is vital to maintain balanced blood sugar levels, and will allow pupils to check their own blood as required, providing a private area to do so. The School nurse will be available for advice as required. Spare monitoring equipment may be brought into school and stored in Dispense.

Medication. The school acknowledges that regular injections of insulin are essential for children with diabetes, and will support them in maintaining their prescribed regime by allowing them to inject when prescribed, and providing privacy to do so. Insulin brought into the school will be kept in the pupil's diabetes bag which should be with the pupil at all times. Where necessary, spare equipment, e.g. Syringes will also be stored in Dispense.

Dietary Management. The school will work closely with the pupil, family and catering staff to ensure that his/her dietary needs are met, and that any supplements to the diet, e.g. snacks, will be provided at the correct time. It is advised that day pupils bring their own snacks so that they are readily available to them when required. Boarding pupils will order their snacks from the catering department and monitor the quantity on a daily basis.

P.E. The P.E. staff will be informed if children have diabetes. They will be encouraged to monitor their blood glucose level before physical activity and if necessary, have a snack/glucose tablet. Staff are aware that they may also need to take extra glucose (either a glucose tablet or in the form of a snack) during and after strenuous exercise. Should a child experience symptoms of hypoglycaemia during P.E., remedial action will be taken immediately and their individual care plans will be adhered to.

Outings and Off - Site activities. The school encourages pupils with diabetes to take part in off-site activities, both educational and social. Diabetic children should take with them sufficient supplies of insulin and monitoring equipment to last for the duration of the outing. The catering staff will be informed in order that appropriate packed lunches can be provided. They should carry with them glucose tablets/snacks for use in the event of a hypoglycaemic episode. For overnight and overseas trips more equipment will be needed. The school nurse will liaise with the teacher in charge to ensure that children's needs are safely met and relevant personal are appropriately trained.

The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

Epilepsy

Epilepsy is a brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder. However, its cause – especially in the young – may have no precise medical explanation.

Tonic Clonic Seizures (arinal mal)

The person may make a strange cry and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the person may be incontinent.

Complex and partial seizures (temporal lobe seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip smacking. The person appears conscious, but may be unable to speak or respond during this form of seizure. Ensure safety of the person – gently guide away from dangers and speak calmly to the person and stay until they recover.

Absence (petit mal)

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs, if any, of an 'absence / petit mal' seizure. This can lead to serious learning problems as the seizures may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore it is so important to be understanding, note any petit mals and inform parents.

Procedure for an epileptic seizure

Total seizure (total clonic)

- KEEP CALM – pupils will tend to follow your example! Let the seizure follow its own course. It cannot be stopped or altered.
- Ask the other pupils to leave the room and ask a responsible pupil to fetch another adult.
- Get First Aid assistance if possible and begin to time the seizure.
- Refer to the pupil's Individual Health Care Plan which can be accessed in the Medical file in the staff room/Medical Centre.
- Protect the pupil from harm. If possible move any objects that may hurt them, rather than move them from dangerous objects.
- As soon as possible place the pupil on their side – this does not have to be true recovery position – just so that the tongue falls forward so that any saliva can drain out of the mouth easily. Never place anything in the pupils' mouth.
- Put something under their head to protect them from facial abrasions if at all possible.
- Try not to leave the pupil alone if at all possible. If you need to leave the pupil make sure there is something behind their back to try to maintain a sideways position.
- Talk quietly to the pupil to reassure them but do not try to restrain any convulsive movements.
- Retain the pupils' dignity at all times as during the fit the pupil may be incontinent – cover with a blanket to keep warm.
- Once recovered, move them to the Medical Centre. Check no obvious injuries have occurred.
- Allow the pupil to sleep on their side. Do not leave them alone as the seizure may be the first of a cluster.
- Call the pupil's parent/guardian and request the pupil be collected from school (if possible) so that they can sleep as long as needed. If the seizure occurs in the morning they may even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide.
- Call an ambulance if it is the pupil's first seizure or if it lasts longer than 5 minutes. If a seizure lasts that long, it is likely to last longer. It is very important that the pupil goes to hospital and gets the proper treatment within one hour of the beginning of the seizure.
- Ensure that the ambulance staff are aware of the duration of the seizure and any other pupil medical history that may be relevant.
- An appropriate member of staff must accompany the pupil in the ambulance and stay with them until the parents arrive.
- Ensure any pupils who were present at the time of the seizure have a chance to talk it over with the School Nurse on duty.

Please contact the School Nurse for advice, help and support and for further information or training in the administration of emergency epileptic medication.

In developing this policy, the School has regard to the guidance of Epilepsy Action and the medical team. The school recognises its responsibility in dealing with children appropriately.

Windermere School recognises that epilepsy is an important condition affecting some schoolchildren and positively encourages pupils with the condition and will work with outside agencies (GPs, Consultant Physician and specialist nurse practitioner) to ensure that pupils with epilepsy can participate fully in school life.

This school encourages children with epilepsy to achieve their potential in all aspects of school life by having a clear policy that is understood by both staff and pupils.

Record keeping. When a pupil is admitted to the school the parents will inform the school nurse, via the health form, of the epilepsy. This information is passed to other staff via the medical file in the staff room and to form and house staff. The parents of an epileptic pupil will be invited, with the pupil and their liaison nurse, into school to discuss how their specific needs can be met. Such information will include details regarding their seizures, e.g. Triggers, type, duration; whether there is altered behaviour either before or after; and the mode of recovery. The school nurse will keep details of the current treatment in the Medical Centre and parents are asked to inform the school of any changes to the treatment regime.

Medication. The school acknowledges that the regular administration of prescribed medication is essential in the control of epilepsy and will support pupils by allowing them to take their medication at the appropriate time. Parents are asked to supply the school with sufficient medication in a clearly labelled container. The school nurse will ensure that boarders have a sufficient supply in school.

Physical Activity. The school acknowledges that epilepsy itself is not a barrier to physical activity. PE staff will be informed a pupil has epilepsy and will liaise with the school nurse and the pupil's parents and physician to ensure that all physical activity undertaken is suitable for that pupil. Any contraindications will be clearly laid out in the pupil's individual health care plan and this shall be adhered to at all times.

Outings and Off-site activities. The school encourages pupils with epilepsy to participate in off-site activities, both educational and social. Pupils should take with them sufficient medication in a labelled container for the duration of the outing, which must, at all times be handed to the teacher in charge for safe storage and administration. Some physical activities may not be appropriate and there will be discussion before the outing with the pupil, their parents and medical and nursing staff to assess the suitability of the activity. Staff should be aware that some flashing lights and strobe effects might trigger seizures in some pupils.

Computers. Some pupils with epilepsy may be sensitive to the effects of a VDU and may need to use a special clip-on screen cover to reduce the effect. Staff will ensure that the screen is used. Further advice may be sought from the school nurse or IT department.

DEPRESSION

Depression should not be confused with genuine sadness, e.g. In cases of bereavement, or momentary low spirits, e.g. a setback in work. Depression is when persistent black moods set in. It is recognised that depression is a common experience and most people recover with the appropriate support and help. Depression is common among adolescents.

Depression is recognised when the person exhibits:

- A loss of interest and enjoyment in life
- A lack of drive and motivation, that makes even simple tasks and decisions difficult or impossible

- Utter fatigue
- Agitation and restlessness
- Loss or gain in appetite, with loss or gain in weight
- Sleeplessness, including early morning waking or excessive sleeping
- Loss of outward affection
- Loss of self-confidence, avoiding meeting people
- Irritability and aggressiveness with family and friends
- Feeling useless, inadequate, helpless and hopeless
- Feeling worse at a particular time of day, usually mornings
- Thoughts of suicide
- Self-harm

Sufferers should be encouraged to:

- Talk to parents or someone close who will be an invaluable source of support
- Try something active -go for a walk, play some sport
- Eat a good balanced diet, even though they may not feel like eating
- Resist the temptation to drown their sorrows. It should be explained that alcohol actually depresses the mood
- Try listening to the radio, music or watching TV while they rest, if they can't sleep
- Try not to make any major life changes, eg changing schools, subjects, house, unless the change will definitely ease the depression

If there is a concern that the sufferer is at real risk of doing something dangerous, e.g. self-mutilation or there is a risk or talk of suicide, then there is a legal obligation to share that concern. In the first place it would be with the school nurse and the Headmaster, who may tell others on a 'need to know' basis.

They will ensure that appropriate professional advice is taken and followed.

If a pupil is seeing a Counsellor, the medical staff should know so that appropriate liaison can take place

Any member of staff who is supporting a pupil with depression should also receive appropriate support, which may include going to a Counsellor.

A depressed pupil should see the doctor to find out if there is a physical cause.

Support in school is circumscribed by the needs of others in the House and school.

More than one member of the House staff should be aware that the pupil has a serious problem and needs observation: they should know whom to contact if there is any cause for concern.

Eating Disorders

A pupil who shows evidence of an eating disorder, eg missing meals, over-exercising, bingeing, significant weight loss, will be asked to see a member of staff in the Health Centre

The staff in the Health Centre will make an assessment about appropriate treatment, which will be for the patient to:

- Either remain at school under medical supervision -ranging from occasional spot weighing, blood pressure readings and general observation to referral to a specialist
- Undergo treatment away from the school site as an out-patient or in-patient at an appropriate clinic. Such a decision will be based on consideration for both the welfare of the patient and that of their friends who carry the burden of day-to-day living with them.

In order to support pupils appropriately, Headmaster and House staff should be kept informed at each stage of the treatment, whilst not breaching confidentiality. Parents will be invited into the school and the pastoral/medical team shall work closely with them alongside the pupil.

In recognising that the pupil's peers, particularly their friends, find eating disorders very upsetting to live with, all pupils are offered support from an appropriate adult, including a Counsellor.

Windermere School adopt a healthy environment to eating which includes a well-balanced diet and consuming all food groups in moderation.

HEAD INJURY

Pupils who fall to the ground following a blow to the head can continue in school if they get to their feet unaided and immediately, appearing fully conscious and orientated. Parents must be informed of the injury.

If they are:

- unable to get up for 10 seconds or more due to a head injury

OR

- apparently confused or disorientated for 2 minutes after the blow—they must
- leave the field for the rest of the game
- be observed for 24 hours by the medical team and house staff
- have no contact sports for 23 days

They must go to hospital if: they lose consciousness at all or have amnesia

If a pupil is unconscious, do not move the casualty - phone 999, place the pupil in the recovery position and monitor their breathing.

A player who has been unconscious for 60 seconds or more or has a Post Traumatic Amnesia of 30 minutes or more should not play contact sports for at least 23 days (Policy for jockeys and of the RFU)

A player who has had 2 minor episodes of loss of consciousness (10-60 seconds) in the same season should not play for 4 weeks. Repeated episodes of loss of consciousness or any part concussion features warrant a complete ban on contact sports.

Assessment following a blow:

- was the pupil knocked out?
- do they remember the blow?
- what was the duration of the retrograde amnesia?
- what was the duration of the post traumatic amnesia?
- how did the injury occur? Is there a wound/deformity to the area?
- continue to monitor level of consciousness -improving, stable, deteriorating.

It is not necessary to lose consciousness to sustain neurological damage. Headaches, dizziness, irritability and difficulty with concentration can persist for weeks/ months.

Treatment: Rest, simple analgesia, reassurance that it will improve, prevention of further injury, medical investigations if no improvement.

For players returning from away matches with suspected Concussion, then the School Nurse must be contacted by the coach before arriving back in Windermere.

Once Concussion has been diagnosed the player must rest for 48 hours from all physical & cognitive (academic) activities. If he/she is symptom free then he/she may return to lessons but refrain from ALL physical activity for a further 23 days. At the end of this 23 day period the player will be assessed by the School Nurse.

MENINGITIS

This is acute inflammation of the lining of the brain and/or spinal cord. It may be viral or bacterial.

Viral - may be caused by mumps virus, may be a secondary infection to sinusitis, ear or respiratory infections, common cold virus. The onset tends to be insidious.

Bacterial - Caused by meningococcus, pneumococcus, haemophilis influenza. The onset is sudden and acute.

Signs and Symptoms

- Headache, Irritability, Nausea, Vomiting, Back pain, Fever
- Meningeal irritation - photophobia (dislike of bright lights)
- Neck rigidity/ stiffness and a great pain in flexion of neck (due to stretching the inflamed brain linings)
- Rash
- Bloodshot eyes
- Positive Kernig's sign - inability to straighten the knee when the hip is flexed.
- Positive Brudzinski's sign - hip and knee flexion in response to forward flexion of the neck.
- Raised blood pressure

Signs and symptoms worsen quickly - get pupil to hospital as soon as possible. Inform parents and the Headmaster.

Meningitis is classed as a Notifiable disease - relevant authorities will be informed via hospital, and will control situation if necessary and give advice.

Head Lice

In developing these procedures, the school has regard to the advice and guidance of the Infection Control Nurses Association and the Medical Team. The school recognises its responsibility in dealing with children appropriately.

- Head lice infection is not primarily a school problem but one of the wider communities.
- Whilst the school cannot solve the problem it can help parents to deal with it.
- Head lice do cause concern and frustration for some children, parents and teachers.
- The School Nurse should be informed in confidence of all head lice cases.
- All reports shall remain confidential.
- The school may inform parents by an 'advice' letter given to a whole year or class group but not individual parents.

- Affected pupils will not be excluded from school.
- The school will maintain a sympathetic attitude and avoid stigmatising / blaming families who are experiencing difficulty with control measures.
- It is part of the school Uniform Policy for all pupils to keep their hair tied back at all times, as this is a preventable measure against head lice.

Infectious Diseases Timescale for Absence (as advised from Public Health England PHE).

Disease/Illness	Minimal Exclusion Period
Chicken Pox	Until all vesicles have crusted over
Conjunctivitis	None-unless there is an epidemic
Diarrhoea and/or Vomiting	48 hours from last episode of diarrhoea or vomiting
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting
Head Lice	None
Infected Hepatitis A	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)
Influenza/Swine Flu	Until recovered
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment
Measles	Four days from onset of rash
Meningococcal Infections	Until recovered
Mumps	Exclude child for five days after onset of swelling
Pertussis (Whooping Cough)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment
Plantar Warts	None
Ringworm	Exclusion not usually required
Scabies	Child can return after first treatment
Scarlet Fever and Streptococcal Infection of the throat	Child can return 24 hours after starting appropriate antibiotic treatment
Tuberculosis	Always consult your local PHE centre

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