LAMBROOK

NURTURING
POTENTIAL
SINCE 1860

# First Aid and Medical Procedures Policy

This document applies to all parts of Lambrook School including the Early Years Foundation Stage.

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## LAMBROOK'S AIMS

Since 1860, Lambrook has been laying the foundations for its pupils' futures. Children have one opportunity for an education which will form the basis of their lives and, at the same time, one childhood; Lambrook aims to keep a happy balance between the two. During their time with us, we give our pupils the 'Feathers to Fly' so that when they leave us, they will spread their wings and will take flight; leaving Lambrook as confident, happy, engaging, mature, considerate and thoughtful young adults who are outward looking global citizens.

### Inspiring

Inspiring pupils from Nursery through to Year 8, ensuring an outstanding level of education from our exceptional staff.

### Nurturing

Nurturing all pupils through an outstanding level of pastoral care, enabling them to flourish in a happy environment

### Providing

Providing pupils with an abundance of opportunities to discover, develop and showcase new talents.

### Preparing

Preparing our children for the next stage of their educational journey by giving them the skills for scholarship and Common Entrance entry at leading Senior Schools.

### Equipping

Equipping our children for the ever-increasing challenges of the world in which they live; giving pupils the skills and the confidence to understand technology, the environment and other cultures better, thus enabling them to make a difference in the world, both now and in the future.

## Introduction

1. At Lambrook School we are committed to ensuring that, should they require it, every pupil (including those in the EYFS), every member of staff and every visitor will be provided with a high standard of first aid care and will be treated with compassion, courtesy and dignity. In order to ensure this Lambrook School will: -

a. Provide adequate numbers of first aiders throughout the school
b. Maintain levels of competence of first aiders through training and updating
c. Keep a record of first aid treatment for pupils and staff including the recording of accidents
d. Provide an appropriate and stocked Health Centre where First Aid is administered
e. Identify pupils with specific health needs and maintain and communicate individual plans of care as necessary.
f. Ensure HSE regulations on the reporting of accidents, diseases and dangerous occurrences are met
g. Communicate effectively with Parents about medical and first aid concerns.
h. Detail the responsibilities involved in administration of medications.

## Aims of the Policy

2. Procedures and information set out in this document aim to ensure that:

a. All members of the school community are aware of the procedures to follow in the event of an accident, the support available and the role that they play.
b. Effective management systems are in place to support individual pupils with medical needs.
c. There are sufficient numbers of trained staff as Appointed Persons and First Aiders, including Paediatric First Aid, to meet the needs of the school, and such training is updated every three years.
d. Medicines are recorded, handled, stored and administered responsibly.
e. First aid provisions are available at all times while pupils or employees are on school premises, and also off the premises whilst on visits or trips.
f. All incidents involving medical assistance are properly recorded.

This document was drawn up in conjunction with guidance from DfE Guidance on First Aid, Managing Medicines in Schools and Early Years Settings (DfE 2016) and Supporting pupils at school with medical conditions (Department for Education and Skills/Department of Health, (December 2015). This policy is available on the school's website and on request from the school office.

The policy bears relation to other school policies:

- Anaphalysis Policy
- Concussion Policy
- Health and Safety Policy
- Educational Trips and Visits Policy
- Safeguarding Policy
- Staff Code of Conduct

## PRACTICAL FIRST AID ARRANGEMENTS AT LAMBROOK

### First Aid Practitioners

3. There is a qualified Nurse or registered first aider, located in the Health Centre who takes responsibility for the provision of First Aid from 8.00 am to 5.30 pm week days and 9.00 am to 4.00 pm Saturdays. These individuals have completed the 2 day Paediatric First Aid Course in addition to the First aid at Work course

4. A First Aid trained member of staff is on site after 5.30 pm and at weekends. They are available to administer first aid, to deal with any accidents or emergencies, or to help if someone is taken ill. There are also a number of teaching and administrative staff who are trained as First Aiders, capable of giving first aid throughout the School day.

5. All first aiders hold a valid certificate of competence, approved by the Health and Safety Executive.

6. Copies of certificates/course completion dates are maintained on staff personnel records in the Bursary, and a register of training is held by the Compliance/ SLT Administrator. The re-training of qualified staff and training of new staff will be organized by the Director of Finance in consultation with the Senior Nurse and compliance/ SLT administrator. Retraining is required every three years.

7. Medication Administration Training is undertaken by all house staff and those who regularly administer medication on residential trips. This training should be updated every two years. The register for this training is held by the SLT PA/Compliance Administrator. Please see Annex 1 for the detailed list of trained first aiders.

8. Within the EYFS, and in line with regulation, at least one person who has a current paediatric first aid (PFA) certificate will be on the premises and available at all times when children are present. This will also apply on outings. All newly qualified entrants to the early year's workforce will also have a full PFA, or an emergency PFA within 3 months of starting work. A list of all PFA qualified staff can be found at Annex 1.

### The Health Centre

9. The Health Centre is staffed from 8.00am-5.30pm Monday to Friday and 9am-4pm on Saturday. It is located on the first floor of the Lambrook House building, and all Prep School pupils are made aware of its location. The room contains first aid supplies, various basic diagnostic equipment, a water supply and sink, a two bedded sick bay alongside an office. It is located close to bathroom and toilet facilities.

10. Children should attend as directed by the class teacher, and accompanied by another child or a member of staff if available. Matron should be notified by email or phone if a child has been sent to the Health Centre. A record is kept of all children who attend the Health Centre on the sanatorium manager on Isams and in the daily medical file.

11. Two beds are available for anyone requiring bed rest. For children who are unwell, every effort will be made to contact the parents and send them home, especially if they are vomiting, or are displaying any Covid-19 symptoms. If a boarder is unwell a plan of care will be made in conjunction with the parents. In most situations it is anticipated the pupil will go home to recover.

12. If going home is not possible then the pupil will remain isolated in the Health Centre to avoid passing on any infection and provision will be made in the boarding house for overnight care.

13. In EYFS and Pre-Prep the departmental staff who are trained in First Aid deal with the minor, everyday illnesses or injuries and the Nurse or Senior First Aider if departmental staff have concerns. The Surgery Contact Numbers are: Mobile: 07955 254150 or 01344 887210. All new pupils and staff are given information on where to go for help in the event of an accident as part of their induction into the school.

## Location of First Aid Facilities on Campus

14. First aid boxes (Lambrook has First Aid Boxes that stay on site and First Aid Kits that contain more supplies and can go off site) are available in a number of locations throughout the Campus, please refer to Annex 2 for location of First Aid boxes. The First Aid boxes are checked and replenished at least termly or more frequently as required.

15. First Aid Kits are checked and replenished after every use by Health Centre staff, it is the responsibility of the user to inform the Health Centre if items have been used.

16. A copy of the list of first aid kit locations is kept in the Health Centre. The sites are easily accessible and indicated by the universal First Aid sign. The boxes are statutory green displaying a white cross. Contents comply with the British Standard BS8599 as shown in Annex 3.

17. An automated defibrillator is located in the school office in Lambrook House, instructions for use are on the unit and it can be used by any adult. Annex 6 gives further guidance. Regular checks are carried out by Health Centre staff to ensure the equipment is in good working order.

18. Travel first aid kits and PPE are kept in the Health Centre for outings and trips. Special burn kits and eye wash kits are kept in specialist areas, for example, science labs, laundry, pool room and grounds hut.

## Sport, Trips and Outdoor Learning First Aid

19. First aid kits and PPE are taken out on school trips, outings and sporting fixtures, together with any extra requirements for particular pupils, for instance prescribed EpiPens or Asthma inhalers. The Health Centre staff ensure the standard bags are made up to include individual necessary equipment likely to be required. The contents of these bags are checked on a regular basis before being sent out.

20. Staff using items from the first aid bags must contact the nurses for replacement items.

## Administration of First Aid

21. Minor Accidents, Injuries or illness-

- A first aider should attend to a minor incident.
- First aiders should only provide first aid treatment for which they have been trained and are competent.
- The first aider should use the nearest first aid box to the accident.
- Gloves should be used if dealing with an open wound.
- Open wounds should be cleaned using alcohol free wipes before applying a dressing.
- Burns should be treated by encouraging the individual to put the burnt area under running water for 10 minutes.

22. More serious accidents or injury: -

A member of staff witnessing or discovering the accident should contact the Health Centre immediately. If first aid assistance is required during the following hours Matrons should be called upon for assistance using emergency mobile number 07955 254 150

Monday – Friday 8.00am to 5.30pm

Saturdays 9.00am to 4.00pm

In the event of a serious accident or injury to a pupil, staff or visitor, the injured person is the first priority.

- The injured individual should not be left unattended.
- An ambulance should be called if deemed necessary, Annex 5 details the correct procedure.
- The type of injury that may require transportation by Ambulance are: -
    - Serious Head or neck injury
    - Suspected leg fracture
    - Loss of consciousness or fitting
    - Severe bleeding injury
    - Severe asthma attack
    - Severe hypoglycaemia for a diabetic
    - Difficulty breathing
    - Suspected Heart attack or stroke
    - Anaphylaxis where an EpiPen is used
- If in any doubt call an ambulance on 999 for advice.
- A member of Senior Leadership Team should be informed as soon as is practically possible and every effort made to contact parents.
- If non-emergency transport is sufficient a taxi could be used, a member of staff should accompany a child until parents arrive.

## Reporting an Accident

23. Only in limited circumstances will an accident/incident be reportable under RIDDOR. These circumstances concern diseases, accidents and dangerous occurrences arising out of or in connection with work.

24. Types of reportable injury:

- Death - All deaths resulting from work related accidents to workers and non-workers must be reported. Suicides are exempt.
- Over 7 day injuries to workers – Where a worker is off work or can't carry out their normal work duties for over 7 consecutive days following an accident (not including the day the accident occurred).
- List of specified injuries to workers:
    - fractures (except fingers, thumbs and toes);
    - amputation of an arm, hand, finger, thumb, leg, foot or toe;
    - permanent loss of sight or a reduction of sight;
    - crush injuries resulting in internal organ damage;
    - Back injuries as a result of lifting;

    - serious burns (over more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
    - scalping's (separation of skin from the head) which need hospital treatment;
    - unconsciousness caused by a head injury or asphyxia;
    - any other injury caused by working in enclosed spaces, leading to hypothermia, heat induced
    - illness, resuscitation or admittance to hospital for more than 24 hours.
- Injuries to non-workers (PUPILS) i.e. members of the public or visitors, must be reported if they are taken from the accident scene to be treated for that injury in hospital. You do not need to report what hospital treatment was given.
- Accidents where a person is taken to hospital as a precaution, but where no injury is apparent, do not have to be reported.

## Occupational diseases

25. The following list of (diagnosed) occupational diseases, which are likely to have been caused or made worse by work, must be reported:

- carpal tunnel syndrome
- severe cramp of the hand or forearm
- occupational dermatitis
- hand-arm vibration syndrome
- occupational asthma
- tendonitis or tenosynovitis of the hand or forearm
- any occupational cancer
- any disease attributed to an occupational exposure to a biological agent.

## Dangerous occurrences/near misses

26. These are specified 'near miss events which have the potential to cause harm. Not all near misses need to be reported, a full list is available in Schedule 2 to the RIDDOR 2013 Regulations.

27. All work injuries to staff should be reported to Matron, the individual should be assessed and the accident book, held in the Health Centre, completed in the event of a serious injury.

28. All other accidents to Pupil's should be reported in the following ways: -

In the Accident Books if: -

- Suspected or actual fracture, chip to any bone including finger/ thumb or toe
- a burn
- Severe bleeding
- Fainting or falling unconscious
- Deep wound/cut
- Severe asthma attack
- Dislocated Joint
- Anaphylactic shock

Or where hospital treatment was advised following either: -

- Tooth knocked out or chip
- Serious facial / eye injuries

### Documenting minor Injuries

29. Non serious accidents and incidents involving minor cuts/ grazes etc. will be documented on Isam's in sanatorium manager and in the daily medical attendance file.

### Early Years Foundation Stage (EYFS)

30. Given the need for further information in the Early Years setting, Nursery, reception and Westfield Club will continue to use their own minor accident report forms for all minor accidents and incidents. A copy of these are given to the parent on collection of the child and all forms are collected on a monthly basis, indexed and stored in the Health Centre.

### Accident Form Storage and Trend Analysis

31. Accident forms are collected on a monthly basis by Matron and filed in the Health Centre. They are stored in a divided folder and indexed. Trends can then be identified, statistics are passed to the Health and Safety Committee Termly by the Senior Matron. These statistics are reviewed periodically by the Committee in order to minimize the likelihood of recurrence the analysis is used to identify any specific trends in type or location of accidents.

### Head Injury Reporting

32. Head injuries are assessed fully, checking alertness and ensuring that there are no worrying signs of concussion (Annex 13). Parents and Form teacher are informed and given guidance as to what symptoms to be aware of. All head injuries and treatment given are documented thoroughly.

33. Records are kept of all accidents and injuries which occur at school and bursary review these termly in order to minimize the likelihood of recurrence. Analysis of accident/incidents is carried out in order to ascertain any specific trends in type or location of accidents.

### Care of the Unwell Child

34. Any child who is seen to be unwell during the school day and temporarily unable to continue with lessons may rest in the sick bay within the Health Centre and monitored by the Matron, should their condition not improve, parents should be contacted and the child should be collected.

35. In order to avoid the spread of contagious conditions any Child with diarrhoea and/or vomiting should not stay in school and should be absent up until 48 hours post their last episode of illness. This is a Public Health England guideline. Further infection control guidance regarding infectious diseases is found at Annex 17.

36. In the event of a boarder becoming unwell during the evening, every effort should be made to contact the parent or guardian to arrange for them to be taken home. Should the illness start overnight, the child will be isolated from other children and in the morning moved to the sick bay to be monitored by Matron. The parents will be contacted first thing in the morning to collect the child. If required urgent medical help will be sought.

37. If a child who is boarding needs to see a doctor, they will be accompanied to Green Meadows GP Surgery where they will be seen as a temporary resident.

38. Boarding Children requiring Emergency dental care should ideally be taken by parents. Slough walk in Centre has a facility for this.

## Children's Medical Conditions

39. All pupils are required to have a medical questionnaire completed by parents informing the school of any medical issues, allergies or concerns. This also serves as consent for medical treatment in an emergency, for some forms of pain relief and for the administration of antihistamine if required. Information from the Pupil Profile document is entered into the ISAMS computer system and relayed to relevant staff. It is important that Parents of Children with long-term specific medical needs make the School aware of their individual needs so that reasonable adjustments can be made to the learning environment.

40. Pupils with specific health requirements will have an individual plan of care as agreed between the parents and the school Matrons. Parents will be informed immediately of any concerns. Class lists are compiled at the beginning of each academic year detailing children with specific health concerns and allergies. These are displayed in the Health Centre, boarding houses, Kitchen (if food related) and the Staff Common Room. These are updated as any changes occur. Each form tutor is in receipt of a list of their Tutor group's health needs.

41. Throughout this policy the term "EpiPen" is used to refer to all Adrenaline Auto Injector devices. All staff will be aware of those pupils with severe allergies requiring EpiPens. Photographs of EpiPen carrying children are on display in the staff common room, the Health Centre, the boarding houses and the kitchen. EpiPens will be taken with those children on any trip out of school. All staff will be trained in the use and administration of an EpiPen. In the event of administering an EpiPen, an ambulance will be called immediately to take the child to hospital. Parents will be contacted as soon as possible.

## Pupils using Crutches

42. Where an injury has caused a temporary decrease in the level of mobility, a child may attend School on crutches. Reasonable adjustments should be made to ensure that during this time the child is kept safe and their need for mobility is decreased. This may involve having a buddy to carry books/bags, leaving lessons earlier to avoid congestion in corridors, changing the location of certain lessons to avoid stairs etc.

## Medication Administration

43. The staff and Governors of Lambrook School wish to ensure that pupils with medication needs receive appropriate care and support at school. The staff will therefore be supported in their role of giving or supervising the taking of prescribed or non-prescribed medication. Most children at some time have short term medical needs e.g. finishing a course of antibiotics. Some children have longer term medical needs or require medicines in particular circumstances.

44. Parents are responsible for providing the school Matrons with comprehensive information regarding the pupil's condition and medication.

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

46. Staff will not give non-prescription medication to a child without written consent from the parent.

47. Only reasonable quantities of medication should be supplied to school- for example a maximum of four weeks' supply.

48. When a pupil goes off site the school Matron should provide written instructions and documentation to the Teacher in charge of the trip. Any administration of medication must be thoroughly documented and the Matron and parents should be informed.

49. Each item of medication must be delivered to the Health Centre by a parent, in a secure and labelled container as originally dispensed (including the pharmacy label). Each item of medication must be clearly labelled with the following information:

- Pupils Name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date

***The school will not accept items of medication in unlabelled containers.***

50. Medication will be kept in a secure place, out of reach of Pupils. A lockable fridge for medication is kept in school Health Centre.

51. The school will keep records of administration of medication, parents will be informed of administration and can ask to see administration records.

52. If a child refuses to take medication, staff will not force them, parents will be informed and the refusal documented.

53. It is the responsibility of the parents to inform the school of any changes to medication and to provide adequate supplies. All medication must be within its expiry date

54. The school will not make any changes to dosages, unless the child is on a sliding scale or a new prescription is supplied.

55. Medicines which are in use and in date should be collected by a parent at the end of term. Out of date medication will either be returned to the parent or disposed of in a pharmaceutical bin in the Health Centre.

56. If deemed appropriate and subject to a risk assessment (Annex 4f) children will be able to self-administer long standing medication.

57. Staff who volunteer to assist in the administration of medication will receive appropriate training/ guidance.

58. The school will make every effort to continue the administration of medication to a pupil whilst on a school trip away from school even if additional arrangements may be required. However, there may be occasions when it may not be possible if adequate supervision cannot be guaranteed. This decision would be made in discussion with parents.

## Medication Administration in Early Years Setting

59. Only medicines prescribed for a child by a doctor, dentist, nurse or pharmacist will be administered. Any medicines to be administered in Nursery and Reception must be provided in its original container with the prescriber's instructions. A medical form, stating the name of the medicine, the dosage to be given and the time to be administered must be completed with the parent's written consent.

60. Any member of staff administering medicines to a child, should refer to item 75.

61. Children's pain relief, such as liquid paracetamol, will not be administered as they could mask other conditions, unless we have the parent's written consent/request to do so.

62. Inhalers and other medicines that do not need to be refrigerated, will be kept on a high shelf in the Nursery and in a cupboard, out of reach of children in Reception classrooms. Medicine needing refrigeration will be kept in the upstairs (boarders) fridge during Nursery hours and sent home with the child at the end of their session. In Reception, medicine will be kept in a fridge in the Pre Prep staff room.

63. For those children who have an allergy where an EpiPen is required, it will be kept on a high shelf in the Nursery in a sealed box showing the child's name and photograph and the protocol to follow. In Pre-Prep department, EpiPens are kept in a cupboard out of reach of children in the reception office. The cupboard is clearly labelled "EpiPens kept in here." The protocol will have been written by the School Nurse in conjunction with the child's parents and medical practitioner. All Early Years staff have regular EpiPen training to administer this medication if necessary.

64. If a child refuses to take the medicine, staff should not force them but should note this on the records. Parents must be informed of the refusal on the same day. Matron may be called if the refusal to take the medicine results in a deterioration of the condition.

### Medicines and Early Years Outings

65. Staff taking children on an Early Years outing must consider what reasonable adjustments they might need to take to enable children with medical needs to participate fully and safely. This may mean additional safety measures or additional members of staff. Any medication that the children may need must be taken on all trips.

66. Staff members have a certificate in Basic First Aid and at least one other member of staff has a certificate in Paediatric First Aid on all school outings. Staff are regularly updated on EpiPen training and the procedures that follow an anaphylactic shock.

### Non - prescription medication (NOT EYFS)

67. Non-prescription medication is medicine that can be bought over the counter e.g. Paracetamol. Subject to parental consent check medical spreadsheet or Isams general record), these preparations may be given to a child according to dosage guidelines.

68. Within the pupil profile, completed on joining the school, Parents are asked to consent to the administration of the following non- prescription /homely remedies: -

- Paracetamol suspension (used for headaches, elevated temperature, toothache etc.) and tablets.
- Savlon/ waspeze
- Antihistamine liquid, tablets and cream
- Arnica Cream
- Olbas Oil

69. For all other over the counter medication an individual consent form must be signed by the Parent / Guardian (Annex 4c) and each administration should be recorded and signed for on a Non Prescription Medicine Administration Record.

70. The procedures for dispensing such medicines are:

a. Check consent and what medication the child has had that day. Complete Medication Administration Record at each dispensing
b. Comply with medicines dosage guidelines for age etc.
c. If in Boarding, medication consent forms must be returned to the Health Centre during the day to ensure continuity of care.
d. Keep forms with medication at all times.

## Non-Prescription Medication within Boarding

71. Within both Westfield Boarding House and Lambrook Boarding House there is a locked cabinet which contains, paracetamol tablets and Melts, liquid antihistamine and cream, Arnica Cream, Olbas Oil, Savlon / antiseptic cream and a battery operated thermometer, and disposable ice packs. In Westfield House it is situated on the top floor landing behind the white double doors. In Lambrook House it is situated in the towel/laundry stock room off the wash room.

72. These medicines should only be given by the House Parent or House Tutor. If children are given over the counter medication, the child's name, date, time, medicine given and dosage must be recorded on the daily medical sheet in the boarding house folder and the information passed or emailed to Matron at the first opportunity.

73. Health Centre staff make regular checks on over the counter medication quantities in the Health Centre.

74. The quantities of medication in Pre-prep, Boys Boarding and Girls Boarding are checked monthly by Matron.

## Prescription medication

75. Prescribed medication is medicine prescribed by a doctor for a specific child, for example antibiotics. The prescribed medication has a unique label with the child's name printed on it by the dispensing pharmacy. The procedures for dispensing such medicines are:

a. Check parental consent (Annex 4a)
b. Check name of child against name on prescribed medication.
c. Check dosage and frequency of medication.
d. Check any special instructions such as 'take with food'.
e. Check expiry date
f. Check any allergies
g. Complete prescribed medication form after each dose given. Signing to confirm drug given.
h. Inform parent of medication given, dosage and time given.
i. Store medicine as advised on the label.

76. Any pupil requiring prescription medication from home will need an authorisation form completed by their parents (Annex 4a). The medication must remain in its original container and will be stored as required on the label. Each dose must be signed, timed and dated on the record sheet by the person administering the medication (Annex 4b). The paperwork should remain with the medication. This ensures accuracy and avoids any possible drug errors which could occur.

### Prescription Medication within Boarding

77. Children who are taking Prescription Only Medication (POM), or over the counter medication, must have the consent form completed and signed by a parent or guardian and the medication handed into Matron upon their arrival at school. Matron will pass all relevant information onto the House Parent. House Parents should check all the above details before administering.

78. The signed/ completed medication administration form and medication must be returned to Matron the following day, unless the medication is only required during boarding hours.

### Medication on School trips/ fixtures

79. Any prescription or non-prescription medication required for school outings will be provided by the nurses in a suitable labelled bag and given to the member of staff in-charge of the trip, together with the relevant paperwork.

### Controlled Drug Administration

80. Controlled Drugs (CDs) are medications that have been prescribed by a medical professional for the use of a named individual and which, under the Misuse of Drugs Act (1971) and Regulations (2001: 5.1.2), must be locked away appropriately and strictly monitored and recorded in a dedicated book as it is used. The prescription will determine dosage, frequency and method of administration. Examples of Controlled drugs include but are not limited to Ritalin, Medikinet, Concerta and Dexamphetamine. Broadly speaking, medications for ADHD are Controlled Drugs.

*Midazolam is a Schedule 3 controlled drug*
*Midazolam is exempt from safe custody and record keeping regulations, under safe storage.*
*The Controlled Drugs that must be kept under safe custody are:*
- *Schedule 1 drugs*
- *Schedule 2 drugs*
- *Schedule 3 drugs unless exempted under the Misuse of Drugs (Safe Custody) Regulations 1973 as amended, and allow quick access to certain medication. Common exemptions include: – gabapentin – mazindol – meprobamate – midazolam – pentazocine – phentermine – phenobarbital – pregabalin – tramadol. At Lambrook School Midazolam is kept in safe storage in a locked medication cabinet attached to the wall in the waiting area of the Health Centre.*

81. All Controlled Drugs (CD's) are locked in a cupboard in the Health Centre, stock is checked at regular intervals and every time a Child's medication is dispensed it is documented in the Control Drug book. As there is a potential risk of misuse of CD's a risk assessment is in place for the storage and administration of CD's. (Annex 4e)

## Emergency Medication

82. Emergency Medication (EM) is medication prescribed by a medical professional to treat a named individual for a potentially life-threatening condition. There are specific recognized circumstances when this medication MUST be administered. These circumstances are clearly stated in the individual's Health Care Plan. Examples of Emergency Medication include Asthma Inhalers, EpiPens and epilepsy rescue medication.

## EpiPens and Inhalers

83. All Prep –school Children's prescribed emergency medication such as Adrenaline Auto Injectors or inhalers can be accessed at any time from the waiting area in the Health Centre. Each individual with such medication has a named drawer. They have an individual care plan which is kept with the medication. The door to this room remains unlocked to ensure timely access in an Emergency.

84. There are also duplicate Auto injectors for each child in a medical cupboard in the Kitchen corridor (go past serving hatch and down to the right and you will see cupboard on the right).

85. Spare generic inhalers are available: -

- In the Health Centre
- In the Swimming Pool
- Matron's First Aid bag
- Boys Boarding House

86. These are for use in an Emergency when individuals own named inhaler is unavailable (Guidance on the use of emergency Salbutamol Inhalers in School – Department of Health 2015) They MUST only be used by those individuals who we have received a signed Parental Consent for the use of an Emergency Inhaler form from. A list of those with consent is located with these Spare inhalers behind the roller blind in the waiting are of the Health Centre, alongside the list of consents for use of school's spare EpiPens. Use of these spare devices must be documented and reported to Surgery. (Guidance on the use of Adrenaline Auto-Injectors in schools – Department of Health 2017)

## School Trips/ fixtures etc.

87. Any emergency medication will accompany the child on a trip off site. For prep-school children the Surgery organise this, whilst in Nursery and Pre-prep it is managed by the classroom staff.

## Boys Boarding

88. As Westfield Boarding House is located away from the main site, specific procedures are in place to ensure access to emergency medication.

89. All children and adults with asthma are encouraged to have an inhaler on their person especially when boarding, a spare inhaler and the list of individuals who have consent to use it, is also available in the Boarding House.

90. It is the Housemasters' responsibility to ensure any Emergency medication is available in Boarding for those children for whom it may be necessary

## Communication with Parents

91. On commencing at Lambrook, Parents are asked to complete the Pupil profile which includes a thorough section for medical information. In this section parents will give consent for medication and are asked to give information regarding any medical conditions/ medication requirements, completing a care plan as required.

92. Parents should, keep the medical staff informed of any new medical concerns, throughout their Children's time at Lambrook.

93. Parents will be contacted if their child is unwell and unable to stay at school. Every effort is made to contact parents if a child becomes unwell, has any health concerns or suffers an injury which is anything other than trivial. Parents are able to discuss health concerns with the Matron or child's house tutor at any time.

94. As detailed in Medication Administration, there are a range of forms, given here in Annex 18 & 19, which parents/carers are required to complete throughout the course of their child's time at Lambrook School as and when medical support may be needed. They are available on request from Matron or from parent communication on my school portal.

95. If they have had an injury / accident which it is felt the parents should be informed about before the end of the school day, for example, a head injury, an email or written notification will be sent stating what happened and what action was taken. In pre-prep and Nursery, the notification will be written and sent home with the child.

96. Parents will also be informed if it is felt further medical assistance is required and the child needs to go to hospital for treatment. Ideally, in this situation the parent will accompany the child to the hospital.

97. During outbreaks of infectious diseases within the school community the Health Centre will communicate with parents to inform them and advise on infection control procedures.

## Guidelines for dealing with Specific Injuries

Please Refer to Annexes 5-20 regarding first aid response to specific illnesses and injuries.

## ANNEX 1- FIRST AID TRAINED STAFF

Please click here to see a list of First Aid Trained colleagues.

- Paediatric First Aid (12 hours or more): 22 Colleagues
- Emergency Paediatric First Aid Level 3 (6 hours): 61 colleagues
- EFAW: 2 colleagues
- Outdoor FA: 1 colleague

## ANNEX 2 – LOCATION OF FIRST AID KITS

| LAMBROOK SCHOOL - LOCATION OF FIRST AID KITS/BOXES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Primary First Aid Kits | | Additional Kits | | | Checked and restocked | | | |
| First Aid Kits Boxes | Additional Information | Biohazard Kit | Burns Kit | Eyewash Kit | First Aid Sign | Lent Term Date of Check | Summer Term Date of Check | Initial |
| Art Room | | | | | | | | |
| Assembly Hall 2 | | | | | | | | |
| Boys Boarding House | | | | | | | | |
| Bursar's Office | In Lobby Outside office | x 1 | | | | | | |
| Chapel Vestry | | | | | | | | |
| Defib in General office | | | x 1 | x 1 | | | | |
| DJC Kitchen | | | | | | | | |
| DJC Music Landing | | | | | | | | |
| DT workshop | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| First Aid bags (19) | | | | | ☐ | | | |
| Girl's Boarding House | | | | | ☐ | | | |
| Ground's Hut | Under sink | | | | ☐ | | | |
| Junior Block | Office - end of Corridor | | | | ☐ | | | |
| Kitchen | Wall Mounted Cabinet in Corridor | | | | ☐ | | | |
| Laundry | | | | | ☐ | | | |
| LDC | | | | x 1 | ☐ | | | |
| **Location** | | | | | ☐ | | | |
| Meadows Field | | | | | ☐ | | | |
| Minibuses | X 10 | | | | | | | |
| Nursery Classroom | | | | | ☐ | | | |
| Pre-Prep | Staff Room | | | | ☐ | | | |
| School Office | | | | x1 on wall | ☐ | | | |
| Science Lab 1 (GF) | | | | | ☐ | | | |
| Science Lab 2 (GF) | | | | | ☐ | | | |
| Science Lab 3 (F) | | | | | ☐ | | | |
| Science Lab 4 (F) | | | | | ☐ | | | |
| Science Lab 5 (F) | | | | | ☐ | | | |
| Science Lab office | | | | | ☐ | | | |
| Sports field Astro | | | | | | | | |
| Sports field Athletic | | | | | ☐ | | | |
| Sports field hut | | | | | | | | |
| Sport's Hall | in Hallway wall mounted | | | | ☐ | | | |
| Sport's Office | | | | | ☐ | | | |
| Sports Pavilion | | | | | ☐ | | | |
| Sports Powers | | | | | ☐ | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Staff Common Room | | | | | | | | |
| Swimming Pool | | | | | | | | |
| Tennis courts | | | | | | | | |
| Westfield | Shelf Above Sink | | | | | | | |

## ANNEX 3: FIRST AID BOX CONTENTS

**BS: - 8599 Compliant**

| ITEM | NUMBER REQUIRED | Tick Checked e.g Summer 2016 | Tick checked Michaelmas e.g. 2016 | Tick checked Lent e.g. 2017 | Tick Checked Summer e.g. 2017 |
|---|---|---|---|---|---|
| **First Aid Guidance Leaflet** | **1** | | | | |
| **Contents List** | **1** | | | | |
| **Medium Dressings 12cm x 12cm** | **4** | | | | |
| **Large Dressings 18cm x 18cm** | **1** | | | | |
| **Triangular Bandage** | **2** | | | | |
| **Safety Pins** | **6** | | | | |
| **Eye Pad Sterile Dressing** | **2** | | | | |
| **Sterile Adhesive Dressings** | **40** | | | | |
| **Saline Cleansing Wipes** | **20** | | | | |
| **Roll of Adhesive Tape** | **1** | | | | |
| **Nitrile Disposable gloves** | **6 Pairs** | | | | |
| **Finger Sterile Dressings** | **2** | | | | |
| **Resuscitation Face Shield** | **1** | | | | |
| **Foil Blanket 130cm x 210cm** | **1** | | | | |
| **Burn Dressing** | **1** | | | | |
| **Shears** | **1** | | | | |
| **Conforming Bandage** | **1** | | | | |
| **Date/ sign checked** | | | | | |

Annex 4 -Medication consent and administration forms

ANNEX 4a - PARENTAL CONSENT FOR PRESCRIBED MEDICATION

Lambrook
Nurturing Potential Since 1860

# PARENTAL CONSENT FOR PRESCRIBED MEDICATION

| | |
|---|---|
| **Child's name:** | |
| **Name of drug:**<br><br>**Expiry Date:-** | |
| **Reason for medication:** | |
| **Dose:** | |

| | |
|---|---|
| **Times required:** | |
| **Date commenced:** | |
| **Length of treatment:** | |
| **Parent's name:** | |
| **Parent's signature:** | **I hereby consent to a member of Lambrook School administering the above medication to my child.** |

# PRESCRIBED MEDICATION FORM

**TO BE KEPT WITH MEDICATION**

**Name of pupil:**

**Name of medication:**

**Dates Required: -**

**Times Required: -**

| DATE | TIME | SIGN | REASON |
|---|---|---|---|
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Lambrook
Nurturing Potential Since 1860

# PARENTAL CONSENT FOR NON-PRESCRIBED MEDICATION

| | |
|---|---|
| **Child's name:** | |
| **Name of drug:**<br><br>**Expiry date:-** | |
| **Reason for medication:** | |
| **Dose:** | |

| | |
|---|---|
| **Times required:** | |
| **Date commenced:** | |
| **Length of treatment:** | |
| **Parent's name:** | |
| **Parent's signature:** | **I hereby consent to a member of Lambrook School administering the above medication to my child.** |

# NON-PRESCRIBED MEDICATION FORM

**TO BE KEPT WITH MEDICATION**

**Name of pupil:**

**Name of medication:**

**Calpol or liquid paracetamol** maximum of six doses in any 24-hour period with at least four hours between doses
**Piriton:** maximum of six doses in any 24-hour period with at least 4 – 6 hours between doses.

| DATE | TIME | SIGN | REASON |
|---|---|---|---|
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## ANNEX 4e CONTROLLED / ADHD DRUG ADMINISTRATION RISK ASSESSMENT

| | |
|---|---|
| **Department** | **Health Centre** |
| **Who might be at risk?** | **Pupils and Staff** |
| **Description of activity** | **Administration of Controlled Medication in Health Centre** |

**Assessment of risk rating**

The RISK FACTOR for each hazard is the residual risk AFTER existing controls have been considered. It is obtained by multiplying the **PROBABILITY (P)** by the **SEVERITY (S)** to reach the **RISK (R).**

| PROBABILITY | SEVERITY | RISK FACTOR | COMMENTS |
|---|---|---|---|
| 1 = Unlikely | 1 = Minor injury | 1 – 2 Low risk | The objective is to introduce controls to reduce the risk for most activities to low. |
| 2 = Possible | 2 = >3-day injury or property damage | 3 – 4 Medium risk | Additional controls are needed and should be planned. If additional controls require long term work (> 4 weeks) then short term procedures should be modified to reduce risk in the interim period wherever possible. |
| 3 = Likely | 3 = Major injury or death | 6 –9 High Risk | Where risk remains high after exiting controls are considered then the activity should not take place until additional controls have been implemented. i.e. STOP the activity. |

| HAZARD | WHO IS AT RISK? | Existing Controls (action taken to reduce risk) | Risk Rating P x S = R | | | Is the risk adequately controlled? If not list further action required | Date Completed |
|---|---|---|---|---|---|---|---|
| | | | P | S | R | | |
| Potential misuse of controlled substances | All Pupils<br>All Staff | All Controlled / ADHD Medication to be stored in a double locked cupboard at all times and returned to this cupboard immediately after administration.<br>Strict Stock levels check and daily log<br>No pupil is to keep any ADHD medication<br>brought from outside sources in their possession. | 2 | 1 | 2 | Yes,<br>Medication dispensed by Matrons using standard operations Procedure to be adhered to at all times.<br>Training to be given to Matrons and Pharmaceutical information leaflet supplied. | |
| Contraindications and Side effects | Pupils with sensitivity to Controlled / ADHD Medication | No pupil will be given Controlled / ADHD Medication unless the medication has been prescribed to them by a Medical Practitioner.<br>Matrons will report any side effects that develop, linked to the administration of Controlled / ADHD medication, to parents, prior to giving any further dose. | 2 | 1 | 2 | Yes.<br>Training to be given to Matrons and Pharmaceutical information leaflet supplied.<br>Standard Operating Procedure document to be adhered to at all times. | |
| Overdose | Pupils on Controlled / ADHD medication | All Instructions on the medication packaging to be strictly adhered to.<br>The Matrons will not tamper with or change the packaging that the medication was supplied to them in by the Parent/Guardian. | 2 | 1 | 2 | Yes.<br>The medication will be supplied in correctly labelled, original medication boxes in strict accordance with authorised Standard Operating Procedure. | |

Use additional sheets if necessary

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name of assessor: Fiona Sutton Matron. RN, Ba(HONS) | | Date of assessment: | | | Assessor's Signature | | |
| People consulted in conducting this assessment | | Name: | | Position: | Name: | | Position: |
| | | JP | | | | | Matron |
| Date reviewed: | November 2021 | Reviewed by: | FS (Matron) | Date reviewed: | | Reviewed by: | |

**ANNEX 4F - SELF MEDICATION OF PRESCRIBED MEDICATION IN SCHOOL - RISK ASSESSMENT**

Pupil's Name: _____ date of birth: _____

Form Teacher_____

Medication: _____ dosage: _____

| Risk to Self.<br>Score for risk: no= 3 maybe= 2 yes= 0 | YES | NO | SCORE (1-3) |
|---|---|---|---|
| Does the pupil have a good understanding of the medication/ condition? | | | |
| Can the pupil read the directions on the medication label or leaflet? | | | |
| Is the pupil responsible and competent to self-medicate correctly? | | | |
| The pupil does not have a history of self-harming. | | | |
| The pupil has never stored up or overdosed on a medication. | | | |
| The pupil does not have a history of severe depression. | | | |
| The boarding house staff have no concerns with the pupil self-medicating. | | | |
| | | TOTAL | |

Overdose risk to self: high= 10 or above medium= 5 low= 0 (circle risk category)

<u>If the risk to self is high- the above named pupil will NOT be allowed to keep medication on him/her</u>

Boarding Pupils

| RISK TO OTHERS Score for risk to others: no=3 maybe= 1 yes= 0 | YES | NO | SCORE(1-3) |
|---|---|---|---|
| The pupils room is locked at all times when not in use. | | | |
| The medication is stored in a safe place (e.g. a drawer) out of sight in the room. | | | |
| The other pupil in room has never overdosed on medication. | | | |
| | | TOTAL | |

Overdose risk to others: high= 9 medium= 6 low= 0 (circle risk category)

<u>If the risk to others is high- the above named pupil should not be allowed to keep medication in own room.</u>

This assessment is a tool to aid decision making for allowing pupils to self-medicate. After the risk assessment, if the is any doubt as to the pupil's suitability to have this medication in their room, the final decision lies with Matron.

I have considered the risk assessment for the above pupil and **this medication should NOT be given for self-medication.** *

I have considered the risk assessment for the above pupil **and this medication CAN be given for self-medication for _____days/weeks supply**. *

Signed: _____ date: _____ Matron

Signed: _____ date: _____ Boarding Staff

*delete as appropriate.

## ANNEX 5: CALLING AN AMBULANCE IN AN EMERGENCY

In the event of a serious emergency anywhere on campus the attending member of staff should call: Remember to put the speaker on your mobile phone

# Dial (9) 999

Phone the School Health Centre on 01344 887210 or 07955 254150.

Remember:

A – Airway

B – Breathing

C – Circulation

**IF NOT BREATHING NORMALLY OR COLLAPSED, SEND SOMEONE TO FETCH THE DEFIBRILLATOR AND THE RESPONDER KIT**

Be prepared to give the following information;

- Clear directions as to where you are
- Lambrook School, Winkfield Row RG42 6LU
- Is the patient unconscious/unresponsive or conscious/talking?
- Simple description of condition of patient (e.g. acute pain, severe bleeding etc.)
- Any known medical history (e.g. diabetic, epileptic etc.)
- Follow instructions given and DO NOT ring off until told to do so
- Send a responsible person to meet the ambulance

- Inform the School Office (during school hours) – tell them exactly where you are on campus. They are often the ambulance's first port of call!

## ANNEX 6: - PROTOCOL FOR THE USE OF AN AUTOMATED EXTERNAL DEFIBRILATOR

**General Information**

A Defib is a vital link in the chain of survival: the earlier it is used after a cardiac arrest, the greater the chance of the person surviving.

Lambrook Preparatory School has its own Defib in the **main office** in the Prep School and the Lobby area of the Swimming Pool.

The defibrillators at school are designed to be used by any person. You do NOT have to have had any training to use them. The Defib will only deliver a shock if required.

Both Defibrillators are fully automatic and you will not have to press a shock button.

Remove the Defib.

Take Defib to the collapsed person

- KEEP CALM, you will be guided through what to do
- Open the lid and follow the instructions
- Try to remember the 5 P's when using the Defib:
    - 1: Pendants: remove any obvious pendants, piercings or jewellery around neck
    - 2: Pacemaker: do not place pads over any obvious pacemaker sites (usually below left collar bone)
    - 3: Perspiration: wipe away any excess sweat
    - 4: Puddles: if patient is in a puddle of water
    - 5: Patches: remove any visible medication patches

**Maintenance**

Regular checks are carried out by the Senior First Aider and Swimming Pool Manager and recorded appropriately. Please inform the School Office and the Senior First Aider if the Defib is used and document the event thoroughly.

**ANNEX 7: - PROTOCOL FOR THE TREATMENT OF A SEVERE ASTHMA ATTACK – Adapted from information from British Guideline on the Management of Asthma – A national clinical guideline (2019), Asthma UK (2020), The Pharmaceutical Journal – Uncontrolled Asthma: Assessment and Management (2021), NICE – Acute Asthma (BNF 2020), Allergy UK (2021)**

Immediate action

**If SEVERE shortness of breath, distress or collapse call (9)999 for an ambulance, stating clearly post code, child having severe asthma attack**

- Contact the Health Centre 01344 887210 or 07955254150
- Assessment of Asthma Attack
- Oxygen Saturation Level below 92% in air
- Appears exhausted
- Has a blue/white tinge around lips (cyanosis)
- Has collapsed
- Difficulty in breathing (fast and deep respiration)
- Cannot complete sentences
- May be distressed
- Persistent cough (when at rest)
- A wheezing sound may come from the chest (when at rest) or no sound at all
- Being unusually quiet
- The pupil complains of shortness of breath at rest, feeling tight in the chest

**Management**

- If symptoms SEVERE call (9)999 (as above)
- Inform the Health Centre 01344 887210 or 07955254150
- Be calm and re-assuring
- If conscious keep patient sitting upright, leaning forward onto a table if comfortable.
- Use the pupil's own Blue (Salbutamol) inhaler – if not available, use the emergency inhaler with spacer.
- Remain with the pupil while the inhaler and spacer are brought to you.
- Immediately help the pupil to take two separate puffs of the salbutamol (Blue) inhaler with or without the spacer immediately. The spacer fits onto the mouthpiece of the inhaler. The inhaler should be shaken before each puff and checked for debris. 30 seconds needs to left between each puff.
- If there is no immediate improvement, continue to give two separate puffs every two minutes via the spacer up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken before each puff and 30 seconds left between each puff.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL (9)999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

## ANNEX 8: -PROTOCOL FOR THE TREATMENT OF EPILEPTIC SEIZURES (Epilepsy Society 2018, NICE Guidelines 2018)

A convulsion, or seizure, consists of involuntary contractions of many of the muscles of the body, caused by a disturbance in the function of the brain.

There are several different types of Epileptic Seizure:

Focal Onset Seizures

These are seizures that occur in one part of the brain but might affect a large part of one hemisphere or just a small area in one of the lobes.

Symptoms include:

- Repeatedly picking up objects or pulling at clothes.
- Suddenly losing muscle tone with limbs going limp or floppy, or, suddenly becoming very stiff and rigid.
- Making a loud cry or scream.
- Repetitive Twitching or jerking movements that affect one or both sides of the body.
- Odd movements such as lip-smacking, chewing or making noises.
- Making strange postures or repetitive movements such as cycling or kicking.
- A change in feeling – usually in the stomach, or a feeling of Déjà vu.
- Changes in taste or smell.
- Sudden intense feelings of fear or joy.
- A 'wave 'type feeling going through the head.
- Stiffness or twitching in part of the body – an arm or a hand.
- Numbness or tingling sensation.

- A limb feeling enlarged / bigger than it is.
- Visual disturbances, such as coloured or flashing lights or hallucinations.

Focal seizures can sometimes spread to both sides of the brain referred to as a 'focal to bilateral tonic-clonic seizure'. When this happens the child usually becomes unconscious and will have a tonic-clonic seizure (convulse / shake). During a focal onset seizure, the child may be aware, conscious and alert and know that something is happening (focal aware seizure FAS) or have Impaired awareness (Focal Impaired awareness seizure FIAS).

**Generalised Onset Seizure & Unknown Onset Seizures**

Generalised Onset Seizures are seizures that affect both sides of the brain at once and happen without warning. The child will be unconscious (except in myoclonic seizures) even if just for a few seconds and will not remember what happened during the seizure. Unknown Onset Seizures are seizures where it is unclear which part of the brain the seizure starts; this may happen if the child was asleep or if the seizure was not witnessed.

Clonic Seizures involve repeated rhythmic jerking movements in either one or both sides of the body (the whole body). These seizures start in one part of the brain (focal motor) or affect both sides of the brain (generalised clonic).

Absence seizures are more common in children and can happen frequently. During an absence seizure the child may look blank and stare, or their eyelids might flutter. They will not respond to anything happening around them and will not be aware of what they are doing.

Myoclonic seizures involve muscle jerks, are usually brief but can happen in 'clusters' and the child is usually conscious.

Tonic and Atonic seizures are seizures where the child's muscles suddenly relax and they become very floppy and fall – 'drop attacks'. Children are most likely to fall forwards so injury to the head or face can occur. These types of seizure are usually brief and happen without warning.

Tonic clonic seizures are seizures which cause jerking and shaking of the body as muscles relax and tighten repeatedly and rhythmically, during the seizure the child may:

- Jerk and shake
- Breathing may be affected, becoming difficult or sounding noisy
- Skin colour may change, becoming pale or bluish
- The child may be incontinent

Once the seizure has ceased the child may feel very tired and confused and complain of having a headache and want to sleep. Their breathing and colour should return to normal.

**Treatment Aims**

- To protect the Child or Adult from injury while the seizure lasts. The floor is the safest place
- To provide care when consciousness returns
- Note the time and duration of the seizure and what preceded it

**Action – IF NOT KNOWN TO BE EPILEPTIC**

- IMMEDIATELY CALL (9) 999 stating clearly ADDRESS and CHILD/ADULT HAVING A SEIZURE
- Continue as above until ambulance/paramedics arrive

**Action – IF KNOWN EPILEPTIC**

- If Child/Adult has rescue medication at school and you have been trained as competent, administer Emergency rescue medication (Buccolam) as prescribed and as per individual Health care plan.
- If fit lasts more than 5 minutes CALL (9) 999 stating clearly ADDRESS and CHILD/ADULT HAVING A SEIZURE
- DO NOT move or lift patient unless he/she is in immediate danger
- DO NOT use force to restrain him/her
- DO NOT put anything in his/her mouth
- Help to the ground if appropriate and clear the area
- Loosen clothing around the neck
- When convulsions cease, check breathing
- If breathing, place in the recovery position (see image)
- If NOT BREATHING, call (9)999 stating clearly ADDRESS and CHILD NOT BREATHING – START CPR

## ANNEX 9: -PROTOCOL FOR THE EMERGENCY TREATMENT OF ANAPHYLAXIS AND THE USE OF AN EPIPEN (Allergy UK 2021, NICE – Anaphylaxis (2016), Assessment and Referral after Emergency treatment (2020)

Anaphylaxis is a rapid, severe allergic reaction when someone is exposed to a substance to which they are allergic i.e. insect bites or stings, food or drugs. When exposed to the allergen, chemicals are released throughout the body which causes an abnormal cascade reaction*. ***THE INITIAL REACTION MAY OCCUR VERY RAPIDLY WITHIN MINUTES OF EXPOSURE OR MAY BE DELAYED.** Those students who have been identified as at risk of anaphylaxis will have been prescribed an EpiPen by their GP or specialist doctor**. All pupils allocated an Epipen will be found on the Critical Need to Know poster. For further details, please refer to the Lambrook Anaphylaxis policy.**

**Symptoms signalling the onset of an allergic reaction include:**

- Itching of the skin, raised rash (like nettle rash), flushing
- Swelling of the hands and feet
- Wheezing, hoarseness, shortness of breath and coughing
- Headache
- Nausea and vomiting
- Abdominal cramps

**More serious symptoms include:**

- A feeling of impending doom
- Difficulty swallowing /breathing
- Swelling of lips, throat and tongue
- Severe shortness of breath
- Collapse and loss of consciousness
- If you notice any symptoms above, establish from person if they have any known allergies

**ACTION**

Check wrists for a medic-alert bracelet, if person unknown

- Locate Epipen (as determined in written plan of care)
- Administer EPIPEN if symptoms are severe and progressing rapidly
- Call (9)999 stating clearly post code and child collapsed/known anaphylactic
- Inform the Surgery 01344 887210 or 07955254150
- Main Office to inform parents as soon as possible
- Support patient in most comfortable position or in recovery position if unconscious

**TO ADMINISTER AN EPIPEN:**

- Take the Epipen out of the plastic tube
- Pull off the grey/blue safety cap and hold EPIPEN in your dominant hand (BLUE TO SKY, ORANGE TO THIGH)
- Aim the orange end of the EPIPEN midway between the hip and knee, at right angles to the leg (do not waste time by attempting to remove clothing – the needles are designed to go through tough materials)
- Swing from a distance of 10 cms and firmly jab orange tip against outer thigh so it clicks. Hold in place for 10 seconds, then remove.
- Dispose of Epipen in a sharps container (available with the ambulance). Note: newer Epipens re-sheath the needle automatically but should still be disposed of safely Note time given and inform paramedic.

Be prepared to administer another dose after 5 minutes if the person's condition deteriorates again

## ANNEX 10: - PROTOCOL FOR THE TREATMENT OF BURNS AND SCALDS (NHS UK 2018)

Burns are caused by contact with dry heat, such as fire, or exposure to a radiated heat source, e.g. the sun, certain chemicals, electricity and friction. A scald is a burn caused by something wet like a hot liquid or steam.

**Treatment Aim**

To cool the skin as soon as possible.

- Remove Child or Adult from the source of the heat.
- Cool the affected area with cool or lukewarm running water for 20 minutes.
- Remove any clothing or rings (if possible) if burns are near clothing or are on hands.
- Apply burn dressing / gel if available and / or cover with cling film if available.
- It is important to obtain an accurate history of how the accident occurred, and if a chemical burn, establish the name of the chemical.
- Inform the School Surgery 01344 887210 or 07955254150
- Do **NOT** apply creams or anything else to the skin
- Fill in an Accident Report
- Parents to be informed
- **Treatment for Major Burns >10% body area (palm of hand = 1% approximately)**
- Immediately call (9)999 stating clearly post code and 'child with burns'
- Follow procedure for above

## ANNEX 11: -PROTOCOL FOR THE TREATMENT OF EPISTAXIS / NOSEBLEEDS (NHS UK 2021, NICE 2020, St John Ambulance 2021)

Nosebleeds are common in children and are usually mild and easily treated. Sometimes bleeding can be more severe but this is usually in older people or those with medical problems such as blood disorders.

**Causes**

- The small blood vessels inside the nose are very delicate and can rupture for no apparent reason
- The most common site is in Little's area which is just inside the entrance of the nostril on the nasal septum (the middle harder part of the nostril)

**Reasons for Epistaxis**

- Picking the nose
- Colds and blocked stuffy noses i.e. hay fever
- Blowing the nose too hard
- Minor injuries to the nose
- Spontaneous (blood vessels rupturing)

**Treatment**

- Sit up, with head slightly forward
- Pinch the lower fleshy end of the nose with finger and thumb, completely blocking the nostrils
- Apply pressure for 10-20 minutes
- Place an ice-pack around the nose
- Once the nosebleed has stopped, do not pick the nose and do not blow the nose for up to 24 hours
- If bleeding persists, ring the School Health Centre 01344 887210 or 07955254150, stating your location and the Matron will come and help.

## ANNEX 12: - PROTOCOL FOR THE TREATMENT OF PHYSICAL INJURIES

**HEAD INJURIES**
It is very important to obtain an accurate history of the incident; accounts from witnesses if any loss of consciousness, if so, for how long, any confusion, disorientation, amnesia, headaches, vomiting, visual disturbances, seizures or convulsions, any neck or limb injury symptoms, and any other injuries
**If NOT breathing** Call for **HELP**

Ask any bystander to **CALL 999**, clearly stating post code and child not breathing. Send someone to fetch defibrillator. If alone, you must do this yourself and then start basic life support (CPR)
**If breathing but unconscious and unrousable**, place the patient into the recovery position and call (9) 999 clearly stating post code and child unconscious.

If concerned about a neck or spinal injury, (Annex 15) the child or adult must not be moved unless there is a problem with breathing. Use the Log Roll technique to get the casualty onto their back to commence CPR or to remove from danger.

## ANNEX 13: - CONCUSSION

Concussion is a brain injury caused by either direct or indirect forces to the head and must be taken Extremely Seriously. Concussion typically results in the rapid onset of short lived impairment of brain function.

Possible signs and symptoms of concussion
Visible clues of potential concussion - what you see
Any one or more of the following visual clues can indicate a possible concussion:

- Dazed, blank or vacant look
- Lying motionless on ground / Slow to get up
- Unsteady on feet / Balance problems or falling over / Inco-ordination
- Loss of consciousness or responsiveness
- Confused / Not aware of plays or events
- Grabbing / Clutching of head
- Convulsion
- More emotional / Irritable

Symptoms of potential concussion - what you are told
Presence of any one or more of the following signs and symptoms may suggest a concussion:

- Headache
- Dizziness
- Mental clouding, confusion, or feeling slowed down
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / Feeling like “in a fog “/ difficulty concentrating
- “Pressure in head”

- Sensitivity to light or noise

Any child with suspected concussion should be referred to A&E for further investigation and monitoring. If playing sport, the Concussion should be recognized and the player removed from play immediately. Return to sport following concussion must be handled very carefully as the individual is more susceptible to dangerous neurological complications, including death caused by second impact syndrome. A Graduated Return to Play Protocol (GTRP) MUST be used in each case (Annex 14).

This information has been gathered from current guidelines provided by:
World Rugby (2021)
RFU 'Headcase' (2021)
NICE Guidance (2014 / 2019)
Great Britain & England Hockey (2018)

## ANNEX 14: - GRADUATED RETURN TO PLAY FOLLOWING CONCUSSION (GRTP)

Lambrook Return to Play: -

Pupil Name: Date of Concussion/Head Injury:

At each stage the Age Grade lead coach will take responsibility for ensuring that the protocol is being followed. They will liaise directly with the School Nurse to ensure that information is being relayed to the appropriate staff.

| Day | Rehabilitation Stage | Exercise allowed | Notes | Date and signed off |
|---|---|---|---|---|
| 1-14 | REST period 14 days after symptom-free | Activities of daily living | Return to academic studies | Day 14: |
| 15 + 16 | Stage 2: Light aerobic exercise | PE Lessons along with light exercise in games (no contact). Also can do own run/swim /cycle. Activity should be LOW intensity | Age Grade coach + PE teacher to monitor symptoms – if any concerns refer back to school nurse<br>48 Hours symptom free before progressing to next stage | Day 15:<br>Day 16: |

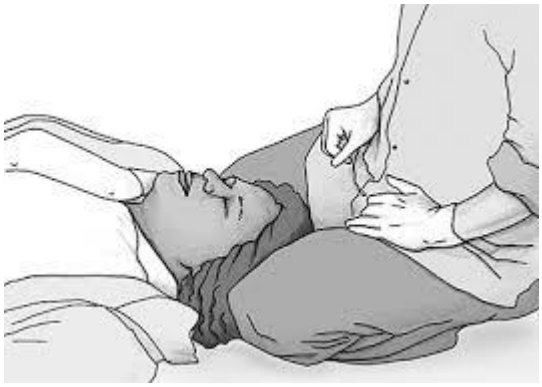
| | | | | |
|---|---|---|---|---|
| 17-20 | Stage 3 + 4 Sport specific – non contact | Normal PE Lessons + rugby training sessions<br>Non-contact<br>Progressive increase in intensity | Age Grade coach + PE teacher to monitor symptoms – if any concerns refer back to school nurse<br>48 Hours symptom free before progressing to next stage | Day 17:<br>Day 18:<br>Day 19:<br>Day 20: |
| 21+22 | Stage 5 | Progress to full contact practice | Review by GP – verbal or written confirmation from parents to school nurse<br>48 Hours symptom free before progressing to next stage | Day 21:<br>Day 22: |
| 23 | Stage 6 | Return to play | | Day 23: |

**NB:** Some days may fall when there are no games. When this occurs pupil must go and see school nurse for signing off. Also when a day falls on a weekend then the pupil must see the school nurse on the Monday before going back into any physical activity.

It is paramount that parents ensure that they feedback to the school nurse any concerns over the return to play protocol.

## ANNEX 15: -NECK AND SPINAL INJURIES (Adapted from – NICE Guideline - Spinal Injury Assessment and initial management (2016), information from Spinal Cord Injury Centre's of the UK (SIA) and Multidisciplinary Association of Spinal Cord Injury Professionals (MASCIP 2015)

Whenever you suspect that the neck or spine may be injured follow the ABC First Aid principles. The casualty should NOT be moved unless there is risk to life, for example if the environment is unsafe or the casualty is not breathing. Lie them down, keep them warm and position with their neck and head kept still and inline as shown in the picture below.



Use the log roll technique if the casualty is in danger or is not breathing.

**Signs and Symptoms**

- Pain, swelling, deformity or feeling tender at the back of the neck
- Loss of motor function (e.g. unable to move arms and legs properly)
- Loss or alteration of sensation (e.g. numbness in arms or legs)

**Action**

- If a neck injury is suspected. Call (9)999 clearly stating post code and casualty's suspected injury
- DO NOT move the head / neck at all
- Immobilise the head to prevent further injury as above, if available, assign one person to position themselves at the patient's head, using their hands to keep the head and neck in one position

If the casualty stops breathing effectively, commence CPR.

- If there are concerns regarding the airway, open their airway using the jaw- thrust technique. To do this, put your fingertips at the angles of the jaw and gently lift to open the airway, avoiding tilting the neck
- If there is vomiting and there is risk of inhalation, LOG ROLL them onto their side. Do your best to keep their spine as straight as you can. If possible, get up to four helpers, two on each side, to help you keep their head, upper body and legs in a straight line at all times as you roll the body over. One person should maintain control of keeping the head and neck in line
- Stay with the child or adult until help arrives and keep the child or adult warm

## ANNEX 16: -SUSPECTED FRACTURES / SOFT TISSUE INJURY (NHS UK 2020, St John Ambulance 2021)

**Signs and Symptoms of Suspected Fractures**

- Deformity, swelling and bruising around the fracture site.
- Pain and difficulty moving the affected area normally.
- The limb may look twisted, bent or shorter.
- Bone protruding from a limb (an Open Fracture)

If there is a suspected fracture to the leg, do not move the child or adult and ensure they are kept warm Call (9) 999, clearly stating the post code and your location and that you are with a child or an adult with a suspected fracture.

If a child or adult has an open fracture, cover the wound with a sterile dressing and apply pressure around the wound (not over the protruding bone) to control any bleeding. Protect the injury from further damage and advise the child or adult to keep as still as possible, whilst waiting for an ambulance.
Use a sling to secure an upper limb fracture.

**Signs and Symptoms of Soft Tissue Injury**

- Pain and tenderness.
- Swelling and Bruising.
- Difficulty moving the injured area.

**Treatment of Soft Tissue Injury**

- Rest the injured area, supported in a comfortable position.
- Apply an Ice pack or Cold Compress to the affected area to help reduce swelling, pain and bruising.
- Ice should remain on the affected area for no longer that 20 minutes, and repeat every 2 hours (do not put ice directly in contact with skin)
- Provide support to the affected area e.g. sling, soft padding, cushion or pillow.
- Elevate the injured area to help reduce swelling and bruising.

## ANNEX 17 – INFECTION CONTROL PROCEDURE & GUIDANCE

Basic hygiene, infection prevention and control are important in protecting the health of the public. The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections sets out key activities that should be undertaken by all organisations with respect to good practice. NHS England and NHS Improvement South West (2021) have provided documentation and guidance alongside a Winter Readiness toolkit for Educational settings which can be accessed using the following link: https://www.england.nhs.uk/south/info-professional/public-health/infection-winter/schools-and-nurseries-guidance/
Furthermore, an Infection Prevention and Control Preparedness checklist for educational settings can be accessed via the following link: https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/08/phe-sw-educational-settings-infection-control-planning-checklist.docx
Coronavirus HSE https://www.hse.gov.uk/coronavirus/roadmap-further-guidance.htm

**Aims and Objectives**
The aims of this guidance are to protect the health of the staff and pupils with particular regard to the prevention of antibiotic resistant infections, healthcare associated infection, Covid-19, flu/ respiratory infections alongside viral gastroenteritis. All staff are expected to show a commitment to establishing and maintaining a high standard of cleanliness and hygiene in the school.

**All Staff**
Hands are the most common way in which micro-organisms, particularly bacteria transport and subsequently cause infections. Transient bacteria can be removed by effective hand hygiene techniques. Hand hygiene is considered the single most important procedure for preventing health care acquired infection as research has revealed hands to be the most common route of transmission.

- All staff must ensure effective hand hygiene procedures are followed at all times and report any problems with hand washing facilities to their Manager or Maintenance.

**When to wash hands:**

- Before starting and leaving work
- Before and after examining or administering care to pupils or staff
- Before preparing/handling food
- After contact with blood or bodily fluids
- After handling laundry/waste
- After visiting the toilet
- Whenever hands are visibly dirty/contaminated.

**Hand washing facilities**

A disposable, cartridge type system should be used to dispense liquid soap rather than a top up system. Bar soap is not to be used as this is easily contaminated. The agents selected should be assessed locally as acceptable and non-harmful to the skin. It is recommended that paper towels are provided and placed within easy reach of the sink, but beyond splash contamination. Paper towels should be disposed of in a pedal operated domestic waste black bin. Hot air dryers are not recommended in clinical settings because they take too long to dry the hands and re-circulate contaminated air.

A 20-40 second hand wash using liquid soap is adequate for general purpose clinical tasks. Wash all surfaces, including back of hands, wrists, paying attention to finger tips, thumbs and fingers. There are wall mounted posters in various locations around the school illustrating good techniques. Any fresh abrasion, cuts etc. on hands should be covered with a waterproof (blue for kitchen staff) dressing.

**Medical Room Environment Cleaning**

A clean environment is essential to prevent the spread of infection. Generally, using a neutral detergent, hot water and drying will be adequate for most surfaces and furniture. Disinfectants should not be used for environmental cleaning unless absolutely necessary, as they can be both harmful and toxic.

**Door knobs and other surfaces touched by pupils and staff** should be cleaned with clean warm water and detergent solution.

**Basins and taps (excluding kitchens)** clean at least daily with detergent solution.

**Bins:** Surface clean daily with detergent solution.

**Cloths/Dusters**: Use different colour coded cloths for clinical areas, bathrooms and toilets, kitchen and general surface cleaning. Use disposable ones and throw away at the end of each day or wash daily on a hot wash machine cycle.

**Toilet bowls, toilet seats and flush handles**: Clean at least daily using hot water and detergent. Disinfectant is not routinely required. In addition, there should be arrangements for regular checks on toilet areas so that any accidental spillage or contamination can be dealt with promptly.

**Table tops and trays:** Must be cleaned immediately prior to serving food.

**Linen**

- A washing machine is provided with a ‘hot wash cycle’.
- PPE / Appropriate gloves and plastic aprons should be worn when handling fouled infected linen.

- Fouled and infected or infested linen must be placed in an alginate bag.

**Cleaning up body fluid/blood spills**

- Spills of body fluids: blood, urine, faeces and vomit must be cleaned up immediately.
- Wear disposable gloves and use Body Spills Kits provided and follow instructions on packaging.
- Dispose of into an orange plastic clinical waste sack (Matron's office)
- Never use mops for cleaning up body fluid spillages.

**Sharps**

Sharps waste should be discarded into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor and out of reach of children. Full sharps bins must be removed by a registered contractor.

**Clinical Waste**

Always segregate domestic and clinical waste in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot operated bins. All clinical waste must be removed by a registered contractor. All clinical waste bags should be less than two thirds full and stored in a dedicated, secure area while awaiting collection.

**Diarrhoea/vomiting or other infectious/communicable disease out break**

Potentially infectious pupils must be segregated from the health school population at the earliest opportunity and confined to the sick bay until such time that they can be collected and removed home.

- Keep sick children at home for at least 48 hours after they no longer have symptoms of sickness or diarrhoea.
- Do not send children to school if they are sick. Any children who are determined to be sick while at school will be sent home.
- Any child displaying any Covid-19 symptoms- a high temperature, a new continuous cough or a change or loss in sense of taste or smell (anosmia)

Please see Guidance on Infection control in schools and other childcare settings available from:
https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

https://www.publichealth.hscni.net/sites/default/files/2020-03/V4%20Coronavirus%20advice%20for%20schools%20poster%20020302%20EDU15.0.4%20%282%29.pdf
All unwell pupils should be sent home if at all possible and consider prohibiting visitors to the school until the school has been cleared by the local PHE department.
Where several related cases of an infection occur, it will be necessary to investigate the outbreak more thoroughly.

An outbreak or incident may be defined as:

- an incident in which two or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

- a single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio
- a suspected, anticipated or actual event involving microbial or chemical contamination of food or water

The steps required to investigate an outbreak of disease are outlined below:

- Make a list of pupils and staff with similar related symptoms.
- Inform Matron if you believe there is an outbreak.
- Inform Local Communicable Disease Unit who will give immediate infection control advice and if necessary inform the Environmental Health Department (Thames Valley Public Health Unit 08452799879

**Dealing with Bodily Fluid Spillages (Bio Hazards) (Health and Safety Executive https://www.hse.gov.uk/pubns/guidance/oce23.pdf and COSHH Regulations 2002**

- The school has a duty to protect its staff from hazards encountered during their work; this includes bio-hazards, which for the purpose of this document are defined as Blood, Vomit, Faeces, Urine & Wound drainage.
- In the event of a spillage on a surface the following precautions should be applied: -

o Notification by placing warning signs
o Staff dealing with biohazard should wear protection
o Staff should access spillage kits in order to clean up promptly
o Waste should be disposed of in the bin marked for Clinical Waste
o Hand hygiene should be carried out following management of the spillage

- Spillage kits for dealing with Bodily Fluid are located in the following locations:
- The cupboard under the sink in Matron's surgery
- The School office
- Laundry
- The Pre Prep Ladies Toilet (first floor landing)
- The Nursery Staff Toilet
- The girls boarding house
- The boys boarding house
- These consist of absorbent powder which should be sprinkled liberally over the spillage and a designated dustpan and brush for use only in conjunction with bodily fluid disposal.