



First Aid and Medical Policy

Updated: February 2018 AM
Review: January 2019

FIRST AID PROTOCOL

RATIONALE

- To review, develop and update the current First Aid Protocol for Moreton Hall Preparatory School as part of the on-going evaluation and reassessment of the first aid and medical needs of the pupils and staff at the school.
- The Protocol will draw from and comply with multiple health and educational agencies and research, including in HSE (Health and Safety Executive), BSA (Boarding School Association), Department of Education and National Health guidelines.

This policy is intended to be used in conjunction with all the school's policies and is applicable to all pupils, including those in EYFS.

AIM

- To provide a clear and practical First Aid Protocol in accordance with:
 - Government Health and Safety guidelines.
 - Education Department's policies.
 - Boarding Schools Association's policies.
 - Nursing and Medical policies.
 - Medical Officers of Schools Association Guidance
- To promote the health, safety and physical and emotional well-being of pupils, staff and visitors.

IMPLEMENTATION

First Aid Provision and Training Requirements

At Moreton Hall School we actively encourage all members of staff to undertake first-aid training. Full first-aid at work training (approved by HSE) is provided and updated every three years. A full list of current staff who are qualified first aiders is available in Appendix 3. It should be noted that named staff have first-aid qualifications but they are not trained Doctors or Nurses.

The Housemistress, Matron and EYFS staff also hold paediatric first-aid certificates.

First-aid provision is available at all times throughout the school day, during off-site activities (eg. school trips) as well as in the evenings and overnight in the Boarding House.

Responsibilities of First Aid Trained Staff

At school the main duties of a first aider are to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- when necessary, ensure that an ambulance or other professional medical help is called.

Practicalities of Provision

All schools are required to establish a system for delivering first aid services. This system should include the following elements:

The area designated for the provision of First Aid should be:

- accessible to all.
- have adequate space for first aid to be administered
- be well illuminated and ventilated
- have easy access to toilets and a sink or wash basin, clean hot and cold running water liquid soap and paper towels
- contain a work bench
- have a suitable container fitted with a disposable bag or liner for soiled dressings
- have a bed with blankets and pillows, where possible
- have two chairs with arms, where possible
- have ready access to a telephone
- contain a first aid manual
- contain a first aid kit
- contain the following additional items stored in a locked cupboard:
 - household detergent
 - household rubber gloves for cleaning
 - paper towels
 - plastic bags for contaminated waste, clothing, etc.
 - plastic aprons

At Moreton Hall we are able to provide suitable and sufficient accommodation for first aid according to the assessment of the first-aid needs identified by the school. We have a designated room, known as Sick Bay, which is situated on the first floor of the main building just inside the Boarding House.

When a pupil visits Sick Bay they should come via the School Office having obtained permission from their teacher. Visits to Sick Bay during break time must also be reported to the supervising teacher. A pupil should not be sent out of a lesson to Sick Bay unless it is serious. If serious enough to be sent from a lesson, then the pupil should be accompanied by another child or an adult. Once a pupil has come to Sick Bay, the matron on duty will decide on a course of action depending on the symptoms presented.

The Red Card System

In line with the School's Child Protection Policy, staff are not permitted to have mobile phones with them whilst in contact with the pupils. Due to the geographical arrangement of the school buildings, an emergency 'communication/alert system' has been put in place.

In every classroom, department, the Chapel, Sports Hall and Boarding House, located in a prominent position (by the door) is the installation of the 'The Red Card System'. This is a simple Red Card with the locations name on it. Should an accident or emergency incident arise, a pupil is asked to take the Red Card to the nearest adult and then to the School Office to alert them to the emergency so that the appropriate action can be taken.

Calling the Emergency Services

Staff members are trained how and when to call an ambulance as part of their first aid training, i.e. if in doubt - call it out!

Management of Minor Accidents and Injuries

Any accident witnessed by staff must be reported in the Accident book kept in the School Office. Accidents that require medical attention should also be referred to the matron on duty in Sick Bay. If the person is able to walk they should be helped to Sick Bay. Depending on the nature and severity of the injury, do one of the following:

- Tend to minor injuries and return pupils to lessons or activities.
- Keep pupils in Sick Bay under observation if appropriate.
- If the injury is serious, the pupil's parent must be contacted for the child to be taken to their GP or A+E
- In the case of International Boarders, the Head of Boarding will take responsibility for the child (as their guardian) and take any necessary action. The parents will be informed either directly or through the child's agency.

All accidents, incidents and attendance to Sick Bay are documented by the matron on duty in Sick Bay.

Minor first aid incidents that are dealt with by members of Pre Prep staff and which result in the use of a first aid kit, should be documented in the Pre Prep Record Book.

Parents are informed of any accident or injury sustained by their child on the same day or as soon as reasonably practicable and/or any first aid treatment given.

Any relevant information for the parents is documented on a 'Blue Form', which is then copied and added to the pupils' individual health record in Sick Bay.

Provision of First Aid Kits

First Aid supplies are kept in green First Aid boxes in a prominent place in every classroom and department. There also a Sports/ Games first aid kit kept on the minibus and small 'grab bag' kit for excursions and trips which is kept in Sick Bay.

The First Aid kit must be readily accessible in case of emergency and clearly visible to all concerned. First Aid kits should be portable or mounted in such a way as to allow them to be removed and carried to an injured person.

The First Aid kit container should:

- be constructed of impervious material, be dustproof and of sufficient size to adequately house the contents
- be capable of being sealed and be fitted with a carrying handle; it should never be locked
- be marked on the outside with the words "FIRST AID"
- have a list of supplies attached to the inside of the lid
- first aid kit contents are replenished as soon as practicable after use
- the use by date of contents has not expired /deteriorated
- contaminated items are disposed of safely

Location of First Aid Kits:

- School Office
 - Boarding House
 - Sick Bay
 - 'Grab Bag' (trips)
 - Reception
 - PPI
 - PPII
 - Transition
 - Form I
 - Form V
 - Form VI
 - Form VII
 - Form VIII
 - Sports Hall
 - Games Staff 1 (Mrs Konrath) Located in the girls' changing room
 - Games Staff 2 (Mr James) Located in the boys' changing room
 - Library
 - Art Room (inc. eye wash/burns gel)
 - Science Lab (inc. eye wash/burns gel)
 - Kitchen (inc. eye wash/burns gel & blue plasters)
 - Music School
 - Maintenance Room (inc. eye wash)
 - Staff Room
 - Mini Bus
- Total on site: 24

Procedure for the Maintenance of First Aid Kits

A matron is responsible for restocking and checking the First Aid kits on a half termly basis or as requested as stocks run low.

First Aid Kit Contents

HSE has stated that it is not a mandatory requirement under the Health & Safety (First Aid) Regulations 1981 to have a kit which complies with the British Standard.

To quote the HSE's own website: *'Instead the contents of a first aid box is dependent on an employer's first aid needs assessment.'*

Under this directive Portable kit contents can be modified depending on the risk level of the activity and its proximity to the school'.

First Aid kits at Moreton Hall Prep School, contain the items listed below.

- First Aid guidance leaflet
- one pair of gloves
- 20 individually wrapped sterile plasters (assorted sizes)
- two Medium dressings (12cm x 12cm)
- two Large dressing (18cm x 18cm)
- two sterile eye pads
- two individually wrapped triangular bandages, preferably sterile
- six safety pins
- six individually wrapped sterile wound cleansing wipes

The Art room, Maintenance room, Science Lab and Kitchen First Aid kits should include:

- N/Saline 20ml pod-For Eye irrigation
- Burneze Gel

Medical treatment for Boarders

In compliance with Department of Health requirements for the safe supervision of unwell boarders, medical provision for the Boarders is outlined below.

If a boarder becomes unwell during school hours' the matron on duty will assess the pupil and decide on what action to take. If the boarder is not well enough to return to lessons they can rest in Sick Bay or lie in their own beds, where the duty matron will be able to monitor them and provide appropriate care throughout the day. In accordance with National Minimum Standards, should the boarder need separate accommodation because they are infectious or contagious and need to be isolated, then Sick Bay can be used.

For boarders who are deemed infectious, in line with Department of Health Exclusion Advice, i.e. D&V, Temperature over 37.5, confirmed tonsillitis, chicken pox, flu, meningitis, the following protocol applies: The parents of full, weekly & flexi-boarders will be contacted to collect and go home. Long distance and overseas boarders will be confined in Sick Bay with access to own bathroom. (GAP bathroom).

If a boarder becomes unwell in the evening or at weekends, the overnight duty person (matron or Housemistress) will attend to their needs.

If any of the following occur, medical attention will be sort:

- Head injuries; chest pain; seizures/fits; breathing difficulties; diarrhoea and vomiting
- Temperatures over 38 degrees Celsius
- Headache with any of the following: neck stiffness, aversion to light, rash.
- Severe abdominal pain
- Headache with visual disturbances, or with a history of migraines.

Following discussion with the Practice Manager at Mount Farm Surgery, to which the school is attached, all boarders may be seen as 'Temporary Registration / Immediately Necessary Patients' requiring treatment. Permanent Registration for the international boarders is not required.

Primary care (visits to the GP) bear no fee, however, there may be a fee for Secondary care (referral to hospital).

*Mount Farm Surgery, Lawson Place, Bury St Edmunds IP32 7EW.
Telephone: 01284 769643*

If a child is 'Flexi Boarding' and becomes unwell, it is recommended that they see their own GP locally.

Accident & Emergency

All Boarders are eligible for 'free' emergency care at the local Casualty Department located at the West Suffolk Hospital.

*West Suffolk Hospital, Hardwick Lane, Bury St Edmunds IP33 2QZ.
Telephone: 01284 71300*

Dentist

The designated dental practice for the boarders is the Guildhall Dental Practice. All visits to the practice will incur a fee.

*Guildhall Dental Practice, 85 Guildhall St, Bury Saint Edmunds IP33 1PY
Telephone: 01284 755631*

DOCUMENTATION AND RECORD KEEPING

The parents/guardians of all newly registered pupils are sent a questionnaire which must be completed and signed, then returned to the School Office, (including record of TB vaccination history) before they join the school.

The parent/guardian is expected to disclose any diagnosed medical condition, current medication, allergies, special dietary requirements, any special considerations, e.g. photography requests and any other treatment that the pupil receives.

The form also details separate consent for:

- treatment for minor illnesses and accidents
- administration of 'over the counter medicines'
- emergency lifesaving treatment.

A copy of the completed document is kept in the pupils' individual health record in Sick Bay.

The importance of accurate documentation and record is not only paramount, in the interests of Health and Safety and well-being of the recipient, but is also a legal requirement.

Record Keeping

Any treatment of minor cuts, grazes, injuries and ailments is recorded in the daily diary and noted in the pupils' individual health record. If medication is needed, a phone call is made to parents to seek permission and to ensure that medication has not already been given to the pupil by parents before arriving at school. If a parent cannot be reached a decision is made by the matron on duty as to the administration of medication, after checking the pupils' individual health record and ensuring that a consent form has been signed.

Individual Health Records

There is an individual health record for every pupil in the school. These are grouped together by form and kept in files, which are stored in Sick Bay.

Any visit made by a pupil to Sick Bay is recorded, and details of any treatment or action required is noted. If medication has been prescribed or a pupil has received a bang to the head, the relevant form is filled in for their individual record, with a copy being sent to parents.

Accountability and Confidentiality

Disclosure of medical information is only made to appropriate members of staff in order to provide the best care. In order to uphold a pupil's right to confidentiality, information will not be passed on by staff without the pupils or parental consent.

THE MANAGEMENT AND ADMINISTRATION OF MEDICINES

Moreton Hall Prep School is committed to providing a safe and healthy environment for pupils. Only the matron on duty is able to dispense appropriate over the counter medicines to both boarders and day pupils, once medical consent forms and the identity of the pupil have been checked. In special circumstances, they are also able to assist with the administration of prescribed medication. In these cases, policy requires that authority is obtained from the pupil's parents and/or the pupil's GP permitting a member of staff to administer the prescribed medication.

Storage and Disposal

The school environment is safe for all pupils by advocating the safe storage and administration of medicines. All medication is stored in a locked cupboard or fridge, if necessary, in Sick Bay. The keys are held by the matron on duty.

Administration of Medication in Sick Bay

If it is necessary for a day pupil to take a prescribed medicine during the school day, the parent/guardian should complete the necessary consent form allowing the school to take over this responsibility. These forms can be obtained from either the School Office or Sick Bay.

Parents should provide full information about their child's medical needs including details of the medicines they require. Any medication brought into school must be in the original container (with pharmacy instructions still attached) and clearly marked with the pupil's name, dosage instructions and use by date.

For overseas boarders any medication for administration should be sent clearly labelled with an accompanying written prescription (translated into English) **clearly stating** the name, and date of the birth of the pupil, the name of the medication, its indication for use, dosage, frequency and duration of course. Matrons, House-Parents and Pastoral Staff *will not* administer unlicensed medicines.

For simple over the counter medicines this consent is given/declined on the medical form that is completed by parents/guardians for all pupils on their admission to the school and is subsequently stored in the pupils' individual health record. The school will not administer any medication without this written consent from parents/guardians.

All pupils are strongly discouraged from bringing their own over the counter medicines to school.

A written record is kept each time a medicine is administered to a child and parents are informed on the same day or as soon as reasonably practicable.

List of Medicines kept as standard stock in Sick Bay

- Paracetamol suspension/tablets
- IBUPROFEN is **NOT** kept as stock due to its potential risks associated with its administration in Asthmatic children. It can only be given as the pupils 'own supply' with written request and consent from the parent/guardian
- Antihistamine Suspension/tablets
- Cough syrup/ throat lozenges
- Topical Antiseptics (eg. Sudocrem)
- Topical Antihistamines (eg. Anthistan)

- Topical Burn Gel for minor burns
- N/saline 20ml pods for wound irrigation and eye bath.
- 2 x stock Asthma inhalers for use in emergency in place of lost or out of date prescribed inhalers for known asthmatics. These children are listed on the **'Allergies and Special Considerations'** Document.
- Day pupils are expected to ensure they have their own 'treater' inhaler on their person throughout the school day with a further inhaler provided to be kept in Sick Bay as a spare. It is not acceptable for siblings or friends to share inhalers.
- Boarders are also expected to ensure they have their 'treater' inhaler on their person at all times.
- Insulin (for Diabetic treatment) and Epi-pens (for the treatment of anaphylactic shock) are held in Sick Bay. There are currently no Diabetic children or children with known anaphylaxis in school at present.

ADMINISTRATION OF MEDICATION PROTOCOL

Staff permitted to administer medication: Duty Matrons and House Parents.

Always

- Check the identity of the pupil against the label on the medicine
- Check the prescribed dose
- Check the expiry date of the medicine
- Check the written instructions provided by the prescriber on the label/container
- Document on the medicine card the following information: Date, time, dosage/amount given, amount remaining
- Medicines can only be administered from the original container
- Prescribed medicine must only be given to the person for which it has been prescribed.

Boarders

All of our Boarders are under the age of 16 and we do not allow them to self-medicate.

The school respects the confidentiality and rights of boarders as patients. This includes the right of a boarder deemed to be 'Gillick Competent' to give or withhold consent for their own treatment.

Staff

Staff are not permitted to bring any medication on site. Any prescribed medication required by staff during the day, should be safely stored in Sick Bay.

School Trips

Administration of medication by teaching staff away from school premises

Staff supervising excursions should be aware of all the pupils' medical needs and have knowledge of the medicines they are taking, if any. They should also check the **'Allergies and Special Considerations'** document for the name of any pupil on the trip and highlight the pupil's name **in red** on the trip risk assessment form. When emergency medication has been administered whilst a pupil has been away from the school it is the responsibility of the person administering the medication to notify the matron on duty who will then notify parents.

The staff should collect a school trip first aid kit/ 'grab bag' from Sick Bay to take on the trip.

INFECTION CONTROL

The spread of infection is controlled by ensuring high standards of hygiene, particularly hand washing, maintaining a clean environment and routine immunisation. People are one of the main sources of infection. Standard Principles help protect from acquiring or passing on infection whether or not a risk is known. For more guidance for infectious disease control please see Appendix 1.

Standard Principles:

Hand-washing is the most effective means of reducing the spread of infections. Its purpose is to remove or destroy any micro-organisms which may be on the hands and may cause diseases and are usually removed easily with thorough hand washing.

- Rub hands together with water and liquid soap, covering the hands with lather for at least 15 seconds. Rinse hands with warm water to remove the lather and then dry thoroughly with a paper towel. Cover all cuts and abrasions with a waterproof dressing.
- Always wash hands after using the toilet, before eating or handling foods and after handling animals. Cover all cuts and abrasions with a waterproof dressing.

Coughing & Sneezing

Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after disposing of the tissue.

Infection Control First Aid and blood borne viruses

Standard Principles:

It is usually not possible to know who is and who is not infected with a transmissible disease or infection such as a blood borne virus, therefore **all** body fluids should be regarded as a potential source of infection. Thorough hand washing is one of the most effective ways of preventing person to person transmission. Intact skin is an effective barrier; broken skin must be covered with a plaster.

If possible, first aiders should wash their hands before and after attending to a casualty.

Disposable plastic gloves are present in all first aid kits located around the school site.

In the event of an emergency where mouth to mouth resuscitation is necessary, ideally a protective mask should be used and is available in Sick Bay.

Cleaning of Blood & Body Fluids

This should be carried out without delay by a cleaner or the first available member of staff. If there is a delay, cross infection is more likely.

- Personal protective equipment should be used when contact with body fluids is anticipated e.g. disposable gloves, disposable aprons, including when there is the risk of splashing and contamination of clothing.
- Bio-hazard kits contain granules which solidify liquids. A kit is kept in the cupboard under the sink in Sick Bay
- Paper towels should be used to mop up and then discarded in a clinical waste bag, never use mops for cleaning up blood or body fluids
- The area should be cleaned with hot water and detergent to reduce the corrosive effect of

the disinfectant.

- Then clean the area with a product that combines a detergent and disinfectant, which is effective against viruses and bacteria e.g. sodium hypochlorite 1% solution (bleach).
- If carpets or upholstery become soiled they should have most of the body fluid mopped up with paper
- Splashes of body fluids into eyes, mouth and nose should be rinsed out with copious amounts of water or saline.
- Laundry - soiled linen should be washed separately at the hottest wash fabric will tolerate. Laundry workers should be informed when they are receiving linen soiled with body fluids, in order that they can use protective equipment.

Sharps Injuries & Bites

Sharps include needles, razor blades, broken glass or other items that cause laceration or puncture:

- If the skin is broken encourage bleeding from the wound and wash thoroughly with running water and soap.
- Cover wound with a dressing.
- Seek medical attention for advice and assessment
- Report to Headmaster/Record in Accident Book

Significant Exposure

If the injury is a result of a needle stick injury/or exposure to high risk body fluids.

- Encourage bleeding and wash thoroughly for 5 minutes under running cold water.
- Cover wound with a dressing
- Report incident to Head Master. The incident should be reported as an accident.
- The injured person should be sent to a GP/A&E for a risk assessment.

Disposal of Sharps & Clinical Waste

All sharps must be disposed of in a yellow sharps bin. These are provided by the child's GP/Hospital Team. When the bin is full to the indicator line it should be sealed and the lid re-checked to ensure that it is securely fastened and requested that the parent returns the bin to their usual 'returns' point e.g. GP surgery

OUTBREAKS OF COMMON VIRUSES

The winter season from October to March (although not exclusive to these timings) poses as the most common time of year for certain diseases to be more prevalent eg. the Meningitis, Norovirus (the vomiting bug), Influenza, Pneumonia, Chickenpox, Common Cold virus. Extra vigilance and precautions for meningitis in particular should be exercised at this time. An outbreak is defined as 2 or more persons with the same disease or symptoms at the same time, or a greater than expected rate of infection compared to the normal.

In times of an outbreak of a virus: Contact local branch of Public Health for information.

General Cleaning

- cleaner and bleach based products (0.1% solution of chlorine releasing agent) will then be used to clean the bathrooms, toilets, door handles throughout the school. Wear disposable gloves and disposable aprons.

- disinfectant (bleach based) spray to clean surfaces and bed frames

Diarrhoea & Vomiting Outbreaks

Commonly caused by a virus called norovirus. This virus can cause widespread infection via the airborne spread of vomit and by poor hand hygiene (faecal/oral route).

Recommendations:

The importance of thorough hand washing should be reinforced to all pupils at this time

- Cleaning actions should be carried out (see above)
- Any person with the symptoms to remain absent from school until 48 hours (for the virus) after the last symptoms
- Any contaminated carpets should be steam cleaned.

Influenza Outbreaks

Most common during the winter months it is spread by coughing, sneezing and contamination of surfaces and objects from hand contact:

- Encourage good hand washing
- Encourage coughing and sneezing into tissues and ensure easy access to rubbish bins.
- Use cleaning agent 0.1% solution of chlorine to clean all communal areas, particular attention should be given to toilet facilities, flush handles, basins taps and door handles.

Meningitis

Common signs and symptoms include:

- Fever
- Headache
- Stiff neck
- Vomiting
- Photophobia (sensitivity to light)
- Irritability/confused/drowsy
- Rash - May be last symptom to appear. Do not wait for it to develop if other symptoms are present.

Glass test: Press the side of a clear glass firmly against the skin. Spots/rash may fade at first. Keep checking.

Fever with spots/rash that do not fade under pressure is a medical emergency

A child may present with one or a combination of any of these symptoms. In cases of suspected Meningitis, the child's parents must be informed immediately and requested that they take the child straight to the nearest A&E department. If parents are unavailable or at a distance, Matron, Mrs Moxon or member of the Pastoral staff must take the child to A&E ***immediately***.

Matron will inform the Headmaster and Public Health who will advise or manage on confirmation of the diagnosis.

***Please see Appendix 1: Guidance for Infectious Disease Control**

Visits to Farms/contact with animals

Risk assessment must be carried out by the member of staff responsible for the trip with considering to infection control.

Thorough hand washing must be encouraged during and straight after the visit.

IMMUNISATIONS

Immunisations should be encouraged as they provide collective protection in communities. The school works with the NHS School Immunisation Team and promotes the administration of routine vaccinations as part of the national program eg. HPV & flu. Information packs are sent out in advance of proposed vaccination.

On admission to the school pupils' parents must complete a medical form including a full vaccine history. International boarders must also provide a full vaccination record.

For pupils travelling from certain Asian and African countries, proof /certification of having received the BCG vaccination and proof /certification of administration is an entry requirement in the UK for pupils arriving from certain Asian and African destinations. Proof will be required by the UK Visas and Immigration Agency, prior to entry. If applicable, a letter will be sent out with the Registration Pack.

RIDDOR

Any serious accident must be recorded in the accident book, located in the school office. These forms should then be handed to the bursar. These forms are then recorded and the requirements of RIDDOR completed. They are also investigated where necessary and monitored to identify trends. (Please see page 6 of Health and Safety at Work Policy for more details of RIDDOR)

ALLERGIES

Dealing with Allergies

*Please note there is a separate 'Allergies and Special Considerations' document that lists any pupils with allergies, asthma and/or other medical conditions. It is updated regularly.

Food Allergies

Food allergies are becoming increasingly common in the UK, although severe allergic reactions are relatively rare and most commonly caused by only a handful of foods. Fortunately, most allergic reactions to food are relatively mild, but some reactions can be very severe. The term **anaphylaxis** is used to describe severe allergic reactions. For many people with a food allergy, it only takes a minute amount of the allergens to trigger a reaction.

The following food allergens have been identified as public health concerns in the UK:

- Peanuts
- Nuts
- Fish
- Eggs
- Crustaceans (eg. Crab, lobster, prawns, shrimp)
- Sesame seeds
- Milk
- Soybeans
- Celery
- Mustard
- Molluscs (eg. Squid, octopus, mussels, cockles)
- Cereals containing gluten

At Moreton Hall the catering staff are fully aware of existing food and consumer protection law. (The Food Safety Act 1990 and Food Safety Regulations 1995)

Pupils with known allergies are identified to all staff and their photographs and specific details of their allergies are displayed in the kitchen, staffroom and Sick Bay cupboard.

The Catering Manager liaises with the parents of those with a food allergy to ensure that the details of the allergy and foods to be avoided are known. He/she will also source, as far as possible, foods from its suppliers for a pupil, to cater for their particular allergy condition.

The Catering Manager is also responsible for ensuring that anyone involved in the preparation or serving of food can

- identify those pupils with food allergies
- clearly indicate specially prepared meals, for those pupils with a particular allergy condition
- supervise the meals that are taken by those who are at risk
- understand the risks involved and how to avoid them

Note

In respect of pre-packaged foods, the School can only follow the information given from manufacturers.

RECOGNISING ALLERGIES

WHAT ARE THE SYMPTOMS?

Allergic reactions can vary. There may be swelling in the mouth or an itchy rash all over the body. The person affected may feel sick and may eventually be sick, although it is worth remembering that other conditions can also cause vomiting.

The initial symptoms may not be serious in themselves, but the child should be watched very carefully in case the situation worsens. Symptoms usually occur after seconds or minutes and progress rapidly. Very occasionally they begin a few hours after contact with the allergenic food or substance.

ANAPHYLAXIS

Most allergic reactions are minor and do not require first aid or assistance. Anaphylaxis is a severe allergic reaction. A very small number of children are unfortunate to suffer from a very acute allergy to food and, for these children the issue is vital and emergency action is necessary. It is literally, potentially a matter of life and death and needs to be treated quickly with adrenaline. (Epi-Pen)

A reaction can be triggered by a wide range of foods, but the most common culprits are peanuts, tree nuts, sesame seeds, fish, shellfish, eggs and dairy products.

Symptoms of anaphylaxis.

Some or all of the following may be present:

- flushing of the skin
- nettle rash (hives) anywhere on the body
- the feeling that something terrible is happening
- swelling in the throat or mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- stomach pain, feeling sick and vomiting
- sudden feeling of weakness (drop in blood pressure)
- collapse or unconsciousness

EMERGENCY ACTION PLAN

If a pupil has a severe allergy that may result in anaphylactic shock then an epi-pen will be stored in Sick Bay or carried by the pupil at all times, depending on the severity of the allergy and the likelihood of a reaction. Only the Matron on duty or another trained person will be allowed to administer the pupil's epi-pen if required, and as such they will be familiar with the instructions for use. It should not be administered by untrained personnel.

If an allergic pupil becomes ill and no trained person is available, the following procedure must be followed:

- tell someone to dial 999
- tell them to ask for the ambulance service and state it is an emergency as a child has collapsed and is possibly suffering from anaphylaxis

ASTHMA

What is asthma?

Asthma is caused by inflammation of the airways. These are the small tubes, called bronchi, which carry air in and out of the lungs. If you have asthma, the bronchi will be inflamed and more sensitive than normal. When a person with asthma comes into contact with something that irritates their lungs, known as a trigger, their airways become narrow, the muscles around them tighten and there is an increase of sticky mucus (phlegm). This leads to the following symptoms:

- difficulty breathing
- wheezing and coughing
- a tight chest

Asthma is very common but should be taken seriously.

What to do

Current guidelines for children and adults having an asthma attack are to:

- allow the pupil to use their reliever inhaler (usually blue) straight away
- alert matron on duty and bring child to Sick Bay as soon as possible
- sit child down and loosen any tight clothing
- if the symptoms haven't improved after five minutes, or you are worried, call 999
- child should continue to take a puff of their reliever inhaler every minute until help arrives

See APPENDIX 2 for 'My Asthma Plan'

GENERAL ROUTINE

Injury on the Games Fields

In the event of a pupil being injured on the Games Fields or a remote part of the school, and the pupil is not able to move or it is deemed by a responsible adult that the pupil should not be moved for their own well-being, then the Matron on duty will be called and attend with a medical kit and portable school phone. An ambulance will then be called if necessary.

School Trips and Off-Site Activities

Basic first aid kits are in each minibus and staff taking pupils on outings should check if any pupils are travel sick and take appropriate containers, wipes etc. Parents are responsible for providing travel-sick medication on the day of the outing; it can be taken before arrival at school, or sent into school with the pupil and administered before travel.

Menstruation

Any girl having her period can be off games if required. Sanitary bins are provided in the girls' toilet block and in the girls' loos in the Boarding House. Sanitary protection is also available from Sick Bay.

Intimate Care

Please refer to separate Intimate Care Policy.

Appendix 1

GUIDANCE FOR INFECTIOUS DISEASE CONTROL

Illness	Recommended period to be kept away from school, nursery, or childminders	Comments
DIARRHOEA & VOMITING ILLNESS		
Diarrhoea and/or Vomiting	48 hours from last episode of diarrhoea or vomiting (48 hr rule applies).	Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
E.Coli 0157 VTEC	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Typhoid* [and Paratyphoid*] (Enteric Fever)	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Shigella (Dysentery)	Exclusion may be necessary.	Exclusion (if required) applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
RESPIRATORY INFECTIONS		
flu' (Influenza)	Until recovered.	
Tuberculosis*	Always consult with HPU.	Not usually spread from children. Requires quite prolonged, close contact for spread.
Whooping Cough* (Pertussis)	Five days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. HPU will organise any contact tracing necessary.
RASHES/SKIN		
Athletes Foot	None.	Athletes' foot is not a serious condition. Treatment is recommended.
Chicken Pox	5 days from onset of rash	Consider immuno-suppressed and pregnant staff.
Cold Sores (Herpes Simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
German Measles (Rubella)	5 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). Consider immuno-suppressed and pregnant staff.
Hand, Foot & Mouth	None.	Contact HPU if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted or healed.	Antibiotic treatment by mouth may speed healing and reduce infectious period.
Measles*	5 days from onset of rash.	Preventable by vaccination (MMR x 2). Consider immuno-suppressed and pregnant staff.
Illness		
Recommended period to be kept away from school, nursery, or childminders		
Comments		
Molluscum Contagiosum	None.	A self-limiting condition.

Ringworm	Until treatment commenced.	Treatment is important and is available from pharmacist. NB for ringworm of scalp treatment by GP is required. Also check and treat symptomatic pets.
Roseola (Infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have one treatment; include the entire household and any other very close contacts. If further information is required contact your local HPU.
Scarlet Fever*	5 days after commencing antibiotics	Antibiotic treatment recommended for the affected child.
Slapped Cheek/ Fifth Disease Parvovirus B19	None.	Consider immuno-suppressed and pregnant staff.
Shingles	Exclude only if rash is weeping and cannot be covered.	Can cause chicken pox in those who are no immune i.e. have not had chicken pox. It is spread by very close contact and touch. If further information is required contact your local HPU. Consider immuno-suppressed and pregnant staff.
Warts & Verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
OTHER INFECTIONS		
Conjunctivitis	None.	If an outbreak/cluster occurs consult HPU.
Diphtheria*	Exclusion is important. Always consult with HPU.	Preventable by vaccination. HPU will organise any contact tracing necessary.
Glandular Fever	None.	About 50% of children get the disease before they are five and many adults also acquire the disease without being aware of it.
Head Lice	None.	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A*	Exclusion may be necessary. Always consult with HPU.	Good personal and environmental hygiene will minimise any possible danger of spread of Hepatitis A. Use bio-hazard kit for cleaning up body fluid spills.
Hepatitis 13* & C*	None.	Hepatitis B and C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of both hepatitis B and C. Use bio-hazard kit for cleaning up body fluid spills.

Illness	Recommended period to be kept away from school, nursery, or childminders	Comments
HIV/AIDS	None.	HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery. Good hygiene will minimise any possible danger of spread of HIV. Use bio-hazard kit for cleaning up body fluid spills.
Meningococcal Meningitis*/ Septicaemia*	Until recovered.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The HPU will give advice on any action needed and identify contacts requiring antibiotics.
Meningitis Viral*	None.	Milder illness. There is no reason to exclude siblings and other

		close contacts of a case. Contact tracing is not required.
MRSA	None.	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required contact your local HPU.
Mumps*	Five days from onset of swollen glands.	Preventable by vaccination. (MMR x 2 doses).
Threadworms	None.	Treatment is recommended for the child and household contacts.
Tonsillitis	None.	Treatment is recommended for the child and household contacts.

* denotes a notifiable disease. It is a statutory requirement that Doctors report a notifiable disease to the proper officer of the Local Authority. In addition, organisations may be required via locally agreed arrangements to inform their local HPU. Regulating bodies (e.g. Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI) may wish to be informed —please refer to local policy.

Source: Taken from The Department of Health's Guidance on Infection Control in Schools

Appendix 2

My Asthma Plan

Your asthma plan tells you when to take your asthma medicines.

Name:

1. My daily asthma medicines

- My preventer inhaler is called..... and its colour is.....
- I take puff/s of my asthma preventer inhaler in the morning and puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day are:.....
- My reliever inhaler is called and its colour is:.....

I take puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.

2. What to do when my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

And also take puff/s of my blue reliever inhaler every four hours.

Remember to use my inhaler with a spacer (if I have one)

If I'm not getting any better doing this I should see my doctor or asthma nurse today.

- **My best peak flow is:**.....

Does doing sport make it hard to breathe?

If YES

I take.....puff/s of my reliever inhaler (usually blue) beforehand.

APPENDIX 3

List of current staff with First Aid Training

Name	Course and date	Review
Sophie Hunt		