



GUILDFORD HIGH SCHOOL

9-2 PROVISION OF MEDICAL CARE

This policy is in line with our equal opportunities statement and aims to support inclusion for all of our pupils. The policy covers all statutory elements and focuses on maintaining the highest expectations for all pupils and bringing out the ‘best from everyone’.

It sets out how GHS seeks to support pupils with short and long term medical needs. It should be read alongside the First Aid Policy.

Medical Care is provided by the School Nurses, School Doctor and School Counsellor. The School Nurses and Doctor are based in the medical room in the Well-being hub. The School Counsellor is based in the Room of Reflection, Harper House. Treatment, advice and support is offered to enable pupils to maintain their physical and emotional well-being.

CONTENTS:

Introduction	3
Roles and Responsibilities	4
Medical Information	5
Confidentiality	5
Administration of Medicine	6
Individual Health Care Plans	7
Pupils’ Self-Management of Medicine and/or Long-term Conditions	8
Educational Visits	8
Medicine Administration on School Outings or in the Absence of the School Nurse	9
Staff Training	9
Emergency Procedures	10
Special Care List	10

APPENDICES:

Appendix 1	School Nurse	11
Appendix 2	School Doctor	13
Appendix 3	Counselling Support	14
Appendix 4	Sharps Information	15
Appendix 5	Severe Allergies and Anaphylaxis Management Info	17
Appendix 6	Diabetic Management Information	21

Appendix 7	Asthma Management Information	24
Appendix 8	Epilepsy Information	31
Appendix 9	Epidemic/Pandemic	34
Appendix 10	Consent to Administer Medications Form	36
Appendix 11	Children with Health Needs who cannot attend School	37
Appendix 12	Individual Health Care Plan	38
Appendix 13	Pupil Risk Assessment	39
Appendix 14	Trip Risk Assessment for Individual Pupils	40

INTRODUCTION

United Learning is committed to ensuring that the necessary provision is made for every pupil within their schools' communities. The Trust celebrates the inclusive nature of its schools and strives to meet the needs of all pupils including those with medical needs and conditions.

Section 100 of The Children and Families Act 2014 places a duty on the governing body of each school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

The Trust endeavours to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

Each school will ensure that all medical information will be treated confidentially by the Headteacher and staff.

All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document.

All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirements of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

ROLES AND RESPONSIBILITIES

The Governing Body

- The overall implementation of the Supporting Pupils with Medical Conditions Policy.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by specialists is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Monitoring written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Head

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Ensure that all supply staff are aware of the policy and are briefed on individual pupil needs where appropriate
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

Staff Members

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.

- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Fully aware of who is a named staff member responsible for administering injections.

There is no legal duty which requires staff members to administer medication; this is a voluntary role.

MEDICAL INFORMATION

We want to enable all pupils to thrive at GHS and support their health needs in conjunction with academic and pastoral support, which play a key role in achieving this.

All pupils are invited to attend a medical/health check, for a fee, carried out by the School Nurse and School Doctor when they are in Years 3, 7 and 10; each girl will also have a digital medical file kept on iSAMS. Parents are requested to provide the School with sufficient information about their child's medical needs and on entry to the school will complete a medical history. It is requested that all pupils are up-to-date regarding necessary immunisations and boosters. Essential medical information provided is shared with staff, as this forms a key component of our day-to-day care; this information is accessed via iSAMS (the school MIS system), under the medical tab.

Pupils with significant medical issues are recorded on iSAMS and all staff must be aware of these pupils. GHS seeks to co-operate closely with parents and health-care professionals to ensure each pupil with a serious medical condition has a tailored care plan.

All staff are given training in treatment required for dealing with a severe allergic reaction and further information is contained in the appendices to this policy. Staff meetings are also used, as appropriate, to inform staff about pupils or procedures.

With any medical concerns staff are encouraged to see the School Nurse for advice or to ask questions.

It is the responsibility of parents to keep the School informed about changes to their child's emotional, physical and medical health needs throughout their time at GHS. On an annual basis in the Senior and Junior School, parents check the medical information we hold on their daughter(s) and respond to confirm that our information is up-to-date, or amend as appropriate.

CONFIDENTIALITY

Sharing information is important if staff and parents are to ensure the best possible care for a pupil. However, parents must respect that their child has the right to confidentiality and may not always

wish to inform parents of a treatment or condition. Permission to disclose information to parents will be discussed with the pupil beforehand.

The Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. These guidelines are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Confidentiality applies to pupils over the age of 13 as long as they are 'Gillick' competent, unless they are a risk to themselves or others raising a safeguarding concern. Pupils under the age of 13 cannot be deemed 'Gillick' competent. GHS believes that in the vast majority of cases pupils are best helped when their parents and key staff are informed and supportive. The pupil will be encouraged to tell their parents with the support of the pastoral team unless there is a concern that this could make the situation worse, or if the pupil is not at risk and adamant that parents are not to be contacted.

ADMINISTRATION OF MEDICINE

In the Senior School, if a pupil needs to take medicine during the school day, parents are asked to write to the School Nurse and complete a medicines form accessed via My School Portal or available at Junior Reception (see Appendix 11) indicating precise dosage, administration, and time when the medicines need to be administered. Medicines should only be taken to school when essential. Medicines will only be accepted that have been prescribed, and provided in the original container, with the pupil's name, and pharmacist's original instructions clearly visible on the label.

- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.

Defibrillators are found at the front of the Main School and at the Sports Centre. These can be used by anyone on the school site or a member of the public if required. The governing body will ensure the local NHS ambulance service has been notified of its location.

All medicines should be left with the School Nurse.

Exceptions to the above are medicines and/or emergency treatment for conditions e.g. asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

The School Nurse is able to provide medication for minor ailments occurring during the school

day i.e. throat lozenges, antacid tablets, antihistamines, Paracetamol and Ibuprofen. If parents do **not** wish for their daughter to receive any of these treatments, they should inform the school nurse in writing. These non-emergency medicines are kept in a locked cupboard.

Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

A sharps box is used for the disposal of needles/sharps (see Sharps appendix).

In the Junior School, prescription medicines sent in by parents will be administered to girls by the School Nurse (or in their absence, a member of SLT). They must be sent to school in their original container with the pharmacist's original instructions clearly visible on the label. Parents are asked to write to the School Nurse and complete a medicines form accessed via My School Portal or available at Junior Reception (see Appendix 11). Parents are responsible for collecting the medicine at the end of the afternoon.

Medicine brought into school must be handed to the Junior School Office at the beginning of the day. No girl may administer her own medicine in school except under the supervision of the School Nurse (or in their absence, a member of SLT). The only exception to this rule is that girls who use asthma inhalers may administer doses themselves.

A record is made on iSAMS each time a medicine (both prescription and non-prescription) is administered to a child, and the child's parents and/or carers are informed on the same day, or as soon as reasonably practicable. Automated emails are sent out at 3pm each day. If medicine is given after 3pm a note or individual email is sent. Only medicine for which parents specifically give their written consent for administration may be given by the nurses to Junior School pupils. Before administering any non-prescription medicines to EYFS children, specific permission is requested from parents. In the Senior School, when parents accept a place at Guildford High School their consent is sought for the administration of over-the-counter medicine e.g. paracetamol, lozenges, antihistamines. Guildford High School cannot be held responsible for side effects that occur when medication is taken correctly.

INDIVIDUAL HEALTH CARE PLANS

- An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.
- Individual Healthcare Plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to

determine the level of detail needed in consultation with the school, the child and their parents.

- Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.
- Parents will receive a copy of the Health Care Plan with the originals kept by the school.

PUPILS' SELF-MANAGEMENT OF MEDICINE AND/OR LONG-TERM CONDITIONS

As the students get older they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in a student's health care plan in agreement with the parents, bearing in mind the safety of other pupils.

Staff should be aware of the need for asthmatics/diabetics or students with other chronic conditions to carry medication with them (or for staff to take appropriate action). Students should carry adequate and in date medication with a prescription or letter accompanying it. They should also know where generic emergency medicines are stored in an emergency if not on the individual i.e. if forgotten at home or in a sports bag during PE.

EDUCATIONAL VISITS

- We actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.
- A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional that are responsible for ensuring that pupils can participate. A copy of the child's Health Care Plan should be taken with the child on an Educational Visit.
- The class teacher must also ensure that medication such as inhalers and epi-pens are taken on all school trips and given to the responsible adult that works alongside the pupil throughout the day. A First Aid kit must be taken on all school trips. The Trip Leader must ensure that all adults have the telephone number of the school in case of an emergency.

MEDICINE ADMINISTRATION ON SCHOOL OUTINGS OR IN THE ABSENCE OF THE SCHOOL NURSE

Every time a pupil participates in a school visit, whether residential or day, a letter is sent home to parents via our School Post electronic system asking parents to confirm that they a) authorise staff running the visit to arrange such medical treatment as may be deemed necessary in an emergency (including the administration of First Aid by those members of staff with a valid certificate) and b) to administer over-the-counter medication e.g. headache relief. Any such uses of over-the-counter medicine has to be recorded in the medical form which accompanies each visit.

All emergency medication for individual pupils should accompany them on school and educational visits.

There should be a designated, appropriately trained person for the administration and management of medicines on school trips. Unqualified staff are able to administer prescribed and some non-prescribed 'over the counter' medicines given by the GHS nurses (paracetamol, antihistamines). Instructions on administration are:

- Pupil needs written parental permission for medication to be administered by outing leader.
- Check medical list for special health needs or allergies before giving medication.
- Establish reason to administer medication with pupil and/or nurse prior to trip.
- Establish whether pupil has taken any other medication recently before administering further medication, and if so what it was. Paracetamol should not be given more frequently than every four hours, in age related doses, to ensure the pupil has not already had the maximum amount in 24 hours. Staff must also be aware of other medicines containing Paracetamol e.g. Lemsip, cold relief capsules, Calpol, Migralve.
- Check that the medication is in date.
- Watch pupil taking the medication.
- Record the pupil's name, reason for medication given and dose, date and time, and signature of the staff administering the medication.
- Inform the School Nurse of all of the above on their return to school.

Medicines should be stored safely by the staff in charge of the outing.

STAFF TRAINING

- The school provides regular whole-school awareness training to ensure that all staff are aware of this policy and their role in implementing the policy. This is also included in induction arrangements for new staff.
- Any member of staff providing support to a pupil with medical needs must have received suitable training. It is the responsibility of the Head to lead on identifying with health specialists the type and level of training required and putting this in place. The school nurse

or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.

- Training must be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- It is important that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. The school ensures that training on conditions which they know to be common within their school is provided (asthma, AAI, sickle cell, diabetes for example).

EMERGENCY PROCEDURES

- Medical emergencies will be dealt with under the school's emergency procedures
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail
 - What constitutes an emergency
 - What to do in an emergency
 - Ensure all members of staff are aware of emergency symptoms and procedures
 - Other children in school should know to inform a teacher if they think help is needed

If a pupil needs to be taken to hospital, a member of staff will remain with the child until a parent arrives.

SPECIAL CARE LIST

Pupil details are printed off for external visits via iSAMS and include medical issues and requirements. These can be discussed with the nurse by staff going on the trip.

APPENDIX 1: SCHOOL NURSE

The Appointed Person at GHS responsible for daily First Aid is the School Nurse.

MAIN AREAS OF RESPONSIBILITY:

PUPIL AND STAFF CARE

- Take charge when someone is injured or becomes ill
- To listen to and support pupils
- To administer prescription medicines to pupils in Junior and Senior School and record on iSAMS
- Prepare and manage Individual Health Plans for pupils with medical conditions and allergies
- To liaise with and assist the School Doctor regarding medicals
- To carry out holistic health checks and liaise with Heads of Year as necessary
- To inform the relevant staff of medical issues relating to the well-being of pupils
- To update medical information on iSAMS and to produce a list to inform staff of pupils with special medical needs and care plans
- To undertake well person checks for Sixth Form pupils and staff if required
- To liaise with the Immunisation Team who provide immunisations to the pupils
- Safeguarding/child protection

PASTORAL PROGRAMME

- Involvement in Health promotion as part of the ASPIRE/Beehive programme
- To support the school's pastoral programme and liaise with Pastoral Deputy Head
- To signpost pupils/staff to relevant mental health services
- Document wellbeing/mental health conversations on CPOMS

FIRST AID

- Be a qualified First Aider/Mental Health First Aider
- Ensure that first aid needs are assessed and addressed
- Regularly check first aid supplies are available at various locations throughout the school and any deficiencies made good without delay
- Hold records of first aid training undertaken by staff and identify training needs (done by Claire Payne, Office Manager and PA to Senior Deputy Head & Deputy Head – Pastoral)
- Attend and discuss first aid issues at Health and Safety meetings

- Supervision of the medical room
- Train staff to administer medication whilst on school trips
- Disseminate key points and train staff regarding updates to policies or provision

REGISTERS

- Maintain records of first aid treatment and accidents (accidents are recorded via the Accident Report Form via the School Intranet).
- Record every incident and treatment given to each pupil who attends the medical room on iSAMS.
- Ensure information is kept confidentially. The nurse should agree with the pupil, where appropriate, who else should have access to records and other information about the pupil. It is essential that relevant staff are informed on a strictly need to know basis and it is in the best interest of the pupil.
- A pupil deemed to be 'Gillick Competent' has the right to give or withhold consent for her own treatment.
- Update CPOMS as necessary.

GENERAL

- Provision of health information and advice
- To liaise with staff, pupils, parents, the School Doctor, CAMHS & Social Services, Health and Safety Executive and Public Health department as necessary
- To keep abreast of current development in nursing and maintain one's own professional development
- To undertake any other duties within the scope of the job which may from time to time be required
- Safe storage, use, handling and disposal of medication

APPENDIX 2: SCHOOL DOCTOR

The School Doctor is in school on Monday mornings. She operates a “drop in” surgery for pupils during Monday morning break and advises on general medical problems and health issues.

Any health-related matters affecting the school are referred to the School Doctor who works closely with the School Nurse.

MAIN AREAS OF RESPONSIBILITY

- To undertake medical examinations of pupils in Junior and Senior schools, liaising with the School Nurse
- To advise the Head and pastoral team on specific medical concerns relating to individual pupils, and to attend meetings with parents when necessary
- To provide a drop-in surgery for pupils when she is in school
- To assist with child protection procedures when necessary
- To undertake any other duties within the scope of the job which may from time to time be required

APPENDIX 3: COUNSELLING SUPPORT

The counselling service is a key strand of GHS pastoral care, offering support and advice to any pupils or staff.

The School Counsellor is Katie Alexander (available Monday to Friday 10:30 – 14:30). She is based in Harper House, Room of Reflection, behind the kitchen.

REFERRALS TO THE COUNSELLOR

If you are concerned about a pupil (including Sixth form), please speak to their Form Tutor and Head of Year **in the first instance**. We encourage pupils to speak to any member of staff.

Pupils in the Senior School are able to self-refer to the Counsellor or to drop in and can make contact or make an appointment via email: katie.alexander@guildfordhigh.co.uk

In the Junior School referrals will be facilitated by staff.

CONFIDENTIALITY

The Counsellor will see the pupil for an initial meeting, during which time it will be decided how best to meet the pupil's needs in the future.

Counselling between staff and pupils should be confidential. However, explain to the pupil that it may not be possible to keep information given confidential, but that you would discuss with them if you felt that you needed to share e.g. if the pupil is at risk to themselves or others.

APPENDIX 4: SHARPS INFORMATION

Great care must be taken when handling all used sharps i.e.

- Needles
- Syringes
- Drug containers

Key points are:

- Safety must be foremost at all times.
- Only members of staff nominated by the Head may carry out activities involving sharps (School Nurse and School Doctor).
- Sharps must only be handled when wearing gloves and in such a way that the risk of injury is minimised.
- Time must be afforded to store and assemble sharps. All equipment must be kept within easy reach and all possible steps taken to reduce the chance of injury.
- Sheaths must be kept on needles until they are required for use.
- The organisation of room and equipment when using sharps is the responsibility of the member of staff carrying out the activity.
- Sharps or syringes discovered in the school grounds or in close proximity to the school should not be touched. The School Nurse should be informed so that safe disposal can be arranged. Ideally the object should be covered if the person making the discovery needs to leave the scene to make a report.
- Misuse of sharps is considered a serious disciplinary offence.

USE OF SHARPS

- Procedures involving sharps will only be practiced in the presence of the School Nurse or other staff as identified above.
- Always take time to store and set out sharps equipment, keeping it within easy reach.
- Sheaths must be kept on needles until just before use.
- Do not re-sheath used sharps. Dispose of them immediately after use.

DISPOSAL OF SHARPS

- Sharps must be disposed of in the yellow sharps box in the medical room.
- SHARPS MUST NEVER BE DISPOSED OF IN WASTE BINS OR PLASTIC BAGS.
- Where possible paper or plastic packaging should not be placed in the sharps box as this reduces its overall capacity. However, should removal of the packaging carry a risk of injury then it should be inserted along with the sharps.
- Defective sharps must be disposed of in the sharps box immediately.

- Under NO circumstances should any attempt be made to remove sharps once placed in the sharps box.
- The container is deemed to be full when $\frac{3}{4}$ full.
- On no account should attempts be made to force sharps through the flap and fingers should be kept out of the box at all times.
- Once the box is ready for disposal the rigid flap should be firmly closed and the box removed by the School Nurse for disposal.

ACTION TO BE TAKEN FOLLOWING A SHARPS INJURY

- Any sharps injury must be reported immediately to the nurse, who will:
 - arrange for immediate first aid
 - arrange for medical/hospital treatment if required
 - ensure completion of an accident report
- Where there is a wound, encourage bleeding, but where the skin is intact avoid stimulating the blood flow by vigorous scrubbing; instead wash gently with soap and water.

APPENDIX 5: SEVERE ALLERGIES AND ANAPHYLAXIS MANAGEMENT INFORMATION

MANAGEMENT OF ALLERGIES IN SCHOOL

- Parents should inform the school of their child's allergy as soon as possible, and give updated information, as required, to the School Nurse
- Nurse will discuss with parents the specific arrangements for their child and develop an individual care plan for the child
- Parents should teach their child how to manage their allergy, about safe and unsafe foods, how to recognise an allergic reaction and how and when to alert an adult
- Nurse will inform all teaching staff and catering manager of the child's allergy and treatment/logged on iSAMS
- Training will be given to all staff in the recognition and treatment of anaphylaxis, use of Adrenaline Auto-Injector (AAI) and how to summon help in an emergency
- Catering staff will take all reasonable steps to ensure suitable food is available and will advise pupils on ingredients and food choices as required
- Senior School pupils should carry two AAI pens with them at all times in school, together with any other emergency medication e.g. Asthma inhalers, Antihistamines. In the Junior School, the Class Teacher will carry the relevant emergency medication.
- In the event of a pupil's own AAI not being available, or being broken/expired, generic AAIs can be found in:
 - Senior, Junior and Sports Centre Receptions
 - Medical Room
 - Stocks Hall
- Specific arrangements should be made for after-school or weekend activities and for school trips and visits
- Parents are responsible for maintaining up-to-date supplies of medication and should note the expiry dates on their child's medication
- Food supplied in school via school catering is accompanied by allergy information
- Cake sales/celebration cakes must be home-made and a list of ingredients provided
- Teachers of Food and Science ensure that lessons do not contain allergens.

NUT ALLERGY

All parents are informed of our **no nuts policy** before their daughter joins the school, and they are asked to check labels of bought products carefully to ensure that products do not contain nuts or nut derivatives. Pupils are reminded on a regular basis not to bring nut products or items containing traces of nuts into school. Food prepared by the school caterers is nut free. Pupils are discouraged from sharing food at school or on school trips in case of an unknown allergy. We do all we can to provide a safe, nut free environment.

ANAPHYLAXIS

While many young people have mild allergic tendencies to a wide range of substances, the term anaphylaxis is reserved for the small number of children who demonstrate severe symptoms. Anaphylaxis involves one or both of two features:

- Respiratory difficulty (swelling of the airway or asthma)
- Hypotension (fainting, collapse or unconsciousness)

This requires immediate medical attention; true anaphylaxis is fortunately very rare. The reaction usually occurs within minutes of exposure to the 'trigger' substance.

Common triggers include peanuts, tree nuts, eggs, cow's milk, shellfish, latex, insect stings and drugs such as penicillin and aspirin. This can be from eating, touching, inhalation.

Symptoms may include any or all of the following:

- Swelling of the mouth or throat
- Difficulty in breathing, swallowing or speaking due to swelling of the airways
- Widespread itchy rash, 'hives', anywhere on the body
- Fast heart rate
- Abdominal pain and nausea
- Sudden feeling of weakness
- Loss of consciousness and collapse (due to low blood pressure)

TREATMENT & MANAGEMENT OF ANAPHYLACTIC REACTION

Treatment depends on severity of the reaction.

- Give person reassurance AND DON'T LEAVE THEM ALONE.
- Most people should lie flat with their legs raised (especially when receiving an AAI)
- If they're pregnant they should lie on their left side
- People having trouble breathing should sit up for a short time to help make breathing easier, and then lie down again when possible
- Avoid a sudden change to an upright posture such as standing or sitting up – this can cause a dangerous fall in blood pressure

- **Call for help** (School Nurse – 07917726994)
- Call 999 immediately and state 'child with anaphylaxis' - If the person's breathing or heart stops, cardiopulmonary resuscitation (CPR) should be commenced immediately.
- Ask someone to notify the patient's parents or individual's next of kin.

- If the patient is alert and speaking with mild symptoms:
 - -Swollen lips, face or eyes
 - -Itchy/tingling mouth
 - -Hives or itchy skin rash

- -Abdominal pain or vomiting
- -Sudden change in behaviour,

then follow the individual anaphylaxis care-plan if you have access (kept in the staff room pouches), which may involve giving Cetirizine (an anti-histamine) prior to giving an adrenaline auto-injector (AAI).

- **If any one or more of the following symptoms are present, administer an AAI WITHOUT DELAY:**

-Airway:

Persistent cough

Hoarse voice

Difficulty swallowing

Swollen tongue

-Breathing:

Difficult or noisy breathing

Wheeze or persistent cough

-Consciousness:

Persistent dizziness

Becoming pale or floppy

Suddenly sleepy, collapse, unconscious

*** IF IN DOUBT, GIVE ADRENALINE ***

If the patient's own AAI is not available then a generic AAI can be administered; these are kept in the orange boxes located around the school (see 'Management of Allergies' section) or in the emergency grab bag in the nurses' office. (Generic AAI doses: 150 micrograms for a child under 6 years old and 300 micrograms for a child 6-12+ years old.

- Early treatment is crucial, and you may have to give an AAI before the nurse can arrive.
- The AAI should be given to the outer part of the thigh and pressed in hard, especially if clothing is still in place. Hold the AAI with a firm grip in your dominant hand and ensure the safety cap is removed prior to injecting. Jab the needle ended tip into the thigh until it automatically fires, and you hear/feel a click and keep in place for 10 seconds (the time the AAI should be kept pressed against the thigh differs between each brand (between 3-10 seconds). In an emergency we may not have time to see the brand of pen so in this case hold the AAI in the thigh for a minimum of 10 seconds. The generic AAI brand we use is EpiPen which has a blue safety cap and orange needle end - Remember 'blue to sky, orange to thigh'. Most pupils will have an EpiPen, however some may have the other brands; Jext and Emerade. **All AAI's work in the same way.**
- Rub the thigh area afterwards, reassess and give another AAI after 5 minutes if the patient does not improve.
- The patient's condition should be monitored throughout. If breathing or the heart stops, resuscitation should be commenced and delegate someone to get a defibrillator from the Main School reception or Sports Centre reception. Remember ABC.

- If an AAI has been given, the patient must go to hospital either by ambulance or with the parents/next of kin if it is safe to do so.
- Document when and where the reaction took place, and who administered emergency treatment.

Staff can view the training at www.anaphylaxis.org.uk, and receive training from the School Nurse on the use of the various Adrenaline pens. In the case of an anaphylactic reaction certain medicines can be given or supplied without the direction of a medical practitioner, for the purpose of saving life, e.g. adrenaline, chlorphenamine and hydrocortisone.

NB. In the event of a national shortage of AAIs, use expired ones until new ones arrive.

APPENDIX 6: DIABETIC MANAGEMENT INFORMATION

Diabetes is a condition where the level of glucose in the blood rises. In 2019 there were 36,000 U19s with diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections or a pump, to monitor their blood glucose level and to eat regularly according to their personal dietary plan.

Each child may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the School Nurse and the parents' attention. Children with Diabetes will have an individual health care plan at school which will be taken on trips.

MEDICINE AND CONTROL

Type 1 diabetes is controlled by injections of insulin each day, administered by multiple injections or by an insulin pump, and it may be necessary for an adult to help assist with this, especially for younger children. School supervision may be required, and a suitable, private place to carry it out for discretion.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a glucose monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results. When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional. At GHS there is a School Nurse on the premises from Monday to Friday who can oversee this.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose levels fall too low. Staff in charge of physical education or other physical activity sessions

should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

The aim of the treatment is to keep the blood glucose level close to normal range so that it is neither too high (hyperglycaemia), or too low (hypoglycaemia).

Causes include the following:

<i>Hypo</i>	<i>Hyper</i>
• Too much insulin	Too little insulin
• Not enough food or delayed meal	Eating too much carbohydrate
• Unusual amount of exercise	Less exercise than usual
• Stress, hot weather	Emotional stress
• Illness/fever	Illness/infection/fever

Symptoms include the following:

<i>Hypo</i>	<i>Hyper</i>
• Sweating, faintness, paleness	Thirst and passing a lot of urine
• Headache, blurred vision	General aches, weakness, abdominal pain
• Feeling of hunger	Loss of appetite, nausea, sickness
• Irritability, lack of concentration	Heavy or laboured breathing

If any combination of the above symptoms occur, and a hypo or hyper is suspected, use the protocol outline below.

- i. Listen to the diabetic person. They know the symptoms and can generally tell when they are not feeling well long before it will become a problem. Take your lead from them. They will check their blood glucose levels, with their blood testing kit carried with them at all times. If their blood glucose is low they will need to have a high sugar snack e.g. 2-3 glucose tablets or a high sugar drink or snack (also kept in medicine cupboard in nurse office), followed by something more long acting like biscuits or a sandwich. They will usually have a supply of snacks with them.
- ii. If their blood glucose level is high, individual instructions re. the administration of insulin, etc., are in their careplan.
- iii. If they are in school, call the School Nurse and/or First Aider. If on a school trip or visit, call their parents who will be able to advise on what further action to take. You can also call the Hospital Diabetic Specialist Nurse for guidance (see individual care plan).
- iv. Keep them sitting upright, reassure them and observe for any changes in their condition.
- v. If drowsy, pale in colour, or breathing becomes heavy or laboured **CALL AN AMBULANCE 999** stating **UNWELL DIABETIC CHILD** and explain the symptoms. Then contact the school nurse mobile 07917726994 or ext. 207 and a member of senior leadership team and parents.
- vi. If unconscious put them in the recovery position - lying on their side to monitor their airway and breathing and commence CPR if necessary until the ambulance arrives.
- vii. Hand any medication used to the ambulance crew.
- viii. Send a member of staff to hospital with them, until their parents arrive.

POINTS TO BE TAKEN INTO CONSIDERATION ON TRIPS ABROAD

Long haul flight time zone changes – affect insulin regime

- i) Long acting insulin generally lasts for 24 hours but short acting needs to be taken before food
- ii) Insulin must not be carried in the aeroplane hold i.e. packed in suitcase – it is too cold in the hold, excessive cold causes deterioration of insulin
- iii) All spare insulin to be carried in hand luggage
- iv) Insulin pump users must carry all spare pump equipment in hand luggage and this must be accessible at all times in case of pump failure
- v) All the above also applies to baggage loss/flight delay

SKIING – OR EXCESSIVE COLD

- Insulin is a protein; it can become too cold or freeze, causing deterioration.
- An insulin 'pump' needs to be well wrapped up under warm clothing and under a ski jacket as if it becomes too cold the insulin can become too cold to travel through the 'giving set' tubing to the body.
- A machine for blood glucose reading can also become too cold to register a reading; it also needs to be kept warm.

INSURANCE

The School travel insurance needs to be checked that it covers everything to do with diabetes.

Separate insurance needs to be taken out on parents' own insurance for the insulin pump, as insurance is required for accidental damage.

APPENDIX 7: ASTHMA MANAGEMENT INFORMATION

The school:

- Recognises that asthma is a widespread, serious but controllable condition.
- Recognises that asthma can be fatal, but with regular monitoring, avoidance of triggers and correct treatment can be well controlled.
- Supports new legislation which allows schools to provide asthma inhalers for emergency use.
- Positively encourages pupils with asthma to achieve their full potential in all aspects of school life without stigma. The school supports this philosophy by having a clear written policy for all staff to refer to.

Physiology:

Asthma is a respiratory condition affecting the airways – in particular the small tubes that carry air in and out of the lungs.

When a person with asthma comes into contact with something that irritates their airway (an asthma trigger), the muscles around the walls of the airways tighten and become narrower causing difficulty for air to pass in or out. This often causes a wheezing sound. The lining of the airways also becomes inflamed and starts to swell. Sometimes sticky mucus or phlegm builds up, which can also be very frightening for the person affected.

Common asthma triggers include viral infections e.g. colds and flu, house dust mites, domestic animals (especially furry or feathery animals), pollen, exercise, the fumes from some paints or glue, chemicals and atmospheric pollutions such as cigarette smoking.

Typical asthma symptoms are:

- Tightness in the chest
- Coughing (especially at night)
- Wheezing
- Shortness of breath
- Difficulty in speaking in sentences
- Being unusually quiet

ASTHMA MEDICINES

- Pupils who have asthma will be identified from the health information provided by parents on entry to the school. This information will be entered on the pupil's individual file by the Medical Centre, all staff will be made aware via confidential pastoral notes.
- All school staff must familiarise themselves with the relevant health information for the pupils that they have responsibility for, including when they go on trips.
- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler, as soon as they are mature enough, on their person at all times. The reliever inhalers of younger children are kept in the classroom. These help to relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again.
- For some pupils on newer MART regimes, they use the same inhaler for both reliever and preventer, and may not carry a "blue" inhaler around.
- It is essential that all staff who have responsibility for pupils should know what to do in the event of an emergency asthma attack. Emergency blue 'reliever' inhalers, a 'spacer' device and guidelines for staff will be stored in labelled 'Asthma' Boxes, and kept at locations:
 1. Sports Centre reception
 2. Gymnasium in Senior School (in a box on the wall outside the Gym)
 3. Junior School reception (on shelf by desk in first aid box)
 4. Senior School reception (in first aid box to the left of the desk)
 5. Stocks (in emergency box)
- Parents will contribute to the annual update of asthma care plan.
- Parents will supply in date inhalers when needed.
- Nurses will keep track of expiry dates.

RECORD KEEPING

- At the beginning of each school year or when a child joins the school, parents are asked if their child has any medical conditions, including asthma, on their enrolment form.
- Parents are also asked to update the School Nurse if their child's medicines or treatment change.
- Parents should always be told if the pupil has had an asthma attack while at school.

EXERCISE AND ACTIVITY – PE AND GAMES

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.

- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each pupil's inhaler will be labelled and kept with the pupil at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so and allowed to rest.
- All sports/teaching staff should be aware of the possible stigmas surrounding asthma as pupils could be singled out by their condition, which may lead to bullying.

SCHOOL ENVIRONMENT

The school does all that it can to ensure the school environment is favourable to pupils with asthma. In Science, Art or Design Technology lessons the teaching staff should be aware of any pupils in the classroom who have Asthma and the possible 'Asthma trigger' effect from chemicals, paint, or glue fumes. Staff should be vigilant and remove any pupils that become symptomatic when exposed to these triggers and then ensure any necessary treatment is given under supervision.

My asthma triggers

Taking my asthma medicine every day will help reduce my reaction to these triggers. Avoiding them where possible will also help.

People with allergies need to be extra careful as asthma attacks can be more severe.

My asthma review

I should have at least one routine asthma review every year. I will bring:

- my action plan to see if it needs updating
- any inhalers and spacers I have, to check I'm using them correctly and in the best way
- my peak flow meter if I use one
- any questions about my asthma and how to cope with it.

Next asthma review date: _____

GP/asthma nurse contact

Name: _____

Phone number: _____

Out-of-hours contact number (ask your GP surgery who to call when they are closed)

Name: _____

Phone number: _____

Last revised and updated 2021; next review 2024

Asthma and Lung UK is a not-for-profit charity limited by guarantee and registered in England (number 0386320). Our registration number is 2867121 in England and Wales. 1012843 in Scotland and T177036 in Northern Ireland.

How to use it

Your written asthma action plan can help you stay on top of your asthma. To get the most from it you could:

- 1 Put it somewhere easy to find** – your fridge door, noticeboard or bedside table.
- 2 Keep a photo of it on your mobile phone or tablet** – so you can check it wherever you are. You can also send it to a family member or friend, so they know what to do if your asthma symptoms get worse.
- 3 Check in with it regularly** – put a note on your calendar or a monthly reminder on your phone to read it through. Are you remembering to use your everyday asthma medicines? Do you know what to do if your symptoms get worse?

- 4 Take it to every asthma appointment** – including hospital appointments. Ask your GP or asthma nurse to update it if their advice for you changes.

Get more advice + support from Asthma + Lung UK

Speak to a respiratory nurse specialist about managing your asthma: **0300 222 5600**

Get news, advice and download information: **AsthmaAndLung.org.uk**

Message our specialist asthma nurses on WhatsApp: **07578 606728**

Follow us on Facebook for news and tips about your asthma: **facebook.com/AsthmaLungUK**

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists at **call 0300 222 5600** WhatsApp **07578 606 728** (Monday-Friday, 9am-5pm)

ASTHMA+
LUNG UK

ADULT ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date: _____

1 Every day asthma care:

My asthma is being managed well:

- With this daily routine I should expect/aim to have no symptoms.
- If I have not had any symptoms or needed my reliever inhaler for at least 12 weeks, I can ask my GP or asthma nurse to review my medicines in case they can reduce the dose.
- My personal best peak flow is: _____

My daily asthma routine:

My preventer inhaler (insert name/colour): _____

I need to take my preventer inhaler every day even when I feel well.

I take _____ puff(s) in the morning and _____ puff(s) at night.

My reliever inhaler (insert name/colour): _____

I take my reliever inhaler only if I need to

I take _____ puff(s) of my reliever inhaler if any of these things happen:

- I'm wheezing
- My chest feels tight
- I'm finding it hard to breathe
- I'm coughing

Other medicines and devices (e.g spacer, peak flow meter) I use for my asthma every day: _____

2 When I feel worse:

My asthma is getting worse if I'm experiencing any of these:

- My symptoms are coming back (wheeze, tightness in my chest, feeling breathless, cough).
- I am waking up at night.
- My symptoms are interfering with my usual day-to-day activities (eg at work, exercising).
- I am using my reliever inhaler three times a week or more.
- My peak flow drops to below: _____



URGENT! If you need your reliever inhaler more than every four hours, you need to take emergency action now. See section 3.

What I can do to get on top of my asthma now:

If I haven't been using my preventer inhaler, I'll start using it regularly again or if I have been using it:

- Increase my preventer inhaler dose to _____ puffs _____ times a day until my symptoms have gone and my peak flow is back to my personal best.
- Take my reliever inhaler as needed (up to _____ puffs every four hours).
- Carry my reliever inhaler with me when I'm out.



URGENT! See a doctor or nurse within 24 hours if you get worse at any time or you haven't improved after seven days.

Other advice from my GP about what to do if my asthma is worse (eg MART or rescue steroid tablets): _____

3 In an asthma attack:

I'm having an asthma attack if I'm experiencing any of these:

- My reliever inhaler is not helping or I need it more than every four hours.
- I find it difficult to walk or talk.
- I find it difficult to breathe.
- I'm wheezing a lot, or I have a very tight chest, or I'm coughing a lot.
- My peak flow is below: _____

What to do in an asthma attack

- Sit up straight - try to keep calm.
- Take one puff of your reliever inhaler (usually blue) every 30-60 seconds up to 10 puffs.
- If you feel worse at any point OR you don't feel better after 10 puffs **call 999 for an ambulance**.
- If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
- If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately**.

Important: this asthma attack advice does not apply to you if you use a MART inhaler.

After an asthma attack

- If you dealt with your asthma attack at home, see your GP today.
- If you were treated in hospital, see your GP within 48 hours of being discharged.
- Finish any medicines they prescribe you, even if you start to feel better.
- If you don't improve after treatment, see your GP urgently.

What to do in an asthma attack if I'm on MART: _____

My asthma triggers

Taking my asthma medicines every day means I'm less likely to react to these triggers. Avoiding them if I can may also help.

My triggers and what I do to manage them

For example: hay fever – I take antihistamines; pollution – I avoid busy roads

My asthma review

I should have at least one routine asthma review every year. I will bring:

- my MART asthma action plan to see if it needs updating
- any inhalers and spacers I have to check I'm using them correctly
- any other medicines I take for my asthma
- my peak flow meter if I use one
- any questions about my asthma.

Next asthma review date:

GP/nurse/healthcare professional contact details

Name:

Phone number:

Out-of-hours contact number (ask your GP surgery who to call when they are closed)

Name:

Phone number:

How to use this plan

- 1 Put it somewhere easy to find** like your fridge door, noticeboard or bedside table.
- 2 Keep it on your mobile phone or tablet** so you can check it wherever you are.
- 3 Share it with family, friends or anyone you live with** so they know how to help you if you're unwell.
- 4 Take it to every asthma appointment.** Ask your doctor, nurse or healthcare professional to update your plan if their advice for you changes.



Watch our inhaled videos to learn how to use your MART inhaler:
asthmaandlung.org.uk/inhaled-videos

Get advice, support and information at AsthmaAndLung.org.uk or find us on social media:



Questions about asthma?

Talk to our friendly respiratory nurse specialists for more support.

Call **0300 222 5800**

(Monday to Friday, 9am to 1pm and 2pm to 5pm)

Last reviewed 2023; next review 2026. V1

Asthma and Lung UK is a charitable company limited by guarantee with company registration number 01863814, with registered charity number 207760 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man.



For ages 12+ only

MART asthma action plan

Fill this in with your doctor, nurse or other healthcare professional

Name and date:

1 Everyday asthma care

With this daily routine:

- I should have few or no asthma symptoms during the day and none at night (wheeze, tight chest, feeling breathless, cough)
- I should be able to do everything I normally do in my day-to-day life (working, being active, socialising)
- my personal best peak flow score is:

Date taken:

My Maintenance and Reliever Therapy (MART) inhaler is called (insert name):

I need to take my MART inhaler every day even when I feel well.

I take puff(s) in the morning

and puff(s) at night.

I use my MART inhaler as my reliever inhaler if I get asthma symptoms.

I take one puff of my MART inhaler if:

- I'm wheezing
- my chest feels tight
- I'm finding it hard to breathe
- I'm coughing.

I can take up to a **maximum** of puffs a day (including my morning and night puffs).

Other medicines and devices (for example, spacer, peak flow meter) I use for my asthma every day:

2 When I feel worse

My asthma is getting worse if I'm experiencing any of these:

- my symptoms are getting worse (wheeze, tight chest, feeling breathless, cough)
- my symptoms are waking me up at night
- my symptoms are affecting my day-to-day life (working, being active, socialising)
- my peak flow score drops to below:

If my asthma gets worse:

I can continue to take **one** puff of my MART inhaler as needed to deal with my asthma symptoms, up to a **maximum** of puffs a day (including my morning and night puffs).

URGENT! Contact your doctor, nurse or other healthcare professional if:

- you need to use the **maximum** daily dose of your MART inhaler and your symptoms are not improving **or**
- you're regularly using extra doses of your MART inhaler most days for weeks (as advised by your healthcare professional) **or**
- you're worried about your asthma.

Other advice from my doctor, asthma nurse or healthcare professional about what to do if my asthma is worse:

3 When I have an asthma attack

I'm having an asthma attack if I'm experiencing any of these:

- my MART inhaler is not helping
- I find it difficult to walk or talk
- I find it difficult to breathe
- I'm wheezing a lot, or I have a very tight chest, or I'm coughing a lot
- my peak flow score is below:

What to do in an asthma attack

1. Sit up straight – try to keep calm.
2. Take one puff of your MART inhaler **every 1 to 3 minutes up to six puffs**.
3. If you feel worse at any point **or** you don't feel better after six puffs **call 999 for an ambulance**.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, **repeat step 2**.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately**.

After an asthma attack

- If you dealt with your asthma attack at home, see your doctor or nurse today.
- If you were treated in hospital, see your doctor or nurse within 48 hours of being discharged.
- Finish any medicines they prescribe you, even if you start to feel better.
- If you don't improve after treatment, see your doctor, nurse or other healthcare professional urgently.

If you don't have your MART inhaler with you and need to use a blue reliever inhaler, take one dose every 30 to 60 seconds up to a maximum of 10 puffs and call 999 for an ambulance.

What to do - Asthma attack

The following guidelines are suitable for both children and adults and are the recommended steps to follow an asthma attack:

1. Assist the pupil to take two puffs of their reliever inhaler immediately.
2. Sit the pupil down calmly and encourage them to take slow, steady breaths.
3. If they are not feeling better, encourage them to take one puff of their reliever inhaler every two minutes (can take up to ten puffs).
4. If they do not feel better after taking the inhaler as above, or if you are worried at any time, call 999.
5. If an ambulance does not arrive within 10 minutes and they are still feeling unwell, repeat step 3 (One puff of reliever inhaler every two minutes, for up to a further ten puffs).

If the pupil's symptoms improve, and you do not need to call 999, the pupil will still need to see a doctor or asthma nurse within 24 hours to review the management of their asthma.

Remember : Call 999 if:

- The pupil's symptoms do not improve in 5–10 minutes.
- The pupil is too breathless or exhausted to talk in sentences
- The pupil's lips are blue.
- You are in doubt.

IMPORTANT THINGS TO REMEMBER IN AN ASTHMA ATTACK

- Never leave a pupil unattended when they are having an asthma attack. They will require constant reassurance.
- If the pupil does not have their inhaler and spacer with them, send another teacher or pupil to get the nearest emergency inhaler and spacer.
- In an emergency situation school staff are required, under common law, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher or adult if an ambulance needs to be called.
- Contact the pupil's parents immediately after calling the ambulance to update them (Either through SLT or the Medical Centre). Please ensure that you let SLT know if you do call an ambulance.
- A member of staff should always accompany a pupil taken to hospital by ambulance and should stay with them until relieved by a parent, guardian or matron.
- Generally staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action. If this is the case a second adult should accompany the driver taking the pupil to the hospital.

APPENDIX 8: EPILEPSY INFORMATION

Guildford High School recognises that epilepsy is a common disorder affecting about 1 in 130 children/young people in the UK and welcomes pupils with epilepsy. This school believes that every child with epilepsy has a right to participate fully in the curriculum and life of the school, including outdoor activities and residential trips.

Records are kept of all the medical details of children with epilepsy and parents are kept updated with any issues it feels may affect the child. All relevant staff fully understand epilepsy and seizure first aid.

Where necessary the school will work together with children, parents, staff, educational psychologists and health professionals to ensure this policy is successfully implemented and maintained.

WHAT IS EPILEPSY

Epilepsy is defined as having a tendency to have seizures. A seizure happens when the nerve cells in the brain stop working in harmony. When this happens the brain's messages become temporarily halted or mixed up. A child with epilepsy has recurrent seizures, unless the seizures are controlled by medicine.

TYPES OF EPILEPSY

There are different types of epilepsy. Broadly it can be divided into 2 main types:

- Generalised epilepsy (e.g. Tonic-Clonic, Absences, Myoclonic)
- Partial epilepsy (e.g. Frontal/Occipital/Temporal lobe epilepsy where epileptic activity is initially limited to part of the brain, although the epileptic activity may spread to the whole of the brain).

RECOGNITION/SYMPTOMS

These may include:

Tonic-Clonic epilepsy – body stiffens followed by a fall; this may be preceded by a cry. Jerky body movements then begin, incontinence or dribbling of saliva can occur. At the cessation of the seizure child may be sleepy for some time.

Absences – episodes of staring or blankness lasting for a few seconds or longer. May be associated with slight twitching or blinking. Consciousness is lost but is brief.

Myoclonic jerks - Sudden jerky movements of limbs, at times violent in nature.

Temporal lobe epilepsy - May start with an 'aura' or warning. Child may appear conscious but may not respond. Abnormal movements like plucking, fidgeting, smacking of lips can occur. Aimless wandering can occur after the episode.

GENERAL SEIZURE ADVICE

Tonic-clonic seizures are the most widely recognised type of epileptic seizure.

- Try to stay calm. Send for assistance from the Medical Centre.
- Note the time to check how long the seizure is lasting.
- Attempt to support the person if you see him or her falling. Move objects such as furniture away from the person if there is a risk of injury. Only move the person if they are in a dangerous place, e.g. at the top of stairs or in the road.
- Put something soft (jacket or cushion) under their head, or cup their head in your hands to stop their head hitting the ground.
- Try to stop other people from crowding and ask them to move away.
- Do not restrain the person – allow the seizure to happen.
- Do not put anything in the person's mouth – there is no danger of them swallowing their tongue during the seizure. Do not give them anything to eat or drink.

When the seizure has finished:

- Place the person in the recovery position. Check their breathing and pulse at regular intervals. Be prepared to resuscitate if necessary.
- Wipe away any spit and if their breathing is difficult check their mouth to see that nothing is blocking their airway, like food.
- Try to minimize any embarrassment. If they have been incontinent, deal with this as privately as possible.
- Stay with them, giving reassurance, until they have fully recovered.
- Try to prevent him or her from standing/moving around. They will be unstable and confused.

You should call an ambulance if:

- It is the person's first seizure or you do not know that the person has epilepsy.
- They have injured themselves badly.
- They have trouble breathing after the seizure has stopped.
- The seizure lasts for more than 5 minutes.
- The person has repeated seizures.
- The person does not regain consciousness for more than 10 minutes.

MEDICATION

Preventative medicine is usually given on a daily basis over a period of years.

Emergency medication may be used to treat a seizure (i.e. to try and terminate a seizure). A Personalised Care Plan will be drawn up for the pupil.

APPENDIX 9: EPIDEMIC/PANDEMIC

ASSESSING THE RISK

- SLT will maintain a day-to-day update on the seriousness of the problem, in liaison with the School Nurse and, if necessary, UK Health Security Agency.
- Any child or member of staff complaining of ill health should be sent to the school nurse as quickly as possible. The School Nurse would then ask questions concerning their symptoms and recent travel.
- If the School Nurse suspects a serious illness then the pupil/staff will be quarantined in the Medical Room. Parents will then be contacted to collect the pupil from the Well-being Hub entrance of the school and advised to go home and immediately contact their GP/NHS 111 to confirm any illness. They should not go to the surgery or hospital. They should be asked to contact the school to update on the health status.
- In more serious cases there may be clinical waste which would be taken by the parent of the child to their GP. Measures would also be put in place for disposable linen. Nurses will, if necessary, wear personal protective equipment (PPE) and dispose of clinical waste.

ADVANCE PLANNING AND PREVENTION

- Staff and pupils will be advised not to come to school if they have any flu-like symptoms (sudden onset of fever, headache, muscle pains and feeling ill, with or without sore throat, cough or difficulty breathing). Pupils and staff should not come to school until at least 48 hours after the last episode of diarrhoea or vomiting, and until they feel well. A message will appear on the school website asking to keep pupils at home and to notify the school if their daughter displays symptoms.
- Immunisation does offer protection against some infectious diseases and parents are expected to take their child for vaccination when called at the recommended scheduled time.
- The School must be provided with an immunisation record and parents must inform the school if their child is not up-to-date with their immunisations.
- Good hygiene is covered in PSHE/ASPIRE sessions. Pupils will be reminded of good practice by form tutors and appropriate information will be provided. The importance of using hand-gel/washing hands and disposing of tissues in swing top bins or down the toilet will be reiterated by form tutors and pupils told to follow the instructions on general infection control e.g. how to wash hands and on spreading germs.
- Cleaning staff, as part of their routine, will ensure that door handles/table tops and key boards are wiped down more regularly. The Head of Housekeeping will supervise that this is happening.
- Good supplies of cleaning materials/tissues/aprons/hand wash will be maintained. School nurses will have a supply of face masks and PPE for emergencies.
- If deemed necessary the number of whole school activities e.g. assemblies will be reduced.

- Parents' and staff contact details are verified every September and databases amended/information shared as necessary.

PROCEDURE

- Further information can be sought from UK Health Security Agency.
- The Head is the person responsible for taking the decision whether to close the school – either because of Government advice that schools in an area should close, or because of reasons specific to the school (e.g. too many staff are ill). The school would close at 4pm.
- Parents will be contacted by Clarion Call and information will be posted on the school website concerning details of any closure.
- In the event of having to close the school, SLT are responsible for ensuring that they can continue getting work to pupils via remote teaching methods (refer to the Use of Technology policy). Head of Junior School can produce a strategy for KS1 pupils. If the school shuts during the school day pupils will be asked to take as many textbooks as feasible home.
- School telephones can be re-routed to designated external numbers.
- Pupils and staff can also use email.

APPENDIX 10: CONSENT TO ADMINISTER MEDICATIONS FORM

All medications must be in their original packaging. The child's name, name of medication, frequency and expiry date must all be clearly legible.

*Do not bring in any medicines which can be bought over the counter (unless authorised by the nurse).
We have Piriton/Cetirizine, Paracetamol/Calpol in school.*

Name of pupil:	
Date of birth:	
Form:	
Name of medication:	
Medication expiry date:	
Any known side effects of medication relevant to pupil:	
Reason for medication:	
Time to be given:	
Doses to be given:	
Number of days:	
Procedure in an emergency (if relevant):	
Any other instructions:	
Parent/Guardian signature:	
Contact telephone number:	
Date:	

The nurses reserve the right to refuse to give medication if the above is not adhered to.
All efforts will be made to contact you.

APPENDIX 11: CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL

Guildford High School aims to ensure that all children who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential. Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, students should receive their education within their school and the aim of the provision will be to reintegrate students back into school as soon as they are well enough. We understand that we have a continuing role in a student's education whilst they are not attending school and will work with health, other statutory agencies and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

Students who are unable to attend school as a result of their medical needs may include those with:

- Physical health issues.
- Physical injuries.
- Mental health problems, including anxiety issues and eating disorders.
- Emotional difficulties or school refusal.
- Progressive conditions.
- Terminal illnesses.
- Chronic illnesses.

RESPONSIBILITIES OF THE SCHOOL

The school will ensure:

- Arrangements for students who cannot attend school as a result of their medical needs are in place and are effectively implemented.
- The termly review of the arrangements made for students who cannot attend school due to their medical needs.
- Roles and responsibilities of those involved in the arrangements to support the needs of students are clear and understood by all.
- Robust systems are in place for dealing with health emergencies and critical incidents, for both on and off-site activities.
- Staff with responsibility for supporting students with health needs are appropriately trained.
- Reviewing this policy on an annual basis.

The school makes arrangements that are specific to the pupils' situation and all communications will go through the HoY/Pastoral Deputy/Head.

- Who in your school will be responsible for making and monitoring these arrangements (e.g. how often will the child be physically seen – it is advised this is at least every 10 working days)
- What sort of arrangements could be made (e.g. sending work home, hospital schools)
- How you'll reintegrate pupils back into school
 - Create individually tailored reintegration plans for each child returning to school
 - Consider whether any reasonable adjustments need to be made

APPENDIX 12: INDIVIDUAL HEALTH CARE PLAN

GUILDFORD HIGH SCHOOL

School Nurse: X207 or 07917 726994

Healthcare Plan: NAME

DOB:

Condition:

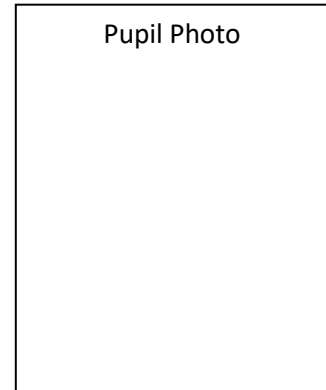
-
-

Symptoms:

-
-
-

Action:

- Call parent if....
-
-
-



Contact Numbers:

Home:	Father mobile:
Mother mobile:	Hospital:

Plan prepared by:

Reviewed with Parents (date):

APPENDIX 13: PUPIL RISK ASSESSMENT

Student name:	Date:
HoY:	Tutor:
Does the pupil agree that if they are not feeling safe, they should go to the Well-being area to sit or speak to the nurse? Yes/No	
Has the pupil specified which members of staff they will email if they cannot get to the Well-being area? Yes/No Names of those staff members:	
Has the pupil looked over their timetable and extra-curricular activities and discussed it? Yes/No If any significant points were noticed, what was decided?	
Friendships: what key points were discussed?	
What additional support is the pupil currently getting? If not, what has been advised?	
What medication is the pupil currently taking? When was it last reviewed? Other key points made?	

Date of review:

APPENDIX 14: TRIP RISK ASSESSMENT FOR INDIVIDUAL PUPILS

Guildford High School Pupil Risk Assessment *(this will vary with each pupil's needs)*

Date of visit:	Time of departure:	Return time:
Destination:	Travel Company: Telephone:	
Accompanying school staff:	Other adults:	First Aiders:

Pupil name:

Reason for risk assessment:

Signed (Pupil):

Signed (Group Leader):

Signed (WHS/CBG):

Hazard/Event	What is at risk?	Action to be taken to reduce risk	Action to be taken in event of occurrence
Focus of visit is a shared facility			
Fire or emergency in the building			
Suitable food unavailable			
Access to bathroom			
Social interactions			
Changes to itinerary			
Medication			
PLAN B			
Pupil too unwell to continue trip			