



Bancroft's School

First Aid Policy

1. Authority and Circulation

This policy has been authorised by the Governors of Bancroft's School. Its status is advisory only. It is available to parents and pupils and to all members of School Staff.

The arrangements within this policy (for example the number of First Aiders, Appointed Persons and First Aid boxes and contents of First Aid boxes) are based on the results of a suitable and sufficient risk assessment carried out by the School in regards to all Staff, pupils and visitors.

This policy complies with s3(6) of the Independent School Standards, the Health and Safety at Work Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981, and the Approved Code of Practice and Guidance for the Health and Safety (First Aid) Regulations 1981.

2. Definitions

"First Aid" means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted first aid practice to treat a suspected heart attack.

"First Aiders" are members of staff who have completed a First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW).

"First Aid Guidance" means the Approved Code of Practice and Guidance for the Health and Safety (First Aid) Regulations 1981.

"Appointed Persons" are members of staff whose role includes looking after the first-aid equipment and facilities and calling the emergency services when required. They can also provide emergency cover, within their role and competence, where a first-aider is absent due

to unforeseen circumstances (annual leave does not count). To fulfil their role, appointed persons do not need first-aid training. However, emergency first-aid training courses are available.

"Staff" means any person employed by the School, volunteers at the School and self-employed people working on the premises.

The **"School Doctor"** is a Doctor from the Loughton Health Centre who is contracted to provide medical services to pupils at the School and who is responsible for medical supervision.

The **"School Nurse"** is primarily located in the School's Medical Centre.

The **"Medical Centre"** is located at the east end of the school and is clearly signposted. It is used for the provision of First Aid and medical treatment when required. The Medical Centre has essential First Aid facilities and equipment.

3. Aims of this Policy

- To ensure that the School has adequate, safe and effective First Aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.

Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services on the school site.

4. Who is Responsible?

The Governors of Bancroft's School, as the employer have overall responsibility for ensuring that there is adequate and appropriate First Aid equipment, facilities and First-Aid personnel and for ensuring that the correct First Aid procedures are followed.

The Head delegates to the School Nurse the day to day responsibility for ensuring that there are adequate and appropriate First Aid equipment, facilities and appropriately qualified First Aid personnel available to the School. The School Nurse and School Doctor will regularly (at least annually) carry out a First Aid risk assessment and review the School's First Aid needs to ensure that the School's First Aid provision is adequate.

The Head is responsible for ensuring that all staff and pupils (including those with reading and language difficulties) are aware of, and have access to, this policy.

The Head delegates to the School Nurse responsibility for collating medical consent forms, individual healthcare plans and important medical information for each pupil and ensuring the forms and information are accessible to staff as necessary.

The Head delegates responsibility to the senior leadership team for ensuring that staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence and expertise in relation to First Aid.

First Aiders:

The Head has overall responsibility for ensuring that the School has the minimum number of First Aid personnel (First Aiders and/or Appointed Persons) with reference to the guidance in Appendix Three of the First Aid Guidance. There will be at least one First Aider on each school site when children are present.

For more information please see

[HSE Guidance \(http://www.hse.gov.uk/firstaid/legislation.htm\)](http://www.hse.gov.uk/firstaid/legislation.htm)

The staff listed in Appendix One have completed a HSE approved First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW). The First Aiders will undergo update training at least every three years. All Sports Staff are offered access to a Pitchside Sports First Aid Course.

The main duties of First Aiders are to give immediate First Aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with The Head.

All staff should read and be aware of this Policy, know who to contact in the event of any illness, accident or injury and ensure this Policy is followed in relation to the Administration of First Aid. All staff will use their best endeavours, at all times, to secure the welfare of the pupils.

Anyone on School premises: Anyone on the School premises is expected to take reasonable care for their own and others' safety.

5. First Aid Boxes

First Aid boxes are marked with a white cross on a green background and are stocked in accordance with the suggested guidelines in Guidance Note 37 of the First Aid Guidance.

For more information please see

[HSE Guidance \(http://www.hse.gov.uk/firstaid/legislation.htm\)](http://www.hse.gov.uk/firstaid/legislation.htm)

First Aid boxes are located around the School and individual members of staff are responsible for their maintenance as in Appendix Two.

If First Aid boxes are used, contact should be made with the Medical Centre and replenishment stocks will be issued.

All requirements for the first aid kits are supplied by the Medical Centre and are regularly stocked at request of individual departments. This should be done by email or in person at least once per term.

School minibuses: The School's minibuses should have a clearly marked First Aid Box on board which is readily available for use.

The First Aid box should be stocked in accordance with Part II of Schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986

Off-site activities: First Aid boxes/bags for any off-site activities are kept in the Medical Centre.

7. **Automated External Defibrillator** is positioned outside the Deputy Bursar's Office and is maintained by the School Nurse. Training has been undertaken by staff, but this should not deter non-trained staff from using the device in cases of a life threatening emergency.

8. **Information on Pupils**

Parents are requested to provide written consent for the administration of medical treatment and over the counter medicines before pupils are admitted to the School.

The School Nurse will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents, illnesses, or other medical conditions which may affect a pupil's performance at the School to The Head, class teachers and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the School community.

Use of Asthma inhalers, Adrenaline injectors and other emergency medication.

The information held by the Medical Centre will include a record of pupils who need to have access to prescribed Asthma inhalers, Adrenaline injectors, injections or similar and this information should be circulated to teachers and First Aiders.

Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, in the Medical Centre. Additional arrangements for children with medical problems who may require emergency care are included in Appendix Three.

9. Procedure in the event of illness

Pupils may visit the Medical Centre during break or lunch. If a pupil is unwell during lessons then they should consult the member of staff in charge who will assess the situation and decide on the next course of action. If staff feel it is necessary for the pupil to be accompanied to the medical centre this will be arranged. The Medical Centre will decide on the next course of action and provide the First Aid as required.

Staff may visit the Medical Centre as and when necessary, but appropriate cover must be arranged.

10. Procedure in the event of an accident or injury

If an accident occurs, then the member of staff in charge should be consulted. That person will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance and or the School Nurse. Appointed Persons or First Aiders can also be called for if necessary and should be called if the School Nurse is not available immediately. For minor injuries the pupil should attend the Medical Centre for treatment by the School Nurse or in the absence of the nurse a designated First Aider.

Ambulances: If an ambulance is called then the School Nurse or First Aider in charge should make arrangements for the ambulance to have access to the accident site. Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of staff. Parents will be contacted as soon as possible.

11. Procedure in the event of contact with blood or other bodily fluids

If a spillage of blood or other bodily fluids occurs, the Cleaning Manager must be informed. The Cleaning Manager will then arrange for the proper containment, clear up and cleansing of the spillage site.

The First Aider should take the following precautions to avoid risk of infection:

- Cover any cuts and grazes on their own skin with a waterproof dressing;
- Wear suitable disposable gloves when dealing with blood or other bodily fluids;
- Use suitable eye protection and a disposable apron where splashing may occur;
- Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- Wash hands after every procedure.

If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- Wash splashes off skin with soap and running water;
- Wash splashes out of eyes with tap water or an eye wash bottle;
- Wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- Record details of the contamination;
- Report the incident to the School Nurse and take medical advice if appropriate.

12. First Aid in the PE Department

Location of First Aid Equipment:

The PE Department has first aid boxes and bags in all sporting areas of the school. These positions are as follows:

- The Gym, Sports Hall and Sports Department Office
- Swimming Pool
- The Pavilion
- West Grove Pavilion (Off Site)

Every member of the sports staff is provided with a first aid kit for use during sporting events on and off site.

There are First Aid bags which are available for teaching staff for home and away fixtures.

Away fixtures: A medical bag should be taken with the travelling team. If an incident occurs medical treatment should be sought from the visiting school first aid staff. If necessary, the pupil should be taken to nearest casualty by a member of staff.

Treatment and after-care should then be followed up by Bancroft's School Medical Centre. Any incident of treatment must be reported to the Medical Centre on return to School via the sport department accident form.

13. Reporting

All injuries, accidents and illnesses, however minor, must be reported to the School Nurse and she is responsible for ensuring that the accident report forms, books and computer records are filled in correctly and, if deemed necessary parents and HSE are informed.

School Accident and Illness book: all injuries, accidents and illnesses should be recorded on the School Medical Database, Pupil Treatment Sheet or Departmental Accident Book. The date and time of the illness must be noted along with the personal details of the child involved with a brief description of the nature of the illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be retained until the patients 25th birthday or 26th if young person was 17 at conclusion of treatment, or 8 years after death. If the illness or death could have potential relevance to adult conditions or have genetic implication, the advice of clinicians should be sought as to whether to retain the records for a longer period.

Further information may be obtained from the [NHS Code of Practice \(Part 2\)](#)

Accident report form: The Accident Book BI510

In the event of any serious or significant accident that occurs on or off the School site and in connection with the School an entry should be made in the HSE Accident Book BI510. The entry may be made by the person involved in the accident or incident or someone on their behalf. This will be kept by the Health and Safety Officer. Records should be stored for at least 3 years or if the person injured is a minor (under 18), until they are 21.

Reporting to Parents: In the event of accident or injury parents must be informed as soon as practicable and where deemed necessary. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the School Nurse and with the Head if necessary.

Reporting to HSE: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to report accidents and serious injury to the HSE. During term time, this is done by the School Nurse and outside term time by the Bursar via the RIDDOR on-line reporting system.

Accidents involving Staff

- **Work related accidents resulting in death or major injury** (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs);
- **Work related accidents which prevent the injured person from continuing with his/her normal work for more than 7 days** must be reported within 15 days;
- **Cases of work related diseases that a doctor notifies the School of** (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer);
- **Certain dangerous occurrences** (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Accidents involving pupils or visitors

- accidents where the person is killed or is taken from the site of the accident to hospital **and** where the accident arises out of or in connection with:
- any School activity (on or off the premises);
- the way a School activity has been organised or managed (e.g. the supervision of a field trip);
- equipment, machinery or substances;

- the design or condition of the premises.

For more information on how and what to report to the HSE, please see [RIDBOR](#)

14. Monitoring

The Head/ Bursar will organise regular reviews of the Incident Books in the Medical Centre in order to take note of trends and areas of improvement. This will form part of the (at least) annual First Aid risk assessment. The information may help identify training or other needs and be useful for investigative or insurance purposes. In addition, the Head will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

Appendix one: List of First Aiders in the Senior School (April 2016)

<u>Staff Name</u>	<u>Department</u>	<u>Dates of renewal</u>
Astrid Abbott-Imboden	Modern Languages	Jan 18
Dominic Argyle	PE/DofE	May 17
Mandy Wainwright	PE	May 17
Jo Fryer-Green	PE	May 17
Lucie Coyne	Classics	May 17
Jonathan Prole	Physics	May 17
Beryl Sharma	Medical Dept	Aug 16
Carl Greenidge	PE	Feb 17
Dani Mugridge	PE	Feb 17
Susan Cheshire	P.E	January 2019
Claire Ablitt	P.E.	January 2019
Diana Cole	Bursary	January 2019
Lesley Fellows	Bursary	January 2019
Joshua Stokes	BEL	January 2019
Stephanie Wallis	Head's Office	Jan 18
Paul Dickinson	Maths	May 17
Richard Hay	Modern Languages	Jan18
Susan Hampson	Science	Jan 18
Alice Grimwood	Science	May17
Fiona Graham	Science	Jan18
Neil Goalby	Science	Jan 18
Antonia Fryer-Green	Learning Support	May 17
Rob Faiers	PE	May 17
Rob Hitching	Geography	May 17
Louisa Jones	RE	Jan18
Patrick McGuiggan	Maths	Jan18
Laura Anthony	Economics/Business	Jan18
Sylvester Okafor	Catering	Jan18
Damien Pascal	EVC	May 17
Kate Stevens	Geography	May 17

Appendix one: List of First Aiders in the Prep School (April 2016)

<u>Staff Name</u>	<u>Department</u>	<u>Date of renewal</u>
Joe Layburn	Head of Prep	January 2019
Nick Harrison	Prep teacher	January 2019
Bino Rathod	Prep teacher	January 2019
Kelly Johnston	Prep teacher	January 2019
Emma Hewitt	Prep teacher	January 2019
Adam Baum	Prep teacher	January 2019
Julia Hitching	Prep teacher	January 2019
Karen Yelverton	Prep teacher	January 2019
Laura Phelps	Prep teacher	January 2019
Laura Ellery	Prep teacher	January 2019
Lisa Life	Prep teacher	January 2019
Clive Pearson	Prep teacher	January 2019
Nick Thomas	Prep teacher	January 2019
Sandeep Bhangal	Prep teacher	January 2019
Sarah Strong	Prep teacher	January 2019
Susan Jones	Prep teacher	January 2019
Matthew Piper	Prep teacher	March 2019
Helen Chilvers	Prep teacher	January 2019
Teresa Jones	Prep support staff	January 2019
Tina Wild	Prep Secretary	January 2019
Amanda Clark	Administration	March 2019
Glenda Wall	Administration	January 2019
Versha Patel	After School Supervisor	January 2019
Laura Dalton	Prep Teacher	January 2019
Hannah Sylvester	Prep Teacher	January 2019

Appendix Two: First Aid boxes and staff responsible for maintenance (May 2015)

Art and Ceramics	Linda Teece
Boiler Room	Dave Bish
Bursar's Office	Kay Clark
C.C.F.	Damien Pascal
Minibuses	Bob Haspeanell
Catering Office, 6 th Form Coffee Shop & Main Kitchen corridor	Marc Stephan Marc Stephan
Design and Technology	Steve Burton
Development and Marketing Dept	Karen Rogers
D of E	Damien Pascal
Great Hall	Beryl Sharma
Head's Office	Lynne Hague
Library	Kate Squire
Maintenance Workshop	Dave Bish
Pavilion	Dani Mugridge
PE Office	Dani Mugridge

Science Department

S1 & S2	Janet Dockery
S3	Janet Dockery
S4	Janet Dockery
S5	Janet Dockery
S6, 7 & 8	Janet Dockery
S9 & 10	Janet Dockery
S11 & 12	Janet Dockery

Senior School

Senior School Reception	Karen Maddock
Swimming Pool	Susan Cheshire
Staff Common Room	Anthony Smethurst
Technology	Steve Woolley
Tuck Shop	Tina Cole
West Grove	Robert Faiers

Prep School

Art Dept	Naomi Doctors
Kitchen	Mandy Clark

Medical Room
Science Room

Mandy Clark
Sandeep Bhargal

All PE staff carry individual First Aid kits.

Emergency Eye Wash Stations are located in All Science Labs, Boiler Room and Prep School.

Accidents

All details must be entered in the Accident records file located in the Medical Dept, Maintenance Dept, Reception or Groundsman's Office. All major accidents should be reported to the Medical Dept and documented in the HSE Accident Book BI 510.

Appendix Three: Medication policy

The school recognises that we have a responsibility in dealing with children and their medication appropriately, and that there are various conditions affecting children that require daily medication.

A range of non-prescription medicines is kept in the Medical Centre which can be administered by the School Nurse. Parents are requested to sign a consent agreement prior to their child commencing in school for the administration of these medicines. If the consent is not signed this medication will not be administered.

The School Nurse will also administer over the counter and prescription medicines, subject to the completion of a 'Consent for Administration of Medication Form', for medication required during the school day and supplied by the child's parent. The consent for the administration of medicines must be completed and given to the nurse with the medication. This form is obtainable from the School Nurse.

For those pupils requiring treatment or medication from a specialist consultant, an 'Individual Health Care' plan detailing the treatment and medications necessary and appropriate drug therapy may be requested by the School in addition to the Medical Questionnaire.

Medications

If a pupil has any medication to be taken during the school day, it is advised that this medication be administered in the Medical Centre for the safety of the pupil and other children. The medication must be pharmacy labelled and contain the pupils name, dosage to be administered, time to be given, the expiry date and include the pharmaceutical information leaflet.

A consent form must be supplied and may be obtained from the Medical Centre or a letter / email sent by the parent or guardian to the Matron. The medicine supplied must be pharmacy labelled.

If a parent wishes their child to carry other medication on their person e.g. medication for Migraine type headaches a 'Consent for Self Administration of Medication Form' must be completed by the parents. The form is available from the Medical Centre.

Medications will be stored in a locked cupboard in the Medical Centre. Some medication needs to be kept refrigerated and this facility is available in the medical centre

Analgesics and Non Prescriptive Medicines

Permission for the administration of analgesics and other simple over the counter medications must be given by the parent on the School Medical Questionnaire. Parents may update the School Nurse by letter or email if they wish. Renewal of consent may be asked for periodically.

Non-prescription medications kept in the Medical Centre are: *Paracetamol, Calpol, Gaviscon, Piriton, Lemsip, Strepsils, Cetirizine, Anthisan/ Hydrocortisone cream.*

Imodium and Travel Sickness medication which may be given on school trips.

All stocks of pharmacy medicines for administration in school comply to current legislation 'The Human Medicines Regulations 2012' & 'The Misuse of Drugs Regulations 2001'

Other non-prescriptive (Over the Counter Medication) may be given at the School Nurse's discretion and subject to the completion by parents of 'The Consent for Administration of Medication Form'

Pupils requiring Controlled Drug (CDs) medication during the school day have their medication stored in the secure storage 'CD Cabinet' located in the medical centre. Administration of the medication is recorded on the pupils computerised treatment history and an administration record is entered into the Controlled Drug Record Book, including the amount given and the balance remaining. There is a separate page for each person and the Controlled Drugs are disposed of by returning them to parents or to the pharmacy and a record kept in the CD book.

Record-keeping

All medication administered:

A record will be kept of any treatment and medication (prescription or otherwise) that has been given. However, this information is confidential to the pupil.

Administration of medication record:

A computer record of the administration of medication given includes,

- The name of the person dispensing the medication.
- The time and date of administration.
- The pupils name and class.
- The name and dosage of the medication administered.
- Any side effects noted.

Prescription medicine administration procedure

The pupil's name and date of birth will be checked against the medicine.

The consent form will be checked.

An allergy history will be obtained.

Dose and expiry date will be checked.

A computer record of the administration will be made. If in doubt, the parent will be contacted and a verbal consent taken.

If a child refuses the medication, the staff have no power of enforcement and the parents must be notified immediately.

The responsibility is on the child to come to the Medical Centre at the appropriate time for medication.

Hay fever

If a child needs to take an antihistamine preparation for hay fever, it should be taken before the start of the school day. Most modern medications are a once-daily dose and can be obtained via the GP or over the counter at the local dispensing pharmacy. If an anti-histamine needs to be administered during the school day, it should be sent into the Medical Centre in a pharmacy labelled box with the pupil's name upon it. Appropriate consent forms must be sent with the medication.

Anaphylactic Management (see detailed policy – appendix four)

The school nurse is pleased to work with families and pupils with severe allergies (anaphylaxis). We encourage the child to carry their own adrenalin injector (e.g. an epi-pen or equivalent) on them at all times. We request that a spare adrenalin injector is brought into the Medical Centre. There are spare emergency adrenalin injectors located in the Servery and the Prep School Medical Room. All staff at Bancroft's school have had the opportunity to be trained in the administration of an adrenalin injector should the pupil not be able to do so themselves.

Epilepsy management (see detailed policy – appendix five)

The school nurse is pleased to work with the family and pupil suffering from epilepsy to achieve independence and self-management. A care plan will be established working closely with the pupil, health professionals and the family. Emergency medication will be kept in the Medical Centre labelled as previously detailed and with instructions for use by the doctor in charge of the treatment and with the relevant permissions.

Diabetes management (see detailed policy – appendix six)

The school nurse is pleased to work with the family and pupils suffering from diabetes to achieve independence and self-management. A care plan will be established, working closely with the pupil, health professionals and the family. The pupil should carry a sugar substitute at all times on their person. Dextrose tablets and Glucogel are kept in the Medical Centre for emergency use.

Asthma management (see detailed policy – appendix seven)

The school encourages independence and self-management in children with asthma. A care plan will be established working with the pupil, health professionals and the family. Their reliever inhalers should be carried on their person at all times. These should be labelled with their name and date of birth so that they can be quickly returned in case of loss. This is of help during sports activities when the inhalers are left by the side of the pitch. The Medical Centre keeps a Salbutamol inhaler for emergency use.

References: DFES Guidelines on the administration of medicines.

Appendix Four: School Policy on Anaphylaxis

Definition of anaphylaxis

Anaphylaxis is a severe, life threatening, generalised or systemic hypersensitivity reaction.

This is characterised by rapidly developing life threatening airway and/or breathing and/or circulation problems usually associated with skin and mucosal changes.

Triggers Anaphylaxis can be triggered by a broad range of triggers but those most commonly identified include food, drugs and venom.

- Nuts - peanut, walnut, almond, Brazil, hazel, mixed
- Food - milk, fish, chickpea, crustacean, banana, snail
- Stings - wasp, bee
- Antibiotics - Penicillin, Ciprofloxacin
- Other drugs - Pethidine, local anaesthetic, Streptokinase, Diamorphine
- Contrast media Fluorescein
- Other triggers such as Latex or hair dye

In many cases, no cause is identified. A number of cases are idiopathic.

Anaphylaxis avoidance

1. Wear a medic alert or other identification
2. Identify specific causative factors/allergens
3. Provide specific instructions about avoidance
4. Teach self-administration of Adrenaline injection
5. Advise pupils to keep Adrenaline injection with them at all times
6. Read product labels
7. Identify hidden ingredients
8. Avoid high risk foods e.g., baked foods
9. Avoid high risk situations e.g. buffets

10. Avoid sharing food, utensils or dishes

Complete avoidance of food is difficult

Recognition of an allergic reaction

Anaphylaxis is likely when the following 3 criteria are met

- i. Sudden onset and rapid progression of symptoms
- ii. Life threatening airway or breathing or circulation problems
- iii. Unusual skin changes

Sudden onset and rapid progression of symptoms

- The child will feel and look unwell
- The child is anxious and can experience a sense of impending doom.

Life threatening airway and breathing and or circulation problems

- Airway swelling e.g., throat and tongue swelling.
- The patient has difficulty in swallowing and feels that the throat is closing up
- Hoarse voice
- Stridor. This is a high pitched respiratory noise caused by upper airway obstruction

Breathing problems

- Shortness of breath
- Wheeze
- Patient becoming tired
- Confusion caused by hypoxia
- Cyanosis (appears blue)—this is usually a late sign
- Respiratory arrest

Patients having an anaphylactic reaction should expect the following

- Recognition that they are seriously unwell
- An early call for help
- Initial assessment and treatments based on an ABCDE approach
- Adrenaline injection, (Epipen / Anapen /Jext / Emerade) if indicated
- Investigation and follow up by an allergy specialist

Patient positioning

Place in a comfortable position.

Lying flat with legs elevated is helpful for those with low blood pressure

Those who are breathing and unconscious should be placed in the unconscious/recovery position

Remove the trigger if possible

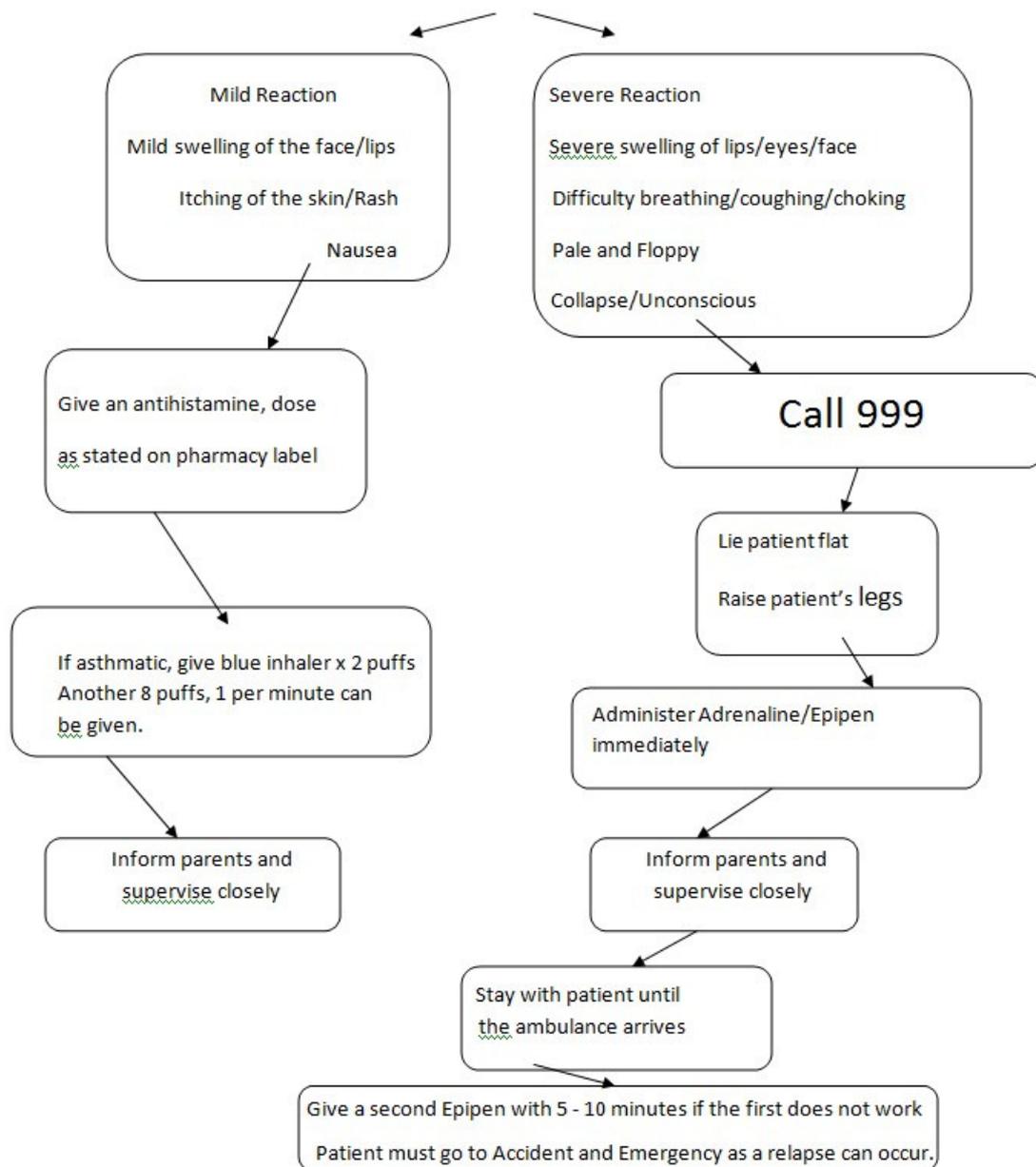
Removing the trigger in an anaphylactic reaction is not always possible

1. Stop any suspected drug causing an anaphylactic reaction
2. Remove the sting after a bee sting
3. After food induced anaphylaxis, attempts to make the patient vomit are **not** recommended
4. Do not delay definite treatment if removing the trigger is not feasible.

Anaphylactic reaction?

Assess the situation

Send for help



Appendix Five: Epilepsy Policy

Bancroft's School recognises that epilepsy is a common condition affecting children and welcomes all children with epilepsy to the school.

Bancroft's School supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential. This will be done by having a workable policy in place that is developed and understood by the school staff. This policy ensures all relevant staff receive training about epilepsy and the protocol for the administration of emergency medication.

What to do when a child with epilepsy joins Bancroft's School

When a child with epilepsy joins Bancroft's School, or a current pupil is diagnosed with the condition, the housemistress/master will arrange a meeting with the pupil and their parents to establish how the epilepsy will affect their school life. This should include the implications for learning, playing and social development, and out of school activities. They will also discuss any special arrangements the pupil may require, e.g. extra time in examinations. With the pupil and parents' permission, epilepsy will be addressed as a whole school issue through assemblies and in the teaching of PSHE or citizenship lessons. Children in the same class as the pupil will be introduced to epilepsy in a way that they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class.

The school matron may also attend the meeting to talk through any concerns the family or members of staff may have, such as whether the pupil requires emergency medication.

Record Keeping

During the meeting the housemistress/master will agree and complete a record of the pupil's epilepsy, learning and health needs. This document may include issues such as agreeing to administer medicines and any staff training needs. The record will be agreed and signed by parents and the housemistress/master on behalf of the school.

This form will be kept safe and updated as necessary. Staff will be notified of any changes in the pupil's condition through regular staff briefings. This will make the staff aware of any special requirements, such as seating the pupil facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.

Medicines

Following or during the meeting, an Individual Healthcare Plan (IHP) will be drawn up. It will contain the information highlighted above and identify any medication or first aid issues which staff need to be aware of. In particular it will state whether the pupil requires emergency medicine, whether this medicine is rectal diazepam or buccal midazolam. It will also contain the names of staff trained to administer the medicine and how to contact these members of staff. If the pupil requires emergency medication then the school's policy will contain details of the correct storage procedures in line with the DfE guidance

First Aid

First aid for the pupil's seizure type will be included on their IHP and all staff will receive training on administering first aid, typically through staff meeting updates.

The following procedure giving first aid for tonic-clonic seizures is:-

- Stay calm
- If the child is convulsing then put something soft under their head.
- Protect the child from injury, (remove harmful objects from nearby).
- Try to time how long the seizure lasts – if it lasts longer than usual for that pupil or continues for more than five minutes then call for emergency medical assistance.
- When the child finishes their seizure stay with them and reassure them.
- Do not give them food or drink until they have fully recovered from their seizure.

Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment.

Following the seizure the child may feel very sleepy and should be allowed to rest for as long as necessary.

Never

Restrain a child.

Put anything into the child's mouth

Try to move the child unless they are in danger.

Give the child anything to eat or drink until they are fully recovered.

Attempt to bring them round.

First aid procedure for different seizure types can be obtained from the school matron, the pupil's

epilepsy specialist nurse or organisations such as Epilepsy Action.

Reference: 'Epilepsy Action', 'Medical conditions in schools'

Appendix Six: School Policy on Diabetes

Bancroft's School recognises that diabetes is a condition that can affect children and welcomes all children with diabetes to the school.

Bancroft's School supports children with diabetes in all aspects of school life and encourages them to achieve their full potential. This will be done by having a workable policy in place that is developed and understood by the school staff. This policy ensures all relevant staff receive training about diabetes and the protocol for the administration of emergency medication and treatment.

Reviewed & updated by BS & School Doctor April 2016

When a child with diabetes joins Bancroft's School, or a current pupil is diagnosed with the condition, the housemistress/master will arrange a meeting with the pupil and their parents to establish how the diabetes will affect their school life. This should include the implications for learning, playing and social development, and out of school activities. They will also discuss any special arrangements the pupil may require, e.g. testing their blood sugar in class. With the pupil and parents' permission, diabetes will be addressed as a whole school issue through assemblies and in the teaching of PSHE or citizenship lessons. Children in the same class as the pupil will be introduced to diabetes in a way that they will understand. This will ensure the child's classmates are not frightened if the child become unwell in class.

The school matron may also attend the meeting to talk through any concerns the family or members of staff may have. The school nurse will request a meeting with the pupil's diabetes specialist nurse, pupil, their parents and members of staff to formulate an Individual Health Care Plan. The healthcare plan will record details about the individual needs of the pupil, their trigger, signs and symptoms, medication and other treatments as well as emergency contact details. Parents will be asked to give written permission for the school to obtain and give confidential information about their child's health to other professional involved in the delivery of care. The individual healthcare plan should be updated annually.

What is Diabetes?

Diabetes is a long term condition where the level of glucose in the blood is too high because the body cannot use it properly. This happens because the pancreas does not make enough insulin, the insulin does not work properly or sometimes a combination of both.

There are two types of Diabetes:

Type 1... Type 1 develops if the body is unable to produce any insulin. Children with this form of diabetes need to replace their missing insulin, so will need to take insulin (usually by injection or pump therapy) for the rest of their lives.

Type 2... Type 2 diabetes develops when the body can still make some insulin but not enough, or when the insulin produced does not work adequately. This type is linked with being overweight, age related (over 40 years) or ethnicity. However recently more children and young people are being diagnosed with the condition.

Children and young people with diabetes can sometimes have short-term complications as a result of their condition. These complications include hypoglycaemia, hyperglycaemia and ketoacidosis

Type 1 Diabetes.

Control of Diabetes

1. Most children will have insulin injections twice daily or more frequently.
2. Some may have insulin via a continual controlled dosage pump
3. Those needing insulin will carry a blood glucose monitor to check their blood glucose levels during the school day. They may need to do this during lunch break, before Physical Education or more regularly.

4. A sharps bin is available in the medical department for the disposal of the Insulin syringe.

Diet and Sport

1. Healthy, low sugar, low fat diet with appropriate carbohydrate.
2. Encourage exercise and participation in sports.
3. Teachers **must** allow regular snacks during the day.
4. Those with diabetes may require midmorning or mid-afternoon snacks, before, during and after sports.

Precautions

1. Never send a diabetic child to the medical department unaccompanied.
2. **Those with diabetes must not** do exercise if **Blood Glucose** is raised above 15mmols/Lt.
3. Be aware of the possibility **of hypoglycaemia (low blood sugar) after sports.**
4. Take note of the frequency of toilet visits if diabetes is uncontrolled.

HYPOGLYCAEMIA (LOW BLOOD SUGAR)

Hypoglycaemia (Hypo) occurs when the level of glucose in the blood falls too low (usually under 4mmol/Lt) When this happens, a pupil with diabetes will often experience warning signs, which occur as the body tries to raise the blood glucose levels.

What Causes a 'Hypo'

A 'hypo' may occur if:

The pupil has taken too much insulin, delayed or missed a meal or snack, not eaten enough food especially carbohydrate, taken part in unplanned or more strenuous exercise than usual, or the pupil has been drinking alcohol especially without food. Sometimes there is no obvious cause. Hypos are usually unexpected, sudden, rapid, without warning and unpredictable.

If possible the pupil should be helped to test their blood sugar on their glucometer to ascertain its level. If the pupil is able to attend the medical centre and the school nurse is available they should be escorted to the medical centre by an adult. If they are too unwell to attend the medical centre the school nurse should be called to attend the pupil. All pupils with diabetes should carry with them an emergency kit box containing snacks, a sugary drink and dextrose tablets supplied by their parents.

Signs and symptoms (may be individual or combined)

1. Hunger
2. Paleness, tingling of lips
3. Excessive sweating
4. Difficulty concentrating
5. Shaking and trembling
6. Blurred vision
7. Irritability and anxiety

8. Mood changes, angry or aggressive behaviour
9. Drowsiness and vagueness

What to do:

Immediately give something sugary, a quick-acting carbohydrate such as:

1. A glass of Lucozade, coke or other non-diet drink,
2. Three or more glucose tablets.
3. A glass of fruit juice
4. Five sweets, e.g. jelly babies
5. Glucogel

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again e.g.

- a. Roll/sandwich
- b. Portion of fruit
- c. One individual mini pack of dried fruit
- d. Cereal bar
- e. Two biscuits, e.g. garibaldi, ginger nuts
- f. A meal if it is due

If the pupil still feels hypo after 15mins, something sugary should again be given. When the child has recovered, give them some starchy food as above.

SEVERE HYPERGLYCAEMIA (unable to respond or unconsciousness)

Hyperglycaemia is the term used when the level of glucose in the blood rises above 14 mmol/L and stays high. The symptoms of hyperglycaemia do not appear suddenly but build up over time. School staff need to be aware that whilst pupils can become unwell, they may show no symptoms. A 'hyper' may be caused by too little or no insulin being injected, too much carbohydrate, stress, infection or fever. Extra insulin will be required.

The warning signs are:

- Thirst
- Frequent urination
- Tiredness
- Dry Skin
- Nausea
- Blurred vision

Prolonged hyperglycaemia can lead to a very serious condition called Diabetic Ketoacidosis (DKA). It can take anything from a few hours to a few days to develop and is life threatening.

Symptoms

- Abdominal pain
- Vomiting

- Deep and rapid breathing (over-breathing)
- Breath smells of acetone (like nail polish remover)

What to do

These symptoms are emergencies and the parents must be contacted. If left untreated, a pupil experiencing diabetic ketoacidosis will eventually become unconscious and a coma will develop – this can be life threatening.

However, it is important to know that at any of the intermediate stages, ketoacidosis can be treated with extra insulin and damage can usually be limited.

1. Dial 999 and take to hospital by ambulance.
2. Do not attempt to put anything in the mouth.
3. Place in the recovery position.

Appendix Seven: Bancroft's School Asthma Policy

Bancroft's School recognises that asthma is an important condition affecting many school children and welcomes all pupils with medically diagnosed asthma.

Bancroft's School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. Bancroft's School encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. New staff, including non-teaching staff, are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

As a school we:

- Ensure that children with asthma fully participate in all aspects of school life including PE, art, science, visits, outings or field trips, and other out-of-hours school activities.
- Recognise that pupils with asthma need immediate access to reliever inhalers at all times.
- Keep records of children with asthma and the medication they take.
- Ensure that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma.
- Ensure that all pupils understand asthma as a medical condition.
- Ensure all staff (including non-teaching staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Understand that pupils with asthma may experience bullying and have procedures in place to prevent this.
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors, nurses and children to ensure the policy is planned, implemented and maintained successfully.

Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent, doctor or asthma nurse and class teacher agree they are mature enough.
- Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler. This is held separately in the Prep Medical Room for prep pupils and in the Medical Centre for senior pupils, in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent.
- School staff are not required to administer asthma medicines to pupils (except in an emergency). All school staff will let pupils take their own asthma medicines when they need to.

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.
- All parents of children with asthma are consequently sent a School Asthma Individual Care Plan/*School Asthma Card** to give to their child's doctor or asthma nurse to complete. Parents are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. *School Asthma Cards** are then sent to parents of children with asthma on an annual basis to update. Parents are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.
- If a parent does not return the School Asthma Individual Care Plan or School Asthma Card following the third attempt to contact the child's parents the child's name will be removed from the School's Asthma Register and the child's GP informed. This will not prevent any emergency care being administered to the child in the event of an asthma attack.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of life for all pupils at Bancroft's School. 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 in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport

PE teachers, classroom teachers and out-of-hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, in addition to tips to minimise these triggers and what to do in the event of an asthma attack.

School environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the medical centre if particular fumes trigger their asthma.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and JHSMS/HSMS about the pupil's needs.

The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Action to be taken if a child has an Acute Asthma Attack

- Remain calm
- Encourage the pupil to sit up slightly forward
- Make sure that the child takes 2 puffs of their reliever inhaler (usually blue) immediately
- Ensure that tight clothing is loosened
- Do not hug or lie them down
- Continue to reassure them
- Continue to observe their condition closely. **Do not leave the child alone.**

If there is no immediate improvement

If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs.

As soon as they are FULLY RECOVERED they can return to class unless otherwise agreed with their parents.

Emergency situation is when:

- The child's symptoms do not improve in 5-10 minutes
- The child is too breathless or is visibly too exhausted to talk
- Their lips are blue
- You have any concerns or doubts about the child's condition

DIAL 999 - CALL AN AMBULANCE IMMEDIATELY STATE THAT A PUPIL IS HAVING AN ASTHMA ATTACK

- Continue to give the child 1 puff of their reliever inhaler every minute until the ambulance arrives.
- Stay with the child, NEVER leave them alone.
- Ambulance staff will need to be given details on their arrival of the contact details of the child's parents as soon as possible.

References: Asthma UK

Appendix Eight: Policy for Students with Migraine and Troublesome Headaches

Background

1. The school recognises that troublesome headache is common and can have a significant impact upon the lives and functioning of those that suffer from it.
2. The aim of our school policy for troublesome headache is to recognise or identify students with a problem and reduce its impact on school attendance and performance.

The role of the school

1. All staff should be aware of the school policy on troublesome headache, be aware of which children have or can experience headaches and know what to do if they have an attack.
2. Where relevant, sufferers will have a healthcare plan that identifies the level of support that is needed at school. This is drawn up in conjunction with the parents and the school nurse. The healthcare plan should reflect the needs of the individual pupil. Ideally it will need regular review.
3. Have a written policy on the administration of medicines at school.

The role of the teacher

1. To take troublesome headache seriously. Students are not malingering but invariably have a significant problem.
2. Recognise that the student's performance is being affected by headache and identify the appropriate action. This may be allowing medication, allowing the student to rest in the medical centre or offering some flexibility around deadlines.
3. Be aware of children who have been diagnosed with migraine or troublesome headache.
4. Be aware that students may feel embarrassed and feel reluctant to ask for help.
5. Identify any potential triggers that occur at school. For example, anxiety due to work expectations or bullying.
6. With the consent of the student, share your concerns with parents and the school nurse.

Role of the school nurse

1. The school nurse is the key point of contact for headache problems at school and will teach and support other staff with reference to an individual child's health plan.
2. The school nurse may discuss any concerns with the parent of the student who is suspected of having migraine.
3. The school nurse will offer advice on the medical management in a school setting and in particular work with the student to recognise any possible triggers if attacks frequently occur at school.
4. Where relevant the school nurse should communicate with the general practitioner about the management of troublesome headache.

A sample letter to parents when the school has identified a problem with headache:

Dear Parents,

It appears that your child has a problem with headaches that is interfering with their work at school. Headache is a common problem amongst school students and we have a health policy that aims to support this problem.

We would be grateful if you could ask your GP to assess your child and suggest any medication that may be appropriate.

Yours sincerely

School Matron

A sample letter to parents when the school is advised of problems with headache:

Dear Parents,

Thank you for informing us of your child’s headache problem.

As part of accepted good practice and with the advice of the Department for Education, our school has a headache policy for use by all staff and we ask parents of children with troublesome headache to help us complete a headache healthcare plan record card. This will help us manage your child’s problem more effectively.

If there are any changes to your child’s medication, please let us know so that we can update our records accordingly.

Yours sincerely

School Matron

Bancroft’s School

Headache Healthcare Plan Record Card

Name:		DOB:	
Emergency Phone Number:			
Address:			
How does your child’s headache affect him/her?			
How frequent is your child’s troublesome headache			

If you wish your child to receive medication bought in from home, either prescribed or over the counter please sign the following statement.	
I agree to my child receiving When they have a troublesome headache, the dose is:	Signed: Parent
Please delete as appropriate the following statement: I am happy for him/ her to carry this medication Or I would like this medication to be stored by the school nurse and administered as required.	Signed: Parent

References: Migraine Trust.org

Appendix Nine: Head and Neck Injury Policy

Bancroft’s School has established this Policy to provide education about head and neck injuries for the school staff and personnel and to outline procedures for staff to follow in managing head and neck injuries.

Bancroft’s School seeks to provide a safe return to all activities for all students after injury, particularly after concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid staff in insuring that pupils with head injuries are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day and are fully recovered prior to returning to school activity.

Head Injury Causes

Falls are a common cause of minor head injury in children and adolescents, and other causes can be motor vehicle crashes, pedestrian and bicycle accidents, sports related trauma and child abuse.

Low force injuries (e.g. short falls, hit by low speed or soft object such as a toy or ball) have a low risk of brain injury.

In comparison, incidents that have a higher risk of brain injury include:

- High speed motor vehicle accidents
- Falls from great heights
- Being hit by a high speed, heavy or sharp object e.g. cricket bat/ball, golf club, rugby tackle.
- Inflicted injury, such as vigorous shaking.

Procedure

A pupil who sustains a head injury whether it is thought to be a minor injury must be escorted to the Medical Centre immediately, if able. If no staff are in attendance, witnessing pupils must take on the responsibility themselves to escort the injured pupil to the Medical Centre, or seek immediate adult assistance. If the injured pupil is not able to be escorted, then the school nurse should be informed to assess the pupil at the site of the accident. Staff can take the decision to telephone for an ambulance if they realise the injury is serious, prior to the school medical staff arriving.

If the pupil is symptomatic of a head injury, or has lost consciousness at all, the pupil should be sent to Accident and Emergency by ambulance with an adult escort. The parents or guardian of the pupil should be informed as soon as possible of the injury and a subsequent need for a visit to A&E.

An accident form should be completed for the school records and also a member of staff (usually medical) needs to report the accident as an injury requiring hospitalisation according to RIDDOR regulations.

Pupils who have sustained a diagnosed head injury will not be able to play any contact sport at school for 3 weeks from the date of the accident, but they may be able to take part in some light physical exercise.

Any pupil having sustained a minor head injury should be given a 'Head Injury Advice for Parents' letter.

Recognition of Concussion - Common signs and symptoms of head injury resulting in concussion.

Signs (observed by others)

- Confusion.
- Athlete appears dazed or stunned.
- Unsure about game, score, opponent.
- Moves clumsily (altered coordination).
- Balance problems.
- Personality change.
- Responds slowly to questions.
- Forgets events prior to injury.
- Forgets events after the injury.
- Loss of consciousness (for any duration).

Symptoms (reported by athlete)

- Fatigue.
- Headache.
- Nausea or vomiting.
- Double vision, blurry vision.
- Sensitive to light or noise.
- Feels sluggish.
- Feels “foggy”.
- Problems concentrating.
- Problems remembering.

First Aid for Neck Injuries

There is a risk of neck injury at Bancroft’s School mainly through sports and other activities, if the injury is not life threatening a pupil or staff member should in the first instance contact the school nurse and ask the pupil to remain still until assistance arrives. If it is obvious the injury is serious, then follow the guidelines as below: –

Neck pain is an injury common to athletes and is not regularly a serious cause for concern, with symptoms disappearing over the course of a few days with correct rest and treatment.

First aid for neck injuries can significantly prevent an individual from suffering further damage.

Causes

Any severe blow, fall or other accident may result in injury to the neck.

Symptoms

Unconsciousness, breathing difficulty, pain, swelling, loss of sensation, headache, loss of sensation or paralysis.

Emergency Treatment

- Dial 999 immediately and then contact the school nurse or other appropriate school medical personnel.
- DO NOT move the casualty unless absolutely necessary to save life.
- DO NOT bend or twist the casualty’s neck or body. Careful handling is extremely important
- Check the casualty’s breathing. If breathing stops, open the airway.
- Maintain the position in which the casualty was found, even if the neck or back is bent, and immobilize the head, neck, shoulders and torso.
- Roll up towels, blankets, or clothing and place around the head, neck, shoulders and torso.
- Inform parents at the earliest opportunity.

References: RFU, Head Injury in Children and Adolescents;

Appendix Ten: Record of First Aid Given

It is good practice for a record of incidents to be kept. Where possible the person requiring first aid should be directed to the School Nurse in the Medical Centre. A computerised record including:

Date

Time In/Out

The member of staff attending

Name of person requiring treatment

The problem

Action taken

Outcome will be recorded

Paper copies of the above are also located in the Prep School, Maintenance Dept, Groundsman's Office, Heads PA's Office, the Bursary and Main Reception.

The records should be kept in accordance with the requirements of the Data Protection Act 1998.