

FIRST AID & ADMINISTRATION OF MEDICINES POLICY - Whole School including EYFS

Reviewed: May 2022 (CW / CC)

Governor Review: May 2022

As a school, this policy is for us to follow to support our pupils and will follow the same procedures for staff and visitors. The only difference noted is that staff and visitors are expected to self-medicate where appropriate.

This policy should be read in conjunction with Health and Safety, Fire, Educational Visits, External Examinations and any other policy related to school life that may require first aid or medication for staff and/ or pupils.

Rationale

First aid can save lives and prevent minor injuries becoming major ones. The Governing Body accepts the responsibility to provide adequate and appropriate equipment and facilities for providing first aid in school. The Governing Body is responsible for the health and safety of their employees and anyone else on the school premises. This includes:

- Arrangements for first aid
- Number of first aiders/emergency first aiders at work
- Number and location of first aid containers
- Arrangements for off-site activities and visits
- Out of school hours' arrangements, for example, parents' evenings

In practice, most of the day to day functions are delegated to the Deputy Head who is responsible for ensuring that the policy is put into practice, and that parents are aware of the School's health and safety policy, including arrangements for first aid.

Documentation that is relevant to this policy

This policy has been updated to reflect the statutory guidance '[*Supporting Pupils at School with Medical Conditions*](#).' (December 2015)

The policy should also be read in conjunction with 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' RIDDOR 2013 and with the

EYFS Administration of Medicines Policy (2018). Staff are briefed with updates regarding all areas of this policy and three examples of the documentation that we refer to are below:

- [First Aid in Schools](#) (updated Feb 2022)
- [Beat](#) (Eating Disorders website)
- [Diabetes UK](#) (advice for pupils with diabetes sitting examinations)

Responsibilities of school staff

Staff are expected to use their best judgement at all times to secure the welfare of pupils at the school in the same way that parents might be expected to act towards their children.

The Head delegates the responsibility of ensuring that there is adequate and appropriate training and guidance for staff who volunteer to be first aiders and that there are enough trained staff, to the Deputy Head (Pastoral). In addition, the Deputy Head (Pastoral), as delegated by the Head, will consider:

- The individual's reliability and communication skills
- Aptitude and ability to absorb new skills and knowledge
- Ability to cope with stressful and physically demanding emergency procedures
- The ability to leave normal duties to attend an emergency

Employees will be covered by insurance taken out by the School providing that they act reasonably in line with the policy, the training they have received and within the scope of their employment.

At the current time, all staff are trained as first-aiders. Names of all first-aid staff trained can be found in every main area e.g. prep room etc. Information relating to those trained and when updates are needed are stored by the HR Officer.

Duties of First Aiders

The School Nurse is on site from Monday to Friday between 9:30am and 2:30pm during term time and is the primary first aider. She works alongside the Junior and Senior Reception staff who are also first aiders with considerable expertise. They also take primary responsibility for first aid when the School Nurse is not in school. First Aiders complete a training course approved by the HSE. They give immediate help to casualties with common illnesses and those arising from specific hazards at school. When necessary, they ensure that an ambulance or other professional medical help is called. Staff who agree to be first aiders do so on a voluntary basis. The School has a programme of training, which ensures that training is provided for all every three years and then to specific levels e.g. paediatric first aid, when the renewal date is reached. Should any other training need be identified, appropriate training will be facilitated by the School Nurse.

The Finance Office keeps the training records and organises courses and retraining as appropriate. All colleagues are given basic instruction during Inset Days and on a 1;1 basis if staff have highlighted a need. Covering Anaphylactic Shock, asthma care and girls with complex medical needs. In the Prep Department the key staff are trained as first aiders in Paediatric First Aid in line with Early Years Foundation Stage requirements. See Appendix 1 for list of first aiders. Junior School staff follow a flow chart for the appropriate response to pupil illness and severity. See Appendix 21

Assessment of Need

The School is required to provide first aid for employees and, in the light of legal responsibilities, considers the likely risks to pupils and visitors and makes allowances for them when training first aiders. The School has completed a risk assessment and this is reviewed annually by the School Nurse and SLT. The following factors are taken into consideration in the provision of first aid:

- The size and spatial arrangements of the school
- Any specific site hazards, for example the science laboratories
- Any specific needs arising from the staff or pupils
- Accident statistics
- Provision at lunchtimes, or in the case of absence, or for out of hours' activities

Providing Information

The School Nurse provides information of the first aid arrangements with notices which are clear and easily understood and displayed in prominent places. All staff and pupils know how to contact a first aider from any area of the school. Induction programmes for staff include first aid information and it is also included in the parent handbooks under the heading of 'Medication and First Aid' (appendix 2)

First Aid Equipment and Facilities

The Medical Room includes a consulting room, toilet and washbasin and rest room with one bed. This area houses the first aid equipment according to HSE recommended provision. For off site visits, a travelling first aid kit is available from the School Nurse. In addition there are a number of small first aid kits at key locations around the school building. These are checked on a termly basis by the School Nurse. Staff using the area should inform the School Nurse if supplies are running low. See Appendix 3 for list of sites of first aid containers.

Hygiene and Infection Control

All staff are required to take precautions to avoid infection and must follow basic hygiene procedures. First Aiders have access to single use disposable

gloves and hand washing facilities. Cleaning of body fluid spillages should be done following the guidelines in Appendix 4.

Reporting Accidents and Record Keeping

Accident Forms are completed for any accident that takes place on the school site and are kept by the Bursar. The relevant form can be accessed via the School Nurse, Reception and electronically. If an accident takes place off site e.g. at another school, the teacher in charge returns a copy of the completed document to the Bursar for our records.

We maintain an annual accident log summarising the events through the year. The Bursar will report them to HSE under the Reporting of Injuries and Dangerous Occurrences Regulations 1995. These records are kept for a minimum of three years. In addition, a separate Accident Report Form for pupils and visitors is used. See Appendix 5.

In the case of serious or significant incidents, the parents will be contacted by telephone or by email if less urgent. For example, head injury instructions leaflets will be sent home via email for minor head injuries.

Arrangements for First Aid Cover during Educational Visits / Out of School Hours

All residential trips will be accompanied by a member of staff who has completed the one-day Emergency First Aid at Work HSE recognised first aid course. The Group Leader is responsible for checking if staff on site at the trip location also have first aid qualifications and this is reviewed as part of the trip risk assessment. For every other visit, the first aid arrangements will be assessed according to the nature of the visit on an individual basis, in line with the Trip risk assessment.

Arrangements for particular medical conditions – staff, pupils and visitors

- Asthma – See Appendix 6
- Epilepsy – See Appendix 7
- Diabetes – See Appendix 8
- Anaphylaxis – See Appendix 9
- Head Injury – See Appendix 10
- Eating Disorders policy- See Appendix 17

Guidance for When to Call an Ambulance

All staff will be briefed on specific school arrangements for first aid and medical room procedures. They will also discuss the guidelines for calling an ambulance. Copies of this guidance are displayed in the School Office and in Reception. See Appendix 11.

Arrangements for pupils and staff with Temporary Disabilities

A specific risk assessment will be made by the School Nurse for all pupils/ staff with temporary disabilities, for example, following a fracture, or when using crutches. These will be stored in the pupil medical file and copies sent to the Head of Year, Form Tutor, Designated Safeguarding Lead and the Bursar. See Appendix 12.

Use of the Defibrillator

In the interest of improving the standards of welfare and medical care to all individuals on site an AED is situated at Reception in the Senior School. Primarily it is to be used by trained personnel in the course of providing first aid to any person suffering from a cardiac arrest whilst on the premises. The likelihood of its use is low. See Appendix 18

ADMINISTRATION OF MEDICINES

Rationale

The Governing Body recognises that pupils may at some time need to take medication at school. While parents retain responsibility for their child's medication, the School has a duty of care to the pupils while at school, and the Governing Body wishes to do all that is reasonably practicable to safeguard and promote children's welfare.

Responsibilities

The Governing Body takes responsibility for the administration of medicines during school time in accordance with the government's policies and guidelines. The Deputy Head (Pastoral), as delegated by the Head, will implement this policy and report, as required, to the Governing Body. Medication will normally be administered by the School Nurse, or in her absence, by Reception staff.

All staff are expected to maintain professional standards of care, but have no contractual or legal duty to administer medication. The Governing Body does not require staff to administer medication in accordance with *DfES Circular 14/96 Supporting Pupils with Medical Needs*. However, some specified staff, for example the School Nurse or staff undertaking educational visits, who volunteer their services, will be given training to administer first aid and/or medication to pupils.

Staff Indemnity and Employees Liability

The school and Governing Body obtains annual Medical Malpractice insurance which will protect the legal liability out of claims for negligence brought by third parties in respect of accidental injury or illness, subject to an indemnity limit of £20,000,000.

Admission Record

On admission of any pupil to the school, all parents are required to provide information giving full details of:

- Medical conditions
- Allergies
- Regular medication
- Emergency contact numbers
- Name of family doctor/consultants
- Special requirements (e.g. dietary)
- Parents of pupils with specific medical conditions e.g. diabetes or epilepsy will be asked to complete an Individual Health Care Plan. This will be stored and updated when necessary by the School Nurse

At the beginning of each academic year all parents will be required to up-date the medical form. See Appendix 14.

Administration of the Medication

The school expects that normally parents will administer medication to their children and medicines will only be administered when it would be detrimental to the pupil's health or attendance not to do so. Any requests for medicines to be administered must come from a parent in writing on the school's Request to Administer Medication Form, Appendix 15, and each request will be considered on an individual basis. This may include the administering of controlled drugs. The form includes:

- Name of parent and contact numbers
- Name of child and class
- Name of medicine
- Name of doctor who prescribed it and contact details
- How much to give
- How it should be kept and stored
- How it is to be administered
- When to be given
- Any other instructions

A separate form must be completed for each medicine to be administered. All medication should be kept in the First Aid Room (with the School Nurse) and only be administered by the School Nurse or advance qualified First Aiders (Reception Team).

Parental consent will not be sought when medicine has been prescribed to the pupil without the knowledge of the parents although the pupil will be encouraged to involve her parents.

Parents will be expected to notify any request for the administration of medicines at the earliest opportunity and to discuss with the Deputy Head (Pastoral) and the School Nurse what can be done in the school, before the Deputy Head makes a decision. The Deputy Head (Pastoral), or person authorised by her, will decide whether any medication will be administered in school, and by whom (usually the School Nurse). In appropriate cases the Deputy Head (Pastoral) and parents, in consultation with the School Nurse and anyone else the Deputy Head (Pastoral) deems necessary, will draw up an individual health care plan. The school does not deal with requests to renew the supply of medication. This is entirely a matter for the parents.

If a pupil is required and able to administer her own medication, for example an inhaler for asthma, the School Nurse will check that she fully understands what has to be done and will agree with parents that the pupil can self-medicate.

Medication will be kept locked in the drug cupboard, in the control of the School Nurse unless other arrangements are made with the parent. (Exceptions to this relate to asthma inhalers and Epipens which are not in a locked cupboard due to the need to locate them at speed in an emergency). A key is available in the main school office and the Reception staff are able to open the drug cupboard if medicine needs being administered. Prescribed medicines provided by parents must be in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will be generally available inside an insulin pen or a pump, rather than in its original container. It is the responsibility of the parents to ensure that medication provided is in-date.

The School Nurse is able to administer non-prescription medicines in school, for example, cough sweets and painkillers, at an age appropriate dose. (Aspirin will not be administered unless prescribed). Parents are asked to sign the Medical Form to give permission for this to take place. No other member of staff is authorised to administer non-prescription medicines unless appropriate training is provided. Parents will be informed, via a note home, if any non-prescription medicines are administered. See Appendix 13.

Whenever possible, medicines are returned to the parent to arrange for safe disposal. Sharps boxes are used for the disposal of needles and other sharps.

Medicals and Examinations

All new girls are offered a medical and their parents are invited to attend. If parents cannot attend they must give their consent for the medical to take place by the School Nurse. Two adults may be present on request. In exceptional circumstances the Head can authorise the examination of the pupil, for example if there is a child protection issue.

Records of Administered Medicines

The School Nurse completes an entry in her daily log in every instance of medicines being administered. It is kept in the School Nurse's office and includes:

- The name of the pupil
- Date and time of the administration
- Who supervised the administration
- Which medication
- How much was given

- Note of any side effects

The School Nurse will ensure that the medical record log is filled in and checked regularly by the DSL/ Bursar. Information on the storing, administering and recording of Controlled Drugs for a pupil under the supervision of AESG can be found in Appendix 16.

Training

The Governing Body is committed to providing appropriate training for staff who volunteer to participate in the administration of medicines.

Monitoring and Review

The Deputy Head (Pastoral) will be responsible for monitoring the implementation of the policy and the Bursar will report annually (Summer Term) to the Health and Safety Committee and the Governing Body.

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Rationale

The Governing Body is responsible for making arrangements so that pupils with medical conditions can be supported whilst they are in school or taking part in an extra-curricular activity. The Governing Body recognises that the needs of the individual pupil must be catered for and that, wherever possible, the impact of the medical condition on a pupil's school life should be minimised.

The Governing Body will ensure that:

- Pupils with medical conditions are properly supported so that they have full access to educational opportunities, including school trips and physical education lessons
- Arrangements are in place to support pupils and staff with medical conditions. This includes the development of Individual Healthcare Plans (IHP) and Emergency Evacuation Plans (EEP)
- Health and social care professionals, the pupil herself and parents are consulted so that pupils with medical conditions are effectively supported, both whilst they are at school and also when returning to school after a period of absence

- The Equality Act (2010) is adhered to; both in respect to a pupil's admission into the school and to her ongoing life at school
- Staff are properly trained to provide the support that pupils with medical conditions need
- The plans, procedures and systems included in this policy are effectively implemented

In this way, parents will be confident that the safety of their daughter is a priority and will also help minimise the potential effects of a medical condition on self-esteem and academic progress.

The Governing Body also recognises the following practices as unacceptable:

- Pupils not having easy access to necessary medication
- Assuming that every pupil requires the same treatment
- Ignoring the views of the pupil, her parents, medical advice or opinion
- Sending pupils with medical conditions home frequently or preventing them from staying for normal school activities unless specified in an IHP
- Sending an ill pupil to the medical room without being accompanied
- Penalising pupils for attendance record when absences are related to their medical condition
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Requiring parents to administer medication or medical support to their pupil unless in an emergency situation
- Creating unnecessary barriers to pupils participating in any aspect of school life as a result of her medical condition

The overall responsibility for the implementation of the policy is delegated to the Deputy Head who will ensure that all staff are aware of the policy and understand their role (through instructions given at school briefing). The Deputy Head (Pastoral) will ensure that all staff who need to know are aware of the pupil's condition and that IHP's are developed for those pupils who need them. The Deputy Head will also ensure that school staff are insured to support pupils with medical conditions.

Responsibilities of the School Nurse

The School Nurse is notified when a pupil, coming into the School, has an existing medical condition. The previous school may be contacted for further information if necessary and an IHP may be completed. The School Nurse will draw up the IHP in consultation with the pupil, the parents and external agencies (such as health liaison nurses) if necessary. The IHP is reviewed at

the beginning of each school year and when / if a health condition changes. (All parents are asked to complete a Confidential Medical Update Form each September to update the School Nurse about any changes in the pupil's medical condition). If a firm diagnosis has not been received, appropriate support will be put in place through an IHP until further information has been received. The IHP is completed and kept in the pupil's medical records and school records (unless confidential). The aim of the IHP is to provide that information necessary to facilitate effective support and management of the pupil's medical needs. It includes:

- (i) The medical condition, its triggers, signs, symptoms and treatments
- (ii) The pupil's resulting needs, including medication and other treatments
- (iii) Specific support for the pupil's educational, social and emotional needs
- (iv) Level of support needed and whether a pupil can manage her own medicines and procedures
- (v) The role of the School Nurse in providing support
- (vi) Those members of staff who need to be aware of the pupil's condition
- (vii) Arrangements to acquire written permission so that medicine can be administered
- (viii) Procedures required for trips or activities outside of the timetable
- (ix) Where confidentiality issues are raised, the individual entrusted with information as to what to do in an emergency
- (x) Whether the pupil is on the SEN register

The School Nurse is not the only member of staff responsible for a pupil with a medical condition. The School Nurse will provide necessary care within school but will also provide guidance for first aiders with the three-day First Aid at Work qualification so that appropriate care can be provided if she is absent or in the event of an emergency. Furthermore, the School Nurse and Deputy Head ensure that sufficient staff are suitably trained if external training is needed to provide care for a pupil with a medical condition. The suitability of such training will be reviewed by the School Nurse and will be determined by the need to implement the IHP effectively. This training may be provided by external professionals such as liaison nurses but can be organised and led by the School Nurse (for example, training on anaphylaxis). The training must fulfil the requirements of the IHP and be appropriate (for example, if staff other than the School Nurse are to give prescription medicines). The quality of training provided by external agencies is assessed by the School Nurse. The quality of training provided by the School Nurse is assessed by First Aiders / members of staff in attendance.

The School Nurse will make all staff (including supply teachers) aware of the pupil's condition through relevant information being flagged on ISAMS student manager health record., information being given at whole school staff meetings and staff briefings and through pastoral and health care lists distributed at the beginning of each year during INSET. For instance, at the full staff meeting in September, the School Nurse highlights pupils with significant medical conditions and reminds staff about their care of pupils with asthma, anaphylaxis, diabetes as well as safe first aid practices (for example, the use of gloves). This information will be provided within two weeks of the start of the School year or within two weeks of a pupil starting at AESG if she joins part way through the year. Appropriate information will also be provided by the School Nurse to new staff during their induction programme. ?

The School Nurse ensures that the needs of pupils with medical conditions are catered for on school visits, residential and other school activities by meeting trip leaders when necessary and checking that staff in charge of trips are aware of the needs of all pupils on their trip. When necessary, risk assessments will be carried out to take account of any steps needed to ensure that pupils with medical conditions are included and the relevant healthcare professionals consulted to ensure that the pupil can participate safely. Parents are also asked to provide up to date medical information prior to each school trip. This information is then added to the medical information held at school.

Parents will be advised if the School is unable to provide the degree of care needed due to the absence of the School Nurse or other appropriately trained member of staff.

The School Nurse will pass on any relevant medical information to the next school if a pupil with an IHP moves to another school.

Responsibilities of the Head of Year / Form Tutor

When a pupil with a medical condition is returning to school following a period of hospital education or provision, the School Nurse – in conjunction with the Form Tutor and Head of Year – will work with the pupils, parents and education provider to ensure that the IHP identifies the support the pupil will need to reintegrate back into school effectively. This may be through a phased return, for example. This can be adapted to each individual and the role of Teams/ online learning can play a significant part in their individual progress, where appropriate.

Responsibilities of School Staff

All staff may be asked to provide support to pupils with medical conditions (for example, on trips) but they are not required to do so. Appropriate training will be provided by the School Nurse for staff who are responsible for a pupil with a medical condition.

Responsibilities of the Pupil

After discussion with parents, a pupil is encouraged to take responsibility for managing her own medicines and procedures (for example, carrying an epipen). Otherwise, appropriate supervision for the administering of medicines will be provided. The pupil will be informed by the School Nurse how to access their medicines which must be accessible to them at all times. She will make it clear to a pupil with a medical condition that she must not pass it to another pupil for her own use.

Complaints

Should parents be dissatisfied with the support provided for their daughter, concerns should be discussed directly with the School Nurse. If parents would like to take their complaint further, then they should follow the School's Complaints Policy (available from the Head's PA or on the website).

LIST OF APPENDICES

- 1 First Aider List and Risk Assessment
- 2 Information from the 'Welcome to Year 7 Handbook'
- 3 Location of First Aid Containers
- 4 Cleaning Blood and Other Body Fluids/Guidance for the Avoidance of Needle Stick Injuries and Blood Borne Diseases
- 5 Accident Form and School Trip Injury/ Illness Form
- 6 Asthma Policy
- 7 Epilepsy Policy
- 8 Diabetes Policy
- 9 Anaphylaxis Policy
- 10 Head Injury Policy
- 11 Guidance on When to Call an Ambulance
- 12 Risk Assessment – Temporary Disabilities
- 13 General Sale List Medications Available from School Nurse
- 14 Medical Update Form
- 15 Request to administer medicine form
- 16 Storing, administering and recording of Controlled Drugs for a pupil under the supervision of AESG.
- 17 Eating Disorders Policy

18	Defibrillator Policy
19	AESG IHCP
20	EYFS First Aid
21	Suicide Protocol

APPENDIX 1

RISK ASSESSMENT – FIRST AID REQUIREMENTS AT AESG









Risk assessment - topic/area covered	
Location(s):	All
Department/staff:	All
Tasks/activities:	All
Other information:	

Risk assessment sign off				
Prepared by:	C Wood	Signature:		Date: 3.5.2022
Reviewed by:	C Clark	Signature:		Date:
Date for review:	This risk assessment should be reviewed if additional risks not covered are identified or if there is any reason to suggest that the control measures are deemed to be insufficient.			

Document issue record				
Amendment number	Issue date	Date amended	Person amending	Remarks

Distribution schedule				
Registered number	Issue number	Date	Name	Designation

Risk matrix								
Risk rating guidance	Likelihood (L)	5	5	10	15	20	25	Likelihood (L) x Severity (S) = Risk rating (RR).
		4	4	8	12	16	20	
		3	3	6	9	12	15	
		2	2	4	6	8	10	
		1	1	2	3	4	5	
			1	2	3	4	5	
		Severity (S)						
Acceptability of risk guidance	High risk: 15-25		High-risk activities should cease immediately. Further effective control measures to mitigate risks must be introduced.					
	Medium risk: 8-12		Medium risks should only be tolerated for the short term and only whilst further control measures to mitigate the risks are being planned and introduced.					
	Low risk: 1-6		Low risks are largely acceptable. Where it is reasonable to do so, efforts should be made to reduce risks further.					
Guidance. When completing risk assessment, you should:	<ol style="list-style-type: none"> 1. Identify the persons at risk and the significant hazards. 2. Calculate an initial RR for the activity. 3. Identify risk control measures that reduce the risks to an acceptable level. 4. Calculate a revised RR - you should consider how much safer the task will be if the control measures are followed. Here, you should consider changing both the likelihood (L) and the severity (S) ratings. 							
Note. Ideally, you should look to reduce the risks so that the task can be classified as "low risk".								

Personal protective equipment (PPE) assessment								
In many instances, you will be able to reduce risks further by asking staff/others to wear/use PPE. You should identify which items are required for the task here:								
Type of PPE:								
	Head	Foot	Eye	Hand	Hearing	High-visibility vest	RPE	Fall arrest
Additional requirements (list here):								
Note. PPE must only be considered as, when other control measures, such as guarding, local exhaust extraction, preventing noise at source, eliminating the need to work at height etc. are not possible. PPE should always be considered as a last resort option. PPE should only be worn when there is reasonable justification for doing so.								

Risk assessment									
Activity	Persons at risk	Significant hazards	Initial			Risk control measures	Residual		
			L	S	RR		L	S	RR
Movement around the classroom	Staff, pupils, others	Slips, trips and falls; blocked escape routes	3	3	9	<ul style="list-style-type: none"> Internal flooring to be good condition. Gangways between desks etc. to be kept clear. All trailing leads/cables to be controlled so that they do not present a trip hazard. Where cables need to be trailed across the floor, they are to be covered with a protective rubber strip. If necessary, changes in floor level or type to be highlighted - known trip hazards to be highlighted. Where there are external doors, mats to be considered to prevent wet floors. Coats, etc. to be taken off if wet. All spillages to be cleaned up as soon as is reasonably practicable. All areas to be well lit. 	2	2	4
Use of work equipment	All staff	Electrical shocks, burns, injury from moving parts or unbalanced equipment	3	3	9	<ul style="list-style-type: none"> All equipment to be visually inspected prior to first use. The individual completing the check to look for obvious faults, such as broken or missing parts. All equipment to be sited so that it will not fall from shelves etc. Staff to spot and report any defective plugs, discoloured sockets or damaged cables/equipment. All equipment to be subject to regular electrical safety checks. These will include portable appliance tests (PAT) and visual inspections. Test frequency to reflect current HSE guidance. 	2	2	4
Manual handling	All staff	Back pain and other physical injuries caused by overstretching or trying to lift too much	3	3	9	<ul style="list-style-type: none"> Mechanical aids to be used where possible, e.g. trolleys. Loads to be broken down into smaller sizes and weights, e.g. splitting boxes of copying paper into individual packs. Manual handling training to be considered for staff if lifting becomes a regular task. Staff instructed not to lift items that they will struggle with. 	3	1	3
Working in the classroom with poor hygiene and welfare conditions	As above	Poor hygiene and welfare conditions leading to staff discomfort or illness	3	2	6	<ul style="list-style-type: none"> Toilets to have a regular supply of hot and cold water with soap and towels. Kitchen area to have a safe supply of mains cold water. Toilets and kitchen area to be regularly cleaned. Facilities in the kitchen area to be provided to store food, drink and kitchen utensils etc. 	2	1	2

Risk assessment									
Activity	Persons at risk	Significant hazards	Initial			Risk control measures	Residual		
			L	S	RR		L	S	RR
Action in the event of fire	All staff and visitors	Trapped staff and visitors may suffer from smoke inhalation, burns and possibly death	3	5	15	<ul style="list-style-type: none"> Action in the event of fire to be communicated to all staff. Evacuation procedures to be placed around the building at strategic points. Regular fire alarm checks to be carried out. Fire drill to be regularly carried out. Fire extinguishers to be provided and maintained on a contract. Fire exits to be kept clear of obstructions. Supervisor to walk around the building on a regular basis to check that fire instructions are being complied with. 	2	2	4
Hot water - in taps and radiators	Pupils	Contact with hot water and surfaces	3	3	9	<ul style="list-style-type: none"> Water temperatures to be controlled and checked regularly. Where practical, radiators to be covered. Classrooms to be laid out so that contact with pipes and radiators is prevented. 	2	2	4
Work at height	Staff	Falls	3	4	12	<ul style="list-style-type: none"> Work at height to be avoided whenever it is reasonably practicable to do so. Where work at height is necessary, appropriate access equipment, such as an elephant-foot step stool or a stepladder to be used. 	2	2	4
Insufficient first aid qualified staff	Any casualty or other injured person	No one trained to summon help No one available to offer immediate treatment, possibly leading to further complications	3	5	15	<ul style="list-style-type: none"> First aiders and appointed persons nominated in accordance with Regulations Nominated staff to receive up to date and regular, certified training, with display of staff names in all key areas Nominated staff to provide treatment relative to their level of qualification 	3	2	6
Lack of first aid provision for lone or weekend workers	Anyone working in such patterns, or any pupil on site at such times	Injured person unable to self-administer any basic first aid treatment No one available to offer immediate treatment, possibly leading to further complications	2	5	10	<ul style="list-style-type: none"> First aid kits to be made available for any lone worker Lone workers instructed on how to summon help in an emergency (list of first aid staff is displayed in key locations) Walkie talkie and personal mobile on their person at all times 	3	2	6
Dealing with multiple injuries	First aid staff	Lack of first aid equipment may lead to injuries being untreated	3	4	12	<ul style="list-style-type: none"> First aid equipment provided in accordance with Regulations and to match degree of risk and numbers of staff and pupils School policy on calling an ambulance to be followed 	2	2	4

Working with hazardous substances	Staff and Pupils	Hazardous substances may cause ill-health or physical injury	3	4	12	<ul style="list-style-type: none"> • First aid staff trained to deal with such situations Specialist first aid facilities to be provided (e.g. eye wash bottles, gloves) • Good hygiene practices to be enforced • Appropriate staff training also provided (e.g. for • Radiation Protection Supervisor) 	3	2	6
First aid equipment not provided or stocks not maintained	Injured person	Inability to treat an injury quickly may lead to further complications	3	3	9	<ul style="list-style-type: none"> • Suitable first aid boxes to be located around school site, marked and readily accessible • First aid stocks to be checked regularly by a nominated person, and replenished accordingly 	2	2	4

School environment considered to be low risk, with approximately 100 staff and 500 pupils.

Minimum requirement to be in accordance with the First Aid at Work Regulations. AESG works to at least one First Aid at Work trained staff for every 100 pupils or staff = minimum of 6 staff.

APPENDIX 1: First Aiders:

First Aid at Work

(3 DAY COURSE)

Johanna Hibbert

Alison North

Nicola Smillie

Sarah Waite

Paula Whitaker

Sarah Harrall

Schools First Aid

Garry Howard

Paediatric First Aid

(2 DAY COURSE)

Janet Bartlett

Sharon Bathurst

Suzanne Beaden

Maria Jagger

Heather Penn

Anna Prendergast

Jessica Roberts

Chloe Shenton

Rebecca Ward

Laura Wood

Helen Wright

Emma Yates

Emergency First Aid

(1 DAY COURSE)

Melody Valois

Emily Barnes

Emergency Paediatric First Aid

(1 DAY COURSE)

Tracy Bains

Michelle Critchley

Ruth Crowley

Jayne Davison

Nigel Garfield

Chloe Gordon

Sonia Harrison

Jill Hill

Nav Johal

Lynda McConville

Jonathan Reti

Kate Sherville-Payne

Rebecca Stokwicz

Julie Trainor

Fiona Williams

David Wilson

Caroline Wood

APPENDIX 2: Information from the Parent Handbook

Medical Facilities

The School Nurse is in school every day of term from 9:30am to 2:30pm.

She is available to pupils for general medical advice, first aid and counselling. She also supervises arrangements for health checks, medical examinations and immunisation. She can advise on contact with other support services.

(If the School Nurse is out of school, pupils may obtain first aid assistance from Reception.)

Pupils may visit the School Nurse at break and during the lunch hour. There are 2 mornings per week that are designated to 1:1 pupil listening sessions that can be booked via HOY directly into the School nurse diary these appointments will be communicated with appropriate teaching staff so work can be caught up. They may also attend the First Aid Room for an emergency during lessons with permission from the subject teacher.

Any girl who feels ill must report to Reception and see the School Nurse.

Please note that the School Nurse works within the Standards of Conduct, Performance and Ethics for Nurses and Midwives. Information given to the School Nurse by a pupil or parent remains confidential to the pupil or parent unless permission is given to pass on that information.

If your daughter is ill and needs to go home, the School Nurse or member of the Reception Team will telephone you so that you are able to arrange transport home for her. Pupils are not to contact parents to collect them without the consent from either the School nurse or relevant first aider. Any pupil from Reception to Year 11 who is unwell must not travel home alone. A Sixth Form student may travel home alone with parental permission.

If your daughter needs to take any medication during the school day, please ensure that it is sent to Reception. Girls must not keep any medication with them in school. It must be given to the School Nurse in its original container with the pharmacy label, instruction leaflet and accompanied by a 'Request for Medication' form. (A copy of this form will be sent out to all parents before September and is also available on Parent Portal). The medicine must be left with the School Nurse. It will normally be administered to your daughter by the School Nurse. In the event of the absence of the School Nurse, it may be administered by First Aid trained staff. The following health services are provided by the School:-

- Reception: Health check (Height weight, vision and hearing) by Cheshire East School Health Team
- Immunisation programme, as directed by Cheshire East Primary Care Trust School Nurses

APPENDIX 3 Location of First Aid Boxes

The main first aid kit is located outside the medical room and complies with HSE guidelines re contents. It has other additional items as appropriate. Other first aid kits are located around the school; the contents are as deemed necessary by each particular department. All kits are checked termly by the School Nurse. It is the responsibility of the Head of Department to collect items from the School Nurse should the kit need replenishing between checks.



First Aid Box Locations

Senior School

Senior Staff Room
Sixth Form Common Room
Reduce to 1 ? Biologyreduce to 1Food Tech
PE Departmental Office (also for use on Fixtures)
Tennis/Netball Courts (Ryleys Lane – Off Site)
Kitchen
Caretakers Room
School Nurse Office
Year 11 Common Room
Millennium Hall

Junior School

Junior Reception Office
Pre-School Classroom
Nursery Classroom
Reception Classroom
Junior Corridor (for use at Breaks Outside)
RemoveJunior Staffroom/Miss Critchley's
Office Junior Gym

APPENDIX 4 Cleaning of Body Fluid Spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharge should be cleaned up immediately. Maintenance staff should be called to clean up blood and body fluid spillages. Staff should not do this themselves.

Maintenance staff must always use personal protective clothing, i.e. disposable non powdered vinyl or latex free CE marked gloves and disposable plastic aprons. Goggles should also be worn if there is a risk of splashes to the face.

When spillages occur, cleaning must involve the use of a product which combines both a detergent and disinfectant, used as per manufacturer's instructions and ensuring it is effective against bacteria and viruses, and suitable for use on the affected surface.

NEVER USE mops for cleaning up blood and body fluid spillages use disposable paper towels and discard clinical waste in an appropriate fashion.

Single use biohazard kits are available from the maintenance staff.

Clinical Waste must always be segregated from domestic waste. Clinical waste should be stored in foot operated bins and disposed of appropriately. There is a clinical waste bag in the medical room.

BLOOD BORNE CONTAMINATION POLICY

- **AIM:** To ensure the protection for staff when dealing with a first aid situation where there is exposure to blood and other body fluids, by preventing possible contamination of blood borne infections such as AIDs and Hepatitis.
- **RATIONALE:** To offer protection to all staff through good practice. Guidelines as recommended by the Health Protection Agency.
- **WHERE:** All departments within the school and also to apply where possible to field trips, excursions and sporting events.
- **WHOM:** School nurse, all first aiders, teaching staff and non-teaching staff who may be involved in first aid situations.
- **WHEN:** There is exposure to blood and other body fluids.
- **PROCEDURE:**
 - Always use single use disposable gloves. Always cover any wounds or sores you have with plasters.
 - If the casualty is able, encourage her to stem her own bleeding. For example if it is a nosebleed she can use digital pressure.
 - Unless it is absolutely essential do not allow other children to assist with treatments or with cleaning spillages, however if the casualty is over 16 years old and is considered well enough, she may clean her own spillage.
 - Place any soiled dressings in a plastic bag and pass on to the medical room for safe disposal.
 - Wash hands thoroughly following removal of gloves.
 - Worktops/surfaces, furniture, walls and floors should be cleaned. Contact senior school reception who will contact the maintenance department to arrange this.
 - Request replacement gloves, dressings or other equipment from the medical room.

If a first aid situation occurs whilst out on a field trip or at a sporting event and hand washing facilities are not available, please use the cleaning wipes available in the first aid boxes.

ACCIDENT FORM

NAME **AGE** **FORM**

DATE OF ACCIDENT **TIME**am pm

Date reported if different from above

PLACE OF ACCIDENT

.....

HOW ACCIDENT OCCURRED (Accurate details essential including footwear or equipment involved if applicable)

.....
.....
.....

NATURE OF INJURY (Details of condition and part of body affected)

.....
.....
.....

IMMEDIATE ACTION TAKEN AND BY WHOM

.....
.....
.....

WITNESSES

.....

SIGNATURE OF PERSON INVOLVED IN ACCIDENT

(Pupil/Staff/Visitor)

.....
SIGNATURE OF PERSON GIVING TREATMENT

.....
SIGNATURE OF HEADMISTRESS

.....

FURTHER DEVELOPMENTS AND DATES (As reported by Parent / Hospital / Member of Staff)

.....
.....

SIGNATURE OF BURSAR (Review and filing)

.....

School Trip INJURY/ILLNESS FORM

Date/...../.....

LOCATION.....

PUPIL NAME **FORM**

TIME

NATURE OF ILLNESS/INJURY

--

TREATMENT GIVEN

--

MEDICATION GIVEN-

SIGNATURE OF FIRST AIDER
NAME.....

PUPIL NAME FORM
TIME

NATURE OF ILLNESS/INJURY

--

TREATMENT GIVEN

--

MEDICATION GIVEN-

SIGNATURE OF FIRST AIDER
NAME.....

APPENDIX 6: Asthma Policy

AIMS

- To encourage and help children with asthma to participate fully in all aspects of school life.
- To recognise that asthma is a health problem affecting many school children.
- To help children avoid the stigma sometimes attached to this chronic condition.
- To do all it can to make sure that the school environment is favourable to children with asthma.

OBJECTIVES

- To provide immediate access to inhalers.
- To ensure that other pupils understand asthma so that they can support their friends.
- Relievers: These are sometimes called Bronchodilators. They quickly open up the narrowed airways and help the child's breathing difficulties. Generally, relievers come in blue containers.
- To ensure that staff will have a clear understanding of what to do in the event of a child having an asthma attack.

- To work in partnership with parents, school governors, health professionals, school staff and pupils to ensure the successful implementation of this school asthma policy.

The School environment

The school will do all that it can to ensure that the school environment is favourable to pupils with asthma. The school does not keep furry and feathery pets on a long-term basis and has a non-smoking policy. As far as possible it does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils will be encouraged to leave the room and sit in the medical room if particular fumes trigger their asthma.

When a pupil is falling behind in lessons

If the pupil is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind, the school nurse will talk to the parents about the situation. The school recognises that it is possible for children with asthma to have special educational needs because of asthma.

Asthma attack

All staff who come into contact with children with asthma will know what to do in the event of an asthma attack. Instructions on how to cope with an asthma attack are displayed in the staff room. A girl is having an Asthma Attack if;

- Their Reliever (blue) inhaler hasn't helped
- They can't talk or walk easily and/or
- They're breathing hard and fast and/or
- They're coughing or wheezing a lot and/or
- They may also complain of tummy ache.

The school follows each girl's Asthma Action Plan;

1. Help them sit up straight and stay calm
2. Help them take a puff of their reliever (Blue) inhaler every 30-60 seconds, up to a maximum of 10 puffs.
3. Call for the School Nurse/ first aider.
4. Call 999 for an ambulance if ;
 - Their symptoms get worse while they're using their inhaler
 - They don't feel better after 10 puffs.
 - You're worried at any time, even if they haven't yet taken 10 puffs.
5. While you wait for an ambulance, reassure the girls. Repeat step 2 if the ambulance takes longer than 15 minutes.

6. Always call 999 if you don't have access to a reliever inhaler.
7. A spare generic reliever (blue) inhaler is available from the School nurse office for emergency use.
8. If you don't need to call 999 because the girl's symptoms improved after using their reliever inhaler, then the parents should be asked to make an urgent same day GP appointment.

NOTE: A pupil should always be taken to hospital in an ambulance. School staff should not take them by car as the child's condition may worsen very quickly.

Mild exacerbation of asthma.

Minor attacks should not interrupt a pupil's involvement in school. When they feel better they can return to school activities. The pupil's parents must be told of the attack.

Exercise in school

All pupils with asthma will be encouraged to participate in sport as much as they are able. The school recognises that many pupils with asthma become wheezy during exercise. Pupils will be encouraged to use their reliever inhaler before exercise and to keep it close to hand during exercise. The following steps will be followed when a girl who has asthma participate in exercise.

1. Inform the PE teacher or sports coach they have ASTHMA
2. Inform their PE teacher/sports coach if they are experiencing a period of increased symptoms, during hay fever season or if they have a cold
3. Keep their reliever inhaler (blue) with them at all times.
4. Stop exercising if they start to get any asthma symptoms. (Coughing, wheezing, tight chest or breathlessness) - Take reliever and wait at least 5 minutes after symptoms have disappeared before exercising again.
5. Get help immediately if the girls is having an asthma attack.

Times when extra care may be needed

- The autumn term sees a rise in exacerbation of children's asthma as the contact with people experiencing cold/flu symptoms increases.
- Dealing with stress- Feelings of stress can be a trigger for asthma- staff to be aware and make provisions.
- Hay fever symptoms often trigger asthma symptoms.

Storage of reliever medication

Every pupil will be encouraged to name their inhaler and keep it with them either in a pocket or in their school bag. If the pupil is considered too young to be responsible for their own inhaler it will be stored in a safe but accessible place and this will be discussed with the pupil's parent and School Nurse or first aider when the pupil joins the school. The School Nurse keeps stock supplies of the main reliever medication in the medical room. This is only for use in an emergency and can only be given to a pupil who is a known asthmatic and whose

current medication is documented in the pupil's medical records. Consent will be needed to allow the use of the central reliever to be used in an emergency situation, this will be documented on the girls School Asthma Card. (kept in the school nurse office and electronically on ISAMS.)

It is good practice for younger pupils to have a spare inhaler marked with their name and stored with their class teacher. This will be discussed with parents at their pupil's entry to school. Make sure inhalers are taken on school trips. It is good practice for staff to remind pupils of this prior to each school trip.

Information for staff -Please refer to the Asthma UK website if you want more information on asthma.

www.asthma.org.uk make live link

As soon as a pupil is able, they should be allowed to keep their inhaler with them at all times. This decision will be taken in conjunction with parents and school staff. All inhalers should be named and stored by the pupil in a safe but accessible place. For example, their school bag in Senior School. A record of each pupil's medication will be kept in the medical room and checked by the School Nurse at each routine health check or medical.

APPENDIX 7 Epilepsy Policy

This policy has been written with information provided by Epilepsy Action, the DfE, the local authority and the school health service.

Introduction

AESG recognises that epilepsy is a common condition affecting children, welcomes pupils with epilepsy to the school and supports such pupils in all aspects of school life, encouraging them to achieve their full potential. This will be done by having a policy in place which is understood by all school staff and supply staff and by ensuring that relevant staff receive training about epilepsy and administering emergency medicines.

What to do when a child with epilepsy joins our school

When a child with epilepsy joins AESG or a current pupil is diagnosed with the condition, the School Nurse will arrange a meeting with the pupil, parents, Learning Enhancement Co-ordinator (LEC), Epilepsy Specialist Nurse and Head of Year as appropriate. This meeting will establish how the pupil's epilepsy may affect their school life. This should include 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. the giving of emergency medication and extra time in exams. With the pupil and parents' permission, epilepsy will be addressed with all the teaching staff. Children in the same class will be introduced to epilepsy in a way

they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class.

Record Keeping

Parents will be asked to complete an Individual Health Care Plan for Epilepsy (IHCPE) giving details of the pupil's medical and health care needs. This will include issues such as agreeing to administer medicines and staff training needs. This form will be stored with the pupil's medical records (School Nurse) and updated regularly. Staff will be notified of any changes in the pupil's condition through regular staff briefings. This will make staff aware of any special requirements such as seating the pupil facing the class teacher to help monitor if the pupil is having absence seizures and missing part of the lesson. The Learning Enhancement Coordinator will complete an entry on the LDD register.

Medicines

The Individual Health Care Plan will identify any medications for first aid use which the staff need to be aware of. In particular it will state whether the pupil requires emergency medication, and what it is. It will also contain the names of the staff trained to administer the medicine. If the pupil requires emergency medication, the correct storage and giving procedures can be found in this policy in Appendix 16 and their IHCPE.

First Aid

First Aid for the pupil's seizure type will be included on their Individual Health Care Plan and all staff including support staff will receive basic training on administering first aid. The following procedures give basic first aid for seizures:

Tonic-clonic (convulsive) seizures

[Tonic-clonic seizures](#) are the type of seizure most people recognise. They used to be called grand mal seizures. Someone having a tonic-clonic seizure goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may go blue around the mouth due to irregular breathing. Sometimes they may lose control of their bladder or bowels, and bite their tongue or the inside of their mouth.

Here's how to help if you see someone having a tonic-clonic seizure.

Do:

- Protect them from injury (remove harmful objects from nearby)
- Cushion their head
- Time how long the jerking lasts
- Aid breathing by gently placing them in the recovery position once the jerking has stopped (see picture)
- Stay with them until they are fully recovered
- Be calmly reassuring

Don't:

- Restrain their movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if:

- You know it is their first seizure **or**
- The jerking continues for more than five minutes **or**
- They have one tonic-clonic seizure after another without regaining consciousness between seizures **or**
- They are injured during the seizure **or**
- You believe they need urgent medical attention

Focal seizures

You may also hear this type of seizure called a partial seizure. Someone having a [focal seizure](#) may not be aware of their surroundings or what they are doing. They may have unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around. Here's how to help if you see someone having a focal seizure.

Do:

- Guide them away from danger (such as roads or open water)
- Stay with them until recovery is complete
- Be calmly reassuring
- Explain anything that they may have missed

Don't:

- Restrain them
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume they are aware of what is happening, or what has happened
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round
-

Call for an ambulance if:

- You know it is their first seizure **or**
- The seizure continues for more than five minutes **or**
- They are injured during the seizure **or**
- You believe they need urgent medical attention

Learning and Behaviour

AESG recognises children with epilepsy can have specialised educational needs because of their condition. Following the initial meeting, staff will be asked to ensure the pupil is not falling behind in lessons. If this starts to happen discussion with the LEC will take place and appropriate action taken.

School Environment

AESG recognises the importance of having a school environment that supports the need of children with epilepsy. The medical room is available and equipped with a bed in case a child needs supervised rest following a seizure.

The above epilepsy policy applies equally within the school and any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place and completes an Epilepsy action checklist. (this can be accessed from the school nurse or electronically).

APPENDIX 8 Diabetes Policy

Aim

To encourage and help pupil with diabetes to participate fully in all aspects of school life.

Description of clinical condition

Of the pupils who have diabetes, most have Type 1, requiring treatment with insulin. The body is unable to produce insulin to regulate the amount of sugar in the blood.

Requirements in School

Most pupils who require insulin injections during the school day will be independently responsible. A private place to give the injection will be offered and arrangements will be made so that they do not miss their lunch with their peers.

Diabetic pupils are increasingly using insulin pumps. The School Nurse will attend training offered by the pupil's diabetic team and will feedback to staff as appropriate. Spare equipment for the pump will be stored in the medical room. First aid staff will not be asked to change the pupil's equipment unless specifically trained to do so.

Complications at school – HYPOGLYCAEMIA

Hypoglycaemia happens when blood glucose levels fall too low (below 4mmol/l). Most children and families will call it a 'hypo'. You need to be aware that children with diabetes are likely to have hypos from time to time and they can come on very quickly. Sometimes there's no obvious cause, but usually it's because the child:

- has had too much insulin
- hasn't had enough carbohydrate food
- has been more active than usual.

How to recognise a hypo

Most children will have warning signs of a hypo.

These warning signs can include:

- feeling shaky
- sweating
- Hunger
- Tiredness
- blurred vision
- Lack of concentration
- Headaches
- feeling tearful, stroppy or moody
- going pale.

Symptoms can be different for each girl and the girl's parent or carer can tell you what their specific warning signs are. They will also be listed in the girls IHCP-Diabetes. (located in the school nurse office or electronically in the girl's file.)

Treating a hypo

Hypos must be treated quickly. Left untreated, the blood glucose level will continue to fall and the child could become unconscious or have a seizure. Some girls will know when they are going hypo and can treat it themselves, but others, especially if they're younger, newly diagnosed or have learning difficulties, might need help. A girl should not be left alone during a hypo or be made to go and get the treatment themselves. Recovery treatment must be brought to the girl.

In the event of a Girl having a hypo, here's what to do:

If a girl's blood glucose levels are too high or too low while at school, they might start to feel unwell.

1. Check the girl's blood glucose level (when possible).
2. Immediately give them something sugary to eat or drink, like Lucozade, a nondiet soft drink, glucose tablets or fruit juice*.
3. After 10–15 minutes, check the blood glucose level again. If the level is still low, repeat step 2.
4. Check the blood glucose level again in another 20–30 minutes to make sure that they have returned to normal.

People with diabetes may be prone to episodes of low blood sugar (hypoglycaemia) or 'hypos'.

Once a hypo has been treated and the blood glucose has returned to a normal level there is no reason why the girl can't continue with her lessons. However, it can take up to 45 minutes for a child to fully recover. The girls should have easy access to their hypo treatments and should be allowed to eat or drink whenever she needs to, to prevent or treat a hypo. All school staff should know the signs of a hypo and what to do should a girl have one.

Unconsciousness

In the unlikely event of a girl losing consciousness, do not give them anything by mouth.

Place them in the recovery position (lying on their side with the head tilted back). Call the school Nurse /first aider.

Call an ambulance, tell them the child has Type 1 diabetes and then contact their parent or carer.

All parents have an emergency injection of glucagon (a hormone that raises blood glucose levels), which can be given if a girl becomes unconscious, and in some cases this will be available in school **ONLY** by the school nurse (if previously agreed with parents)

Hyperglycaemia (hyper)

Hyperglycaemia happens when blood glucose levels rise too high. Most children and families will call it a 'hyper'. All children are likely to have high blood glucose levels sometimes and they might happen because the child:

- has missed an insulin dose or hasn't taken enough insulin
- has had a lot of sugary or starchy food
- has over-treated a hypo
- is stressed
- is unwell
- has a problem with their pump.

Treating a hyper

Depending on how a girl takes their insulin, if their blood glucose is only high for a short time, treatment may not be needed. But if blood glucose has been high for some time, treatment may include:

- taking an extra dose of insulin
- drinking plenty of sugar-free fluids
- testing the blood or urine for ketones.

Girls on pumps will need to treat high blood glucose levels more quickly.

Girls with diabetes will need to plan for physical activity, which includes checking their blood glucose levels carefully and making sure they drink enough fluids.

So they may need to:

- have an extra snack before/during/after physical activity
- alter their insulin dose

Day trips

Depending on what's planned for the trip, you might not need to make any adjustments to the girl's usual school routine. Things to take on a trip include:

- Insulin and injection kit, for a lunchtime injection or in case of any delays over their usual injection time
- Blood testing kit
- Hypo treatments (see highs and lows section)
- pump supplies (if appropriate)
- Extra food or snacks in case of delays
- Emergency contact numbers.

The girl's parent, carer or School nurse will be able to tell you of any adjustments that need to be made.

Overnight stays

When staying overnight on a school trip, a girl who injects will need to take insulin injections and test their blood glucose levels (which may include testing at night), even if these aren't usually done in school.

If the girls can't do their own injections, manage their pump or test their blood glucose levels, they'll need to be done by a trained member of staff. School staff should meet with the girl's parent, carer and school nurse well in advance of the trip to discuss what help is required and who will assist the child. School residential/trip record should be completed and adhered to for the duration of the trip/stay. (located in the school nurse office or electronically) [add in live link to document](#)

<https://diabetes-resources-production.s3-eu-west-1.amazonaws.com/diabetes-storage/migration/pdf/1012%2520School%2520Trip%2520toolkit%2520web%2520aw.pdf>

Trips All pupils with Type 1 diabetes will be supported by school and their exams will be managed inline with the Diabetes UK guidance -Type 1 diabetes and exams
https://www.diabetes.org.uk/resources-s3/2018-11/1201C_Type%201%20diabetes%20and%20exams_DIGITAL.pdf

The School Nurse keeps Glucogel at Reception and can be used if the pupil is unable to eat but should not be used if she is unconscious.

If Hypers are occurring frequently this information should be shared with the parents and the school medical team.

Responsibilities

- The diabetic nurse specialist is often the first point of contact for patients/parents if specific advice is required. The individual's diabetic nurse will provide necessary training to school staff.
- The School Nurse will follow this up with advice and information and liaise in provision of relevant clinical guidance. She will ensure that staff are aware that they have diabetic pupils in their class. She will disseminate information to other staff, for example the PE staff about diabetes, the symptoms of hypos hypers and treatment.
- Parents will inform school of their child's condition, symptoms and treatment, will keep school informed of changes to treatment and provide school with relevant snacks and drinks.

Equipment and facilities

Safe storage of insulin: Most pupils will be responsible for their own insulin if it is required during the school day. It should be labelled with the pupil's name and appropriate directions. Insulin pens are kept with individual pupils and a 'bum bag' or pencil case are suggested for its storage. It is good practice to keep spare insulin cartridges in the medical room fridge.

Parents are asked to ensure they return a 'Request for Medication' form and a medical update form to help update the pupil's IHP at the beginning of each school year. This is stored in the Medications folder in the School Nurses office.

Documentation

Every diabetic pupil who has diabetes will have an individual health care plan for a child or young person in the educational setting. (Located in the school nurse office or electronically on the girls p-file). It is completed by the School Nurse and parents and Diabetes Nurse Specialist. This will be updated on a yearly basis with a confidential medical update form.

APPENDIX 9 Anaphylaxis Policy

In order to deal effectively with a severe allergic reaction, the School Nurse must provide information regarding the management of anaphylaxis and advice to all staff.

A severe allergic reaction may occur at any time when a pupil comes in to contact with her allergen/causative agent. The pupil may be anywhere in the school when a reaction occurs. Treatment will take place 'on the spot'.

It is the School Nurse's responsibility to ensure that all staff are aware of susceptible children. Training will be given annually at INSET and online training is compulsory via VVW online platform to remind all staff how to respond in an event. Advice and information notices will be displayed in the staff room. Training will be given to staff accompanying girls on school trips. Risk assessments will include AAI trip form to be completed by designated first aider

Pupils who have had severe allergic reactions will be prescribed Adrenaline in premeasured doses, in the form of EpiPens, Jext. They should have two EpiPens in school at all times. Most girls will keep one in their school bag and store one in a named box in the medical room. They should also have antihistamine tablets/syrup with them and in the medical room. Some girls are only prescribed antihistamines and these should be kept in the medical room and with the pupil if appropriate. Storage of medication to be discussed with each individual parent and appropriate notes will be added to the pupil/ staff file. Please note some girls have allergies but have no medication and just avoid their allergen.

All girls are to keep a copy of their Allergy Action Plan in the school nurse office with their spare AAI Adrenaline auto injector)

It is the parent's responsibility to ensure the EpiPens are still in date. Expiry alert service will be actioned by the school nurse for every AAI.

Parents are asked to complete a Request for Medication form each September giving suitably trained staff permission to give EpiPens and antihistamine tablets in the event of an allergic reaction. These are stored along with girls' photographs and details of their prescribed treatment in a black file in the medical room. Copies of photographs are displayed in the Senior School staff room, the Junior Staff room and in Reception.

Girls going on school trips take their own EpiPens/antihistamine tablets with them and the teacher in charge takes the second set of medication from the Medical Room.

In the event of a suspected allergic reaction, call help from the School Nurse or in her absence one of the 'anaphylaxis team' - see list on display in Staff Room. Refer to girl's **Allergy Action Plan**

The Symptoms of Anaphylaxis

Any or all of the following symptoms may be present during an anaphylaxis reaction:

- Swelling of tongue and/or throat
- Difficulty in swallowing or speaking
- Vocal changes (hoarse voice)
- Wheeze or persistent cough or severe asthma
- Difficult or noisy breathing
- Stomach cramps or vomiting after an insect sting

- Difficult or noisy breathing
- Stomach cramps or vomiting after an insect sting
- Dizziness / collapse / loss of consciousness (due to a drop in blood pressure) (floppiness in babies)

Treatment for Anaphylaxis

If someone is having an anaphylactic shock:

1. The first line treatment for severe symptoms is adrenaline (epinephrine) given by an injection into the upper outer muscle of the thigh. Adrenaline given in this way is a safe treatment and you should not hesitate to use it if required. It starts to work within minutes, reducing swelling, relieving wheeze and improving blood pressure.

CALL FOR HELP- School nurse/first aider

Adrenaline is life saving and must be used promptly in anaphylaxis.

Delaying the giving of adrenaline can result in deterioration and death. This is why using an adrenaline device is the first line treatment for anaphylaxis.

IF IN DOUBT, GIVE ADRENALINE FIRST and then call for help.

1. Do not wait to see if the symptoms clear up – call an ambulance immediately. All patients receiving emergency adrenaline should be transported to hospital for further care. Dial 999 and inform the controller that the girl is suffering from anaphylaxis.
1. Adrenaline is a short-acting drug and the effects will wear off quite quickly. If there is no response to the initial injection, current recommendations are to give a further adrenaline dose after 5 minutes.

If you are suffering from an anaphylactic shock, you should use your adrenaline pen immediately. While waiting for the ambulance, it is better if you lie down as this helps to maintain your blood pressure and avoids injury if you faint. You may be more comfortable with your shoulders raised a bit if you feel wheezy or short of breath.

If you are suffering from an anaphylactic shock, you should use your adrenaline pen immediately. While waiting for the ambulance, it is better if you lie down as this helps to maintain your blood pressure and avoids injury if you faint. You may be more comfortable with your shoulders raised a bit if you feel wheezy or short of breath.

The School Nurse will contact parents after the event if the reaction is only mild. Maintenance staff to wait outside the school to direct the ambulance to the child.

All pupils suspected of having a severe allergic reaction should be transferred to the A&E department by ambulance even if they appear to have fully recovered. (A further reaction may occur when the adrenaline wears off).

From 1st October 2017 school will stock a spare emergency AAI.



Auto Adrenaline Injector (AAI) Trip form

The following pupil/s have an allergy that requires them to carry an AAI/Epi-pen/Jext pen with them at all times.

Pupil Name

I confirm that the pupil named above has at least 1 in-date AAI with them for the purpose of this trip.

Yes/No (please circle)

If no then the School Generic spare should be collected before the pupil attends the trip.

Pupils own

School Generic spare

Designated First Aider (sign).....

Date

Catering

The catering department will have a representative on the Health and Safety Committee and will attend annual training. The catering department have a 'no nut policy' – this is a whole school policy. However the catering manager cannot guarantee no nuts in pre prepared items. No food that obviously contains nuts will be brought into school by children or staff either.

Parents and staff acknowledge the risk of foods being offered by other pupils.

Action to be taken when a new diagnosis of Anaphylaxis risk is made

- Discuss the protocol with parents and school nurse.
- Establish where medication is to be stored Request 2 AAI to be in school. (Pupil keeps 1 with her, 1 to be kept in school nurse office)
- Request Allergy Action | Plan from parents.
- Issue Request for Medication form and Healthcare Plan for parents to complete which will be stored in the medical room.
- Add more information to the black folder in the medical room, medical notes and photo board in staff room
- Check staff involved with the care of the pupil are up to date with training

APPENDIX 10: Head Injury Policy

Any pupil who has had a head injury should be assessed by a first aider or the School Nurse. A pupil may have suffered from a significant head injury if any of the following

symptoms are shown:

When to go to hospital

Someone with a head injury needs to go to the hospital's emergency department (A&E) as soon as possible if anything in the box below applies. This should be by ambulance if needed.

- Unconsciousness or lack of full consciousness, even if the person has now recovered.
- Any clear fluid running from the ears or nose.
- Bleeding from one or both ears.
- Bruising behind one or both ears.
- Any signs of skull damage or a penetrating head injury.

- The injury was caused by a forceful blow to the head at speed (for example, a pedestrian hit by a car, a car or bicycle crash, a diving accident, a fall of 1 metre or more, or a fall down more than 5 stairs).
- The person has had previous brain surgery.
- The person has had previous problems with uncontrollable bleeding or a blood clotting disorder, or is taking a drug that may cause bleeding problems (for example, warfarin).
- The person is intoxicated by drugs or alcohol.
- There are safeguarding concerns, for example about possible non-accidental injury or because a vulnerable person is affected.

The person also needs to go to hospital as soon as possible if they have developed any of the following since the injury happened:

- Problems understanding, speaking, reading or writing.
- Loss of feeling in part of the body or problems with balancing or walking.
- General weakness.

- Changes in eyesight.
- A seizure (also known as a convulsion or fit).
- Problems with memory of events before or after the injury.
- A headache that won't go away.
- Any vomiting.
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration, or no interest in things around them. This is particularly important in babies and children under 5.

If the head injury is minor and the pupil appears well, a head injury letter should be sent home with the pupil. The pupil can then return to class but should be observed. If the School Nurse or first aider has any concerns about the pupil she should contact parents, or if they are not contactable, leave a message.

The School Nurse is able to give Paracetamol or Calpol for pain but observe effect.

Even if there is a loss of consciousness however minor, the pupil should immediately be transferred to A&E for a full assessment by ambulance if the school nurse /first aider feels it is necessary.

If still unconscious call for an ambulance.

Significant concussion

Any of the following signify significant concussion:

Pre or Post Traumatic Amnesia. *What happened to you? What is the score? Who are you playing?*

Headache

Confused speech/vagueness

If significant concussion is suspected the pupil must take no further part in activities and should be assessed and transferred for medical assessment.

If the pupil does attend A&E, resumption of games should be discussed, and the PE staff informed.

HEAD INJURY FORM

Date:

Time of Injury:

Dear Parents/Guardians,

Your daughter sustained a head injury at school today caused by and was seen by a school First Aider.

At the time your child did not experience any problems. However, problems related to a head injury may not always occur right away. If you see any of the symptoms listed below contact your healthcare provider immediately. Please inform them that your child recently sustained a head injury.

- Unusual sleepiness or drowsiness
- Nausea and/or vomiting
- Convulsions (fits) (seizures)
- Bleeding or discharge from the ear
- Double vision, blurred vision, or pupils of different sizes
- Weakness or numbness of arms or legs or trouble with walking
- Change in unusual behaviour such as being confused or breathing irregularly, or dizziness
- Continued severe headache
- Any other symptom you find worrying about your child

Please call the school if you have any questions or concerns.

Yours sincerely,

First Aid Team

APPENDIX 11: Guidance on when to call an ambulance

The School Nurse or other attending member of staff will administer first aid to the casualty and assess need for an ambulance.

The School Nurse or other first aider will call for an ambulance using their mobile phone – if available. They will then inform Reception that an ambulance has been called.

Information required before an ambulance is called.

- Name
- Age and sex
- Level of consciousness
- Type of occurrence
- School location and area of school where accident has taken place
- Any other relevant information i.e. is the patient seated or lying down.

If a mobile phone is not available someone should be delegated to ask the Receptionist to ring 999 and give the above information with location and access point e.g. Junior or Main School Reception.

The Receptionist will arrange for a member of staff to be at access point to direct Ambulance to casualty.

The School Nurse or first aider will arrange for patient's belongings to be found and kept with casualty.

The School Office must be informed and will print out the casualty's personal details (e.g. name, address, next of kin) and give to member of staff accompanying to A&E

School Nurse, first aider or senior member of staff will contact parents.

School Nurse or first aider to travel in ambulance with casualty.

APPENDIX 12: Risk assessment for pupils with temporary disabilities

Name of Pupil	Form	Type of Disability	Assessment date
Assessment completed by whom	Parent in attendance YES/NO		Review date
Nature of disability		Control measures to reduce risk	
Is the pupil able to use the stairs safely? YES/NO		<ul style="list-style-type: none"> • Provide with a lift key YES/NO • Lift key returned? YES/NO • Rearrange registration or subject teaching arrangements YES/NO • Details 	
Is the pupil able to use corridors during change of lessons safely?		<ul style="list-style-type: none"> • Leave class five minutes early to avoid crowds YES/NO • Allocate a lunch pass YES/NO • Inform Deputy Head YES/NO • Inform Head of Year YES/NO • Inform Form Tutor YES/NO • Inform subject teachers YES/NO 	
Is the pupil able to carry her own school bag? YES/NO		<input type="checkbox"/> Allocate fellow pupil to carry the bag YES/NO	
Are special arrangements needed in the event of a fire evacuation?			
Is the pupil able to open doors? YES/NO		<input type="checkbox"/> Allocate a fellow pupil to open doors YES/NO	
Is pain relief or other medication needed? YES/NO		<ul style="list-style-type: none"> • Discussed with parents YES/NO • Documentation and medication provided by parents YES/NO • Self-administered YES/NO • Timing of medication 	
Are there any toileting or hygiene issues? YES/NO		<input type="checkbox"/> See School Nurse	

Is there a specific dietary need? YES/NO	<input type="checkbox"/> Arrange meeting with Catering Manager YES/NO
Does the pupil need periods of rest? YES/NO	<input type="checkbox"/> Arrange for use of medical room YES/NO

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Can the pupil wear full uniform/shoes? YES/NO	<input type="checkbox"/> Arrange with Head of Year to allow alternatives YES/NO
---	---

[H:\Risk Assessment Crutches -Blank.doc](#)

Crutches risk assessment and use-sheet to give each pupil.

Crutches Risk Assessment and Use

- Carry a backpack or sling-type messenger bag so you have a place to put things that are easy to reach and out of the way.
- Take short steps and rest often.
- Keep most of your weight on your hands rather than on your armpits.

Walking with Crutches

- Lean forward slightly and move both crutches about one foot in front of you.
- Shift your weight to the crutches and sway forward.
- Swing your good leg forward between the crutches and place it in front of your on the ground.
- Shift your weight to your good leg and start your next step by moving the crutches about one foot in front of you.
- Keep in mind your crutches take up more room on the sides and can easily get caught on things, so keep a wide birth around you.
- Look ahead to where you are walking and don't look at your feet.

Standing Up with Crutches

- Move to the front edge of the chair.
- Hold both crutches in the hand on your injured side.
- Hold the arm of the chair with the free hand.
- Put your weight on your good leg, push yourself up with your arms and stand on the good leg.

Going Up Stairs with Crutches

- *If there is no handrail*, use both crutches and lead with the good leg. Stand close to the step and with your weight on the crutches, lift the uninjured foot up to the first step. Once your weight is on the good leg, bring the crutches up to the same step. Repeat this process on each step.
- *If there is a handrail*, use it. Hold both crutches in one hand, hold the handrail with the other, and with all your weight on your arms, bring the good leg up one step. Then bring the crutches up to that step and repeat for each step.

Going Down Stairs with Crutches

Walking down stairs while on crutches is one of the most challenging and dangerous areas of mastering the use of crutches. Be patient and deliberate while learning.

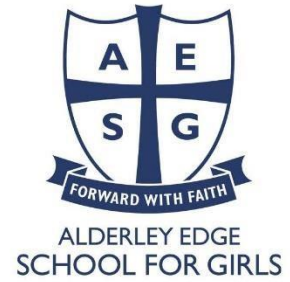
- *To go down stairs*, hold your injured foot out in front of you and hop down each stair on your good foot.
- Use the crutches or handrails as above.
- Take it one step at a time.
- Ask someone to "spot" you the first time you try this.
- If this is too difficult, try sitting on the stairs and inch yourself down each step.

APPENDIX 13: Medication which can be administered by the School Nurse/ Three Day First Aid trained staff

Any medications given must be recorded in line with this school policy, recorded and an email sent home to the parent explaining the treatment given, time and reason. This is completed by the School Nurse or Reception Team First Aiders.

Name of medicine	Suitability	Dosage	Junior School	Senior School
Anthisan	For relief of insect bites and stings	To be applied to affected parts		
Calpol 6+	For mild pain or feverishness	According to age		
Calpol Infant Suspension	For mild pain and or feverishness	According to age		
Paracetamol 500mg	For mild pain and feverishness	According to age		
Piriton	For relief of allergy symptoms	According to age. For emergency use only		
Nurofen 3 mths – 12 years	For mild pain	According to age		
Ibucalm 200mg (Ibuprofen)	For mild pain	According to age		

APPENDIX 14: Medical Information Form



Medical Information

Please complete this form (in block capitals) and return to the collection box in Reception.

Child's details

Full name _____ DOB _____

Child's doctor details

Name of GP _____ Telephone No. _____

Surgery Name & Address

Eyesight and hearing (circle as appropriate)

Does your child have an eyesight condition? Yes / No

Does your child have a hearing condition? Yes / No

If you have answered yes, please provide further details below (including medication):

Allergies (circle as appropriate)

Does your child have any allergies? Yes / No

If you answered yes, please provide further details below (including medication):

Long term conditions (e.g. Asthma, Diabetes, Epilepsy, Mental Health illness, Musculoskeletal)

Does your child suffer with any of the above or any other long term illness? Yes / No

If you answered yes, please provide further details below (including medication):

Immunisation (please circle as appropriate)

Are your child's vaccinations up to date in line with the National Immunisation Programme? (www.nhs.uk/vaccinations) Yes / No

Specific Dietary Information

If your child has any specific dietary requirements, please provide details below:

Medical Consents

Do you give permission for an appropriately trained and qualified member of the School staff to administer first aid? Yes / No

Do you give permission for an appropriately trained and qualified member of the School staff to administer **anti-histamine** at the age appropriate dosage? Yes / No

Do you give permission for an appropriately trained and qualified member of the School staff to administer **Ibuprofen** at the age appropriate dosage? Yes / No

Do you give permission for an appropriately trained and qualified member of the School staff to administer **Paracetamol** at the age appropriate dosage? Yes / No

Do you give permission for an appropriately trained and qualified member of the School staff to apply **adhesive dressing/melolin and micropore**? Yes / No

Please sign and date the form below:

Name _____ Date _____

Signature _____ Relationship to child _____

Appendix 15: Request to administer medication form

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Details of Pupil and Medication

Name:

Form: DOB:

..... Address:

.....

.....

Reason for medication:

.....

Name of medication:

Directions of use:

Expiry date:

Dosage: Times to be

given:

Any special instructions:

.....

Emergency contact details:

I understand that I must deliver the medication personally to the first aider at reception. All medication must be clearly labelled with the child's name and date of birth and dosage. The expiry date must remain visible. Please note that it is not the school responsibility to keep all medicine up to date. At the end of the academic year all medicines will be destroyed unless personally collected.

Name (PRINT):

Relationship to student:

Date:

Signature:

For completion by school

Childs name:

Form:

Request form signed by parent:

Dosage checked:

Appendix 16: Storing, administering and recording of Controlled Drugs for a pupil under the supervision of AESG.

Controlled Drugs (CD)

- These classification of drugs, (which include methylphenidate hydrochloride, Tramadol, Morphine Sulphate, Midazolam and Fentanyl) are governed by the NICE Controlled Drugs; safe use and management guidance April 2016. (nice.org.uk/guidance/ng46)
- For full list see www.gov.uk/government/publications/controlled-drugs-list--2

Receiving CD drugs for storage in school-

- Medicines should be in their original packaging and be clearly labelled with the child's name and prescribers' instructions.
- A copy of the latest Clinic letter with dosage should be provided or a copy of the latest prescription, and kept with the medication.
- It is the responsibility of the parents/carers to provide medicine that is in date. This should be agreed with the parents/carers at the time of acceptance.

A register of controlled drugs is kept in a Controlled Drugs Recording Book which records;

- Date supplied
- Name of person supplying medication
- Name and Quantity supplied
- Current balance of stock
- Date
- Name of pupil
- Identity confirmed (visual)
- Medication administered (each dose)
- Signature of administrator
- Signature of witness
- Balance left in stock
- The medication will be taken under supervision agreed by staff, pupil and parents.
- Two signatures for each time the medications are counted and checked. This is done once a week. The second signature is a witness.
- Expired or unused stock will be returned to the parent as a matter of routine, either when the medication is no longer required, has expired or at the end of each half term. Two signatures will be required for disposal or return of stock.

Register entries are made in ink and in chronological order.

Records of handling Controlled Drugs-

- Keep records to provide an audit trail for the supply, administration and disposal of CD.
- The record (CD Book) is kept for audit and safety purposes.

Storage-

- Controlled Drugs are stored in a designated lockable container kept in the locked medicines cabinet in sickbay.
- The key for the designated container is stored in a key safe in sickbay.
- Designated members of school staff have access to the key safe - School nurse, Junior School Head and Deputy Headmistress

Controlled Drug record for trips and residential form- add in document or link to?

Controlled Drug record for attending a school trip.

Medication and Dose.....

Time of medication to be administered.....am/pm

Date of Trip.....

Designated First aider responsible to the safe handling of this medication.....

Date	Quantity obtained for trip(liquid/tablets)	Identity of pupil proven	Name of pupil	Dose /amount given	Signature	Signature	Balance lft (ml/tablet)

This medication should be signed out of school from the School Controlled Drug Recording

Book by the designated First aider and either C Clark (school nurse) or a designated member of

AESG staff. The medication will be stored for the duration of the trip in a locked cash box and the key will be held only by the designated First aider on the trip.

The medication will be given at the designated time and will be witnessed by 2 members of

AESG staff and both signatures are required.

The balance will be recorded at the time of administration and on return to the school site any remaining stock will be recorded back into the Controlled Drug Recording Book

Only the exact number of doses required will be taken on the trip.

APPENDIX 17: Eating Disorders Policy

Introduction

There is little doubt that a pupil with an Eating Disorder is likely to have a significant impact on other pupils and the school. It is vital that sensitivity and confidentiality are at the heart of any reaction to such a problem. The main thing to remember is that an Eating Disorder is not about food, it is about feelings.

Concerns about a pupil who appears to be losing weight or appears to have a changing attitude to food should be reported to the pastoral staff or the School Nurse or doctor as soon as possible. The problem often impacts on the whole community. On occasions, peers may be prepared to intervene and bring the matter to notice.

What is an Eating Disorder?

- **Anorexia Nervosa:** individuals suffering from this have lost the ability to allow themselves to satisfy their appetite. By restricting the amount they eat and drink, they focus on food in an attempt to cope with life. Most noticeable signs and symptoms include weight loss, loss of menstrual periods, feeling cold, poor circulation, constipation and abdominal pain, dizzy spells and fainting, change in attitude towards food, excessive exercise, perfectionism, rituals attached to eating, restlessness and hyperactivity, secrecy, devious and deceptive behaviour
- **Bulimia Nervosa:** This is characterised by episodes of binge eating, followed by self-induced vomiting or other measures to counteract the excessive food intake. Most noticeable signs and symptoms include sore throat, erosion of tooth enamel, dehydration and poor skin condition, lethargy, erratic periods, frequent weight change, disappearing to the toilets after meals, binge eating large amounts of food, vomiting and or purging after eating, secretive and ritual behaviour, periods of fasting, excessive exercising, food disappearing unexpectedly, reluctance to socialise at events where food is available.
- **Binge eating:** This is similar to bulimia but the person will not purge themselves after eating large quantities of food
- **EDNOS: Eating Disorder not otherwise specified:** These individuals have some of the signs and symptoms of an eating disorder but they do not fit into a diagnostic criteria.

For an eating problem to be defined as an Eating Disorder, it must have a psychological basis. The problem does not include food allergies or disorders of the digestive system.

Reasons for developing an Eating Disorder

Anyone can develop an Eating Disorder. However, young men and women are most vulnerable between the ages of 15 and 25 years. Much younger children have been known to develop an Eating Disorder.

The most common causes of an Eating Disorder are

- Feeling of low self-esteem
- A lack of self-worth
- The need for control in a life that seems out of control
- Feelings of loss and grief

- Relationship with siblings
- Abuse
- Poor body image
- The need to achieve, either imposed by self or others
- Relationships with others e.g. parents - controlling or over possessiveness
- Stress

School Policy

- The issue of confidentiality is one that school recognises as requiring particular care.
- We accept that parents do not necessarily need to know all of the personal details.
- When an Eating Disorder presents, the pupil will be encouraged to tell their parents of their difficulties, preferably with the support of a member of staff.
- From the earliest stage the medical staff will be fully involved.
- Independent counselling will be suggested to the pupil and parents.
- It will be made clear to any pupil who approaches staff for help that the matter will be dealt with sensitively and no information will be passed on without the pupil's knowledge and hopefully consent.
- The pupil will be advised that a core team of staff may well need to know about the problem, but without all of the personal details. This will usually be the form teacher, Head of Year, Deputy Head and the School Nurse.
- We understand the need to be realistic about how much the school can do to help and will look for expert guidance as necessary.
- If the Head, after consultation with staff involved feels that the problem is beyond the reasonable involvement of the school, she will meet with the parents in order to establish a way forward that is best suited to the needs of the pupil and the school.

Prevention and Intervention

Teaching staff to read the following document when planning a trip that involves a restaurant for pupils with an eating disorder.

<http://ca.engagingnetworks.app/page/email/click/2031/5842280?email=au5W5HFOFG%2FQzPBrYR%2B6nsTdKPoOi%2Foh&campid=oad3xb7Fl9a9awglrPTZ7Q==> **Sorry can't remember how to add the link in!**

We recognise that a pupil with an Eating Disorder has the following needs and we will respond within reasonable parameters decided by the Head and staff involved:

- Help and support.
- Information about the illness, treatment options and services available.
- Understanding.
- Boundaries and responsibilities for themselves.
- Hope that recovery is possible.
- Continuity and trust.
- Time.
- Care but not control.

APPENDIX 18: Defibrillator Policy

Aim

The aim of this policy is to provide guidance on the use of the Automated External Defibrillator at AESG.

In the interest of improving the standards of welfare and medical care to all individuals on site an AED is situated at the Senior School Reception. Primarily it is to be used by trained personnel in the course of providing first aid to any person suffering a cardiac arrest whilst on the premises. The likelihood of its use is low. The School's postcode is clearly labelled on the AED to facilitate a swift ambulance response.

Rationale/Legal Basis

The Resuscitation Council (UK) sets the standard for resuscitation training for both the general public and healthcare professionals. Their advice on the use of defibrillators is that 'Electrical defibrillation is well established as the only effective therapy for cardiac arrest due to ventricular fibrillation or pulseless ventricular tachycardia.' The scientific evidence to support defibrillation is overwhelming, the single most important determinant of survival being the delay from collapse to delivery of the first shock. The chances of successful defibrillation decline at a rate of 7-10% with each minute; basic life support will help sustain a shockable rhythm but is not a definitive treatment.

The chances of survival following cardiac arrest are considerably improved if appropriate steps are taken to deal with the emergency. These steps form the concept of 'The Chain of Survival' and are:

- Recognition of cardiac arrest
- Early activation of appropriate emergency services
- Early basic life support
- Early defibrillation
- Early advanced life support

Increased provision of early defibrillation through the widespread deployment of AED's is now considered a realistic strategy for reducing mortality from cardiac arrest due to ischemic heart disease. The Resuscitation Council (UK) strongly recommends the implementation of early defibrillation.

The deployment of a defibrillator at AESG accords with the intent of the Government White Paper entitled Saving Lives: Our Healthier Nation.

Monitoring/Evaluation/Review Procedure This policy will be reviewed every 12 months.

Supervision of the Defibrillator Programme

In order that all training is carried out in accordance with current guidelines and that appropriate training standards are maintained, the School Nurse will:

- Ensure that all designated first aiders will complete an appropriate first aid course
- Will undertake AED training with all appropriately trained first aiders who wish to be part of the programme, on a yearly basis.
- Will attend AED training with an outside agency on a yearly basis in line with good practice.
- Ensure that all records of staff trained in first aid and in the use of the AED are up to date.
- Will check the AED every two weeks for battery life and function
- Will keep up to date with current practice
- Will liaise with the North West Ambulance Service, First Response Manager for advice and support

Notes

- AED's will be placed where they are most likely to be used.
- They will be placed on a wall mounted bracket as they need to be accessible at all times.
- Staff and pupils will be alerted to its presence.

Appendix 19: AESG IHCP

Individual Care Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	
Name	
Relationship to child	
Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school?

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Medical Provision in the Junior School

<p>Please do not send girls to Miss Penn in the School Office Pupils must remain in class and an email should be sent for assistance.</p>	
<p style="text-align: center;">Urgent</p> <p style="text-align: center;">Email: School Nurse cclark@aesg.co.uk</p> <p style="text-align: center;">Copy in: Miss Penn & Front Desk hpenn@aesg.co.uk frontdesk@aesg.co.uk</p> <p style="text-align: center;">Email Subject: <u>FIRST AID: Claire, please come now</u></p> <p style="text-align: center;">Please include as much detail as possible.</p> <p style="text-align: center;">Claire to reply to acknowledge reading the email</p>	<p style="text-align: center;">Non-Urgent</p> <p style="text-align: center;">Email: Miss Penn hpenn@aesg.co.uk</p> <p style="text-align: center;">Copy in: Front Desk & School Nurse cclark@aesg.co.uk frontdesk@aesg.co.uk</p> <p style="text-align: center;">Email Subject: <u>FIRST AID: Assistance/attendance required</u></p> <p style="text-align: center;">Please include as much detail as possible.</p> <p style="text-align: center;">Miss Penn to reply to acknowledge reading the email</p>
<p style="text-align: center;">Examples include: Allergic reactions Asthma Bump on the head Collapse Diabetes New injury</p>	<p style="text-align: center;">Examples include: Headaches Nausea Nose bleeds Tummy ache 'Old' injuries (E.g. Existing / old sprained ankle)</p>
<p>Urgent Matters</p> <p>Where a medical matter is truly urgent, the Junior Class Teacher will email Claire and mark it:</p> <p><u>FIRST AID: Claire, please come now</u></p> <p>Please copy Miss Penn and Front Desk so they can check Claire has seen it and is on the way.</p> <p>This will denote an urgent matter and will include issues such as diabetes/asthma/bad bang on the head/allergic reaction/an accident/collapse which has just happened.</p>	<p>Non-Urgent Matters</p> <p>For non-urgent/pre-existing matters (which might have happened at home) where the Class Teacher is concerned, such as existing injury to hand/ foot or dry skin for a few days, parents are to be contacted first (by Miss Penn) for further information, before any action is taken.</p> <p>If you require a pupil to have Paracetamol and Ibuprofen, please request this to Miss Penn in the email (giving as much information as possible) and she will administer this once permission from parents has been given/checked in iSAMS</p> <p>If a child is not well and we can't say for certain what it is, parents will be called by Miss Penn to collect. (Claire will support any decision/action taken of this nature.)</p>
<p>Claire will give out Piriton and any other prescribed medicines.</p>	

Appendix 21

Suicide Protocol – Actions to take when a pupil has engaged with suicidal behaviour

Advice from [Papyrus](#)

How do I support a pupil back to school after a suicide attempt?

Before the pupil returns to school, we must meet with them and their parents/ guardians. It is also good practice to communicate with any other agency that has been involved with their care. As a school, we must explore how we can help the pupil return to school safely and all recognise that they may not currently be suicidal, this may still be an option for them, or become an option again in the future.

A safety plan must be written that brings together details on how the pupil wants to stay safe from suicide. It is a document that is pupil centred and has to be agreed to by them.

What does the safety plan need to include?

- Helpline numbers
- Safety contacts – people the pupil can contact when they feel that they cannot keep themselves safe
- A go to person in school, this will most likely be two staff; the Head of Year and School Nurse
- Expectations for staff to follow for example, missing child process if the pupil does not arrive promptly to lesson

The safety plan is a live document and can be updated following time reviewing it with the pupil and their family. It can also be amended following advice from external services e.g. counsellor.

An example safety plan can be accessed [here](#).

What about confidentiality?

Confidentiality is a sensitive issue. At AESG we do not promise confidentiality. For us to safeguard the individual, staff need to be told that there has been engagement with suicidal behaviour and signs to look out for to support them, at any point, during their time at AESG. This will be explained to the pupil and parents prior to the pupil's return to school.

The School reserves the right to ask the pupil and their family not to return to school until the processes in place for the pupil will enable them to access the curriculum safely. If this was a decision that was made, it would be authorised by the Headmistress and the Deputy Head (Pastoral) and Head of Year would be responsible to ensure online learning provision was accessible for every lesson.

