BEDFORD GIRLS SCHOOL

Health Centre Policy

2023 - 2024

Contents

Reviewed: January 2024
Next review: January 2025
Reviewed by: Director Finance and Operations (DFO) and Nursing Manager

Introduction and Role of the School Nurse

This policy will provide information in order to ensure optimum health and associated wellbeing for all students attending Bedford Girls' School. The information is universal and therefore applicable to teaching staff, support staff, first aiders, parents and students.

The school understands that it has a responsibility to make the school welcoming and supportive to students with medical conditions. Students are encouraged to manage their condition and should feel confident in the support they receive from the school to help them do this.

All staff are aware of the most common serious medical conditions in the school, the aim being to provide all students with medical conditions the same opportunities as others at the school.

The school ensures that all staff understand their duty of care to young people. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication. The school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill-managed or misunderstood.

If a student needs to be taken to hospital a member of staff will always accompany them and stay with them until a parent arrives.

Mission Statement

Bedford Girls' School aims to promote the physical, mental and emotional health and wellbeing of all the students and to provide a nurturing environment, which facilitates learning and encourages individual self-awareness, personal growth and development.

Confidentiality Statement

The Health Centre aims to provide a confidential service in which all students feel safe and comfortable to discuss physical, mental and/or emotional health related issues.

The health and safety of each student is of paramount importance and, in the case of a student being in danger or at risk of harm, we have a duty of care and a professional requirement to report this to the appropriate authority, which may include the DFO; Head of Health, Safety and Educational Visits; Deputy Head Pastoral; Headmistress and/or relevant external agencies.

We will actively encourage all students to share any health concerns or worries with their parents/guardians.

If any students have difficulties with managing schoolwork or meeting deadlines for school related activities then we will encourage open discussion with form tutor, subject teacher or Head of Department.

Safeguarding and Child Protection

If a student is deemed at being in danger, or at risk of harm, we have a duty of care and a professional requirement to report this to the Designated Safeguarding Lead (DSL) or Deputies, the Headmistress of the School or the Head of the Junior School, if the DSL is absent, and other relevant external agencies if necessary.

About the Health Centre

The Health Centre is open Monday to Friday, during school hours and is staffed by registered nurses.

If there is an emergency during the school day and the nurse is unavailable, then help can be obtained from the

School Office, or any member of staff.

Role of the School Nurse

The Role of the School Nurse is to:

- Provide nursing care to students with long-term medical conditions
- Provide first aid for injuries sustained in school
- Assess in the case of ill health in school and treat accordingly
- Provide advice for students on health-related issues
- Support the PSHE programme within the school as required
- Support the school immunisation programme as required

It is advised that students use the Health Centre at break and lunch times wherever possible in order to avoid missing lessons.

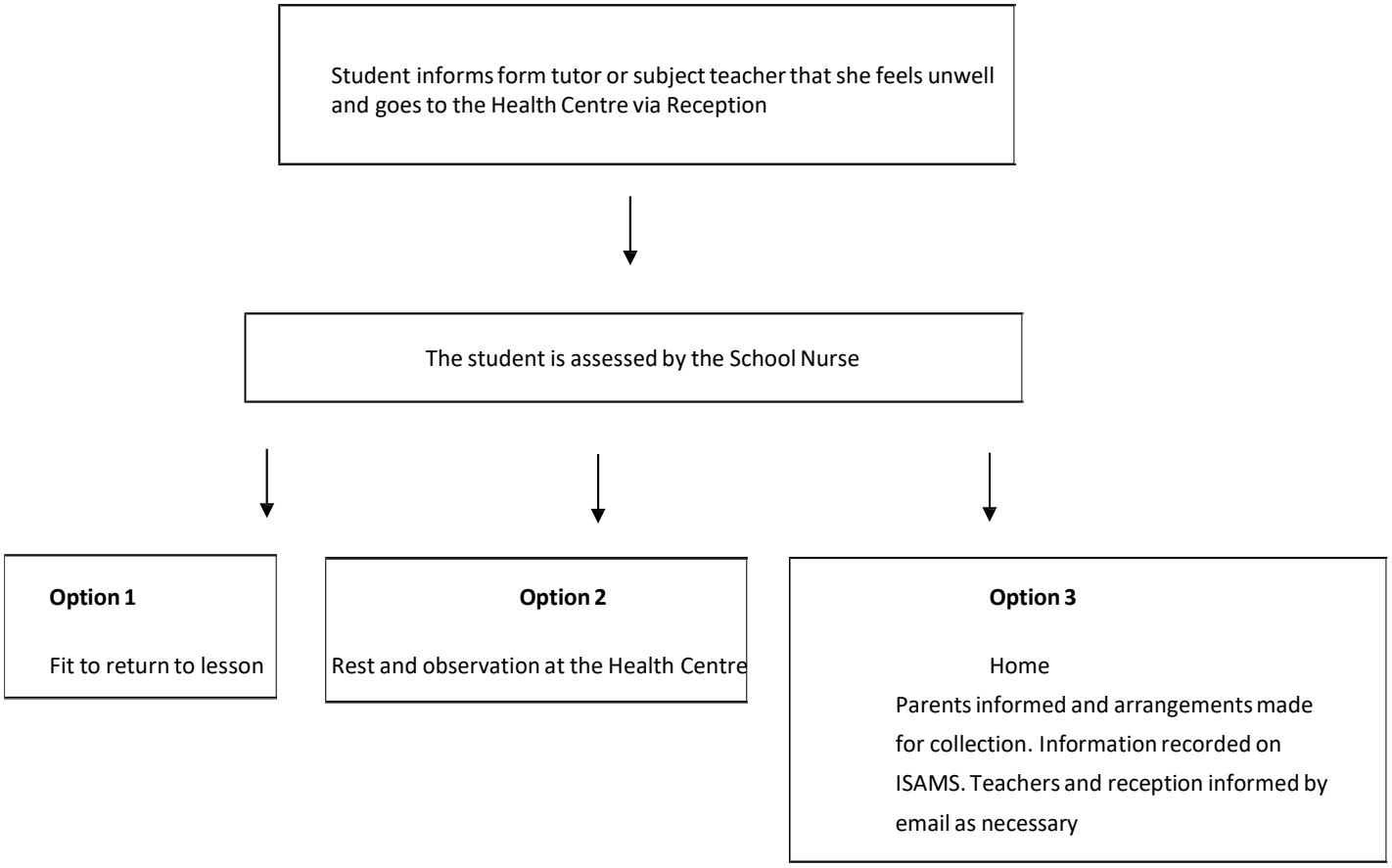
Parents/guardians of all new students will be asked to complete a medical questionnaire on entry to the school. If any area of concern is highlighted on the medical questionnaire, telephone or email contact will be made with parents.

Any student suffering from a known medical condition that could lead to a medical emergency, eg. diabetes, or a student suffering from severe allergy, **requires an Individual** Care Plan. The content of this will be agreed with parents / guardians. Staff will be made aware and given a copy as necessary and a copy will be available for school trips. Copies will also be kept on the school database.

Injuries sustained out of school hours and / or illness which develops at home should be assessed and treated by individual GP services or by telephoning the NHS on 111.

It is important to remember that Bedford Girls' School is a school and does not provide a GP surgery/hospital service.

Procedure for Students who are Unwell



Procedure for Students who have an Accident in School

1. Student complains to the member of staff they feel unwell, or they have had an accident.

2. Member of staff to telephone the nurses (ext 444 or 440, mobile 07879 691816). If a telephone is not available then the member of staff should email Reception asking them to ring the nurses and cc the email to the Health Centre.

3. If possible, the student will be taken to the Health Centre where they will be assessed and either:

a) Return to lessons
b) Be advised to rest and monitored in the Health Centre
c) Parents informed and arrangements made for collection. Students will be signed out of school by the nurses

4. If it is not possible to move the student other members of the class should be moved to another area if possible. The student will be assessed, appropriate action taken and medical attention sought if required. Medical attention will involve either a 999 call for paramedic support, calling 111 or contacting parents to arrange GP assessment.

5. Records on ISAMS will be maintained and SLT informed as appropriate.

Role of the First Aider / Accidents in School

There are several trained first aiders at Bedford Girls' School (see separate document). The role of the first aider in the absence of the school nurse is to:

- preserve life
- prevent the casualty's injuries from becoming worse
- promote recovery

In order to do this, the first aider's tasks are:

- to identify danger and ensure the safety of self and others
- to assess the situation
- to deal calmly and efficiently with an injury or condition
- to arrange the next stage of the casualty's care. This may mean making sure the casualty can get home safely, liaising with parents or arranging for the casualty to get to hospital
- document any accident/ incident on the appropriate accident report form via Evolve

In the absence of the school nurse the first aider will be able to access the Health Centre and obtain an emergency first aid bag and equipment if necessary.

Accidents in School

The following points are to ensure effective prompt management in the case of an injury or accident in school:

1. If a student/staff member/visitor is involved in an accident in school, the school nurse should be called.

2. In the absence of a school nurse one of the first aiders should be called.

3. On arrival at the scene of the accident the nurse / first aider should assess the situation ensuring both their personal safety and the safety of others. Appropriate action will then be taken and medical attention sought if required. Medical attention will involve either a 999 call for paramedic support, transfer to hospital, or contacting parents to arrange GP assessment.

4. If the casualty has sustained a head injury, medical attention may be advised. However, in the case of a minor head injury, treatment will be in school and Head Injury Advice will be either given to parents upon collection or emailed to them

5. The accident should be reported by a witness to the accident or the first member of staff at the scene, via EVOLVE. Where required the incident will be reported to the Health and Safety Executive (HSE) by the Director of Finance & Operations or the Head of Health & Safety, in accordance with RIDDOR (Reporting of Injuries, Disease and Dangerous Occurrence Regulations 2013).

Procedure for Medical Emergencies

Health Centre contacted
Mobile 07879 691816
Ext 444

School nurse sees student at the Health Centre or location within the school.

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Assessment made.
If student requires urgent medical attention nurse will call an ambulance.
Parents will be informed by the nurse.

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The Senior School office will be informed if the school nurse needs to accompany student to hospital and therefore will be leaving the school premises.

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If another school nurse is not available, the Health Centre keys and mobile phone will be left at the School Office.

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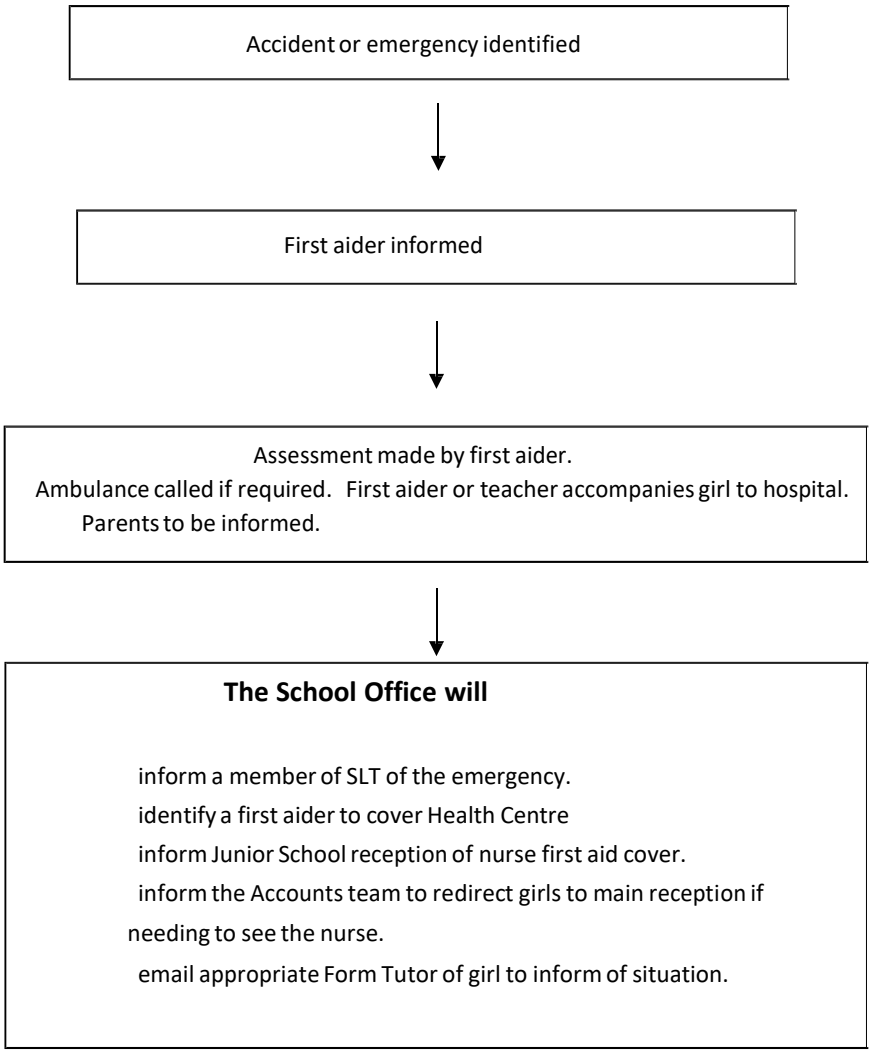
In the nurses absence the School Office will:

inform a member of SLT of emergency and absence of nurse.
identify a first aider to cover the Health Centre in the absence of the nurse.
inform Junior School Reception of nurse absence.
inform the Accounts team to redirect students to the School Office if they need to see the nurse.
email appropriate Form Tutor of student to inform of situation.

Procedure for Medical Emergencies in absence of School Nurse



*Accident/ incident form to be completed by first aider via Evolve as soon as possible, on the same day.

First Aiders

The names of qualified first aiders are displayed by each first aid box in the school and is circulated regularly to all staff via email. The most up to date list of qualified first aiders is also available on the Eyrie – click here.

Administration of Medication in School

Administration of Emergency Medication

All students at this school with medical conditions have easy access to their emergency medication. Students are encouraged to carry and administer their own emergency medication, providing their parents and health professionals have determined they are able to take responsibility for their condition. This is with the exception of Controlled Drugs as defined in the Misuse of Drugs Regulations 2001. A similar arrangement also applies to any off site or residential visits.

Administration – General

This school understands the importance of medication being taken as prescribed. Parents are aware that if their child's medication changes or is discontinued, or the dose or administration method changes, they should notify the Health Centre immediately. If a student refuses their medication nurses should record this and inform parents as soon as possible.

All staff attending off site visits are aware of students with medical conditions. They receive information about the type of condition, what to do in an emergency and any other support necessary, including additional medication or equipment.

If a student misuses medication, either their own or another student's, their parents are informed as soon as possible. These students are subject to the school's usual disciplinary procedures.

Consent to Administer Medicines

If a student requires prescribed or non-prescribed medication at school, parents are asked to give their consent for this.

Parents are asked for confirmation that their child is able to manage and administer their own emergency medication and, if so, the student should carry it with them at all times.

Administration of Prescribed Medication

The school nurse will administer medication, but in her absence, medication will be administered by a trained member of staff:

1. Identify the student using the school database.
2. Check medication with the written instructions received from parent.
3. Check the expiry date of the medication.
4. Administer medication as prescribed.
5. An email will be sent to parents/guardians to inform them.
6. Complete individual records.
7. Ensure correct storage of medication.

Administration of Antibiotics

In order to ensure safety and to promote timely administration of antibiotics, the following guidelines have been identified following the Department of Health recommendations (Managing Medicines in School 2005):

Antibiotics will be given at lunchtime prior to, or following, food as required, by the nurses. All antibiotics should be handed into the health centre for safe keeping and administration.

It should be noted that three times daily medication can be given at breakfast time, after school and at bedtime.

Four times daily medication can be given at breakfast time, one dose at lunchtime and the following two doses after school and at bedtime.

Antibiotics for Junior School pupils will be handed into, and collected from, Junior School Reception.

Administration of General Sales List Medication

A list of the general sales medication stored in the Health Centre is below. When administering medicines, the following guidelines must be followed:

1. Ensure there is signed consent from parents/guardian giving permission for the administration of medication.

2. Check whether the student has taken any medication within the last 24 hours and, if so, what was taken and at what time? In the case of before mid-day parents/guardians will be called to check for any doses earlier in the day

3. Has the correct time or more elapsed between doses?

4. Is the pupil allergic to any medicines? When taking new medication and subsequent doses observe to ensure she is not experiencing any side-effects.

5. Check the expiry date on the packaging/bottle.

6. Read the instructions on the box to ensure the correct dose and frequency of medication/ointment is administered.

7. Record date, time, dose and quantity of medication, and reason for administering it, on the pupil's medical notes on ISAMS.

8. If an error is made in the medicine's administration it should be recorded in the student's medical notes and also on an Accident Form as an incident via Evolve

9. A record should be kept of the number of analgesics in stock and any medication administered should be deducted from the total on a daily basis, via stock control on Isams

General Sales List Medication stored in the Health Centre

MEDICATON	INDICATION	NOTES
Paracetamol Suspension	Pain and high temperature	Overdose can cause nausea and vomiting. If severe, can cause liver failure.
Paracetamol	Pain and high temperature	Overdose can cause nausea and vomiting. If severe, can cause liver failure.
Nurofen (up to 12 yrs)	Pain and high temperature	Do **not** take if asthmatic or diabetic, or with heart, liver, kidney or bowel problems
Ibuprofen - 12yrs+ only	Pain, reduces temperature, swelling and inflammation	Do **not** take if asthmatic, on an empty stomach, or with stomach problems
Throat Lozenges	Sore throat	Do not exceed stated dose
Olbas Oil	Nasal congestion, head cold	Avoid direct skin contact
Bonjela teething gel	Mouth pain and ulcers	No more than 3 hourly
Rennie	Indigestion, heartburn, upset stomach	Do not take with other drugs as may impair absorption
Piriton	Allergic skin conditions, reactions to food, medicines, bites and stings. Hayfever.	Drowsiness. Rarely headache and stomach upset
Deep Heat Rub	Muscular pain and stiffness	Do not use on broken skin, avoid contact with eyes
Eurax Cream	Itching and skin irritation caused by sunburn, dry skin conditions, allergic rashes	Do not apply to face or to broken skin
Anthisan Cream	Insect bites, stings, nettle rash	Do not use on eczema or broken skin
E45	Dry skin conditions such as eczema and dermatitis	
Optrex	Allergic conjunctivitis	Brief burning and stinging. Do not use while, or just before, wearing soft contact lenses.

Controlled Drugs

Occasionally a student is prescribed medication which is a 'Controlled Drug' and therefore regulated under the Misuse of Drugs Regulations 2001. Wherever possible this medication should be administered at home but, if it is needed in school, the medication is required by law to be kept in a double locked cupboard and as such will be stored in a locked fixed container in the medicine cupboard. All controlled drugs received from parents and administered to students should be recorded in the controlled drugs record book, and parents/guardians will be informed by email.

Guidance on the Storage of Medication

Safe Storage – Emergency Medication, e.g. Adrenalin Auto Injectors, Inhalers and Insulin

Emergency medication is available to students who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked away, access to it is also readily available with the assistance of a member of staff.

Pupils are reminded to carry their emergency medication with them and to keep it securely at all times.

Safe Storage – General Medication

The nursing staff ensure that all emergency and non-emergency medication brought into school is clearly labelled with the student's name, the name of medication, dose and frequency of dose. All medication should be supplied and stored, wherever possible, in its original containers.

Some medication may need to be refrigerated. A refrigerator is in the Health Centre and only accessible to supervised pupils.

The nursing staff will check the expiry dates of medication stored in school at least every half-term. It is the parents'/guardians' responsibility to ensure new and in date medication comes into school if it is required for the care of their child.

Safe Disposal

Out of date medication will be taken to the local pharmacy for safe disposal. Sharps boxes are stored in the Health Centre and used for the disposal of needles/ampoules. If a sharps box is needed for an off-site or residential trip, a named member of staff will be responsible for its safe storage and return to the Health Centre. Disposal of sharps boxes are arranged through Bedford Borough Council.

Counselling Service

Bedford Girls' School employs a qualified counsellor who provides a counselling service in school. Referrals are made to the counsellor by the school nurse, parents or staff, or the older students can refer themselves. Counselling is available during term time only.

Students will be encouraged to inform parents/guardians of counselling if appropriate. The counsellor will contact the parents/guardians if students are in Year 8 or younger and written consent from parents/guardians is required for students under 12 years of age.

The school counsellor will provide a confidential service. In the case of a child being in danger, or at risk of significant harm, the counsellor will have a duty of care and professional requirement to report this to the Deputy Head Student Welfare as Designated Safeguarding Lead (DSL), or the Headmistress, or Junior School Headmistress in her absence.

Anaphylaxis & Emergency Adrenalin Auto Injector (AAI) Policy

(Ref: Guidance on the use of Adrenalin Auto-Injectors in Schools, Department of Health, 15th September 2017)

Overview

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows schools to buy Adrenalin Auto- Injector (AAI) devices, without a prescription, for emergency use in children who are at risk of anaphylaxis, but their own device is not available or not working (eg because it is broken or out-of-date). 'Guidance on the use of Adrenalin Auto-Injectors in Schools' (Department of Health, Sept 2017) states schools may administer a "spare" adrenalin auto-injector (AAI), obtained without prescription for use in emergencies. The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

An anaphylactic reaction always requires an emergency response and the school's spare AAI can be administered to a student whose own prescribed AAI cannot be administered without delay. AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. Any AAI(s) held by the school should be considered a spare / back-up device and not a replacement for a student's own AAI. Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI. In the event of a possible severe allergic reaction in a student who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Practical points:

- When dialing 999, give clear and precise directions to the emergency operator, including the postcode of your location.
- If the student's condition deteriorates and a second dose of adrenalin is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics if the child is known to have an allergy, what might have caused this reaction e.g. recent food, and the time the AAI was administered.

What can cause Anaphylaxis?

Common allergens that can trigger anaphylaxis are:

Foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)

Insect stings (e.g. bee, wasp)

Medications (e.g. antibiotics, pain relief such as ibuprofen)

Latex (e.g. rubber gloves, balloons, swimming caps)

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food, and contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen. Food: while symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.

Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

Why does Anaphylaxis occur?

An allergic reaction occurs because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat. The reaction is due to an interaction between the substance ("allergen") and an antibody called Immunoglobulin E (IgE). This results in the release of chemicals such as histamine which cause the allergic reaction. In the skin this causes an itchy rash, swelling and flushing. Many children (not just those with asthma) can develop breathing problems, similar to an asthma attack. The throat can tighten causing swallowing difficulties and a high-pitched sound (stridor) when breathing in.

In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenalin can be lifesaving, although severe reactions can require much more than a single dose of adrenalin. It is therefore vital to contact Emergency Services as early as possible. Delays in giving adrenalin are a common finding in fatal reactions. Adrenalin should therefore be administered immediately, at the first signs of anaphylaxis.

How common is Anaphylaxis in Schools?

Up to 8% of children in the UK have a food allergy. However, the majority of allergic reactions to food are not anaphylaxis, even in children with previous anaphylaxis. Most reactions present with mild-moderate symptoms, and do not progress to anaphylaxis. Fatal allergic reactions are rare, but they are also very unpredictable. In the UK, 17% of fatal allergic reactions in school-aged children happen while at school. While "allergy" medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions – only adrenalin is recommended for severe reactions (anaphylaxis). The adrenalin treats the symptoms of the reaction, stops the reaction and stops further release of chemicals causing anaphylaxis. However, severe reactions may require more than one dose of adrenalin and children can initially improve, but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention whenever anaphylaxis occurs. The use of adrenalin as an injection into the muscle is safe and can be lifesaving. Children and young people diagnosed with severe allergy are often prescribed AAI devices to use in case of anaphylaxis. AAIs (current brands available in the UK are EpiPen®, Emerade®, Jext®) contain a single fixed dose of adrenalin, which can be administered by non- healthcare professionals such as family members, teachers and first-aid responders.

Bedford Girls' School recognizes that a risk of anaphylaxis can affect many school children and will encourage and help girls with a history of allergy to participate fully in all aspects of school life. The guidelines set out below are to be followed for girls at risk of anaphylaxis to ensure their safety in school. Information will be obtained from the medical questionnaire, or by direct contact from parents, and all students who have an adrenalin auto-injector will be seen by the school nurse and a record made of treatment they should receive in the event of an allergic reaction. An email and care plan will be sent home to the student's parents/guardians. Children should have their prescribed AAI(s) at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times,as some people can require more than one dose of adrenaline and the AAI device can be used wrongly, or occasionally misfire.

If the AAI(s) are not carried by the student, then they should be kept in a central place in a box marked clearly with the student's name but NOT locked in a cupboard or an office where access is restricted. The nurses at Bedford Girls' School will email a pupil's parents to request a spare AAI is kept in school (in a named clear box) to avoid the situation where a student or their family forgets to bring the AAI(s) to school each day and, or, on a school trip.

Risk assessments for school trips must take into account whether any student participating is at risk of anaphylaxis and annual training will be offered to all student facing staff in the use of adrenalin auto-injectors in school via iHASCO, and on school activities. Staff are reminded not to bring foods into school containing nuts for consumption by the students, such as can be found in cakes, chocolates or biscuits. Spare AAI's, in individual clear boxes will be stored in main school reception for senior school, and in Junior School reception, to ensure timely collection in the event of an emergency.

Recognition and Management of an Allergic Reaction / Anaphylaxis

Mild - Moderate Allergic reaction:

- Swollen lips, face or eyes
- Itchy tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behavior

Action:

- Stay with the child, call for help if necessary
- Locate adrenalin auto-injector/s
- Give antihistamine according to the child's allergy treatment plan. If the child vomits within 20 minutes of receiving antihistamine, a second dose should be given.
- Phone parent/emergency contact

Watch for signs of Severe Allergic reaction 'ANAPHYLAXIS' (life-threatening allergic reaction)

AIRWAY: Persistent cough

Hoarse voice

Difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing

Wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness

Becoming pale or floppy

Suddenly sleepy, collapse, unconscious

If ANY ONE or more of these signs are present and if in any doubt, GIVE ADRENALIN

Administering Adrenalin

1. Lie the child down. If wearing thick trousers/jeans expose the mid-thigh.
2. Take the adrenalin auto-injector and grasp with tip pointing downward. With other hand pull off the safety cap. NEVER put your thumb, fingers or hand over the tip of the auto-injector, and do not remove the safety cap until ready to use.
3. Hold tip near child's outer mid-thigh.
4. Jab the auto-injector firmly into outer aspect of mid-thigh so pen is at a 90-degree angle to the thigh, MAKING SURE A CLICK IS HEARD.
5. Hold auto-injector firmly against thigh for 10 seconds.
6. Call 999 and ask for an ambulance.
7. Remain with child until ambulance arrives. Do not stand them up.
8. If there is no improvement in the child's condition after 5 minutes and the ambulance has not arrived, administer a second adrenalin auto-injector.

After administering adrenalin:

Commence CPR if there are no signs of life.

Phone parent/emergency contact

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenalin auto-injector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Recording use of the AAI and informing Parents/Carers

Use of any AAI device should be recorded. This should include:

Where and when the reaction took place (e.g. PE lesson, playground, classroom). How

much medication was given and by whom.

Any person who has been administered with an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the allergic reaction.

Arrangements for the supply, storage, care and disposal of AAIs

Supply

Schools can purchase AAIs from a pharmacy on request via a letter signed by the School Head.

Storage and care of AAIs

The school nurses will be responsible for maintaining spare anaphylaxis kits and for ensuring that the AAIs are present and in date, and replacement AAIs are requested when expiry dates approach.

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), and protected from direct sunlight and extremes of temperature.

Disposal

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics or can be disposed of in a sharps bin (kept in the Health Centre) for collection by the local council.

The Emergency Anaphylaxis Kit

Emergency Anaphylaxis kits will be kept in the Junior School Reception, Senior School Reception and at Cople Fields. They must not be locked away as they need to be accessible at all times.

An emergency anaphylaxis kit should include:

- 1 or more AAI(s)
- Instructions on how to use the AAI device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer's information
- A checklist of AAIs, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record
- Any spare AAI devices held in the Emergency Kit should be kept separate from any student's own prescribed AAI.
- The spare AAI should be clearly labelled to avoid confusion with that prescribed to a named pupil.

Letter template to Pharmacy to obtain an AAI
(on headed paper)

We would like to purchase emergency Adrenalin Auto-injector devices for use in our school.

The adrenalin auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenalin auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at https://www.gov.uk/government/consultations/allowing-schools-to-hold-spare-adrenaline-auto-injectors).

Please supply the following Adrenalin auto-injector device/s:

Brand name	Dose (state in milligrams or micrograms)	Quantity required

Signed: _____ Date: _____

Print name: _____ (The Head, Bedford Girls' School)

AAIs are available in different doses and devices. Guidance from the Department of Health to schools recommends:

For children age 6-12 years:

Epipen (0.3 milligrams) or

Emerade 300 microgram or

Jext 300 microgram

For teenagers age 12+ years:

Epipen (0.3 milligrams) or

Emerade 300 microgram or

Emerade 500 microgram or

Jext 300 microgram

Email: Anaphylaxis

Date

Dear

I attach the Care Plan that we will be using in school for the safe administration of your child's Adrenalin Auto-Injector, should she require it. A photograph of your child will be inserted into the appropriate box.

Please complete the relevant sections, adding any additional information and sign and date the form. I would be grateful if you could send this back as soon as possible.

This Care Plan will be kept in the Health Centre and a copy will be put on the school database for staff to access as necessary. It will also be available for staff on school trips.

If you have any concerns about this, please do not hesitate to contact the Heath Centre.

Yours sincerely

Mrs Michelle Logan
School Nursing Manager

Anaphylaxis Care Plan

Emergency Instructions for an Allergic Reaction

Name…….. Form ……

D.o.B ……

Is allergic to……

…….

She must avoid all products containing any of the above or their derivatives.

A severe allergic reaction can cause swelling of the mouth, tongue and throat leading to difficulty in breathing and collapse. This is known as anaphylactic shock.

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS.

ASSESS THE SITUATION

Call School Nurse or first aider. ext 444 mob. 07879 691816

Trained staff may administer the Adrenalin Auto-Injector

Emergency Adrenalin Auto-Injector kits are located:

* Junior School – Reception / Health Centre / Form Room / with Pupil

* Senior School – Reception / Health Centre / Cople Fields / with Pupil

MILD REACTION – Parent please describe

ACTION

1. Give antihistamine immediately.
2. Monitor girl until symptoms have been relieved.
3. If symptoms worsen see – SEVERE REACTION.

SEVERE REACTION

Difficulty in breathing/coughing/choking.

Severe swelling of lips/eyes/face.

Girl is pale/floppy.

Girl collapses or becomes unconscious.

ACTION

1. Start the **Adrenalin Auto-Injector** procedure set out below.
2. Telephone **999 for an ambulance** – see the emergency telephone procedure below

Adrenalin Auto-Injector Procedure

Lie the student down and remove any thick clothing from leg (no need to remove tights).

↓

Take **Adrenalin Auto-Injector** – remove cap

↓

Hold student's leg firmly. Push tip of **Auto-Injector** into outer aspect of mid-thigh (through tights if necessary).

MAKE SURE A CLICK IS HEARD. Hold Auto- Injector in place for 10 seconds.

↓

Remain with student until ambulance arrives.

NB - Give used Adrenalin Auto-Injector to ambulance staff – do not touch the needle. If you prick yourself, wash under running water for at least 10 minutes and contact your Doctor.

Emergency Telephone Procedure.

1. DIAL 999. Tell the operator you need an ambulance immediately. Tell them you have a case of **anaphylaxis** and that a child is having difficulty breathing and is losing consciousness.
2. Contact parents.

Mother's telephone number
……

Father's telephone number
……

Other
……

Signed

Parent /Guardian ……

Date ……

Asthma & Emergency Inhaler

Overview

During an asthma attack the air passages constrict in spasm and become partially obstructed with thick sticky mucus, thus narrowing the airway and reducing the flow of oxygen to the lungs. Breathing (especially out) becomes very difficult. Triggers for asthmatic attacks include: strenuous exercise, nervous tension, allergy, dust, changes in the environment such as cold weather or strong winds, seasonal pollens and infections.

Bedford Girls' School will encourage and help girls with asthma to participate fully in all aspects of school life. The school recognises that asthma is a common condition affecting many school children. The guidelines set out below are to be followed in school for students with asthma to ensure their safety in school. Information will be obtained from the medical questionnaire or by direct contact from parents of any student who has been diagnosed with asthma and newly diagnosed asthmatics will be seen by the school nurse and a record made of any treatment required. An email will be sent home to the student's parents.

Training will be offered to staff in relation to managing asthma in school/school activities and will include the following information:

Exercise and Physical Activity

The aim of complete normal activity should be the goal for all but the most severely afflicted asthmatic children. However, an asthmatic that is normally active should never be forced to participate in games if they feel too wheezy to continue, because nearly all asthmatic children can be provoked into wheezing by exercise, ie. exercise induced asthma. Prolonged spells of exercise are more likely to induce asthma than short bursts. Therefore, if symptomatic, cross country running on a cold winter's day may not be advisable, but strenuous sprinting and jumping in the summer may be alright. Asthmatic wheezing is usually worse on cold dry days, as opposed to when the air is moist and warm.

Swimming is an excellent form of exercise for asthmatic children and seldom provokes an attack unless the water is cold or heavily chlorinated. Most exercise induced asthma can be prevented if the child takes an additional dose of their medication before beginning exercise. Warm-up exercises before strenuous games are often helpful.

<u>How to recognise an asthma attack</u>

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

What to do if a pupil has an asthma attack

A nurse or first aider should be called, the situation assessed and appropriate action taken which aims to ease breathing and get medical help if required. The nurse or first aider will be able to support a student in the use of her prescribed inhaler, or in using the emergency inhaler.

- Keep calm and reassure the child.
- Help the child to breathe. During an attack asthmatic tend to take quick shallow breaths, so try to encourage the child to breathe more slowly and deeply.
- Encourage the child to sit up and lean slightly forward, making sure the stomach is not squashed into the chest. Loosen tight clothing.
- Increase ventilation to the area by opening a window or door if possible.
- Use the child's own inhaler – if not available, use the school's emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.
- Immediately help the child to take two puffs of the salbutamol (blue inhaler) via the spacer as set out below:
- Shake the inhaler to mix the contents before use.
- Remove the cap from the inhaler.
- Spray 2 puffs into the air to prime the inhaler.
- Fit the inhaler into the end of the spacer.
- Advise the child to put their mouth on the other end of the spacer and breathe normally.
- Press the canister to release 1 puff of medicine while the child breathes in and out 5 times.
- Press again to release another puff while the child continues to breathe in and out of the spacer 5 times. Always shake the inhaler in between each puff.
- If there is no immediate improvement continue by giving 2 puffs via the spacer, continue breathing for one minute through the spacer, and then give a further 2 puffs. This can continue for up to a maximum of 10 puffs.
- Stay with the child until they feel better. The child can return to school activities when they feel able.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE. If further puffs of the inhaler are needed within 15 minutes of the initial 10 puffs call 999.
- If the child stabilizes but needs to use her inhaler again within 4 hours of the initial attack they should be advised to see a doctor the same day and parents called.

Always call for an ambulance if the child:

- Appears exhausted, is distressed and gasping or struggling for breath
- Has a blue/white tinge around their lips
- Is going blue
- Has collapsed, or showing signs of fatigue or exhaustion
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- Inform parents

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers

Emergency Salbutamol Inhaler

An inhaler which contains Salbutamol dilates narrowed airways and quickly relieves breathlessness. Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled Salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save a life.

The Emergency Salbutamol Inhaler should only be used by children:

- who have written parental consent for use of the emergency inhaler (list of girls available with emergency inhaler) AND
- who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.
- The emergency inhaler can also be used if the pupil's prescribed inhaler is not available (for example because it is broken, out of date, or empty).

Emergency Asthma Inhaler Kit

Emergency Asthma Inhaler kits will be kept in the Junior School Reception, Senior School Reception and at Cople Fields. They should not be locked away and need to be accessible at all times.

An emergency asthma inhaler kit should include:

- Salbutamol metered dose inhaler
- Two single use plastic spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler and spacer
- Manufacturer's information
- Inhaler checklist, identifying batch number and expiry date
- Instructions on how to replace used items
- List of children with parental consent to use the emergency inhaler
- Record of administration (i.e. when the inhaler has been used)

Supply of Emergency Inhalers

Emergency inhalers and spacers for schools are available to buy from a pharmacy on request via a letter signed by the School Head.

Storage and Care of Inhaler

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.

The inhaler and spacers should be kept separate from any pupil's inhaler and the emergency inhaler should be clearly labelled to avoid confusion with a pupil's inhaler.

***An inhaler should be primed when first used (i.e. spray two puffs). Shake the inhaler first to mix the contents then spray 2 puffs into the air. As it can become blocked again when not used over a period of time, it should be**

regularly primed by spraying two puffs.

The inhaler itself can usually be reused, provided it is used with the spacer . However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the asthma attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

Reference: *Guidance on the use of Emergency Salbutamol inhalers in Schools - Department of Health, March 2015*

Email: Asthma

Date

Dear

You indicated on the Medical Questionnaire that your daughter suffers from asthma.

Student's are encouraged to carry their reliever inhaler with them at all times. If you require a spare inhaler to be kept in school, please send one in clearly named with your daughter's form on it. This can then be stored safely in the Health Centre and will be available for emergency use.

Please contact us at the Health Centre if you wish to discuss any further issues relating to your daughter's treatment.

Yours sincerely

Mrs Michelle Logan
School Nursing Manager

Example of Letter from Bedford Girls' School to Pharmacy to order Salbutamol Inhaler:

As you are aware from 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy Salbutamol inhalers, without a prescription, for use in emergencies.

Will you please supply a Salbutamol inhaler to Bedford Girls' School for these purposes. I understand there will be a charge for this.

Yours sincerely,

Head
Bedford Girls' School

Diabetes

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This happens because:

- the pancreas does not make any, or enough, insulin
- the insulin does not work properly
- sometimes it can be a combination of both

Insulin is the hormone produced by the pancreas that helps glucose, from digestion of carbohydrate, move into the body's cells where it is used for energy. The body's cells need glucose for energy and it is insulin that acts as the 'key' to 'unlock' the cells to allow the glucose in. Once the door is 'unlocked' the glucose can enter the cells where it is used as fuel for energy. When insulin is not present or does not work properly, glucose builds up in the body.

Glucose comes from the digestion of starchy foods and from the liver, which makes glucose. Starchy foods are high in carbohydrates and include:

- bread
- rice
- potatoes
- pasta
- yams and plantain
- sugar and other sweet foods

Bedford Girls' School will encourage and help girls with diabetes to participate fully in all aspects of school life. Information will be obtained from the medical questionnaire and/or by direct contact from parents of any studentdiagnosed with Diabetes Type 1 or Type 2. An email and care plan will be sent to the student's parents/guardians and telephone contact will be made, and a meeting arranged if necessary.

Photographs of diabetic students will be on display in the staff rooms and training will be offered to all staff.
This training will include the following information:

Type 1 Diabetes

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

Type 1 diabetes usually appears before the age of 40 and most pupils with diabetes will have this this type. Nobody knows for sure why this type of diabetes develops. More than 15000 school age children in the UK have Type 1 diabetes.

Type 2 Diabetes

Type 2 diabetes develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). In most cases this is linked with being overweight. This type of diabetes usually appears in people over the age of 40, although in South Asian and Black people it often appears earlier – usually after the age of 25. However, recently more children and young people are being diagnosed with the condition, some as young as seven.

Signs and Symptoms

If diabetes is untreated the body starts breaking down its stores of fat and protein to try to release more glucose, but this glucose still cannot be turned into energy and the unused glucose passes into the urine. This is why children and young people with untreated diabetes often pass large amounts of urine, are extremely thirsty, may feel tired and lose weight.

Hypoglycaemia (or Hypo)

Hypoglycaemia occurs when the level of glucose in the blood falls too low. When this happens a pupil with diabetes will often experience warning signs which occur as the body tries to raise the glucose levels. Signs of a 'hypo' vary but may include:

- hunger
- trembling
- sweating
- anxiety or irritability
- rapid heartbeat
- tingling of the lips
- blurred vision
- paleness
- mood change
- difficulty concentrating
- vagueness
- drowsiness

A hypo may occur if the pupil has taken too much of their diabetes medication, delayed or missed a meal or snack, not eaten enough carbohydrate, taken part in unplanned or more strenuous exercise than usual, or the pupil has been drinking alcohol, especially without food. However, sometimes there is no obvious cause. Hypos are usually unexpected, sudden, rapid, without warning and unpredictable. The pupil is not to blame.

Triggers

- too much insulin
- a missed or delayed meal or snack
- not enough food, especially carbohydrate
- strenuous or unplanned exercise

Hyperglycaemia (or Hyper)

Hyperglycaemia is the term used when the level of glucose in the blood rises and stays high. The symptoms do not appear suddenly but build up over time and may include the following:

- thirst
- frequent urination
- tiredness
- dry skin
- nausea
- blurred vision

Triggers

- too little or no insulin
- too much food
- stress
- less exercise than normal
- infection or fever

Medication for Type 1 Diabetes

Type 1 diabetes is treated with insulin. Insulin cannot be taken by mouth because the digestive juices in the stomach destroy it. Treatment for this type of diabetes is by injections of insulin up to four times a day, or insulin via a pump device. The insulin dose and diet will need to be adjusted according to the pupil's daily routine. In order to do this, they may need to test their blood glucose levels regularly using a finger pricking device and an electronic blood glucose meter.

Insulin which is in use should be kept at room temperature, but out of direct sunlight or a direct heat source such as a radiator. Spare insulin should be stored in a fridge. After removing from the fridge, insulin can be used for up to a month, after which it should be discarded. The student, their parents/guardians and the school should come to an agreement about where insulin should be kept. Usually the student will be able to keep it with them, with a spare supply in the Health Centre.

Needle Disposal

The needles for insulin pens need to be changed after each injection. Students who use insulin pens should have a special sharps disposal container to drop needles in after injecting insulin, or doing a blood test. These will also be stored in the Health Centre.

Medication for Type 2 Diabetes

Type 2 diabetes is mainly treated with lifestyle changes such as a healthier diet, weight loss and increased physical activity. However, tablets and/or insulin maybe required to achieve normal blood glucose levels.

Managing the Condition

Although diabetes cannot be cured, it can be managed and treated very successfully. The Health Centre will arrange an appointment with pupils and their parents when they start at the school to discuss management of their diabetes, dietary and insulin/medication requirements, and maintenance of glucose levels during physical activity. Pupils with Type 1 diabetes need to eat at regular intervals. A missed meal or snack could lead to hypoglycaemia. If additional snacks or treatment of any kind is required outside normal break times this will be arranged on an individual basis. Each pupil's confidence and ability to manage their condition will also be assessed. Girls will always have access to a fast-acting sugar, carbohydrate and their own insulin. Additional supplies should be kept in the Health Centre.

Student's with Type 2 diabetes will not have the same need for snacks etc., as they may need to lose weight and are not so susceptible to hypos.

School Trips

Student's with diabetes will not be excluded from day or residential visits on the grounds of their condition. Whether on a day only, or residential trip, students should always take their insulin and injection kit with them, including those who would not usually take insulin during school hours, in case of any delays coming home. They will have to eat some starchy food following the injection, so should have some food with them. They should also have their monitoring equipment and usual hypo treatment with them. It is important to know how confident a student is at managing their own injections and monitoring their own glucose levels before deciding on appropriate staffing for an overnight visit. If a student is not confident in managing all aspects of their condition, then a trained member of staff will need to accompany the pupil to assist. The Educational Visits Co-ordinator will ensure that a copy of the student's Care Plan is available on the trip. If any medical equipment has been lost or left behind, the Paediatric Department or Accident and Emergency Department at the nearest hospital should be able to help.

Exercise and Physical Activity

Exercise and physical activity is good for everyone, including students with diabetes and it should not stop them from being active or being selected to represent school or other sporting teams. However, all student's with diabetes do need to prepare more carefully for all forms of physical activity than those without the condition, as all types of activity use up glucose. It is important that the person conducting the activity is aware that there should be glucose tablets or a sugary drink nearby in case the student's blood glucose level drops too low. If the activity lasts for an hour or more, the student may need to test their blood glucose levels during activity and act accordingly.

Emergency Procedures

In a diabetic emergency a nurse or first aider should be called to the

student. If a pupil is suffering from **HYPERGLYCAEMIA**:

Check that the insulin is up to date and test the blood sugar. If it is above 15mmol test for ketones using a ketone blood testing strip with the glucose meter. If the ketones are over 1.5 telephone the Diabetic Nurse or the student's parents – telephone numbers on individual Care Plans.

CALL FOR AN AMBULANCE 999 IF THE FOLLOWING SYMPTOMS ARE PRESENT:

- deep and rapid breathing
- vomiting
- breath smelling of nail polish remover

If a student is suffering from **HYPOGLYCAEMIA** and the blood sugar level is below 4mmol:

Immediately give something sugary such as 3 dextrose tablets and test the blood sugar again after 15 minutes. If the level is still below 4mmol, repeat the dose and test again in another 15 minutes. As soon as the level rises above 4mmol give a longer acting carbohydrate snack such as a cereal bar or a slice of bread. If this happens just before a meal, give a sugary drink to bring the blood sugar above 4mmol, then lunch and the insulin injection after the meal.

If the student is unconscious do not give them anything to eat or drink and CALL FOR AN AMBULANCE 999 and contact the parents/guardians.

Email: Diabetes

Date

Dear

Thank you for informing us that your daughter has diabetes.

We would like to use a care plan to assist in looking after your daughter and helping her to manage her condition at school. If you have a care plan from the hospital team who manage her care we would be very grateful for a copy which we could adapt for use in school. If this is not the case please find attached a simplified care plan which we could use. A photograph of your daughter will be inserted into the box. Please complete the relevant sections adding any additional information and sign and date the form. I would be grateful if you could return this to us as soon as possible.

This care plan will be kept in the Health Centre and a copy will be stored on the school database. It will also be available for staff when she goes on school trips.

It would be helpful if we could have a spare supply of insulin for your daughter together with any other equipment that she may need in an emergency, and also a supply of suitable snacks in case she becomes hypoglycaemic.

If you have any concerns please do not hesitate to contact us at the Health Centre.

Yours sincerely

Mrs Michelle Logan
School Nursing Manager

Diabetes Care Plan

Name: ……

Year: ……

DIABETIC

Hypoglycaemia (Low blood sugar). The following symptoms indicate a hypoglycaemic incident (Parent please complete):

……

……

If she experiences these symptoms she will require a fast acting sugar immediately. This may be obtained from sources including: 100mls Lucozade, 3 glucose tablets, 3 jelly babies or 1 tube of Hypostop. After 15 minutes retest her blood sugar. If above 4mmols give a carbohydrate snack, eg. biscuit, chocolate, sandwich, banana. If blood sugar remains under 4 give a fast acting sugar again and repeat test in another 15 minutes.

Hyperglycaemic (High Blood Sugar). The following symptoms indicate a hyperglycaemic incident (Parent please complete):

……

…… If

she experiences these symptoms she will require the following:

……

……

If she is unconscious do <u>NOT</u> give her anything to swallow, but:

Place in the recovery position

Send for an ambulance Contact

parents

Emergency contact numbers

……

……

Signed Parent/Guardian …… Date ……

Epilepsy

Epilepsy is a tendency to have seizures (sometimes called fits). A seizure is caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between brain cells, so the brain's messages briefly pause or become mixed up. There are many different kinds of epilepsy and about 40 different seizure types. Epilepsy can affect anyone, at any age. It can have an identifiable cause, such as a blow to the head, meningitis or a brain tumour; but for the majority of people there is no known cause. In some cases, the tendency to have seizures runs in families but having a parent with epilepsy does not necessarily mean a child will have the condition. In the UK about 47,000 children of school age have epilepsy: on average about one in every 214 children.

Bedford Girls' School will encourage and help students with epilepsy to participate fully in all aspects of school life and the guidelines below should be followed to ensure safety in school. Information will be obtained from the medical questionnaire or by direct contact from parents of any student diagnosed with epilepsy. An individual health care plan will be drawn up (often supplied by the hospital) and regular contact with parents/guardians will be made. Staff will be offered training which will include the following:

Signs and Symptoms

What a child or young person experiences during a seizure will depend on where in the brain the epileptic activity begins, and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each pupil with epilepsy will experience the condition in a way that is unique to them. Seizures can happen at any time and generally only last a matter of seconds or minutes, after which the brain usually returns to normal. Possible symptoms:

- Twitching
- Numbness
- Sweating
- Dizziness or nausea
- Disturbances to hearing, vision, smell or taste
- Uncontrolled jerking of body, or a part of it
- Wandering around unware of surroundings
- Daydreaming
- Head and eyes turning to one side
- Plucking at clothes
- Smacking of the lips, swallowing repeatedly
- Feeling of intense fear or happiness
- Vivid memory flashbacks
- Intense déjà vu

Generalised Seizures

Generalised seizures affect the whole or most of the brain and will always involve a loss of consciousness, although the person will not necessarily fall to the floor.

Absence Seizures

In an absence seizure the person stops what they are doing and may stare, blink, or look vague for just a few seconds. Absence seizures can sometimes be mistaken for day dreaming or inattention, but in fact the person has lost consciousness. Absence seizures are one of the most common seizure types in young people and can occur many times a day. Student's who have 'absences' can be helped by providing written information at the end of a lesson and helping them catch up on things they have missed.

Tonic-Clonic Seizures

Tonic-Clonic seizures are the most widely recognised epileptic seizure. In a tonic-clonic seizure the pupil loses consciousness, the body stiffens and then falls to the ground. This is followed by jerking movements, sometimes called convulsions. Sometimes the pupil will be incontinent (lose control of bladder or bowel). After a few minutes the jerking movements usually stop. The pupil may be confused and need to sleep after the convulsions are over,

for minutes or even hours, until recovery is complete. However, some student's will recover quickly.

Status Epilepticus

Sometimes a student with epilepsy can experience a longer seizure, or a series of seizures without regaining consciousness. If this continues for more than 30 minutes it is called 'status epilepticus' and is a medical emergency, as the stress on the body may lead to brain damage. Some people are prescribed emergency medication which aims to bring them out of the seizure before they enter 'status epilepticus' and the nurses are trained to administer this.

The Effect of Epilepsy on a Student at School

There are various considerations for students with epilepsy, especially if their seizures are not controlled. These might include safety in sports, activities and practical subjects. Storage and administration of medicines may also need to be planned for.

Seizures are just one aspect of epilepsy that can affect education. A student with epilepsy may experience many seizures during a school day and the disruption can make learning a difficult process. Epilepsy can have other effects that are not easily observed during the school day, such as night-time seizures that can leave a student exhausted and unable to concentrate, and social or psychological effects.

Medicines and Treatments

The majority of people with epilepsy take regular medication with the aim of controlling their seizures. Some students with difficult to control epilepsy may take several different types of medication. Generally, these can be taken outside school hours. Side effects can include drowsiness, poor memory and concentration, confusion, irritability, over-activity and weight gain.

Triggers

- Stress, anxiety or excitement
- Hormonal changes such as the onset of puberty, or seizures associated with menstruation
- Not taking medication can affect the pattern or severity of seizures
- Unbalanced diet. Skipping meals can lead to low blood sugar causing a seizure
- Late nights, broken sleep or irregular sleep patterns
- Alcohol and recreational drugs
- Some over-the-counter medications and prescription medicines may increase likelihood of a seizure
- Illness
- Photosensitive Epilepsy - Seizures are triggered by flickering or flashing light (only affects around 5% of people with epilepsy)

Physical Activity

Physical activity is good for every child and young person, including those with epilepsy. Many students with epilepsy have their seizures fully controlled by medicines and do not need to take any greater safety precautions than anyone else, and many students who are active are less likely to have a seizure. However, a very small number of people with epilepsy find that exercise increases their likelihood of having a seizure and this is usually due to over- exertion. Also, taking up exercise or a sporting activity for the first time, or after a long period of inactivity, could affect a student's body weight and metabolism, which in turn could have an effect on their seizure control. Students with epilepsy may need to speak to their doctor before taking up a new sport or leisure activity, particularly if their seizures are not fully controlled. Things to take into account are the type, severity and frequency of the seizures, and known triggers such as stress and excitement.

Emergency Procedures

First aid for seizures is quite simple and can help prevent a child from being harmed.

DO:

- Protect the a student from injury
- Cushion the head
- Once the seizure has finished, gently place in the recovery position to aid breathing
- Keep calm and reassure the student
- Stay with the student until recovery is complete

DON'T:

- Restrain the student
- Put anything in the student's mouth
- Try to move the student unless they are in danger
- Give the student anything to eat or drink until she is fully recovered
- Attempt to bring her round

CALL FOR AN AMBULANCE 999 IF:

- It is believed to be the student's first seizure
- The seizure continues for more than 5 minutes
- One seizure follows another without the student regaining consciousness in between
- The student is injured during the seizure
- It is believed the student needs urgent medical attention

HEALTH CARE PLAN FOR A STUDENT WITH MEDICAL NEEDS

Name: ……

DoB: ……

Year Gp: ……..

Medical Condition: ……..

……

Daily Care Requirements: ……..

……

Action to be taken in an emergency: ……..

……

Emergency contact details:

Contact 1: .....

Tel no: ……..

Contact 2: ……..

Tel no: ……..

Signed (Parent/Guardian) ……

Date: ……..

Emotional and Sexual Health

Bedford Girls' School will support and help student's who experience emotional and/or sexual health issues which may include stress and anxiety, bereavement, self-harm and eating disorders. In relation to sexual health issues the nurses work within the Fraser Guidelines and Nursing & Midwifery Council Code of Conduct.

As cited in the school's confidentiality statement, the student's will be provided with a safe and comfortable environment if they wish to talk about emotional and sensitive issues. Student's will be made aware that absolute confidentiality cannot always be guaranteed if there is risk of significant harm to themselves or others. (Please refer to the Bedford Girls' School Safeguarding Policy).

The following guidelines will be followed:

1. Honest and open communication at all times.

2. Support and advice given as required.

3. Open discussion and dialogue with parents/guardians if appropriate.

4. Referral to external agencies if required, ideally with parental support.

5. In the case of a child being in danger or at risk of harm we have a duty of care and a professional requirement to report this to the Assistant Head as the Designated Safeguarding Lead (DSL), or the Headmistress if the DSL is absent, and other relevant external agencies if necessary.

Eating Disorders

Eating disorders include anorexia nervosa, bulimia nervosa and binge eating disorder. They arise from a complex combination of long-standing behavioural, psychological, interpersonal and social factors. Those with an eating disorder use food, and the control of food, to compensate for feelings and emotions that may otherwise seem overwhelming. It is important that any student with an eating disorder is identified and appropriate treatment commenced as early as possible. This policy is intended as guidance for staff in assisting with this process.

Objectives:

- Increase understanding and awareness of eating disorders.
- Alert staff to warning signs and risk factors.
- Provide support to staff dealing with student's suffering from eating disorders.
- Provide support for students suffering, or recovering, from an eating disorder and their peers and parent/carers.

Anorexia Nervosa

This stems from low self-esteem and an inability to cope with worries and problems. It involves restricting food intake by missing meals and reducing the types and amounts of food eaten. It may also be associated with over exercising. The sufferer believes that, if they are able to lose weight, they will be happier and their life more successful.

Symptoms

Physical – Severe weight loss, difficulty sleeping, stomach pain, constipation, feeling cold, growth of downy hair all over the body, poor skin, hair loss, cessation of periods.
Psychological – Feeling fat when underweight, irritability, setting high standards and seeking perfectionism, isolating oneself from friends, difficulty in concentrating.
Behavioural – Excessive exercise, ritualistic/obsessive behaviour, lying about food being eaten, keen to cook/prepare food for others, wearing baggy clothing.

Bulimia Nervosa

This condition is also linked to low self-esteem, emotional problems and stress. The individual constantly thinks about calories, dieting and ways of getting rid of food they have eaten. Weight tends to remain stable so the condition may not be noticed for a long time. A cycle develops of eating large amounts of food, inducing vomiting (purging), and then cutting down/starving for a few days. Laxatives and diuretics may also be used to purge, which is potentially very serious.

Symptoms

Physical – Sore throat, halitosis, stomach pains, irregular periods, puffy cheeks, dehydration, fainting.
Psychological – Feeling emotional, depressed, mood swings.
Behavioural – Eating large quantities of food, visiting the toilet soon after meals to induce vomiting, taking laxatives, lying and secretiveness.

Binge Eating Disorder

This involves eating large amounts of food in a short space of time until uncomfortably full, to cope with difficult feelings.

Symptoms

Physical – Weight gain, stomach pains, irregular periods, poor skin, difficulty sleeping, constipation.
Psychological – Feeling emotional and depressed, mood swings and weight obsession.
Behavioural – Eating large quantities of food secretly and lying about amounts of food eaten.

Management of Pupil with a Suspected Eating Disorder

A suspected eating disorder maybe brought to the staff's attention in many different ways. This can be either hearsay via staff and/or pupils, parental concern, or from the school Health Centre through their routine screening program. If a student is suspected of having an eating disorder, the following protocol should be followed:

- In the event of peers or the student herself approaching you, they must first tactfully be informed of the 'student confidentiality clause'. If peers or student choose to divulge information to a member of teaching staff, it is important to liaise with the Deputy Head Student Welfare and/or the School Nurses.

- The school nurse will arrange a meeting with the student. This must be conducted in a calm and therapeutic environment and confidentiality must be discussed. The meeting should be sensitive and supportive. The student, if deemed appropriate, will be encouraged to have her height and weight assessed in order for body mass index/centile measurements to be calculated. If the student refuses, she must not be forced. The student's view must be listened to and taken into account. However, an individual with an eating disorder may not have the ability to fully understand or accept the significance of her illness.

- If there are concerns with the student's weight, physical or psychological well-being, this has to be shared with the parent/guardian. If it is believed the student's health and welfare could be further put at risk by sharing information with the parent/guardian, then advice should be sought from the Designated Safeguarding Lead (Deputy Head Student Welfare), or in her absence to the Headmistress of the School, or the Head of the Junior School. Alternatively, the student should be encouraged to speak to her parent/carer in the first instance but, if she refuses to do this, then the parent/carer must be contacted with a view to arranging a follow up meeting with the nurse and/or DSL.

- The school nurse will offer advice regarding future management. In the first instance advice may relate to diet and exercise, but if girls are causing concern the parent/carer will be advised to refer their daughter to the GP and / or CAMH and communicate the outcome with the school nurse afterwards. Further information for parents can be obtained from 'beat' www.b-eat.co.uk

- Depending upon the outcome of the GP appointment, a care plan relating to the educational and health needs of the pupil may need to be completed. This will be done collaboratively with the parent, pupil, deputy head student welfare, school nurse, and anyone who is involved in the pupil's care e.g. school counsellor, GP, CAMHS. This

should include regular opportunities for review and mechanisms for information sharing.

- Re-integration of a student to school, following a period of absence (particularly if this involves return from hospital or an eating disorder unit), must be planned effectively with the multidisciplinary team to ensure there is a plan of care and advice tailored to the needs of the individual.

- Exercise and low body weight pose a high risk to a pupil's health and, in some cases, exercise may have to be reduced to a minimum. Consideration should be given to amending the timetable if there is a requirement for the pupil not to undertake physical education classes or to climb multiple flights of stairs or walk long distances.

- Homework: Student's with an eating disorder may have perfectionist traits and time limits on homework may need to be agreed between parents/carer and school.

- Examinations: An eating disorder may impact on the student's ability to concentrate and on her general cognitive function. Plans may need to be put in place, which could include notifying the examinations board, making specific arrangements for breaks etc. Attention will be required to keep the student warm if sitting for long periods of time.

- Supporting other students: Staff must be aware other pupils may be affected by the individual with the eating disorder.
They may require personal support, particularly if they are very close to the individual concerned. They can be directed to the Deputy Head Pastoral/School Nurse/b-eat help lines.

- Bullying: This has been identified as a contributory factor to young people developing an eating disorder and the school's Anti Bullying Policy should be adhered to at all times.

- CAMHS: If a student requires CAMHS involvement, a key worker will be identified. The service has an eating disorder pathway of intervention. This may include direct sessional work, family therapy, psychology and psychiatric input, family contact and contact with GP and other health professionals (including in-patient facilities if required).

Training and Education for Staff and Students

- Training is available for medical and teaching staff through 'b-eat' – see their website for dates and venues.

- Education focused on eating disorders will be delivered by the school nurses through the PSHE programme. Also information and informal discussion is available with the school nurses at any time.

Self-Harm

Self-harm is a complex issue and it is important that staff respond to it with concern, rather than fear, to help make sense of what is happening. What people who self-injure do to themselves can seem frightening and hard to understand. The visible, physical evidence of someone's emotional pain can be hard to bear but the first step is to look it in the face, not be judgemental, to reassure and seek help. Most self-harming behaviour is not life threatening and is simply a means of resolving deep emotional distress, a cry for help, or sometimes simply attention seeking copycat behaviour. However, even if you believe that behaviour is attention seeking you must treat the person as if it is not, as failure to do this may take them to another, more serious way of behaving. The most common time in which people self-harm is between the ages of 12 and 14 years, though there is considerable variation on this. Self-harming mainly affects girls and is rarer in boys, although the incidence has grown considerably in both young females and males.

What the Nurses should do if a student is referred to the Health Centre due to self- harming:

1. Remove the student to a quiet area with another adult present if appropriate.
2. Request to see the injuries or tablets taken etc., so long as this does not compromise the student's privacy.
3. Ask when the injuries occurred, or when the tablets were taken and how many.
4. If there is a wound, which is, new examine it and assess the action to be taken, i.e. dress it or refer to A & E. If an overdose has been taken examine the student immediately and refer to A & E.
5. Do not appear judgemental or show shock or surprise, and try to be calmly authoritative.
6. Be constructive and offer sympathy and understanding. Do not get angry.
7. Share with a nursing colleague and document any actions taken/information gathered.

What to do with the information:

The nursing staff will discuss with the Deputy Head Student Welfare and a decision will be taken who to inform and when. Parents/guardians should usually be informed unless there is an obvious reason not to do so.

Parents and/or Health Centre will decide whether a referral should be made for professional advice/counselling/psychiatric care. There may be a need to establish a support system for all concerned, both staff and pupils, that recognises the impact the situation can have on others. It is important that people are identified who the student and staff can talk to as and when required.

As a general rule, young people who are self-harming will try to avoid detection and will harm themselves covertly. For every person you find self-harming, there are probably another two that you are not aware of. The more serious the self-abuse and/or emotional pain they are suffering, (don't assume that everyone who self-harms has been sexually/physically abused), the more they will hide their injuries and harm themselves in places less likely to be seen.

Head Injury and Concussion Management Policy

Overview

This policy aims to ensure that students receive a high and consistent standard of care following a head injury. Head injuries and concussion can occur in many situations in the school environment, such as falling in the playground, on the sports field, impact injury from contact with a hard object such as the floor, a desk or another student's body. A **head injury** can be defined as '*a trauma to the head that may or may not include injury to the brain'*. It should be noted that an injury to the face, jaw or nose could also result in a head injury (MOSA, 2012). **Concussion** is '*the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head*' (MOSA, 2012).

Successful care of a student or adult with a head injury requires good communication with colleagues, parents and sports coaches and all care given in school will reflect current medical practice and national sporting recommendations. The possible impact of concussion should be understood, regardless of its cause, together with an understanding by the student parent/s and the school that cognitive functioning can be affected for weeks after injury. A return to activities too soon after a concussion injury carries significant risk to immediate and long-term health so a plan should be put in place to follow during the recovery phase, together with a graduated return to playing sport.

Assessment of Concussion

Concussion is a complex process affecting the brain, induced by a biomechanical force. Concussion typically results in the rapid onset of a short-lived impairment of brain function that resolves spontaneously. It does not require a loss of consciousness for diagnosis and, in fact, many people with concussion do not present this way. Particular attention, however, should be paid to high impact sport, those involving the potential for falls from a height or those involving activity on a hard surface. It should be noted that symptoms of concussion can first present any time after the incident which caused the suspected concussion, but typically in the first 24 – 48 hours.

Any person who has a head injury at Bedford Girls' School should receive:

1. An assessment in the Health Centre by a trained nurse. In case of serious injury, the person may be assessed and transferred to hospital.
2. The assessment will include: blood pressure, pulse, temperature and respiration rate. Examination of eyes, specifically pupil reaction and assessment of memory. Use of Glasgow Coma Scale if not fully conscious.
3. A record will be made of the mechanism of injury. A history of events will be obtained from witnesses of the accident, or the person themselves, and an accident form completed.
4. Parents / next of kin to be informed.

For injuries sustained at away fixtures or when the Health Centre is closed, staff should follow first aid protocols and contact parents. Head injury advice sheets should be given to parents (included in sports 1st aid bags) and accident forms completed via Evolve .

Why Worry about Concussion?

If there is a small bleed which was not apparent after the initial injury, a second blow to the head may trigger significantly greater and more damaging bleeding with potential lifelong consequences. In addition, there is increasing evidence that concussion affects cognitive functions for days after the injury. A return to exercise too soon can prolong loss of function. There is also the possibility of longer-term cognitive damage from repeated injury.

Recognition of Concussion

Any one or more of the following visual clues can indicate a concussion:

- Dazed, blank or vacant look
- Lying motionless on ground / slow to get up
- Unsteady on feet / balance problems or falling over / incoordination
- Loss of consciousness or responsiveness

- Confused / not aware of plays or events
- Grabbing / clutching of head
- Seizure (fits)
- More emotional / irritable than normal for that person

Any one or more of the following symptoms may suggest a concussion:

- Headache
- Dizziness
- Mental clouding, confusion or feeling slowed down
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / feeling like "in a fog" / difficulty concentrating
- "Pressure" in the head
- Sensitivity to light or noise

If concussion is suspected, give first aid and immediately remove the pupil from play. Pupils with symptoms following a head injury should be removed from play or training and must not return to activity until all symptoms have cleared. Specifically they must not return to play on the day of any suspected concussion. If a pupil suffers a blow to the head but does not display any obvious symptoms, she should be carefully observed and encouraged to stop play if she displays any of the symptoms listed above.

IF IN DOUBT, SIT THEM OUT

Recovery and Return to Play

Concussion and School Studies

The majority of cases of concussion recover fully within a few weeks but they must be given the time and opportunity to do so. This means resting the body and resting the brain. To ensure complete recovery it is recommended that, once symptom free, there is a rest period for a minimum of 14 days from the injury. During this time, they should rest from exercise / sport, activities with a predictable risk of further head injury, and prolonged reading and use of television, computer, video games and smart phones. If symptoms return, reduce the levels of provoking activity and re-introduce them more gradually.

It is reasonable for a child to miss a day or two of school after a concussion if they feel unwell or if, on returning to lessons, their symptoms return. However, extended absence is uncommon. Once symptom free pupils should undertake a graded return to academic studies and gradual re-introduction of homework. If symptoms are prolonged, early referral back to the GP is advised.

Concussion and Return to Play

Following the recommended 2 week rest period pupils should return to sport by following a graduated return to play (GRTP) protocol. This should only be started when the pupil is symptom free at rest; off all medication that modifies symptoms, and has returned to normal studies.

Pupils should have an extended GRTP compared to adults and a minimum of 48 hours for each activity stage. This means that the minimum return to play is 23 days from injury, unless a doctor with expertise in concussion management closely supervises the recovery.

Following a concussion or suspected concussion where possible children and young people should be reviewed/assessed by a doctor before returning to sport and other activities with a predictable risk of head injury, e.g. football, gymnastics, horse riding, hockey, lacrosse, combat sports etc. Pupils who struggle to return to their studies or who persistently fail to progress through the GRTP because symptoms return should be referred back to

their doctor.

Children and young people who sustain two or more concussions in a 12 month period should be referred to their doctor for specialist opinion in case they have an underlying pre-disposition.

Graduated Return to Play (GRTP)

Stages in Rehabilitation

Stage	Time at Stage	Rehabilitation	Exercise allowed	Objective
1	14 days following injury	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	48 hours later	Light aerobic exercise	Walking, swimming or static bike, keeping intensity <70% maximum predicted heart rate. No resistance training	Increase heart rate and assess recovery
3	48 hours later	Sport specific exercise	Running drills. No head impact activities	Add movement and assess recovery
4	48 hours later	Non-contact training drills	More complex drills eg passing drills. May start resistance training	Add exercise, coordination and cognitive load. Assess recovery
5	48 hours later	Full contact practice	Following clearance from a Doctor can participate in normal training activities	Restore confidence and coaching staff to assess functional skills
6	48 hours later/day 23	Return to play	Player rehabilitated	Recovered

References and further information:

www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/
www.nhs.uk/Conditions/Concussion/Pages/Introduction.aspx

Advice to Parents regarding care of a child following a Head Injury will be detailed in a copy of the NHS Bedford Hospital Head Injury Advice Sheet, which will be supplied either upon collection or via email

Call NHS Advice on 111 for further advice and support if at all concerned. To aid recovery:

- Keep your daughter quiet
- Discourage active play, watching television, reading and computer games
- Encourage plenty of drinks
- Allow more rest than usual
- Reduce noise and light levels
- Avoid stressful situations
- Do not take alcohol or drugs
- Do not drive or ride a bike
- Do not return to school until fully recovered

Please contact the Health Centre to ensure your daughter is fully supported on return to school.

Email: nurses@bedfordgirlsschool.co.uk

Telephone: 01234 361925

Contact your doctor or Emergency Department without delay if any symptoms persist, become worse or if any of the following problems occur:

- Extreme drowsiness or difficulty in waking your child
- Vomiting
- If your child seems confused, or does not appear to understand you
- Severe headache
- Dizziness
- Blurred or double vision
- Become irritable
- A young child cries more than usual, or is more difficult to settle
- Has any type of attack you think may be a convulsion, fit or seizure

Do seek medical advice if you are worried

Remember you know your child better than the most experienced doctor/nurse

Sprains & Strains

Sprains involve the stretching or tearing of ligaments, the injured area will be bruised and swollen and may take up to two or three months to heal.

Strains involve the stretching or tearing of muscles or tendons. For

the first 24 hours you should:

- Rest and keep injured limb elevated to help reduce/prevent swelling.
- Use ice-packs for 10-20 minute intervals 4-6 times a day, but don't put ice-packs directly onto skin as they can burn.
- Take paracetamol regularly.
- Avoid heat: hot baths, saunas and heat packs within the first 72 hours may increase inflammation and pain

After 24 hours you should:

- Gently exercise the injured area to prevent it from becoming stiff.

Avoid Ibuprofen/Nurofen for the first 48/72 hours as this can inhibit the necessary inflammatory process essential to healing.

Ankle Sprain or Strain

- Rest for first 24 hours and then gentle weight bearing for the next 48 hours.
- The following day try to walk with even strides, heel first, then toe, and put as much weight on foot as ankle will allow.
- Wear sensible shoes.
- Do not stand still for long periods.
- Try to exercise frequently for 10 minute intervals, especially after you have used ice.
- Try simple exercises – flexing and dorsi flexing ankle, rotating the ankle, standing on tip toes and standing with heel kept on floor then bending your knees.
- These exercises will strengthen ankle and prevent it from becoming stiff.

If there is increased pain, swelling, immobility or numbness of the affected area then see your GP as soon as possible

Students using Crutches in School

Before accepting responsibility for a student using crutches in school due to impaired mobility, the school requires recommendation for their use from a medical professional e.g. GP, Hospital Doctor or Physiotherapist. It is not acceptable for crutches to be recommended by family members/friends when the student has not been reviewed by a medical professional. Medical advice should include details of the injury/condition, if the student is weight/non-weight bearing and how long it is expected she will remain on crutches. Further useful information includes follow-up appointment details at fracture clinics, hospital, physiotherapy etc.

When coming into school using crutches for the first time, the student should report to Reception to meet with the school nurse. A parent/guardian is welcome to attend. At this meeting the nurse will discuss safety issues relating to restricted mobility, such as relocation of lessons if necessary, procedure for evacuating school in an emergency,

use of school lift, crossing Cardington Road for lessons, leaving lessons early, managing school bags, lunch time arrangements, arrival/departure from school and management of medication (if prescribed).

If the student is able to partially weight bear on crutches safely she may use the school lift for lessons upstairs in the Senior School. The student should be accompanied by a friend at all times. However, in the event of needing to evacuate the school building in an emergency, e.g. fire, the **lift must not be used**. Therefore, the student's mobility must be assessed to ensure she is safe to mobilise downstairs with help from staff. If the student is deemed unsafe to use the stairs in an emergency, then all lessons will be relocated downstairs.

If lessons upstairs in Trinity and Wing House cannot be relocated downstairs, the student will be advised to remain in the Learning Resource Centre for the lesson, and the relevant subject teacher will ensure work is given to her to do. During PE the pupil may rest and observe the lesson, or attend the LRC to work according to teacher's discretion.

If a student in the Junior School is using crutches and unable to weight bear, lessons will be relocated downstairs. The Headmistress, Head of Year and Form Teacher will liaise to ensure this is arranged.

Students from Junior and Senior School using crutches will be advised not to cross Cardington Road in wet or icy weather as road and pavements may be slippery.

The School Nurses will complete an Impaired Mobility Risk Assessment. The Bursar will be informed, and the Assistant Head of Operations, together with all subject teachers, the Form Tutor and Head of Year. The nurse will review the pupil on a weekly basis, or as required, and update the staff of any changes.