DANES HILL SCHOOL

Medical Centre Handbook 2026

Fully revised September 2025
Anna Corbett, Nursing Manager

VERNON EDUCATIONAL TRUST LIMITED
Danes Hill School, Leatherhead Road, Oxshott, Surrey, KT22 0JG

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Danes Hill Medical Centre

The health and well-being of our children is paramount to us. Danes Hill has an experienced, registered Nurse on site in our fully equipped Medical Centre at the Prep School.

Injured or unwell children are cared for here and the Nurse also attends Bevendean regularly and as required.

This ***Medical Centre Handbook*** provides access to all medical and first aid policies, medical publications and forms as a comprehensive guide and ensuring easy access for staff, parents and visitors. The contents will be fully reviewed yearly and edited regularly as changes to the service occur.

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School Doctor- Oxshott Medical Centre	Dr Richard Draper	01372 844000
Operations Director	James Pope	07521 390 220

LOCATION INFORMATION FOR AMBULANCE CREW

DANES HILL SCHOOL MAIN SITE

Leatherhead Road
OXSHOTT
KT22 OJG

01372842509

///spends.dance.almost

BEVENDEAN PRE-PREP

Steels Lane
OXSHOTT
KT22 OQQ

01372 842 546

///dress.photos.spike

THE PADDOCK

Woodlands Court Farm
Woodlands Lane
COBHAM
KT11 3PY

///pitch.scary.ocean

Policies

First Aid and Medical Provision Policy

DANES HILL SCHOOL AND BEVENDEAN PRE-PREP

Contents

Anna Corbett 2024/25

1. POLICY STATEMENT

1.1 Danes Hill School will undertake to ensure compliance with the Health and Safety (First Aid) at Work Regulations 1981. Additionally, we strive to provide a safe & healthy environment for pupils, employees and visitors to the School.

1.2 Responsibility for first aid provision is held by the Head and the Operations Director. This is delegated to the Nurse Manager, and other nominated, trained staff to ensure effective implementation of this policy.

1.3 This policy outlines the School's commitment to support pupils with medical conditions, facilitate the care of a sick or injured pupil and ensure all their healthcare needs are met. It also recognizes the professional obligation of the Nurse.

1.4 First aid and medical provision is made according to an assessment of the risk of each situation (classroom, playing fields, extra-curricular activities, trips, science laboratories etc.) and will be reviewed and altered as far as is reasonably possible according to changes in information and the medical needs of pupils and employees.

1.5 The policy is available to all staff and prospective or current parents/guardians on the internal SharePoint and on the School's website.

2. PROVISION OF FIRST AID AND MEDICAL CARE

2.1 Teachers and staff in charge of pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children.

2.2 The School employs a Registered Nurse who has professional responsibility for the day-to-day care of the pupils who need help, support or seek advice for their medical/health needs.

2.3 Other members of staff are first aid trained appropriate to the qualifications required for the activity or area of the school for which they are responsible. There will always be at least one qualified person on each school site when children are present.

2.4 The School maintains a good level and distribution of First Aid provision to respond adequately to requirements. Where it is assessed that there is greater risk of injury because of the more practical nature of curricular and other activities, arrangements are in place to cope with demand for treatment (e.g. Science, CDT, PE, Games and Swimming, Off-site visits and trips). First Aid equipment and Defibrillators are shown on the maps in Appendices 1 & 2. See also ***Automatic External Defibrillator Use and Access Policy***.

2.5 A first aid kit guardian list of delegated staff ensures that first aid kits around both sites are checked regularly, kept fully stocked and in-date and ensures familiarity with location and contents. This is displayed on the common room staff noticeboard and in the Medical Centre.

2.6 There are currently five defibrillators on-site at the Prep School (three are accessible 24/7) and two at Bevendean (one portable for paddock visits). These also have delegated guardians and are checked to be in full working order monthly. This includes school holidays.

2.7 All off-site trips/sports fixtures are required to carry first aid kits appropriate for the activity and location of the visit. The Medical Centre will also provide individual care plans and medications as required for individual pupils going off-site. School minibuses used for transport to away fixtures contain fully-stocked first aid kits and these are checked once every half-term by the maintenance department and the Medical Centre will restock the when informed items are required.

3. ARRANGEMENTS FOR SPORTS FIXTURES

3.1 Every member of sports staff has their own sports first aid kit, which they are responsible for taking with them off-site and keeping fully stocked and in-date. First Aid supplies are available from the Medical Centre. See also 2.7 above.

3.2 First aid cover for weekend sports fixtures is provided by a company specializing in delivering pitch-side medical cover for sporting events. This is booked by the sports department.

4. ACCIDENT REPORTS

4.1 An ***Accident Report Form***, available on SharePoint, should always be completed if an injury is severe, required hospital treatment or if the accident was preventable. This should also be used for near misses.

4.2 The form should be returned to the Nursing Manager via email as soon as possible following the accident or incident occurring, with a copy to the Operations Director (OD) and Head of Compliance. For Bevendean, the Head of Bevendean and Head of Early Years should be included.

4.3 Accident forms are regularly reviewed for patterns in pupil's accidents. Any patterns are discussed with management regularly as required and formally recorded at termly Health and Safety Committee meetings.

5. REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS 1995 (RIDDOR)

5.1 In the event of an accident requiring a RIDDOR report, the OD, the Head of Compliance and the senior maintenance staff will be informed. It is a legal requirement to report certain accidents and ill health at work to the Health and Safety Executive in certain circumstances, such as death, major injuries and accidents resulting in over seven days of absence due to injury, diseases, dangerous occurrences and near miss incidents

5.2 Parents must notify the school should their child contract a notifiable disease.

6. FIRST AID TRAINING

6.1 First Aid training is available to all members of staff, who are re-trained as required depending on the course they have attended – usually every three years.

6.2 Early Years and Key Stage 1 teaching staff are trained in Paediatric First Aid. Swimming staff have lifesaving qualifications.

6.3 Lists of qualified First Aiders are displayed in the Medical Centre, staff common-rooms and SharePoint at the Prep School and in all classrooms and on the first aid cupboards at Bevendean.

6.4 There are currently approximately 80 qualified First Aiders at Danes Hill School.

6.5 Training is organized by the Medical Centre at the Prep School and Georgie Smith, Head of Early Years at Bevendean.

6.6 The School recognizes that staff acting as first aiders can only give the amount of treatment that the individual is trained to deliver and feels competent to give.

6.7 Food services to the school are provided by 3rd party caterer, Chapter One, who are responsible for ensuring that all kitchen staff are suitably first-aid trained in accordance with their own policies and appropriate to the prevailing environment at the Prep School and at Bevendean. The Catering Manager will liaise with the Nursing Manager as appropriate.

7. MEDICAL HISTORY & CONSENT

7.1 All parents are asked to complete a ***Confidential Medical Form***, before their child starts school, detailing the child's previous medical history, medical conditions, allergies etc. and to include contact numbers for parents and the names and numbers of two local emergency contacts.

7.2 It is important that this information is received before a child begins their first day at school and we are unable to allow any child to start school until we have a completed medical form. This information is not used as a screening tool for entry.

7.3 Parents should alert the Medical Centre to any changes in the health or wellbeing of their child (or children) during their time at Danes Hill so that we can offer the most appropriate care and support.

7.4 Essential medical information will be shared with school staff to ensure a child's safety e.g. Asthma, Diabetes, Allergies.

7.5 The medical form also seeks consent for any necessary health care and first aid services provided at the School under the supervision of the registered Nurse and for administration of non-prescribed medication at the Prep School.

7.6 Parents must always notify the Nurse of any medication given to a child prior to the school day by email: nurse@daneshill.surrey.sch.uk

8. PRESCRIPTION ONLY MEDICATION

8.1 Any medication brought from home whether it is prescribed or over the counter, must be registered and stored in the Medical Centre at the Prep School, or in the School Office at Bevendean. It must be accompanied by an ***Administration of Prescribed Medicines Form*****,** which can be downloaded from the school website or collected from The Medical Centre or Bevendean School Office.

8.2 The medicine must be in the **original packaging** stating generic drug name, dose and the pupil's name. The original dispensing label must not be altered. An English translation must be provided in the case of foreign medicines.

8.3 For residential visits, a form will be completed by parents giving a member of staff permission to administer medicines. A trained member of staff will be designated to administer the medicine and make arrangements for its safekeeping. Prep School staff receive training via the ***Administration of Medication Guidance for Staff*** in-house booklet.

9. OVER THE COUNTER (OTC) MEDICATIONS AT THE PREP SCHOOL

9.1 OTC medications are administered to pupils under a ***Homely Remedies Policy*** - see Appendix 3, from the Medical Centre or by trained staff on school trips or fixtures. A homely remedy is a product that can be obtained, without a prescription, for the relief of a minor, self-limiting ailment.

9.2 The school restricts homely remedies to a documented list of products - see Appendix 4 used for the relief of specific symptoms. This list has been formulated by the Nurse Manager with the agreement of the School Doctor.

9.3 The Nurse can administer a limited range of pharmacy (P) medications under the homely remedy policy. They are normally given for minor ailments only and include medications like paracetamol, ibuprofen and antihistamines.

9.4 Parents automatically consent to the administration of OTC as detailed in the ***Confidential Medical Form***. If they do not wish to give this consent, they must state this separately in writing.

10. ADMINISTRATION OF EMERGENCY MEDICATION

10.1 **Asthma**: Since 2014, UK schools have been allowed to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler. Please refer to our ***Asthma Policy*** for further detail.

10.2 Emergency inhalers are stored in the Medical Centre, outside the Medical Centre on the wall for 24/7 access, in the entrance to Wrens, the Swimming Pool, the Sports Hall entrance and the Sports Office in the Prep School. They are also sent out on trips. At Bevendean they are kept on the high shelf downstairs in Michael's Building.

10.3 This emergency Salbutamol inhaler should only be used by children for whom written parental consent for its use has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

10.4 **Anaphylaxis**: Since October 2017, schools in England have been allowed to purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but whose own device is not available or not working.

10.5 Emergency adrenaline pens are stored in the Nurse grab bag in the Medical Centre and outside the Medical Centre on the wall for 24/7 access, and in the Sports Office at the Prep School. At Bevendean they are kept on the high shelf downstairs in Michael's Building. A care-plan board in the Medical Centre provides a safe visual check for sports staff for pens to take off-site to fixtures during school hours. This should be consulted before staff leave for any sporting fixture off-site.

10.6 Schools may administer their "spare" AAI that has been obtained without a prescription and for use in emergencies, if it is available and then only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. Please refer to our ***Allergy and Anaphylaxis Policy*** for further detail.

10.7 **Entonox** may be administered by the registered nurse under a patient group directive for pain relief in acute trauma and prior to further medical assistance, as outlined in the *Entonox Policy.*

11. CONTROLLED DRUGS

11.1 The Misuse of Drugs (safe custody) regulation (1973), amended in 2007 is the legislation governing the storage of controlled drugs. The Medical Centre has systems in place for the storing, recording and transporting of controlled drugs as directed by the NICE guidelines (NG46). The medicine must be in the original packaging stating generic drug name, dose and the pupil's name. The original dispensing label must not be altered.

11.2 All controlled drugs are locked in a double cupboard in the Medical Centre and the keys are only held by the Nurse or a nominated contact in her absence.

12. THE MEDICAL CENTRE

12.1 The fully equipped Medical Centre is run by a Registered Nurse and is located in The Link.

12.2 The Nurse Manager has responsibility for the management of the Medical Centre and ensures policies and procedures are in place and followed.

12.3 The Nurse's main responsibility is the health and wellbeing of pupils, leading the provision of first aid nursing and on-site medical care, and also supporting pupils with existing medical conditions. They will also provide teaching and training on health issues as appropriate to pupils and staff.

12.4 Staff also have open access to the School Nurse when feeling unwell, for assessment and triage. The Nurse will also provide emergency care for visitors and staff as necessary.

12.5 Contact details: Office: 01372 849 235
Emergency mobile: 07436 106 982
Email: nurse@daneshill.surrey.sch.uk

12.6 Children are given yellow slips by teaching staff to attend the Medical Centre in lessons or there is an open-door policy during break times, before and after school.

12.7 A child with a head injury, serious injury or if distressed with breathing or an allergic reaction should be escorted to The Medical Centre by a member of staff and not another child. If in doubt whether the child should be moved, please contact the Medical Centre and the Nurse will attend. See also ***Head Injury and Concussion Policy*.**

13. MEDICAL RECORDS

13.1 The Nurse follows the standards of record keeping as guided by the Nursing and Midwifery Council (NMC). These records are computer based and confidential to the Nurse. Certain information is shared with School staff on a need-to-know basis; this may include agreed care plans, allergy or emergency information. Access to this part of the school records is limited to only specifically authorised staff who 'need-to-know.' Records are password protected and digitally signed by the Nurse.

13.2 Personal or sensitive information passed in confidence to the School Nurse remains confidential in-line with the NMC Code

13.3 However, if the Nurse feels that a safeguarding issue is brought up during a consultation, they will make the pupil aware of their concern and act in accordance with the School's ***Safeguarding and Child Protection Policy***.

13.4 Staff medical records are recorded in Medical Confidential and cannot be accessed by anyone other than the Nurse.

14. CARE PLANS FOR PUPILS WITH DISABILITIES AND/OR SPECIFIC MEDICAL NEEDS

14.1 Pupils with long term acute or chronic health conditions, disability, or conditions that require swift emergency medication will have a Care Plan written in consultation with all parties relevant to their care.

14.2 These Care Plans will be taken off-site with the pupil for fixtures or trips. Staff are advised of these for trips via confidential ***Medical Condition Reports*** produced in advance of a trip by the Nurse.

15. INFECTION CONTROL- UNIVERSAL PRECAUTIONS

15.1 The spread of infections is prevented and limited by supporting the routine immunisation schedule for children in accordance with the Government immunisation programme, and administered by NHS Nurses at School, with Medical Centre support. Danes Hill also offer the yearly nasal flu immunisation for recommended age groups and the flu vaccine for staff.

15.2 The School encourages high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment.

15.3 The UKHSA *'Guidance on Infection Control in Schools'* is followed for treatment and exclusion of illnesses and infections by the Nurse.

15.4 Children with **sickness and/or diarrhoea** are asked to be kept at home for a period of at least **48 hours following their illness.**

15.5 Children with **raised temperatures** (above 37.5) during any illness must be kept at home until **24 hours after the fever has passed.**

16. OUTBREAKS

16.1 In the event of an outbreak of an infectious illness, the Nurse will inform the School and where necessary, UKHSA and any other relevant outside agencies. The Medical Centre will implement the appropriate action as advised and communicate information to the school community.

17. LIVING WITH COVID-19 – CONTROL MEASURES

17.1 The emergence of new variants will be a significant factor in determining the future path of the virus and we will therefore respond and adjust our guidance as required in order to protect our community. We will remain vigilant for those at high-risk within the school community.

17.2 We will continue to support and promote covid vaccination and boosters in-line with Government guidance.

17.3 We will protect the school by maintaining good hygiene for everyone, maintaining appropriate cleaning regimes, and by keeping occupied spaces well-ventilated but comfortable.

17.4 Children or staff must stay at home if unwell or have a raised temperature and can return when better or 24 hours post fever, as per our policy.

18. CLEANING OF BLOOD AND BODY FLUID SPILLAGES

18.1 All spillages of blood, faeces, saliva and vomit will be cleaned up immediately. Staff and students should be kept away from contaminated areas. When spillages occur, they will be cleaned using a product that combines both a detergent and a disinfectant and used as per manufacturer's instructions. Disposable paper towels are used for blood and body fluid spillages and discarded in clinical waste. A spillage kit is available for blood spills via the in-house cleaner and contactable by the maintenance team.

19. INJURIES

19.1 Normal first aid procedures should be followed, which should include the use of disposable gloves and, where splashing is possible, the use of suitable eye protection and a disposable plastic apron.

19.2 Any wound which has contact with other blood, spittle or other body fluids should be washed with soap and water. If the accident involves the eye or mouth, this should be washed thoroughly with water.

19.3 Splashes of blood, saliva or other body fluids on the skin should also be washed off with soap and water. Where any of these enter the eye or mouth, this should be washed copiously with water.

19.4 If there is a risk of contracting a blood-borne virus, guidance will be sought from the School Medical Officer and/or A&E.

19.5 Children's clothes damaged or soiled in an accident should be returned to parents unaltered and not cleaned or repaired.

20. ABSENCE

20.1 In the case of absence through illness, the School should be informed by telephone (Prep School Reception: 01372 842 509, Bevendean School Office: 01372 842 546) on the first day of absence. If any special restrictions apply on return to school (e.g. games, swimming etc.) a note from the parents to the form teacher is required and an update for the Nurse, specifically with any medication given prior to school.

21.PRE PREP (BEVENDEAN) SPECIFIC FIRST AID AND MEDICAL PROVISION

21.1 There will always be a Paediatric First Aider on site when EYFS children are on site.

21.2 In most cases, injuries to children on the premises are dealt with by the adults who are in the proximity of the accident. Should the need arise, colleagues with first aid qualifications are on hand to give advice. There are approximately 35 members of staff with first aid qualifications at Bevendean.

21.3 There is a separate procedure for accidents and in particular head injuries at Bevendean, which are recorded in the ***Bevendean Accident Folder*** which is kept in the Bevendean School Office.

21.4 We endeavour to inform the parent of any injury to the head immediately so that the parent has the option to collect the child. Any injury to the head is treated in accordance with our ***Head Injury and Concussion Policy*** and if appropriate, a ***Head Injury leaflet*** sent home with the child.

21.5 Pupils will be given a wrist band to wear to alert staff and parents to a head injury, which may not necessarily be visible. In the case of an injury which is more serious in nature, and in the absence of the parent after due attempt to contact them, medical advice will be sought usually from the Nurse in the first instance. Consent for this is signed by the parents on the medical form when a child starts at Bevendean.

21.6 In addition to this, staff should carry out the following:-

- Inform, as soon as possible, the child's form teacher including what happened and at what time, action taken and the child's current condition and whether it is improving or deteriorating.
- The parent must be informed about a minor accident, by the form teacher that day and sign the report form.
- The Head of Pre-Prep must be informed of all Accident folder entries so that she is fully aware of the circumstances when she speaks with the child's parents.

21.7 The School Nurse can be called to Bevendean to attend to a child at any time if they are required.

21.8 There is a supply of first aid resources including a portable defibrillator and an emergency allergy kit, in a designated marked bag, taken to the Paddock, along with a spare asthma inhaler, with each class.

21.9 There is a designated room for use with a child who has been taken unwell; this is usually an interim measure whilst awaiting a parent.

21.10 In all cases of children being unwell at school, the parent is contacted and care provided for the child until his/her parent arrives. In the event of not being able to contact a parent, we will endeavour to call one of the emergency contacts. If the child needs medical attention more quickly than the parent is able arrive, the School Nurse will be called, or an ambulance depending on the severity of the problem. If the child needs to be taken to a local hospital, we will do so, taking the relevant medical history and contact numbers.

22.11 Contents of first aid bags and cupboards are regularly checked for availability of stock. This is the responsibility of each class teacher for the stock within the classrooms and the Playground Supervisor for the box for the playground. Supplies are regularly replenished where necessary via a central stock controlled by the Head of EYFS.

21.12 For all school trips off site, at least one person with a current paediatric first aid qualification will attend when EYFS children are present.

21.13 For a more serious accident involving a visit to hospital or further treatment, a Danes Hill Accident Report Form must be completed.

APPENDIX 1

Location of Prep School First Aid Equipment and Defibrillators

Location of Prep School Sports Fields First Aid Equipment and Defibrillators

APPENDIX 2

Location of Bevendean First Aid Equipment and Defibrillators

Homely Remedies Policy for Prep School

1. DEFINITION

1.1 A homely remedy is an ***over the counter*** **(OTC)** medication that can be obtained, without a prescription, for the relief of a minor, self-limiting ailment.

2. PROTOCOL

2.1 The school restricts homely remedies/medicines to a documented list of products used for the relief of specific symptoms.

This list has been formulated by the School Nurse with approval of the School Doctor, see Appendix 4.

2.2 Conditions may only be treated using the specific products indicated for use and doses according to manufacturer's guidelines. If the symptoms persist, or give cause for concern, medical advice should be obtained in case they are masking more serious underlying conditions. Administration of homely remedies must only be undertaken by a member of staff with appropriate knowledge of these medications. The Medical Centre will have access to the British National Formulary. Staff must refer to the publication ***'Administration of Medication. Guidance for Prep School Staff'.***

2.3 Conditions to consider for treatment using a homely remedy include:

- Indigestion
- Mild pain
- Coughs/colds
- Hay fever/ allergic reactions
- Sports injuries
- Asthma
- Anaphylaxis
- Diabetes

This list is for illustration and is not exhaustive.

3. OBTAINING HOMELY REMEDIES

3.1 These will be purchased from a community pharmacy/ medical supplies company and held by the Medical Centre as stock.

4. STORAGE OF HOMELY REMEDIES

4.1 Homely remedies will be stored in locked medicine cupboards in the Medical Centre. They will be separated from any named prescription medicines. Expiry dates will be checked regularly by the Nurse.

4.2 For off-site trips, the Nurse will provide a limited supply of OTC medications in a medical bag separate to the first aid supplies.

5. RECORDING OF ADMINISTRATION OF HOMELY REMEDIES

5.1 It is essential that all medicines that are given to pupils, staff or visitors are recorded to maintain accurate records and avoid possible overdosing. The School Nurse records medication given as per the ***First Aid and Medical Provision Policy***. Parents are emailed with the dose and time given.

5.2 Staff record administration off-site in ***Medication Log*** provided by the Nurse in each bag and this is handed over to the Medical Centre on return.

5.3 If staff have given medication and are handing over pupils directly to parents on return from a trip, they must verbally inform the parent what they have given and at what time.

6. CONSENT

6.1 Parents must inform the school in writing if they do not consent for their child to be given medications/products from the approved list. This will be documented on iSAMS and consulted prior to administration. Alternatively, off-site this information will be on the *Medical Conditions Report.*

7. PROCEDURE

7.1 All homely remedy medications will be given according to manufacturer's guidelines which cover:

- The conditions licensed to be treated by that medication.
- The dose to be used.
- Exclusions set out by the manufacturer.
- Any drug interactions which would exclude their use.

7.2 Before administration of homely remedies:

- Symptoms will be checked and appropriate medication chosen.
- Consent information to be checked.
- School records to be checked for contraindications or any known allergies. (This will be from a ***Medical Condition Report*** off-site)
- The pupil will be asked if they have taken any other medication and at what time, (but this is not relied upon depending on age)
- Medication packaging will be read for administration guidelines.
- Administration of medication will be documented.
- The pupil will be informed when they may be given further medication.
- A written note, or email will be sent to advise parents.

APPENDIX 4

Approved List of Medications and Products for use in the Danes Hill School Medical Centre	
Medications	**Use as per Patient Information Leaflets (PIL)**
Calpol Six Plus Fast Melts 250mg paracetamol per tablet	
Calpol Six Plus Sachets 250mg/5ml paracetamol	
Cetirizine Hydrochloride 10mg	
Cetirizine Hydrochloride 5mgs/5mls Oral solution	
Gaviscon Liquid	
Ibuprofen 200mg tablets	
Ibuprofen Suspension 100mg/5ml Sugar free	
Paracetamol 250mg/5ml Oral Suspension	
Paracetamol 500mg caplets	
Piriton Syrup 2mg per 5ml	
Piriton Tablets 4mg	
Loratadine Tablets 10mg	
Products	**Use as per Patient Information Leaflets (PIL)**
Anthisan Cream	
Arnica Cream	
Blackcurrant and Menthol Lozenges	
Burn Gel	
Deep Heat Rub	
Dental Modelling Wax	
Dextrose Energy Tablets	
Diprobase Cream	
E45 Cream	
Eurax Cream	
Ginger Fruit Drops	
Glucogel (40% Dextrose)	
Lemon, Honey and Glycerine/Blackcurrant Lozenges	
Magnesium Sulphate Paste	
Olbas Oil	
Sudocrem Cream	
Sun Lotion SPF30 or SPF50 UVA	
Teething Gel	
Vaseline / Vicks	
Emergency Medications-Prescribed	**Use as per Patient Information Leaflets (PIL) and individual Care Plans**
Adrenaline Auto- Injector pens	
Salbutamol Inhaler	
Entonox	As per Entonox policy

Asthma Policy

DANES HILL SCHOOL AND BEVENDEAN PRE-PREP

1. AIMS

- To enable all pupils with asthma to participate fully in all school activities and to ensure they are not disadvantaged by their condition.
- To assist with **immediate** access to reliever inhalers, which is vital.
- To ensure that all staff have a clear understanding of what asthma is and how to deal with a pupil having an asthma attack.
- To request that all medical information is supplied and updated as necessary by parents to the Medical Centre.
- To hold emergency salbutamol inhalers according to the Human Medicines (Amendment) (No.2) 2014 Regulations, alongside asthma registers.

2. DEFINITION OF ASTHMA

2.1 Asthma affects all age groups but often starts in childhood. It is a disease characterized by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency from person to person. In an individual, they may occur from hour to hour and day to day.
This condition is due to inflammation of the air passages in the lungs and affects the sensitivity of the nerve endings in the airways, so they become easily irritated. In an attack, the lining of the passages swell causing the airways to narrow and reducing the flow of air in and out of the lungs.

3. MANAGING ASTHMA AT SCHOOL

3.1 Pupils with asthma are identified from ***Confidential Medical Forms*** completed by parents when starting at Danes Hill. This also gives written parental consent for the School to use an emergency inhaler should the need arise. (see 4)

3.2 Medical information is maintained on iSAMS and it is parents responsibility to keep this information up-to-date by informing the School Nurse of any changes to medical history.

3.3 Pupils are encouraged to take responsibility for their asthma from an early age. Reliever inhalers are kept in the classroom and/or sports bags. If parents and/or teachers agree they are mature enough, children are encouraged to carry their own inhalers. These should be clearly labelled with the child's name and form.

3.4 Teachers in charge of school trips and sports fixtures during school hours must ensure that pupils have their inhalers with them. A list of known medical conditions, including asthma, is given to staff ahead of trips by the Nurse.

3.5 **Parents must supply medication for weekend fixtures and residential trips.**
For safety reasons, pupils who do not have a valid inhaler on their person will not be allowed to take part on the school trip.

3.6 Parents may provide the Medical Centre with a spare, in date, inhalers (and spacer if prescribed)

4. EMERGENCY SALBUTAMOL INHALERS

4.1 The School also holds **emergency salbutamol inhalers** for children who cannot access their own inhaler. This should only be used by children:

- who have either been diagnosed with asthma and prescribed an inhaler;
- OR have been prescribed an inhaler as reliever medication.

4.2 There is a list of all the children on the asthma register kept with each emergency inhaler. The inhaler can be used if the pupil's prescribed inhaler is not available for whatever reason.

4.3 A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

4.4 Emergency inhalers are stored in the Medical Centre, outside the Medical Centre on the wall for 24/7 access, in the entrance to Wrens, the swimming pool, the sports hall entrance and the sports office in the Prep School. They are also sent out on trips. At Bevendean they are kept on the high shelf downstairs in Michael's Building.

5. ASTHMA AND SPORT

5.1 Exercise has proven health benefits to people with asthma. The School seeks to involve all pupils in sport with support and guidance from the School Nurse to the PE staff as appropriate.
Pupils with asthma are encouraged to have their reliever medication available should they need it during a sports lesson and should not leave it in the changing room. Labelled relief inhalers can be given to the teacher in charge at the start of the lesson for safekeeping.

6. ASTHMA TREATMENT

There are two types of treatment:

6.1 ***Preventers*** –these are usually taken twice daily to prevent symptoms from developing. The type of drug commonly used in a preventer is a steroid. They are usually in a brown, red or orange container. They take 10-15 days to work. This inhaler does not help an acute asthma attack and should not be kept at school, unless a prescribed dose is required during the school day.

6.2 ***Relievers*** – these are the inhalers used in an acute asthma attack. They are often (but not always) blue in colour and are used to relieve the symptoms of asthma by relaxing the muscle in the airways. The two main reliever drugs are Salbutamol (Ventolin) and Terbutaline. It is recommended that spacer devices are used with aerosol inhalers.

6.3 Common ‘day to day’ symptoms of asthma are:

- Cough and wheeze (a ‘whistle’ heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of a reliever inhaler and rest (e.g. stopping exercise).

7. AN ASTHMA ATTACK

Signs of asthma attack include

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue.
- Sometimes younger children express feeling tight in the chest as a tummy ache

8. WHAT TO DO:

- Keep calm
- Call the School Nurse
- Encourage the child to sit up and slightly forward – do not hug or lie them down
- Make sure the child takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer
- Ensure tight clothing is loosened

- Reassure the child

9. IF THERE IS NO IMMEDIATE IMPROVEMENT:

Continue to make sure the child takes two puffs of reliever inhaler every 2 minutes for 5 minutes or until their symptoms improve. They can take up to 10 puffs; do not worry about possible over dosing. The inhaler should be shaken between puffs.

10. CALL 999 OR 112 IF:

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

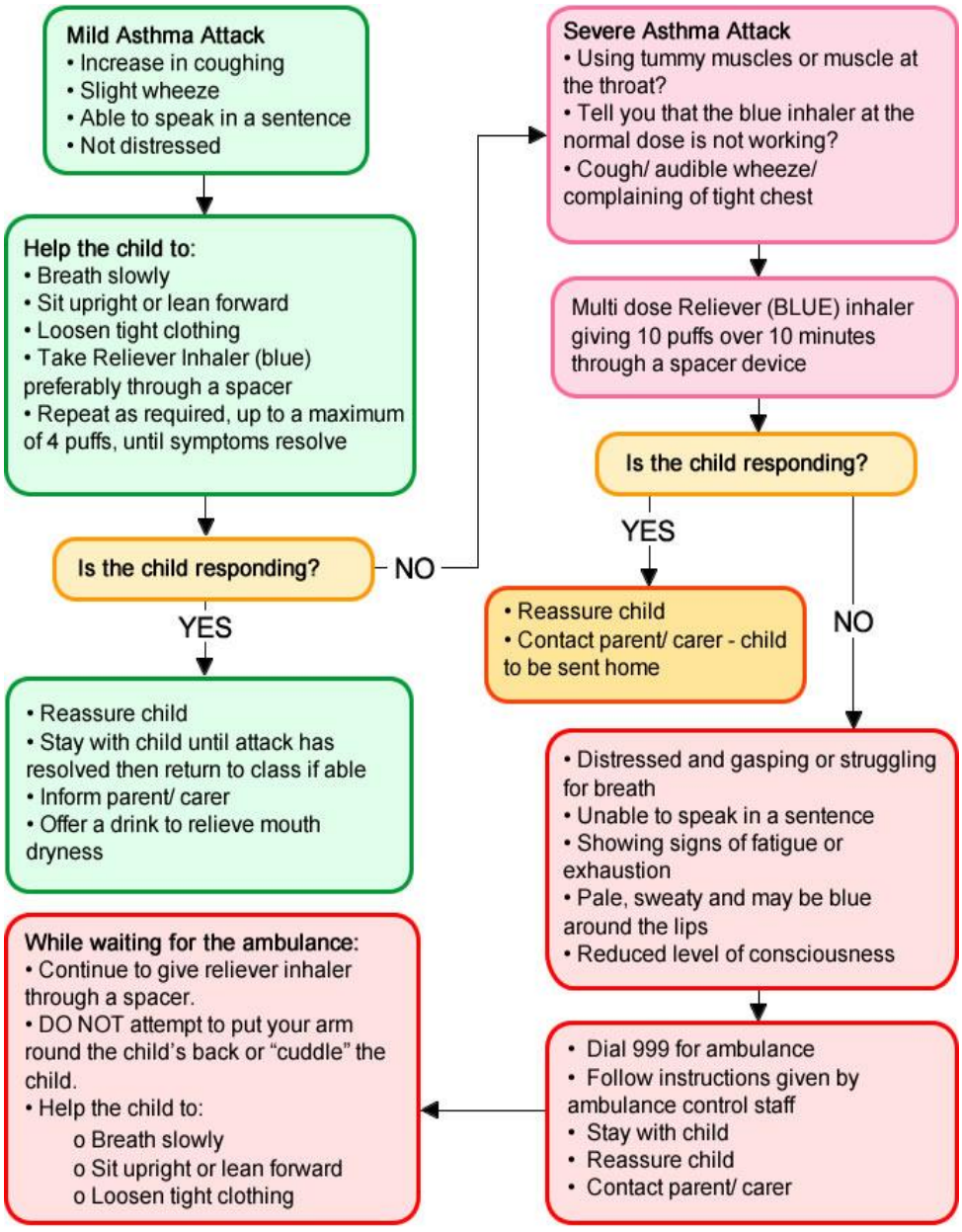
Ensure the child takes two puffs of their reliever inhaler every 2 minutes until the ambulance arrives.

11. AFTER A MINOR ASTHMA ATTACK

- Minor attacks should not interrupt the involvement of a pupil with asthma at school. When a pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack

12. IMPORTANT THINGS TO REMEMBER

- Never leave a pupil having an asthma attack
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to find it and/or call the Nurse. Emergency inhalers are stored in the Medical Centre, outside the Medical Centre on the wall for 24/7 access, in the entrance to Wrens, the swimming pool, sports hall entrance and the sports office in the Prep School. They are also sent out on trips. At Bevendean they are kept on the high shelf downstairs in Michael's Building.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonable prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Contact the pupil's parents or carer immediately after calling the ambulance.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parents or carer arrives.
- Staff should not take pupils to hospital in their own car.


Mild Asthma Attack
• Increase in coughing
• Slight wheeze
• Able to speak in a sentence
• Not distressed
Help the child to:
• Breath slowly
• Sit upright or lean forward
• Loosen tight clothing
• Take Reliever Inhaler (blue) preferably through a spacer
• Repeat as required, up to a maximum of 4 puffs, until symptoms resolve
Is the child responding?
NO
YES
• Reassure child
• Stay with child until attack has resolved then return to class if able
• Inform parent/ carer
• Offer a drink to relieve mouth dryness
Severe Asthma Attack
• Using tummy muscles or muscle at the throat?
• Tell you that the blue inhaler at the normal dose is not working?
• Cough/ audible wheeze/ complaining of tight chest
Multi dose Reliever (BLUE) inhaler giving 10 puffs over 10 minutes through a spacer device
Is the child responding?
YES
• Reassure child
• Contact parent/ carer - child to be sent home
NO
• Distressed and gasping or struggling for breath
• Unable to speak in a sentence
• Showing signs of fatigue or exhaustion
• Pale, sweaty and may be blue around the lips
• Reduced level of consciousness
• Dial 999 for ambulance
• Follow instructions given by ambulance control staff
• Stay with child
• Reassure child
• Contact parent/ carer
While waiting for the ambulance:
• Continue to give reliever inhaler through a spacer.
• DO NOT attempt to put your arm round the child's back or "cuddle" the child.
• Help the child to:
o Breath slowly
o Sit upright or lean forward
o Loosen tight clothing

Allergy and Anaphylaxis Policy

DANES HILL SCHOOL AND BEVENDEAN PRE-PREP

This is the Allergy and Anaphylaxis Policy of Vernon Educational Trust Limited operating Danes Hill School, hereafter referred to within this policy as the **School** or **We**.

The School recognises that a number of community members (pupils, staff, parents and visitors) may suffer from potentially life-threatening allergies or intolerances, including to certain foods, insect stings, latex or drugs. We are committed to a whole school approach to the care and management of those members of the School community.

1. POLICY AIMS

1.1 To identify the potential threats and the actions which the School and parents can reasonably take to prevent the presence of people with allergies accessing food containing such allergens in the School.

1.2 Identify training requirements amongst staff and pupils in order to reduce, as far as possible, the risk of an allergic reaction and manage the risk of anaphylaxis.

1.3 Common triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
- Other foods (e.g. dairy products, egg, fish, crustaceans, lupin, molluscs, celery, gluten, shellfish, sesame seeds, mustard, sulphites and soya)
- Insect stings (bees, wasps, hornets)
- Latex
- Drugs
- Idiopathic- (no obvious trigger)

2. SCOPE AND APPLICATION

2.1 This policy applies to all staff (including employees, fixed-term, part-time, temporary and voluntary staff and helpers), pupils and visitors at the School.

2.2 This policy applies at all times when staff or pupils are under the care of the School, that is:

- in or at School;
- on School-organised trips;
- at School sporting events or away fixtures.

2.3 This policy is published on the School website and is available in hard copy on request.

3. REGULATORY FRAMEWORK

3.1 This policy has been prepared to meet the School's responsibilities under the:

- Children Act 1989;
- The Health and Safety (First-Aid) Regulations 1981
- Education (Independent School Standards) (England) Regulations 2014;
- Statutory framework for the Early Years Foundation Stage (DfE, March 2017);
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

3.2 This policy has regard to the following guidance and advice:

- Guidance on the Health and Safety (First-Aid) Regulations 1981 (HSE, 2013)
- Guidance on the symptoms of anaphylaxis (NHS Choices);
- Guidance on the use of adrenaline auto-injectors (AAI's) in schools (Department of Health, September 2017)
- Guidance on first aid for schools (DfE, February 2014);
- Incident reporting in schools (accidents, diseases and dangerous occurrences): guidance for employers (Health and Safety Executive (HSE) EDIS1 (revision 3), October 2013).

3.3 The following School policies and procedures are relevant to this policy:

- Health and Safety Policy;
- First Aid Policy;
- Risk assessment Policy:
- Illness and Medicine Policy;
- Pre-Prep Food and Drink Policy;
- Safeguarding and Child Protection Policy.

4. POTENTIAL RISKS

4.1 The School has identified the following factors as potential risks which may trigger anaphylaxis:

- Any food on the School premises, whether provided by the School or from outside.
- Food brought into the School by pupils, including for food projects.
- Contact between persons who have handled foods known to present a risk of an allergic reaction (in or outside School) and allergy sufferers, without appropriate handwashing.
- Catering on School premises / residential trips/educational visits / school sporting events or fixtures (home and/or away).
- Events where food is served on the School premises, but is not prepared on the premises i.e. Family Day, Christmas Fayre, staff events, cake sales.
- Misinterpretation or a lack of understanding of the differences between a life-threatening 'allergy' or an 'intolerance' which may produce milder symptoms.
- Lists of ingredients not explicitly naming the allergen (e.g. casein and whey as milk derivate or arachis oil which is another name for peanut oil).
- Latex in products that are not recognised
- Drug allergies

- Insect stings

5. SCHOOL RESPONSIBILITIES

5.1 The Board of Governors has overall responsibility for all matters which are the subject of this policy. The Head has formal oversight of the administration of first aid, including to those with allergies or anaphylaxis. The Head's responsibility has been delegated to the Nurse Manager to ensure the effective implementation of this policy.

5.2 Notwithstanding these responsibilities, the School is not able to guarantee a completely allergen free environment, rather to minimise the risk of exposure by hazard identification, instruction and information. There are many foods that do not contain allergens but which are labelled as being produced in factories that cannot be guaranteed to be allergen-free due to the potential for cross-contamination in preparation. It cannot be reasonably expected that all these items be kept out of the School.

5.3 Items correctly packed and labelled will be permitted in School, in limited and controlled circumstances i.e. packed lunches or snacks provided by the School. Ingredients in products should be checked and should be used to inform decisions regarding acceptable use of a product in the School (for example, ingredients that may cause an allergic reaction are listed in products in bold).

6. CHAPTER ONE

6.1 The School has appointed 3rd party catering contractors, Chapter One, to manage and effect the preparation, presentation and service of food, beverages and consumable products in the School.

6.2 The School has reviewed Chapter One's Allergy & Intolerance and Management Overview and is satisfied that it meets the requirements of the medical staff and this policy.

6.3 The Chapter One catering manager will liaise with the Medical Centre, pupils and their Parents as appropriate to discuss a pupil's allergies or medical conditions.

7. PARENT/CARER RESPONSIBILITIES

7.1 Parents and carers of pupils with an identified allergy *must*:

- Inform the Head if the pupil has or develops any known medical condition, health problem or allergy by returning a ***confidential medical form***. **If a medical form is not returned by a parent, the School will not allow the child to attend until it is received.**
- Provide the Medical Centre/School Nurse with relevant medical documentation/tests/reports necessary to manage the condition, as well as any appropriate medicines prescribed by the pupil's doctor.
- Assist the School by educating the pupil and encouraging increasing independence in the pupil's awareness and management of their allergy as they develop.
- Check the weekly menu and contact the School or the caterers should they have concerns.

7.2 The School recognises that pupils should be allowed to carry their own medicines and relevant devices (such as Adrenaline Auto Injectors - AAIs), wherever possible or should be able to access their medicines for self-medication quickly and easily. Following consultation between the School, parents and the pupil, a pupil may be permitted to store and carry their own medication if in the opinion of the School Nurse they are sufficiently competent to do so. This will be reflected in a pupil's medical care plan.

7.3 All parents and carers *are required* to do the following:

- When parents or carers send food into the School, they will be required not to provide food which contains the obvious allergens i.e. nuts, or sesame seeds which would include peanut butter, Nutella, all nuts and cooking oils containing nut oil. Berries are also high risk for many of our pupils.
- Provide the Medical Centre/Bevendean staff with any named medication that the pupil is prescribed, and ensure it is kept in date.
- Provide any medication prescribed for the pupil at weekend sporting fixtures home or away and for School out-of-hours events or trips.

8. MEDICAL CENTRE RESPONSIBILITIES

8.1 Medical information for pupils provided to the School will be shared as is necessary to manage the pupil's condition. Otherwise, it will be kept private and confidential. Such information will be reviewed by the School Nurse or Doctor who will consider who else should be informed.

8.2 It is usual for all School staff to be made aware of pupils with any type of allergy via:

- The School's information management system for pupils
- Medical care plans prepared for pupils at risk as appropriate.
- Medical Alert lists, with pictures, published on SharePoint under Medical and displayed on the private staff noticeboard. (Bevendean staff are independent with these displays).
- Trip reports will include details of pupil or staff health needs and should be consulted by staff attending, prior to going off-site.
- The Anaphylaxis care-plan board in the Medical Centre which provides a visual check for sports staff. This should be consulted before staff leave for any sporting fixture off-site.

8.3 It is the School Nurse's responsibility to pass any food allergy information onto the Catering Manager on a "need to know" only basis. In addition to this the School Nurse will liaise with the Catering Manager to discuss the management of any pupil's allergy as applicable.

9. SCHOOL STAFF RESPONSIBILITIES

- All staff will be made aware of pupils with known allergies by the Medical Centre.
- Form teachers must be proactive, as far as reasonably possible, in protecting pupils in their care who have a known allergy.
- Staff who have undergone training, including First Aiders Designated Members of Staff, must be responsible for ensuring they are confident in how to use an adrenaline auto-injector (AAI) in an emergency.
- Chapter One, the School caterers, use a colour coding system to identify special diets. The colour code is as follows:
    - RED: Pupil has had a severe reaction / anaphylactic shock or has been medically diagnosed.
    - AMBER: Pupil has an allergy or intolerance.
    - BLUE: Pupil excludes foods due to preferences, including religious beliefs.
- Chapter One are mindful of all pupils who have allergies, whether producing food cooked on site or in the supply of packed lunches.

- Residential trip providers will be notified in advance of our visit of pupils in the group with allergies or intolerances. Parents will also be involved in establishing the pupil's dietary needs with these organisations.
- Staff will not take pupils off-site without checking with the School Nurse for a list of all medical conditions for the pupils in their care, and taking care plans/AAI with them as advised by the Nurse.
- Staff embarking on food projects must take responsibility for checking with the School Nurse, the dietary needs of their class.
- The School ensures there are an adequate amount of qualified First Aiders are available across the site and when pupils are off-site. Other members of staff can also train in the use of AAI's on demand with the School Nurse. These individuals are known as Designated Members of Staff and staff should be aware of who the Designated Members of Staff are, and how to access their help. Please see Section 11 for further details on training provided to staff.

9.1 Pupils in the RED category

- A pre-plated meal will be provided for them, unless parents specifically request otherwise. Whilst Chapter One can provide meals that do not include the nominated allergens, they cannot guarantee that dishes do not contain traces of allergens as they may be stored and prepared in the same areas as known or identified allergens.
- A meeting will be set up between the School Nurse and the Catering Manager to discuss the pupil's allergy at the request of parents or the School.
- Chapter One do not use nuts in any of the food they prepare and serve. They are, however, unable to guarantee that dishes / products served are totally free from nuts / nut derivatives. This is because ingredients, for example, curry paste, may be made in a factory containing nuts, bread may be baked in a factory handling nuts or some production lines have machines lubricated with nut oil.
- Sometimes, pupils in the RED category with an allergy to nuts, are able to tolerate precautionary statements such as 'made in a factory containing nuts'. If this is the case, then during the meeting with the School, it may be possible to allow the parent to sign a disclaimer to allow the pupil to select meals rather than have a pre-plated meal.

9.2 Pupils in the Amber or Blue category

- Pupils within these categories may ask a member of the Chapter One catering team for any allergy information and this will be provided using the daily allergen checker.

9.3 Identification of Pupils with Allergies or Intolerances at the Point of Service

- In order to aid identification of pupils who have an allergy or intolerance at the point of service, a colour coded lanyard will be provided for pupils to wear in the Red, Blue or Amber category at Bevendean and in Year 2.
- Pupils at the Prep School will be served from an Allergen Counter called the 'Dietary Desk'.

10. ANAPHYLAXIS

10.1 Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

10.2 Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis (also known as anaphylactic shock) is the most extreme form of an allergic reaction. Information on the School's procedure for recognising and responding to anaphylaxis is set out in Appendix A.

10.3 Emergency adrenaline pens are stored in the Nurse's grab bag in the Medical Centre and outside the Medical Centre on the wall for 24/7 access, and in the Sports Office at the Prep School. At Bevendean they are kept on the high shelf downstairs in Michael's Building. A care-plan board in the Medical Centre provides a safe visual check for sports staff for pens to take off-site to fixtures during school hours. This should be consulted before staff leave for any sporting fixture off-site.

11. TRAINING

11.1 The School ensures that regular guidance and training is arranged for staff on induction, which includes awareness of the signs and symptoms of allergies and anaphylaxis and the procedures to be followed in an emergency.

11.2 Training is refreshed at regular intervals thereafter so that staff and volunteers understand what is expected of them by this Policy and have the necessary knowledge and skills to carry out their roles.

11.3 The level and frequency of training depends on role of the individual member of staff, however there is training video on SharePoint under 'Medical' and the Nurse will always offer on-the-spot training regarding administration of an AAI to Designated Members of Staff.

11.4 Where staff are not trained in how to administer an AAI the School will ensure that they know how to access support from trained members of staff, including the School Nurse, First Aiders and Designated members of staff.

11.5 The School maintains written records of all staff training.

12. RISK ASSESSMENT

12.1 Where a concern about a pupil's welfare is identified, the risks to that pupil's welfare will be assessed and appropriate action will be taken to reduce the risks identified in accordance with the School's Risk Assessment Policy.

12.2 The Head has overall responsibility for ensuring that matters which affect pupil welfare are adequately risk assessed and for ensuring that the relevant findings are implemented, monitored and evaluated.

13. REPORTING AND RECORD KEEPING

13.1 The DFO is responsible for ensuring that the School complies with its reporting and record keeping obligations.

13.2 There is a legal obligation to report certain accidents, diseases, incidents, dangerous occurrences and / or near misses to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Reporting is most easily done online at www.hse.gov.uk/riddor. Fatal and "specified" injuries can also

be reported by calling 0845 300 9923. Further guidance in relation to RIDDOR reporting can be found on the HSE website.

13.3 The DFO will also consider whether the School is required to report the accident incident to any other regulatory body or organisation.

13.4 The School will ensure that it keeps a record of any first aid administered for allergic reactions or incidents of anaphylaxis. A copy of the record will be provided to those responsible for pupil pastoral welfare and risk assessment for pupil welfare if applicable.

13.5 All records created in accordance with this policy are managed in accordance with the School's policies that apply to the retention and destruction of records. The records created in accordance with this policy may contain personal data. The School has a number of privacy notices which explain how the School will use personal data about pupils and parents. The privacy notices are published on the School's website. In addition, staff must ensure that they follow the School's data protection policies and procedures when handling personal data created in connection with this policy.

14. Allergy Champions

There are Allergy Champions available at each service, these employees are specifically trained to give allergy advice to pupils and to answer any questions they may have. Pupils who receive a plated meal should collect their food from the Allergy Champion at the Dietary Desk. The Allergy Champions can be identified during service as they will be wearing allergen badges.

The catering team have access to reports with the pupil's photo and brief details of the food that the child must not be served. This helps us understand which special diets we need to cater for, but it is very important that the pupil speaks to the Allergy Champion at the time of service to discuss the ingredients that are contained within the food.

APPENDIX A

15. RECOGNISING AND RESPONDING TO ANAPHYLAXIS

15.1 Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of tongue/throat and mouth
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness

15.2 When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.

- If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking (recovery position).
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

15.3 Staff must:

- Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken
- Administer the person's AAI device. A second AAI can be administered if there is no improvement after 5 minutes. The used AAI's must be taken to hospital with the pupil.
- Ring (9) 999 immediately stating anaphylaxis ("ana-fy-lax-is")
- At Prep School, call the Medical Centre – state what has happened so that they can assess the situation and bring medication to the location. Please note that if the School Nurse cannot attend immediately, there should be no delay in using the person's medication. Locate the nearest first aider to come and assist.
- If they stop breathing, open their airway by tilting their head back and begin CPR and attac/start the defibrillator.
- Remove any trigger if possible, i.e. remove bee/wasp sting from skin.
- Contact the pupil's parents.
- The pupil/affected individual must be reviewed by 999 emergency services.

Automatic External Defibrillator Use and Access Policy

DANES HILL SCHOOL & BEVENDEAN

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

1. CARDIAC ARREST

1.1 Cardiac arrest is when the heart stops pumping blood around the body. It can be triggered by a failure of the normal electrical pathway in the heart, causing it to go into an abnormal rhythm or to stop beating entirely. Oxygen will not be able to reach the brain and other vital organs. When a cardiac arrest occurs, the individual will lose consciousness, and their breathing will become abnormal or stop. If basic life support is not provided immediately, the chances of survival are greatly reduced. Cardiac arrest can happen at any age and at any time.

1.2 Possible causes include:

- heart and circulatory disease (such as a heart attack or cardiomyopathy)
- loss of blood
- trauma (such as a blow to the area directly over the heart)
- electrocution
- sudden arrhythmic death syndrome (SADS; often caused by a genetic defect)

1.3 When a cardiac arrest occurs, cardio-pulmonary resuscitation (CPR) can help to circulate oxygen to the body's vital organs. This will help prevent further deterioration so that defibrillation can be administered.

2. AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS)

2.1 An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

2.2 Research has shown that an individual's chance of survival following the onset of a cardiac arrest decreases by 7–10% for every minute of delay in commencing treatment. Lack of blood circulation for even a few minutes may lead to irreversible organ damage – including brain damage. Early intervention by bystanders, even those with little or no first aid training, can therefore buy time until professional help arrives, improving the chance of a successful outcome.

2.3 Modern AEDs are inexpensive, simple to operate and safe for users. The AED will analyse the individual's heart rhythm and apply a shock to restart it, or advise that CPR should be continued. Voice and/or visual prompts will guide the rescuer through the entire process from when the device is first switched on or opened. These include positioning and attaching the pads, when to start or restart CPR and whether or not a shock is advised.

3. LOCATION OF AED'S

1. **The Link** (next to the main entrance doors): ext. 235

2. Outside Wall of **Pavilion**: Cabinet Code C999 or dial 999 (registered with ambulance service). Available 24/7.

3. Outside wall of **Arbrook Farm** block: Cabinet Code C999 or dial 999 (registered with ambulance service) Available 24/7.

4. Outside wall of the Sports Hall at the front entrance: Cabinet Code C999 or dial 999 (registered with ambulance service) Available 24/7.

5. The **Swimming Pool** office: ext. 230

6. **Bevendean entrance hall**: ext. 301- Bevendean Office staff to check.

7. **Portable AED @ Bevendean** (Ground floor corridor near disabled toilet/ staffroom staircase) to take to the Paddock : Ext 301 Designated member of staff to check.

4. SCHOOL RESPONSIBILITIES

4.1 The School will ensure that there are:

- A reasonable number of trained AED/CPR trained personnel in the school
- AEDs are located strategically to ensure that they can be accessed quickly in an emergency
- Periodic checks are done, by designated people, to better ensure safe and continuous operability and access to the AED. These checks shall include but not be limited to:
  - ✓ A daily visual check of the machine showing the correct symbol/lights (varies for each machine)
  - ✓ A monthly check of pads and batteries for expiration dates and supplies and operation of the AED as per the manufacturer's guidance. Also that signage is in place.
  - ✓ A record will be kept that this has been done.
  - ✓ All cabinets and wall brackets will be clearly marked using a standard sign for AEDs and a School map shows the location of AED's (Appendix 1)

5. TRAINING

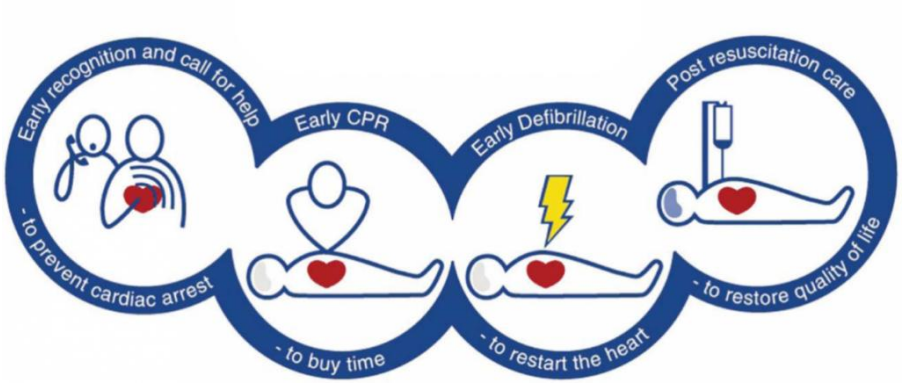
5.1 AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the AED at the time of use. Therefore, the School AEDs can be used by staff, parents or members of the public on-site, if indicated.

5.2 The School ensures that an adequate number of qualified First Aiders are available across the site as well as a fully equipped Medical Centre with a Registered Nurse.

5.3 All staff can also access the CPR/AED training video on SharePoint under the Medical section.

6. USING THE AED

6.1 In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival.



6.2 There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. Early recognition and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.
2. Early CPR – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression-only CPR.
3. Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.
4. Early post-resuscitation care – to stabilize the patient.

6.3 Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasize that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialing 999 is the first step in the chain of survival.

6.4 Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilize their condition and restore their quality of life (stage 4).

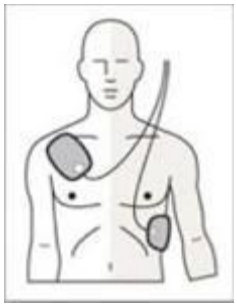
6.5 The chain as a whole is only as strong as its weakest link. Defibrillation is a vital link in the chain and, the sooner it can be administered, the greater the chance of survival.

7. SEQUENCE OF ACTIONS WHEN USING AN AED

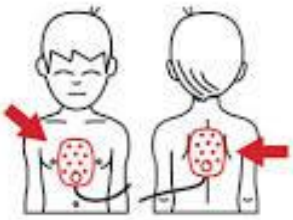
1. Make sure the victim, any bystanders, and yourself are safe. If two rescuers are present, assign tasks.
2. If the victim is unresponsive and not breathing normally:
   - Send someone for the AED and to call for an ambulance.
   - If you are on your own do this yourself; you may need to leave the victim.
3. Start Basic Life Support according to guidelines.
4. As soon as the AED arrives:
   - Place the AED near the casualty's head and switch on the AED.
   - Expose the casualty's chest (Open/cut off clothing and shave if chest very hairy.) Attach the age appropriate electrode pads, (see below). If more than one rescuer is present, continue CPR whilst this is done.
   - Follow the voice/visual prompts.
   - Ensure that nobody touches the victim whilst the AED is analyzing the rhythm.
5. If a shock is indicated:
   - Ensure that nobody touches the victim.
   - Push the flashing shock button as directed.
   - Continue as directed by the voice/visual prompts
6. If no shock is indicated:
   - Immediately resume CPR using a ratio of 30 compressions to 2 rescue breaths.
   - Continue as directed by the voice/visual prompts

7. Continue to follow the AED prompts until:

- Qualified help arrives and takes over
- The casualty start to show signs of regaining consciousness, such as coughing, opening his eyes, speaking, or moving purposefully AND starts to breathe normally, or you become exhausted.
- If certain the victim is breathing normally but is still unresponsive, place in the recovery position.



Adult Pad Placement



Child Pad Placement-under 8 or below 25kg

8. SPECIAL CIRCUMSTANCES

- If the casualty is in water, move to a dry surface and dry chest.
- If there is a lump/bump (implanted pacemaker) do not place pad over the area.
- In the case of a medication patch in the area, remove it and wipe the skin.

9. POST-INCIDENT PROCEDURE

9.1 The School Nurse, or a designated employee, should conduct an employee incident debriefing and document on an accident form as indicated by School policy. Assisting an individual who has suffered a cardiac arrest can be a stressful experience for the rescuer. Should a rescuer need support after an incident, they may also be able to request a debriefing from the local ambulance service

9.2 Most AEDs will store data, which can subsequently be used to assist with ongoing patient care. Schools should therefore contact the local ambulance service after an AED has been used and make arrangements for the data to be downloaded. In the meantime, the AED may still be used if required, but care should be taken not to turn it on and off unnecessarily as this could potentially erase the data.

9.3 A designated employee should check the AED, restock the supplies immediately after the event and perform the after-patient-use maintenance on the AED.

Entonox Policy

DANES HILL SCHOOL AND BEVENDEAN PRE-PREP

1. ENTONOX

Entonox gas is a 50:50 mixture of nitrous oxide and oxygen. It is an effective analgesic agent for the treatment of pain following an injury with rapid onset and offset characteristics.

It is self-administered under the direction of our registered nurse, under a Patient Group Directive. Its effects are known to be predictable, reliable and very safe with minimal side effects. Although Entonox is a medical product it does not require an individual prescription by a medical practitioner before it can be used.

It is commonly known as 'gas and air'.

2. DESCRIPTION

Entonox is a mixture of 50% nitrous oxide (N_2O) and 50% oxygen (O_2) supplied in a distinctive blue and white cylinder and stored as a gas at room temperature in the Medical Centre.

3. MODE OF USE

Entonox is administered via a mouthpiece which has a demand valve, so the gas is only delivered while the patient is inhaling and therefore self-regulating.

Before administration, the patient should be given an explanation of what the gas is for, its analgesic effects and how they should use it. The gas flow is controlled by a demand-valve which is activated by the patients inspired breath. Longer and deeper breaths allow greater volumes of gas to be taken into the lungs if necessary.

Provided Entonox is self-administered there is no risk of overdose or oversedation, as the patients level of consciousness governs their ability to maintain the flow of gas.

The patient should be constantly monitored during and after the administration of Entonox and any adverse reactions will be reported to medical staff at handover.

A record of use including the time the Entonox was started and stopped will be documented.

4. ADVANTAGES

- Entonox is a powerful analgesic which acts quickly (within 30 seconds or as few as 4-5 breaths).
- Suitable for all school age children
- It wears off rapidly, so does not mask potential diagnostic symptoms or signs.
- It is predictable in its effects and is easily self-administered which can help to reduce anxiety in patients.
- It has few side-effects or contra-indications and is a sedative without leading to loss of consciousness.

5. POTENTIAL USES

- Pain relief in acute trauma
- Fracture and joint manipulation

- Moving an injured patient

6. CONTRAINDICATIONS

Entonox should not be used in any condition **where gas /air is trapped in the body**:

- **Chest injury**, especially if a pneumothorax is suspected (may increase the pneumothorax).
- **Air embolism**
- **Middle ear infection**
- **Decompression sickness**
- Suspected **bowel obstruction** or **perforation**
- **Head injuries** as Entonox can cause a rise in intracranial pressure.
- Those unable to follow instructions through intoxication, young age or altered consciousness.
- Those with **maxillo-facial injuries** may not be able to make good use of inhalation equipment.

7. UNDESIRABLE EFFECTS

Events such as euphoria, disorientation, sedation, nausea, vomiting, dizziness and generalised tingling are commonly described. These events are generally minor and rapidly reversible.

8. STORAGE

- Should not be subjected to extreme heat or cold.
- Entonox should not be used at temperatures below -4°C as, under these conditions, the O_2 and N_2O separate with the result that the patient could receive hypoxic gas.
- In cold temperatures, but above -4°C, ensure an even mixture of gases by inverting the cylinder several times before use.

9. EFFECTS

Immediate side effects include: -

- light-headedness / dizziness – cease inhaling until effects subside
- numb lips
- nausea
- drowsiness
- complaint of earache – uncommon and could be a serious side effect- cease inhalation and offer alternative analgesia

10. TRAINING

On-line training is provided by the manufacturer BOC Medical, and Entonox will only be administered by the nursing staff who have completed this training.

The trademark “Entonox” is owned by **BOC Medical**. The manufacturer’s instructions regarding use and storage can be obtained from: -
BOC Healthcare, Customer Service Centre, Priestly Road, Worsley, Manchester M28 2UT. Tel 0800 111 333 or email bochealthcare-uk@boc.com

ADC 2022

Head Injury and Concussion Policy

DANES HILL SCHOOL AND BEVENDEAN PRE-PREP

1. POLICY AIMS

1.1 To ensure that all staff have a clear understanding of how to deal with someone who has sustained a head injury.

1.2 To demonstrate the protocol used by the Medical Centre to manage concussion.

1.3 To provide information for staff on how to recognise concussion and on how it should be managed from the time of injury through to a safe return to education and playing sport.
Staff must familiarise themselves with the necessary steps to:

- RECOGNISE the signs of concussion.
- REMOVE anyone suspected of being concussed immediately and;
- RETURN safely to daily activity, education and ultimately, sport.

1.4 To make certain all pupils and parents receive appropriate assessment or advice regarding head injuries and/or concussion are given written information to back this up.

2. HEAD INURIES

2.1 For the purposes of this policy, a head injury is defined as any trauma to the head other than superficial injuries to the face.

2.2 Danes Hill has a Medical Centre that is staffed by a Registered Nurse from 1000-1600 weekdays. For out of hours there is pitch-side cover on-site by first aiders or outside companies booked by the sports department.

2.3 All head injuries are potentially dangerous and require proper assessment and management. If a pupil sustains a head injury, even if thought to be minor, they must not be left alone and must always be assessed by the Medical Centre if within working hours. They should be escorted there by staff or witnessing pupils, or they must seek immediate adult assistance. If the injured pupil cannot be escorted, then the Nurse should be called to assess the pupil at the site of the accident.

2.4 Staff should take the decision to call for an ambulance if they suspect the injury is serious, prior to the Nurse arriving, or if it is out of Medical Centre hours, or at Bevendean.

2.5 If the child is unconscious, has lost consciousness or a neck or spine injury is suspected they should be sent to A&E by ambulance with an adult escort. **They must not be moved.** The parents or guardian should be informed as soon as possible, and the schools accident reporting procedures followed.

2.6 Potentially serious complications can develop up to 24 hours after an apparently minor head injury. Urgent medical assessment must be sought if any of the following occur:

2.7 RED FLAGS (list not exhaustive)

- Headache which persists or is severe.

- Drowsiness leading to unconsciousness.
- Irritability
- Confusion and loss of concentration or amnesia for events before or after injury
- Repeated Vomiting
- Convulsions
- Blurred vision
- Weakness of limbs or irregular movement
- Severe neck pain

2.8 The Medical Centre publication: ***Head Injury, Advice from the Medical Centre*** will be given to a pupil who has sustained any type of head injury at the Prep School, followed by ***Graduated Return to Sport, RFU guidelines*** if appropriate. (Appendix resource 1 & 2)

3. HEAD INJURIES WITH POTENTIAL C-SPINE INJURY

3.1 With any head injury consider the possibility of a spinal injury. Attempt and maintain full cervical spine immobilisation for patients who have sustained a head injury and present with any of the following risk factors unless other factors prevent this:

- Neck pain or tenderness
- Focal neurological deficit
- Paraesthesia in the extremities
- Any other suspicion of cervical spine injury

4. CONCUSSION

Definition

4.1 Concussion is an injury to the brain resulting in a disturbance of brain function. A concussion can be sustained without losing consciousness. Concussion reflects a functional rather than structural injury and standard neuro-imaging is typically normal. Concussion can be caused by a direct blow to the head but can also occur when a blow to another part of the body results in rapid movement of the head e.g. whiplash type injuries.

4.2 Decisions on care will be made according to nationally publicised guidelines that incorporate the UK Concussion Guidelines for Non-Elite Sport[1] and professional medical judgement.

5. SUMMARY PRINCIPLES

- All concussions should be regarded as potentially serious and should be managed in accordance with the appropriate guidelines.
- If an individual is suspected of having a concussion, they must be immediately removed from play for 24 hours. IF IN DOUBT, SIT THEM OUT. No one should return to sports, training, or exercise within 24 hours of a suspected concussion.
- Players suspected of having concussion must be medically assessed.
- Players suspected of having concussion or diagnosed with concussion must go through a graduated return to sport (GRAS)

[1] https://www.sportengland.org/news/new-concussion-guidelines-grassroots-sport

- Players must receive medical clearance before returning to play.
- Parents must advise school if their child sustains a suspected or confirmed concussion outside of school.
- Headguards do not protect against concussion.
- Bear in mind: Symptoms severity does not correlate to severity of injury.
- Bear in mind: Symptoms recovery is not the same as brain recovery.

6. HOW TO RECOGNIZE A CONCUSSION

6.1 Concussion can affect people in four principal areas:

- Physical, (e.g. headaches, dizziness, vision changes)
- Mental Processing, (e.g. not thinking clearly, feeling slowed down)
- Mood, (e.g. short tempered, sad, emotional)
- Sleep (e.g. not being able to sleep of sleeping too much).

6.2 Spotting head impacts and visible clues of concussion can be difficult in fast moving sports. It is the responsibility of everyone: players, coaches, teachers, referees, and spectators to watch out for individuals with suspected concussion and ensure they are immediately removed from play.

6.3 Remember that the primary aim is to protect the individual from further injury by immediately removing them from play.

6.4 Visible signs of concussion - *What you may see (list not exhaustive)*

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 / poor coordination
• Loss of consciousness or responsiveness
• Confused / not aware of play or events
• Grabbing / clutching of head
• Seizure (fits)
• More emotional / irritable than normal for that person

6.5 Symptoms of concussion - *What you are told or what you should ask about (list not exhaustive)*

Presence of 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 head”
• Sensitivity to light or noise

6.6 Playing on with symptoms of concussion can make them worse, significantly delay recovery, and, should

another head injury occur, result in more severe injury and in rare cases death (known as second impact syndrome). **This is why it is so important to remove anyone with suspected concussion from the at-risk activity immediately**.

7. ONSET OF SYMPTOMS

7.1 The symptoms of concussion typically appear immediately, but their onset may be delayed and can appear over the first 24-48 hours following a head injury. Over several days, additional symptoms may become apparent (e.g., mood changes, sleep disorders, problems with concentration).

7.2 If a player does not show immediate signs or symptoms of a concussion but the force of the injury is such that a concussion is a possibility, then they must not return to competition, training or exercise within 24 hours. "When in doubt, sit them out."

7.3 Every child who has a head injury must be assessed to determine severity and appropriate care. The child's medical notes, if possible, will be checked and any previous history of head injury must be noted. A history of previous concussion increases the risk of sustaining a further concussion, which may then take longer to recover from.

8. IMMEDIATE MANAGEMENT OF A SUSPECTED CONCUSSION

8.1 Anyone with a suspected concussion should be immediately removed from play.

8.2 Once safely removed from play they must be assessed by a Nurse (or First Aider if out of hours). The witness to injury should note all signs and symptoms of concussion to hand over.

8.3 The Nurse can be called pitch-side, or the child can be accompanied to the Medical Centre as appropriate.

8.4 At weekend fixtures the child will be assessed by pitch-side first aiders; however qualified healthcare professionals should only diagnose concussions.

8.5 The Pocket Concussion Recognition Tool (CRT6[2]) symptom and signs check list can be used to assess players.

8.6 The pupil cannot return to play until cleared by a Health Professional or until they have completed a Graduated Return to Activity (education) and Sport (play) or 'GRAS' programme.

8.7 If a neck injury is suspected, the child should only be moved by Healthcare Professionals with appropriate training.

9. FOLLOWING A SUSPECTED CONCUSSION- Roles

9.1 Supervising **members of staff** are expected to:

[2] https://keepyourbootson.co.uk/wp-content/uploads/2022/03/CRT-6.pdf

- Safely remove the child from play and ensure they do not return to play in that game even if they say their symptoms have resolved.
- Observe the child or assign a responsible adult to monitor them. Seek assessment from the Nurse.
- Ensure that the parents are notified. (The Nurss will do this if involved)
- Complete an accident report form.

9.2 The **Medical Centre** will:

- Ensure an adult will be supervising the child over the next 24-48 hours.
- Ensure an accident report form is completed by the witness or supervising staff member.
- Initiate the GRAS protocol.
- Communicate to parents via email if a concussion is diagnosed and provide written guidance using the Medical Centre's own leaflets and guidance.
- Communicate to relevant SLT members and staff who teach the child if a concussion is diagnosed.

9.3 **Parents** are expected to:

- Follow school guidelines and GRAS for their child including for out of school activities.
- Inform the school of any concussion sustained at out of school activities

9.4 The child's **teachers and sports coaches** are expected to:

- Observe the pupils for the following and report any concerns back to the Nurse throughout the GRAS process:
- Drop in academic performance- difficulties with schoolwork or problem solving.
- Poor attention and concentration in class
- Unusual drowsiness or sleeping during class.
- Inappropriate emotions
- Unusual irritability
- Increased anxiety or nervousness

10. RECOVER AND RETURN AFTER CONCUSSION DIAGNOSIS

10.1 **Anyone with suspected concussion needs to go through the Graduated Return to Activity and Sport (GRAS) programme pathway.**

10.2 The majority (80-90%) of concussions resolve in a short (7-10 days) period in adults but this may be longer in children as they:

- are more susceptible to brain injury.
- take longer to recover and returning to education too early may exacerbate symptoms and prolong recovery.
- have more significant memory and mental processing issues.
- are more susceptible to rare and dangerous neurological complications, including death caused by a second impact before recovering from a previous concussion.

10.3 Pupils who sustain two or more concussions in a 12-month period should be referred to their doctor for a

specialist opinion in case they have an underlying pre-disposition.

10.4 Generally, a short period of relative rest (24-48 hours) followed by a gradual stepwise return to normal life and then subsequently sport is the cornerstone of concussion management. In the first 24-48 hours, it is ok to perform mental activities like reading, and activities of daily living as well as walking.

10.5 After initial assessment and confirmation of concussion by an appropriate Healthcare Professional, advice on the graduated return to activity (education) and sport programme will be provided by the Medical Centre. The amount of time at each step of the return will be under the supervision of an appropriate Healthcare Professional and will depend on the severity of symptoms and the types of symptoms and difficulties that are present. This can vary from person to person and is not a 'one size fits all' process.

10.6 After a 24–48-hour period of relative rest, a staged return to normal life (education) is conducted before a return to sport is contemplated.

10.7 It is acceptable to allow pupils to return to school activities, and subsequently school part-time, even if symptoms are still present, provided that symptoms are not severe or significantly worsened. Following the initial rest, a staged return to the classroom at a rate that does not exacerbate symptoms, more than mildly, is conducted. The final stage of return to school or work activity is when the individual is back to full pre-injury mental activity, and this should occur before return to unrestricted sport is contemplated.

10.8 Similar to the return to education progression, the return to sport progression can occur at a rate that does not, more than mildly, exacerbate existing symptoms or produce new symptoms. It is acceptable to begin light aerobic activity (e.g. walking, light jogging, riding a stationary bike etc.), even if symptoms are still present, provided they are stable and are not getting worse and the activity is stopped for more than mild symptom exacerbation. Participating in light physical activity is beneficial and has been shown to have a positive effect on recovery. Symptom exacerbations are typically brief (several minutes to a few hours) and the activity can be resumed once the symptom exacerbation has subsided.

10.9 Although symptoms may resolve following a concussion, it takes longer for the brain to recover. The aim is to: ***Rehabilitate the person – give the brain time to recover.***

10.10 If symptoms persist for more than 28 days, individuals need to be assessed by an appropriate Healthcare Professional – typically their GP.

10.11 Ongoing communication between parents, academic teachers and Nurse is essential to ensure symptoms are shared and monitored throughout. The Medical Centre will lead with monitoring the symptoms through the progression of the GRAS pathway.

10.12 **It must be emphasised that these are minimum return to play times and pupils who do not recover fully within these timeframes may require longer.**

10.13 If any symptoms occur while progressing through the GRAS protocol, the pupil must be seen by the Nurse before returning to the previous stage and attempting to progress again, after a minimum 48-hour period of rest, without the presence of symptoms. The Nurse may refer back to the child's Doctor.

10.14 On completion of Stage 5 the pupil may resume full contact matches (Level 6) once s/he has obtained medical clearance from their own Doctor. The sports staff should refer to the Medical Centre at this point. It is the parent's responsibility to organise this medical clearance before an individual can return to play.

11. GRADUATED RETURN TO ACTIVITY (EDUCATION/WORK) & SPORT PATHWAY

GRAS Summary: This summary is largely based on the UK's concussion guidelines[4] for non-elite (grass roots) sport.

Stage 1	Relative rest for 24-48 hours
(0-1/2 days)	Minimise screen time
	Gentle exercise*
Stage 2	Gradually introduce daily activities*
(1-2 days)	Introduce mental activities away from school*
	Very light activity (e.g. gentle walks that shouldn't leave you breathless)
	Medical Assessment To confirm diagnosis and give recovery advice
Stage 3	Gradually return to schoolwork*
(3-7 days)	A stepwise re-introduction to schoolwork
	Increase tolerance to exercise activities*
	Light aerobic exercise
Stage 4	Gradual return to exercise*
(8-15 days)	Full education/work
	Low risk exercise and training (e.g. running, stationary bike, swimming with no predictable risk of head injury)
	Gradual increase in exercise intensity
	Medical Assessment To advise readiness to start a formal return to sport.
Stages 5	Gradual return to sports training* (led by sport department)
(15-21 days)	A stepwise return gradually building up complexity and intensity.
	E.g. Sport-specific drills>non-contact drills> introduction of contact drills>full contact practice.
	Medical Assessment To assess fitness to return to unrestricted sport, including matches.
Stage 6	Return to competitive sport/matches
(Day 21 earliest)	Only if symptom free at rest for at least 14 days and has completed gradual return to sports training without any recurrence in symptoms.

**rest until the following day if this activity more than mildly increases symptoms.*

N.B. If a pupil is not able to return to school or fully engage with lessons at 1-week post-injury or has persistent symptoms at 2 weeks (unless a clear trajectory of improvement) then further medical treatment must be sought.

12. The Pocket Concussion Recognition Tool (CRT6) symptom and signs check list can be used to assess players at each stage of the GRAS; this is shown below and is available to download here.

CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

CRT6 Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

APPENDIX

Resources

1. Head Injury Leaflet
   Available from the Medical Centre

2. GRAS Concussion Guidelines Leaflet- Headcase Recognise and Manage a Concussion:
   https://keepyourbootson.co.uk/wp-content/uploads/2023/09/GRAS-Programe_Aug_2023.pdf

3. RFU Pocket Concussion Recognition Tool, June 2023: https://passport.world.rugby/player-welfare-medical/concussion-management-for-the-general-public/pocket-concussion-recognition-tool/

4. Headcase: Online Youth Coach Concussion Training:
   https://rise.articulate.com/share/XD_Ni7_B9MJWg4NvPW-Joefk-5RzyFL5#/

Anna Corbett 2020, 2021, 2022
Updated with UK Concussion Guidelines for Non-Elite Sport November 2023, 2025

Type 1 Diabetes Policy

DANES HILL SCHOOL AND BEVENDEAN PRE-PREP

1. POLICY AIMS

1.1 To enable all pupils with Diabetes to participate fully in all school activities and to ensure they are not disadvantaged by their condition.

1.2 To assist with immediate access to blood glucose testing kit, snacks, prescribed insulin and emergency equipment.

1.3 To ensure that all staff have a clear understanding of what Diabetes is and how to maintain blood glucose parameters as targeted within a child's care plan.

1.4 To request that all medical information & replacement supplies including spare insulin is provided, and updated as necessary, by parents to the Medical Centre.

1.5 To hold spare, emergency supplies of fast acting glucose and carbohydrate snacks as well as individual's prescribed insulin.

1.6 To provide safe disposal of used "sharps"/needles in the Medical Centre, Sharp Safe Clinical waste.

2. DEFINITION OF DIABETES

2.1 Diabetes is a lifelong condition that causes a person's blood sugar level to become too high.

2.2 This policy will concentrate on Type 1 diabetes as 95% of children with diabetes have this type. This is a serious lifelong condition. It is unrelated to diet or lifestyle. The cause is unknown.

2.3 Type 1 diabetes causes the body to attack cells in the pancreas that make insulin, so insulin is not produced. Insulin is essential to life. It allows the glucose in the blood to enter cells and fuel bodies.

2.4 The body still breaks down the carbohydrate from food and drink and turns it into glucose (sugar). When the glucose enters the bloodstream, there's no insulin to allow it into the body's cells. More and more glucose then builds up in the bloodstream.

2.5 Type 2 Diabetes occurs when the pancreas can't work effectively, or it does not produce enough Insulin. The exact cause is not yet known however, certain risk factors mean a higher risk of developing Type 2 diabetes. These include family history, ethnic background, age and being overweight or obese. (https://www.diabetes.org.uk/)

3. MANAGING DIABETES AT SCHOOL

3.1 Pupils with diabetes are identified from the ***Confidential Medical Form*** completed by parents when starting at Danes Hill.

3.2 Medical information is recorded on iSAMS and parents are asked to ensure they keep this information up-to-date by informing the School Nurse of changes at any time.

3.3 Any child with diabetes will be listed on the Medical Alert lists which are available to all staff on SharePoint and on private staff noticeboards.

3.4 Parents are also asked to provide an up-to-date care plan which has been approved by the child's Diabetes Specialist Nurse.

3.5 Pupils are encouraged to take responsibility for their diabetes from an early age, but this is dependent on each individual.

3.6 Children with Type 1 diabetes need to have their Insulin and blood testing kit and carbohydrate and sugar snacks readily available. The insulin will be kept in the Medical Centre or the Bevendean School Office until the child is deemed capable of keeping this safe when they can start carrying it themselves. Blood glucose testing kits and snacks should always be with the pupil & additional hypo kits and snacks can be found in the Medical Centre, the sports office, sports hall and swimming pool office. It may be necessary for insulin to be stored in a fridge and medical fridges can be found in the Medical Centre and Bevendean office which are easily accessible.

3.7 Teachers in charge of school trips and sports fixtures during school hours must ensure that pupils have their blood glucose testing kits, snacks & insulin with them as well as a Care Plan from the Medical Centre. A list of known medical conditions is given to staff ahead of trips. **Parents must supply medication/ insulin/ snacks for weekend fixtures and residential trips.**

4. DIABETES AND SPORT

4.1 Children with diabetes are encouraged to follow a healthy lifestyle as are all the children at Danes Hill. Participating in the sports lessons is an important part of this.

4.2 Children will follow their individual care plans for blood glucose management dependent on levels prior to and post exercise.

5 DIABETES & DIET

5.1 No special diet is required. Children with diabetes have exactly the same nutritional needs as other children. They require a varied and balanced diet, including all food groups, plenty of fruits, vegetables and wholegrains, which is low in fat, sugar and salt. No foods are 'not allowed'. It is no longer the case that portions are of a fixed amount as the amount of Insulin is altered dependent on the amount of carbohydrate about to be consumed.

6. CARBOHYDRATE COUNTING

It is important for children with diabetes to be able to calculate their carbohydrate intake for meals and snacks. This is likely to need some, or full, support from staff (School Nurse/ catering team/parents) especially when newly diagnosed or dependent on age. Children may need the use of a carbs and calories book or an app for this. This is fully supported by the Nurse who plan the weights and carbs from the weekly menus in advance to assist with this process.

7.DIABETES TREATMENT

7.1 There are several types of treatment:

- ***Insulin*** – for all people with Type 1 diabetes. Delivered by injections or an Insulin pump (body-wom device).
- ***Medications*** (various) for Type 2 diabetes

7.2 Insulin must be injected – it is a protein that would be broken down in the stomach if it was swallowed like a medicine. Anyone with Type 1 diabetes needs to have insulin.

7.3 Some children will have multiple daily injections via an Insulin Pen. The School Medical Centre at the Prep School is an appropriate, private area where the injections can be taken, but the children can inject in any area where they are comfortable. Each pupil's situation will be discussed to tailor the best outcome.

7.4 Increasingly, children may be fitted with an insulin pump. This is an alternative to injecting with a pen. Pump use can improve diabetes control and give more flexibility. A small pump device is worn and changed every few days.

8. CONTINUOUS GLUCOSE MONITORING (CGM)

8.1 Some children will also have continuous glucose monitoring (**CGM**). A small sensor is worn on their skin, (upper arm/buttock/ abdomen) that sends tissue glucose data to a mobile device or reader. This allows informed decisions to be made about a personalised regime. If the levels are out of accepted range (e.g. hypo/hyper) then a finger prick test should also be done to confirm the level to ensure the correct treatment.

9. HYPOGLYCAEMIA / LOW BLOOD SUGAR /HYPO = LOW

9.1 Hypoglycaemia or a "Hypo" is a drop in the blood glucose level to less than 4.0 mmols/L (check each individual's Care Plan). These can happen for a number of reasons including exercise, extreme weather conditions, diarrhoea and vomiting or having too much Insulin.

9.2 Not everybody will have the same symptoms when their blood glucose level drops so it is important to ask the child to do a finger prick blood test if you think a child might be hypo. Some children are able to recognise the symptoms of a hypo but others are not.

9.3 Symptoms can include:

- Heart beating fast
- Shaking
- Feeling anxious

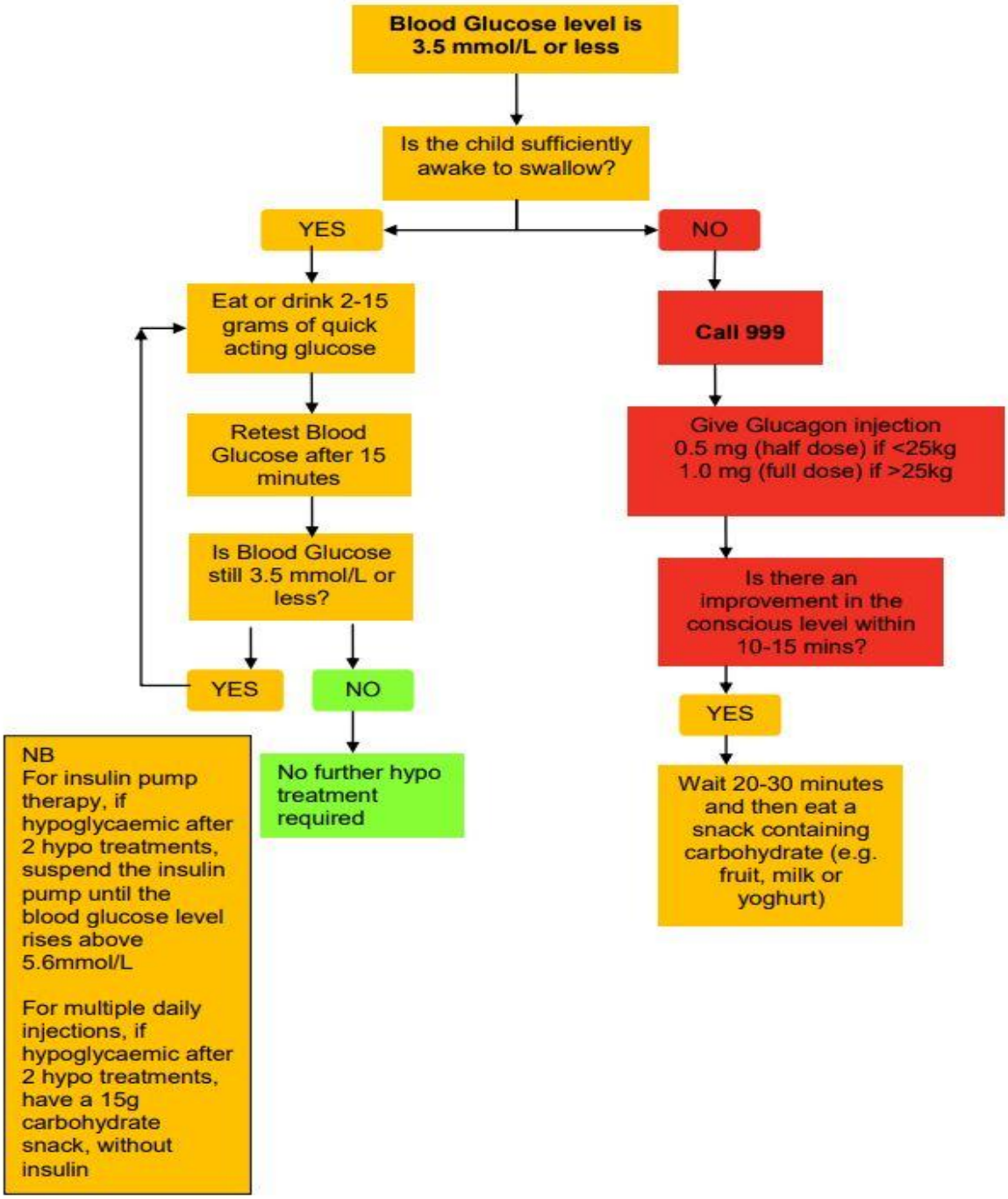
- Sweating
- Hunger
- Numb feelings
- Blurred vision
- Confusion
- Odd behaviour
- Reduction in physical performance
- In extremes: seizure and coma.

9.4 If a child with diabetes feels unwell encourage them to perform a finger prick test or use their sensor (if they wear one) to see what their blood glucose level is. If this is not possible then contact the School Nurse to attend. If there is a delay then it is prudent to assume this is a hypo and the child should be treated for this by having fast acting glucose as per their Care Plan. A follow-up carby snack may also be required.

9.5 If the child is drowsy (but still able to swallow) give Glucagel/Dextrogel into their oral cheek pouches.

9.6 If the child is unconscious or fitting- DO NOT GIVE ANYTHING BY MOUTH. Once any fitting has stopped place child in recovery position & contact the School Nurse & 999 – state the child has diabetes. The School Nurse may be able to administer a Glucagon injection.

Flowchart for Management of Hypoglycaemia – 15 Minute Rule



*Refer to individual care plans – this is a general guide.

10.HYPERGLYCEMIA / HIGH BLOOD SUGAR / HYPER

10.1 High Blood glucose levels of 9.1 mmols/L or above (see individual care plan) need action. These could be caused by too little or missed Insulin, stress, excitement, illness or infection or an adrenaline effect from sports.

10.2 If a high blood glucose level is not treated with additional insulin, the child may stay high for many hours. This might make them feel unwell in the short term but if it happens frequently, this can overtime contribute to longer term problems.

10.3 Symptoms can include:

- Frequent urge to urinate
- Extreme thirst
- Dry mouth
- Blurred vision
- Drowsiness
- Frequent bed wetting

10.4 Contact the Medical Centre, or in their absence, follow the child's Care Plan to treat hyperglycaemia.

Epilepsy Policy

DANES HILL SCHOOL AND BEVENDEAN PRE-PREP

1. POLICY AIMS

1.1 This policy is intended to ensure that appropriate processes are in place to fully support and safeguard pupils at Danes Hill School who have epilepsy.

1.2 Danes Hill supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential. This is done by having a policy and care plan in place that is understood by all school staff associated with the child.

1.3 Members of staff will receive training about epilepsy and if necessary, about administering emergency medication.

2. EPILEPSY DEFINITION

2.1 Epilepsy is a condition that affects the brain. When someone has epilepsy, it means they have a tendency to have epileptic seizures.

2.2 Anyone can have a one-off seizure, but this doesn't always mean they have epilepsy. Epilepsy is usually only diagnosed if a Doctor thinks there's a high chance that the person could have more seizures.

2.3 Epilepsy can start at any age and there are many different types. Some types of epilepsy last for a limited time and the person eventually stops having seizures. But for many people epilepsy is a life-long condition.

3. COMMUNICATION

3.1 When a child with epilepsy joins Danes Hill, or a current pupil is diagnosed with the condition, the School Nurse will arrange a meeting with the parents and an individual care plan will be drawn up which is signed by the parents and Nurse.

3.2 Discussion will include:

- The pupil's medical needs, including the type of epilepsy he or she has.
- If and how the pupil's epilepsy and medication affect his or her ability to concentrate and learn, and how the pupil can be supported with this.
- Any potential barriers to the pupil taking part in all activities and school life, including day and residential trips, and how these barriers can be overcome.
- The arrangements for ensuring that all relevant staff are trained, and other pupils are epilepsy aware.
- Ensuring that both medical prescription and parental consent are in place for staff to administer any necessary medication.

- Initiating the completion of an individual care plan, including types of seizures, symptoms, possible triggers, procedures before and after a seizure and medicines to be administered.
- How the School, parents and pupil can best share information about the pupil's progress in school and any changes to his or her epilepsy and medication.

4. FIRST AID

4.1 First aid for the pupil's seizure type will be included on their care plan and key staff associated with the child will receive basic training on administering first aid for a seizure. This is also available on the SharePoint as a video clip.

5. PERSONAL EVACUATION PLAN (PEEP)

5.1 According to the child's needs a personal evacuation plan (PEEP) will be put into place when necessary.

6. TYPES OF EPILEPSY

6.1 There are many different types of seizure. What happens to someone during a seizure depends on which part of their brain is affected, and how far the seizure activity spreads.

7. TONIC-CLONIC (CONVULSIVE) SEIZURE

Someone having a tonic-clonic seizure may go stiff, lose consciousness, fall to the floor and begins to jerk or convulse.

7.1 ACTION:

- Clear a space around the child so they do not hurt themselves
- Put something soft under their head
- NEVER TRY TO PUT ANYTHING IN THEIR MOUTH
- Start to time the fit
- Get all the other children out of the classroom/area immediately
- Call the Medical Centre for help on ext 235 or 07436 106 982
- If the fit lasts for more than 5 minutes (or in accordance with the child's healthcare plan), get someone to dial 999 and state that the child is having a seizure. They may have medication to be given.
- Ask someone to phone the child's parents and ask them to come to school
- When the fit has finished stay with the child and reassure them
- Do not give them any food or drink until they have fully recovered
- Put them in the Recovery position if possible (on their side with their head slightly tilted back)

7.2 Call for an ambulance 999 if...

- The seizure continues for more than usual for that child or longer than five minutes **or**
- One seizure follows another without the child regaining consciousness in-between **or**
- The child is injured during the seizure **or**
- The child has difficulty in breathing **or**
- You believe the child needs urgent medical attention.

8. FOCAL SEIZURES (PARTIAL SEIZURE)

You may also hear this type of seizure called a partial seizure. Someone having a focal seizure may not be aware of their surroundings or what they are doing. They may have unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around.

8.1 ACTION:

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

8.2 Call for an ambulance 999 if...

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

9. ABSENCE SEIZURE

This can easily pass unnoticed. An absence seizure causes a short period of "blanking out" or staring into space. Like other kinds of seizures, they are caused by brief abnormal electrical activity in a person's brain. Absence seizures usually affect only a person's awareness of what is going on at that time, with immediate recovery.

9.1 ACTION:

- It is important to be understanding
- Note any probable episodes
- Check with the pupil that they have understood what has happened and inform the School Nurse and/ or parents.
- Generally, no first aid is needed for this type of seizure.

Staff can play an important role in recognising a seizure, recording changes in behavioural patterns and frequency.

Further Information/ Reference
Epilepsy Action: www.epilepsy.org.uk

Pandemic Influenza Policy

DANES HILL SCHOOL AND BEVENDEAN PRE-PREP

1. POLICY STATEMENT

Pandemic influenza is different from 'ordinary' seasonal flu. It can occur when a new influenza virus emerges which is markedly different from recently circulating strains and to which humans have little or no immunity. Because of this lack of immunity, the virus is able to:

- *infect more humans over a large geographical area;*
- *spread rapidly and efficiently from person to person;*
- *cause clinical illness in a proportion of those infected.*

(Health and Safety Executive)

1.1 The health of the pupils at Danes Hill School is of paramount importance and our priority is to ensure the health and safety of the whole school community in the event of a flu pandemic.

2. OUR AIMS

2.1 To educate, identify and act appropriately regarding pandemic influenza.

2.2 Pandemic influenza is easily passed from person to person when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching anything that may become contaminated with the virus. The school will inform pupils of the importance of regular good hand hygiene and using tissues and discarding carefully. This will be through reminders in class, assemblies and science lessons in addition to reinforcement of this message though tutors and the nurse. The school has professional cleaners who ensure the cleanliness of the school setting.

2.3 The symptoms are similar to 'ordinary' flu but may be more severe: characteristically sudden onset of fever, headache, severe weakness and fatigue, aching muscles and joints and respiratory symptoms such as cough, sore throat, and runny nose. Any pupil who feels unwell, or is exhibiting these symptoms, will be assessed by the School Nurse (prep site) or an identified member of staff (Bevendean).

2.4 If a pupil is symptomatic, their parent/guardian will be contacted and asked to arrange for their collection from school. The pupil will be supervised and kept away from the school population whilst waiting to be collected.

3. RESPONSIBILITIES

3.1 Identifying and acting appropriately to lessen the spread of pandemic influenza whilst keeping any symptomatic pupils safe.

4. COMMUNICATING WITH PARENTS/CARERS

4.1 The school will communicate with parents using the Clarion Call system.

5. WORKING WITH OTHER AGENCIES/PARTNERS

5.1 The school will liaise closely with the Local Health Authority, UK Health Security Agency (UKHSA), and the school's Medical Officer. Government advice and guidelines during a pandemic or potential pandemic will be followed.

6. SUPPORTING STAFF

6.1 Staff with symptoms will be asked to stay at home and should not return until they are asymptomatic. Staff who become unwell at work will be asked to go home.

7. SCHOOL CLOSURE

7.1 In the event of the school being advised by the Health Authorities to close, the Head and Chair of the Governors will make the final decision to close and parents will be informed. Danes Hill will continue to teach until such a time as a decision is made.

7.2 The school will strive to make the best possible provision for all the children should the school close. We would aim to provide education for the children at home, using remote learning materials.

7.3 For families without internet access, postal communication would be used.

7.4 Staff will be expected to continue working. This will be the Head's decision.

8. INFORMATION RESOURCES

https://www.nhs.uk/conditions/flu/ Self-help guidance and signs and symptoms
Call 111 for telephone advice from a nurse or doctor.
Call 999 if sudden chest pain, difficulty breathing or coughing up blood

https://www.gov.uk/coronavirus Government guidelines and information regarding Coronavirus.

https://www.who.int/gpsc/clean_hands_protection/en/ Hand washing advice / pictorial format from the World Health Organization

Working through the Menopause Policy & Guidance for Staff

DANES HILL SCHOOL AND BEVENDEAN PRE-PREP

1. INTRODUCTION

1.1 The menopause is a natural stage of life experienced by all women. This policy recognises that the menopause is a normal process which involves issues of equality, occupational health, and safety and that some women may need appropriate care and understanding, flexibility, support and adjustment during and after the menopause.

1.2 Danes Hill School currently employs approx 25 female colleagues between the ages of 45-55 who may benefit from the guidance within this policy. The School has a positive attitude towards the menopause and will treat all individuals with dignity and respect during this time and ensure reasonable adjustments are made to the working environment, and to raise staff awareness, to ensure the symptoms are not exacerbated.

2. PURPOSE OF POLICY

2.1 This policy sets out the rights of employees experiencing menopausal symptoms and explains the support available to them. It aims to:

a) Foster an environment in which colleagues can openly and comfortably initiate conversations or engage in discussions about menopause.
b) Ensure everyone understands what menopause is, and are clear on Danes Hill policy and practices,
c) Educate and inform managers about the potential symptoms of menopause, and how they can support colleagues at work.
d) Ensure that employees suffering with menopause symptoms feel confident to discuss it if they wish to, and to ask for support and any reasonable adjustments so that they can continue to be efficient and effective in their roles.
e) Reduce absenteeism due to menopausal symptoms.
f) Reassure employees that the School is a responsible employer and committed to supporting their needs during menopause.

3. DEFINITIONS

3.1 Menopause is defined as a biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life. Usually, it is defined as having occurred when a woman has not had a period for twelve consecutive months (for women reaching menopause naturally).

3.2 The menopause usually occurs between the ages of 45 and 55. In the UK, the average age is 51, but it can happen much earlier. Many women experience the menopause before 45 (**early menopause**) and a significant number of women experience the menopause before the age of 40 (**premature menopause**). Some women experience a **medical/surgical menopause** which can occur suddenly when the ovaries are damaged or removed by specific treatments such as chemotherapy, radiotherapy or surgery. For some women the loss of fertility may

mean they have to come to terms with not having children of their own. This can be particularly difficult in education settings.

3.3 Perimenopause is the period of hormonal change leading up to menopause when a woman may experience changes, such as irregular periods or other menopausal symptoms. This can be years before menopause. Symptoms vary greatly in different individuals and because they may be still having regular periods at the onset of the symptoms, many individuals do not always realise that they are experiencing the perimenopause and may not understand what is causing their symptoms; and can be a barrier to accessing support.

3.4 Post menopause is the time after menopause has occurred, starting when a woman has not had a period for twelve consecutive months.

3.5 People from the non-binary, transgender and intersex communities may also experience menopausal symptoms.

3.6 A common form of treatment is known as **hormone replacement therapy (HRT)**. Many women find these treatments helpful for alleviating symptoms, but HRT is not suitable or appropriate for all women. Some people using HRT may experience side effects which may also require adjustments in the workplace.

4. SYMPTOMS

4.1 Symptoms vary greatly and can manifest both physically and psychologically, but they can commonly include:

a) Psychological issues such as anxiety, depression, memory loss, loss or confidence and reduced concentration
b) Hot flushes
c) Headaches/migraines
d) Abdominal pain
e) Difficulty sleeping / tiredness
f) Palpitations
g) Heavy bleeding
h) Muscle and joint stiffness

4.2 These symptoms can start years before periods stop and last on average 4 years after the last period however this can go on for much longer. This can have a significant impact on physical and mental health and wellbeing which may affect their performance at work. It is important these symptoms are recognised and appropriate steps are taken to help people experiencing them feel more comfortable so they are better able to function both at work and home.

5. CONFIDENTIALITY

5.1 Information reported by colleagues who report experiencing symptoms will be kept confidential and respected, (unless their express consent is provided, or, if, as an Employer, the School has serious concerns for a colleague's safety or that of other colleagues).

6. ROLES AND RESPONSIBILITES

6.1 It is recognised that everyone who works at Danes Hill School has a role to play in creating a safe and comfortable working environment for all staff, including women experiencing the menopause.

6.2 All staff are responsible for taking responsibility for looking after their health, being willing to help and support their colleagues and accepting and supporting any necessary adjustments their colleagues request or are receiving as a result of their menopausal symptoms.

6.3 Line managers must be willing to listen and wherever possible respond sympathetically to any reasonable requests for adjustments at work. They must familiarise themselves with this policy and be aware of the possible impact of menopause on performance. They should provide a safe space for confidential discussion and record adjustments agreed, and actions to be implemented via an action plan. An ongoing dialogue via follow-up is important and review as necessary.

7. MAKING REASONABLE ADJUSTMENTS

7.1 Reasonable adjustments can be made to help colleagues manage menopausal symptoms. These are likely to be temporary changes whilst going through menopause transition.

7.2 Risk assessments should be completed by line managers to understand more about how menopausal symptoms are affecting colleagues at work and the adjustments that are needed. Risk assessments should be reviewed periodically and whenever appropriate.

7.3 Reasonable adjustments will depend on colleagues' specific circumstances (symptoms, job role etc), but the types of changes that might help could include the following (but this list is not exhaustive):

a) making sure the ambient office or classroom temperature is comfortable and adjustable, providing a fan or access to fresh air, fitting blinds to windows
b) easy access to toilet facilities
c) easy access to fresh drinking water whilst at work
d) providing somewhere to store extra clothes or change clothes during the day
e) authorised absence to attend medical appointments
f) be aware of the potential impact of menopause on performance; if an employee's performance suddenly dips, consideration could be given as to whether the menopause may be a contributory factor.
g) ensure regular personal development discussions, including training initiatives, to assist loss of confidence or poor concentration

8. FLEXIBLE/AGILE WORKING

8.1 Requests for flexible working will be considered in line with the school's Flexible Working policy, but could include:

a) a change to the pattern of working hours, including a reduction in hours
b) working from home using remote access technology;
c) more frequent breaks.
d) Requests may be approved on a permanent or temporary basis.
e) All provisions are at the discretion of management and subject to review.

9. AVAILABLE SUPPORT – see also *Appendix 1 for examples of support*

9.1 Colleagues are encouraged to inform their line manager that they are experiencing menopausal symptoms at an early stage to ensure that symptoms are treated as an ongoing health issue rather than as individual instances of ill health.

9.2 Colleagues should be encouraged to attend the Medical Centre at any time to seek guidance and support from professional registered nursing staff.

9.3 Sickness absences arising from menopausal symptoms will refer to the Sickness Notification and Certification Policy and appropriate medical advice sought, if applicable.

9.4 Early notification will also help line managers to determine the most appropriate course of action to support an employee's individual needs. Employees who do not wish to discuss the issue with their direct line manager may find it helpful to have an initial discussion with the school nursing staff, or a another trusted colleague or manager instead.

9.5 Employees will be encouraged to seek advice from medical practitioners regarding appropriate treatment and/ or to investigate suitable ways to manage/ reduce symptoms.

9.6 The Nursing Manager and School Counsellor run an informal Menopause Group for learning and open discussion. Sessions dates internally advertised.

10. EXTERNAL SOURCES OF HELP AND SUPPORT

- *Menopausematters.co.uk* is an award winning, independent website providing up-to-date, accurate information about the menopause, menopausal symptoms and treatment options.
- *The Menopause Balance App* from *Newson Health*- guidance and treatment information, as well as journal options.
- British Menopause Society: *thebms.org.uk* .

APPENDIX 1

Examples of Support

If an employee wishes to speak about their symptoms, or just to talk about how they are feeling (they may not recognise themselves that they are symptomatic), or if a male employee wishes to speak about a family member, please ensure that you:

- Allow adequate time to have the conversation;
- Find an appropriate room to preserve confidentiality;
- Encourage them to speak openly and honestly;
- Suggest ways in which they can be supported (see *6. Making Reasonable Adjustments)*
- Agree actions, and how to implement them and make a written record of the meeting, so that all parties agree what has been discussed, and the next steps, before the meeting ends.
- Ensure that this record is treated as confidential, and is stored securely.
- Agree if other members of the team should be informed, and by whom;
- Ensure that designated time is allowed for a follow up meeting.
- Do not rely on quick queries during chance encounters in the corridor or common room
- Arrange follow-up meetings as appropriate

Publications

Head injury leaflet – advice from the Medical Centre

DANES HILL SCHOOL
STRONG & SAGACIOUS

HEAD INJURY
ADVICE FROM THE MEDICAL CENTRE

Whilst at school today, your child has suffered a head injury.

As a precaution you should observe your child, and if you are concerned about any of their symptoms outlined in this leaflet during the next 48 hours, you should take them to your GP or nearest Accident and Emergency Department.
Please also let the Medical Centre know so that the Nurses can arrange appropriate care in School.

Symptoms you may observe:

Your child may feel some of these symptoms over the next few days which should disappear within 2 weeks, these can include:

- A mild headache;
- Feeling sick (without vomiting);
- Dizziness;
- Irritability;
- Problems concentrating;
- Feeling tired or disturbed sleep;
- Poor appetite.

If you are concerned about any of these you should speak to your GP or local Accident and Emergency Department.

Most children recover quickly from bumping their head and do not develop any long-term problems.

Some children, however, may develop problems weeks, or even months after the accident. If you think things are not quite right (such as continuing poor memory, or a change in behaviour) please contact your GP as soon as possible, so that your child can be assessed to see if they are recovering properly.

Things to help your child to get better:

- **Do** allow them to rest and avoid stressful situations;
- **Do** allow your child to sleep, but check they are sleeping in a normal position and rousable;
- **Do** give your child pain relief (such as Paracetamol) if they have a mild headache;
- **Do** make sure that your child avoids rough or high risk play for a few days;
- If diagnosed with concussion, **do NOT** let your child play contact sports (such as Rugby or football) for at least 3 weeks.

Seek immediate medical assistance if your child:

- Is unusually sleepy or you cannot wake him / her. It is common for a child to want to sleep after a hit to the head. Do let them. If you are concerned, wake them after an hour or so. They may be grumpy about being woken up, but that is reassuring;
- Has a headache that is persistent or is getting worse, despite having taken a painkiller
- Is unsteady walking, dizzy or has a loss of balance;
- Vomits - being sick;
- Has a fit (seizure);
- Develops any problems with their vision (such as a squint or blurred vision) or they start to see double;
- Has blood or clear fluid leaking from the nose or ear;
- Has confusion (not knowing where they are, getting things muddled up) or any problems understanding or speaking;
- Has new deafness in one or both ears;
- Has bruises behind one or both ears.

For more information, contact Danes Hill School Medical Centre on **01372 842509** or email **nurse@daneshill.surrey.sch.uk**

Medical Centre Publication 1

Graduated Return to Sport leaflet- RFU Guidelines

DANES HILL SCHOOL

STRONG & SAGACIOUS

Graduated Return to Sport (GRAS)

RFU Guidelines

Diarrohea and vomiting leaflet – advice from the Medical Centre

DANES HILL SCHOOL
STRONG & SAGACIOUS

DIARRHOEA AND VOMITING

ADVICE FROM THE MEDICAL CENTRE

Most children with Diarrhoea and Vomiting get better very quickly, but some children can get worse.

It is a common illness that will affect all children at some stage, it is most often caused by a virus, but can have other causes. The main concern with diarrhoea and vomiting is the possibility of dehydration. This is however rare and most children will tolerate oral fluids. Most children will generally start to get better after two to four days.

Seek immediate medical assistance if your child:

- Has not passed urine at least twice in 24 hours;
- Has blood in vomit or stool;
- Has pale or mottled skin;
- Has severe tummy pain or a swollen tummy;
- Has cold hands or feet;
- Is drowsy;
- Has not improved at all after 48 hours.

Things to help your child to get better:

- Give small amounts of clear fluid frequently. Clear fluids include water, very diluted squash or rehydrating solutions such as Dioralyte. This can be prescribed by your GP or bought over the counter at most pharmacies;
- Give Paracetamol if your child has a temperature or stomach cramps. It is best not to give Ibuprofen as it may irritate an empty stomach;
- Ensure your child washes their hands thoroughly with soap and water after going to the toilet as most tummy bugs are spread by hand-to-hand contact;
- Avoid food until your child has not vomited for eight hours. Then give bland foods only, such as plain toast or biscuits.

Important Information:

The Health Protection Agency Guidance on Infection Control in Schools (2016) states that children with diarrhea and / or vomiting should not return to school until 48 hours have passed from the last episode of diarrhea or vomiting.

Please do not send your child back to school before then.

For more information, contact Danes Hill School Medical Centre on 01372 842509 or email nurse@daneshill.surrey.sch.uk

Medical Centre Publication 3

Administration of medication leaflet- Guidance for Prep School staff

DANES HILL SCHOOL
STRONG & SAGACIOUS

ADMINISTRATION OF MEDICATION
GUIDANCE FOR MAIN SCHOOL STAFF

This booklet provides guidance for the administration and recording of all categories of medicines for staff when off-site or in the absence of the Medical Centre.

Staff responsibilities

There is no legal or contractual duty on school staff to administer medication or to supervise a pupil taking it. Any decision on the part of school staff to agree to administer medicines has to be a matter of individual choice and judgement. All staff who agree to administer medicines take on a legal responsibility to do so correctly.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, particularly when on school trips.

Staff can receive help and training, to achieve the necessary level of competency before taking on responsibility for supporting pupils with medical conditions, from the School Nurses.

There are four legal categories of medicines:

OTC (Over the Counter) Medicine:

Can be bought easily from general retail outlets without the supervision of a pharmacist. In school we dispense these from the Medical Centre under our ***Homely Remedies Policy***. On a school trip this type of medicine may be provided by the Medical Centre in a yellow ***School Trip Medications Bag*** or handed to staff by parents on a residential trip prior to leaving.

Parents automatically consent to the administration of OTC medicine as detailed in the ***Confidential Medical Form*** completed on admission to the school.

Information on or within the packaging should be followed, as there is no prescribed information.

POM (Prescription Only) Medicine:

Can only be supplied using a prescription issued by a prescriber. The medication must only be given to the pupil for whom it has been prescribed.

The medicine must be in the **original packaging** stating generic drug name, dose and the pupil's name. The original dispensing label must not be altered. An English translation must be provided in the case of foreign medicines. **Do not accept or give any medication that is not as above.**

For residential visits, a form will be completed by parents giving a member of staff permission to administer medicines. A member of staff should be designated to administer the medicine and make arrangements for its safekeeping.

CD (Controlled Drugs):

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs such as ADHD drugs.

Stricter controls apply to these medicines to prevent them being misused, obtained illegally or causing harm. These controls govern how they are stored and given.

They must always be in a locked container. The administration of controlled drugs should ideally be undertaken by **two people**, both of whom are accountable for the whole procedure. As best practice, one person should administer the controlled drug and complete the record. The second person should act as a witness. A record should be kept of any doses used and the amount of the controlled drug held. The School Nurses can assist in providing a record book for this purpose and showing staff how to record the administration.

P (Pharmacy) Medicine:

These can only be dispensed by a pharmacy, such as large packs of paracetamol or ibuprofen, antihistamines or travel sickness remedies.

In school we dispense these from the Medical Centre under our ***Homely Remedies Policy***. On a school trip this type of medicine may be provided by the Medical Centre in a yellow ***School Trip Medications Bag*** or handed to staff by parents on a residential trip prior to leaving.

Parents automatically consent to the administration of OTC medicine as detailed in the ***Confidential Medical Form*** completed on admission to the school.

Information on or within the packaging should be followed, as there is no prescribed information.

Administration of any type of Medication:

There should be a designated person for the administration and management of all medicines on a trip.

Six Rights of Administration

1. Right Pupil – check date of birth if they are not known to you.
2. Right Medicine – check the name
3. Right Dose – check the label.
4. Right Time- and check has not already been given.
5. Right Route- ie oral
6. Right to refuse- record if declines.

Record Keeping:

A record must be kept of all medicines given to children, stating what and how much was administered, when and by whom. Always fill in the record immediately after administration. A **Medications Log** can be provided by the Medical Centre. **Any medication given to children on the day of their return to parents must be handed over to parents, so they know the time of the last dose given.**

Records of drugs administered **should be returned to the Medical Centre** for storage.

Emergency Medication:

Anyone caring for children including teachers, other school and day care staff in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicines and/or taking action in an emergency. Staff will be made aware of any pupil with specific medical needs via the ***Confidential Medical Alerts Report*** (on VLE, staff common notice board) or a ***Medical Conditions Report*** sent prior to a trip. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. This type of medication must be readily accessible in a known location, because in an emergency, time is of the essence.

The emergency medication which might be used includes: -

- ⇒ Buccal Midazolam
- ⇒ Adrenaline Pen
- ⇒ Glucose (dextrose tablets or Hycostyn)
- ⇒ Inhalers for asthma

Staff have a responsibility to ensure that they are familiar with the ***Medical Centre Policies***

The School Nurses will offer training at any time or refreshers on how to use an adrenaline pen or asthma inhaler. Staff must know how to do both before taking children off-site. They will also give individual guidance for specific long-term medication.

Medication Storage:

Some medications may need to be refrigerated. An appropriate refrigerator, with restricted access, should be identified and the medication should be placed in a **closed plastic container with the lid clearly marked "Medication".** This container should then be kept on a separate shelf in the fridge.

Common Medications:

Before giving any medicine, staff should be aware of:

- ✓ Indications for use
- ✓ Contra-indications & Allergies
- ✓ Dosages
- ✓ Side effects
- ✓ The duration of use before medical advice is sought.

Paracetamol

(Calpol) Paracetamol has two uses- as a painkiller and to reduce temperature. It is often used to treat headaches, stomach ache, earache and cold symptoms. Paracetamol tablets or syrup come in a range of strengths so always check the patient information leaflet (PIL) before giving. **Do not give more than 4 doses in 24 hours and wait at least 4 hours between doses.**

Ibuprofen is the only safe painkiller to give alongside Paracetamol. Do not give them at the same time but if paracetamol has not reduced pain or fever, after an hour you can try giving Ibuprofen.

Paracetamol oral suspension / Calpol SixPlus suspension (250mgs/5mls)

Indications for use

Mild to moderate pain including headache, migraine, toothache, sore throat, period pain, flu, fever, aches and pains including muscle pains & backache

Cautions

Liver or kidney problems, heart disease, G6PD deficiency.

Dosage

6-8 years	*5mls*
8-10 years	*7.5mls*
10-12years	*10 mls*
12-16 years	*10-15mls*
Adults and children over 16 years	*10-20mls*

***Maximum daily dose**: 4 doses in 24 hrs*

***Maximum duration of treatment**: Up to 72 hours then seek medical advice*

Accidental overdose: Immediate medical advice should be sought in the event of any overdose with Paracetamol, even if the patient feels well, because of the risk of delayed, serious liver damage.

Ibuprofen

Do not give Ibuprofen to a child if they have asthma or chicken pox. Ibuprofen is also a common painkiller and it also treats inflammation and can bring down a fever. It is best to give Ibuprofen with, or just after a meal and **not on an empty stomach.**

Ibuprofen suspension (100mg/5ml) for ages up to 12 years.

Indications for use

To relieve muscular pain, headache, earache, sore throat, dental pain, back ache, minor sprains and strains, reducing high temperature and relieving symptoms of cold and influenza.

Cautions

***Do not give if:** asthmatic, suspected chickenpox, history of peptic ulcers or already taking other nonsteroidal anti-inflammatory drug (NSAID)*

***Dosage:** Take with or just after food, or a meal*

4-7 years	*7.5mls 3 times a day*	*(minimum 4 hrs between doses)*
7-12 years	*10mls 3 times a day*	*(minimum 4 hrs between doses)*

***Maximum daily dose :** 3 doses in 24 hrs*

***Maximum duration of treatment**: Up to 72 hours then seek medical advice*

***Accidental overdose:** Immediate medical advice should be sought*

Piriton and Cetirizine

These are both antihistamines that relieve the symptoms of allergies. Piriton may cause drowsiness and Cetirizine is less likely to. Piriton is taken every 4-6 hours and Cetirizine is a once daily medication (or twice daily for younger children). Danes Hill uses Piriton as the primary choice for ***School Trip Medications Bags.***

Piriton syrup (2mgs/5mls)

Indications for use

To relieve symptoms of some allergies and itchy skin rashes; hay fever, other allergies, nettle rash and hives, heat rash/prickly heat, food/medicine reactions, insect bites and stings, chickenpox rash.

***Cautions:** May cause drowsiness, dizzy or blurred vision.*

***Do not give if:** taking other antihistamines or products for colds and coughs.*

Dosage

2-6 years	*2.5mls 4-6hrs*
6-12 years	*5mls 4-6hrs*
Adults and children over 12 yrs	*10mls 4-6 hrs*

***Maximum daily dose :** 6 doses in 24hrs (eg 30mls 6-12 years)*

***Maximum duration of treatment**: Up to 72 hours then seek medical advice*

***Accidental overdose:** Immediate medical advice should be sought*

Piriton tablets (4mgs)

Indications for use

To relieve symptoms of some allergies and itchy skin rashes; hay fever, other allergies, nettle rash and hives, heat rash/prickly heat, food/medicine reactions, insect bites and stings, chickenpox rash.

***Cautions:** May cause drowsiness, dizzy or blurred vision.*

***Do not give if:** taking other antihistamines or products for colds and coughs.*

Dosage

6-12 years	*0.5 tablet 4-6hrs*
Adults and children over 12 yrs	*1 tablet 4-6 hrs*

***Maximum daily dose :** 6 doses in 24hrs (eg 3 tablets 6-12 years)*

***Maximum duration of treatment**: Up to 72 hours then seek medical advice*

***Accidental overdose:** Immediate medical advice should be sought*

Cetirizine oral suspension / Cetirizine hydrochloride (5mgs/5mls)

Indications for use

For the relief of hay fever (seasonal allergic rhinitis), year round allergies such as dust or pet allergies (perennial allergic rhinitis) and urticarial (swelling, redness and itchiness of the skin).

Cautions: *Seek Dr advice before giving if history of Epilepsy or risk of convulsions or intolerance to some sugars.*
Do not give if: *Severe kidney disease*

Dosage

2-6yrs twice daily	*2.5mgs twice daily as 2.5ml oral solution*
6-12yrs daily	*5mgs twice daily as 5mls oral solution twice*
Over 12 yrs	*10mgs once daily as 10ml oral solution*

Maximum daily dose : *10mls*
Maximum duration of treatment*: 3 days then seek medical advice.*
Accidental overdose: *Inform your doctor, pharmacist or A&E department.*

Cetirizine tablets / Cetirizine dihydrochloride (10mgs)

Indications for use

For the relief of nasal and ocular symptoms of seasonal (hay fever) and perennial allergic rhinitis (dust and pet allergies)
For the relief of urticarial (swelling, redness and itchiness of the skin)

Cautions: *Seek Dr advice before giving if history of Epilepsy or risk of convulsions or intolerance to some sugars*
Do not give if: *Severe kidney disease.*

Dosage

6-12 years	*5mgs twice daily as a half table twice daily*
Over 12 yrs	*10mgs once daily as 1 tablet*

Maximum daily dose : *10mgs*

Maximum duration of treatment*: 3 days then seek medical advice.*

Accidental overdose: *Inform your doctor, pharmacy or A&E department.*

Travelling Abroad with Medications:

Medicines over 100ml, supported by a doctor's note or prescription, are allowed through security. Insulin, adrenalin pens, hypodermic needles and medicines must be supported by a medical certification letter, as must children's medicine. All medicines are subject to additional security screening and must be kept in a transparent, re-sealable bag. You may carry medicines that need to be kept cold in a cool bag and include one ice pack in the bag, as long as your doctor's letter states that the medication needs to be kept cool.

Adrenalin Pens:

All airlines have different policies in place for keeping passengers with an allergy safe. It is important before travelling to familiarise yourself with an airline policy and if in doubt contact the airline.

People who require adrenaline pens have what is called a 'hidden disability.' Pens are allowed to go through the security checkpoint after they have been inspected and passengers are allowed to bring their epinephrine on board a flight. **Two pens should be carried.** However, you may need to show a printed label that identifies the medication. Pens should remain below 25 °C.

Controlled Drugs:

You need to prove that medication is prescribed to the child you are escorting if it contains a controlled drug and you have it on you when you're entering or leaving the UK. You could get a fine or go to prison if you travel with medicine that's illegal in another country – check with the embassy of the country you're going to before you travel.
A letter should be carried proving that the medication is prescribed. This letter should include:

- ⇒ Name
- ⇒ What countries you are going to and when
- ⇒ A list of the medication, including how much you have, doses and the strength
- ⇒ The signature of the person who prescribed the drugs.

DANES HILL SCHOOL
STRONG & SAGACIOUS

For more information, contact Danes Hill School Medical Centre on **01372 842509** or email **nurse@daneshill.surrey.sch.uk**

Medical Centre Publication 4

Forms

Forms can be downloaded from the Danes Hill School website under ***Danes Hill Life*** and ***Medical Centre*** or emailed directly from the Nurse.

Accident report form

PUPIL ACCIDENT OR INCIDENT REPORT FORM
DANES HILL SCHOOL (INCLUDING BEVENDEAN)

This form should be completed for all incidents and accidents to children, staff, or visitors, (including near misses) occurring at Danes Hill School (including Bevendean) arising as a result of its operations or if further medical treatment is required or sought.

Data provided in this form is handled in the strictest confidence and in accordance with the school's data protection policy and privacy notice, available on the school website.

Personal Details:

Surname		First Name			
D.O.B		Age		Form (If Applicable)	

Description of the Incident:

Date		Time (24hr)	
Location			

Did it result in injury or a near miss? Please tick:			
Injury:		Near Miss:	

Description of events leading up to the incident:

Injury Detail:

Type of injury (e.g. cut, sprain, head injury etc.) Which part of the body was injured? If none, write none.	

Who was notified? E.g. Medical Centre, Parents, HOD, Emergency Services? Please name all.

What immediate action was taken?

Further Information:

What supervision was in force at the time of the incident?
Identify the reason for the accident/incident
Was the incident witnessed? If so, by whom?

Any further action taken or follow-up?
What has been done to prevent something similar happening again? Is there any remedial action required by the maintenance team?
Any other remarks or details?

Completed By:

Name		Date	
Department		Title	

Once completed, please return to **nurse@daneshill.surrey.sch.uk** as soon as possible following the accident or incident occurring. Please also send a copy to **etonnard@daneshill.surrey.sch.uk** & **tcallis@daneshill.surrey.sch.uk**) Thank you.

Further investigation required:

Name of person completing the investigation:
Date of investigation:
Describe the work area/scene of incident:
Was equipment used at the time of the incident:
Were the person involved appropriately trained:
Was RA in place at the time, Attach copy
Investigate findings summary
Actions identified:
Investigation approved by:
Remember to attach photographs, witness statements or any relevant documents to this report

Asthma treatment plan

DANES HILL SCHOOL
STRONG & SAGACIOUS

Asthma Treatment Plan

Date:

Child's Name:

Date of Birth:

(To type, click to highlight and just start typing)

I can confirm that my child has been:

Diagnosed with asthma ☐

Not diagnosed as asthmatic, but prescribed an inhaler ☐

(Click once to check boxes)

Please complete below with all the medication your child is prescribed:

Medication	Dose

What are your child's asthma triggers? (makes their asthma worse):

-

-

-

Does your child need help with taking his or her inhaler?

Yes ☐ No ☐

Does your child tell you when they feel they need to use their inhaler?

Yes ☐ No ☐

Does your child need to use their inhaler before any exercise or play?

Yes ☐ No ☐

Consent Form

- **For those diagnosed with asthma only:**
  My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and to off-site trips.

- **For those prescribed an inhaler but not asthmatic:**
  My child will bring their in-date inhaler to School, clearly labelled with their name when they need it and we will update the Medical Centre at the time.

  In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

(Name and Signature)

Allergy care plan

DANES HILL SCHOOL
STRONG & SAGACIOUS

Allergy Care Plan / Medication Consent

Name of Child: …… Date of Birth: ……

Allergen	Known Symptoms	Symptoms resolved by:

Emergency Medication Prescribed	Medication Name	Dose	Does your child carry this medication? (As well as the spares held in the Medical Centre)
Adrenaline injector			
Anti-histamine (if a preference)			
Inhaler-if prescribed			

For those prescribed an adrenaline injector:
I will supply the school with 2 named and in-date adrenaline injector pens.

In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline pen is not available or is unusable, I consent for my child to receive adrenaline from an emergency pen held by the School for such emergencies.

Parent/Guardian signature for administration of above medication and consents

……..

Name: …….. Date: ……..

Administration of prescribed medicine in School

DANES HILL SCHOOL
STRONG & SAGACIOUS

Administration of Prescribed Medicines in School

Prescribed medicines will be accepted in School and stored in the Medical Centre or Bevendean School Office. The medicine must be in its original packaging stating the generic drug name, dose and pupils name. The original dispensing label must not be altered.

Date: _____

Child's Name: _____ Form: _____

Medication

NAME OF MEDICINE	
DOSE e.g. 250mgs	
FREQUENCY OF DOSAGE e.g. Three times a day	
TIME(S) OF DOSE(S) TO BE GIVEN IN SCHOOL	
DATE OF FINAL DOSE TO BE GIVEN / OR IS IT LONG TERM?	
CONDITION OR ILLNESS	
SPECIAL INSTRUCTIONS	

Delete as applicable:
I will collect the medication from the Medical Centre at the end of the day/ I have another supply at home

SIGNATURE OF PARENT/GUARDIAN_____

PRINT NAME_____

Bevendean blank Care Plan

DANES HILL SCHOOL
STRONG & SAGACIOUS

Bevendean Care Plan

Name of Child		
Date of Birth		Form:
Past Medical History of Note		
Current Diagnosis		
Symptoms		
Allergies		

Medication prescribed 1	
Medication prescribed 2	
Special Instructions	
Emergency Contact 1	
Emergency Contact 2	
Emergency Contact 3	
Parent/Guardian	Name
	Signature
Date	