

# KHPS



# FIRST AID POLICY AND MEDICAL PROCEDURES (INC EYES)

## Contents

### FIRST AID POLICY

First Aid Policy (including EYFS Accident policy) Pages 4 - 11

### MEDICAL PROCEDURES POLICY

Medical Procedures Pages 12 - 32

Information on Anaphylaxis and School Protocol.

Information on Asthma and School Protocol.

Information on Diabetes Mellitus and School Protocol.

Information on Epilepsy and School Protocol.

Procedure for Blood and Body Fluid Spillage

Reference List.

### Appendix

1. Homely Remedy Protocol. P 33
2. Care Plan for pupils at risk of Anaphylaxis Reactions. p47
3. Instruction for using the adrenaline auto injector. p49
4. Care Plan for Pupils at risk of an Asthma Attack. p51
5. Form for consent to administer medication p53
6. Paediatric First aid kit contents list Nursery p54
7. Paediatric First Aid kit contents list Reception p55

8. Early Years Sick Children Policy p56

9. First Aid qualified personnel p57

## FIRST AID POLICY

King Henry VIII Preparatory School undertakes to ensure the provision of First Aid for staff, children and visitors. The School aims to create a safe environment for all.

The Head Teacher ensures that there are an adequate number of Qualified First Aiders and relevant facilities, sufficient First Aid kits and a regular review of the Policy.

A qualified first aider, and a paediatric first aider for children in the EYFS, will be present at all times when children are present and accompany them on any outings.

The Head Teacher will ensure that the following points are adhered to;

1. Pupils with medical conditions will have the same rights of admission to King Henry VIII Preparatory School as other children.
2. Those pupils with medical needs will receive proper care and support whilst in the school environment.
3. Basic information and protocols will be available to all staff and parents for the most common medical conditions such as Asthma, Diabetes, Epilepsy and Severe Allergic Reactions (Anaphylaxis).
4. A protocol will be available for all other First Aid emergencies and should be read by all staff.
5. All members of staff will have access to a copy of the Medical Procedures Document which will contain protocols and policies regarding medical conditions.
6. Details of children with common medical conditions will be displayed on the medical notice board in the School Staff Room.
7. All staff read protocols, policies and the notice board in the School Staff room regarding medical information.
8. All medical policies and protocols will be reviewed annually to ensure up to date information is available.
9. All Children with a Medical Condition will have an Individual Health Care Plan.
10. All staff will have access to the Individual Health Care Plans should a child with a medical condition be in their care.
11. A copy of the Individual Health Care Plan must be taken on all educational visits should an emergency arise.

12. All individual Health Care Plans will be reviewed annually to ensure up to date information is available.
13. The School Nurse is the first contact for parents and staff in regards to the medical needs of students.
14. The School Nurse will liaise with external agencies and will inform appropriate staff of the outcome should it be required.
15. Any medical intervention that takes place should be documented in the first aid book. This is in the Reception office and can be accessed via the Receptionist at Hales. The Medical Assistant will document any treatment given to a child at Swallows.
16. It is the parents/guardians responsibility to inform the school should there be any changes to their child's medical needs during the school year. This is to allow the school to update the medical files and provide the best support for their child.
17. Children with medical conditions should be allowed to participate in all physical activities and extra-curricular sport. There should be a flexible approach to allow students to partake in line with their own abilities. If there are any restrictions in relation to physical activity, then this will be noted in their Individual Health Care Plan.
18. All staff must treat medical information as confidential and must support children in their care promoting independence and maintaining dignity at all times.
19. Training will be available for all staff in regards to Anaphylaxis, Asthma, Epilepsy and Diabetes; this can be accessed via the School Nurse.

## **PROCEDURES FOR ADMINISTERING MEDICINES AT KING HENRY VIII PREP SCHOOL**

1. Medication should not be carried around school. However, pupils in years 4-6 who have Asthma, may carry their inhalers if they feel confident.
2. Medicines should only be taken into school if it is deemed detrimental to the child's health should it not be given during the school day. (DfES 2005)
3. Consent – Parents/guardians of pupils who require medication to be taken during the school day must take it straight to the School Reception Staff at the start of the school day or, in the case of Nursery children, given to a member of Staff at the Nursery. A consent form must be completed, these are available via the reception office or from Nursery Staff. All medication should be kept in its original container with the prescribing label still attached. All medication must be prescribed by a doctor with the exception of General Sales List (over the counter) medication. This may be sent into school with prior consent and agreement from the School Nurse ensuring the medication form is completed. Medicines may only be administered on a short term basis (unless alternative arrangements have been made with the Head Teacher or School Nurse)
4. Should a pupil become ill or be injured during the school day, they must be sent to the reception office for assessment; the school nurse can be contacted for advice should it be deemed necessary. The Reception Staff/School Nurse will decide whether the pupil is well enough to remain in school or if the best option is to contact parents to take home.
5. The School nurse may administer medication under the Homely Remedy Protocol (see Medical Procedures) to allow for the child to remain in school with prior written consent from the parents. Parent/guardian will be informed if medication listed in the Homely Remedy Protocol is given to their child. This will include the dose and time of administration.
6. The **Medical Assistant at Swallows/Receptionists at Hales** may administer prescribed medication. Medication listed in the Homely Remedy Protocol can be given by the school nurse. In her absence, parental consent must be gained from the parent before administration.
7. In the EYFS written permission must be obtained from parents before individual medicines can be administered and parents will be informed about any medication administered on the same day or as soon as reasonably practicable. Members of staff in the Nursery may administer prescribed medicines for a short or long term, this should be witnessed by another member of staff and details should be logged. If any parties have concerns or uncertainties about their duties in this regard they should contact the School Nurse or members of the Senior Management.
8. All medication will be locked in a secure cupboard only accessible by the School Nurse, Medical Assistant and Reception staff or Early Years/Nursery Staff. Emergency Inhalers and adrenaline auto injectors will be stored in an unlocked filing cabinet in the Store Room/Reception and in the Nursery named **Medication Held in School**. These can be accessed by all staff in accordance with (DfES 2005), for emergency use only.

9. Details concerning the administration of Medication during School Trips are to be found on the Overnight Stay Forms/or Day Trip forms.
10. The School Nurse is responsible for the safe storage of medication and will keep a list with expiry dates. These will be updated regularly.
11. For medication held in school it is the responsibility of the parents to keep note of expiry dates and supply new medication when these expire.
12. All pupils with a chronic medical illness will have an Individual Health Care Plan. These can be found in the medical folder in the Reception Office.
13. It is the responsibility of the parents/guardians to inform the school should there be any changes to their health needs and any change in medication. This will allow for the correct support to be given in school.
14. Any medication that is given in school will be documented, noting Pupil name, date of birth, name of drug, dosage and time given.
15. In the case of medication being brought in to school, it is the responsibility of the member of staff administering the medication to check that the right drug is given to the correct person. This can be done by cross checking personal information such as name, date of birth, medication label and consent form.  
In the Nursery, only prescribed medication is administered. A qualified First Aider administers the medication and the dose given is recorded and witnessed by another member of the Nursery Staff.
16. If you are in any doubt about medication to be given then you must not give it until you have clarified your doubts. In the absence of the School Nurse you must contact the child's parents, with regards to medication.

## **PROCEDURE FOR DEALING WITH FIRST AID EMERGENCIES/ILLNESS DURING SCHOOL HOURS AT KING HENRY VIII PREPARATORY SCHOOL.**

### **Illness**

- Any pupil taken ill during the school day must be accompanied by another pupil or member of staff and taken to the Medical Assistant or Reception Office who will decide whether the school nurse needs to be contacted or if a first aider is sufficient.
- The first aider/nurse will inform the appropriate members of staff of any action or treatment given and inform the parents either verbal, if felt appropriate, or with written information on the accident form
- Under no circumstances should the pupil contact their parents directly.
- Should it be decided that it is better for the pupil to return home, the first aider/school nurse will make contact with the parents/guardian.
- Should the child be sent home due to vomiting or diarrhoea then the parents/guardians must be informed not to return their child to school for a minimum of 48 hours following the last episode.

### **Accidents**

- Minor accidents or injury should be dealt with as for illness.
- In the event of a child sustaining a bump on the head, the School Nurse should be informed and a head injury instruction sheet completed and sent home. Ideally, parents should be contacted directly as well to inform them of their child's head injury and the necessary observations needed.
- In the event of a more serious accident/injury, do not attempt to move the casualty but contact the School Nurse on **199** or **0771 930 2910**.
- In the absence of the School Nurse, contact a qualified First Aider, a named list is available in the reception office, Staff Room and medical room.
- If appropriate an ambulance should be called following the medical Emergency procedure.
- Parents/guardians will be contacted and advised to attend the named accident and emergency department.(all records of contact numbers are in the Office)
- A responsible member of staff must accompany pupil with the ambulance crew to hospital and remain until the parents/guardian arrive.
- An accident report should be completed for all accidents and near misses by the member of staff that witnessed the incident or First Aider. A copy of the accident form must be sent home with the child. All of the required information must be completed including personal details and then passed to the Health and Safety Officer who will decide

whether it is reportable to RIDDOR. Accident forms can be located in the Reception Office (EYFS forms are located in the EY Building) on no account should completed forms be left in the accident book, this is for confidentiality reasons.

### **When to call an Ambulance**

Once you have completed your first aid assessment and you identify the need; or if at any time you feel unable to administer First Aid confidently to a pupil, member of staff or visitor, or haven't received the appropriate training then an ambulance should be called using the following procedures. Senior Management must be informed and parents contacted.

### **EMERGENCY FIRST AID PROCEDURE FOR KING HENRY VIII PREPARATORY SCHOOL**

- Contact the School Nurse on extension **199**, speed dial 0199 or mobile number **0771 930 2910**.
- If contact cannot be made, contact reception extension (**160 Hales or 307 Swallows**). If the telephones are engaged, send a responsible person to reception or school office to report the details.
- Dial 999
- Ask for the appropriate service: Ambulance, Fire Brigade or Police.
- Make sure you have the following information available:
  - Your name
  - The incident that has occurred
  - Your telephone number
    - SWALLOWS CAMPUS**     0247 6271 307
    - HALES CAMPUS**         0247 6271 160
  - The location of the incident.

#### **Swallows Campus**

Kenilworth Road  
Coventry, CV3 6PT

#### **Hales Campus**

Warwick Road  
Coventry, CV3 6AQ

- Arrange for someone to meet the ambulance and direct to the appropriate location.
- A responsible member of staff should accompany the pupil to the hospital with the ambulance crew and remain with the pupil until the parent/guardian arrives.
- On no account should a member of staff attempt to take the pupil to hospital in their own vehicle.

## **Early Years Accident Procedure**

### **Procedure to be followed in the event of an accident**

If a child in EYFS is injured or has an accident, they will receive first aid from a qualified Paediatric first aider. See appendix 9 for list of qualified paediatric first aiders.

If an accident or injury has happened to a child, the parents will be informed on the same day, or as soon as practicable, with information about any first aid treatment that has been given. The details of the accident will be recorded and an accident form completed with a copy for parents stating the nature of the accident, treatment given, and time and place of event.

Ofsted must be informed **within 14 days** of any serious accident, illness or injury to, or death of, any child in the schools care and the action taken. Local child protection agencies must also be informed and the school must act on their advice.

### **Locations of First Aid Kits**

#### **Swallows Campus**

Reception  
Art Room  
Sports Hall  
Swimming Pool  
Dining Room Kitchen  
Pre Prep Yr 1  
Hornbeam Room  
Pre Prep Staff Room

#### **Hales Campus**

Medical Room  
Art Room  
Sports Hall  
Staff Room  
Dining Room Kitchen

### **Contents of First Aid Kits**

- 1 Guidance Leaflet
- 20 Individually wrapped plasters
- 2 Sterile eye pads
- 4 Triangular bandages
- 6 Safety pins
- 2 Large sterile bandages
- 2 Medium sterile bandages
- 1 pair disposable gloves
- 

### **First Aid and Trips**

Before undertaking any off site activities, the Deputy Head or Assistant Head or person delegated by them, should ensure that the first aid provision has been assessed by the person leading the trip and that the level of provision includes a paediatric trained first aider. In addition the leader should have pupil consent forms with them and Risk Assessments have been completed.

All staff should have a Mobile phone in their possession when joining a School Trip or Games Fixture.

### **First Aiders**

If the School Nurse is not available contact should be made with a member of staff who is a qualified first aider. See appendix 9 for full list of staff and their first aid qualifications held.

### **Bodily fluids**

All bodily fluids should be considered as potentially hazardous. General body fluids include fluid from cuts, scabs and skin lesions, blood, urine, faeces, vomit, nasal discharge and saliva. Gloves and aprons should be worn at all times when there is a risk of coming into contact with bodily fluids. Once used, gloves and aprons should be discarded safely. For spillages see separate procedure for dealing with Body fluids and Bloods Spillages.

### **Correct Procedure for Removal of Gloves**

- With right hand, pinch palm of gloves on left hand and pull left glove down and off fingers. Form left glove into a ball and hold securely in fist of right hand.
- Insert two fingers of left ungloved hand under inside rim of right glove on palm side, pull glove slowly down over fingers and over balled left glove.
- This can now be discarded in bio hazardous bag with any soiled dressings.
- Wash Hands

# **MEDICAL PROCEDURES**

## **INFORMATION ON ANAPHYLAXIS AND SCHOOL PROTOCOL**

### **MANAGING SEVERELY ALLERGIC PUPILS IN SCHOOL.**

#### **Definition of Anaphylaxis**

Anaphylaxis involves one or both of two features: -

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

(The Anaphylaxis campaign, 2009).

#### **What's happening to the Body?**

- An anaphylaxis reaction is caused by the sudden release of chemical substances, including histamine, from cells in the blood and tissues where they are stored.
- The release is triggered by the reaction between allergic antibodies and the allergen
- The person would have been exposed to the allergen (the thing that they are allergic to) previously. At that time the body misjudged the allergen as a threat and started to make antibodies against it. The next time the body is exposed it over reacts and causes the above symptoms.
- Anaphylaxis is a severe systemic allergic reaction.
- At the extreme end of the allergic spectrum.
- The whole body is usually affected within minutes of coming into contact with the allergen.
- It can take seconds or several hours for a reaction to occur.

(The Anaphylaxis campaign, 2009)

Allergic reactions can produce many unpleasant symptoms; only a few are likely to be described as anaphylaxis.

(Ewan 1998)

## **The Symptoms**

- Swelling of the mouth or throat.
- Difficulty in swallowing or speaking.
- Alterations in the heart rate.
- Hives anywhere on the body.
- Abdominal cramps and nausea.
- Sudden feeling of weakness.
- Difficulty in breathing.
- Collapse and unconsciousness.

(The Anaphylaxis Campaign, 2009)

## **Types of Reaction**

- Uni-phasic, meaning one phase. Develops rapidly, usually involving the airway or circulation. Once treated the symptoms go away and don't return.
- Bi-phasic, meaning two phases. 6% of children have bi-phasic reactions. It develops rapidly, is treated, and then there appears to be a rest period when all symptoms appear to have gone away for 1-2 hours. Breathing and circulation symptoms return and can become very serious.

(Lee and Greenes, 2000. The Anaphylaxis Campaign, 2009)

## **Common Causes**

- Peanuts
- Tree nut
- Milk
- Egg
- Sesame
- Fish
- Shellfish
- Wasp
- Bee
- Latex
- Penicillin
- Blood Products
- Drugs
- Kiwi

## **Treatments**

Adrenaline is the main treatment and does the following:-

- Reverses swelling
- Relieves Asthma
- Constricts the Blood Vessels
- Stimulates the heartbeats

Adrenaline works in seconds, whereas antihistamines take about 15 minutes. This is useful if the reaction is coming on slowly, asthma inhalers will also help at this time.

Incidentally children with asthma as well as severe allergies are far more at risk of a severe reaction than allergic children who do not have asthma. (Sampson et al 1992)

## **Devices**

Adrenaline auto injectors: -

- Adult dose 0.3mg
- Child dose 0.15mgs
- Up to 2 years shelf life

## **Storage**

- Accessible
- Avoid extremes of temperatures; the devices are designed to be stored at room temperature. They remain stable up to about 40 degrees C. Should not be stored in the fridge or left in sunlight.
- Clearly labelled
- In date

## **Allergen avoidance**

- Ensure you know the child in your care and familiarise yourself with their allergies. The child and their parents will have become experts at this and will know what they need to avoid, so speak to the child or the School Nurse.
- These children are very normal and it is important that they join in as many activities as possible.
- Risk assessments should be carried out in regards to location and activities that the child is involved in, particularly trips away, cookery, science experiments and mealtimes.
- Special occasions such as Christmas, Easter and fund raising cakes sales can pose an increased risk to allergy sufferers due to different food being brought in to school. Please be vigilant and risk assess where needed.
- Plan ahead in regards to cookery lessons and science experiments and inform the child or parent to discuss their risks.
- It is good practice not to use Food Technology rooms as form rooms for the allergic pupils.
- Be aware of any empty boxes being brought into school for Art/technology etc they may have contained things such as crunchy nut cornflakes etc.

## **Health Care Plans(see appendix 2)**

- It is the responsibility of the School Nurse that all pupils will have a health care plan.
- The school nurse will give a copy to the pupil/parent/guardian, the tutor and one will remain in the Medical File in the Reception Office.
- The tutor's copy must remain in their register for the purpose of someone else registering their class.
- A named picture of all children who have adrenaline auto injectors will be displayed in the Staff Room.
- All staff including those on supply should be encouraged to check the board regularly and familiarise themselves with these Pupils so that they will be prepared in the case of an emergency.

### What to do in the case of an allergic reaction?

- Contact School Nurse immediately on 199 or 07719302910, stating name, form and location of the pupil, the allergic reaction.

### **In the absence of the School Nurse**

- Ensure a responsible person stays with the pupil at all times.
- Ask a responsible person to collect the emergency drug pack for the pupil. This is found via the Reception Office, ask a member of the reception staff to direct you to its location.
- **For mild reactions**, to include rash/hives, swelling of the lips, itching and stinging sensation of the mouth administer prescribed antihistamine. Monitor pupil and contact parents to inform them of the event.
- **Should the pupil have a severe reaction** to include swelling inside the throat and mouth, faintness, loss of consciousness, intense anxiety, wheezing similar to asthma attack, abdominal cramps, nausea and vomiting and widespread hives. A responsible person should call for an ambulance (see Medical Emergency Procedure, 2009). Name and age of child should be given along with reason of call 'child having a severe anaphylaxis reaction'
- A second trained member of staff will administer the adrenaline auto injector to the pupil as prescribed by the doctor. (See appendix 3 for guidance)
- The date and time the drug is given should be documented (see policy for administering medicines in school, 2009) and the used pens kept in a container ready for the ambulance crew.
- Place the pupil in a position of comfort, always ensuring maintenance of airway.
- An accident report should be completed and forwarded to the Health and Safety Officer who will then report it to RIDDOR.

If you would like more information please contact the School Nurse or the Anaphylaxis Campaign Tel. 01252 542029 or [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

Wendy Bolland  
School Nurse  
September 2015

## **INFORMATION ON ASTHMA AND SCHOOL PROTOCOL.**

### **MANAGING ASTHMATIC PUPILS IN SCHOOL**

#### **Definition of Asthma**

- Difficulty in breathing, with a very prolonged breathing out stage.  
(Cleaver et al, 2006)

#### **What's happening to the body?**

- Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs.
- When an asthmatic comes into contact with something that irritates their airways it causes unwanted symptoms (also known as an asthma trigger).
- It can take seconds or several hours for a reaction to happen once exposed to the asthma trigger.  
(Asthma UK, 2009)
- The muscle that is found in the walls of the airway tightens or goes into spasm.
- The airways become narrow and the lining of them becomes inflamed and start to swell.
- Sometimes sticky mucus and phlegm builds up which can narrow the airways further.  
(Cleaver et al, 2006)

#### **The Symptoms**

- Wheezing as the casualty breathes out.
- Difficulty in speaking and whispering
- Features of hypoxia (lack of oxygen) such as grey blue tinge to the lips, earlobes and nail beds (cyanosis)
- Appears distressed and anxious.
- Dry, tickly cough  
(Asthma UK, 2009. Cleaver et al, 2006. Newman et al, 2001)

## **Asthma Triggers**

- Animals
- Air pollutants
- Colds and viral infections
- Emotions
- Exercise
- Food
- Hormones
- House-dust mites
- Medicines
- Moulds and fungi
- Pollen
- Smoking
- Weather

## **What causes Asthma?**

It is difficult to say what causes asthma exactly but what is known is that:

- If you have a family history of asthma, eczema or allergies you are more likely to develop it.
- Family history combined with specific environmental factors can influence whether you get asthma.
- Modern lifestyle changes such as housing, diet and a more hygienic environment may have contributed to the rise in asthma in the last few decades.
- Research shows that smoking through pregnancy significantly increases the risk of a child developing asthma.
- Children whose parents smoke have an increased risk of developing asthma.
- Environmental pollution can worsen asthma symptoms and may play an important part in causing some asthma's.
- Adult onset of asthma can develop following a viral infection.
- Irritants in the work place can lead to a person developing asthma (occupational asthma).

## **Medication**

- Reliever Inhalers (usually blue), taken to relieve asthma symptoms immediately. (bronchodilators)
- Salbutamol is the most popular medication and can have various different trade names such as, ventolin and salamol. 100mcg per puff and 2 are usually taken.
- Terbutaline can also be used, also known as Bricanyl. 500mcg per puff and 1 is usually taken.
- Preventer inhalers (usually brown, burgundy, purple or orange).
- Various different medications called corticosteroids, such as, becotide, beclomethasone, flixotide, and seretide. These are of no use to relieve asthma symptoms once they have manifested, but are used to prevent symptoms occurring.  
(British National Formulary, March 2008)
- There are a number of other medications that can be used to manage Asthma, but these are the most common.
- All Asthmatics should have an inhaler stored in school. See Policy for Administering Medicines in School, 2009.
- An emergency inhaler will be kept

## **Storage**

- Accessible
- Avoid extremes of temperatures; the inhalers are designed to be stored at room temperatures. Should not be stored in the fridge or direct sunlight, this can prevent the inhaler from working correctly.
- Clearly labelled
- In date

## **Asthma Trigger Avoidance**

- Ensure you are aware of any children in your care that have Asthma and familiarise yourself with their triggers. The child and their parents will be experts on this, so makes sure you speak to them if you are concerned.
- These children are very normal and it is important that they join in as many activities as possible.
- Risk assessments should be carried out in regards to location and activities that the child is involved in, particularly trips away, physical education, cookery and science experiments.

### **Health Care Plans (see appendix 4)**

- It is the responsibility and desire of the School Nurse that all pupils will have an individual health care plan. (This will be discussed with the parents.) On some occasions it may be felt that it is not necessary by the parents. In this case school protocol on how to manage an asthma attack should be adhered to.
- The School Nurse will give a copy to the pupil/parent/guardian, the tutor and one will remain in the medical file in the medical room.
- The tutors copy must remain in their register for the purpose of someone else registering their class.
- A list of all asthmatics will be displayed in the Staff Room.
- All staff including those on supply should be encouraged to check the board regularly and familiarise themselves with these pupils so that they will be prepared in the case of an emergency.

### **Games/PE lessons and Asthma Management**

- Ensure you know who has Asthma in your group and adhere to asthma trigger avoidance.
- Allow the pupil to increase their fitness levels gradually.
- The pupil must have their inhaler with them when they undertake any physical activity.
- If exercise triggers the pupil's asthma then they should be reminded to take their inhaler immediately before they participate.
- Should the pupil complain of asthma symptoms during the activity, they must be allowed to stop immediately and be encouraged to take their reliever inhaler and wait until they feel better before they continue.
- When asthma is under control, pupils should be able to take part in all sports.
- Should a pupil be unable to participate in physical education regularly, then the School Nurse will contact the parents to offer advice on asthma management. The nurse will liaise with outside agencies such as Asthma UK, the pupils GP, asthma nurse or Consultant.

## **Emergency Salbutamol Inhaler in school**

Following the guidance from the Department of Health, all schools are now able to obtain salbutamol inhalers for emergency use without prescription. This is a discretionary power enabling schools to do this if they wish.

The emergency inhaler will be held in the medical room and only used under the school nurse's direction. It will be available to any pupil with asthma, or who has been prescribed an inhaler as reliever medication, and can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Written parental consent for use of the emergency inhaler needs to be obtained. A list of children with parental consent will be kept with the emergency inhaler. Disposable spacers will be stocked as well.

If it is necessary for a child to use the emergency salbutamol inhaler, the information will be documented in the child's medical records.

The emergency inhaler can be reused. The canister must be removed and the casing can be washed in warm soapy water and left to air dry before reconstructing.

### **What to do in the case of an asthma attack?**

- Contact the School Nurse immediately on **199** or **07719302910**

#### **A responsible person will stay with the pupil and encourage them to:**

- Take 2 puffs of their reliever inhaler
- Sit up and loosen tight clothing.
- If no immediate improvement, continue to take 1 puff of the reliever inhaler every minute for 5 minutes or until symptoms improve.

**In the event that the symptoms do not improve, a second responsible person should at this point call for an ambulance (see Medical Emergency Procedure, 2009) stating:-**

- Reason of call – 'child having a severe asthma attack'.
- Medication child has already received.

#### **Then:**

- Contact parents and tell them to go straight to the named hospital
- Encourage the pupil to continue to take 1 puff of their reliever inhaler every minute until symptoms improve or the ambulance arrives.
- Ensure a responsible member of staff escorts the pupil with the ambulance crew to the hospital.

- An accident report must be completed and forwarded to the health and safety officer who will need to report it to RIDDOR.

If you would like more information please contact the School Nurse or Asthma UK, Tel. 0800 121 6244 or [www.asthma.org.uk](http://www.asthma.org.uk)

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September 2015

## **INFORMATION ON DIABETES MELLITUS AND SCHOOL PROTOCOL**

### **MANAGING DIABETIC PUPILS IN SCHOOL**

#### **Definition of Diabetes Mellitus**

- Diabetes Mellitus often referred to as diabetes, is a syndrome of disordered metabolism, usually due to a combination of hereditary and environmental causes resulting in abnormally high blood sugar.

(Tierney et al 2002)

#### **What is happening to the body?**

- Glucose is the fuel used by the body for each and every cell. When not enough insulin is available or not able to function correctly, then the glucose cannot get into the cells where it is needed. This then builds up in the blood.
- The unused blood sugar circulates through the kidneys, when the amount is more than the kidneys can tolerate the extra glucose spills out into the urine.  
(Ministry of Health and Family Welfare Government of India, 2008-09)
- Glucose come from the digestion of foods containing carbohydrate such as bread, potatoes, chapattis, fruit, dairy products and other sweet foods. It is also produced by the liver.
- Without insulin, sugar accumulates in the blood and can cause hyperglycaemia.
- Insulin is vital for life and is a hormone produced by the pancreas, it helps the glucose to enter our cells where it is used as fuel for energy so we can work, play and generally live our lives.
- Diabetics must carefully balance the amount of sugar in their diet and regulate their blood sugar with insulin injections, tablets or diet; too much insulin or too little sugar can cause hypoglycaemia.

(Diabetes UK, 2009)

**Undetected or unmanaged diabetes can lead to organ failure, coma and even death.**

#### **The Symptoms**

- **Hyperglycaemia**
  - Dry skin.
  - Rapid Pulse.
  - Deep, laboured breathing.
  - A smell of acetone or pear drops on the casualty's breath.
  - Excessive thirst.
  - Passing large amounts of urine.
  - Tiredness and irritability.

➤ **Hypoglycaemia**

- Hunger
- Sweating
- Drowsiness
- Pallor (pale)
- Shaking
- Lack of concentration
- Irritability
- Lack of responsiveness reduces
- May become unconscious.
- Cold clammy skin
- Shallow Breathing.

(Diabetes UK, 2009, Cleaver et al, 2006, Newman et al, 2001)

**Diabetes Types**

➤ **Type 1 Diabetes.**

- This develops if the body is unable to produce any insulin.
- Usually appear before the age of 40.
- The least common of the two types, accounts for about 5-15% of all people with diabetes.
- Unpreventable.

➤ **Type 2 Diabetes.**

- Develops when the body can still make some insulin or when the insulin that is produced does not work properly.
- Most cases are linked to being overweight.
- Usually appears after the age of 40. (in South Asian and Afro Caribbean people often appears after the age of 25)
- Recently, more children have been diagnosed some as young as 7.
- The more common of the two types, accounts for about 85-95% of all people with diabetes.
- Some cases can be preventable.

(Diabetes UK, 2009)

**Treatments**

- Insulin pumps that infuse insulin 24 hours and are attached to the pupil.
- Insulin injections.
- Tablets
- Diet controlled.
- All are usually managed independently.
- Glucose tablets
- Hypostop

### **Storage and disposal**

- Insulin is usually stored in the refrigerator but can vary depending on the type of insulin. Advice is to remove 1 hour prior to administration.
- Tablets should be stored at room temperature.
- Any needles that are used should be disposed of in the yellow sharps box that is located in the Medical Room.

### **Awareness of Hypoglycaemia and management.**

- Ensure you are aware of any children in your care that are diabetic.
- These children are very normal and it is important that they join in as many school activities as possible.
- Risk assessments should be carried out in regards to location and activities that the child is involved in, particularly trips away and physical education.

### **Health Care Plans**

- It is the responsibility of the School Nurse to ensure that all pupils will have an Individual Health Care Plan.
- The School Nurse will give a copy to the pupil/parents/guardian, the tutor and one will remain in the medical file in the medical room.
- The tutors copy must remain in their register for the purpose of someone else registering their class.
- A list of all diabetics will be displayed in the Staff Room.
- All staff including those on supply should be encouraged to check the board regularly and familiarise themselves with these pupils so that they will be prepared in the case of an emergency.
- Pupils with diabetes will be encouraged to carry an emergency pack containing carbohydrate snacks, glucose tablets or hypostop should their blood sugar become low.
- The nurse will have a supply of glucose tablets in the medical room in the case of an emergency.

### **What to do should a pupil have a hyper/hypoglycaemic episode.**

- Hyperglycaemia is unlikely to cause any problems whilst in school but if any of the symptoms are noticed the School Nurse must be informed immediately.
- If a Hypoglycaemic episode is suspected you should contact the school nurse immediately on **199** or **07719302910**.
- The pupil should be encouraged to eat their emergency snack or have 3-5 glucose tablets or hypostop if able to swallow.
- Once the pupil recovers, parents will be contacted for further instruction.

**Should the pupil deteriorate despite using their emergency pack or becomes unconscious at any point then an ambulance should be called. (See Medical Emergency Procedure, 2009) stating:-**

- Diabetic pupil having a hypoglycaemic attack.
- Emergency pack used.

### **Then**

- Contact parents and tell them to go to the named hospital.
- Ensure a responsible member of staff escorts the pupil with the ambulance crew to the hospital.
- An accident report must be completed and forwarded to the health and safety officer who will need to report it to RIDDOR.

If you would like more information please contact the School Nurse or Diabetes UK, Tel. 020 7424 1000 or [www.diabetes.org.uk](http://www.diabetes.org.uk)

Wendy Bolland  
School Nurse  
September 2015

## **INFORMATION ON EPILEPSY AND SCHOOL PROTOCOL**

### **MANAGING EPILEPSY IN SCHOOL.**

#### **Definition of Epilepsy.**

- A tendency to have repeated seizures or fits that start in the brain. It is a neurological condition as it affects the brain, but also a physical condition as it affects the body.  
(The National Society for Epilepsy, 2009)

#### **What is Happening to the Body?**

- The cells in the brain, known as neurons, communicate with each other by using electrical impulses. During a seizure these are disrupted, which can cause the brain and the body to behave strangely.
- The severity of the seizures can differ from person to person. Some people will experience a trance like state for seconds or minutes whereas others will lose consciousness and have convulsions (uncontrollable shaking of the body).  
(NHS.UK, 2009)
- The brain is responsible for all the functions of the body. What is experienced during a seizure will depend on where in the brain the epileptic activity begins and how widely and rapidly it spreads. Epileptic seizures will be unique to the individual.  
(Epilepsy Action, 2009)

#### **Types of Seizures and Symptoms**

**Seizures are divided into two main groups as follows:-**

##### **Generalised seizures.**

- Tonic clonic seizure - most common type of generalised seizure, consciousness is lost, the whole body stiffens and shakes (convulses). This is due to uncontrollable muscle contractions.
- Absence seizures – Brief loss of consciousness or awareness. No convulsions or falling over and lasts only seconds, usually seen in children.
- Myoclonic seizure – Sudden contractions of the muscles which cause a jerk. These can affect the whole body but usually occur in just one or both arms.
- Tonic seizure – Brief loss of consciousness, may become stiff and fall to the ground.
- Atonic seizure – Become limp and collapse, often with only a brief loss of consciousness.

## **Partial Seizures.**

- Simple partial seizures – May have muscular jerks of strange sensations in one arm or leg. Can get an odd taste; develop pins and needles in one part of the body. Do not lose consciousness.
- Complex partial seizures – May behave strange for a few seconds or minutes, e.g. may fiddle with an object, or mumble, or wander aimlessly. As well as odd emotions, fears, feelings, visions or sensations. Consciousness is affected and you may not remember having a seizure.

Cleaver et al, 2006. Patient UK, 2009)

## **Common Triggers**

- Tiredness
- Lack of Sleep.
- Stress.
- Alcohol.
- Non-compliance with medication.
- Less common, flashing or flickering lights or patterns, affects only 5% of epileptics and is called photosensitive epilepsy.

## **Treatments**

- Anti-epileptic drugs – aim to prevent seizures from happening but do not cure it.
- Rescue medication such as diazepam, administered during a seizure.
- Other options include vagus nerve stimulation.
- Surgery.

## **Storage**

- Accessible
- Avoid extremes of temperatures. Stored at room temperature.
- Clearly labelled.
- In date

### **Awareness of Epileptics, and Management.**

- Ensure you know the children in your care that have epilepsy and familiarise yourself with their triggers.
- These children are very normal and it is important that they join in as many activities as possible.
- Risk assessments should be carried out in regards to location and activities that the child is involved in, particularly Science, Design and Technology, Food Technology and trips away from school.

### **Health Care Plans.**

- It is the responsibility of the School Nurse that all pupils will have a health care plan.
- The School Nurse will give a copy to the pupil/parents/guardian, the tutor and one will remain in the medical file in the medical room.
- The tutors copy must remain in their register for the purpose of someone else registering their class.
- A list of all epileptics will be displayed in the Staff Room.
- All staff including those on supply should be encouraged to check the board regularly and familiarise themselves with these pupils so that they will be prepared in the case of an emergency.

### **What to do in the case of a convulsive seizure.**

- Contact the school nurse immediately on **199** or **07719302910**, stating name, form and location of the pupil.
- Protect the person from injury, i.e. remove all harmful objects from nearby.
- Place a cushion or coat underneath the pupils head for protection.
- Do not try to move the pupil unless in immediate danger.
- Do not try to restrain the pupil.
- Make sure pupils are not crowding around and remove them from the area if possible.
- Whilst convulsing the pupil may become incontinent, ensure you are discreet and maintain their dignity.
- Do not put anything in the pupil's mouth or give anything to eat or drink until fully recovered.
- Place in the recovery position once the seizure has finished. Reassure the pupil as they may not know what has happened and contact the parents informing them of the event

**Call for an ambulance if:-**

- You know it's the person's first seizure.
- The seizure continues for more than 5 minutes.
- A tonic-clonic seizure follows another without the person regaining consciousness.
- The person is injured during the seizure.
- You believe the pupil needs urgent medical attention.  
(Epilepsy Action, 2009)
- If an ambulance is called (See Medical Emergency Procedure, 2009). State the pupils name, age and reason of call – 'child having an epileptic seizure'.
- Contact the parents and tell them to go to the named Accident and Emergency Department.
- A responsible member of staff should escort the pupil with the ambulance crew to the hospital.
- An accident report should be completed and forwarded to the Health and Safety Officer who will then report it to RIDDOR.

For all other seizures contact the School Nurse. In the absence of the school nurse the parents must always be contacted to inform them of the event. Should the pupil feel unwell the parents will take them home to recover.

If you would like more information please contact the School Nurse or The National Society for Epilepsy. Tel. 01494 601 400 or [www.epilepsy.or.uk](http://www.epilepsy.or.uk)

Wendy Bolland  
School Nurse  
September 2015

## **Procedure for Blood and Body Fluid Spillage**

### **Purpose**

To reduce the risk to staff, student and visitors being exposed to potentially harmful body fluids on the King Henry VIII Senior and Preparatory School.

1. To comply with the requirements of the Health and Safety at Work Act 1974, ensuring employees are not put at risk (section2).
2. To comply with the Control of Substances Hazardous to Health Regulations. (COSHH).

### **Definition of Body fluids**

Body fluids include; Blood, Urine, Faeces, Vomit, Saliva and Sputum

### **Procedure**

When dealing with Blood and Body Fluid Spillage all staff must wear personal protective clothing (gloves and aprons) at all times.

All protective clothing must be disposed of into Clinical Waste Bags.

If there is a risk of extensive splashing of blood and body fluids, extra protection must be worn, such as goggles, face visor and footwear that is fluid repellent.

- Mops should not be used to clear up initial bodily fluid spillages.
- All Body Fluids should be cleaned up immediately and effectively.
- Chemicals used for the cleaning of Bodily fluid are hazardous especially when they are used in large volumes in confined spaces or mixed with chemicals or urine. A Control of Substance Hazardous to Health (COSHH) risk assessment must be carried out if using these chemicals.
- Ensure adequate ventilation when using chemical cleaning equipment.
- Disposable gloves must be Nitril or Latex. Any wounds should be covered with a waterproof dressing prior to cleaning any Bodily Fluids to prevent cross infection.
- Yellow Warning signs must be displayed at all times when dealing with wet floors.

Do not attempt to clean up Body Fluid Spillages unless you have been trained to do so, contact the Caretaker on speed dial 0198, who will come and clean the area with the appropriate chemicals.

### **Spills on the Body**

- If any part of the body comes into contact with splashes of bodily fluid it must be washed immediately with soap and water.

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21. Department of Health March 2015. **Guidance on the use of emergency salbutamol inhalers in School.**

# HOMELY REMEDY PROTOCOL

## CONTENTS

Lead Health Care Provider .....

Contribution List.....

Guidance Notes.....

Homely Remedies .....

## GUIDANCE NOTES

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1. This is a list of medications that can be administered to students/members of staff which have not been prescribed by a doctor.
  2. This Policy **does not** eliminate the need to contact parents/doctor where a nurse or healthcare assistant is in any doubt about the condition being treated.
  3. Administration of these medications should be limited to once only during any school day.
  4. Any medication administered must be clearly recorded on the student's/member of staff's medical notes and the Paracetamol Administration Stock List.
  5. The decision to administer the remedies should be made by a registered nurse who must ensure that there are no contra-indications, before authorising the administration of the medicine to that student/member of staff.
  6. These Guidance Notes have been produced by Wendy Bolland, King Henry VIII School, Coventry.
- 

Policy Author &  
Lead Health Care Provider: Wendy Bolland RN School nurse

Approved by Coventry School Foundation:



This Protocol should be reviewed in July 2016



# HOMELY REMEDY PROTOCOL – PARACETAMOL

Homely Remedy Protocol for administration of **PARACETAMOL** to students or members of staff at King Henry VIII Senior and Preparatory Schools by qualified nurses.

<b>1. Clinical Condition or Situation</b>		
	Definition of Clinical Situation	<ul style="list-style-type: none"> <li>Management of mild to moderate pain or Pyrexia, as assessed using Nurse's clinical judgement for students or staff at King Henry VIII Senior and Preparatory School.</li> <li>To include headache, toothache, musculoskeletal pain or other condition warranting simple analgesia.</li> </ul>
	Persons included	<ul style="list-style-type: none"> <li>Students/staff with mild to moderate pain.</li> <li>Students/staff with pyrexia above 37.5 °C.</li> </ul>
	Persons excluded	<ul style="list-style-type: none"> <li>Students/staff to whom paracetamol has been administered within the previous 4 hours.</li> <li>Students/staff who have taken 4 or more doses of any medication containing paracetamol within the previous 24 hour period.</li> <li>Students/staff with current hepatic impairment.</li> <li>Students/staff with current renal impairment.</li> <li>Students/staff with alcohol dependence.</li> <li>Students/staff who have had a recent overdose (within the previous 2 weeks) of any substance containing paracetamol.</li> <li>Students/staff with hypersensitivity to any ingredients of the preparation.</li> <li>Students/staff on an existing analgesic regime.</li> </ul>
	Action to be taken in the case of excluded person	Contact parents or GP
<b>2. Staff Competencies</b>		
	Authorised staff	<ul style="list-style-type: none"> <li>Registered Nurse Level 1 or appropriate staff with authority from School Nurse</li> </ul>



		<ul style="list-style-type: none"> <li>• Reception – Year 11 – Parental consent via Health Information Sheet followed by confirmation note sent home advising of administration.</li> </ul>
	Advice	<ul style="list-style-type: none"> <li>• Inform student/member of staff that the medicine is being administered under Homely Remedy Protocol.</li> </ul>
		<ul style="list-style-type: none"> <li>• Instruct student/member of staff to avoid other medication containing paracetamol for 4-6 hours.</li> </ul>
	Record Keeping	<ul style="list-style-type: none"> <li>• A record of student's attendance should be recorded in the medical register.</li> </ul>
		<ul style="list-style-type: none"> <li>• Record in individual staff/student medical notes, stating date, drug, dosage, time, route. Sign and state administered under Homely Remedy Protocol.</li> </ul>

# HOMELY REMEDY PROTOCOL FOR IBUPROFEN

<b>1. Clinical Condition or Situation</b>		
	Definition of Clinical Situation	<ul style="list-style-type: none"> <li>Management of mild to moderate pain or Pyrexia, as assessed using Nurse's clinical judgement for students or staff at King Henry VIII Senior and Preparatory School.</li> </ul>
		<ul style="list-style-type: none"> <li>To include headache, muscular skeletal pain or other conditions warranting simple analgesia.</li> </ul>
	Persons included	<ul style="list-style-type: none"> <li>Staff/students experiencing mild to moderate pain.</li> </ul>
	Persons excluded	<ul style="list-style-type: none"> <li>Staff/students to whom Ibuprofen has been administered within the last 6 hours.</li> </ul>
		<ul style="list-style-type: none"> <li>Staff/students who have already received 3 or more doses of Ibuprofen within the previous 24 hours.</li> </ul>
		<ul style="list-style-type: none"> <li>Any person who is pregnant</li> </ul>
		<ul style="list-style-type: none"> <li>Any person who suffers from asthma</li> </ul>
		<ul style="list-style-type: none"> <li>Any person with hypersensitivity to aspirin/ibuprofen or other NSAIDS.</li> </ul>
		<ul style="list-style-type: none"> <li>Any person with current or previous history of dyspepsia or peptic ulceration.</li> </ul>
		<ul style="list-style-type: none"> <li>Any person taking oral anti-coagulants.</li> </ul>
		<ul style="list-style-type: none"> <li>Any person suffering from severe cardiac disease.</li> </ul>
		<ul style="list-style-type: none"> <li>Any person taking lithium, methotrexate, tacrolimus.</li> </ul>
		<ul style="list-style-type: none"> <li>Any person suffering from oedema.</li> </ul>
		<ul style="list-style-type: none"> <li>Any person suffering from hypertension.</li> </ul>
		<ul style="list-style-type: none"> <li>Any person with renal impairment.</li> </ul>
	Action to be taken in the case of exclusion	<ul style="list-style-type: none"> <li>Alternative analgesia or advice to seek medical attention.</li> </ul>
<b>2. Staff Competencies</b>		
	Authorised staff	<ul style="list-style-type: none"> <li>Registered Nurse Level 1 or appropriate staff with authority from School Nurse</li> </ul>



## Homely Remedy protocol for Piriton

<b>1. Clinical Condition or situation</b>		
	Definition of Clinical Situation	<ul style="list-style-type: none"> <li>Symptomatic relief of allergy, as assessed using nurse's clinical judgement for students or staff at King Henry VIII Senior and Preparatory School.</li> </ul>
		<ul style="list-style-type: none"> <li>For acute allergic rhinitis, acute urticaria and emergency treatment of anaphylactic reactions.</li> </ul>
	Persons included	<ul style="list-style-type: none"> <li>Staff/students experiencing moderate allergic reactions.</li> </ul>
	Persons excluded	<ul style="list-style-type: none"> <li>Staff/students with infective rhinitis, renal impairment and hepatic impairment.</li> </ul>
		<ul style="list-style-type: none"> <li>Staff/students with hypersensitivity to any ingredients of the preparation.</li> </ul>
		<ul style="list-style-type: none"> <li>Persons taking monoamine oxidase inhibitors for depression.</li> </ul>
		<ul style="list-style-type: none"> <li>Any person who suffers with epilepsy</li> </ul>
		<ul style="list-style-type: none"> <li>Any person who suffers from glaucoma</li> </ul>
		<ul style="list-style-type: none"> <li>Any person taking medicines to treat anxiety or to help aid sleep.</li> </ul>
		<ul style="list-style-type: none"> <li>Any person suffering from severe cardiac disease</li> </ul>
	Action to be taken in the case of exclusion	<ul style="list-style-type: none"> <li>Contact parents or emergency services</li> </ul>



		<ul style="list-style-type: none"><li>• Instruct student/member of staff to avoid other medicines containing antihistamines for 4 – 6 hours</li></ul>
		<ul style="list-style-type: none"><li>• Record in individual staff/student medical notes, stating date, drug, dosage, time, route. Sign and state administered under the Homely Remedy Protocol.</li></ul>

# HOMELY REMEDY PROTOCOL – QUESTIONNAIRE

Name of Nurse: .....

Date Completed: .....

- To be answered by all nurses/health care assistants wishing to use the protocols.
- The writer to be satisfied with the Nurse/HCA answers prior to being able to implement the protocol.

1. Which **two** medicines can be administered to students/staff under the HRP? Give the name of drug, indication, dose range and frequency.

Drug Name	Indication	Dose Range	Frequency

2. What follow up action would you take after administering a medication under the HRP?

3. What advice would you give to staff/student?

4. Where and what would you document?

5. Under what circumstances would you not administer medication to staff/student under the protocol?

6. What would you do if you administered the wrong dosage of a drug?

# APPENDIX 2

## Care Plan for Pupils at risk of Anaphylaxis Reaction:

Pupil Name .....Form.....

The above Pupil has an Allergy to.....  
.....

This is what usually happens to the pupil if s/he comes into contact with any of these allergens:-  
.....  
.....  
.....  
.....

### Other common reactions

#### Mild Reactions

Uticaria/hives  
Swelling of the lips  
Itching  
Stinging sensation of mouth

#### Severe Reaction

Swelling inside throat and mouth  
faintness, loss of consciousness  
Intense anxiety  
Wheezing, similar to Asthma Attack  
Abdominal cramps/nausea/vomiting  
Widespread Uticaria or Itching

### In the event of this happening, this procedure should be followed:-

A responsible person should contact the **School Nurse** immediately on **199** or **07719302910**, giving name, form and location of the pupil, stating the allergic reaction, whilst a responsible trained member of staff stays with him/her.

### In the event of the School Nurse not being available please:-

Ask someone responsible to collect the emergency drug pack for the pupil (held in the pupil medication store) the keys will be available from the reception staff. (In the case of a residential or school trip, the trip organiser will have access to the medication).

A trained responsible member of staff will administer ..... (oral antihistamines) as prescribed by a doctor, to the pupil for mild reactions. The pupil should then be monitored and parents contacted to inform them of the event.

### Should the pupil have a severe reaction then:-

A trained responsible member of staff will administer epipen/anapen immediately to the pupil as prescribed by the doctor.

The date and time the drug is given should be documented and the used pen kept in a container ready for the ambulance crew.

Place the pupil in a position of comfort, always ensuring maintenance of airway.

**A second responsible member of staff should at this point call 999 stating:-**

- Name of Child.
- Reason of Call – ‘child having severe anaphylaxis reaction’.
- Location.
- Time adrenaline given.
- Ensure someone is waiting for the ambulance crew and direct them where to go.
- Contact parents immediately to inform of event and suggest they go straight to the named hospital.
- Ensure a responsible member of staff escorts the pupil with the Ambulance crew to hospital.

**Emergency Contact (1)**

Name.....

Tel No/s.....

**Emergency Contact (2)**

Name.....

Tel No/s.....

Signed.....  
(Parent/guardian)

Dated.....

Signed.....  
(School Nurse)

Dated.....

Signed.....  
(Headmaster)

Dated.....

**ENSURE AN INCIDENT REPORT IS COMPLETED AND FORWARDED TO THE SCHOOL NURSE ASAP**

## Instructions for using an adrenaline auto injector



1. Remove the auto injector from its yellow carry case
2. Grasp the Auto-injector with the tip pointing downwards
3. Pull off grey cap.

1. Place black tip against mid-outer thigh and press firmly until the auto injector activates. Hold in place for several seconds and then remove.
2. Massage the injected area for 10 seconds.



1. Call for an ambulance after administration.

1. Carefully place used auto-injector, needle end first into the storage tube.
2. Give any used aut-injectors to the Ambulance crew.



# APPENDIX 4

## Care Plan for Pupils at risk of an Asthma Attack

Pupil Name..... Form.....

The above pupil has Asthma and will have access to his/her reliever inhaler at all times.

The following can sometimes trigger an attack:-

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

### Other Possible Triggers

- Physical exertion
- Perfume/air fresheners
- Wood dust
- Latex
- Stress
- Dust
- Fumes
- Smoking/second hand smoke
- Mould and Fungi

### This plan should be followed in the event of an Asthma Attack (Asthma UK Guidelines):-

Contact the School Nurse immediately on **199** or **07719302910**

**A responsible member of staff will stay with the pupil and encourage them to:-**

- Take 2 puffs of their reliever inhaler.
- Sit up and loosen tight clothing.
- If no immediate improvement, continue to take 1 puff of the reliever inhaler every minute for 5 minutes or until symptoms improve.

**In the event that the symptoms do not improve a second responsible person should at this point call 999 stating:-**

- Name of Pupil.
  - Reason of call – ‘child having a severe asthma attack’.
  - Location.
  - Medication child has already received.
  - Ensure someone is waiting for the ambulance crew and direct them where to go.
  - Contact parents immediately and suggest they go straight to the named hospital.
- 
- Continue taking 1 puff every minute until symptoms improve or ambulance arrives.
  - Ensure a responsible member of staff escorts the pupil with the ambulance crew to hospital.

**Emergency Contact (1)**

Name.....

Tel No/s.....

**Emergency Contact (2)**

Name.....

Tel No/s.....

Signed..... Dated.....  
(Parent/guardian)

Signed..... Dated.....  
(School nurse)

Signed..... Dated.....  
(Headmaster)

**ENSURE AN INCIDENT REPORT IS COMPLETED AND FORWARDED TO THE SCHOOL NURSE ASAP**

# APPENDIX 5



## KING HENRY VIII

## SCHOOL

Kenilworth Road, Coventry CV3 6PT  
Main Office: 024 7627 1307  
Fax: 024 7626 1308

The school will not give your child medicine unless you complete and sign this form, and the Head has agreed that school staff can administer the medication.

### DETAILS OF PUPIL

Surname .....

Forename(s).....

Address .....

..... Date of Birth: .....

..... Class/Form: .....

Condition or illness: .....

### MEDICATION

Name/Type of Medication (as described on the container) .....

For how long will your child take this medication: .....

Date dispensed: .....

**Full Directions for use:**

Dosage and method: .....

Timing: .....

Special Precautions: .....

Side Effects: .....

Self Administration: .....

Procedures to take in an Emergency: .....

### CONTACT DETAILS:

Name: ..... Daytime Telephone No: .....

Relationship to Pupil: .....

Address: .....

.....

Signed..... Dated.....  
(Parents)

Signed..... Dated.....  
(nurse)

**Paediatric First Aid Kit - contents list (Nursery)**

**Appendix 6**

	Date checked	Date checked	Date checked	Date checked
Contents				
Medium gloves x2				
Resusci Aid x1				
Low adherent dressing x5				
Micropore Tape x1				
Scissors (blunt) x1				
Gauze scrubs x5				
Tubular bandage x 1				
Finger applicator x1				
Plasters assorted x20				
Sterile eye pads x2				
Medium dressings x6				
Large dressings x2				
Triangular bandages x4				
Alcohol wipes x10				
Safety pins x6				
Medium gloves x1				
Guidance leaflet x1				
Name				
Signature				

The contents of the kit complies with Ofsted regulations.

**If any of the above is used please contact the school nurse – Wendy Bolland – 199/0119 to ensure it is replaced.**

## Paediatric First Aid Kit - contents list(Reception) Appendix 7

	Date checked	Date checked	Date checked	Date checked
Contents				
Medium gloves x2				
Resusci Aid x1				
Low adherent dressing x5				
Micropore Tape x1				
Scissors (blunt) x1				
Gauze scrubs x5				
Tubular bandage x 1				
Finger applicator x1				
Plasters assorted x20				
Sterile eye pads x2				
Medium dressings x6				
Large dressings x2				
Triangular bandages x4				
Alcohol wipes x10				
Safety pins x6				
Medium gloves x1				
Guidance leaflet x1				
Name				
Signature				

The contents of the kit complies with Ofsted regulations.

**If any of the above is used please contact the school nurse – Wendy Bolland – 199/0119 to ensure it is replaced.**

### Early Years Sick Children Policy

Only in minor cases of sickness should a child be kept in Nursery. Parents and Carers should be informed of illness and asked to collect the child. The Nursery reserves the right to refuse admission of a child if they are unwell. The Nursery should be informed either the day before or on the morning the child is due in if they are unable to attend due to illness.

These are some illnesses which have a statutory absence time limit as they are highly contagious or infectious; some of these are listed below:

1. Typhoid and Paratyphoid
2. Tuberculosis
3. Whooping Cough (Pertusis)
4. German Measles (Rubella)
5. Measles
6. Scarlet Fever
7. Diphtheria
8. Hepatitis A, B and C
9. Meningococcal Meningitis/Septicemia
10. Meningitis
11. Viral Meningitis
12. Mumps

These diseases as well as two reported food poisoning cases will need to be reported to the following organisations:

1. OFSTED Tel: 0300 123 1231
2. West Midlands PHE Centre Tel: 0344 225 3560

## **Appendix 9**

### **KHPS: List of qualified First Aiders**

#### **Emergency first aid at work (one day)**

Kelly Harrison	Emergency first aid at work	Expires 1.6.2016
Denise Pandya	Emergency first aid at work	Expires 1.7.2017
Jill Sutherland	Emergency first Aid at work	Expires 1.1.2018
Susan Wilkes	Emergency First Aid at work	Expires 1.1.2018
Jenna Sainsbury	Emergency First Aid at work	Expires 1.1.2018
Lau Langkilde	Emergency first aid at work	Expires 1.1.2018
Kate Wozencroft	Emergency first aid at work	Expires 1.1. 2018
Caroline Blicow	Emergency first aid at work	Expires 1.1.2018
Katherine Batchelor	Emergency first aid at work	Expires 1.1.2018
Joy Schofield	Emergency first aid at work	Expires 1.1.2018
Sam Walker	Emergency first aid at work	Expires 1.1.2018
Helen Mellor	Emergency first aid at work	Expires 1.1.2018
Tamsin Slack	Emergency first aid at work	Expires 1.1.2018
Helen Smith	Emergency first aid at work	Expires 1.1.2018
Greg Beaufoy	Emergency first aid at work	Expires 9.7.2017

#### **First aid at work (3day course)**

Christina Lawless	First Aid at Work	Expires 1.2.2018
Lisa Fisher	First Aid at Work	Expires 1.2.2018
Dawn Cook	First aid at work	Expires 4.3.2018

#### **Paediatric first aid (2 day course)**

Bev Piercy	Paeds first aid	Expires 1.3.2017
Lesley McKenize	Paeds first aid	Expires 1.3 2017
Dawn Cook	Paeds first aid	Expires 1.3.2017
Fiona Allan-Smith	Paeds first aid	Expires 1.11.2018
Shamim Suleman	Paeds first aid	Expires 15.06.2018