

# First Aid, Accident Reporting and Medication

## 1. Policy Statement

At Lincoln Minster School we are committed to ensuring that every pupil (including those in our Early Years Foundation Stage (EYFS)) every member of staff and every visitor will be provided with adequate first aid in the event of an accident or illness, no matter how minor or major.

Procedures and information set out in this document aim to ensure that:

- all members of the school community are aware of the procedures to follow in the event of an accident, the support available and the role that they play
- effective management systems are in place to support individual children with medical needs
- medicines are recorded, handled, stored and administered responsibly
- first aid provisions are always available while pupils or employees are on school premises, and also off the premises whilst on visits or trips
- all incidents involving medical assistance are properly recorded.

By implementing this policy, in conjunction with the UL first aid policy it will enable us to achieve our shared vision that all members of the LMS community should be healthy, safe and be able to make a positive contribution to the school community.

To this end, all staff, including non-first aiders, have a responsibility in ensuring the welfare of pupils by ensuring that:

- They are familiar with the first aid procedures in operation and know who the current First Aiders are and how they can be located
- If there is any reasonable concern about an injury or illness, parents should be notified by either The Hub or Reception.
- Pupils are aware of the first aid procedures
- In reference to the Administration of Medicine Policy, any requests from parents for administration of medicines to should be made via the respective Reception staff.

There are a range of forms which parents / guardians are required to complete throughout the course of their child's schooling as and when medical support may be needed. They are available on request from the School Offices.

This policy was drawn up in conjunction with Guidance from Managing Medicines in Schools and Early Years Settings (**Department for Education and Skills / Department of Health**)

This policy applies to all members of our school community, including boarders and those in our EYFS setting.

Lincoln Minster School is fully committed to ensuring that the application of this First Aid Policy is non-discriminatory in line with the UK Equality Act (2010). Further details are available in the school's Equal Opportunity policy document.

This policy also meets the requirements of the relevant parts of National Minimum Standards in Boarding (2013).

Lincoln Minster School seeks to implement this policy through adherence to the procedures set out in the rest of this document.

In line with our Provision of Information policy, this document is available to all interested parties on our website and on request from the school offices and should be read in conjunction with the following documents: Educational Visits and Activities Offsite Policy, Risk Assessments, Health and Safety Policy.

This document is reviewed annually or as events or legislation changes require. The next scheduled review date is August 2023.

<b>Reviewed By</b>	J Stone; Bursar
<b>Date</b>	September 2023
<b>Reason for Change</b>	Annual
<b>Next review date</b>	September 2024

## Contents

<i>Policy Statement</i>	<i>Page 1</i>
<b>PART A:</b>	
1. <i>Key Personnel</i>	<i>Page 5</i>
2. <i>First Aid Equipment and Information</i>	<i>Page 6</i>
2.1 <i>Medical Centre</i>	<i>Page 6</i>
2.2 <i>First Aid Information</i>	<i>Page 6</i>
2.3 <i>First Aid Supplies</i>	<i>Page 7</i>
3. <i>What to do in the event of an incident requiring medical assistance</i>	<i>Page 7</i>
3.1 <i>If a Person Becomes Unwell</i>	<i>Page 7</i>
3.2 <i>If a Person is Involved in an Accident or Medical Emergency</i>	<i>Page 7</i>
3.3 <i>If there is a Serious Accident or Medical Emergency necessitating an Ambulance</i>	<i>Page 8</i>
3.4 <i>Hygiene and Infection Control when Dealing with a Medical Incident</i>	<i>Page 8</i>
3.5 <i>Head Injuries</i>	<i>Page 9</i>
4. <i>Accident Reporting and Record Keeping</i>	<i>Page 9</i>
4.1 <i>How to Record and Accident or Medical Incident</i>	<i>Page 9</i>
4.2 <i>Informing the HSE or RIDDOR – Statutory Requirements</i>	<i>Page 10</i>
4.3 <i>Notifiable Incidents and Diseases</i>	<i>Page 10</i>
5. <i>Risk Assessment for Medical and First Aid needs</i>	<i>Page 11</i>
<b>PART B: Management of Medical Conditions</b>	<b>Page 12</b>
1. <i>Asthma</i>	<i>Page 12</i>
1.1 <i>Recognition of an Asthma Attack</i>	<i>Page 12</i>
1.2 <i>What to do if a Pupil has an Asthma Attack</i>	<i>Page 12</i>
1.3 <i>Policy</i>	<i>Page 13</i>
2. <i>Epilepsy</i>	<i>Page 14</i>
2.1 <i>Tonic Clonic Seizures (arinal mal)</i>	<i>Page 14</i>
2.2 <i>Complex and Partial Seizures (temporal lobe seizures)</i>	<i>Page 14</i>
2.3 <i>Absence (petit mal)</i>	<i>Page 14</i>
2.4 <i>Procedure for an Epileptic Seizure</i>	<i>Page 14</i>
2.5 <i>Policy</i>	<i>Page 16</i>
3. <i>Allergies and Anaphylaxis</i>	<i>Page 17</i>
3.1 <i>Policy</i>	<i>Page 17</i>
4. <i>Diabetes Mellitus: Type 1 Insulin Dependent</i>	<i>Page 19</i>
4.1 <i>Hypoglycaemia (low blood sugar)</i>	<i>Page 20</i>

4.2 <i>Hyperglycaemia (high blood sugar)</i>	<i>Page 20</i>
4.3 <i>Policy</i>	<i>Page 21</i>
5. <i>Head Lice</i>	<i>Page 22</i>
6. <i>Sickness and Diarrhoea</i>	<i>Page 22</i>
6.1 <i>Procedure – Staff</i>	<i>Page 23</i>
6.2 <i>Procedure – Pupils</i>	<i>Page 24</i>
7. <i>Mental Health Issues</i>	<i>Page 24</i>
7.1 <i>Roles and Responsibilities of Staff</i>	<i>Page 25</i>
7.2 <i>Roles and Responsibilities of Pupils</i>	<i>Page 25</i>
7.3 <i>Stress and Anxiety</i>	<i>Page 25</i>
7.4 <i>Depression</i>	<i>Page 25</i>
7.5 <i>Assessing Risk and Resilience</i>	<i>Page 26</i>
7.6 <i>Referring on for Additional Support</i>	<i>Page 26</i>
7.7 <i>References</i>	<i>Page 26</i>
<b>PART C: Provision of Medication and Medical Care to Boarding Pupils</b>	<b>Page 28</b>
1. <i>Non-Prescription Medication</i>	<i>Page 29</i>
2. <i>Prescription Medication</i>	<i>Page 29</i>
3. <i>Protocol for the Provision of Over the Counter Medicines for Boarders</i>	<i>Page 29</i>
4. <i>Supply of Over the Counter Medicines</i>	<i>Page 30</i>
5. <i>Staff Responsibilities</i>	<i>Page 30</i>
6. <i>Trail of Medication (ordering Over the Counter medication)</i>	<i>Page 30</i>
7. <i>GP Services</i>	<i>Page 30</i>
8. <i>First Aid and Minor Illnesses</i>	<i>Page 31</i>
9. <i>Dentist and Optician Services</i>	<i>Page 31</i>
10. <i>Other Medical Services</i>	<i>Page 31</i>
<b>PART D: School's Confidentiality Policy</b>	<b>Page 32</b>
1. <i>Aim</i>	<i>Page 32</i>
2. <i>Confidentiality</i>	<i>Page 32</i>
3. <i>Medical Information</i>	<i>Page 32</i>
4. <i>Medical Emergencies</i>	<i>Page 33</i>
5. <i>Child Protection</i>	<i>Page 33</i>
<b>Appendices:</b>	<b>Page 34</b>
<i>Appendix 1: Policy for dealing with spillage of bodily fluids</i>	<i>Page 34</i>
<i>Appendix 2: List of First Aiders across sites</i>	<i>Page 36</i>
<i>Appendix 3: Disclosure Flow Charts – School and Boarding</i>	<i>Page 39</i>
<i>Appendix 4: Emergency Inhaler protocol</i>	<i>Page 41</i>
<i>Appendix 5: Emergency AAI protocol</i>	<i>Page 52</i>

## PART A

### 1. Key Personnel

**The schools designated First Aiders. They are listed in Appendix 2.**

**First Aiders are based in a variety of locations around the school sites and a list is posted at various points around the site. First Aid assistance can always be called for via Reception in the Senior School and the offices at the Preparatory School.**

First Aiders at Lincoln Minster School have undertaken training and have a qualification approved by the HSE, which is updated every three years. They hold a valid certificate of competence in either Emergency First Aid at Work (EFAW) or First Aid at Work (FAW), or Paediatric First Aid (PFAW). This training enables them to give emergency first aid to someone who is injured or becomes ill whilst on the school premises.

First Aiders at Lincoln Minster School are coordinated by the Bursar:

- First Aid qualifications and insurance (provided by the school) are up to date.
- The list of First Aiders is kept up to date and posted around the school in the designated locations for the benefit of staff, pupils and visitors (see section 2)
- Information on the location of equipment, facilities and first aid personnel and AED location is provided to staff via the Health & Safety Notice Boards situated around the school. The aim is to ensure that, as far as reasonably practical, a First Aider is in attendance on each school site when pupils are present.
- There is someone with the relevant paediatric First Aid training (minimum of 12 hours training) on a site where EYFS are present – including school visits
- The number of First Aiders (both EFAW, PFAW and FAW trained) is adequate to provide First Aid cover during the school day and after school hours for boarding pupils and for after school activities. (This is to be done in consultation with the Head and considering on-going risk assessments).

#### **EYFS – Paediatric First Aid**

**With effect from September 2016, all newly qualified staff with a Childcare Level 2 and 3 qualifications must have at least an emergency paediatric first aid certificate (minimum of 12 hours training) or full Paediatric first aid certificate (Millie’s Law September 2016).**

## 2. First Aid Equipment and Information

### **2.1 First Aid Information**

Information about First Aiders at Lincoln Minster School is promulgated throughout all schools as follows:

#### Senior School:

First Aid support can be obtained by telephoning Reception (4304), or via the list of First Aiders, which are displayed in the following locations:

- Reception
- Sixth Form
- Art Department
- Music Department Office
- Food Technology Room
- Staff Room
- Science Prep Rooms (upper and lower)
- Drama Office
- PE Department Office
- Maintenance Department
- Learning Support (rm 216)
- Small first aid boxes, with guidance on how to contact a First Aider, are available in Reception, Science Prep rooms, Sixth Form, Staff Room and the following classrooms: 107, 108, 201, 202, 203, 204, 301, 302, 303, and 304.

#### Preparatory School:

- School Office
- Staff Room
- Medical Room

## **2.2 First Aid Supplies**

First Aid Box Area Supervisors (Senior School), Rebecca Dickson and Prep Administrative staff will ensure that:

- An adequate number of first aid containers are available and easily accessible across the school sites.
- All first aid containers are marked with a white cross on a green background.
- Each school minibus carries a full first aid kit in addition to which staff are given a First Aid kit, size depending on number of pupils, for any trips they accompany.
- First aid containers are well stocked and available for PE staff to carry with them during games, PE and fixtures.
- Eye Wash Stations are situated in all science laboratories, art and design technology rooms, and site offices. Eye wash tubing is kept in all science laboratories.
- First aid containers are fully stocked and available in the administration offices and staff rooms
- All containers are regularly checked for stock levels and expiry dates each term

Contents of all first aid containers adhere to the guidelines stipulated by the HSE.

## **3. What to do in the event of an incident requiring medical assistance**

### **1. If a person becomes unwell**

A pupil, member of staff or visitor who becomes unwell during a lesson or activity may, if they are able, should be sent principally to The Hub or Reception (Senior) or School Office (Preparatory Site) to seek assistance. They should always be accompanied by another person. If necessary, parents should be called.

## **2. If a person is involved in an accident or medical emergency**

- Call for assistance from the nearest First Aider.
- Ensure that other people in the vicinity are safe and supervised.
- The First Aider who attends will take charge and will decide on and, if appropriate, administer the relevant First Aid treatment
- All incidents must be recorded, and parents informed in line with the Recording and Reporting procedures set out below (section 4)

## **3. If there is a serious accident or medical emergency necessitating an Ambulance**

- Call for assistance from the nearest First Aider.
- Ensure that other people in the vicinity are safe and supervised.
- The First Aider who attends will take charge and will decide on and, if appropriate, administer the relevant First Aid treatment
- The member of staff who initially called for assistance will stay with the casualty at least until the First Aider has taken responsibility for the welfare of the casualty concerned. This may include escorting them to the hospital if required.
- Any person who believes the situation requires it may telephone for an ambulance, Dial **999** from any telephone. **DO NOT LEAVE THE CASUALTY ALONE** in order to do this – ask a colleague. (If you send someone else to make the call, ensure that you tell them to return straight to you in order to inform you of the 999 call having been successfully made.)
- After an ambulance has been requested, if they have not already been alerted, inform the Head, or member of Senior Leadership Team. They will, in turn, inform relevant senior colleagues.
- Another member of staff should await the arrival of the emergency services and direct them appropriately.
- A familiar member of staff will accompany the casualty in the ambulance and at the hospital until the parent or guardian arrives. The Deputy Head will arrange any necessary teaching cover.
- Where there is an urgent need for surgical or medical treatment to be given and the parents cannot be contacted, the decision about the competence of the child to give or withhold consent to urgent surgical or medical treatment, in the absence of the parent, must be the responsibility of the doctor.
- All incidents must be recorded in line with the Recording and Reporting procedures set out below (section 4)

## **4. Hygiene and infection control when dealing with a medical incident**

- Common sense infection control measures (such as hand washing and the use of disposable gloves when dealing with blood or bodily fluids) must be followed by all staff when dealing with medical incidents
- Hand washing facilities and/or alcohol gel dispensers are available throughout the school

- Single use disposable gloves are to be found in medical kits and must always be used when providing treatment involving blood or body fluids.
- Cleaning staff should **always** be called to deal with the clearing up of spillages of bodily fluids and any items contaminated must be disposed of in line with the HSE guidelines. Yellow Biohazard Spill Kits are distributed around the school for the clean-up and disposal of clinical waste.

For further details, please refer to the policy on dealing with spillage of bodily fluids (Appendix 1).

#### 4. Head injuries

- All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence, or drowsiness. If in doubt, or if any of the key signs are exhibited, seek medical help. The school policy regarding head injuries is always to 'play safe'.
- Parents will be asked to collect their child and seek expert medical attention in some cases.
- Designated member of staff will ensure that any pupil who has been treated for a head injury, no matter how minor, takes home a note advising parents of developing symptoms that may require medical investigation.
- Pupils will be automatically taken off PE/Sport lessons and fixtures for 3 weeks following a head injury in accordance with NHS guidelines (<https://www.nhs.uk/conditions/minor-head-injury/>). This decision may be reversed by parents in writing/email to the Head of Sport if they feel it is unnecessary, on an individual basis.
- Parents are required to inform the school if their child has needed further hospital/medical treatment following a head injury.

#### 5. Accident Reporting

Where there is an accident or medical emergency, and First Aid assistance has been provided, the person who has administered First Aid must ensure the incident is recorded according to UL ARMS recording procedure. N.B. it is a statutory requirement that all accidents / incidents as described in the Accident Reporting Topic Policy must be recorded on the online system and must be readily accessible for a minimum of seven years.

Designated member of staff will be responsible for ensuring that parents are notified of significant incidents / accidents both verbally and in writing.

##### **How to record an accident or medical incident**

- Any incident / accident which requires medical attention/first aid must be recorded on the Accident Reporting Management System (ARMS) located on the UL HUB' by the person attending the casualty or dealing with the incident.
- The ARMS will require you to record:
  - Date, time and place of incident
  - Full name of injured person
  - Detail of the injury and what first aid treatment was given



- Any review of the person's condition

### **Informing the HSE or RIDDOR - statutory requirements**

ARMS is monitored by UL Group Health and Safety Manager for potential RIDDOR reportable incidents for. LMS ARMS super users should direct any concerns on the severity of an incident to the UL Group Health and Safety Manager via e-mail or telephone.

Under the revised RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 2013 guidelines, the following accidents MUST be reported to the HSE:

- all work-related injuries resulting in death (including as a result of physical violence)
- dangerous occurrences
- Specified injuries to workers including fractures, other than to fingers, thumbs and toes; serious burns; unconsciousness caused by head injuries or asphyxia; any other injury requiring admittance to hospital for more than 24 hours
- Accidents to employees which prevent the injured person from doing their normal work for more than **7** consecutive days (not counting the day of the accident)
- Accidents to any people not at work (pupils and visitors included) killed or taken from the premises to a hospital.
- There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.
- Accidents must be recorded, but not reported, where they result in a worker being incapacitated for more than three consecutive days.

Further guidance is available from the HSE website: <http://www.hse.gov.uk/riddor/reportable-incidents.htm>

ARMS reports detailing accidents and/or RIDDOR incidents are to be presented to the Health and Safety Committee.

## **6. Notifiable Incidents and Diseases**

In line with the Accident, Records and Notification procedures in the UCST Group Health and Safety document (page 13 ff.) the Bursar at the school will notify the Group Health and Safety Manager of any serious accident, illness or serious injury to, or death of, any pupil whilst in our care, and of action taken in respect of it. For EYFS pupils Ofsted will also be notified and will be notified of any instance in connection to medicines which leads to such an event. Ofsted are also notified if there are two cases of food poisoning at any one time.

A pupil's GP has the responsibility of reporting notifiable diseases and ensuring that a pupil is safe to return to school and not cause public health problems from infections. For boarders, this role will be fulfilled by the school doctor if appropriate during term time. However, the school may also seek advice from the Health Protection Agency if a pupil is believed to be suffering from a notifiable disease as identified under the Health Protection (Notification) Regulations 2010: [www.legislation.gov.uk/wsi/2010/1546/contents](http://www.legislation.gov.uk/wsi/2010/1546/contents)

For pupils in our EYFS, notification will be made to Ofsted as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. If Lincoln Minster School, without reasonable

excuse, fails to comply with this requirement, we commit an offence. Contact details for Ofsted are as follows: [www.ofsted.gov.uk](http://www.ofsted.gov.uk) or by telephone on 0300 123 1231.

## **7. Risk Assessment for Medical and First Aid needs**

Reviews are to be carried out annually by the Heads of Departments (and also the Boarding Housemaster/mistress, where relevant) and monitored by the Deputy Head (Senior School Pastoral and Boarding), Assistant Head (Teaching and Learning) (Senior School HODs), Head of the Prep School, including EYFS. Any concerns will be passed to the Health and Safety Coordinator, and recommendations for prevention or control of identified risks forwarded to the Head for consideration.

During this monitoring and evaluating the following aspects are considered:

- any changes to staff, building / site, activities, off-site facilities
- further training and refresher courses required for staff
- specific hazards in time or place
- specific health needs i.e., epilepsy, serious allergies
- numbers of first aiders required in both time and place
- Accident statistics - aimed at finding ways to reduce the number of preventable injuries.

## PART B: MANAGEMENT OF MEDICAL CONDITIONS

### 1. ASTHMA

Asthma is a condition of the respiratory system – it affects the airways in the lungs. When a person with asthma encounters something that irritates their airway [an asthma trigger], the muscles around the walls of the airway tighten so that the airways become narrower, and the lining of the airways become inflamed and start to swell. Sometimes thick mucus or phlegm builds up which can further narrow the airways. This makes it difficult to breathe and leads to symptoms of asthma.

#### **1.1 Recognition of an asthma attack**

- The airways in the chest become restricted
- The pupil may only be able to speak with difficulty
- The pupil may wheeze, unable to breathe out
- The pupil may become distressed, anxious, exhausted, have a tight chest or may even go blue around the lips and mouth

#### **1.2 What to do if a pupil has an asthma attack**

- Call for help from a First Aider
- If the Pupil is not carrying their own inhaler, ask a member of staff to get the emergency inhaler from the respective school.
- Note that some pupils may not have spare medication stored with School.
- Ensure that the reliever medicine is taken. The medication must belong to the pupil having the asthma attack. Take 2 puffs every 2 minutes up to 10.
- Stay calm and reassure the pupil. Attacks can be frightening, so stay calm, the pupils have probably been through this before. It is very comforting to have a hand to hold but do not put your arm around the pupil's shoulder as this is very constrictive. Listen carefully to what the pupil is saying. Loosen any tight clothing.
- Encourage the pupil to breathe deeply and slowly. Most people find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended.
- Call 999 and request an ambulance urgently if:
  - The reliever has no effect after ten minutes
  - The pupil is becoming distressed or unable to talk
  - The pupil is getting exhausted, becomes disorientated or collapses
  - The pupil looks blue
  - You have any doubts at all about the pupil's condition
- The pupil's parents or guardian will need to be informed after an attack even if relatively brief
- Minor attacks should not interrupt a pupil's involvement in the school. As soon as the pupil feels better, they can return to School activities.

## 1. Policy

In developing this set of procedures, Lincoln Minster School has regard to the guidance of the National Asthma Campaign and Asthma UK. In recent years the incidence of childhood asthma has doubled, and the school recognises its responsibility in dealing with children appropriately. Schools are now able to hold an inhaler for use in emergency only to treat already diagnosed pupils who have the correct consent (see appendix 5)

- LMS understands the importance of ensuring the pupils feel safe and secure.
  - LMS recognises that asthma is a widespread, serious but controllable condition and welcomes pupils with asthma.
  - LMS tries to ensure that its environment is favourable to children with asthma.
  - LMS encourages, helps, and supports pupils with asthma to achieve their potential and to participate fully in aspects of School life.
  - Pupils with severe asthma will have an Individual Health Care Plan.
  - All staff must understand that access to inhalers is vital. Some pupils keep spare inhalers, labelled with the pupil's name:
- 
- Some pupils **may not have spare medication** kept by the School and, instead, responsibly carry it themselves.
  - A printout of pupils' medical conditions can be obtained from iSAMS and Individual Health Care Plans are available to all staff and kept confidentially and available in the Medi Alert Folders and on the staff resources drive in the 'medical' folder.
  - Advice and further information is available from NHS 111.

Lincoln Minster School is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

## 2. EPILEPSY

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds, and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder. However, its cause – especially in the young – may have no precise medical explanation.

### 2.1 Tonic Clonic Seizures

The person may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the person may be incontinent.

### 2.2 Complex and partial seizures (temporal lobe seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip smacking. The person appears conscious but may be unable to speak or respond during this form of seizure. Ensure safety of the person – gently guide away from dangers and speak calmly to the person and stay until they recover.

### 2.3 Absence

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs, if any, of an 'absence' seizure. This can lead to serious learning problems as the seizures

may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore, it is so important to be understanding, note any 'absences' and inform parents.

Teachers can play an important role in the recognition of epilepsy and in the recognition of changing patterns or an increased rate of seizures.

## 2.4 Procedure for an epileptic seizure

### Total seizure (Total Clonic)

**KEEP CALM** – pupils will tend to follow your example! Let the seizure follow its own course. It cannot be stopped or altered

Ask the other pupils to leave the room and ask a responsible pupil to fetch another adult.

Call or send for help from a First Aider

#### Note the time.

- Refer to the pupil's Individual Health Care Plan on the Medical Centre element of isams.
- Administer the prescribed medication as per instruction – kept with the emergency medication – according to the pupil's Individual Health Care Plan.
- Protect the pupil from harm. Only move the pupil during seizure if essential for their protection. If possible, move any objects that may hurt them, rather than move them from dangerous objects.
  
- As soon as possible (normally post-seizure) place the pupil on their side – this does not have to be a true recovery position – just so that the tongue falls forward so that any saliva can drain out of the mouth easily.
- Put something under their head to protect them from facial abrasions if possible.
- Try not to leave the pupil alone if possible. If you need to leave the pupil, make sure there is something behind their back to try to maintain a sideways position.
  
- Talk quietly to the pupil to reassure them but do not try to restrain any convulsive movements.
- Do not place anything in their mouth.
- Minimise any embarrassment as during the fit the pupil may be incontinent – cover with a blanket to keep warm.
- Once recovered, move to a more appropriate location such as an empty classroom or The Hub.
- Call the pupil's parent / guardian and request the pupil be collected from school so that they can sleep as long as needed. If the seizure occurs in the morning, they may even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide.
- **If the seizure lasts five minutes or longer call an ambulance immediately.**
- If a seizure lasts that long, it is likely to last longer. It is very important that the pupil goes to hospital and gets the proper treatment within one hour of the beginning of the seizure. If you are concerned or the pupil has received an injury e.g. due to a fall, call an ambulance. We are advised it is better not to call an ambulance if the seizure lasts less than five minutes as they are better off left in peace and quiet.
- When the ambulance arrives, report to the paramedic details of the seizure – especially how long it has lasted. If the parent arrives, report the details of the seizure to them.

- An appropriate member of staff must accompany the pupil in the ambulance and stay with them until the parents arrive.
- Ensure any pupils who were present at the time of the seizure have a chance to talk it over with the Pastoral Team.

## 2.5 Policy

In developing this policy, Lincoln Minster School has regard to the guidance of Epilepsy Action. The school recognises its responsibility in dealing with children appropriately.

- LMS understands the importance of ensuring the pupils feel safe and secure.
- LMS recognises that epilepsy is a common condition affecting many children and welcomes pupils with epilepsy.
- LMS encourages, helps, and supports pupils with epilepsy to achieve their potential and to participate fully in aspects of School life.
- Pupils with epilepsy will have an Individual Health Care Plan.
- Some pupils may have emergency medication – but if it is **NOT** carried by pupils, it is vital that all staff know where this is kept: The Hub (Senior), Reception (Prep)
- LMS advises pupils with epilepsy to provide spare clothing to be kept in school, especially underwear and socks.
- All staff, teaching and non-teaching will be informed of pupils with epilepsy in the Medi Alert Folders.
- A printout of pupils' medical conditions is available on ISAMS, and Individual Health Care Plans are available to all staff and kept confidentially in Medi Alert Folders and on the staff resources drive in the 'medical' folder. .
- Advice and further information is available from NHS 111.

Lincoln Minster School is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

## 3. ALLERGIES AND ANAPHYLAXIS

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances, usually proteins that cause the formation of an antibody and react specifically with that antibody). In susceptible individuals, the reaction may develop within seconds or minutes of contact with a trigger factor.

Exposure may result in a severe allergic reaction (anaphylaxis) that can be life threatening. In an anaphylactic reaction, chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

Triggers can be

- Skin or airborne contact with certain materials
- Injection of a specific drug or insect bite
- Ingestion of a certain food e.g., nuts, fish, eggs

Recognition

- Anxiety
- Widespread red blotchy skin eruption
- Swelling of the tongue and throat

- Puffiness around the eyes
- Impaired breathing from tight chest to severe difficulty in breathing

#### Serious symptoms

- Cold, clammy skin
- Blue-grey tinge around the lips
- Weakness / dizziness
- Feeling of impending doom

#### Progresses further

- Restlessness
- Aggressiveness
- Gasping for air
- Yawning (trying to get oxygen into the body to the brain)
- Unconsciousness
- Call or send for help from a First Aider
- Refer to the pupil's Individual Health Care Plan which can be accessed in the Medical Centre element of isams.
- Ask a member of staff to get the pupil's emergency medication from the Medical Centre at Senior site or from the school office at the Preparatory site
- Administer antihistamine tablets / syrup as prescribed - according to the pupil's Individual Health Care Plan.
- If the pupil feels better, allow them to rest and contact the parents
  
- **If serious symptoms appear call for an ambulance and ADMINISTER ADRENALINE VIA THE PUPILS Auto Injector (AAI) IMMEDIATELY.** AAI's are usually carried by the students in a blazer pocket or school/PE bag. Lie the pupil down if possible, and lift the legs up slightly, unless breathless.
  
- Grasp auto injector in dominant hand with thumb nearest the top and form a fist around unit, tip downwards.
  
- With the other hand remove the safety cap of the AAI
  
- Hold the AAI approximately 10cms away from the OUTER THIGH ONLY, where the imaginary trouser seam is, it CAN be administered through clothing
  
- Jab the AAI firmly into the outer thigh at a right angle (90 degrees) until you hear a click
  
- Hold firmly against the thigh for 3 seconds.
  
- The injection is complete and the window on the AAI obscured.
  
- Remove the AAI from the thigh the needle is automatically covered
  
- Do NOT throw the used EpiPen away
  
- Ensure the used EpiPen is taken to hospital with the pupil in the ambulance

- If the pupil is feeling no better or appears worse after ten minutes you may need to give a second injection either via pupil's spare or the emergency AAI using the other thigh (situated in the Hub Senior site or office at Prep site - see Appendix 6 for emergency AAI usage)
- Stay with the pupil until the ambulance arrives

### **3.1 Policy**

In developing this policy, Lincoln Minster School recognises the advice and guidance of the Anaphylaxis Society and Allergy UK. The School recognises its responsibility in dealing with children appropriately.

- LMS understands the importance of ensuring the pupils feel safe and secure.
- LMS recognises that allergic shock (anaphylaxis) is a common condition affecting many children and positively welcomes pupils with different types of allergies.
- LMS encourages, helps and supports pupils with allergies to achieve their potential and to participate fully in aspects of School life.
- All LMS staff will have a clear understanding, through reading of this document, of what it means to be allergic to a particular substance (whether the trigger of a reaction is skin or airborne contact, injection or ingestion), signs and symptoms of a reaction, and what to do in the event of a pupil having an anaphylactic reaction, including the use of an EpiPen to administer emergency adrenaline.
- All staff must understand that immediate access to EpiPens and/or antihistamine tablets/syrup is vital. Antihistamine syrup/tablets are available from the Pastoral Office at Senior and Reception at Prep.
- Please note that some pupils may not have spare medication in the emergency box – they carry it with them responsibly.
- Pupils who have severe allergic reactions or anaphylaxis will have an Individual Health Care Plan
- All staff, teaching and non-teaching will be informed of pupils with allergies in the Medi Alert folders.
- A printout of pupils' medical conditions can be obtained from ISAMS, and Individual Health Care Plans are available to all staff and kept confidential and are available Medi Alert Folders and on the staff resources drive in the 'medical' folder.
- The school and parents (during admission process) will also inform catering staff of pupils with food allergies, to ensure the pupils' dietary requirements are catered for.
- Due to legislation changes in October 2017 LMS can now hold emergency AAIs on both school sites (see appendix 6)

Lincoln Minster School is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

## **4. DIABETES MELLITUS: TYPE 1 INSULIN DEPENDENT**

Diabetes Mellitus is a condition when the body fails to produce enough insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the blood stream and can cause hyperglycaemia. People with type 1 diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections or insulin



pumps. Children can have emotional, eating, behavioural and confidence difficulties as a result of their condition. Therefore, much support is required.

#### 4.1 Hypoglycaemia – low blood sugar

##### Causes of Hypoglycaemia

- Inadequate amounts of food ingested – missed or delayed
- Too much or too intense exercise
- Excessive insulin
- Unscheduled exercise
- Weather- extremes of hot or cold

##### Recognition of Hypoglycaemia

- Onset is SUDDEN
- Weakness, faintness, or hunger
- Palpitations, tremors
- Strange behaviours or actions
- Sweating, cold, clammy skin
- Headache, blurred speech
- Confusion, deteriorating level of response, leading to unconsciousness
- Seizures

##### Treatment of Hypoglycaemia

- Call and send for help from a First Aider.
  - Ask a member of staff to get the pupil's emergency box from the **Medical Centre** at Senior site, or from the school offices at the Preparatory sites (Follow pupils individual Medical Plan)
  - Ensure the pupil eats a quick sugar source e.g., three glucose tablets, glucogel, fruit juice or fizzy drink (not a diet version)
  - Wait ten minutes and, if the pupil feels better, follow with a carbohydrate snack e.g., cereal bar, toast.
  - Re-test after 15 minutes
  - Once recovered allow the pupil to resume school activities
  - **If the pupil becomes drowsy and unconscious, then the situation is now LIFE-THREATENING and call an ambulance**
    - Place the pupil in the recovery position and stay with the pupil until the ambulance arrives
    - Follow emergency care plans found in Medi Alert System.
  - Contact the parent / guardian immediately

#### 4.2 Hyperglycaemia – high blood sugar

##### Causes of Hyperglycaemia

- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection

- Stress

### Recognition of Hyperglycaemia

- Onset is over time – hours or days
- Warm, dry skin, rapid breathing
- Fruity / sweet breath
- Excessive thirst and increased hunger
- Frequent urination
- Blurred vision
- Stomachache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Manic behaviour
- Drowsiness that could lead to unconsciousness

### Treatment of Hyperglycaemia

- Call and send for help from a First Aider.
- Ask a member of staff to get the pupil's emergency box from the **Medical Centre** at Senior site, or from the school office at the Preparatory site. (Follow pupils individual Medical Plan)
- Encourage the pupil to drink water or sugar-free drinks
- Allow the pupil to administer the extra insulin required may take 2 hours to work.
- Permit the pupil to rest before resuming school activities if able
- Test ketones if possible- retest after 2 hours
- Contact parent / guardian

### 4.3 Policy

In developing this policy, Lincoln Minster School recognises the advice and guidance of Diabetes UK and JDRF liaising closely with parents. The school recognises its responsibility in dealing with children appropriately.

- LMS understands the importance of ensuring the pupils feel safe and secure.
- LMS recognises that diabetes is a widespread condition affecting children and welcomes pupils with diabetes.
- All pupils with diabetes **will have** an Individual Health Care Plan.
- LMS encourages, helps and supports pupils with diabetes to achieve their potential and to participate fully in aspects of School life.
- All LMS staff will have a clear understanding, through reading this document, of what it means to be a diabetic and what to do in the event of a pupil having a hypoglycaemic or hyperglycaemic episode and what to do in an emergency.
- **All staff must understand that immediate access to insulin or diabetic snacks is vital.**
- Pupils' emergency boxes are kept in the Pastoral Office at Senior site and in the Office at Prep
- Please note that some pupils do not lodge spare insulin with school – they have it on their person always.
- All staff, teaching and non-teaching will be informed of pupils with diabetes in Medi Alert Folders.

- A printout of pupils' medical conditions can be obtained from ISAMS, and Individual Health Care Plans are available to all staff and kept confidential and are available in Medi Alert Folders and on the staff resources drive in the 'medical' folder.
- The school, will also inform catering staff of pupils with diabetes in case these pupils have no snacks with them and urgently need something to eat.

Lincoln Minster School is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

## 5. HEAD LICE

Lincoln Minster School has regard to the advice and guidance of the Infection Control Nurses Association. The school recognises its responsibility in dealing with children appropriately.

- Head lice infection is not primarily a school problem but one of the wider communities.
- Whilst the School cannot solve the problem it can help parents to deal with it.
- Head lice do cause concern and frustration for some children, parents, and teachers.
- The school may inform parents by an 'advice' letter given to a whole year or class group but not individual parents.
- Affected pupils will not be excluded from School.
- The school will maintain a sympathetic attitude and avoid stigmatising / blaming families who are experiencing difficulty with control measures.
- The school will assist in reducing agitation and alarm.
- Routine head inspections are not effective and will not be introduced to placate anxious parents.

## 6. SICKNESS AND DIARRHOEA

**The winter months are traditionally the time when viral outbreaks of diarrhoea and vomiting are most common. Those affected may have diarrhoea or vomiting alone, it is highly infectious, and symptoms may come on rapidly.**

Lincoln Minster School has regard to the advice and guidance of Ofsted and the HSE. The school recognises its responsibility in dealing with pupils appropriately and Ofsted are notified if there are two cases of food poisoning at any one time.

The Health Protection Team and UK Health Security Agency are required to be informed if there are two linked cases of diarrhoea or vomiting or both. **In order to contain the situation, it is essential that immediate action is taken.**

### 6.1 Procedure – Staff

If a member of staff suspects a higher than normal rate of diarrhoea or gastroenteritis contact the Bursar.

They will inform:

- The Environmental Health Team on **01522 873249** if required.
- The Health Protection Agency/UK Health Security Agency on **08442 254524**.

In the meantime:

- Contact parent/guardian of children that are ill whilst at school and request that they come and collect their child.
- Affected children should be isolated, if possible, from their classmates until collected. Symptomatic staff and pupils should not return to school **until they have been free from symptoms for 48 hours**
- Staff movements between classrooms and joint class activities e.g., assembly should be restricted.
- **Good hand hygiene** should be enforced for all pupils and staff.
- Liquid soap via a dispenser should be available and a plentiful supply of paper towels or hand driers to dry hand effectively.
- Disposable aprons and gloves should be worn when cleaning touch points, cleaning and disinfecting potties, changing nappies, toileting a child or cleaning up vomit or diarrhoea. Staff should wash their hands after the removal of gloves or aprons.
- Soiled children's clothing should be sealed in a plastic bag to go home. It should not be washed on site. In the case of the boarder's clothes washed separately in a washing machine.
- The frequency of toilet cleaning should be increased e.g., Clean after each break time and after a child has been sick or had diarrhoea. Touch points e.g., door handles, taps and toilet flush handles should be cleaned regularly with a bleach-based solution (1000 parts per million hypochlorite solution).
- Toys used by the children should be washed and if possible disinfected. Soft toys should be machine washable.
- Stop sand and water play, use of play dough/plasticine and cookery lessons. Sand, playdough and plasticine should be thrown away.
- Group visits in and out of school should be stopped until 48 hours after the last person has stopped having symptoms.
- Visitors to the school should postpone or if their visit is necessary then they should be informed of the outbreak and any control measures in place.
- Food should be either prepared by canteen staff or brought in by a child and consumed by that child only i.e. no sharing food.

## 6.2 Procedure - Parents

In order to minimise the spread of a gastro-intestinal infection in the school environment we ask that parents adhere to the following guidelines:

- If your child has been unwell at home with sickness and/or diarrhoea, **please keep your child off school for a minimum of 48 hours following the last episode of illness.**
- If your child is sick and/or has diarrhoea at school, we will contact you to collect your child as soon as possible. **Your child should then remain off school for a minimum 48-hour period following the last episode of illness.**
- When your child returns to school, we do ask that they are well enough to be eating their normal diet

We ask that you keep us informed about how your child is and whether you have had to seek medical advice for the episode.

## 7. MENTAL HEALTH ISSUES

The purpose of these guidelines is to help ensure Lincoln Minster School provides a coherent whole school approach when responding to pupils with mental health issues.

The 1999 Mental Health Foundation Report **Bright Futures** and **Young Minds** defined children who are mentally **healthy** as able to:

- Develop psychologically, emotionally, intellectually, and spiritually.
- Initiate, develop and sustain mutually satisfying personal relationships.
- Use and enjoy solitude.
- Become aware of others and empathise with them.
- Play and learn.
- Develop a sense of right and wrong.
- Resolve (face) problems, setbacks and learn from them.

Lincoln Minster School aims to provide a supportive environment that facilitates and promotes positive mental health and wellbeing by:

- Providing a range of support within school including pupil specific Welfare Team.
- Ensuring support is well communicated to the whole school.
- Encouraging pupils with mental health issues to seek support.
- Having in place effective procedures for the disclosure of information in respect of pupils with mental health issues.
- Ensuring a whole school approach to understanding and recognising mental health issues.
- Providing clear guidance on the confidentiality of personal information provided by pupils.
- Providing training and clear guidance to staff involved in the support and care of those with mental health issues.

Although the school is committed to providing a supportive environment it is important to recognise that Lincoln Minster School is not a mental health facility and there are limits to the extent of support that can be provided and cannot replicate the services that already exist in the community and the NHS.

### **7.1 The Roles and Responsibilities of Staff**

- All school staff should respond to pupils with a mental health issue in a non-discriminatory, non-stigmatising and positive manner.
- All staff should be aware of their own personal and professional limitations regarding disclosures of mental health issues.
- All staff must act upon information disclosed and **never** guarantee complete confidentiality. Please see flow charts for procedure following a disclosure.

### **7.2 The Roles and Responsibilities of Pupils.**

- Pupils and Parents should feel supported in communicating their needs and seeking support within the school, as without this information there can be no offer of support.
- Pupils concerned about a fellow pupil should be aware of their personal limitations and encourage their fellow pupils to seek support.
- Any pupil who fears they or a fellow pupil is in immediate danger of harming themselves or other people must tell a member of staff immediately.

### **7.3 Stress and Anxiety**

Stress or anxiety is a normal response designed to facilitate self-protection- **fight or flight**.

Anxiety becomes a problem if it occurs when there is no real danger or when it goes on long after the stress is over. Childhood anxiety can be unremitting and persist into adulthood.

*‘...a state of stress exists when there is a discrepancy between the perceived demands on an organism and the perceived or felt ability to cope.’*

*Lazarus and Folkman (1984) in Howe 2005.*

*Anxiety affects both the mind and the body. It refers to emotions and states of mind such as fear, apprehension, panicky feeling and worrying. If anxiety is getting in the way of day-to-day life, slowing down development, or having significant effect on schooling or relationships, then help is needed.*

*Fennell and Butler 2006 and Young Minds.*

### **7.4 Depression**

*Coping with different emotions is part of everyone’s life and we all feel happy and sad at different times. Depression occurs when sad feelings don’t go away and when they become overwhelming and stop a person doing the things they normally do. It used to be thought that children could not get depressed, but they can and may just show it in a different way to adults.*

*Young Minds 2014.*

#### **Symptoms of depression.**

- Guilt/Self-critical.
- Moody/Irritable
- Poor self-care
- Unhappy/miserable/lonely/withdrawn/feelings of hopelessness
- Changes in sleep/difficulty concentrating
- Non-specific aches and pains
- Eating too much/too little

Royal College of Psychiatrists.

### **7.5 Assessing Risk and Resilience**

For pupils who disclose a mental health issue or if there is concern for a pupil with suspected mental health issues **find out more:**

- Are there worries they would like to talk about?
- How do they feel?
- What helps them feel safe?
- What are their dreams/hopes for the future?

- Are their Parents aware/supportive?
- Are the Parents/families under pressure themselves?

**Consider risk:**

- Does the pupil present a risk to themselves or others?
- How is the pupil placing themselves at risk/harm?
- Are there difficulties in several different aspects of the pupil's life?
- Does the situation require additional support?

**7.6 Referring on for additional support**

**School Welfare Team**

This will be pupil/issue specific but may contain:

- Deputy Head – Pastoral & DSL
- Head of Key Stage/Tutor
- Pastoral Hub Manager
- Boarding House Mistress
- SENCO

The school Welfare Team will meet as necessary following a referral with the pupil's consent for partial or full disclosure of issue where a specific plan of action will be discussed including immediate, medium term and long-term plans. Please see disclosure flow chart in appendix.

**7.7 References**

- Lazarus and Folkman (1984) in Howe (2005) Child Abuse and neglect – Attachment Development and Intervention. Palgrave. London.
- 1999 Mental Health Foundation report **Bright Futures**
- <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/>

**7.7 References**

- Lazarus and Folkman (1984) in Howe (2005) Child Abuse and neglect – Attachment Development and Intervention. Palgrave. London.
- 1999 Mental Health Foundation report **Bright Futures**
- <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/>
- Fennell and Butler (2006) Controlling Anxiety. Oxford Cognitive Therapy Centre. Oxford.
- Royal college of Psychiatrists. <http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/youngpeople/depressioninyoungpeople.aspx>
- [www.youngminds.org](http://www.youngminds.org)
- Young Minds Parents' Helpline

Call free Monday to Friday 9.30 – 16.00: **0808 802 5544**

Email: [parents@youngminds.org.uk](mailto:parents@youngminds.org.uk)

[http://www.youngminds.org.uk/for\\_parents](http://www.youngminds.org.uk/for_parents)

- BEAT- beating eating disorders

Helpline: 0845 634 1414

Youthline: 0845 634 7650

Email: [info@b-eat.co.uk](mailto:info@b-eat.co.uk)  
[www.b-eat.co.uk](http://www.b-eat.co.uk)

Additional information provided by Zoe Dale, a nationally acknowledged trainer and Specialist in Child and Adolescent Mental health.

## PART C: PROVISION OF MEDICATION AND MEDICAL CARE TO BOARDING PUPILS AT LMS

This needs to be read in conjunction with:

- Health and Safety Policy – First Aid
- Health Education Policy
- PHSE policy
- Administration of Medicines Policy

This guidance is aimed at standards 7 and 15 of the minimum standards produced by the National Care Standards Commission for Boarding Schools.

The Head and boarding staff of Lincoln Minster School wish to ensure that pupils with medical needs receive appropriate care and support within each of the boarding houses.

**It is expected that parents would normally keep their children at home if acutely unwell or infectious.**

If a boarding pupil returns to school from home with any prescribed medication or a 'homely' remedy that is required to be taken or administered at school, the pupil's parents are required to put their permission for staff/ self-administration of such medication in writing to the school. School Medical



Consent forms 2 and/or 3 are available for this purpose. Such permission should detail comprehensive information regarding the pupil's condition, medication prescribed, type, dosage, frequency, and duration of medication regime. This form serves as written permission for the staff to administer the medication, or, after the following of our policy for assessing a pupil's suitability to self-medicate, provides permission for the pupil to self-medicate.

If a boarding pupil is unwell and considered to be infectious or, for instance, has a gastric upset that could spread quickly through the boarding community, the House Staff will isolate them in the boarding house. Parents or guardians will then be informed and required to take the pupil home until fully recovered, no longer infectious and **for at least 48 hours free of symptoms in the case of a gastric upset.**

- **Prescribed medications will not be accepted in the boarding house without a completed and signed medication form / letter from the parent.**
- Each item of medication must be delivered to the Boarding Housemaster / Mistress in a secure and labelled container as originally dispensed. The boarding houses will not accept medication in unlabeled containers.
- Medication is kept in a secure place, out of reach of pupils. Unless otherwise indicated, all medication to be administered in school is kept in a locked medicine cabinet.
- If a pupil refuses to take medicines, staff cannot force them to do so, and will inform the parents of the refusal as a matter of urgency on the same day.
- It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- It is the responsibility of parents, whose child is not registered with the school G.P, to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- The boarding staff will not make changes to dosages on parental instructions.
- The boarding houses will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist or safe disposal.

For any pupil with long term or complex medication needs, boarding staff will ensure that an Individual Health Care Plan is drawn up, in conjunction with the appropriate health professionals. Individual Health Care Plans are kept in Medi Alert Folders if appropriate

The responsibility for a pupil's safety is clearly defined and each person involved with a boarder's medication and medical needs is aware of what is expected of them. With this in mind, LMS believes that pupils under the age of 11 should not be permitted to self-medicate by nature of their young age.

Within the Boarding aspect of the school, House Masters / Mistresses and Assistants are seen to be acting in 'loco-parentis' and have within their job descriptions and contracts, the delegated responsibility, from the Head, for the administration and supervision of prescription medication.

The administration of medication by the staff is considered by United Learning to be an act of 'taking reasonable care' of the pupils and as this is a remit of their employment, they are fully indemnified by the LMS against claims for alleged negligence.

All prescribed medicines and 'homely' medications are to be stored inside the locked Medicine Cabinet in a designated place in each house. The staff member on duty has access to the key to this cabinet. A list of prescribed medicines and 'homely' medicines is printed and kept in a file in the Boarding House Staff Office. They are checked monthly for stock and date.

### Non-prescription medication

All non-prescription medication that is administered is recorded in the House's Treatment Book. The Treatment Book details the name of pupil, medication prescribed, dose / frequency, method of administration, the number of tablets given, and a daily entry for signatures when administered. It is also recorded on the individual pupil profile sheet in the pupil's file.

### Prescription medication

All prescription medication that is administered is recorded on the pupil's individual medication sheet for their records and is **only given to the boarder for whom it is prescribed**.

Boarders who are keeping and administering their own medication are assessed by the Boarding staff and if found to be sufficiently responsible to do so, will store their medication safely in their lockable lockers in the boarding house.

A record of medication given in the Boarding House will be recorded on Medical Centre on isams. If appropriate, parents are informed via a phone call from the staff member on duty.

## 1. Protocol for the provision of over the counter (OTC) medicines for boarders

The school follows guidelines laid out in the BSA briefing paper 'Medical Protocols and practice' May 2005. A copy of this document is kept in the Medical Centre and each of the boarding houses, accessible to all staff that may be required to oversee/administer OTC medications.

## 2. Supply of OTC medications

Currently, the OTC medicines that can be held are:

- Paracetamol (tablets, syrup)
- Ibuprofen (tablets and syrup)
- Antihistamines e.g. Piriton, Cetirizine
- Antihistamine Cream
- Sudacrem
- Bonjela (under 16 years)
- Antiseptic Spray
- Cough Syrup
- Throat lozenges
- Age-appropriate indigestion remedies
- E45 cream and Vaseline
- Cold/Flu Relief

## 3. Staff responsibilities

- Regularly check the boarding house stock (amounts, expiry dates) and storage
- Order and deliver more medication for houses when stock is running low
- Be available for staff to consult with any question they may have

The Boarding staff:

- Only administer those medicines for which there is homely remedy consent.
- Keep updated with any changes to policies etc. by reading the medication file regularly
- Attend appropriate training, whether in-house or external, to ensure safe administration of OTC medications
- Obtain more medication via the Medical Centre as required.

#### 4. Trail of medication (ordering OTC medications)

What follows is the procedure for the ordering of OTC medications in boarding houses:

- Boarding staff become aware of low stock
- Boarding staff purchases required medicines from local pharmacy.
- Medications counted into the Medical Centre drug book and kept there until required by Boarding Houses.
- As medications are given, the drug book is completed, and individual record profiles updated.
- Any unused / expired medication is disposed of at a local pharmacy.

#### 5. G.P. Services

- All boarders have access to Minster Medical Practice, Cabourne Court, Lincoln. LN2 2JP. Tel 01522 515797
- Termly boarders will be routinely registered with this practice. For weekly boarders this is optional.
- The boarders have a choice as to whether they are seen by a male or female doctor.
- Boarders can freely choose whether or not they are accompanied by staff when being seen by the doctor.
- Pupils ask the Boarding staff to make a GP appointment. The pupil will then be escorted by a staff member to that appointment.
- Weekly boarders who are not registered at this Practice and who need a routine appointment; it is the Parent/guardians' responsibility to arrange this.
- A weekly boarder who needs an emergency appointment will be registered as a temporary patient at Minster Medical Practice.

#### 6. First Aid and Minor Illnesses

Treatment is given at school by a qualified first aider.

A written school record is kept by Boarding House Staff in the respective Boarding Houses or of all medication, treatment and first aid administered to boarders, giving name, date, time, medication/treatment and reason for administration (if not prescribed), which is signed by the responsible member of staff.

A written record is kept by Boarding House Master/Mistress in respective Boarding houses of all significant illnesses, accidents or injuries to boarders (either as part of the above school medication and treatment records or separately).

Written parental permission is obtained in advance for the admission of first aid and appropriate non-prescription medication to boarders, and to seek medical, dental or optical treatment when required. The requirement is without prejudice to the right of a Gillick-competent boarder to give or withhold consent to medical treatment or to seek medical advice or treatment in confidence.

## 7. Dentist and Optician Services

Pupils are advised to stay with their own dentist/optician and arrange for routine check-ups during the school holidays.

If emergency care is needed this will be arranged through Boarding Staff. We will require written consent from parents/guardians prior to the arrangement of any necessary treatment (Verbal in the case of an accident emergency followed by written).

### 1. Other Medical Services

Links exist via the GP with outside professional services (e.g., psychologist, social worker etc. through Child and Adolescent Mental Health services.)

#### 1. Medical information

- Standards are established for collecting and recording pupil health information and are used to enhance the welfare of the pupil.
- All pupil health information is distinguished from other types of school records.
- All health information is confidential and is treated in a manner in accordance with ethical standards of nursing practice as pupils, staff and parents entrust their private information to the School.
- Health and mental health information should be shared only when it is educationally relevant for a pupil's academic progress or essential to ensure the protection of other pupils and staff.
- The School will use her professional judgement and knowledge to determine which health information is to be shared and to whom – information available to others will be on a 'need to know' basis and the appropriate sharing of information between School staff is an essential element in ensuring our pupils' well-being and safety.
- Staff may be informed of certain relevant chronic medical conditions that may affect the pupil during their school day, with parental / pupil consent.
- If information is to be copied or released to individuals outside the school, then the nature of the disclosure should be documented along with written parental consent.
- Disclosure may occur if information on certain subjects is sensitive i.e., bereavement, parental separation or divorce, serious physical or mental illness, suicide or attempted suicide, physical abuse, bullying, substance abuse, sexual problems, serious academic problems or disciplinary matters.

2. As a general rule, medical information is confidential and should not be discussed without parental consent unless the pupil is in danger or a high-risk situation.

## 2. Medical emergencies

Confidential information may be disclosed when a medical emergency means a patient's consent cannot be obtained e.g. serious accident or unconsciousness, as it is in their medical interest.

## 3. Child Protection

If the pupil has disclosed something that the School feels may cause them or other people harm, then the School will follow the school's Safeguarding Children Policy. This means that confidentiality cannot be guaranteed to pupils in matters of disclosure relating to safeguarding issues.

The School Pastoral Team will be able to help and listen to a pupil's problems, concerns or worries, so pupils should not hesitate in contacting her for support and guidance.

## Appendix 1: Dealing with Spillage of Bodily Fluids

### Policy Statement

The aim of this policy is to decrease the exposure risk to blood-borne and body fluid pathogens and thus contribute to making Lincoln Minster School a safe and healthy environment for staff, pupils and visitors.

Adherence to this policy is the responsibility of all staff that may come into contact with spillages of blood or other body fluids. All staff should be aware of their personal responsibilities in preventing the spread of infection.

The school has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and oral secretions
- Vomit
- Faeces
- Urine
- Wound drainage

Disinfection aims to reduce the number of micro-organisms to a safe level. All spills of bodily fluids should be treated as a potential source of infection and dealt with according to strict hygienic principles.

Staff are made aware of this policy and the risks associated with exposure to body fluids, by its inclusion in the Safety Compliance File and on the school network.

### 1. Procedure

A suitable assessment of the health risks associated with exposure to spillages of body fluids should be made and reviewed annually.

If any type of body fluid has been spilled onto a surface the following procedure should be followed:

- Notify appropriate staff i.e. cleaners, to secure the environment by placing warning signs.
- All staff dealing with a biohazard spill to wear protection i.e.
- Disposable gloves
- Disposable plastic apron
- Eye and mouth protection with goggles and mask, if splash or spray anticipated
- Access 'spillage kit' in order to clean up spillage promptly. This pack contains: absorbent granules, disinfectant, scoop and scraper, disposable gloves, bags.
- Sprinkle granules over the spillage, completely covering it. This will solidify a liquid in 2 minutes. Don't stand over the solution as it can be a respiratory irritant.
- Using the scoop and scraper provided, remove the now solidified residue and place it in a bin bag, along with scoop and scraper, seal and dispose of in further bin liner. Dispose of by agreed and approved means.
- Clean area and equipment thoroughly using hot water and detergent, and disposable cloths.
- Hand hygiene should be performed following management of spillage.

N.B. If a spill contains glass or other sharps, these should be picked up with disposable forceps and disposed of carefully into a sharps bin.

Materials for dealing with spillages are to be readily available i.e., 'spillage kits' and replenished as necessary. These are kept in the following locations:

**Senior Site:** Cleaners' cupboards on the first floor of Prior Building, Harper Building, Sports department, Medical Room.

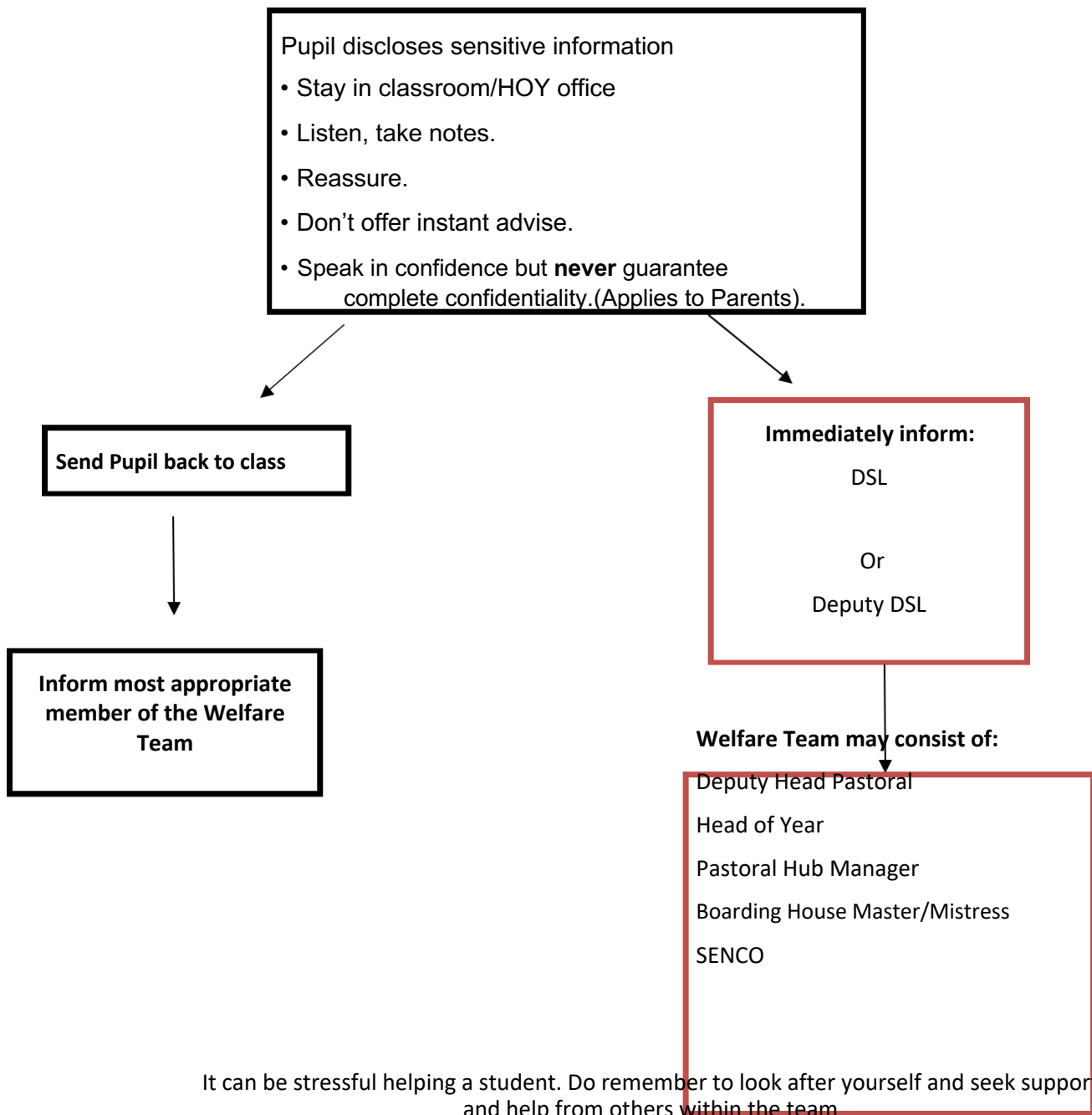
**Boarding Houses:** Office areas or cleaning cupboards as appropriate.

**Prep School:** Main Office

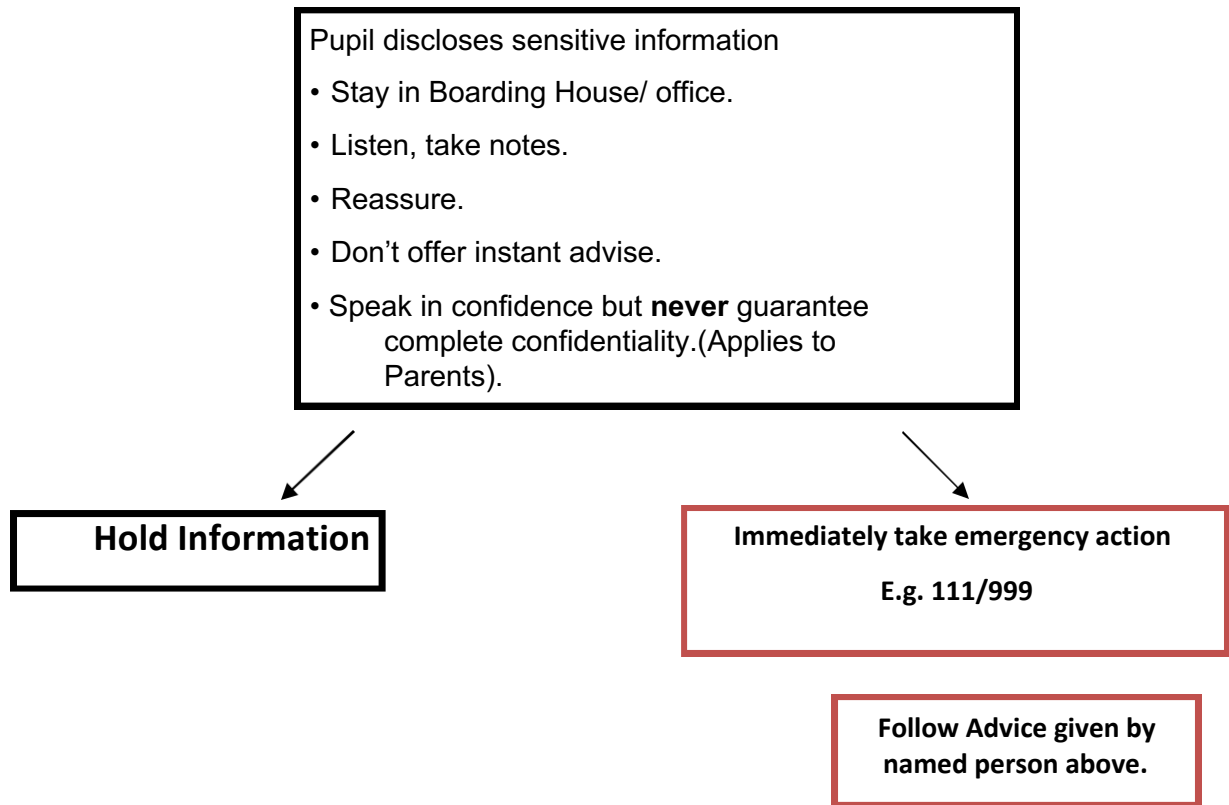
## **Appendix 2: Register of First Aiders**



### Appendix 3: Disclosure Flow Chart - School



## **Boarding**



## Appendix 4: Emergency Salbutamol Inhaler Protocol

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK. From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies<sup>[1]</sup>. Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. [Emergency asthma inhalers for use in schools - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves, they should keep their inhaler on them, and if not, it should be easily accessible to them.

**The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The emergency inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).**

The School will:

- ensure arrangement for the supply, storage, care, and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medical conditions.
- supervise a register of children in school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which will be kept with the emergency inhaler.
- have written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.
- ensure that the emergency inhaler is **only** used by children with asthma with written parental consent for its use.
- ensure appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions.
- keep a record of use of the emergency inhaler as required by Supporting pupils and inform parents or carers that their child has used the emergency inhaler
- appoint at least two volunteers, on both sites, who will be responsible for ensuring the protocol is followed.

The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.

The kits will be kept in:

- **Senior School:** Pastoral Office
- **Prep School:** Main reception (Jude Mathew, Olivia Schwartz, Leanne Forbes, Amanda Ryans, Sarah Foyster, Kaye Graves, Lizzie Robinson, Becky Skelton and Rebecca Dickson to oversee administration if required.)

The emergency asthma inhaler kit includes:

- A salbutamol metered dose inhaler.
- One reusable plastic spacer/aero chamber compatible with the inhaler. (To avoid possible risk of cross-infection, the plastic spacer will be washed per manufacturer's instruction after each use). The inhaler itself will also be reused after cleaning per manufacturer's instructions.
- Instructions on using the inhaler and spacer/plastic chamber.
- Instructions on cleaning and storing the inhaler and spacer/plastic chamber.
- Manufacturer's information.
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded.
- A note of the arrangements for replacing the inhaler and spacers.
- A list of children permitted to use the emergency inhaler.
- A record of administration (i.e. when the inhaler has been used).

### **Storage and care of the inhaler**

The Pastoral Team and volunteers will ensure that:

- The emergency kit is checked on a monthly basis to verify that the inhaler and spacer are present and in working order, and the inhaler has sufficient number of doses available.
- That replacement inhalers are obtained when expiry dates approach.
- Replacement spacers are available as necessary.
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
- The inhaler is primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it will be regularly primed by spraying two puffs.

### **Disposal**

Any out of date inhalers should be taken to the local pharmacy to be recycled in line with waste disposal regulations.

## **Appendix 5: Emergency Adrenaline Auto-Injector Protocol**

Up to 8% of children in the UK have a food allergy.<sup>1</sup> However, most allergic reactions to food are not anaphylaxis, even in children with previous anaphylaxis. Most reactions present with mild-moderate symptoms, and do not progress to anaphylaxis. Fatal allergic reactions are rare, but they are also very unpredictable. In the UK, 17% of fatal allergic reactions in school-aged children happen while at school.<sup>2</sup> Schools therefore need to consider how to reduce the risk of an allergic reaction, in line with Supporting Pupils.

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

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating.
- Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allowed all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis, but their own device is not available or not working (e.g., because it is broken, or out-of-date).

This change applies to Prep and Senior School. Lincoln Minster Schools are the type of institution described in regulation 22 of the Human Medicines (No.2) Regulations 2014, which amends regulation 213 of the Human Medicines Regulations 2012 and therefore may legally hold spare AAIs. Regulation 8 of the Human Medicines (Amendment) Regulations 2017 amends schedule 17 of the Human Medicines Regulations 2012 and sets out the principles of supply to schools.

Any AAI(s) held by our schools will be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA<sup>3</sup> and any spare AAI(s) held by our schools will be in addition to those already prescribed to a pupil.

## Criteria of use

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<sup>1</sup> UK Food Standards Agency. <https://www.food.gov.uk/science/allergy-intolerance>

<sup>2</sup> Turner PJ, Gowland MH, Sharma V et al. Increase in hospital admissions due to anaphylaxis but no increase in fatalities: an analysis of UK national anaphylaxis data, 1992–2012. *J Allergy Clin Immunol* 2015;135:956-63. Available at: [http://www.jacionline.org/article/S0091-6749\(14\)01516-4/fulltext](http://www.jacionline.org/article/S0091-6749(14)01516-4/fulltext)

<sup>3</sup> <https://www.gov.uk/drug-safety-update/adrenaline-auto-injector-advice-for-patients>

- LMS may administer their emergency adrenaline auto-injector (AAI), obtained without prescription, for use in emergencies, if available, but only to a pupil at **known risk of anaphylaxis\***, where both medical authorisation and written parental consent for use of the emergency AAI has been provided unless directed otherwise by a healthcare professional
- AAIs are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives
- The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay
- AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer (See How to use an AAI below)
- If someone appears to be having a severe allergic reaction (anaphylaxis), you **MUST** call 999 without delay, even if they have already used their own AAI device, or an emergency AAI
- In the event of a possible severe allergic reaction in a **pupil who does not meet these criteria**, emergency services (999) should be contacted, and advice sought from them as to whether administration of the emergency AAI is appropriate

\*Pupils at **known risk of anaphylaxis** - This information is recorded in Medical Centre on isams.

#### The School will:

- Make arrangements for the supply, storage, care, and disposal of spare AAI(s) in line with *Supporting Pupils*<sup>4</sup>
- Supervise a register of pupils who have been prescribed an AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis)
- Have written consent from the pupil's parent/legal guardian for use of the spare AAI(s), as part of a pupil's individual healthcare plan
- Ensure that any spare AAI is used **only** in pupils where both medical authorisation and written parental consent have been provided
- Ensure appropriate support and training for staff in the use of the AAI in line with the school's wider policy on supporting pupils with medical conditions
- Keep a record of the use of any AAI(s), as required by *Supporting Pupils* and informing parents or carers that their pupil has been administered an AAI and whether this was the school's spare AAI or the pupil's own device

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<sup>4</sup> <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--34>  
Guidance on the use of adrenaline auto-injectors in schools

- Appoint at least two volunteers, on both sites, who will be responsible for ensuring the protocol is followed.

The AAI should be kept separate from any child's AAI which is stored in a nearby location and the emergency AAI should be clearly labelled to avoid confusion with a child's AAI. The emergency AAI will be kept together with the "emergency asthma inhaler kit" (containing a salbutamol inhaler device and spacer).<sup>5</sup> Many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

#### **The kits will be kept in:**

- **Senior School:** Pastoral Office.
- **Prep School:** Main reception

The Resuscitation Council (UK) recommends the doses to treat anaphylaxis using the age-based criteria<sup>6</sup> as follows:

- **Pre prep School aged children** for children aged under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used.
- **Prep School/ Under 12 years Senior School** for children aged 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used
- **Senior School** for children aged 12+ years: a dose of 300 microgram (0.3 milligram) or 500 microgram (0.5 milligram) can be used.

#### **The emergency anaphylaxis kit**

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

#### **Storage and care of the AAI**

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<sup>5</sup> <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

<sup>6</sup> Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers. Resuscitation Council (UK). Available at: <https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/>

- **Senior School:** Pastoral Office
- **Prep School:** Reception

**Will ensure that:**

- On a monthly basis the AAI's are present and in date
- That replacement AAI's are obtained when expiry dates approach
- The AAI devices are stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- The AAI is not locked up and should be easily accessed in an emergency

**Disposal**

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAI's **SHOULD** be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

**Recording use of the AAI and informing parents/guardian**

In line with Supporting Pupils, use of any AAI device should be recorded in a letter to parents/guardian. This includes:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom)
- How much medication was given, and by whom?
- The reason use of the emergency AAI was necessary
- Any person who has been given an AAI must be transferred to hospital for further monitoring
- The pupil's parents should be contacted at the earliest opportunity

It is recommended that school staff have general information on how to recognise and respond to an allergic reaction,<sup>7</sup> and what to do in emergency situations (See Appendix). Please also refer to Part B point 3 'ALLERGIES AND ANAPHYLAXIS' included within the main body of this document. For individual health care plans see the folder in the red 'medi alert' bags positioned within the various documented locations on both sites and the staff resources drive in the 'medical' folder.

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<sup>7</sup> Guidance on the use of adrenaline auto-injectors in schools DOH Sept 2017



## Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

### **Mild-moderate allergic reaction:**

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

### **ACTION:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



### **Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):**

- |                       |   |
|-----------------------|---|
| <b>AIRWAY:</b>        | Persistent cough<br>Hoarse voice<br>Difficulty swallowing, swollen tongue                 |
| <b>BREATHING:</b>     | Difficult or noisy breathing<br>Wheeze or persistent cough                                |
| <b>CONSCIOUSNESS:</b> | Persistent dizziness<br>Becoming pale or floppy<br>Suddenly sleepy, collapse, unconscious |

### **IF ANY ONE (or more) of these signs are present:**

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)   
2. **Use Adrenaline autoinjector\* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### **After giving Adrenaline:**

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

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

### **How To Use an AAI . LMS hold emergency Epipen**

1. Hold in your dominant hand forming a fist around the auto injector and pull off safety cap with your other hand Blue (Epipen)
2. Position Orange (Epipen) end about 10cm away from outer mid-thigh, either clothed or unclothed avoiding seams and pockets
3. Swing and jab the coloured tip into the thigh at a 90° angle and hold there for 3 seconds (Epipen October 2017)
4. Remove pen