

Godstowe

School Policy

Medical Policies

Reviewed
Jan 2024

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Out of Hours and Weekend School Nurses: Rosalind Sharkey

Medical Provision

The Health Centre

Godstowe has a Health Centre on the top floor of Dove House consisting of a well-equipped medical room, isolation room with attached bathroom facilities, plus two additional bedrooms. There is an additional bathroom with two WCs and two baths with shower fittings.

There is a separate WC across the corridor for the Health Centre staff to use.

School Nursing Staff

Godstowe has a team of NMC Registered Paediatric Nurses. It is important to Godstowe that this team meet their professional requirements to maintain their places on the National Register. There is always one nurse on duty to cover the Health Centre between 7.30am and 7.30pm, Monday to Friday. The School Doctor is available to give professional help and guidance. There is a fourth registered nurse available onsite at night and at weekends to provide medical care and first aid of all boarding pupils. All nurses have up-to-date first aid and safeguarding training.

School Doctor

Dr Candy (female) from the local Priory GP Surgery has a clinic at Godstowe on a Wednesday morning. Boarding pupils register with the Priory Surgery unless their parents live locally and they can then remain registered with their family Doctor.

Medical Training

- All nursing staff, boarding house staff and other key people receive regular First Aid training.
- Several members of staff working in Early Years have Paediatric First Aid Training.

- The School Nursing team delivers medical update training to teaching and boarding annually. This includes Anaphylaxis, Asthma and Epilepsy and Diabetes (when necessary).
- The boarding house mistresses and deputies receive training by the school nurses on the protocol for the administration of both prescribed and non-prescribed medicines.

Confidentiality and consent

The school nurses are guided by the The Nursing and Midwifery Council (NMC) Code of Conduct that states:

- You must respect people's right to confidentiality.
- You must ensure people are informed about how and why information is shared by those who will be providing their care.
- You must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you practise.
- The NMC also states that nurses should ensure they gain consent for treatment.
- Where necessary Registered Nurses will seek advice from the NMC, their professional organisation or the GP if they are unsure of issues surrounding confidentiality and consent.

In accordance with the School Nurse and School Doctors' professional obligations, medical information about pupils, regardless of their age, will remain confidential. However, in providing medical and nursing care for a pupil, it is recognised that on occasions the Nurse and Doctor may liaise with the Headmistress/Deputy Heads and other academic staff, boarding staff and parents or guardians and information will be passed on as necessary. With all medical and nursing matters, the Nurse and Doctor will respect a pupils' confidence except when on some occasions the Nurse or Doctor considers it is in the pupil's better interests or necessary for the protection of the wider school community, to pass on information to the relevant person or body.

Pupils' health and those with medical conditions

(Based on the Statutory Guidance for Supporting Pupils at School with Medical Conditions, 2015 updated in 2017)

[Supporting pupils with medical conditions at school - GOV.UK](#)

Godstowe is an inclusive school that welcomes and supports children with medical conditions.

It aims to offer these children the same opportunities as all children at the school:

- To be healthy
- To stay safe
- To enjoy and achieve
- To make a positive contribution

Godstowe ensures:

- All staff are aware of their duty of care to children in the event of an emergency.
- All Staff understand that certain medical conditions can be serious and potentially life threatening if not managed correctly or are misunderstood.
- All staff understand the common medical conditions that affect children at this school and they receive training on the impact these conditions can have on pupils.

The Council will ensure arrangements are in place in school to support children with medical conditions. They will ensure consultation takes place between health professionals, pupils and parents to ensure the needs of children with medical conditions are effectively supported. (Children and Families Act 2014).

Medical Information and Record Keeping

Before entry to the school, the parents/guardians of all day and boarding pupils complete a medical questionnaire outlining significant past medical problems, current ones, and present treatment, as well as known allergies and the dates and details of all immunisations. Parents are asked to update us with any changes.

Provision for All Pupils – Day and Boarding

- Parents are also given a form to complete for consent to first aid and to administer non-prescribed pharmacy medication that we hold in school such as paracetamol/Calpol and antihistamine (homely remedies).
- All children with identified medical needs will have an individual Health Care Plan. Copies of these will be held in the health centre, Lodge and in the boarding houses for boarders. They are also available on the Drive and shared with relevant staff.
- It is probable that day pupils living in the locality will already be registered with a general practitioner. Although emergency treatment will always be provided by the Health Centre during school hours, it is expected that for routine medical matters the usual GP will be consulted. The Health Centre will also dispense prescribed medication if it is accompanied by the appropriate consent form.

The School nurses will have a lead role in ensuring that pupils with medical conditions are properly supported in school and be responsible for implementation of the medical conditions policy.

This will include:

- Development of an Individual Health Care Plan. This will be developed in consultation with parents, other healthcare professionals, the child, the Deputy Heads and key staff members as necessary.
- Ensuring sufficient trained staff are available to implement a child's individual Health Care Plan, including in emergency situations.
- Training of staff on common medical conditions annually e.g. asthma, anaphylaxis (epilepsy and diabetes if relevant). This will include emergency care.
- Training of boarding house staff on administration and storage of medications.

- Training of staff and or pupils where appropriate for specific conditions and children's specific medical needs. This will occur as required to inform staff of specific medical information.
- Training of staff concerning pupils with medical conditions going on school trips and visits. **(See Trips/Visits section).**
- Provide support to staff members in caring for children with medical conditions at school including discussions and further training if appropriate.

It is the parents' responsibility to notify the School Nurse/School of any changes to their child's medical condition including change of treatment or medication. It is up to the parents to ensure their child has any medication required in school and it is labelled correctly in English with the child's name. The medication provided by the parent must be in date.

It is vital that the school policy is supported by clear communication between staff, healthcare professionals, parents, and pupils to ensure its full implementation.

(See Appendix for policies on management of Asthma, Epilepsy, Anaphylaxis, Diabetes)

Extra Provision for Boarding Pupils

- Parents/guardians are asked to complete a consent form for the administration of non-prescribed medicines such as Ibuprofen, travel pills and head lice treatment as well as for emergency hospital treatment and optical and dental treatment.
- Parents/guardians are asked to give written consent if their daughter is a boarder to be registered with the School Doctor.
- All boarders undergo a medical examination with the School Doctor on entry to the school.
- NHS Records are accessed by Dr Candy using her NHS issued laptop.
- Godstowe has a medical database linked to the boarding houses on which contemporaneous medical records are kept. The database also contains the consent information for the administration of non-prescribed medicines. Each time a pupil is treated either in the Health Centre or the boarding houses, a record is made on the database - Medical Tracker. The database is secure, and password protected with only the Health Centre staff having full access.

Overnight Care of Boarders

If a boarder is unwell at night or at the weekend the situation will be assessed by the adult who is on duty in the Boarding House, the Housemistress or the Deputy Housemistress

- In some circumstances the child might be moved to the health centre and cared for by the medical staff on duty. The parents or guardian will be informed as soon as reasonably possible, and asked to pick up the child to avoid the spread of infection. The child may have to be cared for in the Health Centre until somebody is able to collect them. If the child has a guardian because their parents don't live in the local area, the guardian will be expected to collect the child.
- In the event of extreme illness or emergency an ambulance may be called or the nurse on duty may need to take the pupil to the hospital.

- There are clear systems, approved by the School Doctor, in place for medical cover in the evenings and at weekends:
- If emergency medical assistance is required immediately dial 999 for an ambulance.
- If advice is required concerning a medical condition, dial 111 for advice by telephone 24 hours a day.
- If a doctor is required, the out of hours GP services can be contacted by telephone.
- The Headmistress/Deputy Heads/Head of Boarding should be contacted to inform them of the medical emergency

First Aid

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation employers must ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

First aid provision must be always available while people are on school premises and off the premises whilst on school visits.

Who is Responsible?

The Employer

At Godstowe health and safety legislation places duties on the employer (The Council) for the health and safety of their employees and anyone else on the premises. At Godstowe this includes responsibility for the headmistress and teachers, non-teaching staff, pupils and visitors (including contractors).

The Headmistress

The headmistress is responsible for putting the governing body's policy into practice and for developing detailed procedures. The headmistress also ensures that parents are aware of the school's health and safety policy, including arrangements for first aid.

Certain members of staff are encouraged to undergo training eg PE Staff, Houseparents. Paediatric First Aid training is offered to staff in Lodge and Nursery and certificates of competence are issued by St John's Ambulance / Red Cross. A list of staff who have received first aid training is kept in the health room. Additional updates are given to staff before school trips.

The Council ensures that there is adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons. The Council ensures that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

What are a first aider's duties?

First aiders must complete an approved training course. At school, the main duties of a first aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. When necessary, ensure that an ambulance

or other professional medical help is called, to stay with the casualty until qualified medical assistance arrives.

What does Godstowe need to do?

Godstowe will comply with the Health and Safety (First-Aid) Regulations 1981 set out what employers have to do. The Council will provide adequate and appropriate equipment, facilities and qualified first aid personnel.

The Regulations do not oblige employers to provide first aid for anyone other than their own staff, but employers do have health and safety responsibilities towards non-employees. According to the recommendations of the Health and Safety Commission (HSC) guidance, Godstowe will consider the likely risks to pupils and visitors.

Risk assessment of first aid needs

All risk assessments around the school are carried out in accordance with the school's full health and safety policy and procedures which are available on request from the Bursar's office. Staff carry out health and safety checks of all classrooms and public areas annually and action is taken where required. The Health Centre is risk assessed regularly.

Qualifications and training

First aiders at Godstowe hold valid certificates issued by an organisation approved by the HSE. The training courses cover a range of first aid competences. There are also at least 10 members of staff who have the full paediatric first aid training, including EYFS and Boarding staff. Records of all such training are held centrally and in the Health centre and in this policy (see Appendix for list of qualified first Aiders)

First Aid Kit

The First Aid boxes around the school are stocked with the minimum contents as outlined by the HSE. The boxes will contain only the equipment they have been trained to use. In certain areas of the school such as the PE department, the Swimming Pool and kitchen extra contents will be added to the first aid boxes and relevant training will be given.

If any contents of a first aid are used the School Nurse needs to be informed so that stock can be replenished. They will be checked termly by the School nurse or a designated member of staff.

First aid kits will need to go offsite for any away matches, trips or outings.

The member of staff in charge of this event will need to inform the Health Centre in plenty of time so that they can ensure the right type of kit is available and that they are aware of which pupils are attending in case of any medical conditions (see appendix for list of locations and content of first aid kits).

Signs and information

The school has a responsibility under the HSE legislation to ensure that pupils, employees, and visitors are aware of the location of first aid boxes and First Aiders. Each department within the school will display a sign stating the location of the first aid box

and the named first aider. If any first aid box is not visible, additional signage will state where you will find it, such as in a cupboard.

Defibrillator

The school has 2 defibrillators (AED), one located on the outside wall outside the main school reception area leading to the finance office and one located in the swimming pool (poolside). The defibrillator by the reception area is in a locked, alarmed yellow box, **the code to open the box is 1.**

The School Nurse is responsible for checking this equipment, the expiry date, battery monitoring and appropriate signage around the site for the defibrillator in the main school and the Pool Manager is responsible for checking the defibrillator in the swimming pool. A log book is kept to record checks being made and is checked weekly by the appropriate staff. Any problems will be reported to the manufacturer immediately and alerted to all staff.

In case of emergency use, the whole bag containing the AED and associated equipment should be collected and taken to the casualty. All first aiders and School Nurses will be given initial training on the AED by a qualified instructor.

Regular updates/ training from a qualified instructor will then be available on request. However anyone can use the defibrillator as no training is actually needed. The machine will tell you what you need to do and will only give a 'Shock' to a person if it is required

The AED should be used by adults in the case of suspected cardiac arrest, following the instructions given from the AED. It is vital that 999 is called.

The Resuscitation Council (UK) strongly recommends a policy of attempting defibrillation with the minimum of delay in victims of VF/VT cardiac arrest. Sequence of actions when using an automated external defibrillator.

See Appendix 3

Calling an ambulance

If an ambulance is required the School Nurse or the first aider is responsible to ensure that this is actioned without delay and the senior leadership team are aware of the situation such as The Headmistress, Deputies and Bursar.

An ambulance is to be called in the following circumstances:

- A significant head or neck injury
- Fitting, unconsciousness or severe concussion
- Difficulty in breathing and/or chest pain
- A severe allergic reaction and/or if adrenaline auto injector has been administered
- A severe loss of blood
- A severe burn or scalds
- A serious break or fracture

From the internal school phone system you must dial 9 then 999 OR from a mobile phone 999 and state:

Ambulance required at:

Godstowe Prep School, Shrubbery Road, High Wycombe HP13 6PR (01494 529273)

Or

Lodge Godstowe School, Amersham Road, High Wycombe, HP13 6PN

Or

Highlands or Walker House, Godstowe School, Amersham Road, High Wycombe, HP13 6PL

When stating the exact location try to state the best gate for the ambulance to arrive as otherwise they will arrive at reception when you may need them in Lodge.

You will be asked for:

- The exact location of where the pupil is needing help
- Caller's name and contact details
- Name of the person needing help and their age
- A brief description of the person's symptoms and any known medical conditions
- Inform the ambulance of the best entrance to use for the school and state that the crew will be met at the entrance and taken to the pupil
- Stay on the phone until the call handler states to end the call

CPR before defibrillation

Provide good quality CPR while the AED is brought to the scene. Continue CPR whilst the AED is turned on, then follow the voice and visual prompts

SEQUENCE	Technical description
SAFETY	Make sure you, the victim and any bystanders are safe
RESPONSE	Check the victim for a response <ul style="list-style-type: none">● Gently shake his shoulders and ask loudly: "Are you all right?" If he responds leave him in the position in which you find him, provided there is no further danger; try to find out what is wrong with him and get help if needed; reassess him regularly
AIRWAY	Open the airway <ul style="list-style-type: none">● Turn the victim onto his back● Place your hand on his forehead and gently tilt his head back; with your fingertips under the point of the victim's chin, lift the chin to open the airway
BREATHING	Look, listen and feel for normal breathing for no more than 10 seconds In the first few minutes after cardiac arrest, a victim may be barely

	breathing, or taking infrequent, slow and noisy gasps. Do not confuse this with normal breathing. If you have any doubt whether breathing is normal, act as if it is they are not breathing normally and prepare to start CPR
DIAL 999	<p>Call an ambulance (999)</p> <ul style="list-style-type: none"> ● Ask a helper to call if possible otherwise call them yourself ● Stay with the victim when making the call if possible ● Activate the speaker function on the phone to aid communication with the ambulance service
SEND FOR AED	<p>Send someone to get an AED if available If you are on your own, do not leave the victim, start CPR</p>
CIRCULATION	<p>Start chest compressions</p> <ul style="list-style-type: none"> ● Kneel by the side of the victim ● Place the heel of one hand in the centre of the victim's chest; (which is the lower half of the victim's breastbone (sternum)) ● Place the heel of your other hand on top of the first hand ● Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs ● Keep your arms straight ● Do not apply any pressure over the upper abdomen or the bottom end of the bony sternum (breastbone) ● Position your shoulders vertically above the victim's chest and press down on the sternum to a depth of 5–6 cm ● After each compression, release all the pressure on the chest without losing contact between your hands and the sternum; ● Repeat at a rate of 100–120 min⁻¹
GIVE RESCUE BREATHS	<p>After 30 compressions open the airway again using head tilt and chin lift and give 2 rescue breaths</p> <ul style="list-style-type: none"> ● Pinch the soft part of the nose closed, using the index finger and thumb of your hand on the forehead ● Allow the mouth to open, but maintain chin lift ● Take a normal breath and place your lips around his mouth, making sure that you have a good seal ● Blow steadily into the mouth while watching for the chest to rise, taking about 1 second as in normal breathing; this is an effective rescue breath

	<ul style="list-style-type: none"> ● Maintaining head tilt and chin lift, take your mouth away from the victim and watch for the chest to fall as air comes out ● Take another normal breath and blow into the victim's mouth once more to achieve a total of two effective rescue breaths. Do not interrupt compressions by more than 10 seconds to deliver two breaths. Then return your hands without delay to the correct position on the sternum and give a further 30 chest compressions <p>Continue with chest compressions and rescue breaths in a ratio of 30:2</p> <p>If you are untrained or unable to do rescue breaths, give chest compression only CPR (i.e. continuous compressions at a rate of at least 100–120 min⁻¹)</p>
IF AN AED ARRIVES	<p>Switch on the AED</p> <ul style="list-style-type: none"> ● Attach the electrode pads on the victim's bare chest ● If more than one rescuer is present, CPR should be continued while electrode pads are being attached to the chest ● Follow the spoken/visual directions ● Ensure that nobody is touching the victim while the AED is analysing the rhythm <p>If a shock is indicated, deliver shock</p> <ul style="list-style-type: none"> ● Ensure that nobody is touching the victim ● Push shock button as directed (fully automatic AEDs will deliver the shock automatically) ● Immediately restart CPR at a ratio of 30:2 ● Continue as directed by the voice/visual prompts <p>If no shock is indicated, continue CPR</p> <ul style="list-style-type: none"> ● Immediately resume CPR ● Continue as directed by the voice/visual prompts
CONTINUE CPR	<p>Do not interrupt resuscitation until:</p> <ul style="list-style-type: none"> ● A health professional tells you to stop ● You become exhausted ● The victim is definitely waking up, moving, opening eyes and breathing normally <p>It is rare for CPR alone to restart the heart. Unless you are certain the person has recovered continue CPR</p>

RECOVERY POSITION	<p>If you are certain the victim is breathing normally but is still unresponsive, place in the recovery position</p> <ul style="list-style-type: none"> ● Remove the victim's glasses, if worn ● Kneel beside the victim and make sure that both his legs are straight ● Place the arm nearest to you out at right angles to his body, elbow bent with the hand palm-up ● Bring the far arm across the chest, and hold the back of the hand against the victim's cheek nearest to you ● With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground ● Keeping his hand pressed against his cheek, pull on the far leg to roll the victim towards you on to his side ● Adjust the upper leg so that both the hip and knee are bent at right angles ● Tilt the head back to make sure that the airway remains open ● If necessary, adjust the hand under the cheek to keep the head tilted and facing downwards to allow liquid material to drain from the mouth ● Check breathing regularly <p>Be prepared to restart CPR immediately if the victim deteriorates or stops breathing normally</p>
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References – resus council policy for the use of AEDs 2019

Head Injury

Minor bump to the head

A minor bump to the head is common in children particularly those of primary school age. If the child is asymptomatic i.e there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting and the child appears well then, the incident will be treated as a bump rather than a head injury.

Signs and Symptoms to look out for:

- bump or bruise to the head
- possible head wound
- dizziness or vomiting
- short period of unresponsiveness

Treatment in school:

- Apply an ice pack to the area of injury to reduce swelling.

- Assess level of responsiveness using AVPU
A - Are they alert? Eyes open?
V - Can they respond if you talk to them?
P- Does child respond to stimulus, do they open their eyes
U - Are they unresponsive? Call 999 immediately
- Assess for any of the symptoms above, blurred vision, dizziness, vomiting, equal pupil dilation
- Rest – ensure the child stays awake and observe
- Administer Paracetamol for pain if required
- After 15 minutes if the child is feeling ok they can return to class. Each head injury will be assessed on an individual basis of whether they can continue with PE that day
- Head bump sticker to younger pupils
- Incident form to be completed on medical tracker and notification sent to parents
- Parents to be informed by either phoning or emailing them and attached the head injury advice letter see appendix

Severe head injury and Concussion

A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems
- Difficulty in understanding what people are saying
- Balance problems
- Loss of power in arm/legs/feet
- Pins and needles
- Amnesia
- Leakage of clear fluid from the nose or ears
- Bruising around eyes/behind ears

Treatment in school:

- CALL 999 FOR AN AMBULANCE
- Suspect neck injury if unconscious **DO NOT MOVE**
- Notify parents by phone
- Document incident on medical tracker which generates incident report

Any head bump could develop into a severe head injury, therefore observation of the child and informing teachers and parents that a head injury has been sustained is paramount to ensure the safety of the child

First Aid for Neck Injuries

There is a risk of neck injury at Godstowe mainly through sports and activities, if the injury is not life threatening a student or staff member should in the first instance contact the School nurses and ask the casualty to remain still until assistance arrives.

If it is obvious the injury is serious, then follow the guidelines as below:

First aid for neck injuries can significantly prevent an individual from suffering further damage.

Causes

Any severe blow, fall or other accident may result in injury to the neck.

Symptoms

Unconsciousness, breathing difficulty, pain, swelling, loss of sensation, headache, loss of sensation or paralysis.

Emergency Treatment

- **Dial 999 immediately and then contact the School Nurse.**
- **DO NOT** move casualty unless absolutely necessary to save life.
- **DO NOT** bend or twist the victim's neck or body. Careful handling is extremely important
- Check casualty's **breathing**. If breathing stops, open the airway.
- **Maintain position in which casualty was found**, even if neck or back is bent and immobilise head, neck, shoulders and torso.
- Roll up towels, blankets, or clothing and place around head, neck, shoulders and torso.

Reporting of accidents/incidents

All accidents/incidences no matter how small need to be documented and reported by the **first aider attending the incident**. This also applies to **near miss events** that must be monitored as part of the schools Health and safety Management.

All incidents will need to be put onto the school computer system Medical tracker under the pupils name which will generate an accident form. Depending on the seriousness of the incident parents are to be contacted via either email or phone. If any medication is administered parents **MUST** be informed.

An incident/accident involving a member of staff will also be documented on Medical tracker.

Depending on the circumstances of the incident a RIDDOR report may be required.

Guidance on First Aid for Schools (2014, updated February 2022) Department for Education and Employment

Dietary Policy

Godstowe School is committed to the implementation of an inclusive policy where the needs and requirements of all its pupils are met. The school will undertake to ensure that any pupils with dietary needs will, within reason, be met.

Special dietary provisions include ...

- **Allergies and Medical Conditions**

Godstowe School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. Anaphylaxis UK would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. Instead they would advocate for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the 14 pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Working in partnership with our catering company CH&Co parents are required to provide a medical letter confirming any allergies or dietary requirements to the school. The school will ensure that all pupils with a confirmed allergy or dietary requirement can be easily identified by the catering staff.

Godstowe School will conduct a detailed individual risk assessment for all new joining pupils with allergies or medical conditions and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

- **Religious reasons for restrictions in diet.**

The school always respects an individual's religious beliefs and a choice is always available.

All pupils with a medically confirmed allergy or dietary requirement will be added to a list and sent to our Chef. The list is monitored by the nursing team and updated regularly. In lodge an appointed staff member will distribute wristbands to pupils as required. In the main school, pupils with a confirmed allergy will collect a lanyard with their picture and allergy clearly stated before they reach the serving hatch and return it after lunch.

Policy in an event of an illness

If a pupil is unwell during the school day and needs to visit the Health Centre, the pupil should go to reception to get a red card. The receptionist makes a note of each child's name and the reason they are asking for permission to go to the Health Centre.

The child will need to present this card to the School Nurse so that she is aware that they have been given permission to come to the Health Centre.

The School Nurse will assess the pupil and complete any necessary observations such as checking temperature if unwell. If possible, they will be encouraged to return to class as

soon as possible. If the pupil needs to stay in the Health Centre the School Nurse will inform reception that the child is staying in the Health Centre but once better will be returned to lessons. They are given a green card to hand back to reception so there is a record of the child's location in school.

For day pupils the school nurse will liaise with the parents regarding the symptoms and decide if the pupil can remain in school.

The school nurse will inform the deputy heads, reception and form tutor of any child going home.

As a general rule, a pupil should not attend school for 48 hours after the last symptoms of diarrhoea or vomiting.

Additionally pupils should not attend school for 24 hours after a raised temperature.

If a child returns to school within this time their parents will be contacted and asked to collect them.

Medical Emergency Policy

If a medical emergency should take place, the school nurse should be called immediately. Often the quickest way to contact her is by phoning her mobile phone or calling reception. At the same time the Deputy Heads/Headmistress should be informed.

If the emergency could in any way be life threatening an ambulance should be called immediately and parents informed by phone. If in doubt, phone for an ambulance.

In other situations, the school nurse will monitor the child whilst the parents are contacted to collect the child. A decision can then be made in consultation with the parents as to what further action may be necessary. In the case of boarders the school nurse on duty or a senior member of the boarding team will notify the parents immediately and discuss with them actions to be taken. The school doctor will also be consulted if necessary.

If a dangerous injury/accident occurs, it is essential that another supervising adult remains with the child while the School nurse is called. If a spinal or head injury is suspected, extreme care should be taken not to move the child until the paramedics or an ambulance arrives until the paramedics or an ambulance arrives.

If the child needs to be taken to hospital and it is believed they can be moved, then this should be done immediately. In some cases, two accompanying adults may be required. Any member of staff should be ready to offer their services at short notice, particularly if time is of the essence.

An accident form must be completed promptly by staff involved as soon as they are confident the child is in safe hands and is no longer at risk. Any member of staff who witnesses or was on duty at the time of the incident must contribute to the accident form as well as the medical staff on duty, as soon as possible once the child has been appropriately treated.

Remember: react swiftly but do not overreact

Mental Health Policy

Godstowe school aims to promote and maintain positive mental health by early detection and recognition of broad spectrum mental health issues. At Godstowe we all work together as a team to support the pupils both physically and mentally. We aim to support and assist any pupil who displays signs of developing any of the mental health issues. If any member of staff is concerned about the mental health of one of the pupils they should bring it to the attention of the pastoral team, **school nursing team** or in some circumstances the DSL.

By hopefully catching emerging problems, offering support and guidance to the child and family we are able to help in the early stages reducing the risk of serious illness. The school nurses play an important role in noticing any emerging issues or patterns of behaviour and working in conjunction with the pastoral team to support pupils.

All interventions will be carried out in line with the guidance set out by the DoH and Nice guidelines for mental health.

Support will be given using the ALGEE action plan from Mental Health First Aid

- **A** - Ask, Assess for risk of harm
- **L** - Listen non-judgmentally
- **G** - Give reassurance and information
- **E** - Encourage appropriate professional help
- **E** - Encourage self help and other support strategies

Medicines Management Policy

The aim of the Medicines Management policy is to provide a clear policy that is understood and accepted by all staff, parents and children providing a sound basis for ensuring that children with medical needs receive proper care and support at Godstowe School. This policy is based on 'Managing Medicines in Schools and Early Years Settings' Department for Education and skills/Department of Health 2005 and MOSA guidelines.

Parental Consents

Before a child starts at Godstowe parents are asked to give their consent for trained staff to administer the following medication/treatments if needed:

- Calpol / Paracetamol
- Antihistamine tablet
- Menthol lozenges
- Antiseptic wipes or cream
- Calamine Lotion
- Vaseline
- First Aid equipment – plasters, etc.

In addition to the consents requested to administer pharmacy/homely medication for day girls, we also ask for parents of boarding pupils consents to administer:

- Ibuprofen -under direct supervision of the School Nurse (specific consent from parents is required for day pupils)
- Travel sickness tablets
- Hypo-allergenic suncare lotion.
- Head Lice treatment.

Parents should not send in any non-prescribed medication that they have already consented to them having in school (schools supply)

All consents are recorded on medical tracker and a paper copy kept in child's notes in filing cabinet

Short and long Term medical needs

The Health Centre will also administer short and long term prescribed medication to day pupils and boarders in order to reduce the time the child is absent from school.

Prescribed medication

Prescribed medicines will only be issued to the pupil for whom they have been prescribed. They must be in their original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage in English. Unless prescribed to a boarder by the school doctor, the child's parent/guardian must complete a consent form available on the parent portal.

Safe Storage of medicines

Medicines may be harmful to anyone for whom they are not appropriate. The Control of Substances Hazardous to Health Regulations sets out that where a school agrees to administer any medicines the employer must ensure that the risks to the health of others are properly controlled.

Medication is primarily stored in the Health Centre in locked cupboards and a refrigerator in a locked room. Medication is stored in accordance with the product instructions in the original container it was dispensed. Staff must ensure that the supplied container is clearly labelled with the name of the pupil, the name and dose of the medicine and the frequency of administration. Large volumes of medicines are not stored.

When required there are lockable fridges in reception, the boarding houses, lodge, nursery and beginners. All fridges have daily temperature records made when medicine is being stored. Antibiotics suspensions and eye drops are to be kept in the fridge, the temperature should be maintained between 2 and 8 degrees Celsius and fridge temperature monitored daily and recorded when in use. The course of antibiotics must be completed, unless advised otherwise by a doctor.

For safety purposes medication is never prepared ahead of time and left ready for staff to administer.

Emergency medication (named asthma inhalers and adrenaline pens) are stored in unlocked cupboards in reception readily available to staff and children who are competent to self-administer as per government guidance.

Godstowe School allows asthmatic pupils who are assessed as 'competent to self administer an inhaler' may carry their own inhalers in school (with written parental consent) as per government guidance.

Administration of prescribed and non-prescribed medication

All Godstowe staff that administer medication are required to complete training for medicines management – this will be delivered online through Educare and/or by the school nurses in person.

The following procedure should be followed by all staff before administering any medication:

- The reason for giving the medication must be established and the 'Dispensing Medication Consent' form completed by the Parent or Guardian unless the medication is advised by the School Doctor. No child under 16 should be given medicines without written parent consent .
- The Medical Database -Medical Tracker must always be checked prior to administration. Copies of 'Non-Prescribed Medication' and 'Dispensing Short Term Medication' forms are kept in each child's notes in the Health Centre.
- Check whether the pupil is allergic to any medication. If there is a known or suspected allergy do not administer medication but discuss the situation with the parent, school nurse or school doctor.
- Check whether or not the pupil has taken any medication recently and, if so, what (e.g. Paracetamol must not be taken more frequently than every four hours and the maximum dose in 24 hours for that age group, printed on the pack, must not be exceeded).
- Check whether or not the pupil has taken that medicine before and, if so, whether there were any problems. Read the patient information leaflet before administering medication.

Trained member of staff should check:

- The child's name
- Prescribed dose
- Expiry date
- Written instructions on the packet

- Patient information leaflet

Medication must be taken under supervision of the trained person issuing it in some instances assistance may be needed, e.g. Eye drops.

If in doubt staff must not administer medicines without checking with the School Nurse

Record Keeping

Immediately record any medication given onto Medical Tracker – including the reason for giving, time given and dose. Record the effectiveness of the treatment or any adverse reactions. This ensures that both the Health Centre and the boarding houses know exactly when and the dosage of the medicine given. Parents of day children should always receive an email and/or a telephone call when non-prescribed medicine has been given.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so but note this in the records. Parents should be informed of the refusal on the same day and in the case of boarders, advice should be sought from the school doctor.

Covert administration of medication will not be used at Godstowe school

Self-Management

Children who are able, have had suitable training and been assessed by the staff in the Health Centre will be encouraged to manage some medicines which have been prescribed for them (eg. Inhalers for asthma).

Children will be risk assessed by the Health Centre and advice sought from health professionals. A parental consent form will be required for this. See Appendix for self administration form.

Controlled Drugs (CD)

- The storage of CDs complies with the Misuse of Drugs (Safe Custody) Regulation (1973) amended in 2007. For safe practice the CDs are kept in a double locked medicines cabinet in the Health Centre and only those with authorised access hold the key.
- Separate records for the administration of controlled drugs are kept in a bound record book with numbered pages.
- The drugs should be returned to the pharmacy for disposal and a record kept of disposal for audit and safety purposes.
- CD medications should be double checked by two competent adults to ensure safe administration. In addition, a stock check of controlled medications will take place once a week on a Tuesday evening.

- If a CD is to be stored and administered in a Boarding House the medication is stored in a locked cupboard attached to a wall, separate from other medication in a locked room. Records of administration will be kept in a bound book and medical tracker. Any excess CD medication is to be returned to the School Nurse for disposal at a pharmacy. A record will be kept for audit and safety purposes. Relevant training will be given to a named senior member of the boarding house allocated to administer the medication.
- If CD medication is to be administered on a school trip/residential relevant training will be given to a named senior member of staff. Only the required number of tablets will be provided and will be stored in a metal lockable case in a locked room and appropriate records of administration will be documented. The named staff must return the case and medication records to the school nurse on return to school.
- Unused CD medication should be returned to the pharmacy (by the School nurse), a record kept for audit and safety purposes.

Medication for boarding pupils

Receipt of medication

All medicines received in school from Boarding pupils must first be given to the School Nurse for review who will assess and discuss with the relevant boarding house the most appropriate person to administer the medication before it is given.

As previously outlined medication must be in the original container, and include the prescriber's instructions for administration. All medicines must be clearly marked with name of drug, child's name, dosage, frequency and expiry date **all in English**.

School nurses will accept only medications that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. If long term medication is prescribed for a pupil by another Doctor, there should be written documentation outlining the indication for the medication and who is responsible for monitoring the medication and condition.

Parents to be informed that some medications that have been prescribed overseas might not be licenced for use in the UK. In this case the School Doctor will make an individual cased assessment prior to administration and may be able to prescribe a UK licenced medicine as an alternative.

Stocks of non-prescribed pharmacy (homely) medication in boarding houses

A record is kept of the medications supplied by the Health Centre to the boarding houses. This includes the date of receipt, the expiry dates of the medication and the amount issued. This is for audit and safety purposes.

Medication is stored either in the locked cupboard or fridge according to the manufacturer's instructions.

The date of opening should be recorded on the medication as once opened, a liquid medication can only be kept for 6 months. Out of date medication should be returned to the school nurse who will return to the pharmacy to be discarded.

Administration of prescribed and non-prescribed medication by boarding house staff

Each boarding house has nominated staff who can administer both prescribed and non-prescribed medicines. Along with their annual management of medicines training they receive training in the administration of CDs if required. Training most recently completed in November 2022. Gap students **must not** administer any medication unless specific permission is given.

Printed information is also provided by the school nurses for specific medications to ensure that boarding staff are aware of issues such as indications for the use of the drug, contra- indications, side effects, dosage, precautions regarding administration and clear reasons for giving the drug.

A record must be made of every medication administered on Medical Tracker on the individual pupil record.

Exeat and School Holidays

All prescribed medication for Boarders must be signed out and in by the School Nurse or Boarding Housemistress, this includes emergency medication i.e adrenaline auto injectors and Inhalers. A record of this will be kept in the Health Centre. The School Nurses will discuss plans with the Boarding House a few days prior to Exeat or School Holidays to ensure every child leaves with their prescribed medication. The school nurse must be made aware of any child not leaving from their designated location and time. A plan should be put into place if a child requiring medication is not being collected by a parent or guardian. Any Controlled medication that is needed must be given to the parent or guardian.

Trips and Visits

Godstowe encourages all children with medical needs to participate in safely managed visits.

The teacher arranging the trip will contact the School Nurses with the names of the children who are going on the trip. The School nurse will supply the teacher with a list of pupils that have any allergies or illnesses that may require medication whilst away from

school along with their individual health care plan. The School Nurse will go through the conditions to ensure the teacher/first aider knows all the relevant details of the children in his or her care and treatment/medication required and will supply adequate first aid provisions, in the form of well stocked First aid packs relevant to the length and type of trip. All medications will have a consent form signed by the parents or guardians – a note will be made of any child without specific consent.

Each trip/outing will be assessed regarding the needs of the location and the pupils attending. Any relevant training will be given. The trip risk assessment should highlight the named first aider. As most outings may need medication to be administered, prescribed or non-prescribed, all first aiders will need to complete additional training for medicines management – this will be delivered online through educare. Without this training the first aider will be unable to administer medication so an alternative trained member of staff may be needed on the trip.

The named first aider taking responsibility for the first aid bag has agreed that they have had appropriate training and feel competent to safely administer the medication to the pupil's. All medication used on the trip will be recorded and the list and unused equipment returned to the School Nurses as soon as possible on return. The school nurses will update medical records as necessary. Any adrenaline auto-injectors taken from the reception or Boarding House will be signed out and returned immediately after returning to school, and signed back in. If there is medication required on a residential trip that must be stored in a fridge a cold chain will need to be established (school nurse to discuss with teacher).

There must be a named member of staff giving medicines to a child on a school trip who is required to check:

- The child's name
- Name of drug
- Prescribed dose
- Method of administration
- Times/frequency of administration
- Expiry date
- Written instructions provided on the label or container
- When the medication was last given
- Medication must be taken under supervision of person issuing it - assistance may be needed eg. Eye drops.
- Patient information leaflet
- Record of administration including side effects

If a controlled medication is to be administered on a school trip/residential relevant training will be given to a named senior member of staff. Only the required number of tablets will be provided and will be stored on the trip in a metal lockable case in a locked room and appropriate records of administration will be documented. The named staff must return the case and medication records to the school nurse on return to school. The School Nurse is available term time between 7.30am and 7.30pm however if the trip occurs during the school holidays staff will use the local medical facilities or contact NHS 111. Staff will take contact numbers for parents.

All Godstowe mini buses carry a First aid box which is checked termly by the School Nurse.

Staff on Medication/with Medical Conditions

All staff are asked on induction for information concerning medical issues/ medication that may affect them at work.

Any staff with long term medical issues/ allergies or those taking medication are advised to inform the School Nurse of these details. A discussion will occur between the School Nurse and the member of staff as to whether this information needs to be shared for their own safety.

It is the responsibility of members of staff to notify the School Nurse of any changes.

If any staff receive treatment/ medical advice from the School Nurse this will be documented confidentially on Medical Tracker under the member of staff's name.

Appendices

Anaphylaxis Policy

The aim of this policy is to raise awareness of anaphylaxis so staff can recognise the signs and symptoms of anaphylaxis and treat accordingly to ensure that all pupils with allergies can participate in daily school life (including boarding).

Staff receive an annual training update on Anaphylaxis (September 2022). Further training can be given to staff taking a child with a prescribed adrenaline auto injector off the school premises this includes practice with a training pen and new staff as part of their induction.

What is Anaphylaxis?

If someone has an allergy their body reacts to a foreign substance in an exaggerated way. Anaphylaxis is an emergency situation in which a severe allergic reaction has occurred. The whole body is affected, usually within minutes but symptoms may occur up to 24 hours after exposure.

Symptoms – these vary in severity but will include some of the following:

- Hives (nettle rash) – red raised area, which may itch and swell
- Tightness in the chest – difficulty in breathing
- Hoarse voice
- Swelling of the tongue or throat – difficulty in speaking
- Dizziness or feeling faint
- Collapse leading to unconsciousness

Adrenaline Auto Injectors (AAI)

The only form of first aid treatment is the immediate administration of adrenaline which works directly on the heart and lungs to reverse potentially fatal effects of anaphylaxis. We currently have 2 adrenaline autoinjectors containing 0.3mgs of adrenaline in the dining room and one adrenaline autoinjector in lodge and one in nursery containing 0.15mgs.

A list of all pupils with severe allergies that have been prescribed an adrenaline auto injector in an emergency are shared on the drive and an updated paper copy in the staff room and with the emergency adrenaline auto injectors (dining room and lodge). Individual adrenaline auto injector are located in an unlocked signed cupboard at the reception desk in main school and Mrs Armstrong's office in lodge.

The School nurses are responsible each month for checking the adrenaline auto injector are present and in date, and for ensuring replacements are in date when the expiry dates are approaching or if an adrenaline auto injector has been used.

Management of Anaphylaxis

DO NOT LEAVE THE PERSON ALONE

1. Move the person to a comfortable position on the floor, reassuring them constantly (ideally laying flat with legs elevated). Clear the area of other children asking one to get another adult if you are alone. If the sufferer is unconscious get them into the recovery position
2. Send a responsible person to
 - **Collect individuals' adrenaline auto injector** from reception in the main school or lodge.. Or emergency from dining room in main school or lodge kitchen
 - **Phone School Nurse on 07841 150152** (do not send child to Health Centre – School Nurse will come to you)

If a child/adult is having a reaction for the first time and is displaying symptoms of anaphylaxis do not delay and administer emergency adrenaline autoinjector (guidelines updated May 2023)

How to administer an adrenaline auto injector

- Follow the instructions for administration that are written on the device
- Remove from container
- Remove blue tip (remember **blue to sky, orange to thigh**)
- Hold in dominant hand (**never have your thumb on the end**)
- Push firmly into child thigh for 3 seconds where their hand would naturally fall and where outside seam of trousers would be (can be given through clothing even denim)
- Remove pen and rub area for 10 seconds (**at no point will the needle be visible**)
- Call for an ambulance (**see school policy for calling an ambulance**)
- Monitor child and if symptoms persist another dose may be administered after 5 minutes (opposite thigh)
- **If the person stops breathing and/or has no pulse Resuscitation should be initiated**
- Note the time and give the used pen to the ambulance staff (each pen can only be used once)
- Ring the parents (and arrange to meet them at the hospital). The child will have to be observed in A&E several hours after the adrenaline is given
- If an adrenaline auto injector is given in 'error' eg. It wasn't needed. It will do the child no harm – it will just involve a visit to the hospital.

School trips

It is vital that any child prescribed an adrenaline auto injector must take it on any school trip and offsite activities. They should be signed in and out from the reception or lodge staff room.

DOH Guidance on the use of Adrenaline Auto Injectors in School (2017)

Allergy UK

www.sparepensinschool.uk (last update 01/09/21)

www.epipen.co.uk

Paediatric Immediate Life Support 3rd Edition (2016)

Asthma Policy

Pupils with asthma are encouraged to take part in all activities in the school. The aim of total normal activity is the goal for all affected pupils with asthma.

Before admission to school parents are asked by means of the Health Questionnaire form whether their child has asthma. If a child has asthma parents will be contacted by the school nurse to establish their treatment and current medication. This is recorded on the medical database Medical Tracker and in the child's notes kept in the Health Centre. Parents are asked for notification of any changes in treatment or condition of their child. It is the parent's responsibility to notify the school of any changes and to ensure their child has a labelled inhaler in school which is in date.

A list of all pupils with asthma is maintained by the School Nurses in the Health Centre. A copy can also be found on the notice board in the main school staff room and the PE office and with the inhalers in reception. Lodge office contains information on Lodge pupils with asthma. All pupils will have an individual Health Care Plan which is updated annually or sooner if necessary. Health Care plans are kept in the Health Centre and in the relevant staff room (main school or Lodge) for that particular child. Health care plans are also shared with staff on the Drive and are given to staff responsible for first aid when going on trips. Boarding houses have Health Care Plans for their individual boarders as necessary.

Immediate access to a blue reliever Ventolin inhaler is vital. The pupil either carries this with them following assessment for suitability, and with written parental consent, or it is kept in the child's classroom (depending on the child's age/ability). Unless prescribed by the school doctor, pupils must have a medicine permission form for their medication completed by a parent. There is also a named spare in a labelled unlocked cupboard in reception.

In the event of the whole school being off site (for example walking to the church) the asthma inhalers will be given to the children's teachers to hold in the event of them being needed. **If the child does not have their emergency inhaler with them they cannot attend the trip.**

Boarders with asthma receive an annual review with the asthma nurse at the Priory Surgery and are assessed on inhaler technique.

Emergency Inhalers

There are spare emergency inhalers in the PE office, swimming pool, PE storage boxes, and all boarding houses. There is also an emergency kit in reception and Lodge office which includes:

- a salbutamol metered dose inhaler
- 2 plastic spacers
- instructions on using the inhaler and spacer
- instructions on cleaning and storing the inhaler
- manufacturers information
- a checklist of inhalers with monthly recorded checks
- a list of children consented to use the inhaler
- a record of administration when it has been used

The emergency inhaler is only for use in the case of a suspected asthma attack by children when their personal inhaler is not available and we have received written consent from parents to use it.

The emergency Inhaler should not leave the school site

Recording use of inhaler and informing parents

Use of the emergency inhaler should be recorded (where the attack took place, student, how much medication given and by whom). Parents must be informed of administration in school

Staff training

Staff receive annual training on asthma including recognition and action in case of suspected asthma attack and location of inhalers and the asthma policy. The staff at Godstowe are all aware of practical asthma management. Annual training most recently completed in Sept 2022. A list of training received is kept in the Health Centre.

Maintenance of inhalers

The school nursing team are responsible for maintaining the emergency kit, emergency inhalers and replacing inhalers when expiry dates approach. Out of date named inhalers are returned to the parent for disposal. The school nurses return emergency inhalers to the pharmacy for safe disposal.

The following information is on the staff notice boards in Lodge, Nursery and Reception, PE Office. School nurses will provide any additional training to the annual update at staff's request.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

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

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer (first prime inhaler, by spraying 2 puffs)
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

DOH Guidance on the use of Inhalers in Schools (2015)

Epilepsy Policy

Epileptic seizures are due to recurrent, major disturbances in the electrical activity of the brain. These seizures can be sudden and usually result in loss or impairment of consciousness.

Pupils who suffer with seizures are encouraged to participate in all activities within the school curriculum, unless otherwise stated by their GP/ parents/guardians. Advice may be

given – for example the child may wear a different coloured hat whilst swimming to aid identification.

Symptoms

- Before a seizure, the pupil may have a brief warning (aura) which may involve a strange feeling or a bitter taste or smell.
- Epilepsy ranges from a simple absence – when the child appears to daydream but does not respond to his name to a seizure which can be recognised by one or more of the following symptoms:
 - Sudden unconsciousness often letting out a cry
 - Rigidity and arching of back
 - Lips may become blue and breathing may cease
 - Face and neck may become red and puffy
 - Convulsive movements may begin and the jaw may become clenched, saliva may be bloodstained, but this could be due to biting of the tongue
 - Incontinence
 - At the end of the convulsive movements, the muscles relax and consciousness is regained. The pupil may be unaware of what has happened.
 - He/she may feel tired and fall into a deep sleep.

Guidelines during a Convulsion

- Protect casualty from injury, which may involve helping him/her onto the floor if he/she falls, and possibly putting a cushion in place to help protect limbs when necessary. Do not move the casualty unnecessarily.
- Remove any sharp objects or hot drinks.
- Do not restrain compulsive movements. Loosen clothing around the neck
- Do not put anything in the casualty's mouth (including your fingers)
- Note the time the seizure started, how long it continues for, and any side effects.

Guidelines after a convulsion

- Roll the casualty on her/his side into the recovery position
- Stay with the casualty until consciousness is fully regained or until ambulance arrives

If any of the following apply, dial 999

- Unconsciousness lasting for more than 10 minutes
- Seizure continues for more than 5 minutes
- Repeated seizures or if this is the first seizure
- Casualty is not aware of any reason for this seizure

All staff receive annual training in Epilepsy, and new staff as part of their induction, if a pupil with epilepsy is at Godstowe.

Diabetes Policy

Diabetes Mellitus is a condition in which the body fails to produce sufficient amounts of insulin to regulate the body's sugar levels.

Normal blood sugar ranges between 4-7mmols.

Children who suffer from Diabetes are encouraged to participate in all activities within the school curriculum unless otherwise stated by their GP/ parents/ guardians.

Symptoms of Hypoglycaemia (LOW BLOOD SUGAR) include

- Weakness
- Feeling faint or hungry
- Palpitations
- Strange behaviour
- Sweating and feeling cold
- Deteriorating level of consciousness

IMPORTANT – Refer to pupil's Care Plan for specific signs and symptoms relating to that child. All diabetic children have a Health Care plan which is updated annually or sooner if required. The plan is developed through guidance from the child's specialist diabetes nurse with discussion with the child's parents. This is kept in the medical room and available for staff to access via the Drive.

If the child is showing any of the above symptoms contact the school nurse (or parents if the school nurse is unavailable) immediately.

When a Type 1 diabetic pupil is at the school an emergency bag containing fast acting glucose should be with them at all times.

Symptoms of Hyperglycaemia (High blood sugar) include

- Fruity and sweet breath (Ketones)
- Excessive thirst
- Rapid breathing and pulse
- Drowsiness, leading to unconsciousness.

Guidelines

- Pupils are allowed to keep a supply of sugary foods e.g. biscuits, sweets and glucose tablets with them at all times.
- Staff will assist child in monitoring their blood glucose levels with School Nursing support if required.
- Equipment for testing blood sugar levels is kept in the Health Centre, Lodge office or with the pupil with parental consent and competence of the child.

All staff receive annual diabetes training when diabetic pupils are at Godstowe. Training last received in Sept 2022. All new staff will receive training as part of their induction. Staff accompanying diabetic children on trips are offered additional training by the school nursing team prior to the trips taking place.

First Aiders in School Sept 2022

Paediatric First Aiders

Name	Job Role	Expiry Date
Ros Sharkey	School Nurse	19/4/2024
Alison Stevenson	School Nurse	19/4/2024
Nicola Cousin	School Nurse	8/12/2024

Emily Whitley	House Mistress	19/4/2024
Sarah Armstrong	Admin support - Lodge	19/4/2024
Pauline Felt	Teacher - Lodge	19/4/2024
Annabel Fossil	Admin Support - Lodge	19/4/2024
Kiran Gommo	Teacher - Lodge	19/4/2024
Lucyna Gwiazda	Teacher - Lodge	19/4/2024
Janet Hobbs	Teacher - Lodge	19/4/2024
Harriet Emmerton	Admin Support - Lodge	8/12/2024
Ravina Kiri	Admin Support - Lodge	8/12/2024
Helen Oliphant	Receptionist	8/12/2024
Hannah Smart	Teacher - Lodge	8/12/2024
Kirstie Skinner	PE Teacher	8/12/2024

Pia Vejsholt	Admin Support Lodge	8/12/2024
Melissa Vaughan	Admin Support Lodge	8/12/2024
Hayley McIlvean	House Mistress	22/4/2025
Michael Clarke	Swimming Pool Manager	22/4/2025
Sian Robinson	Deputy House	22/4/2025
Marie Brown	TA Lodge	22/4/2025
Sarah Hutcherson	Teacher Lodge	22/4/2025
Sophie Winnard	Beginners teacher	22/4/2025

First Aid for teachers

Michele Western Kaye	Head of Boarding	19/4/2024
Connie Bennett	Head of Drama and Upper School	19/4/2024
Rachel Hearnshaw	PE Teacher	19/4/2024
Philippa Hill	PE Teacher	19/4/2024
Hayley Humphries	Head of Lower School	19/4/2024
Joanne Jones	Receptionist	19/4/2024
Katherine Macdougall	Teacher	19/4/2024
Nicola Lee-Metcalf	Teacher Main School	19/4/2024

Alison Pana	Teacher Main School	19/4/2024
Rebecca Rycroft	Assistant Deputy Head, Operations	19/4/2024
Fiona Reynolds	Deputy Head Pupils	21/4/2025
Lesley Ann Kane	Teacher Main School	21/4/2025
Margaret Joyce	Teacher Main School	21/4/2025
Nina Sloggett	Art Teacher	21/4/2025
Alex Moore	Teacher Main School	21/4/2025
Hannah Cox	Teacher Main School	21/4/2025
Tamsin Hornett	Teacher Main School	21/4/2025
Hannah Miles	Admin Finance	21/4/2025
Magdalena Blaziak	Admin Finance	21/4/2025
Jake Gregory	IT	21/4/2025

Location of first aid boxes around the school

1. Main reception
2. Lodge
3. Beginners Room
4. Nursery
5. IT Office
6. PE Department
7. Swimming Pool (Poolside)
8. Kitchen
9. Laundry room

10. Turner House
11. Highlands House
12. Walker House
13. Bursar's Office
14. Science Room
15. Cooking Room
16. DT Room
17. Art Room
18. Maintenance Shed
19. Mini Bus - WA66 DMY
20. Mini Bus - BTO5 CDN
21. Mini Bus - MH65 AVW
22. Swimming Pool Office
23. Astroturf

First Aid box Contents

- First Aid guidance sheet
- 1 Clinical waste bag
- 1 vomit bag
- 2 medium mepore dressings
- 2 large mepore dressings
- 20 Plasters (assortment of sizes)
- 4 antiseptic wipes
- 2 sterile water
- 1 triangular bandage with 2 safety pins
- 1 foil blanket
- Resuscitation aid
- 2 Pairs of gloves
- 1 sterile bandage
- 2 sterile gauze swabs
- 1 disposable cold pack
- 1 roll of tape

First Aid Kit for Trips

The minimum of contents for a first aid kit for offsite, trips and activities are:

- First aid guidance sheet
- 1 pack of vomit bags
- 1 clinical waste bag
- 2 eye dressings
- 4 medium dressings
- 4 large dressings
- 20 plasters (assortment of sizes)
- 4 antiseptic wipes
- 2 triangular dressings and 4 safety pins
- 2 foil blankets
- 1 resuscitation aid

- 4 pairs of gloves
- 4 disposable cold packs
- 2 crepe bandages
- 1 roll of tape
- 2 packs of sterile gauze
- 4 sterile water

Godstowe
Head Injuries

Information for parents

Your child

Had a bump on the head today, _____ Time _____

You may have some queries about what care to give your child at home:

Normal symptoms:

- Slight headache

You can give Paracetamol syrup like Calpol, as instructed on the bottle.

- Increased tiredness
- Difficulty in concentrating
- Nausea or loss of appetite

Whilst these symptoms last, you should keep your child quiet, giving her/him things to do. These symptoms will improve steadily, and your child will be back to normal within a day or two.

Abnormal symptoms:

Even after a small bump on the head, complications may occasionally occur. If any of the following symptoms happen in the next three or four days, you should see attend minor injuries immediately

- Vomits more than twice
Vomiting once soon after a bumped head is very common and less serious.
- Complains of a severe headache
- Has blood or clear fluid leaking from nose or ear
- Becomes very sleepy or is hard to wake up
- Has a convulsion (fit)
- Complains of blurred or double vision
- Has any change in behaviour

School Nurse

SELF MEDICATION FORM

Pupils Name:

Date of assessment:

Medication to be Self-administered:

Condition	Drug	Dose	Frequency

Procedure for assessment of pupil to self-medicate	Comment/ tick	Signature of Nurse completing assessment
Confirm identity of pupil		
Pupil understands reason for the medicine		
Dose and frequency (how much and how many times a day)		
Additional instructions i.e. with or after food etc.		
Length of treatment - continuous or course (i.e. number of days)		
Expiry date		
Advise against stopping without consulting Health Centre first		
Carry medicine with you or locked in safe - storage as appropriate		

Medicine prescribed for personal use – not to be shared		
Unused medicine to be returned to the Health Centre		
Additional medicines not to be used without checking instructions with Health Centre or Doctor		
Any questions?		
Permission to share information with boarding staff		
Pupil to inform boarding staff that medication is taken that day and boarding staff to record on medical tracker		

Crutches in School

Godstowe school is situated on a hill and lessons take place across many areas of the school. We will always do our best to enable any pupil to access a full curriculum at all times. However, if a pupil needs to use crutches during the school day, even if only for a

short period of time, procedures must first be put in place. This is to ensure the safety and wellbeing of the pupil whilst she is in school.

The following outlines the usual procedures.

1. If a pupil is on crutches the school staff will complete a risk assessment. Wherever possible they will accommodate a pupil, but it can be difficult as the classrooms are not all at ground level. Every effort will be made to allow the pupil access to lessons. The school representative will consider the aspects of Health and Safety relating to how the pupil will walk around school and evacuate the premises safely in an emergency
2. It is important to communicate clearly with the parents and Form tutor throughout the planning phase.
3. The pupil will have been seen by a GP, Hospital Doctor, or other relevant Health Professional who has given assurance that the pupil is fit enough to attend school and they are competent in the use of the crutches they have been prescribed. The pupil will have been trained how to use crutches safely, in particular in walking up and down steps. The crutches will have been issued for that pupil by a recognised Health Professional.
4. Parents will accept the risks of attendance.
5. A rotating buddy system will be allocated by the Form Teacher so the pupil can have her bags carried, doors opened, helped with lunch and so forth. Where necessary she will be allowed to stay inside during break and lunchtimes.
6. Staff or pupils may be allocated to that pupil to provide, for example, a steadying hand if necessary, but no untrained person should be allowed to lift or carry the pupil. If lifting or carrying is necessary, a full assessment of the pupil's needs must be carried out with the parents before the child next attends school.
7. Movement between lessons may need to be slightly altered to avoid collision with other pupils. They may be allowed to leave lessons early to miss large crowds of pupils in the corridors.
8. The pupil may need to be collected and taken home over the lunchtime period or at lunchtime if they are exhausted from being in school.

Permanent or long-term immobility

Pupils with long-term or permanent impairment will require their needs to be identified, assessed and controlled to ensure their long-term well-being and that of any staff supporting them. Risk assessments are an important part of deciding how to help anybody in these circumstances.