

# MEDICAL POLICY

## COVERING BOTH SCHOOLS INCLUDING EYFS AND BOARDING

<b>Governors' Committee normally reviewing:</b>	Governance Committee
<b>Date formally approved by the Governors :</b>	Summer Term 2018
<b>Date policy became effective :</b>	January 2010

<b>Period of Review:</b>	Annually
<b>Next Review Date</b>	Summer Term 2019

<b>Person responsible for implementation and monitoring :</b>	Deputy Head (Welfare) Senior School
<b>Other relevant policies :</b>	<p>Safeguarding (Child Protection and Staff Behaviour) Policy</p> <p>First Aid Policy</p> <p>Medication Policy</p> <p>Anti-Bullying Policy</p> <p>Positive Handling Policy</p> <p>Death of a Child Policy</p> <p>Equal Opportunities Policy</p> <p>Sex and Relationship Education Policy</p> <p>Health and Safety Policy</p>

## **Aims & Ethos**

The following policy encompasses the aims and ethos of the

**Preparatory School**  
Mr Simon James  
Head, Preparatory School

and the

**Senior School**

Mr Chris Townsend  
Head, Senior School

[Aims of the School](#) Click here

[Ethos of the School](#) Click here

### ***SAFEGUARDING STATEMENT***

*Felsted is committed to maintaining a safe and secure environment for all pupils and a 'culture of vigilance' to safeguard and protect all in its care, and to all aspects of its 'Safeguarding (Child Protection and Staff Behaviour) Policy'.*

### ***EQUAL OPPORTUNITIES STATEMENT***

*The aims of the School and the principles of excellent pastoral care will be applied to all children irrespective of their race, sex, disability, religion or belief, sexual orientation, gender reassignment or pregnancy or maternity; equally these characteristics will be recognised and respected, and the School will aim to provide a positive culture of tolerance, equality and mutual respect.*

## **1. INTRODUCTION**

The provision of high quality medical care at all times in any school, and especially in a boarding environment, is recognised as an extremely high priority by Governors, staff and all working within the school. The arrangements for Medical Care should be under continuous review, at least termly by the Senior Leadership Team, and annually by Governors.

## **2. AIMS AND OBJECTIVES**

Felsted School Medical team seeks to provide:

- Appropriate
- Accessible
- 24 hour
- High quality

medical care for pupils attending Felsted School (the School) in accordance with the following policy.

## **3. THE ROLE OF THE SCHOOL MEDICAL CENTRE**

### **3.1 Availability and qualifications of trained staff**

Medical and Nursing Services will chiefly be available through the School Medical Centre which is staffed on a 24hr basis by NMC registered nurses in term time only.

### **3.2 The nature of Medical Centre provision**

The Medical Centre has provision to accommodate the separate care of ill boarders and give appropriate First Aid and minor illness treatment to boarders and day pupils at all times, with access to medical, dental and optical services as required.

There is a facility to isolate contagious illnesses or other cases in a separate ward. Boarders who are separated from others, in bed or otherwise, through illness, are regularly checked and receive the care and attention that they need by a member of staff and are able to summon assistance rapidly and readily when necessary.

## **4. REGISTRATION WITH AND ACCESS TO A DOCTOR**

### **4.1 Registration with a doctor**

It is normal practice for boarders to register with the School's doctor and then to consult their home GP as a 'temporary resident' during school holidays. However it is acknowledged that any pupil has the right to register with any doctor of choice for provision of GP services and 'normal practice' may not be enforced.

It is probable that day pupils living within the locality will already be registered with a GP. Although emergency treatment will always be provided by the Medical Centre during school hours, it is expected that for routine medical matters the usual GP will be consulted.

### **4.2 Access to a doctor**

GP surgeries will normally be provided within the Medical Centre 5 times a week and at other times will be available for emergency care via the Blandford Medical Centre Surgery, or Braintree out of hours service based in Braintree.

So far as it is possible, pupils will have access to a doctor of the same gender if they wish so (Children's Act 1989).

Contact with the doctor should be private without the pupil having to explain the reason to boarding or nursing staff. Felsted Prep School pupils are normally accompanied by a Matron/Nurse, having gained prior permission from parents.

## **5. MEDICAL RECORDS AND PARENTAL PERMISSION**

### **5.1 Medical Questionnaire completed by Parent or Guardian for every pupil**

A medical questionnaire outlining significant medical problems, current and past treatment, allergies and dates/nature of all immunisations must be completed by a parent or guardian for every new pupil prior to entry to the school.

### **5.2 Written Parental Permission obtained over pupil's administration of medicines and the School seeking further professional treatment if required**

Written parental permission will be obtained on admission to the School, for all pupils not deemed Gillick competent, for the administration of First Aid and appropriate non-prescription medication to boarders and to seek medical, dental or optical treatment when required.

### **5.3 Notification of Changes to Treatment**

The Medical Centre must be notified of any change to a pupil's medical health and/or treatment which occurs outside school time directly by parents e.g. by e-mail or letter.

### **5.4 Accident Insurance**

All pupils are covered by accident insurance.

## **6. MEDICAL RECORD KEEPING BY MEDICAL CENTRE STAFF**

Adequate and contemporaneous medical and nursing records will be kept, either written or computer based. NHS and non-NHS records (eg nursing records, accident books), will be kept distinct and the latter are liable for inspection by the ISI.

NHS records will be maintained electronically and are linked to Blandford Medical Centre Surgery. NHS records are accessible to nursing and medical staff with logging in procedures to ensure that the author of all entries is identifiable for audit and other purposes. The computer is password protected.

## **7. MANAGEMENT AND ORIGIN OF MEDICINES**

A homely remedy protocol and a medicines management protocol are in place and in use.

All repeat medications taken by boarders should be obtained from the Medical Centre; i.e. boarders must not bring any prescription or non prescription medications into school and all medications taken by pupils must be EU approved.

## **8. A PUPIL'S RIGHT TO REFUSE TREATMENT**

A pupil's ability to consent to or refuse medical or nursing treatment is acknowledged. This is based on 'competency' and age. It would be good practice to exercise extreme caution when assessing the competence of a minor to refuse treatment.

The doctor or nurse proposing the treatment must assess if the pupil understands the nature of the treatment and consequences of refusal, and can thus be deemed competent if they meet the Fraser Guidelines. Sixth Formers are deemed to be 'Gillick Competent'.

Parental consent or the consent of someone with parental responsibility is required for any pupil not deemed competent.

## **9. ADMINISTRATION TO SAVE A LIFE**

Administration to save a life: certain medicines can be given without direction from a Medical Practitioner or patient group directive for the purpose of saving a life e.g. adrenaline (1mg in 1ml), chlorpheniramine and hydrocortisone (article 7, prescription only medicines order 1997).

Where medication is administered by untrained or unqualified staff the homely remedy protocol should be adhered to and a record kept of its administration.

## **10. ROUTINE IMMUNISATIONS**

Pupils should be up to date with routine immunisations in accordance with schedules by the Department of Health.

Those not fully immunised on entry to school should receive immunisations as soon as practicable, both for their own protection and for that of the wider school community, obtaining consent as above for each procedure.

Nurses directly employed by the School cannot give immunisations unless these are individually prescribed, labelled and supplied for that pupil by a GP.

## **11. MEDICAL EXAMINATIONS**

Pupils who are boarders and registering with the School doctor should undergo a medical examination at the time of school entry.

Subsequently periodic examinations may be carried out as appropriate as well as routine screening of height, weight, vision and hearing.

## **12. HEALTH ADVICE AND EDUCATION**

Health advice should be available for pupils, staff and parents where appropriate.

Health promotion and education should be available both informally and where appropriate in a more structured manner via the Medical Centre staff

## **13. SOCIAL CARE NEEDS AND CHILD PROTECTION ISSUES**

Social care needs and any safeguarding or child protection issues should be identified and addressed appropriately where they arise (see the Safeguarding (Child Protection and Staff Behaviour) Policy).

Links to outside professional services will be made as appropriate and required - e.g. counsellors are available for pupil support.

## **14. CONFIDENTIALITY**

Confidentiality: in accordance with the School doctor's and nurse's 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 doctor and nurse may liaise with the Head and other academic staff, boarding staff and parents or guardians, and that information, ideally with the pupil's prior consent, will be passed on as necessary.

With all medical and nursing matters, the doctor and nurse will respect a pupil's confidence except on the very rare occasions when, having failed to persuade that pupil, or his or her authorised representative, to give consent to divulgence, the doctor or nurse considers that it is in the pupil's better interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

## **APPENDIX 1 REQUIREMENTS OF GP SERVICES**

### **1. THE ROLE OF THE SCHOOL DOCTOR**

- To accept as a patient under and in accordance with the National Service Acts any pupil attending the School as a boarder.
- To be responsible for the medical supervision of the School Medical Centre which provides residential accommodation for pupils and to advise on the appointment of nursing staff and the general direction of their clinical duties, although the School remains operationally responsible for the Medical Centre.
- In co-operation with the School, to provide for the appropriate medical care of all day pupils during the time they are within the precincts of the School and until they are able to return home under parental care and the supervision of their family doctor.
- To undertake the periodic medical examination of pupils, including screening for vision, hearing, height and weight when they first attend the School.
- To provide epidemiological surveillance, including maintenance of sickness and injury records additional to clinical notes forming part of the National Health Service records.
- To supervise the maintenance of immunisation programmes to ensure that, with parental permission where necessary, all pupils are immunised in accordance with current practice recommended by the Department of Health.
- To ensure that all legal duties are dispatched regarding the requirements of all the regulations applicable to schools under the facility of the enabling legislation of The Health and Safety at Work Act (1974).
- To submit an annual report to the School Senior Leadership Team setting out activities undertaken in the year and key statistics. A summary of this report is to then be included, by the Deputy Head (Welfare), in the next termly Safeguarding and Complaints report submitted to the Governance Committee.
- To provide all medical supplies to the School Medical Centre
- To provide input into all relevant School policies and procedures and to be familiar with said policies and procedures.
- To provide an Occupational Health Service for the staff of the School including:
  - Pre-employment screening
  - Health screening
  - Long-term sickness reviews
  - Employee advice
- To be a member of the “Medical Officers of Schools Association” ([www.mosa.org.uk](http://www.mosa.org.uk))

### **2. GENERAL TREATMENT**

- To provide daily surgeries of an hour and a half duration on Mondays, Wednesdays, Thursdays and Fridays and 2 hours on a Tuesday for pupils at the School Medical Centre. These hours will be reviewed annually.
- To conduct in such a manner as the Practice shall think proper such examinations such examinations of pupils or staff of the School outside the National Health Service as may be considered desirable or as may be requested by the School.
- To advise the School generally on matters of health and as to any administrative action which should be taken in the interests of hygiene.
- To be able to provide travel vaccinations at the request of parents, for which the parents will be charged at the usual rate.

- To advise on the prevention of accidents and sports injuries, and to work closely with the Director of Sport on the medical implications of sports activities organised by the School and to agree the role of paramedics in providing pitch-side cover for sports activities.
- To attend on any pupils at any local hospital within or in the proximity of the practice area of the Practice when the occasion arises.

### **3. EMERGENCY TREATMENT**

- To advise the School in planning for possible emergencies and crises eg measures to deal with a pandemic.

### **4. ADVICE AND LIAISON: SENIOR SCHOOL**

- To liaise with the parents of pupils as appropriate.
- To advise the Deputy Head, Welfare as soon as possible of any situation with potential child protection, pastoral or management implications for Senior School pupils.
- To liaise with HMs and other staff at the School concerning the physical and mental health and fitness of individual pupils when appropriate.
- To attend the Pupil Welfare Committee with other key staff, once a term
- To meet at the end of the each School term with the Deputy Head, Welfare to provide an update on the term and discuss any actions which might be necessary.

### **5. ADVICE AND LIAISON: PREPARATORY SCHOOL**

- To liaise with the parents of pupils as appropriate.
- To advise the Head as soon as possible of any situation with potential child protection, pastoral or management implications for Prep School pupils.
- To liaise with Phase Heads and other staff at the School concerning the physical and mental health and fitness of individual pupils when appropriate.
- To meet with the Head and other key staff every term.



## **APPENDIX 2 USE OF SUPPLEMENTS**

### **1. AIMS AND OBJECTIVES**

The aims and objectives of this policy are:

- To promote the health and wellbeing of all our pupils
- To ensure that pupils do not unknowingly put their health at risk if seeking to change their appearance or improving their performance at sport
- To encourage all pupils to make healthy lifestyle choices

### **2. IMPORTANT PRINCIPLES TO LOOKING AND FEELING HEALTHY AND PERFORMING WELL IN ALL AREAS OF SCHOOL LIFE, INCLUDING GAMES**

- Drink plenty of water, particularly when training or using the gym
- Get at least 8 hours sleep a night, more if you are having a growth spurt or are training hard.
- Always eat 3 well-balanced meals a day, with 2 healthy snacks.
- Eat plenty of low fat protein, such as chicken or fish.
- Eat as much fruit and colourful vegetables and salad as you can.
- Eat plenty of complex carbohydrate such as pasta, rice and potatoes.
- Avoid eating and drinking a large quantity of sweet and sugary foods and drinks.
- Junk food and takeaways should be an occasional treat rather than a regular occurrence.
- If you feel the food provided by the school does not meet your needs, then speak to the Medical Centre staff and your HM, so that this can be rectified.
- Keep consumption of caffeine to a minimum.
- Do not smoke, take recreational drugs or drink alcohol\*

\* - a small amount of alcohol for pupils in the 6th form is allowed under supervision

### **3. SUPPLEMENTS**

- If following the above principles, pupils should not need to take any dietary supplements and the school's position is that that it does not recommend or promote the use of such.
- Supplements will be of no or little benefit if the above principles are not followed.
- If pupils wish to take vitamins, minerals or homeopathic medication, they MUST liaise with the Medical Centre. Even "natural" substances can be harmful sometimes.
- It is understood that some sports clubs may require protein supplements to be taken by elite athletes. In this case the School Doctor and Medical Centre need to be consulted, so that they can ensure that safety guidelines can be adhered to. However, it remains the parents' responsibility to ensure that these supplements are not having a negative impact on their child's health.
- Parents and HMs must be told if any supplements are being taken.
- Any supplements that are being used not in line with this policy will be removed and only returned directly to parents.
- Any approved supplements should be stored securely, as with medicines, and only consumed by the person for whom they are meant. If this is not done, the supplements will be removed as above.

## **APPENDIX 3 ASTHMA PROTOCOL**

### **1. INTRODUCTION**

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

### **2. AIMS AND OBJECTIVES**

As a school, we recognise that asthma is a widespread, serious, but controllable condition. Felsted School welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- An asthma register
- Up-to-date asthma policy,
- An asthma lead,
- All pupils with immediate access to their reliever inhaler at all times,
- All pupils have an up-to-date asthma action plan,
- An emergency salbutamol inhaler,
- Ensure all staff receive regular asthma training,
- Promote asthma awareness among pupils, parents and staff.

### **3. THE ROLE OF THE SCHOOL MEDICAL CENTRE**

#### **Asthma Register**

We have an asthma register of children within the school that is updated annually. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. Parents are asked this using the school Medical Form that is completed at the time of entry to Felsted. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the register and has:

- An up-to-date copy of their personal asthma action plan
- Their reliever (salbutamol/terbutaline) inhaler in school
- Permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Should a child or their parent consider that they no longer have asthma, we will require a letter from the child's GP to confirm this before they can be removed from the asthma register.

#### **Asthma Lead**

The school has an asthma lead (school nurse). It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, to manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the emergency salbutamol inhalers in schools, March 2015), to ensure measures are in place so that children have immediate access to their inhalers.

### **4. MEDICATION AND INHALERS**

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe (Asthma UK).

Some children will also have a preventer inhaler, which is normally taken morning and night, as prescribed by their doctor/nurse. This medication needs to be taken regularly for maximum benefit. Day pupils should not need to bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed (Asthma UK).

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so, however, we recognise that some children may need supervision in taking their inhaler.

School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines (Asthma UK).

## **5. ASTHMA ACTION PLANS**

Asthma UK evidence shows that if someone diagnosed with asthma uses a personal action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having a child attend hospital can cause distress to the family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. Personal action plans should be completed by the child's GP or asthma nurse. Personal action plans can be completed by the school nurse for those children who are registered with the school doctor.

## **6. SCHOOL ENVIRONMENT**

The school does all it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupils will not come into contact with their triggers where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Animal dander
- Exercise
- Stress/emotion
- Cold/hot atmosphere
- Chemicals
- Food allergies
- Fumes and cigarette smoke (Asthma UK)

As part of our responsibility to ensure all children are kept safe within school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

## **7. EXERCISE AND ACTIVITY**

Taking part in sports, games and activities is an essential part of school life for all pupils. Felsted School will ensure that all staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the schools asthma register.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are responsible enough will carry their inhaler with them and those that are considered too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so (Asthma UK).

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. Felsted School supports this and it is therefore important that the school involves pupils with asthma as much as possible in and outside of school.

## **8. ASTHMA AND EDUCATION**

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on the life of a pupil, making them unable to take part in activities, tired during the day or falling behind in lessons we will discuss this with parents/carers and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan to improve their symptoms. However, the school recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

## **9. EMERGENCY SALBUTAMOL INHALER IN SCHOOL**

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency inhalers in schools. We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from the school doctor/community pharmacists without a prescription. We have 2 emergency kits that are kept in the Medical Centre and Lord Riche Hall. In addition, each house will have its own emergency inhaler kit.

Each emergency kit will contain:

- A salbutamol metered dose inhaler
- A disposable spacer for single use
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler

- 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

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky, may tremble and may say that their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. Children who are aged 16 and above and are assessed to be Gillick Competent will be able to self- consent to emergency treatment. Therefore, parental consent is not required.

The school asthma lead and team will ensure that on a monthly basis the inhaler and spacers are present and in working order and the inhaler has sufficient number of doses available. Replacement inhalers will be obtained when expiry dates approach and the disposable spacers will be replaced when they have been used for a child.

## **10. ASTHMA ATTACKS**

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff are required to complete the online asthma module found at [www.supportingchildrenshealth.org](http://www.supportingchildrenshealth.org). This should be done annually. Each staff member should send a copy of the certificate to the asthma lead in the medical centre. The asthma lead will keep a register of staff who have undertaken the training, however, it is the responsibility of each individual member of staff to keep their training up to date.

### **References**

Asthma UK  
 Department of Health  
 Supporting Children's Health

## **APPENDIX 4 ANAPHYLAXIS PROTOCOL**

### **1. INTRODUCTION**

Anaphylaxis is a severe allergic reaction caused by the sudden release of chemical substances, including histamine, from cells in the blood and tissues where they are stored, after the person comes into contact with an allergen. The whole body is often affected and often within minutes of exposure to the allergen, though sometimes the reaction can be delayed for several hours. Allergens are substances that the body's immune system reacts to because it wrongly perceives the allergen as a threat. The body will have been exposed to the allergen on a previous occasion, although the person may not have been aware of this at the time. On that occasion the allergen was wrongly perceived as a threat and antibodies were made against it, which means that on subsequent exposures severe reactions may occur and very quickly. The mechanism is so sensitive that minute quantities of the allergen can cause a reaction. The released chemicals act on the blood vessels to cause swelling in the mouth and anywhere on the skin. There is an associated fall in blood pressure, and for people who also have asthma, the effect is mainly on the lungs. The impact of this exposure can be life threatening and immediate first aid must be delivered. Allergens include peanuts, tree nuts, eggs, fish, shell fish, strawberries, kiwi fruits, wasp and bee stings, latex and certain medications eg penicillin.

### **2. AIMS AND OBJECTIVES**

As a school, we recognise that anaphylaxis is a very serious condition. Felsted School welcomes all pupils with allergies and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

A current anaphylaxis register that all staff can access,  
An up-to-date anaphylaxis policy,  
Accessible generic adrenaline auto-injectors available throughout the school at all times for use in emergencies,  
Staff who receive regular anaphylaxis training in their first aid training.

### **3. ANAPHYLAXIS REGISTER**

We have an anaphylaxis register of children within the school that is updated annually at least and more often should it be required. We do this by asking parents/carers if their child is diagnosed as anaphylactic or has been prescribed an adrenaline auto-injector. Parents are asked this using the school Medical Form that is completed at the time of entry to Felsted. When parents/carers have confirmed that their child is anaphylactic or has been prescribed an adrenaline auto-injector we ensure that the pupil has been added to the register. Parents are encouraged to inform the school medical centre should their child's status change – inform us if they are now allergic to anything or now they are not.

Parents/caregivers will be asked for an up-to-date copy of their child's personal anaphylaxis action plan, completed by their doctor on an annual basis. A consent form will be sent to parents/carers to ask permission to use the emergency adrenaline auto-injector if their child requires it if their own adrenaline auto-injector is broken, out of date, empty or has been lost. This form should be signed as soon as possible by carer/parents and returned to the medical centre.

Should a child or their parent consider that they no longer have anaphylaxis, we will require a letter from the child's GP to confirm this before they can be removed from the anaphylaxis register.

#### **4. SCHOOL ENVIRONMENT**

The school does what it can to ensure the school environment is safe for pupils with allergies and anaphylaxis however it cannot guarantee that it is completely allergen free. We try to encourage self-responsibility, especially in older students and plan for an effective response in the event of an emergency. As part of our responsibility to ensure all pupils are kept safe within school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish anaphylaxis triggers which the students could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible. We strongly encourage the student to carry their own personal adrenaline auto-injector on their person at all times, though the school acknowledges this is impossible to police adequately. The care of the student's personal adrenaline auto-injector is the students/parents responsibility, as is the responsibility to ensure this adrenaline auto-injector is in date and in good working order.

#### **5. EXERCISE AND ACTIVITY**

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with allergies. Felsted School supports this and it is therefore important that the school involves pupils with allergies as much as possible in and outside of school. It is ultimately the pupil's (senior school) responsibility to ensure they have their AAI with them prior going on any trip off the school grounds and the student should not be allowed to get on the bus/transport without their AAI.

What increases the risk of a severe reaction?

There are times when a student may be particularly vulnerable and at increased risk of a severe reaction:

If pupil also has asthma that is poorly controlled

If the student is suffering from an infection, or have recently had one

If the pupil exercises just before or just after contact with the allergen

If student also suffers from aeroallergen symptoms, such as hay fever

During times of emotional stress

#### **6. ANAPHYLAXIS AND EDUCATION**

The school is aware that people with allergies should be encouraged to live a normal life. Students should have annual care plans written by their doctors and be properly educated as to the signs and symptoms to be aware of and how and when to administer their AAI. Education regarding administration of AAI's can be given by the school medical centre staff and practice devices are available for the students and staff to familiarise themselves with the AAI.

#### **7. EMERGENCY ADRENALINE AUTO-INJECTORS IN SCHOOL**

From 1 October 2017, schools in England were allowed to purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

As a school we are able to purchase AAI's from the school doctor/community pharmacists without a prescription. We have several emergency kits throughout the school: - senior and preparatory school Medical Centres, Lord Riche Hall, the

Wellbeing Centre, senior and preparatory Main Receptions, Garnetts House, Preparatory school boarding area, Rhode Hall and Linsell's Music Centre.

School staff will ensure that on a monthly basis the AAls are present and in working order. Replacement AAls will be obtained when expiry dates approach and they will be replaced when they have been used.

## **8. ANAPHYLAXIS REACTION**

The school recognises that if all of the above is in place, we should be able to support pupils with their allergies and hopefully prevent them from having an anaphylactic reaction. However, we are prepared to deal with a reaction should they occur.



## **APPENDIX 5 EPILEPSY POLICY**

### **1. INTRODUCTION**

Epilepsy is the most serious neurological condition in the world. There are about 42,000 children with epilepsy in the UK, which means an average size secondary school will have 3 to 4 children with the condition.

Epilepsy is described as having a tendency to have seizures. A seizure happens when the nerve cells in the brain stop working in harmony. When this happens the brain's messages temporarily become mixed up. A child with epilepsy will have recurrent seizures unless controlled with medicine.

Epilepsy can be caused by damage to the brain through injury; this is known as symptomatic epilepsy. For other children there is no identifiable cause and this is known as idiopathic epilepsy.

A Seizure can affect the whole brain (generalised) or just part of the brain (Partial). There are over 40 different types of seizures and each child will experience them in a way that is unique to them. Seizures can happen at any time and generally last a matter of seconds or minutes, after which the brain returns to normal.

### **2. TRIGGERS**

A Trigger is anything that causes a seizure to occur. In some children with epilepsy, seizures happen without warning, but in some people certain triggers can be identified. Some examples include stress, anxiety and excitement, lack of sleep, hormonal changes, not taking medication, alcohol and recreational drugs.

### **3. MEDICINES**

Pupils with epilepsy will be required to take medication to help control their seizures. Day students are expected to keep these medicines at home and take before and after school. For pupils who board and attend residential trips please refer to Felsted administration of medicines in school policy.

### **4. SUPPORTING PUPILS WITH EPILEPSY**

Felsted School recognises that epilepsy is a common condition affecting many children and young people. This policy is intended to ensure that appropriate processes are in place to fully support and safeguard pupils at Felsted School. It has been written in accordance with Young epilepsy and Epilepsy Action.

### **5. DIAGNOSOS AND NEW STARTERS**

When a pupil who has epilepsy joins the school or an existing student is diagnosed, a meeting will be arranged with the parent and pupil to:

- Discuss the Pupils medical needs, including the type of epilepsy he or she has, triggers and typical characteristics of the seizure.
- Discuss if and how the Pupils epilepsy and medication affect his or her ability to concentrate and learn, and how the pupil can be supported with this.
- Discuss potential barriers to the pupil taking part in all activities and school life and how these can be overcome.
- Ensure that a prescription and parental consent are in place to administer any necessary medication.

A record of what's been agreed will then be held by the school.

## **6. MANAGEMENT IN SCHOOL**

- It is the parent or guardians responsibility to inform the school if their child suffers from epilepsy. Full details are required including the type, severity, medication and dosage.
- It is the parents or guardians responsibility to inform the school of any changes to medication, and provide the medical centre with a consultant letter detailing these changes.
- Parents and guardians are asked to please inform the school if and when their child becomes unwell with a seizure outside of school.
- All appropriate staff including teachers and office staff will be told which students in school have epilepsy. This will be done via a medical specials list that is available to staff on the school intranet. This is updated annually as well as during the school year if needed.
- Each Pupil will have an individual health care plan which will be kept in the medical centre and a copy will be given to the relevant housemaster /mistress. The medical centre will be responsible for reviewing the care plan a minimum of annually and inform other staff as needed. The care plan will state if and when emergency medication is indicated
- All relevant staff will receive epilepsy awareness training 2 yearly; as recommended by the joint epilepsy council.
- A medical room with a bed is available so that if needed, the pupil can rest following a seizure whilst being supervised by a registered nurse.

## **7. AN INCLUSIVE SCHOOL**

Pupils with epilepsy will not be isolated or stigmatised and will be allowed to take part in a full curriculum and school life, including activities and school trips. A full risk assessment should be completed by the lead member of staff involved in advance and discussed with the medical centre and parents.

Felsted School will promote Epilepsy awareness among pupils, parents and staff.

## **9. EDUCATION**

Felsted recognises that children with epilepsy can have special educational needs due to their condition.

- Pupils will be monitored to ensure they are not falling behind in lessons. If this does start to happen then a discussion will take place with the teachers and parents to try and resolve this.
- Adjustments can be made e.g for exam timings, coursework deadlines and timetables if necessary.
- The pupil will be encouraged to reflect upon his or her achievements and whether he or she feels that his or her education is affected by epilepsy.

## **10. EMERGENCY MEDICATION**

Although it is not a legal requirement for school staff to administer emergency medication under the disability discrimination act, the school should ensure that a number of staff are trained to administer emergency medication (Epilepsy action).

The two main forms of emergency medication are rectal diazepam and buccal diazepam.

- Felsted school aims to have a registered nurse on site at all times who can administer emergency medication and seizure first aid.

- If this medication is prescribed to a pupil then a consultant letter will be needed stating the dose and instructions of its use, and when to give.
- The student will need to have 2 doses of the medication. One to be kept in the medical centre and one kept in house with the house mistress/master.
- Names and contact numbers of members of staff who are trained to give the emergency medication will be included in the health care plan.

In the case of all sports/day/residential trips then the emergency medication should go with the pupil along with the health care plan. A risk assessment should be done by the lead person involved and a discussion should take place with the pupil's parents.

Felsted school will aim to ensure that relevant staff are trained in administering emergency medication, however if it's the case that no one on the trip is trained in giving the emergency medication then an ambulance should be called straight away. Give seizure first aid make the call handler aware that they have the emergency medication with them and follow the advice of the call handler.

### **References**

Young Epilepsy  
Epilepsy Action