

Nurses Department Policy

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1. Aims

This policy sets out the provision for nursing care at Bedford Modern School (BMS): during term time, fixtures and during holiday activity courses.

BMS aims to promote the physical health and emotional wellbeing of all students and staff, and to provide students with a nurturing environment which supports personal growth and development and facilitates learning and the co-curricular aspects of school life. The Nurses Department appreciates the link between being healthy and how this affects learning.

2. Roles and Responsibilities

The Nurses Department is a drop-in facility for students and staff during the school day and provides the following:

- First aid treatment for students, staff and visitors
- Administration of prescribed and over the counter medication (OTC) medication for students with acute or chronic medical conditions in consultation with their doctors and parents

- Support for students with ongoing medical conditions, by assessment, preparation and review of Individual Health Care Plans (IHCP)
- Emotional and well-being support
- Health promotion
- Referral of students to other agencies where required
- Maintaining first aid facilities throughout the school
- Facilitating the implementation of vaccination programmes arranged by the local NHS School Immunisation Team
- Advice to students, staff, and parents on health-related issues
- Organisation of transfers of injured persons to hospital in the case of an emergency
- Contact of parents of any seriously injured student
- Replenishment of first aid boxes
- Medical provisions for trips
- Organisation of Pupil Emergency Evacuation Plan (PEEP) form completion in communication with parents and staff. Ensuring PEEP forms are updated and monitored appropriately. During emergency evacuation the nurses will meet students with PEEP forms at designated place and inform senior staff if they have not arrived
- Monitoring, recording and reviewing of accident forms and attending H&S committee meetings

The Nurses Department is open from 08.00–16.00 Monday–Friday during term time. The department is staffed by a team of registered nurses.

Injuries sustained out of school hours and illness which develops at home should be assessed and treated by individual GP services or by contacting NHS Direct (Tel: 111).

It is important to remember that BMS is a school and does not provide a GP surgery/hospital service.

During holiday courses there is a Registered Nurse onsite to provide first aid/treatment.

It is advised that, with the exception of emergency situations, students attend the Nurses Department at break and lunch times wherever possible in order to minimise interruption to their learning and education.

3. Confidentiality, Safeguarding and Child Protection

The Nurses Department aims to provide a confidential service in which all students and staff feel safe and comfortable to discuss physical or emotional health related issues.

The health and safety of each student and staff member is of paramount importance. In the case of a student being in danger or at risk of harm, we have a duty of care and a professional requirement to report this to the appropriate authority, which may include the Designated Safeguarding Lead (at BMS this is the Deputy Head Pastoral and Deputy Head Junior School), Head and relevant external agencies.

In providing care for a student, it is recognised that on occasions a nurse may liaise with parents or guardians, tutors or other academic staff and that information, ideally with the student's prior consent, will be passed on as appropriate.

We will actively encourage all students to share any health concerns or worries with their parents/guardians.

Gillick Competence

Students aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances. Young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise.

Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent.

The nurses will also encourage students to discuss health matters with their parents/guardians. However, there may be instances where this is not what the student wishes, and the nurses will make sure the student makes an informed choice. If the student is under 16 and is deemed Gillick competent; the nurses will only break confidence in circumstances where the student's decision may affect their health or endanger themselves or others.

4. Services and Support

Allergies and anaphylaxis management – see Anaphylaxis

Administration of medication – see Medication

Asthma and inhalers - see Asthma

Diabetes support – see Diabetes

Epilepsy – Epilepsy

Emotional well-being

The nurses support and help students who experience emotional issues, sexual health issues or where students are experiencing stress and anxiety, bereavement, self-harm and eating disorders. In relation to sexual health issues, the nurses work within the Fraser Guidelines and Nursing & Midwifery Council Code of Conduct. The nurses aim to:

- Be honest and have open communication at all times.
- Give evidence-based support and advice as required.
- Encourage open discussion and dialogue with parents/guardians if appropriate.
- Refer to other/ external agencies if required, ideally with parental support.
- In the case of a child being in danger or at risk of harm we have a duty of care and a professional requirement to report this to the Deputy Head Pastoral as the Designated Safeguarding Lead (DSL) and the Head if the DSL is absent and other relevant external agencies if necessary.

At BMS, we are fortunate to have a Mental Health Lead and Student Wellbeing Team, whose aim is to support students of all ages where required, whilst working in partnership with families and external agencies as needed. We are also supported by two independent, confidential School Counsellors. They visit twice a week but also as demand requires. All students and staff are welcome to see a counsellor and appointments can be made via the mental Health Lead.

The leaflet 'Counselling at BMS (a service to support students)' can be found on the School website.

Referral documents to the School Counsellor are completed by the Mental Health Lead, teachers and nursing staff.

Individual Health Care Plan (IHCP)

The school understands that it has a responsibility to make the school welcoming and supportive to students with medical conditions. Students are encouraged to take control of their condition and should feel confident in the support they receive from the school to help them do this.

All staff are aware of the most common serious medical conditions at the school and the school aims to provide all children with all medical conditions the same opportunities as others at the school.

ICHPs for students with medical needs are compiled by the nurses with the co-operation of the student's parents/carers, together with documented input from appropriate health professionals (i.e., GP's, Paediatricians, Specialist Consultants and hospitals). Occasionally, hospital staff will provide a specific care plan for students (i.e., those with Diabetes or Epilepsy). The aim is to develop a holistic approach that supports the student in managing his/her condition whilst they take a full part in all aspects of school life.

The IHCPs contain confidential information from parents to be given to teaching staff. All staff can find health care plans on iSAMS, the school information management system.

A copy of the IHCP is carried by the Trip Leader when students are on school trips. Sports staff taking students to away fixtures will have an awareness of which students have a care plan and what support may be required.

ICHPs should be reviewed regularly but the nursing team appreciate that this can vary from student to student depending on need. Most care plans require review and updating annually but frequency will be determined in conjunction with the appropriate medical staff. Any review requires input and support from parents/guardians if their child has a health care plan.

The nurses welcome enquiries from students/parents/carers regarding individual health care plans and the managing of medical conditions in school.

Rugby and Football Paramedic Cover

During the autumn term and spring term, home sporting fixtures are supported by external agencies providing Paramedic/Emergency Practitioner support

Vaccinations

BMS fully supports the delivery of school age vaccinations as recommended by the Department of Health Childhood Immunisation schedule. The local NHS School Immunisation and Vaccination Team come into school to provide this service to students, with the administration and delivery overseen by the Nurses Department.

Nasal flu vaccinations are offered to all students in year 3, 4, 5 and 6. When students are in Year 9 they are offered the Diphtheria, Tetanus, Polio (DTP) and Meningitis ACWY (Men ACWY) vaccinations (two separate vaccinations). From 2019, all girls and boys in Year 8 will be offered the Human Papilloma Virus (HPV) vaccination, two doses given twice over a six month period. Please note that immunisation schedules are subject to change by the National Health Service and Department of Health. BMS is not involved in the scheduling process and is simply the host venue for BMS students.

Parents/carers with enquiries regarding vaccinations are advised to contact the NHS Immunisation team.

5. Record-keeping and Reporting

Any first aid, medical or other support provided by the nurses is recorded on electronic records for students/staff (excluding catering staff), through the medical centre module on iSAMS. This module is accessed by nursing staff only.

The nurses will inform parents of any medicines or treatments administered to student, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

This will either be by phone call or e-mail from the Nurses Department.

Students from year 11 upwards are encouraged to pass this information verbally to their parents/carers, depending on the treatment given. A treatment slip is completed by the nurses and given to students in years 3 to 10.

6. Training

The nurses support their nursing qualifications by attending professional study days and online training appropriate to the needs of the school.

Where a learning need is identified in supporting students with a medical need, nursing staff will seek training from the appropriate team at the hospital overseeing the students' care. Nursing staff will then disseminate this training to other staff as needed.

Academic staff can access yearly updates regarding anaphylaxis and asthma in school. The annual update (usually on autumn term inset days) can be further supplemented by ad-hoc training (i.e., refresher training before trips).

7. Monitoring Arrangements

The Nurses Department is included in the Independent Schools Inspectorate (ISI) compliance inspections, as specified in The Education (Independent School Standards) Regulations 2014.

Qualified nurses are registered on the Nursing and Midwifery Council register and are subject to yearly renewals and three yearly revalidations by the Nursing and Midwifery Council.

This policy is based on advice, guidance and legislation from the following:

- Department for Education (2015): [Supporting students at school with medical conditions](#)
- Royal College of Nursing (2017): [An RCN Toolkit for School Nurses](#)
- [The Education \(Independent School Standards\) Regulations 2014.](#)
- [Consent to treatment - Children and young people - NHS \(www.nhs.uk\)](#)

8. Anaphylaxis Policy

Introduction

BMS aims to support students with allergies to ensure that they are not disadvantaged in any way whilst taking part in all aspects of school life.

Definition of Anaphylaxis.

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food, an insect sting or an unknown allergen). A reaction can be mild or severe with slow or fast onset. It is potentially life threatening and always requires an immediate emergency response.

Common UK Allergens include: Peanuts, Tree Nuts, Sesame, Shellfish, Milk and Eggs
Grass and Tree pollen, Insect stings, Latex, Dust mites, Moulds and Animal dander.
Medication – including ibuprofen, aspirin, and certain antibiotics. This list is not exhaustive.

Symptoms and signs of an allergic reaction/anaphylaxis

- Metallic taste or tingling in the mouth.
- Swelling of face, tongue, lips and throat.
- Itchy skin, usually around mouth but can be anywhere on body
- Difficulty in swallowing.
- Flushed complexion/hives/rash.
- Abdominal cramps and nausea.
- Rise in heart rate
- Looking pale
- Feeling dizzy
- Wheezing or difficulty breathing
- Collapse, unconsciousness, death

The student can have any of these signs and symptoms, in any order. A student may experience only one reaction or a combination. There is no set pattern and just because certain signs and symptoms may have been experienced before does not mean that they will experience the same ones again.

Recognition and management (treatment) of an allergic reaction/anaphylaxis.

Signs and symptoms include the list above and the following. They can happen in any order and some reactions may not happen at all.

Mild-moderate allergic reaction:

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

ACTION:

Stay with student, call for help if necessary.

DO NOT LEAVE STUDENT UNATTENDED.

Give reassurance.

Assist child to sitting/lying down.

Give antihistamine according to the child's allergy treatment plan/individual health care plan.

Locate adrenaline auto-injector(s), if prescribed

Monitor student and provide further assessment as needed.
Phone parent/emergency contact to update.



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

Airway: Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue

Breathing: Difficult or noisy breathing
Wheeze or persistent cough

Consciousness: Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious

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

1. Lie student flat with legs raised: (if breathing is difficult, allow student to sit to make breathing easier)
2. Use Adrenaline auto-injector **without delay**
3. If the student is conscious and able, they should be encouraged to self-administer the Adrenaline auto-injector under supervision.
4. All of the injectors are to be administered into the fleshy part of the thigh, through light clothing if necessary. The injection technique varies between brands. If you have to assist in using the Adrenaline auto injector, read the simple instructions on the barrel of the injector itself.
5. Every time you use an adrenaline auto-injector:

Call 999, ask for an ambulance and state 'anaphylaxis', even if the student starts to feel better.

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

After giving Adrenaline:

1. Stay with student until ambulance arrives and continue to monitor, do NOT stand student up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact as soon as possible to update
4. If no improvement after 5 minutes, give a further dose of adrenaline using another adrenaline auto-injector device, if available.
5. Continue to provide reassurance and maintain dignity of student.

There are no serious side effects even if the medication is given repeatedly or from misdiagnosis.

Relapse is possible after apparent recovery.

The student should always be sent to hospital after an attack, even if they seem to have fully recovered.

Adrenaline Auto-injectors (AAI's)

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device, an Adrenaline Auto-Injector (AAI), looks like a large pen and is pre-loaded with the correct dose of adrenaline (following review by a Consultant in the hospital setting).

The AAI is normally injected into the fleshy part of the thigh, sometimes through light clothing depending on the situation. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. Each Adrenaline injector is a pre-loaded single dose and can only be used once. In cases of doubt it is better to give the injection than to hold back. An ambulance should be called immediately when an AAI has been administered.

There are three adrenaline auto-injectors available on prescription in the U.K: EpiPen, Jext and Emerade.

- The EpiPen has a spring-loaded concealed needle that delivers a single measured dose when the pen is jabbed against the muscle of the outer thigh.
- Jext has a locking needle shield which engages after use, designed to protect against needle stick injury.
- Emerade is the most recent single-use adrenaline injector to become available. Emerade follows the UK Resuscitation Council's Guidelines for the Emergency treatment of anaphylactic reactions.
- All contain the ingredient 'Adrenaline', and different doses are available depending on 1) the weight of the child to whom the pen is prescribed and 2) the manufacturer. The prescribing Consultant will decide on the most appropriate treatment for the individual.

Management in School

It is parental/carer responsibility to notify the school if their child has an allergy and is at risk from anaphylaxis. This can be done by contacting the Nurses Department by telephone on 01234 332505 or by email: nurses@bedmod.co.uk

Full details are required including the allergen and the name and dosage of medication prescribed, likely reactions etc.

The nurse will develop a health care plan for use in school, in conjunction with parents and the student (if age appropriate) and by using a clinic letter/care plan issued by the Consultant managing the students' allergy.

Photographs of students diagnosed with a severe allergy (whether prescribed antihistamine or an Adrenaline Auto-Injector) are displayed:

- On the front page of iSAMS
- In the school kitchens (Rutherford building and King Room)
- A copy is held in the Junior School Office
- A copy is held in the nurses' room
- A copy is held in the 'spare adrenaline auto-injectors in school' boxes.

The list is updated annually in September and throughout the year as required.

The nurse should be called (ext. 505 or mobile number: 07788 970 153) if there are any queries regarding allergies and anaphylaxis.

Staff who volunteer to undertake First Aid training will cover anaphylaxis management and using AAI's as part of their training.

Teaching staff are encouraged to complete online anaphylaxis awareness training at the start of every new academic year. Further training can be given by the nurses on an as needed basis (i.e. before residential trips, departmental meetings).

Please note that any lay person who is willing to administer an AAI can do so by following the instructions on the side of the AAI – special training is not required.

All staff can see on iSAMS where a student is diagnosed with an allergy/anaphylaxis is registered at the school. Where a care plan has been issued, this is attached to individual student records. Paper copies of care plans are held in the nurses' room.

Staff are advised to familiarize themselves with students known to have allergies, who are in their form or tutor groups.

Parents/carers are welcome to be involved in risk assessments and the development of health care plans to be used in school.

Supply, storage, care and disposal of medication used to treat anaphylaxis

Adrenaline auto-injectors are prescribed initially by hospital consultants. Where repeat prescriptions are required between treatment reviews, this can be done via the student's GP.

Other treatment includes antihistamine syrup or tablets. Occasionally, students who are prescribed a Salbutamol inhaler for Asthma, will find that these can help during an allergic reaction.

Students, in their treatment pack, will have either:

- An adrenaline auto-injector and a treatment card (including student name and photograph) and an advice card
- An adrenaline auto-injector, antihistamine and a treatment card (including student name and photograph) and an advice card
- An adrenaline auto-injector, antihistamine, a salbutamol inhaler and a treatment card (including student name and photograph) and an advice card

Students, where allergies are less severe, can have antihistamine administered from nurses stock provided consent for this has previously been provided by parents/carers.

Each student should have a minimum of two named, in date Adrenaline Auto-injectors in school.

For Junior School students, one will be kept in the unlocked designated cupboard in the Junior School Office. When Junior School students are leaving the Junior School area (i.e. for lunch, for sports fixtures and for trips), the medicine must go with the student – overseen by the appropriate member of staff (i.e. the Trip Leader will collect the medicines before the trip and return them at the earliest opportunity).

For senior school students, in some cases a spare medicine set is held in the nurse's room. However, we do encourage senior school students to carry both with them at all times. This will be discussed and agreed with the student and parent/carer and documented accordingly.

The nurses check the expiry date on all adrenaline auto-injectors and anti-histamine every term. Although provision of in date medication is the responsibility of the parent/carer, the school nursing team will send one reminder email to parents, to advise that any allergy/anaphylaxis medication is due to expire.

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Disposal

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

are held in the nurses' room. Expired AAIs will be disposed of by nurses in the same manner.

Emergency Adrenaline auto-injectors in school

A number of different brands of adrenaline auto-injector are available in different doses depending on the manufacturer. Following Department of Health guidelines, it is up to the school to decide which brand(s) to purchase. Schools are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training.

At BMS, the chosen 'spare' adrenaline auto-injector is EpiPen 300mcg. A spare pen is held in a green box marked 'Emergency Adrenaline pen', in the following locations:

- Main school reception
- Junior school reception
- Nurses Department
- Science building
- Rutherford building
- Sports hall
- King room

Please be aware that due to national demand of adrenaline auto-injectors, there are occasional drug shortages and times where orders for AAI's cannot be provided in a timely manner. When this happens, the nurses will assess where the most appropriate place is for the current spare AAI's to be stored in school.

The 'Emergency Adrenaline box' is sealed by an easy to remove tag and contains the following:

- 1 x EpiPen 300mcg
- Instructions on how to use the device
- Manufacturer's information
- A list of students to whom the AAI can be administered
- An administration record

A checklist of injectors, identified by their batch number and expiry date with half-terminally checks recorded, is held in the nurses' room.

Arrangements for replacing the injectors are organised by the nurses. Replacements are ordered from the school supplier. Where the nurses have been advised of national shortages, advice will be sought from the manufacturer. The aim is to have spare adrenaline auto-injectors in school but this is dependent on the suppliers.

Supporting students in school not previously known to have allergies and/or anaphylaxis

In the case of a first-time reaction of an undiagnosed student, the nurses will be called to assess the situation. If there is likely to be delay in the nurse attending, the member of staff with the student should call an ambulance immediately by dialing 999.

- The student must not be left alone and must be supported with basic first aid until help arrives.
- Offer reassurance to the student and maintain their dignity.
- Contact parents at the earliest opportunity.
- Staff are advised to follow the advice being given by ambulance personnel by telephone, whilst awaiting the arrival of the ambulance.

Catering/Reducing the risk of allergen exposure in children with food allergy

The nurse will inform the Catering Manager of any students with severe dietary allergies. Parents/carers are welcome to meet with the Catering Manager to discuss their child's needs. Parents/carers are also advised to talk openly with their child(ren), so the individual has a good understanding of what his/her allergens are.

Allergy UK and The Anaphylaxis Campaign believe that a complete nut free school is an artificial environment that would not be the same as the 'real world'. It is felt that a 'whole school awareness of allergies' is a much better approach, as it will make teachers, students and all other staff aware of what allergies are, the importance of avoiding the students' triggers (where known), the signs & symptoms, how to deal with allergic reactions and to facilitate 'duty of care' procedures to minimise risk.

Avoidance of the students' allergic trigger is key, but there are rarely any absolute certainties in life, and there may be occasions where allergens are unknown. By having allergy awareness, clear policy and procedures that recognise the allergic child and a clear management pathway of what to do if that child has an allergic reaction, risk can be minimised and situations can be promptly dealt with in the most appropriate way.

The Department of Health makes the following recommendations:

- Bottles, other drinks and lunch boxes provided by parents for students with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The student should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to food-allergic children in the Junior School without parental engagement and permission (e.g. birthday parties, food treats).
- Foods containing nuts are discouraged from being brought into school.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Nuts in School and School Trips

At BMS, we have an increasing number of students and staff who suffer from food allergies and intolerances. Additionally, there are many who have food preferences, this may be for many reasons including religion and personal beliefs.

The national organisation, 'Anaphylaxis Campaign' state that they would not necessarily recommend a blanket ban of any particular allergen in any establishment, including in schools. This is because there are many allergens that could affect students and staff, and no school could guarantee a truly allergy free environment for a student/staff member with an allergy. As an example, Holroyd Howe (our caterers) do not use nuts in any of the food they prepare and serve. However, they are unable to guarantee that dishes/products

served are totally free from nuts/nut derivatives. This is because ingredients, for example, curry paste, may be made in a factory containing nuts, bread may be baked in a factory handling nuts, or some production lines have machines lubricated with nut oil.

However, we have a duty of care to all our students and staff and we want any individual affected by allergies to feel secure in their BMS environment. Avoidance of the allergen trigger is key, but there are rarely any absolute certainties in life, and there may be occasions where allergens or reactions are unknown. By having allergy awareness, clear policy and procedures that recognise the allergic student/staff and a clear management pathway of what to do if that student/staff member has an allergic reaction, risk can be minimised and situations can be promptly dealt with in the most appropriate way.

BMS would like to make the following recommendations and we would be very grateful of parental, staff and student support with the following:

- Nuts and products containing nuts or nut derivatives should not be brought into school
- Nuts and products containing nuts must not be taken on school trips or to sports fixtures. Nuts and products containing nuts must not be consumed on transport between venues when students are away from school – the aim of this is to reduce the risk of an airborne allergic reactions and cross-contamination.

Allergy Support for School Trips/Sporting Fixtures

Trip leaders are responsible for identifying students diagnosed with anaphylaxis/allergies and ensuring they have their prescribed medication with them on the trip. When required, adrenaline auto-injectors and antihistamine medication should be signed out of the nurse's department by a member of trip staff and returned immediately after the end of the trip.

Where a student is known to have allergies/anaphylaxis, they will not be allowed to join a trip if they do not have the appropriate, in-date medication with them.

When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings (day trips and residential stays), parents are requested to think early about the catering requirements of the food-allergic child. Contingency planning (including access to emergency medication and medical care) should be discussed between parents/carer and trip staff well in advance of the trip taking place (i.e. a full month before the trip is due to take place).

Where a student is attending a trip abroad, or for longer than a day trip, parents/carers are advised to discuss allergies/medical requirements with the Trip Leader at the time the trip is proposed.

For home sporting fixtures, catering staff will provide snacks, lunches and teas in the same manner that food would be provided during the daily school lunch period. Students with known allergies are advised to discuss their allergies and food choices with catering staff before making a choice.

When away sporting fixtures are being arranged, sports administration staff will liaise with away school staff to advise that there may be students attending from BMS, who are known to have allergies/anaphylaxis. BMS cannot guarantee what provision/policies the host school is providing, regarding sports teas, allergy management and so forth. To avoid an emergency, where the BMS student is known to have a severe allergy, parents/carers may wish to consider providing a suitable packed lunch for their child to bring to the away fixture, as this will lessen the risk of exposure to an allergen.

Parents/carers are responsible for ensuring that their child (who is known to have adrenaline/antihistamine medication prescribed), has the appropriate medication with them when they present at BMS for away sports fixtures. For junior and senior school students, the medication should "follow" the student, i.e. be held safely in a sports holdall and taken to pitch side for easy access in case of an emergency. Where there are concerns that medication may get lost/forgotten or damaged, parents/carers should liaise directly

with a member of sports staff so that the student can be supported appropriately.

Key Messages to Parents/Carers

If your child has been prescribed adrenaline, there are key messages that must be remembered:

- Ensure that the student carries, or has quick access to, their anaphylaxis/allergy medication at all times – no exceptions.
- Check the expiry date regularly. Make a note of the expiry date of any adrenaline injector that your child keeps in school so that replacement devices can be obtained in good time. The nurses will send one reminder email to parents/carers when medication is due to expire.
- Get a health professional to show you and your child how to use your injector. If you haven't already been shown how, go back to the doctor who prescribed it and ask for a demonstration. Alternatively, ask the practice nurse at your local GP surgery or the nurses at Bedford Modern School. AllergyWise online can help.
- Get hold of a "trainer" pen and practice regularly with your child. The school nursing team can support with this.
- Remember that children who have been prescribed 'junior' adrenaline injectors need to go onto the adult dose when they weigh 30kg. This is likely to be somewhere between 5-11 years old.

Supporting Staff with Allergies

- Staff with allergies at Bedford Modern School should ensure that the nurses have a record of their allergies and treatment.
- The Nurses are happy to meet with individual members of staff to discuss support.

Links with other guidance/policies/recommendations

Spare Auto-injector Pens in Schools:

<https://www.sparepensinschools.uk>

Official guidance relating to supporting students with medical needs in schools:

Supporting students at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014).

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health 2017).

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

Allergy UK:

<https://www.allergyuk.org>

Whole school allergy and awareness management (Allergy UK)

<https://www.allergyuk.org/information-and-advice/for-schools>

Anaphylaxis Campaign

<https://www.anaphylaxis.org.uk>

AllergyWise training for school nurses (Anaphylaxis Campaign)

Managing allergens in the workplace

<https://www.anaphylaxis.org.uk/wp-content/uploads/2018/11/Managing-Allergens-in-the-Workplace-A-guide-for-Employers-and-Employees.pdf>

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016)

<https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2011)

<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers. Resuscitation Council (UK):

<https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/>

9. Asthma Policy

Bedford Modern School (BMS) recognises that asthma is a widespread, serious but controllable condition and we welcome all students and staff with asthma. The school aims to ensure that students with asthma can and do participate fully in all aspects of school life and extra-curricular activities, through health support, liaising with students and their parents/carers, and through staff education.

The nurses welcome the opportunity to meet with parents/carers, students and staff regarding asthma support and management in school.

What is Asthma?

Asthma is a long-term condition that affects a person's airways – the tubes 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), it causes their body to react in three ways:

- the muscles around the walls of the airways tighten so that the airways become narrower
- the lining of the airways becomes inflamed and starts to swell
- Sometimes, sticky mucus or phlegm builds up, which can narrow the airways even more.

These reactions cause the airways to become narrower and irritated – making it difficult to breathe and leading to asthma symptoms, such as chest tightness, wheezing, or coughing. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can precipitate asthma attacks in susceptible people. The narrowing or obstruction of airways causes difficulty breathing and can be alleviated with treatment.

Symptoms and Signs

The most common symptoms of asthma:

- Cough
- Wheeze
- Breathlessness
- Chest tightness

You don't need to have all these symptoms to have asthma. The affected person may be distressed and anxious and, in severe attacks the student's skin and lips may become blue.

Medication and Control

There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur. Most students' medication comes in the form of an inhaler. More severe asthmatics may also need to take tablet/liquid medication.

Management in School

It is parental/carer responsibility to notify the school if their child suffers from asthma. Full details are required including the severity of asthma and the name and dosage of medication prescribed, what triggers there may be etc.

1. All students with asthma must carry their named reliever inhaler with them at all times. Students are encouraged to carry their reliever inhaler (usually

Salbutamol/Ventolin) on their person at all times, and especially when away from the school site, e.g. on school trips and sports fixtures.

2. Parents/carers are also offered the option of keeping a labelled spare reliever inhaler in the Nurses Department for emergencies. It is the parents' responsibility to ensure all medication provided is in date as expired drugs cannot be administered.
3. At the start of every academic year, the nurses produce an Asthma list from the information provided by parents held on ISAMS, which is available to all school staff on the front page of ISAMS, in every Emergency Asthma kit. A paper copy is held in the nurse's room, the Junior School staff room and a copy is available by request to teaching staff.
4. Students with asthma are encouraged to participate fully in P.E, unless parents have provided a letter from the GP/Consultant to say this is contraindicated. Those students whose attacks are triggered by exercise should take their reliever inhaler 5 minutes prior to the start of the lesson and ensure they take part in the warm up exercises. Their reliever inhaler should be accessible at all times during the lesson. Students are advised not to take part in physical activities without their inhaler.
5. Parents/carers are politely asked to inform the nurses if their child has been unwell with an exacerbation of their asthma, particularly if they have required hospitalisation.

Emergency Asthma Inhaler Kits

Since October 2014, the use of Salbutamol (blue reliever) inhalers in schools has changed to allow schools to buy and use inhalers without prescription, for use in emergencies only.

Emergency Salbutamol inhalers can only be used by the school for a student who has been diagnosed with asthma or has previously been prescribed an inhaler, and where parental consent has been obtained. If the student is suffering from an asthma attack and their own inhaler is not available, broken or empty, then the school Emergency Asthma Inhaler Kit can be used. In the eventuality where an ambulance is called for a student not previously known to have asthma, the nursing staff will take clinical direction from the 999 call-handler, as to whether or not the school spare inhaler can be used as treatment until emergency help arrives.

The nurses will check the condition and expiry dates of the emergency inhaler kit at least twice every term. School staff should notify the nursing team if any stock is used so that it can be replaced.

The emergency asthma inhaler kit includes the following:

- A salbutamol metered dose inhaler
- Two plastic spacers compatible with the inhaler
- Instructions on how to use the inhaler and spacer
- A note of the arrangement for replacing the inhaler and spacers.
- A list of students permitted to use the emergency inhaler.
- Contact details for the Nurses Department.

The nursing team is responsible for holding (and actioning when needed):

- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with half-termly checks recorded.
- Record of administration of inhaler usage (to be recorded on ISAMS).

The emergency asthma kit can be accessed from the following areas in school:

- Nurses Department
- Main School Reception

- Junior School
- Science building (ground floor main area, S02, S16 and S26)
- Rutherford Building (ground floor)
- Sports Hall – Fitness suite
- The King Room
- Swimming Pool

In the event of a student/staff member having an asthma attack, staff should follow the procedure below:

- Assist the student/staff member to take 2 puffs of their reliever (blue) inhaler straight away.
- If there is no improvement, the student/staff member can take 1 puff of their reliever inhaler every 30 – 60 seconds up to ten puffs.
- **Call the Nurse or a First Aider.**
- Stay calm and reassure the student/member of staff.
- Help the student/staff member to breathe by ensuring tight clothing is loosened. Do not put your arm around the person as this may restrict breathing.
- Encourage the student/staff member to breathe slowly and deeply.
- They should sit upright rather than lie down.
- If there is no improvement after 10 puffs (10 minutes), or the condition becomes worse, **CALL 999.**
- If an ambulance has not arrived within 15, the student/staff member can continue to take 1 puff of their reliever inhaler every 30 – 60 seconds up to ten puffs.
- An asthma attack is potentially life threatening and needs nursing or medical attention.
- All incidents related to asthma must be documented by a member of the nursing onto iSAMS medical records for the student/member of staff.
- Parents/carers will be called at the earliest opportunity.

Staff Education

School staff are signposted to www.asthma.org.uk for information and videos to support asthma management. There are educational posters in the staff room and Nurses Department. Staff can also access the folder 'Health resources for all staff' in the All Staff folder for further information. When required, the nurses can arrange for hospital professionals to attend the school for further training.

Communication

Any student attending the Nurses Department with an exacerbation of their asthma will be offered advice on the management of their condition. Nursing staff will inform parents if their child has had an asthma attack, or if their child is using more of their reliever inhaler than usual and have used the emergency inhaler. Contact will either be by a phone call or email/written communication.

Best practice recommendations:

- It is parental responsibility to inform the Nurses Department annually or more often, if there are any changes to their child's asthma treatment.
- Any student/member of staff should have an annual check-up with the Asthma nurse at his/her GP surgery (or frequency to be determined by the health professional).
- An asthma action plan should be completed, with a copy sent to the nurses.
- The individual should carry any inhalers as needed and be confident that they are using the correct inhaler technique.

- **Back to school asthma.** Every September, there is a rise in the number of children in the UK who are rushed to hospital due to their asthma. This may be because there are more colds and flu around in the autumn term, or that you get out of the routine of using your child's preventer medicines over the summer. It's important that your child continues to take their regular asthma medicines as prescribed over the summer and when the new term starts so that they stay protected. See link below for more information:

References:

The school nursing team take guidance and advice from local GP teams, Asthma specialist nurses and by using evidence based advice from the organisation Asthma.Org.Uk - <https://www.asthma.org.uk/>

Printable Resources:

Downloadable asthma action plan - <https://www.asthma.org.uk/globalassets/health-advice/resources/adults/adult-asthma-action-plan.pdf>

Downloadable asthma action plan for children (up to age 12):
<https://www.asthma.org.uk/971689d1/globalassets/health-advice/resources/children/myasthmaplan-trifold-interactive-041219.pdf>

Back to school asthma

<https://www.asthma.org.uk/advice/child/back-to-school/>

The Asthma UK Helpline number: 0300 222 5800 (9am-5pm; Monday-Friday). Or you can contact our respiratory nurse specialists via WhatsApp on 07378 606728

10. Diabetes Policy

BMS recognises that diabetes is a serious but controllable condition, and we welcome all students and staff with diabetes. The school aims to ensure that students with diabetes can participate fully in all aspects of school life, through health support, liaising with students and their parents/carers, and through staff education.

The nurses welcome the opportunity to meet with parents/carers, students and staff regarding diabetes support and management in school. This is discussed in greater detail in the paragraph 'Individual Health Care plans'.

What Is Diabetes?

Diabetes is a common life-long health condition and there are two types:

Type 1; a person is unable to make any insulin at all.

Type 2; the insulin made in the body either can't work effectively, or not enough insulin is produced.

In both types of diabetes, because glucose cannot get into cells, it begins to build up in the blood. Too much or too little glucose in the blood can lead to potentially life-threatening complications.

It is important to recognise that students with type 1 diabetes may have different regimes, different treatments and use different ways to manage their diabetes. The nursing department support joined up working with the Consultant/Paediatric Diabetes team who provide care and advice for the student.

Treatment

Type 1 Diabetes cannot be cured, but treatment aims to keep blood glucose levels as normal as possible and control the symptoms to prevent health problems developing later in life. People with Diabetes are looked after by a Diabetes care team for specialist treatment and monitoring.

Treatment is a balance of insulin injections, diet and activity. Periods of sickness, stress, change in levels of physical activity and other factors will have a bearing on a diabetic person's blood sugar control.

Insulin injections come in several different forms, with each working slightly differently. Some last up to a whole day (long-acting), some last up to eight hours (short-acting) and some work quickly but don't last very long (rapid-acting). Usually a person with Diabetes will use a combination of different insulin injections.

Alternatively, some people with Type 1 Diabetes can use an insulin pump. An insulin pump is a small electronic device, about the size of a mobile phone, which is attached to the person via a thin tube and small plastic needle called a cannula. Insulin is delivered from a reservoir inside the pump. The pump is pre-programmed to deliver insulin continuously or can give extra insulin when needed (a bolus).

Management in School

- It is the parents' or guardians' responsibility to notify the school if their child has diabetes. Full details are required including the child's daily care requirements, specific emergency procedures and the name and dosage of all medication prescribed. The nurses welcome the opportunity to meet with parents and their child to discuss how support can be provided in school.
- All students with diabetes must carry their blood sugar testing kit and 'hypo' kit with them at all times.

- Spare supplies of routine medications and equipment must be provided to the nurses for safe storage (a named storage box and medical fridge are available for this).
- The nurses produce an annual 'Serious conditions' list of students. This list is updated throughout the year as needs arise. Students with diabetes are included on this list. There is a health alert on their ISAMS records which is available to all school staff on the school intranet and displayed in the Nurses Department and Junior School staff room.
- The nurses will create an Individual Health Care Plan (IHCP) for each student with Type 1 Diabetes. The IHCP is saved on iSAMS, printed in the carer plan folder in the nurses room and a copy is included in the school trip packs given to teachers leaving the school site.
- Parents/carers/students are encouraged to be involved in risk assessments and management plans.
- The nurses will inform the Head of Catering of any students with Type 1 diabetes.
- Students with diabetes are encouraged to participate fully in P.E. Students are advised not to take part in physical activities without their blood sugar testing kit and having their 'hypo' kit with them at all times.
- Parents/carers are asked to inform the school if their child has been unwell with unstable diabetes or any other condition that is likely to affect their diabetes, particularly if they have required hospitalisation.

Individual Health Care Plans (IHCP)

The nursing team recognise that each BMS student with Type 1 Diabetes will be under the care of a named consultant and Paediatric Diabetes Nursing team at their local/preferred hospital. As such, it is appreciated that each student will have their own plan of care. Secondly, their diabetes management, treatment and follow-up will be individual to them and likely different to peers with type 1 diabetes. The nursing team welcome copies of the hospital directed care plan and use this as the basis for the individual health care plan written by the nurses. The school care plan is shared and reviewed with the student and their parent/carer.

The IHCP will include specific information regarding the student's daily routine and care requirements, medication regime and equipment requirements. It will also state extra precautions and any reasonable adjustments to be observed regarding Sport and PE, trips out of school and exams/assessments. Emergency contact details will also be included on the IHCP. Parents/carers are politely asked to contact the nursing department with updated contact details as required.

Exams

The effects that blood glucose levels outside of the target range (3.6mmols/L - 6.9mmols/L – although this range can vary) have on cognitive and physical function are often not appreciated or are underestimated. In school, advance planning takes place with the student, Nurses Department, Exams Officer and teachers to ensure that appropriate support is provided to students with Type 1 diabetes during exams, whether these are school – led or public exams. The nurses are happy to follow guidance from the student's individual diabetes team. The Nurses Department also follows evidence-based guidance from University College Hospital London – please see attached link:

What to do in an Emergency

Hypoglycaemia

Hypoglycaemia or a "Hypo" is defined as a blood glucose level (blood sugar) less than 4.0 mmol/l. What might make a child go hypo?

- Too much insulin, timed wrong or wrong type

- Missed meals or meal carbohydrate counted incorrectly
- The child has been more active than usual

How to recognise a hypo

Hypos happen quickly, but most children will have warning signs that will alert them, or people around them, to a hypo. These warning signs can include:

- Hunger
- Trembling or shakiness
- Sweating
- Anxiety or irritability
- Fast pulse or palpitations
- Tingling of the lips
- Nausea
- Glazed Eyes
- Pallor
- Mood changes, especially anger or aggressive behaviour
- Lack of concentration, vagueness, drowsiness

The symptoms can be different for each student and the student's parents/ carers should let the nursing team know what their child's warning signs are. These should be noted in the student's treatment plan and teaching staff informed.

Treating a hypo

It is very important that a hypo is treated quickly. If it is left untreated, the blood glucose level will continue to fall and the student could become unconscious. A student should not be left alone during a hypo. They should walk to the nurses' room with a friend/member of staff. If this is not possible, the nurses should be contacted and they will go to the student. The nurses can be contacted on 07788 970 153 or by using extension 505 (internal).

Immediate action

Ask the student to check their Blood Glucose (BG) level with their own BG monitor, if BG is less than 4 mmol/L, give the student something sugary, to quickly raise the blood glucose level, each student has an IHCP and the treatment plan gives instructions of what and how much the student should take as the amount will vary depending on the age and weight of the child. Examples include:

- Lucozade, cola or another (non-diet) drink
- 5-6 Glucose tablets
- 2 biscuits
- 5-6 Sugary sweets (such as Fruit Pastilles, Jelly Babies, Haribos).
- Two tubes of a glucose gel such as GlucoGel®.

Follow-up action

Check their BG level again after fifteen minutes. If the BG level has risen above 4mmol/L then give a long acting carbohydrate such as:

- A meal, if it is due
- Roll/sandwich
- Cereal bar
- Two biscuits

Unconsciousness

- Place the student in the recovery position and reassure.
- Dial 999 for an ambulance and state that the student has diabetes.

- Do not give anything to eat or drink
- Parents of students with type 1 diabetes can leave a glucagon injection in the nurses' room for use if they are suffering from severe hypoglycaemia and are unable to treat themselves.

Hyperglycaemia (high blood glucose/sugar)

Blood glucose levels may become very high. This happens because there is insufficient insulin to move glucose out of the bloodstream and into cells to produce energy. If blood glucose levels become too high, a student may experience hyperglycaemia (referred to as 'hypers'). The symptoms of hyperglycaemia are:

- Extreme thirst
- A dry mouth
- Blurred vision
- Drowsiness
- Headaches
- The need to pass urine frequently

Depending on how a child takes their insulin, if their blood sugar is only high for a short time, treatment may not be needed. But if blood sugar has been high for some time, treatment might include:

- Taking an extra dose of insulin
- Drinking plenty of sugar-free fluids, water is the preferred option
- Testing the blood or urine for ketones – poisonous chemicals that can build up in the blood when blood sugar is very high. Ketone testing kits are in The Heath centre
- Children on pumps will need to treat high blood sugar levels quickly. The child's parent or carer will be able to tell you what treatment is needed and when. It will also need to be recorded in the child's IHCP.

References/Resources

<https://www.diabetes.org.uk/>

Diabetes management in schools: <https://www.diabetes.org.uk/resources-s3/2018-11/Make%20The%20Grade%20Schools%20Pack.pdf>

Exam, University College Hospital London

<https://www.uclh.nhs.uk/PandV/PIL/Patient%20information%20leaflets/Exam%20guidance%20for%20CYP%20with%20type%201%20diabetes.pdf>

11. Epilepsy Emergency Treatment

There are many types of epileptic seizures. The most common of these are generalised absences and tonic clonic seizures.

Generalised Absence Seizures

The person will momentarily lose consciousness and will appear to be daydreaming or distracted. There is no first aid treatment needed. They will however need to be helped to catch up on what has been missed.

Tonic Clonic (convulsive) seizures

Tonic clonic seizures are the type of seizure most people recognise. They used to be called grand mal seizures. Someone having a tonic-clonic seizure goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may go blue around the mouth due to irregular breathing. Sometimes they may lose control of their bladder or bowels, and bite their tongue or the inside of their mouth.

Do:

- Protect the student from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card or identity jewellery – it may provide information about their seizures and what to do
- Make a note of the time and how long the jerking lasts
- Aid breathing by gently placing them in the recovery position once the jerking has stopped (see picture)
- Stay with them until they are fully recovered
- Be calmly reassuring. Maintain the student's dignity. This may require asking other students to leave the area.

Do not:

- Restrain their movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if:

- You know it is their first seizure or it is the first seizure witnessed in school
- The jerking continues for more than five minutes or
- They have one tonic-clonic seizure after another without regaining consciousness between seizures or
- They are injured during the seizure or
- You believe they need urgent medical attention

Focal seizures

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

Here's how to help if you see someone having a focal seizure.

Do:

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

Do not:

- Restrain them
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume they are aware of what is happening, or what has happened
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if:

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

Seizures in the Swimming Pool

How to deal with a seizure in the water:

Tonic-clonic seizures - basic guidelines:

- From behind, tilt the person's head so it is out of the water
- If possible, move the person to shallow water
- Shout for a lifeguard to help you get the person out of the water

Once the person is out of the water:

- Cushion their head with something soft (for example a towel)
- Don't restrain their movements or place anything in their mouth
- If the person has been prescribed emergency medicine, give this if needed
- When the jerking movements have stopped, place them on their side to recover
- Keep them warm and stay with them until they feel better

Absence and focal seizures – basic guidelines

Protect the person from danger, for example by guiding them away from deep water or by holding their head above the water. When they recover, check if they need to get out of the water as they may feel confused and need to rest.

Call an ambulance if:

- The person may have swallowed or breathed in water, even if they appear to be fully recovered or
- You know it's the person's first seizure, or if the person is unknown to you or
- The person goes from one seizure to another without regaining consciousness between seizures or
- The seizure lasts longer than is usual for the person or, if in doubt, when the seizure continues for more than five minutes or
- The person has been injured.

Rescue Medication to Treat Seizures in School.

Most students known to have epilepsy will take regular daily medication at home (where this has been prescribed). Where identified, a student may also be prescribed medication

to treat seizures, called 'rescue medication'. The most common brand prescribed is Buccal (oromucosal) midazolam.

Midazolam belongs to a group of medicines called benzodiazepines, which are used to treat a number of different conditions, including seizures.

If a seizure lasts for more than five minutes, it may be difficult to stop unless treatment is given. It is therefore important that rapid treatment is given to stop the seizures and

How is it given?

The midazolam solution should be placed against the sides of the gums and cheek so that the medicine is absorbed directly into the bloodstream. This is known as the buccal or oromucosal route. If the medicine is swallowed accidentally, it might not work as quickly.

Buccal midazolam is available as:

- Buccolam® contains Midazolam Hydrochloride 5mg in 1ml in pre-filled oral syringes of 2.5mg, 5mg, 7.5mg and 10mg.

It is important to know which brand and dose the students is prescribed. A signed care plan from a Hospital Consultant is also required. Midazolam medication should be stored in a lockable but easily accessible place, following discussion between the student, parents, nurses and form tutor.

Instructions for giving buccal midazolam

- The nurses will train relevant teaching staff how to give buccal midazolam.
- The nurses will regularly check the dose and expiry date before use.
- The medicine should be given slowly to stop the student swallowing the medicine as this may cause them to choke.
- If buccal midazolam does not control the seizure **within five minutes**, follow the advice given on the hospital care plan or call 999 for an ambulance.
- If buccal midazolam cannot be given for any reason, give first aid and call 999 for an ambulance.

Important safety note about the Buccolam® pre-filled oral syringes only

The pre-filled syringes under the brand name Buccolam® come with a red protective cap on the end of the syringe, which should be removed before giving a dose to the student. Removing the red protective cap should also remove the translucent tip-cap underneath it but occasionally they do not come off together.

If the tip-cap is still in place, it will stop the medicine coming out of the syringe and if you push the plunger harder, the tip-cap itself could fall off and land in the student's mouth, where it poses a choking risk.

When you remove the red protective cap, always check that the tip-cap has been removed as well. If it has not come off inside the red protective cap, pull this off separately before giving the dose to your child.

1. Remove the oral syringe from the packaging
2. Place the syringe into the side of the student's mouth, between the gums and teeth
3. If possible, divide the dose so you give half into one cheek and the remaining half into the other cheek.
4. Slowly push the plunger of the syringe down until the syringe is empty
5. Watch for any breathing difficulties
6. Confirm that the seizure has stopped
7. If buccal midazolam does not control the seizure **within five minutes**, follow the advice given on the hospital care plan or call 999 for an ambulance.

8. If buccal midazolam cannot be given for any reason, give first aid and call 999 for an ambulance.
9. Dispose of the syringe safely.

Staff Education

Where a student is known to have Epilepsy, the nurses will inform the tutor and teachers for the student so they are aware of the condition. A teaching session is offered at the start of the academic year and as needed throughout the school year (i.e. reminder sessions before trips etc). Educational posters are placed in the staff room and staff signposted to online resources around Epilepsy.

References:

Epilepsy Action. Link: <https://www.epilepsy.org.uk/>

Epilepsy Action - First Aid. Link: <https://www.epilepsy.org.uk/info/firstaid/what-to-do>

Epilepsy Action - Sports and leisure guidance. Link:
<https://www.epilepsy.org.uk/info/daily-life/sports-leisure#swimming>

Great Ormond Street Hospital guidance - Buccal Midazolam. Link:
<https://www.gosh.nhs.uk/medical-information/medicines-information/buccal-romucosal-midazolam>

12. First Aid Policy

Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all students, staff and visitors.
- Ensure that all staff and other members of the school community are aware of their responsibilities with regards to first aid health and safety.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

Legislation and guidance

The policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Department for Education guidance on First Aid in Schools (last updated 2014), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and by qualified first aid personnel.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE) and set out the timeframe for this and how long records of such accidents must be kept.
- The Department for Education guidance: The Independent School Standards
- Guidance for independent schools (April 2019), which require that suitable space is provided to cater for the medical and therapy needs of students.

Roles and Responsibilities

The role of the first aider is to provide care after an accident or injury including preserving life, minimising further injury and making the patient as comfortable as possible until professional help is available. It is not to give treatment.

This document sets out the procedures to be followed for the provision of first aid at Bedford Modern School (hereafter referred to as 'the school') when the school is open: during term time, when holiday courses are running and when the school is open to staff and visitors during the holidays. It also gives general guidance for the provision of first aid for students and staff on sports fixtures and visits away from the school.

There is always a fully qualified nurse (who is also a trained first aider), on duty during the school day, together with teaching and support staff who are trained first aiders, situated throughout school (see appendix a). On occasion, the school will use bank nurses and/or trained first aiders/paramedics from an external agency, to supplement staffing as needed in the nurses room or across the school site.

The nurses are responsible for:

- Taking charge when someone is injured or becomes ill.
- Providing nursing and first aid support.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Sending students home to recover, where necessary.
- Ensuring there is an adequate supply of medical materials in first aid kits, checking kits regularly and replenishing the contents of these kits as needed.
- Ensuring that first aiders have appropriate qualifications, keep their training up to date and remain competent to perform their role.
- Organising first aid support at home sports fixtures.

- Providing support and first aid equipment to staff taking students on school trips.
- Completing accident forms (either those forwarded by staff or initiating an accident form).
- Analysing and maintaining accident form data and reporting such data to the school Health and Safety committee meetings.
- Maintaining equipment, appropriate storing of medications and administration of medications in line with Nursing and Midwifery Council guidelines and the school Medication Policy.

Trained first aiders are responsible for:

- Responding to any incidents as they arise, including during the school day, during sports fixtures, when attending trips away from school. First aiders can either provide immediate and appropriate treatment, signpost the injured or unwell student/person to the Nurses Department or request that nursing staff are called to attend to the injured or unwell student/person.
- When a student or member of staff requires first aid when they are away from school, first aid should be provided by a trained first aider and professional medical help sought in the case of an emergency.
- Filling in an accident form on the same day, or as soon as is reasonably practicable, after an incident.

It is acknowledged that the nurse on duty is not expected to attend at other locations within school grounds to provide treatment except in an emergency. When an emergency situation arises, nursing staff should use their discretion – balancing the nature of the emergency being reported, with the conflicting need to cover the nurse’s room, especially if there are patients in his/her care at the time.

First Aid Procedures

In-school procedures:

In the event of an accident resulting in injury, or a student/member of staff becoming unwell:

The closest member of staff present will assess the seriousness of the situation and seek the assistance of the nurse or a qualified first aider, if appropriate, who will provide the required first aid treatment. Where able, the unwell student/staff member/visitor may be able to make their way to the nurse’s room (either accompanied or unaccompanied, depending on the situation).

Contact details for the Nurses:

Extension: 505 (internal)

Nurse Dept. number 01234 332505

Nurse Emergency Phone (1): 07788 970 153

Nurse Emergency Phone (2): 07788 970 154

The nurse (or first aider, if called) will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.

The nurse/first aider will also decide whether the injured person should be moved or placed in a recovery position. Where possible, the student/staff member/visitor will be assisted to the nurse’s room for further assessment and treatment if needed.

If the nurse judges that a student is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the nurse will recommend next steps to the parents.

If emergency services are called, the nurse or an appropriate member of staff will contact parents immediately.

The nurse/first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury.

Off-site procedures

When taking students off the school premises (sports fixtures or trips), staff will ensure they always have the following:

- A mobile phone, fully charged, with relevant contact details stored.
- A portable first aid kit and where needed, a basic medicine box.
- Information about the specific medical needs of students and staff.
- Parents' contact details/ staff next of kin information.

For trips, risk assessments will be completed by the Trip Leader and Educational Visits Co-ordinator prior to any educational visit that necessitates students being off school premises.

For away sports fixtures, a transport assessment is carried out. The away hosts take responsibility for first aid provision, but Bedford Modern School sports staff carry individual first aid kits, with most sports staff first aid trained.

There is always at least one first aider at away sports fixtures, on school trips and visits.

Home sports fixtures:

During the autumn term Saturday fixtures, a minimum of two emergency care practitioners/paramedics will be in attendance for Saturday fixtures, supported by first aid trained staff.

During the spring term Saturday fixtures, one/two emergency care practitioner/paramedics will be in attendance supported by first aid trained staff.

During the summer term Saturday fixtures, first aid support is given by school staff who hold a relevant first aid qualification.

For mid-week fixtures, first aid will be provided by either a trained first aider, or an emergency care practitioner/paramedic. For all home sports fixtures, provision will depend upon participant numbers/ages of students taking part in fixtures.

First Aid Equipment

First Aid boxes.

First aid boxes/bags can be found in the following areas:

- Main Reception (opposite the reception desk)
- Nurses Room
- Junior School Reception
- Science Centre
- Rutherford Building
- DT Classrooms
- Drama Studios
- Sports Hall/King Room/ Swimming Pool
- School House
- School Kitchens (including the King Room and staff room kitchens).
- School Vehicles

Appendix a provides a list of exact locations for first aid boxes around the school. All boxes are checked and restocked each term by the Nurses Department. First Aiders also restock as necessary, and allocated staff (see appendix a) can contact the nurse's room for supplies during Nurse's Department opening hours.

A typical first aid box/bag in the school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves and clinical waste bags
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Ice packs (sports bags only)

No medication is kept in first aid kits.

For school trips.

Staff will be provided with a first aid bag – the quantity and size of bag provided depends on the number of trip attendees and the length/type of trip. Staff will be provided with a medicine box containing a spare inhaler. Staff must receive training to give medication before going on a trip and record accurately any medication given. This information should be returned to the Nurses Department with the first aid kit on return. (See appendix b for training form and appendix c for medicine record form)

Any medication identified for students with known medical conditions (i.e. anaphylaxis, epilepsy) will also be provided. Trip staff and nurses will review the list of attendees in a timely manner before departure.

Away sporting fixtures.

First aid trained sports staff carry a first aid bag to all fixtures. Students with known medical conditions (i.e. asthma, anaphylaxis) should carry and be responsible for, any medication they may require (i.e. inhalers and adrenaline auto-injectors) brought from home. Junior school students may require assistance from sports staff to look after any medicines that are sent with the student.

Other first aid equipment.

The school also provides the following equipment/medical boxes in the designated locations:

Equipment Location	Defibrillator	Diabetes emergency box	Eye wash station	Emergency adrenaline auto-injector	Emergency inhaler kit
Main school reception	Yes	Yes		Yes	Yes
Junior school reception	Yes	Yes		Yes	Yes
Nurses room				Yes	Yes
Science building		Yes	Yes	Yes	Yes
Wall outside Art Department	Yes (External Defib Box)				

Rutherford building		Yes		Yes	Yes
Sports hall	Yes	Yes		Yes	Yes
King room	Yes	Yes		Yes	Yes
Swimming pool	Yes	Yes	Yes		Yes

All defibrillators, emergency adrenaline auto-injectors and emergency inhalers can be used by trained staff, and by untrained lay people who are willing to volunteer their support in an emergency.

Glucose gel (used to treat hypoglycaemia as part of a diabetic management plan) should only be administered by nurses and staff trained to give this medication.

Record-keeping and Reporting

Attendances to the nurse's room for treatment, or where the nurse is called to see a student/staff member, is logged on the school system in the medical section on ISAMS **first aid and accident recording**

- An accident form will be completed by the first aider/relevant member of staff/nurse on the same day or as soon as possible after an incident resulting in an injury.
- As much detail as possible should be supplied when reporting an accident, including all of the information requested in the accident form.
- A copy of the accident report form will be logged by the nurse's room administration assistant and a copy forwarded to the Director of Operations, Deputy Head Pastoral and other key staff when deemed necessary.
- Accident follow ups will be sought by the nurses and information fed back to the Director of Operations.
- Accident form records will be retained by the school for a minimum of 7 years, in accordance with the School's Retention Policy and then securely disposed of, either by shredding in school or through the use of an external agency.
- All accidents are reviewed and discussed at the Health and Safety committee meeting, held termly.

Reporting to the HSE

The Deputy Bursar/Director of Operations will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

If required, the Director of Operations will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight

- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Notifying parents

The nurse/tutor or another appropriate member of staff will inform parents of any accident or injury sustained by a student, and any first aid treatment given, on the same day, or as soon as reasonably practicable. This will either be by phone call, email or via a letter from the Nurses Department.

Training

All school and support staff are able to undertake first aid training if they would like to, and should approach the nurses to organise this.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is due to expire

Staff are encouraged to renew their first aid training before it is no longer valid. Staff will be reminded of approaching expiry by the nurses and refreshers/further training booked as needed.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate and is updated at least every 3 years.

All staff can access online training in how to use adrenaline auto-injectors/inhalers. All staff can approach the nurses for ad-hoc training in the use of adrenaline auto-injectors, inhalers and basic first aid procedures. Refresher sessions are offered to all departments at the start of the academic year and then on an as needed basis. Where indicated, the senior nurse will organise external health professionals to visit the school to deliver training.

13. Head Injury and Concussion Policy

Introduction

The aim of this policy is to ensure that Bedford Modern School (BMS) students receive the highest possible standard of care following a head injury. The welfare of the student both short and long term must always come first.

This policy refers to head injuries and/or concussion sustained during any activity or incident, sporting or otherwise.

This policy will reflect current guidelines from the England Rugby (RFU) and World Rugby (formerly the International Rugby Board) and the National Institute for Health and Care Excellence.

This policy is for students, staff and parents/carers of students at Bedford Modern School.

Terminology

It is important to distinguish between the terms 'head injury' and 'concussion'.

- Head injury is a trauma to the head, face, jaw or nose that may or may not include injury to the brain.
- Concussion is a traumatic brain injury resulting from a blow to head or body which results in forces being transmitted to the brain. It is usually the result of one of the following:
 - A direct blow to the head (e.g. a clash of heads or the head hitting the ground).
 - The head being shaken when the body is struck, e.g. high impacts tackle (RFU 2021).
 - Concussions can occur in many situations in the school environment, such as falling in the playground, on the sports field, impact injury to head from contact with a hard object such as the floor, a desk or another student's body, upper body injury without knock to head / whiplash. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE.
 - Students may also get concussion when playing rugby or other activities out of school but come into school with the symptoms and signs.
 - The nature of rugby means that concussion can occur in both training and fixtures. It is important that these situations are recognised as the concussion can affect their academic performance and or behaviour, as well as putting them at risk of more serious consequences if they sustain another concussion before recovery (RFU 2021).
 - The recovery process from a concussion is personal to each individual. Students and staff should not make comparisons.

Assessing the student

BMS follows guidance from the RFU, specifically the **Recognise, Remove, Recover and Return process** (see guidelines below) and the **Graduated Return to Play (GRTP)** protocol.

Any student sustaining a head injury should be immediately removed from that activity and referred to the nurse or other healthcare/medical professional. In the absence of a nurse or healthcare/medical professional, the student should be assessed by a qualified First Aider and referred for a medical opinion according to the referral guidelines.

- During home sports matches and training, the student must be removed from play and assessed at pitch side and transferred to available nursing/first aid resources or treated pitch side, depending on severity of injury.
- In school during usual school hours (i.e., 08:00 – 16.00hrs), the student should either be accompanied to the nurses' dept. for assessment, or a member of the nursing team called to assess the student.
- During 'out of hours' (i.e., evening events), where the nurse is not available or if the student is on a trip/at an away sports fixture, the student should be assessed by a First Aider. At such times, if the assessor is concerned for the health and well-being of the student, further advice should be sought (by telephoning NHS 111 or 999, if the head injury is assessed to be more severe).
- Parents/carers will be contacted, as soon as is reasonably practicable, informing them that their child has sustained a head injury.
- Treatment should be given based on the assessment, applying the appropriate course of evidence-based treatment.

Nursing and sports staff are issued with emergency information cards including a laminated pocket sports 'Concussion Recognition Tool' (CRT 5 – see guidelines/resources below). Emergency procedure cards (with postcodes and phone numbers) are in all sports First Aid bags. Sports staff should contact the nurses' dept. should the pocket CRT 5 tool or emergency information card require replacing.

The nursing staff will refer to NICE guidelines (pre – hospital management for patients with head injury) and Headcase RFU guidelines in the assessment and referral for head injuries (see section on Guidelines/Resources). The Glasgow Coma Scale (GCS) will be used to assess the level of consciousness. A GCS chart can be found in appendix A.

Home fixtures are supported by an external ambulance support company who supply appropriately trained medical personnel for support at certain fixtures. For the 2021/2022 academic year, BMS are supported by Paramedics and Emergency Technicians from Ambulance Response Services Ltd (ARSL). ARSL attend all Saturday home fixtures at The King Room, some mid-week fixtures and when there are a large number of visiting players (i.e., for competitions/tournaments).

Referral to Hospital

The nurse or, in the absence of the nurse, the qualified First Aider should refer any student who has sustained a head injury to a hospital emergency department, using the ambulance service if deemed necessary, if any of the following are present:

- GCS score of less than 15 on initial assessment
- Any loss of consciousness as a result of the injury
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury.
- Any suspicion of a skull fracture or penetrating head injury - signs include clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional since the injury.
- Amnesia for events before or after the injury (assessment of amnesia will not be possible in preverbal children and is unlikely to be possible in children aged under 5 years).
- Persistent headache since the injury.
- Any vomiting episodes since the injury.
- Any seizure since the injury.

- Any previous brain surgery.
- A high-energy head injury. For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 meter or more than 5 stairs, diving accident, high speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism.
- Any history of bleeding or clotting disorders.
- Current anticoagulant therapy such as warfarin.
- Current drug or alcohol intoxication.
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected).
- Continuing concern by the professional about the diagnosis.

(NICE Head Injury Guidelines 2019 relating to referral to hospital)

In the absence of any of the risk factors above, consider referral to an emergency department if any of the following factors are present, depending on judgement of severity:

- Irritability or altered behaviour
- Visible trauma to the head not covered above but still of concern to the healthcare professional.
- No one is able to observe the injured person at home.
- Continuing concern by the injured person or their family or carer about the diagnosis.

(NICE Head Injury Guidelines 2019 relating to referral to hospital).

Where the student has been assessed as not meeting any of the criteria above, they should be discharged into the care of their parents/carers together with a head injury advice letter from the nursing team (see appendix B) and following a discussion with the nurse caring for the student at that time. The discussion should include:

- providing a detailed account of how the injury was sustained
- what treatment has been provided thus far (including analgesia given, if any)
- 'safety' net' advice – warning signs to look out for, when to seek further help/medical advice
- Advice around ongoing management (i.e., rest, Graduated return to play).

Emergency Management

Where a student exhibits the following situations/symptoms, this indicates a medical emergency and requires emergency medical assistance, by telephoning 999 and requesting an ambulance.

- Rapid deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity of breathing
- Any signs or symptoms of neck, spine or skull fracture or bleeding
- Seizure activity
- Any student with a witnessed prolonged loss of consciousness and who is not stable (i.e. condition is worsening).

Concussion information

Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of players, and especially young players.

Some estimates suggest that in a third of adolescents with concussion, recovery can take place in 1-2 days. The majority (80-90%) of concussions resolve in a short (7-10 day) period. This may be longer in children and adolescents and a more conservative approach should be taken with them. During this recovery time however, the brain is more vulnerable to further injury, and if a player returns too early, before they have fully recovered, this may result in:

- Prolonged concussion symptoms
- Possible long-term health consequences e.g. psychological and/or brain degenerative disorders
- Further concussive event (although rare) being FATAL, due to severe brain swelling – known as second impact syndrome.

It is extremely important that sports staff and parents acknowledge any head injuries and subsequent concussions, which occur away from BMS. This could include (but is not limited to):

- During away schools sports fixtures
- Where students are taking part in sports for clubs external to school
- During activities/incidents away from school (i.e., a fall whilst skiing, a head injury following a fainting episode at home for example)

Following such an incident, the responsible adult (i.e., parent/carer or sports staff) should notify the nurse of any head injury/concussion by emailing: nurses@bedmod.co.uk

Students with concussion should follow the Concussion Management Pathway in school aged athletes (see appendix f). Students can only start the Graduated Return to Play (GRTP) from day 15, once all symptoms have resolved and they are ready to do so. If parents/carers are unsure that the symptoms have resolved by this stage, they should seek advice from the nurses at school or their own GP.




A key aspect of recovery is for all parties – students, parents/carers, sports coaches, concussion team and other staff – to have a clear and open understanding of the length of recovery and the stages contained therein. Honesty is required from all parties so that the student can be properly supported.







It is recommended that the students should have 24-48 hours complete rest at home but extended absence is uncommon.







The GRTP should be undertaken on a case by case basis and with the full cooperation of the player and their parents/guardians.







In order to facilitate the GRTP process and communicate a student’s progress through each stage, the BMS post-concussion GRTP form (see appendix g) should be completed. This form is initiated by the nurses and a copy is sent to parents with a letter (see appendix h), to sports department staff and tutors within 48 hours of the head injury/concussion taking place. A paper copy of the post-concussion GRTP form will be held by the nurses and when completed, scanned onto the student’s ISAMs medical records.

Concussion – Initial Diagnosis and Management

RECOGNISE		
Mid-week fixture/other incident	Saturday fixture	Away fixture/sports fixture with external club/other incident
Injury occurs 	Injury occurs 	Injury occurs 

<p>Assessed by:</p> <ul style="list-style-type: none"> • First aider or • Paramedic/Emergency technician or • nurse contacted for advice and assessment <p style="text-align: center;"></p>	<p>Assessed by:</p> <ul style="list-style-type: none"> • Paramedic/Emergency technician or • First Aider <p style="text-align: center;"></p>	<p>Assessed by:</p> <ul style="list-style-type: none"> • First aider or • Health care professional <p style="text-align: center;"></p>
<p>On pitch/side-line assessment & player has injury with suspected concussion</p> <p style="text-align: center;"></p>	<p>On pitch/side-line assessment & player has injury with suspected concussion</p> <p style="text-align: center;"></p>	<p>On pitch/side-line assessment & player has injury with suspected concussion</p> <p style="text-align: center;"></p>
REMOVE FROM PLAY		

Mid-week fixture/other incident	Saturday fixture	Away fixture
<p>Player must be removed from play and will not play any further part in game</p> <p style="text-align: center;"></p>	<p>Player must be removed from play and will not play any further part in game</p> <p style="text-align: center;"></p>	<p>Player must be removed from play and will not play any further part in game</p> <p style="text-align: center;"></p>
<p>Student escorted / transfer to First Aid room at King Room or to Nurses Department on main site.</p> <p style="text-align: center;"></p>	<p>Student escorted / transfer to First Aid room at King Room</p> <p style="text-align: center;"></p>	<p>Player escorted / transfer to Medical Centre / First Aid Tent on site</p> <p style="text-align: center;"></p>
<ul style="list-style-type: none"> • 999 for emergency transfer to A&E or • Referred to GP or A&E Department for further assessment or • Home with parents/carers with head injury advice sheet and safety net of what to do if concerns with recovery at home 	<ul style="list-style-type: none"> • 999 for emergency transfer to A&E or • Referred to GP or A&E Department for further assessment or • Home with parents/carers with head injury advice sheet and safety net of what to do if concerns with recovery at home 	<ul style="list-style-type: none"> • 999 for emergency transfer to A&E or • Referred to GP or A&E Department for further assessment or • Home with parents/carers with head injury advice sheet and safety net of what to do if concerns with recovery at home • Parents or sports staff to email nurses on nurses@bedmod.co.uk

		
RECOVER		
<p>Day 1 & 2 post injury</p> <p>24/48 hours complete rest at home (Student may be absent from school Thursday and Friday)</p> <ul style="list-style-type: none"> • No activity • No screen time • No school • No driving <p>Day 3 to 14 post injury</p> <ul style="list-style-type: none"> • No sport • Light activity • Half day attendance as needed • Watch for: <ul style="list-style-type: none"> ○ Loss of concentration of memory ○ Worsening of concussion symptoms <p>If any issues, reduce attendance for <u>48 hours</u> and retry.</p> <p style="text-align: center;"></p>	<p>Day 1 & 2 post injury</p> <p>24/48 hours complete rest at home (Student may be absent from school on Monday)</p> <ul style="list-style-type: none"> • No activity • No screen time • No school • No driving <p>Day 3 to 14 post injury</p> <ul style="list-style-type: none"> • No sport • Light activity • Half day attendance as needed • Watch for: <ul style="list-style-type: none"> ○ Loss of concentration of memory ○ Worsening of concussion symptoms <p>If any issues, reduce attendance for <u>48 hours</u> and retry.</p> <p style="text-align: center;"></p>	<p>Day 1 & 2 post injury</p> <p>24/48 hours complete rest at home</p> <ul style="list-style-type: none"> • No activity • No screen time • No school • No driving <p>Day 3 to 14 post injury</p> <ul style="list-style-type: none"> • No sport • Light activity • Half day attendance as needed • Watch for: <ul style="list-style-type: none"> ○ Loss of concentration of memory ○ Worsening of concussion symptoms <p>If any issues, reduce attendance for <u>48 hours</u> and retry.</p> <p style="text-align: center;"></p>
<p>Day 15 to 23 post injury</p> <ul style="list-style-type: none"> • Commence graduated return to play provided student has been in full time attendance at school • Carry out activities as per GRTP (see appendix D) 	<p>Day 15 to 23 post injury</p> <ul style="list-style-type: none"> • Commence graduated return to play provided student has been in full time attendance at school • Carry out activities as per GRTP (see appendix D) 	<p>Day 15 to 23 post injury</p> <ul style="list-style-type: none"> • Commence graduated return to play provided student has been in full time attendance at school • Carry out activities as per GRTP (see appendix D)
Concussion Clinic assessment at school before FULL RETURN TO PLAY		

PLEASE NOTE:
With a straightforward recovery post head injury/concussion,
the earliest return to play will be 23 days.
If the student does not pass the SCAT 5 assessment, they will be re-assessed at
a later date.

Concussion Management Team

The nurses will be responsible for follow up and to liaise with appropriate medical staff, parents/carers, the Head of Rugby, sports coaches and teaching staff.

A concussion clinic will be held in the Nurses Department on an as needed basis. BMS will be supported by Doctors who will see students in school to assess their recovery and return to play. Parents/carers are welcome to forward any queries/questions they may have to the nurses, who will then forward these to the medical staff as needed.

Communication from the nursing team regarding GRTP will be by email (or telephone as needed).

Key information regarding GRTP process:

- Concussion is recognised within 48 hours of the injury (ideally immediately) and the decision is made to remove.
- This decision is then fixed and BMS will not allow the student to return to play until they have been reviewed by a suitably qualified Doctor trained in concussion assessment & management (this can be any Doctor but if the school has a concern regarding any decision then they can refer this concern to the Doctor covering the BMS concussion clinic and can provide further advice as needed).
- If a parent, coach or GP contests the original decision then, on the basis of child protection and World Rugby/RFU guidelines, this contestation will be rejected.
- The student should usually see the concussion Doctor around day 23 after the original injury, although in very occasional circumstances (and likely where there is a query over the original decision) the student can be seen at 10 days (but no earlier) after the injury.
- Any Doctor signing a student back to play before 10 days is not following national and international guidelines and demonstrates a lack of awareness of concussion management. The Concussion Doctor has advised BMS to reject any such assessment and require assessment at the appointed time point by a concussion trained Doctor.
- BMS has a duty of care to ensure its students are kept safe and allowing a child to return to play too early (even if the GP has signed them off) doesn't excuse the school from its duty of care.

Prevention and Education

It is the aim of BMS to protect students participating in sports and other unspecified activities (where possible). It is appreciated that proper education and supervision may help to minimise the risk to the student. It is recommended that:

- All staff associated with sport are issued with information on signs and symptoms of concussion.
- All sports staff to consider volunteering to undertake first aid training and to maintain an appropriate first aid qualification.

- All sports staff and staff associated with sporting activities to have an understanding of school protocols and available resources around concussion including RFU guidelines "Don't be a Head Case".
- Following a head injury, students and parents/carers are given written handouts informing them of the signs and symptoms of concussion and follow up advice following all head injuries.
- All students, parents/carers can recognise the signs and symptoms of concussion and are aware of the importance of informing staff if their child has sustained a head injury during outside clubs/activities and to inform clubs of injuries that have occurred at school.
- Where students are known to have long term disabilities and chronic medical conditions, the student should be risk-assessed before taking part in sports where there is a risk of injury or concussion. Parents/carers are encouraged to share any medical information they feel is relevant to the safety of their child.
- Academic staff will inform the nurses if they notice any concentration issues in any of their students.
- Class or teammates are encouraged to report injuries or concerns which they have in regard to class/social/behavioural changes in their friends.
- All staff must recognise the importance of the need for medical intervention to ensure ongoing evaluation of injury throughout graduated return to play (GRTP).
- Students should recognise the importance of reporting their injury and symptoms to their parents/guardians and informing their team coaches to ensure current guidelines are followed. All such instances must be passed onto Medical Centre.
- The RFU Headcase webpage should be accessed and read by parents/carers are advised that appropriate staff are informed of any Head Injuries which have occurred at outside clubs and to pass such information to medical centre staff in all incidences.
- SCAT 5 baseline assessment to be carried out with all first and second team rugby players at the start of the season.

Training

All nursing staff, rugby coaches, games/PE staff and any other school staff who regularly support students with sporting activities complete the England Rugby on-line training course. This should be undertaken as soon as possible into the start of the autumn term.

All rugby players in years 10 and above complete the England Rugby on-line training course.

All rugby players in years 9 and below watch a video about Head Injury and concussion.

Guidelines/Resources

British Journal of Sports Medicine– Concussion Recognition Tool 5. Link:
<https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097508CRT5.full.pdf>

British Journal of Sports Medicine – Sport Concussion Assessment Tool Fifth edition (SCAT 5). Link:
<https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>

England Rugby – Concussion. Link:
[General Information \(englandrugby.com\)](http://www.englandrugby.com)
[Resources \(englandrugby.com\)](http://www.englandrugby.com)

Headway UK – guidance around Glasgow Coma Scale. Link:
<https://www.headway.org.uk/about-brain-injury/individuals/effects-of-brain-injury/coma-and-reduced-awareness-states/glasgow-coma-scale/>

National Institute for Clinical Excellence (NICE). Head injury: assessment and early management. Clinical guideline [CG176] Published date: January 2014. Last updated: September 2019

NHS - Head injuries and Concussion advice. Link:
<https://www.nhs.uk/conditions/minor-head-injury/>

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14. Infection Control Policy

Policy statement

Infections can be readily spread in close-knit communities such as schools. Bedford Modern School (BMS) is committed to minimising this risk. The Nurses Department staff work within guidance provided by Public Health England and the Health Protection Agency (see references below).

Practice and Procedures

BMS continually strives to manage practices and to conform to guidelines in the following areas:

National Immunisation Schedules

The school works with the local community NHS Immunisation team to ensure that all scheduled immunisations are offered to students between year 3 and year 13 in the school setting. Immunisations are checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed, or further catch-up doses required should be organised through the child's local immunisation team or GP. The national schedule changes periodically so it is important to check the [NHS website](#) for up to date details. Alternatively, the nurses can advise on the latest national immunisation schedule. Parents/carers can obtain a full list of their child's immunisations by contacting their GP.

Infectious Diseases/Epidemic

Outbreaks or cases of notifiable diseases are reported as soon as is reasonably practicable to the Local Health Protection Team (Essex). Telephone: 0300 303 2537. Where necessary, a student, students and/or staff will be excluded from school or otherwise isolated in accordance with relevant guidance from the Health Protection Team. In this situation, parents/carers will be informed immediately, and arrangements made for collection as soon as possible. For other infections (i.e. Chickenpox, scarlet fever, the nurses refer to Public Health England and NHS guidance).

The nurses are responsible for reporting to the Senior Leadership Team when coordinating the School's response to any notifiable disease or epidemic. Where infections are leading to an epidemic/pandemic, the school will take guidance from relevant areas (i.e. the Government, World Health Organisation, Public Health England and the National Health Service).

Cross Infection

Wherever possible, the School endeavours to bring safe procedures to the attention of all members of the Bedford Modern School community although ultimately, it is the responsibility of the individual to ensure his/her own safety. Procedures should be followed at all times which ensure that the risk of cross infection is kept to a minimum. These include:

- **Effective handwashing.** This is one of the most important ways of controlling the spread of infection. The recommended method is the use of liquid soap, warm water, washing hands for between 20-30 seconds and drying hands fully with a paper towel. Posters illustrating the correct way of hand washing are displayed throughout school. At times where this requires review, students and staff will be given videos on handwashing to watch or demonstrations given by the nursing team.

- **Tissues.** Encouraging the use of tissues to cover the nose and mouth when coughing and sneezing, followed by hand washing. Where this is not possible, the individual should sneeze/cough into the inside of his/her elbow.
- **Hand sanitisers.** Students and staff are recommended to practice good hand hygiene through regular and thorough hand washing. The Centers for Disease Control and Prevention recommends using an alcohol-based hand sanitiser with at least 60 percent alcohol if soap and water are not readily available. Such hand sanitiser is available at key points around school, either via a walled unit or a pump dispenser bottle. If there is an epidemic, location of hand sanitisers will be prioritised by the nurses, depending on what stocks are available.
- **Awareness of own health and well-being.** Parents/carers should not bring their child to school if they feel their child is unwell or they may have an infection that may be contagious to others. Instead, parents/carers should contact their GP or call NHS 111 for advice. If a student/member of staff becomes unwell in school, they will be assessed by nursing staff and the appropriate action taken.
- **Clothing.** Clothing soiled at school should be placed in a bag and taken home, to be washed separately at the hottest temperature the fabric will tolerate.
- **Cleaning.** Cleaning routines around school are overseen by the Estates department. If an area requires extra or urgent cleaning, the Estates department should be contacted (via extension 523 or by email: cleaning@bedmod.co.uk). Cleaning is of significant importance in the case of an epidemic and cleaning provision will be risk assessed at such times.
- **Personal protective equipment.** Non-latex gloves and if required, personal protective equipment (PPE) should be worn when carrying out any first aid where bodily fluids are involved. PPE equipment (gloves, aprons, body suits with hoods, overshoe protectors and FFP II face masks) is held in the nurse's room.
- **Bodily fluid spillages.** Bio-hazard Disposal Packs (for the disinfection and removal of blood, vomit or urine) are held in the nurse's room for use in this area. Bodily fluid spills in other areas of school should be reported to Estates (contact details above). The process of cleaning can create slip and trip hazards, especially for those entering the area being cleaned, such as the cleaners/nursing department staff. Examples include smooth floors left damp and slippery. Appropriate signage and communication should be used to prevent this (see guidance link below).
- **Sharps.** See Sharps Policy.
- **Waste.** All clinical waste should be disposed of in clinical waste bags. Where there are concerns for infectious diseases and/or an Epidemic, clinical waste bags should be 'double-bagged'. In school, the yellow clinical waste bin is adjacent to the Estates office building. The clinical waste bin is kept locked at all times and the key is available from the nurse's room. Clinical waste is collected by the local council on a regular basis. Collection information can be obtained from the Estates office (ext. 667).
- **Other considerations.** Dynamic situation risk assessment to be carried out as needed.

References

Public Health England guidance: Health protection in schools and other childcare facilities. Link: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Health Protection Agency: Guidance on infection control in schools and other childcare settings".

Link: https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

The Centres for Disease Control and Prevention: Guidance on handwashing. Link: [Handwashing and Hand Sanitizer Use at Home, at Play, and Out and About. \(Print-only\) \(cdc.gov\)](#)

Health and Safety Executive: Guidance on Slips and trips. Link: <https://www.hse.gov.uk/cleaning/topics/slips.htm>

Bedford Borough Council: Clinical and Hazardous waste. Link: <https://www.bedford.gov.uk/rubbish-recycling-and-waste/clinical-and-hazardous-waste/>

15. Medication Policy

Policy Statement

BMS welcomes students and staff who take medication on a regular or temporary basis. We believe that every student and staff member taking medication has the right to participate in all areas of school life and makes all reasonable efforts to ensure this is possible.

Procedure and Policies

Medical Information and Consent questionnaire. On entry to BMS, parents/guardians complete the Medical Information and Consent online form in which:

- Consent is given for over the counter medications (OTC) (i.e., medications that can be obtained without prescription for the immediate relief of minor, self-limiting ailments), to be administered to their child once it has been assessed that the student would benefit from having the medication. (See appendix one).
- Consent for prescribed medication is given (including, but not limited to, Adrenaline Auto-Injectors and Salbutamol inhalers).

When parental consent for medications is received, this is documented on the school's electronic records system. It is assumed that consent will last for the length of time the student is attending BMS. It is the responsibility of the parent/guardian to update the school nursing team if there are changes to the consent information held.

Parents/guardians are encouraged to give as full disclosure as possible about the long term health needs of any student, including sufficient and current information about the condition itself (to include any medication needs, even if these are not administered in school).

Individual Health Care Plans (IHCP)

On entry to the school or any time thereafter (should the need arise), an IHCP is prepared for any student with specific medical needs. This is done in conjunction with the student, the students' parents/guardians and relevant health professionals (i.e. GP, Hospital Consultant). The HCP includes:

- Details about the student and his/her condition (including triggers, signs, symptoms, treatments).
- Name and details relating to medication (including dosage requirements, side effects and storage requirements).
- Special requirements (including pastoral support, classroom modifications, dietary needs, pre-activity precautions such as using an inhaler before sport, testing equipment for diabetics - this list is not exhaustive).
- Emergency procedures - action to be taken and who to contact.

IHCPs are updated as necessary, and parents are requested to inform the nurses of any changes in a timely manner.

Record Keeping

IHCPs, medical information and consent forms are recorded and stored as per Harpur Trust Data Protection policies.

Severe Allergies

In the case of students with severe allergies, name lists with photographs (and allergy) are displayed in the school kitchen, the Nurses Department and in the Junior School staff room. All allergies are recorded on individual student electronic records next to their photograph so that they are easily recognisable. Photo lists of students with an adrenaline auto-injector (AAI) are held in all AAI spare boxes, in the Nurses Department, in the King Room First Aid room, at the school Boathouse and on the main iSAMS page.

Severe Medical Needs

Students with serious medical needs are brought to the attention of key members of staff (including form tutors, subject teachers, support staff and staff supervising co-curricular activities, on an as needed basis). Staff are made aware of the relevant medical condition, medication requirements and emergency procedures. Provision for immediate access to medication is made where necessary.

Information on Conditions

Posters giving information on common conditions experienced by young people, e.g. diabetes, asthma, epilepsy and anaphylaxis, are displayed around school. The nurses offer awareness sessions and updates at the start of the academic year and as required.

Arrival and Storage of Medication

The nurse requests that medication required during the school day is held in the nurse's room. This is so that medication is not accidentally lost (and therefore unavailable when needed). It also stops the risk of lost medication being taken by someone for whom the medication is not prescribed.

Exceptions

Students and staff with asthma should carry their inhalers with them at all times. Emergency Asthma Inhaler kits are available at several sites across the school premises. Students and staff with allergies requiring an adrenaline auto-injector (AAI) should have at least one pen carried with them.

Controlled medication must be stored in a previously agreed 'safe place' that is accessible when the medication is needed. This should be discussed between the nurses and parents.

Medication for Junior School students (including inhalers and AAI's) is held in the Junior School office unless there is a specific request from parents for the student to hold his/her own medication with them at all times.

Storage options:

- Medication requiring refrigeration will be stored in the medicines fridge in the Nurses Department. Parents are requested to provide a small bag and ice pack, so that fridge medications can be returned appropriately at the end of the day.
- Non-fridge medications will be held in a locked cupboard in the nurse's room.
- Spare adrenaline auto-injectors are held on the large emergency medication board in the Nurses Department unlocked corridor; accessible at all times in an unlocked cupboard in the nurse's room.

Prescribed Medication

- Any prescribed medication (see appendix j) must:
 - be in its original container
 - Clearly labelled with the student's name, the name of the medication and dose, instructions and expiry date.

- Consent and instructions from parents/carers can be submitted to the nurses as a letter, by email, via a phone call or in the student planner.
- If there is any ambiguity or confusion regarding medicine administration, staff will seek clarification from parents/carers before administration.
- Medication held in the nurses room is locked in a cupboard, keys are held by nursing staff only. Insulin is stored in an unlocked fridge. This is for convenient and timely access in an emergency situation. The nurses room is locked overnight and when unattended specific members of staff have a key to the main room.

Controlled Medication

Controlled medications are subject to special monitoring arrangements. They are stored in a lockable cupboard (housed within another lockable cupboard). They are easily accessible in case of emergencies. Controlled medications are accessed and administered by nurses (**except** where staff have been trained to administer medication, such as Buccolam). Two signatures are required when administering and recording a controlled drug in school.

Antibiotics

Where instructed by the manufacturer, antibiotic medication will be stored in a fridge. Parents/guardians should send this medication into school in a small cool bag so that it can be returned to the student at the end of the day. Parents/guardians are welcome to collect the medication from the Nurses Department.

Expired Medication

Expired medication will be returned to a pharmacy and student records updated. The **exception** to this is controlled medication, which must be signed out to parents who are then advised to return the medication immediately to the dispensing hospital/surgery.

Administration of Medication

- Assessments are carried out by nursing staff as to if and when medication is needed. Nurses will also carry out certain checks via questions before administration (i.e., if the student has any known allergies to the medication, if they have had any medication recently etc.).
- If a student is competent to self-administer medication (i.e., tablets), then this is done by the student under nursing supervision. For younger students, medication (such as liquids) will be administered via spoon/medicine pot/oral syringe.
- Students up to year ten are given a slip for parents to say what medication has been administered, including when and why. It is expected that year 11 student's upwards will be able to convey this message to parents themselves. Otherwise, a slip is provided for parents.
- A record of administered medication is recorded on individual iSAMS records.
- Where certain medication has been administered (i.e., adrenaline auto-injector or Buccolam), or if there are serious concerns for a student's well-being, the emergency services will be called.
- Any errors made in the administration of any medication are reported to the nurses and advice sought from the Nursing and Midwifery Council (NMC).
- When a course of medication is completed in school, any remaining medication is returned to the student's parent/guardian.
- Where medication is refused, the student will not be forced to take the medication. The nurse will contact parent/guardian if this happens.
- When a student is going on a trip/away fixture, it is the responsibility of the parent/guardian to ensure that any medication they require is handed to an

appropriate adult, in its original container with written consent and instruction for administration.

The nurses welcome contact from parent/guardian to discuss their child's medicine needs at any time. Tel: 01234 332505, email: nurses@bedmod.co.uk.

16. Personal Emergency Evacuation Plan (PEEP)

Guidelines and form

Please read these guidelines before completing the PEEP form.

What is a PEEP?

- A PEEP is a Personal Emergency Evacuation Plan. It is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency.
- This PEEP is also designed to review and support students and staff who may require assistance during their School day.

Who needs a PEEP?

PEEPs may be required for students and staff with:

- Mobility impairments
- Sight impairments
- Hearing impairments
- Cognitive impairments
- Other circumstances

A temporary PEEP may be required for:

- Short term injuries (i.e. broken leg, using crutches)
- Temporary medical conditions
- Those in the later stages of pregnancy

The underlying question in deciding whether a PEEP is necessary is "can you evacuate the building unaided, in a prompt manner, during an emergency situation?" If the answer is "no", then it is likely that a PEEP is needed.

Students – what to do?

- A student is identified as being impaired. School staff (i.e. form tutor, nurse or other staff) should be informed of this by communication from parents/carers.
- The impairment will have already been identified (i.e. on joining the School) or as a result of an accident, injury or other circumstance that has happened unexpectedly.
- Once identified, the Nurse in communication with the parent/guardian will start a PEEP form and send to the form tutor and Head of Year.
- It is then the responsibility of the Form Tutor and Head of Year to print off and review the student's two week timetable, together with the student concerned.
- Looking at the timetable, consideration should be given to:
 - How to support the student in an emergency situation and identifying a suitable route of evacuation
 - Moving between classrooms and buildings for lessons and breaks
 - Having to use/avoiding stairways
 - 'Peak time' in corridors
 - Carrying bags, lunch trays and other items
 - Other circumstances
- The PEEP form should then be completed, addressing any issues raised and providing solutions/arranging support where required.
- If needed, the student may be supported with the use of a wheelchair (held in nurse's room) or a caddy car.

- A copy of the completed PEEP should be sent to the nurses and Deputy Bursar in addition to those identified with an action, either as an email attachment or printed copy. A copy will be held in the nurse's room.
- A copy of the form will be sent to parents/carers.

Staff Members - what to do?

- If you need assistance evacuating from a building, even temporarily, it is your responsibility to inform and complete a PEEP with your line manager.
- The completion of the PEEP will decide upon the best escape plan for you in an emergency. This PEEP needs to be reviewed on a regular basis.
- For caddy car use, please request dates and times under *Methods of Assistance* so this can be requested of caretaking. The aim is to support with movement around the School and is subject to resources available.
- A PEEP form can be found at the back of the Personal Evacuation Emergency Evacuation Plan (PEEP) Guidelines and Form in [S:\School, HR and Harpur Trust Policies\School Policies](#)

Review of PEEP form:

- For temporary/short term PEEPs, the form should be reviewed at least fortnightly by the Form Tutor/line manager in conjunction with the individual requiring the PEEP.
- For PEEPs that are required permanently, these should be reviewed at least termly, or more frequently as requested by the individual requiring the PEEP.

For any support with completing the document, please contact:

Mr T Morley
Deputy Bursar
Ext. 560

A member of the Nursing Team
Ext. 558

17. Sharps Policy

What are sharps?

'Sharps' are needles, blades (such as scalpels) and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin.

What is a sharps injury?

A sharps injury is an incident, which causes a needle, blade (such as scalpel) or other medical instruments to penetrate the skin. This is sometimes called a percutaneous injury.

Policy Statement

Bedford Modern School is committed to the safe use of any sharp object used by the nursing staff, and by students (who have a medical condition where sharps use may be required). This policy provides a clear framework to ensure safe practice when sharps are used so as to minimise any injuries caused by contaminated sharps. The policy is applicable to all nursing staff and students at all times and in all situations.

Practice and Procedures

Assess. Does a procedure involving the use of sharps need to be undertaken? If so, the following procedures must be followed:

- **Sharps box.** These are readily available in the Nurses Department and should be available adjacent to the practitioner/patient before a procedure involving a sharp is being undertaken. Please see 'Other considerations' further on in this policy.
- **Discarding.** After use, sharps must be discarded directly and immediately into a sharps container. The lid should then be gently pressed for 'temporary closure'.
- When a sharps box is 'finally' closed, the nurses will contact Bedford Borough council and arrange collection and disposal.

What to do if you receive a sharps injury

If you suffer an injury from a sharp which may be contaminated:

- Encourage the wound to gently bleed, ideally holding it under running water
- Wash the wound using running water and plenty of soap
- Don't scrub the wound whilst you are washing it
- Don't suck the wound
- Dry the wound and cover it with a waterproof plaster or dressing
- Seek urgent medical advice (for example, by calling NHS 111 or attending the nearest A&E department) as effective prophylaxis (medicines to help fight infection) are available.
- Report the injury using an accident form.

What is the risk?

The main risk from a sharps injury is the potential exposure to infections such as blood-borne viruses (BBV). This can occur where the injury involves a sharp that is contaminated with blood or a bodily fluid from a patient. The blood-borne viruses of most concern are: Hepatitis B (HBV), Hepatitis C (HCV), Human immunodeficiency virus (HIV). The transmission of infection depends on a number of factors, including the person's natural immune system. We know the number of injuries each year is high, but only a small number are known to have caused infections that led to serious illness. However, the effects of the injury and anxiety about its potential consequences, including the adverse

side effects of post-exposure prophylaxis can have a significant personal impact on an injured employee.

Reporting of sharps' injuries

Injuries are reported to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 1995. If a member of staff or student:

- Is injured by a sharp known to be contaminated with a blood-borne virus (BBV), it is reported as a dangerous occurrence.
- Receives a sharps injury and a BBV is acquired by this route, this is reported as a disease.
- An accident form (available from the nurse's room) must be completed for any injury related to sharps use, even the sharp is not thought to be contaminated. If the staff member develops a disease attributable to the injury, this is reported.

Other considerations

Adrenaline auto-injectors (AAI's). This type of medicine will only be administered in an emergency. The needle contained in all brands of AAI will self-sheath after administration. The used AAI should be given to the paramedic who attends the scene.

Students/staff with medical conditions that may require an injection (such as, but not limited to, diabetes). Used needles can be disposed of in a sharps box in the nurse's room, or the staff member/ student will safely dispose of the sharp themselves, in a smaller sharps box that is carried with their medicines.

References

Health & Safety executive guidance – Sharps.
<https://www.hse.gov.uk/healthservices/needlesticks/>

Bedford council website for collection and disposal of sharps bins.
[Clinical and hazardous waste · Bedford Borough Council](#)

Nursing Department

**Interim review October 2021
Review Date May 2022**

Appendix a

First Aid boxes are checked on a monthly basis.

LOCATION OF FIRST AID BOXES	PERSON RESPONSIBLE FOR CHECKING
Reception – Main building	Nurses
School Office	Claire Sedgmen
Staff common room	Nurses
Year 7 common room	Head of year
Year 8 common room	Head of year
Year 9 common room	Head of year
Year 10 common room	Head of year
Year 11 common room	Head of year
Art department	Head of Art
Library	Tanya Henning
Music Office	Madeline Petitt
Drama Powder room	Nick Parker
Drama Workshop	Nick Parker
Drama Room 1	Rachael Bradley
Drama Room 2	Rachael Bradley
Drama Studio	Rachael Bradley
Junior school main reception	Junior School School Reception
Junior school downstairs refreshment area	Junior School School Reception
Junior school Staff Room	Junior School School Reception
Junior school Design Technology	Junior School School Reception
Junior school Science laboratory	Junior School School Reception
After school care, Junior School Science block	Anne Isacson
Rutherford building Foyer	Sharon Burns
Rutherford building 6 form common room	Sharon Burns
Rutherford building Cleaners cupboard	Rob Tarrant
Science building main reception	Karen Solomon
Biology prep/Burns box	Lynn Winters
Chemistry prep/Burns box	Karen Solomon
Physics prep/Burns box	Chris Witham
Rutherford building kitchen	Jonathan Gwilliams
Rutherford building tuck shop	Jonathan Gwilliams
Weights and fitness room	Louise Williams
Sports hall	Adam Higgins
King Room First Aid room	Nurses
King Room Kitchen	Jonathon Gwilliams
Swimming pool	Ashley Bygraves
Deputy Bursar's office	Sylvia Styles
School House Kitchen	Heather Lovelock
Speech & Drama (School House)	Shelly Leather
CCF	Alex Smith
Care takers office	Rob Tarrant
Maintenance workshop	Ray Fulton
Main School Plant room	Ray Fulton
Cleaning Hub	Rob Tarrant
Maintenance truck	Ray Fulton
Groundsman's Office	Michael Logan
Gardeners Garage	Ray Fulton
Catering Van CF63 MHU	Sylvia Styles
Tim Morley Van WF60 OKX	Sylvia Styles
GX66 WKF	Sylvia Styles
GU64 MVW	Sylvia Styles
KM13 VPZ	Sylvia Styles
GX66 WKE	Sylvia Styles
GU66 UCJ	Sylvia Styles
GX66 WKG	Sylvia Styles
GK67 EFP	Sylvia Styles

Staff Medication Training

Occasionally it may be necessary for staff to give medication to students on trips away from school.

This will be medication for minor illnesses or pre-disposing medical conditions.

It is important before leaving for any event away from school that a list of medical conditions is prepared, checked and medicine for individual students is collected from the Nurses Department when the First Aid bag is collected.

Only staff that have received medication training may administer medication.

Essential information to check before administering medication:

- Name of Student
- Age and D.O.B of student
- Reason for administering medication
- Frequency of medication e.g., 4 hourly or 4 doses in 24hrs etc
- Time student last took the medication
- The dose is correct for the student's age
- Parent consent given
- Record all the above information on medication form

Please sign and date this form to acknowledge you have received specific medication training and that you understand the procedure for administering medication to a student in your care. This training must be updated annually or sooner if necessary.

Name of staff:

Name of Nurse:

Designation:

Trainer:

Signature:

Signature:

Date:

Date:

Medication Record for Trips

Date	Time	Name of Student	Age	Medication given and dose	Reason for medication	Signature of staff administering medication

Glasgow Coma Scale (GCS)

The GCS is a scale used to measure a person's level of consciousness. It assesses the patient's ability to open their eyes, move and speak. The total score is calculated by adding up the scores from the different categories, shown in the tables below, and ranges from a minimum of 3 to a maximum of 15:

Mild; GCS = 13 – 15

Moderate; GCS = 9 – 12

Severe; GCS = below 8

Best motor response	Verbal responses	Eye opening
6 Obeying commands	5 Orientated response	4 Spontaneous
5 Movement localised to stimulus	4 Confused conversation	3 To speech
4 Withdraws	3 Inappropriate words	2 To pain
3 Abnormal muscle bending or flexing	2 Incomprehensible sounds	1 None
2 Involuntary muscle straightening and extending	1 None	
1 None		

Head injury advice letter to parents/carers

Dear Parent/Carer,

This is to inform you that was seen by a qualified first aider or nurse following a head injury today. Usually after such an injury there is no serious damage, but occasionally problems can occur. The treatment your child received was:

.....

Please seek further medical advice (GP, Walk-in Centre, A&E or by calling NHS 111 or 999 if urgent help needed) if your child complains of any of the symptoms below, in the next 48-72 hours, while recovering at home:

- **Headaches.** A headache associated with bruising is not uncommon but persistent, intense or severe pain must be reviewed
- **Visual / Hearing disturbances.** If your child complains of blurred, double vision, buzzing in the ears or is unsteady on his/her feet
- **Vomiting.** It is not uncommon for the shock of the injury to cause one isolated episode of vomiting. If vomiting starts later on or occurs more than twice, seek medical advice.
- **Altered behaviour.** If your child exhibits strange, uncharacteristic behaviour or if his/her personality alters. Reading/writing problems can be a cause for concern.
- **Drowsiness.** If your child appears drowsy or difficult to wake, or has difficulty staying awake. Excessive drowsiness is often the first indication that further problems may arise.

RED FLAGS if present, phone 999 for immediate care	
Clear fluid coming from ears or nose	Headache which is getting worse
Numbness or decreases in coordination/balance	Weakness
Repeated vomiting or prolonged nausea	Slurred speech, difficulty speaking/understanding
Increased confusion, restlessness or agitation	Convulsions/Loss of consciousness

Further advice:

- Paracetamol can be given after a head injury as long as the casualty is not vomiting and provided your child is not known to have an allergy to paracetamol or has had paracetamol in the previous four hours. Please give correct dose for age.
- Do not leave your child alone for the first 48 hrs.

- If in any doubt about your child's health or are worried, seek medical advice without delay.

For a few days you may notice that your child is:

- More tired than usual
- Feels miserable
- Has a headache
- Has a reduced tolerance of loud noise and bright lights.

To aid recovery:

- Keep your child as quiet as possible
- Discourage active play, watching TV, reading and computer games
- Encourage plenty of drinks
- Allow more rest than usual
- Reduce noise and light levels
- Avoid stressful situations
- Do not take alcohol or drugs
- Do not drive or ride a bike
- Do not return to school until fully recovered.

Please contact the Nurses Department and Tutor to ensure that your child is fully supported upon his/her return to school. It is important that staff are informed of any changes to your child.

If your child has been diagnosed with concussion, they will need to follow a Graduated Return to Play (GRTP) programme before resuming any sport in school (and externally if this applies). Please seek more advice from the nurses/coaches/teaching staff.

Contact details:

Email: nurses@bedmod.co.uk

Tel: 01234 332505

Yours sincerely

Nurse/First Aider:

Date:

Time:

Concussion management pathway in school aged pupils

Injury occurs

Recognition of concussion & remove from play
Seek medical attention (A&E or GP) if any initial concerns

24-48 hours complete rest

- No activity
- No school
- No screen time

Graded Return to school

- To do light activity (e.g waking)
- Consider half day attendance if needed
- Watch for:
 - Loss of concentration or memory
 - Worsening of concussion symptoms

If any issues, then drop a level for **48 hours** and retry

Graded return to play

- Once in full tie school attendance
- Increase levels as below
- Allow 48 hours at least between each level

If any issues, then drop a level for 48 hours and retry

Moderate activity	Jogging, cycling, light weights sessions
Vigorous Activity	Sprint training, heavier weights
Rugby (or sport specific) skills practice	Passing, catching, kicking
Contact practice	Tackling, scrum/rucks/ mauls

Doctor assessment prior to full return to play
or
Doctor assessment at 2 weeks post injury if any concerns

Post-Concussion Graduated Return to Play (GRTP) form

Child Name & Year	
Child Gender & Age	

Date of Concussion		
Details of Injury		
Attended A&E?	YES	No
Detail any associated injuries (for example, lacerations or fractures)		

**Please follow attached guidance:
Concussion management pathway in school aged athletes**

Child returned to school fully?	Yes	No
Only proceed to GRTP once the child has returned to school fully without any significant symptom deterioration		

Earliest date graduated return to play can be commenced:			
Graded Return to Play			
<ul style="list-style-type: none"> • Enter date on which each attempt & stage is achieved • This can be supervised by parents with support from school as needed • Allow 48 hours between each stage increase • If the child fails to increase a stage then return to stage below for 48 hours minimum before re-attempting an increase - after 3 failed attempts seek medical assessment 			
Attempt	1st	2nd	3rd
Moderate exercise (jogging, <u>no</u> weights)			

Vigorous exercise (sprinting & weights)			
Non-contact training drills (passing/catching/kicking)			
Full contact training drills			

Date of review for concussion clinic:	
Student seen by:	Print name: Signature: Date:
Outcome:	

DATE OF COMPLETION OF GRTP:

Checklist for nurses:
<ul style="list-style-type: none"> • DAY OF INJURY OR NEXT SCHOOL DAY: • Accident form • Start GRTP form – copy to parents, staff (Head of PE, Tutors, Nurses Department). • Paper copy and electronic copy in GRTP folders • Red banner email to staff • Update iSAMS • Plan Concussion clinic appointment (nurses to email doctors). • ONCE CLEARED FOR FULL RETURN TO PLAY: • Email parents and staff as before • Update paperwork and ISAMS

Information letter to parents/carers (to be emailed with GRTP form).

Dear Parents/Carers,

We understand that your child has been diagnosed with concussion. Following research and some high-profile cases in Rugby Union and World Rugby (along with a number of other governing bodies such as FIFA, ECB and World Hockey), guidance has been issued on how to diagnose and treat players/students with concussion. The School wants to protect our students and fully supports these guidelines.

Concussion is an injury to the brain caused by the force of a sudden impact to the exterior of the body. Most concussions are caused by an impact to the head (a head injury) but it can also be caused by an impact to the body even if the head isn't knocked. Injuries can be caused by a variety of sources, not only sports related.

Since it is a brain injury, it is vital that concussion is recognised as such. Very real changes happen within the brain which affects its function. Further injury to the brain before it has healed from the initial concussion is very serious, and can, in very rare circumstances, be fatal. Things like co-ordination of the body are also affected by concussion so the student is at risk of sustaining further bodily injury until the concussion has settled.

The principles of concussion care are to:

1. Recognise a concussion has occurred
2. Remove the student from activities that risk further brain injury
3. Allow the brain and body time to rest and recover
4. Monitor the progress of the student (returning to mental and physical activity in a measured and specific way)
5. Ensure the concussion has settled before the student returns to unrestricted play

However, we realise this can be a complicated process and we want to help you through this as best we can. This letter is to inform you of Bedford Modern School's concussion procedures and to guide you through the graduated return to play process (GRTP).

- It is important that our students, parents and staff recognise the signs and symptoms of concussion and also the importance of not ignoring them if they present (please see link below for list of symptoms). BMS follow England Rugby's guidance called the Four R's: Recognise, Remove, Recover and Return.
- We recognise that the management of concussion is a shared partnership between student, parent and school. This is particularly important if your child sustains an injury:
 - playing sport for an outside/external team
 - playing support away from school but which may impact your child in school.
- Please notify your child's tutor and the nurses if an injury is sustained away from school, especially if it leads to a diagnosis of concussion.

Following a head injury:

- If your child sustains a minor head injury, they will be given a Head Injury advice sheet to bring home, outlining symptoms to be aware of and any treatment given.
- Students with suspected concussion: Parents/Carers will be contacted by nursing staff and you will be advised to take your child to A&E for full assessment or an ambulance will be called. This will depend on the severity of the injury.
- For away fixtures, the student will be assessed by First Aiders at the away fixture and the BMS sports staff will liaise with parents/carers as needed.
- Once concussion is diagnosed, the student should attend the Nurses Department when they are next in school, to discuss the GRTP process.

- Attached to this letter is a copy of our Head Injury advice sheet, Concussion Management Pathway in school aged athletes and a copy of the Graduated Return to Play (GRTP) post-concussion form. This form provides a simple way to document progress and assess concussion symptoms. These are emailed to parents/carers within 48 hours of an injury.

Due to the length of the process in terms of monitoring, it is important for students, parents and staff to understand that with a straightforward recovery, the student will not be returning to play before 23 days. This should also apply to sports fixture and/or commitments away from school.

The student can NOT be certified to return to full play until the final stages of both the Graded Return to School and the Graded Return to Physical Activity have been reached with NO deterioration in symptoms.

To assess this, BMS will run a Concussion Clinic on an as needed basis in the Nurses Department. Specialist Doctors (from the local Bedford Blues Rugby Club) will attend school and meet with students at the end of the 23-day period to assess the student. The Sport Concussion Assessment Tool 5th edition (SCAT5 form) will be used by the Doctors to assess and measure symptoms. If the student is deemed fit to return to full play, parents/carers will be notified of this by email. Parents/carers will also be notified by email if GRTP criteria is not met, to offer advice and discuss further management. Parents are very welcome to attend the clinic appointment.

For further information, please visit:

<https://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/youth/>

Symptoms of concussion: <https://www.nhs.uk/conditions/Concussion/>

Please feel free to contact the nursing or sports department should you have any queries by telephoning the main school reception on 01243 332505 or emailing nurses@bedmod.co.uk.

Kind regards

Nursing Department

Mr. S Sinclair
Director of Sport

List of over the counter medication held in school

<p>Oral medication:</p> <p>Aspirin (for staff use only) Cetirizine – tablets and liquid suspension Chlorphenamine – tablets and liquid suspension Gaviscon –liquid suspension Glucogel Glucose chews Ibuprofen – tablets and liquid suspension Loratadine – tablets Paracetamol – tablet, liquid, soluble, fast melts</p>	<p>Creams:</p> <p>Anthisan Bonjela E45 cream Magnesium Sulphate paste Nivea after sun Nivea sun cream Savlon Vaseline</p>
<p>Miscellaneous:</p> <p>Burn soothe gel Olbas oil Optrex eye wash</p>	<p>Homely remedies:</p> <p>Hot water bottles Ice packs</p>

Appendix j

Examples of Prescribed Medications Stored and/or given in School (This list is not exhaustive).

Type of medication:	Examples:
Adrenaline auto-injectors	Epipen, Jext, Emerade –varying doses
Inhalers	Salbutamol/Ventolin and any inhaler medication required during the day
Insulin	Novorapid vials and pens. Glucagon.
Migraine relief	Migravele, Sumatriptan
Medications to support ADHD diagnoses	Concerta, Equasym, Medikinet
Medications to support anxiety and depression diagnoses	Citalopram, Sertraline, Fluoxetine

References

Department for Education: Statutory guidance - Supporting students with medical conditions at school.

<https://www.gov.uk/government/publications/supporting-students-at-school-with-medical-conditions--3>

Royal College of Nursing clinical guidance for Medicines Management.

<https://www.rcn.org.uk/clinical-topics/medicines-management>

Appendix k

This form should be completed after reading the PEEP guidelines.

Name of student or member of staff being supported	
Year group/form or department	
Condition/reason for plan	

TIMETABLE/WORKING HOURS REVIEWED:		Action/ Distribution
Outline support required:		
DESIGNATED ASSISTANCE REQUIRED:		Action/ Distribution
Who will assist with movement around School:		
METHODS OF ASSISTANCE:		Action/ Distribution
Transfer between classrooms/buildings:		
Carrying of bags/equipment:		
Help at lunchtime:		

EQUIPMENT REQUIRED (including means of communication):			Action/Distribution
PERSONALISED EVACUATION PROCEDURE (A step by step account beginning with the first alarm):			
1.			
2.			
3.			
4.			
Signed by person completing the form (tutor or line manager)		Date:	
Signed by student or member of staff being supported		Date:	
Signed by Member of Nursing Team		Date:	
Copy sent to parents/carers?		Date:	