Supporting Medical Documents

1. Aims, Roles and Responsibilities 1
2. Anaphylaxis Guidance 1
3. Asthma Guidance 9
4. Diabetes Guidance 12
5. Epilepsy Guidance 15
6. Infection Prevention and Control 18
7. Medication Guidance 20
9. Sharps Guidance 22

1. Aims, Roles and Responsibilities

The aim of this document is to provide supporting evidence and guidance to underpin Bedford Modern School's (referred to as "the School" thereafter) Medical Policy and the School's First Aid Policy.

As with the School's Medical Policy and the School's First Aid Policy, this document sets out the procedures to be followed for the provision of medical care at 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.

The School recognises that long-term health conditions are common within the school community and is committed to effectively supporting pupils whose needs require ongoing management, ensuring they can access education fully and participate safely in school life. The School aims to ensure that students with long-term health conditions can and do participate fully in all aspects of school life and extra-curricular activities, through health support, liaising with students and their parents/guardians, and through staff education.

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

All staff are responsible for understanding the health needs of individual students with medical conditions, with the support of the Medical Department.

Clinical oversight remains the responsibility of the Lead Nurse and the School's Medical Department, with the overarching support of the Deputy Heads and the Head.

2. Anaphylaxis Guidance

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.

In the UK, there are 14 main allergens: celery, cereals containing gluten (such as wheat, barley and oats), crustaceans (such as prawns, crabs and lobsters), eggs, fish, lupin, milk, molluscs (such as mussels and oysters), mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites (if the sulphur dioxide and sulphites are at a concentration of more

than ten parts per million) and tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts).

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

Any of these signs and symptoms can occur during an allergic reaction, in any order; people may experience only one symptom 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 of an allergic reaction and/or anaphylaxis

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 individual, call for help if necessary.
DO NOT LEAVE INDIVIDUAL UNATTENDED.
Give reassurance.
Assist individual to sit/lie down.
Give antihistamine according to the individual's allergy treatment plan/individual health care plan (IHCP).
Locate adrenaline auto-injector(s), if prescribed.
Monitor individual and provide further assessment as needed.
Phone parent/guardian/emergency contact to update.

Monitor 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 (or more) of these signs are present:

1. Lie individual flat with legs raised: (if breathing is difficult, allow patient to sit to make breathing easier).
2. Use Adrenaline Auto-Injector (AAI/EpiPen) **without delay.**
3. If the individual 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 mid-outer area of the thigh, through light clothing if necessary. The injection technique varies between brands. If you are required to assist in administering the Adrenaline Auto-Injector, read the 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 patient starts to feel better.

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

After giving Adrenaline:

1. Stay with individual until ambulance arrives and continue to monitor, do NOT stand individual up.
2. Commence CPR if there are no signs of life.
3. Phone parent/guardian/emergency contact as soon as possible to update.
4. If there is 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 the dignity of patient.

Remember:

It is safer to administer adrenaline from misdiagnosis, than to delay treatment and not administer adrenaline or administer adrenaline too late.
Physical deterioration/relapses are possible after apparent recovery.

The individual should always be sent to hospital after anaphylaxis, and/or receiving adrenaline, even if they seem to have fully recovered.

Adrenaline Auto-Injectors (AAIs)

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 mid-outer area 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 AAI is a pre-loaded single dose and can only be used once. In case of doubt, it is better to give the injection than to delay potentially life-saving treatment. An ambulance should be called immediately when an AAI has been administered.

There are three AAIs 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 AAI 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 patient 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 the parent/guardian's responsibility to notify the School if their child has an allergy and is at risk of anaphylaxis. This can be done by contacting the Medical Department by telephone on 01234 332505 or by email: nurses@bedmod.co.uk

Full details are required including the allergen, date and nature of last reaction, any prescribed regular or emergency medication: name and dosage prescribed.

The Nurse will develop an Individual Health Care Plan (IHCP) for use in school, in conjunction with parents/guardians and the student (if age appropriate).This will be informed by parent/guardian information, as well as any hospital clinic letters or Care Plans issued by the Consultant managing the students' allergy.

Photographs of students diagnosed with severe allergies (whether prescribed antihistamine or an AAI) are displayed:

- On the front page of the pupil profile on iSAMS
- In the school kitchens (Rutherford Building and King Room)
- A copy is held in the Junior School Office for Junior School students

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

The Nurse should be called (internal: 2521/2522 or mobile number: 07788 970153/07788 970154) if there are any queries regarding allergies and anaphylaxis.

Staff who volunteer to undertake First Aid training will cover anaphylaxis management and will be trained in administering AAIs as part of their training.

Teaching staff are required 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 diagnosed with an allergy/anaphylaxis is registered at the School. Where an IHCP has been issued, this is attached to the student's records under Pupil Manager; Documents and Files.

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

The School welcomes parents/guardians to be actively involved in IHCPS and risk assessments to be used in school.

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

AAIs are prescribed initially by hospital consultants. Where repeat prescriptions are required between treatment reviews, this can be done via the student's GP. Other treatments include antihistamine syrup or tablets. Occasionally, students who are prescribed a Salbutamol inhaler for Asthma will find that these can help during an allergic reaction.

As advised by NHS England, Allergy UK and the Resuscitation Council UK, individuals that are prescribed an AAI should carry 2 AAIs on them at all times. This is a parent/guardian responsibility. The Medical Department reserves the right to "spot-check" students prescribed AAIs to ensure their safety.

For Junior School students, their own AAIs will be kept in the unlocked designated cupboard in the Junior School Office (Reception). When Junior School students are leaving the Junior

School area (i.e. 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).

Students with an AAI prescription are offered an orange emergency bag to be held on the wall in the Medical Department corridor. This emergency bag should contain:

- The students IHCP or Allergy Action Plan
- 1 or 2 spare AAIs (the School acknowledges that it is sometimes not possible for families to obtain 1 or 2 spares alongside the 2 AAIs that should be on the student at all times)
- Oral antihistamine if advised to use as first-line allergy treatment
- Spare Salbutamol inhaler (if prescribed by GP or Consultant)

The Nurses check the expiry date on all EpiPens and antihistamines every term. Although provision of in date medication is the responsibility of the parent/guardian, Nurses will send one reminder email to parents/guardians, to advise when medication is due to expire.

Where allergies are less severe, individuals can have antihistamine administered from Medical Department's stock, provided consent for this has previously been provided by parents/guardians.

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 on arrival or can be disposed of in a sharps bin in the Medical Department. Expired AAIs will be disposed of by Nurses in the same manner.

Emergency Adrenaline auto-injectors in school

From 2017, schools can now legally obtain AAIs without a prescription, for emergency use. The original intent was for use only in students with a known allergy who have medical authorisation and written parental consent, however schools may also use a spare AAI in exceptional emergencies where a child or adult has a severe allergic reaction without a prior diagnosis or known allergy.

The School holds a number of "spare" AAIs, situated throughout the School site. The School's chosen spare AAI is EpiPen 300mcg. A spare AAI is held on the wall, in a green box marked 'Emergency Adrenaline Pen', in the following locations:

- Main School Reception
- Junior School Reception
- Science Building- Ground Floor Foyer
- Rutherford Building – Ground Floor Foyer (Piriton liquid is also available here)
- The Fitness Suite – canopy entrance
- King Room – First Aid Room
- Swimming Pool (pool side by the office)

The School recognizes and acknowledges that the national demand of AAIs means that there are occasional drug shortages and times where orders for AAIs cannot be provided in a timely manner. When this happens, the Nurses will assess where the most appropriate place is for the current spare AAIs to be stored in school.

The 'Emergency Adrenaline box' contains the following:

- 1 x EpiPen 300mcg
- Instructions on how to use the device
- Manufacturer's information
- An administration record

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

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

- The individual 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/guardians 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.
- Administer adrenaline from spare AAI if indicated.

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

The Nurse will inform the Catering Manager of any students with severe dietary allergies from this information received on the admission forms or from a medical update form. Parents/guardians are welcome to meet with the Catering Manager to discuss their child's needs. Parents/guardians 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 however 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/guardians 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/guardians 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/guardians are encouraged to liaise with the Catering Manager.
- Food should not be given to food-allergic children in the Junior School without parent/guardian 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

The School has an increasing number of students and staff who suffer from food allergies and intolerances. Additionally, there are many individuals who have food preferences, which may be for different reasons including religion and personal beliefs.

The Anaphylaxis Campaign stated "*[we] would not necessarily support a blanket ban of any particular allergen in any establishment, including in schools. This is because peanuts and tree nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. We advocate instead for schools to adopt a culture of allergy awareness and education.*

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.

The School makes the following request, and appreciates the full support of parents/guardians, staff and students 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

Nurses and Trip Leaders are responsible for identifying students diagnosed with anaphylaxis/allergies and ensuring they have their prescribed medication with them on 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/guardians are requested to think early about the catering requirements of their child with food allergies. Contingency planning (including access to emergency medication and medical care) should be discussed between parents/guardians 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/guardians are advised to discuss allergies/medical requirements with the Nurses and 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. The School cannot guarantee what provision/policies the host school is providing, regarding sports teas, allergy management and so forth. To avoid an emergency, where the student is known to have a severe allergy, parents/guardians 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/guardians 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 arrive at BMS for away sporting fixtures. For junior and senior school students, the medication should "follow" the student, i.e. be held safely 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/guardians should liaise directly with a member of sports staff so that the student can be supported appropriately.

As per the School's First Aid policy, with effect from January 2025, staff take a medication pack with them on all school trips and away sporting fixtures, consisting of 1 x EpiPen, 1 x Salbutamol Inhaler, 1 x inhaler spacer, 1 x box of over-the-counter antihistamine, 1 x box of paracetamol and 1 x box of ibuprofen. Staff must receive training in giving 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.

Key Messages to Parents/Guardians

If your child has been prescribed an AAI, 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 AAIs that your child keeps in school so that replacement devices can be obtained in good time.
- Arrange training for you and your child to learn how to use your child's AAI. If you haven't already been shown how, your allergy Consultant, GP, Practice Nurse or the School's Nurses can provide a demonstration.
- Order a "trainer" pen and practice regularly with your child. These are readily available online. The School's Medical Department holds a number of trainer pens which can be accessed by students and their friends.

Supporting Staff with Allergies

- Staff with allergies at the 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/about-allergy/types-of-allergies/food-allergy/top-14/

Whole school allergy and awareness management (Allergy UK)
https://www.allergyuk.org/information-and-advice/for-schools

Anaphylaxis Campaign

https://www.anaphylaxis.org.uk

Allergy Wise 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/

3. Asthma Guidance

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 encounters 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 individual'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 the parent/guardians' 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, triggers, etc.

The School requests the following:

1. **All individuals with asthma must carry their named reliever inhaler with them at all times**. Students are encouraged to always carry their reliever inhaler

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

2. Parents/guardians are also offered the option of keeping a labelled spare reliever inhaler in the Medical Department for emergencies. It is the parents/guardians' 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 Register from the information provided by parents/guardians, held on iSAMS. The information for individual students is available to all school staff on the front page of the pupil profile.
4. Students with asthma are encouraged to participate fully in PE, Games and sports fixtures, unless parents/guardians have provided a letter from the GP/Consultant to say this is contraindicated. Individuals 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 always accessible during the lesson. Individuals are advised not to take part in physical activities without their inhaler.
5. Parents/guardians are politely requested to inform the nurses if their child has been unwell with 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 parent/guardian 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 Nurses will take clinical direction from the 999 call-handler, as to whether 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 Asthma Inhaler Kit monthly. School staff should notify the Nurses if any stock is used so that it can be replaced.

The Emergency Asthma Inhaler Kit includes the following:

- A salbutamol metered dose inhaler
- A plastic spacer compatible with the inhaler
- Instructions on how to use the inhaler and spacer
- Contact details for the Medical Department

The Nurses are 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
- Record of administration of inhaler usage (to be recorded on iSAMS)

The Emergency Asthma Inhaler Kit can be accessed from the following areas in school:

- Medical Department
- Main School Reception
- Junior School Reception
- Science building (Ground Floor Foyer)
- Rutherford Building (Ground Floor Foyer)
- Sports Hall – Fitness Suite

- The King Room (First Aid Room)
- Swimming Pool (Poolside next to the office)

In the event of an individual having an asthma attack, staff should follow the procedure below:
• Assist the individual to take 2 puffs of their reliever (blue) inhaler straight away. • If there is no improvement, the individual 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 individual. • Help the individual to breathe by ensuring tight clothing is loosened. Do not put your arm around them as this may restrict breathing. • Encourage the individual 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**. • 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 Medical Department onto the individual's iSAMS medical records, as well as on Evolve; the School's accident reporting system. • Parents/guardians 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. 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 Medical Department with exacerbation of their asthma will be offered advice on the management of their condition. Nursing staff will inform parents/guardians if their child has had an asthma attack, or if their child is using more of their reliever inhaler than usual, or has used the emergency inhaler.

Best practice recommendations:

- It is parent/guardian responsibility to inform the Medical Department annually, or more often, if there are any changes to their child's asthma treatment.
- Individuals diagnosed with asthma should have an annual check-up with the Asthma nurse at their 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.
- 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 is 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.

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.asthmaandlung.org.uk/conditions/asthma/your-asthma-action-planChild Asthma Action Plan – Asthma + Lung UK (asthmaandlung.org.uk)

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

4. Diabetes Guidance

What Is Diabetes?

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

Type: 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, 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 Medical 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/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/guardians and their children to discuss how support can be provided in school.
- All students with diabetes must always carry their blood sugar testing kit and 'hypo' kit with them.

- 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 will create an Individual Health Care Plan (IHCP), in conjunction with the students' Specialist Diabetes Team for each student with Type 1 diabetes. The IHCP is saved on iSAMS; Medical Module and Pupil Manager for all staff to access).
- Parents/guardians/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 iabetes 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 are advised to always have their 'hypo' kit with them.
- Parents/guardians 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 Medical Department recognises 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 Medical Department welcomes copies of the hospital directed care plan and will often use this document as the student's only diabetes care plan.

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 in the IHCP. Parents/guardians are politely asked to contact the Medical 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, Medical 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 Medical 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 hypoglycaemia

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/guardians should let the Medical Department know what their child's warning signs are. These should be noted in the student's treatment plan and teaching staff informed.

Treating hypoglycaemia

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 individual could become unconscious. Individuals should not be left alone during a hypo. They should walk to the Medical Department with a friend/member of staff. If this is not possible, the Nurses should be contacted, and they will go to the individual. The Nurses can be contacted on 07788 970153/ 07788 970154or by using extension 2521/2522 (internal).

Immediate action

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

- Lucozade, fruit juice or another (non-diet) drink
- Glucose tablets
- Biscuits
- Sugary sweets (such as Fruit Pastilles, Jelly Babies, Haribos).
- Glucose gel such as GlucoGel®.

Follow-up action

Check their blood glucose level again after fifteen minutes. If the blood glucose 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 individual in the recovery position
- Dial 999 for an ambulance and state that the individual has diabetes
- Do not give anything to eat or drink
- Parents/guardians of students with type 1 dabetes can leave a Glucagon injection in the Medical Department for use if they are suffering from severe hypoglycaemia and are unable to treat themselves

Hyperglycaemia

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 an individual 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.
- Individuals on pumps will need to treat high blood sugar levels quickly. The child's parent/guardian 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

5. Epilepsy Guidance

There are many types of epileptic seizures and non-epileptic seizures. The most common of these are generalised absences and tonic clonic seizures. Students diagnosed with Epilepsy, or with a recent or significant history of seizures will have an Individual Health Care Plan in place, written by the Medical Department, in conjunction with the students' parents/guardians and their Specialist Team.

Generalised Absence Seizures

The individual 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 individual from injury (remove harmful objects from nearby)
- Cushion their head
- Make a note of the time and how long the jerking lasts
- Look for an epilepsy identity card or identity jewellery – it may provide information about their seizures and what to do
- Aid breathing by gently placing them in the recovery position once the jerking has stopped
- Stay with the them until they are fully recovered
- Be calmly reassuring. Maintain the individual'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 any of the following apply:

- You know it is their first seizure, or it is the first seizure witnessed in school
- The jerking continues for more than five minutes
- They have one tonic-clonic seizure after another without regaining consciousness between seizures
- 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 individual 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 individual 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

Call an ambulance if any of the following apply:

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

Rescue Medication to Treat Seizures in School

Most individuals known to have epilepsy or regular seizures 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.

How is it given?

Buccal 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 individual is prescribed. A signed care plan from a Hospital Consultant is also required. Student's own Midazolam medication is stored on the emergency board outside the Medical Department, for ease of access.

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 notes 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 individual. 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 individual'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 the individual.

1. Remove the oral syringe from the packaging
2. Place the syringe into the side of the individual'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 in the Medical Department's clinical waste bin.

Staff Education

Where a student is known to have epilepsy, the Nurses will inform the tutor and teachers for the student, often accompanied by an IHCP so they are aware of the condition. When a student experiences their first seizure, the student's teachers are notified ahead of an IHCP being created. 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).

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-oromucosal-midazolam

6. Infection Prevention and Control

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

The School 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. Parents/guardians 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/guardians 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/guardians 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. 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 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 in important ways of controlling the spread of infection. The recommended method is the use of liquid soap, warms 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.
- **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. 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/guardians 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/guardians 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 Cleaning is significant 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 Medical Department.
- **Bodily fluid spillages.** Bio-hazard Disposal Packs (for the disinfection and removal of blood, vomit or urine) are held in the Medical Department 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 Estates 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'. 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 Medical Department, and Estates. Clinical waste is collected by the local council on a regular basis. Collection information can be obtained from the Estates office.
- **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/

7. Medication Guidance

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

- Consent is given or withdrawn 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.
    - Consent for prescribed medication is given (including, but not limited to, Adrenaline Auto-Injectors and Salbutamol inhalers).

When parent/guardian consent for medications is received, this is documented on the school's electronic records system, iSAMS. It is assumed that consent will last for the length of time the student is attending the School. It is the responsibility of the parent/guardian to update the Medical Department 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 students with specific medical needs that may significantly affect their ability to participate in various aspects of school life. This is written in conjunction with the student, the students' parents/guardians and relevant health professionals (i.e. GP, Hospital Consultant). The IHCP 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/guardians are requested to inform the Medical Department 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.

Significant Medical Needs

Students with significant 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 required 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. allergies, asthma, diabetes and epilepsy are displayed around school. The Nurses offer awareness sessions and updates at the start of the academic year and as required.

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

Exceptions

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

Controlled Drugs must be stored in a locked cabinet in the Medical Department and should be administered only by the Nurses. In the event of this medication being required and Nurses being unavailable or off-site, an administration process has been agreed with the Senior Leadership Team. Students requiring Controlled Drugs administration during the school day must attend the Medical Department for their medication; this will be discussed between the Nurses and parents/guardians.

Emergency medication for Junior School students (including inhalers and AAI's) is held in the Junior School office unless there is a specific request and appropriate reason for the student to hold his/her own mediation with them at all times. All other prescription medication for Junior School students, such as antibiotics is held and administered at the Medical Department.

Storage options:

- Medication requiring refrigeration will be stored in the medicines fridge in the Medical Department.
- Non-fridge medications will be held in a locked cupboard in the Medical Department.

Prescribed Medication

Any prescribed medication (see appendix j) must:

- Be in its original container
- Be clearly labelled by a pharmacy with the student's name, the name of the medication and dose, instructions and expiry date
- Consent and instructions from parents/guardians can be submitted to the Medical Department as a letter, by email, via a phone call or in the student planner.

For long term storage of prescription medication, an additional Student Own Medication form is sent to the parents/guardians of students for whom the school holds prescription medication, including Controlled Drugs. A record of all prescription medication and consent forms are kept in the Medical Department, in a locked cupboard.

If there is any ambiguity or confusion regarding medicine administration, staff will seek clarification from parents/guardians before administration.

Medication held in the Medical Department is locked in a cupboard, and 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.

Controlled Drugs

Controlled Drugs are subject to special monitoring arrangements, under the Misuse of Drugs Act, 1971. They are stored in a locked cabinet (housed within another locked cupboard). Controlled medications are accessed and administered by Nurses and two signatures are required when administering and recording a controlled drug in school, and on residential school trips. The Nurses are responsible for providing Controlled Drug training to staff in charge of the medical provision on residential school trips.

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 Medical Department.

Expired Medication

Expired medication will be returned to the school's designated pharmacy, Broadway Pharmacy (Bedford), and student records updated. The exception to this is Controlled Drugs, which **must** be signed out to parents/guardians 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 a 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.
- Where necessary, students are provided with a Medication Administration Form (MAF) to give to their parents/guardians. In some cases, the parents/guardians will be contacted directly before the end of school day.
- A record of administered medication is recorded on the student's iSAMS record.
- 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, emergency services will be called and parents/guardians contacted as soon as practicably possible.
- Any errors made in the administration of any medication are reported to the Nurses and advice sought from the School's Senior Leadership Team or 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 the parent/guardian for further advice.
- 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.

9. Sharps Guidance

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 or other medical instruments to penetrate the skin. This is sometimes called a percutaneous injury.

Practice and Procedures

The 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 guidance provides a clear framework to ensure safe practice when sharps are used to

minimise any injuries caused by contaminated sharps. This guidance is applicable to all nursing staff and students at all times and in all situations.

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 Medical Department and should be available adjacent to the practitioner/patient before a procedure involving a sharp is being undertaken.
- **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
- Do not scrub the wound whilst you are washing it
- Do not 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 several 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.

For 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 Medical

Department, 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

The guidance within this document is based on advice 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)

Lead Nurse

May 2026
Review date January 2027