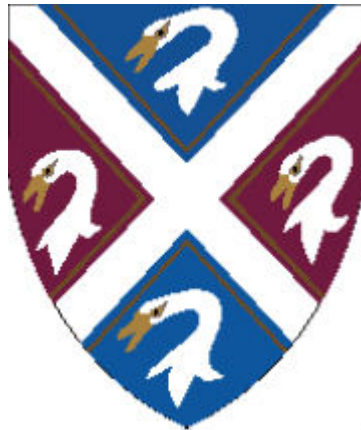


SWANBOURNE HOUSE

THE *Stowe*
GROUP



FIRST AID POLICY

Applies to: Whole School including EYFS and Boarding

NMS for Boarding: 8.1, 8.2, 8.3, 8.4, 11.3, 11.4, 11.5, 11.61, 17.3, 19.1, 19.2, 20.1, 20.6, 20.10, 22.1, 23.4, 23.5

Contributors: Deputy Head Pastoral and School Nurse

Owner: Deputy Head Pastoral

Approved by: Governing Body

Date approved: September 2024 [to be formally ratified by Governing Body September 2024]

Next review: August 2025

To be read in conjunction with:

- Educational Visits Policy
- Health and Safety Policy

References:

A. Keeping Children Safe in Education, September 2022.

- B. Working Together to Safeguard Children, July 2018.
- C. Dept of Health – Guidance on the use of Adrenaline auto-injectors in schools, dated 15 Sept 2017.
- D. Dept of Health – Guidance on the use of Emergency Salbutamol Inhalers in Schools, dated March 2015.
- E. Information Sharing – advice for practitioners providing safeguarding services to children, dated March 2015.
- F. Health and Safety - Reporting of Injuries, Diseases & Dangerous Occurrences Regulations, 2013.
- G. DfE, Guidance on First Aid for Schools.
- H. DfE, Boarding Schools National Minimum Standards, dated April 2015.
- I. DfE, Supporting Pupils at School with Medical Conditions, dated December 2015.
- J. Public Health England – Guidance on infection control in schools and other child care settings, dated March 2017.
- K. Nursing and Midwifery Council, The Code, Professional Standards of Practice and Behaviour for Nurses and Midwives, published January 2015.
- L. NICE, Anaphylaxis Guidelines CG134, reviewed August 2014.
- M. HSE, L74 – First Aid at Work (Third Edition), dated 2013.
- N. HSE, OCE 23 – Cleaning up Body Fluids, dated 2011.
- O. DfE Understanding and Dealing with Issues Relating to Parental Responsibility dated January 2016.
- P. Statutory framework for the early years foundation stage, dated March 2017

Amendments

Amendment	Date	Description
1	Nov 15	Annual Review and Update
2	Nov 16	Annual Review and Update
3	Mar 17	Further review following ISI document update
4	Sep 17	Annual Review and update on Anaphylaxis and Asthma
5	Oct 18	Annual review and update
6	Sept 19	Removal of reference to Home Farm Day Nursery
7	Jan 20	Fraser guidelines included
8	August 2022	Updated by new school nurse / KMK
9	January 2023	Reviewed and updated by School Nurse
10	Sept 2023	Reviewed and updated by the school Nurse / KMK
11	Sept 2024	Reviewed and updated by the school Nurse / KMK

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1. MISSION AND VALUES

- To unlock and develop the confidence and individual talents of each child.
- To nurture every pupil, enabling them to be resilient and build self-worth, through the widest variety of opportunities.

- To provide our pupils with an engaging, collaborative and progressive teaching and learning community based on mutual respect, an understanding of individual needs and the willingness to rise to challenge.
- To ensure both day and boarding pupils are well prepared within the context of a character and values education for their next school and adult lives in a fast-moving and challenging globalised world.

INTRODUCTION

This policy aims to ensure that the school has adequate, safe, and effective first aid provision so that every student, member of staff and visitor is well looked after in the event of any illness, accident, or injury. For this policy, first aid is defined as the help that is given to an injured person until professional medical treatment is available.

The Governing Body, Senior Leadership Team and all staff are collectively responsible for safety and this responsibility includes arrangements for first aid, based on an assessment of the risks presented by the various activities undertaken, either on or off site. Specifically, the School has a duty to provide staff, visitors, and pupils with the following information:

- The number and locations of First Aiders
- The number and location of First Aid boxes
- Arrangements for dealing with first aid incidents.
- Arrangements for dealing with emergencies.
- Arrangements for activities and trips.

RISK ASSESSMENTS

A series of risk assessments are undertaken by staff which identifies:

- The potential hazards
- People who may need assistance (pupils, staff members or the public)
- First aid provision, training levels, staff numbers, equipment
- The remoteness/location of the activity and the problems this may incur.
- Access to the emergency services
- Risk assessments are updated annually or as required.

CONSENT

Each Pupils' parent/carer/guardian must complete a health questionnaire prior to starting the school documenting a general medical history, childhood immunisations received, and identifying any medical conditions, allergies and food intolerances. This form, when signed provides parental consent for their child to receive first aid care and 'over the counter' medicines such as paracetamol, as necessary [See *Medication Policy* Section]. Verbal consent from the child will be obtained at the point of need.

2. RESPONSIBILITIES

Staff, Visitors and Pupils are expected to take reasonable care of their own and others' Health, Safety and Welfare while on the school premises.

Headteacher: The Governors delegate day-to-day responsibility and oversight through the Head for ensuring the school has adequate and appropriate first aid policies, equipment, facilities and trained first aiders.

School Nurse: The School Nurse is a Band 5 Registered Nurse with an active registration with the NMC. The school Nurse is based in the school Surgery on the ground floor of the Main House and is line managed by the Assistant Head Pastoral.

The school surgery is staffed by the school Nurse during term time between 8:30am and 4:30pm. Surgery is equipped with essential first aid facilities and equipment and contains a locked medication cupboard and a medication cabinet for Control Drugs if its use is required.

School Nurse responsibilities:

- Oversees medical routines for the whole school as it is set out in this policy.
- Creates and reviews related policies, risk assessments and care plans.
- Ensures that First Aiders are up to date in their first aid training (delivered by HSE recommended bodies) and that staff have sufficient understanding and confidence to deliver the required first aid at the point of need.
- Ensures the school has enough staff trained in Paediatric First Aid and that requirements are met by ensuring that at least one person with a current paediatric first aid certificate is always on the premises when the children are present.
- Oversees all First Aid equipment, including the defibrillator, in the school building and providing complete First Aid Bags for all trips and fixtures.
- Ensures that all medication purchased by the school is stored, managed, and given correctly.
- Has input into PHSE lessons as required.
- Has an open-door policy; any child can come and discuss any concerns or queries they may have relating to their physical health, mental health, and emotional wellbeing at any time.
- To report any accidents on the school's accident reporting system.
- For raising awareness of Asthma, Allergies, Diabetes and Epilepsy amongst staff and pupils and will provide training to staff on how to recognise the symptoms and provide care appropriately.
- To partner with the Boarding parents in caring for the health and wellbeing of Boarding Pupils.
- Work with community health services to provide healthcare services to pupils such as immunisations.

School Doctor: Our School Doctor is Dr Beth Peel and is based at 3W Medical Practice. All full-time boarders are registered at the Practice and Dr Peel is their assigned GP. Dr Peel supports Swanbourne House School by:

- Advising on relevant policies and procedures
- Providing support and advice to the school Nurse.
- Conducting additional visits if there are significant numbers of sick children.
- Providing additional advice if there are significant numbers of sick children.

First Aiders: A First Aider is an individual who has completed a first aid at work or paediatric first aid course that has been approved by the Health and Safety Executive. First Aiders will be provided with an annual refresher course, delivered by an approved trainer.

As of April 2024. 10 members of staff at Swanbourne House are 'First Aid at Work' aid trained and 4 members of staff hold a 'Paediatric First Aid' course qualification.

All First Aiders receive update training every three years. Lists of First Aiders are displayed throughout the school and emailed to staff at the beginning of the academic year and updated promptly by the school Nurse when changes are made.

First Aiders must operate within their own scope of competencies and should not attempt any skills with which they are not trained or confident. All staff who administer first aid must be within the 3-year qualification period.

First Aiders are responsible for:

- Responding to first aid situations, including emergencies, common illnesses and injuries, and taking a leadership role in these cases.
- For emergencies and accidents, calling the school Nurse to attend.
- Calling an ambulance if necessary
- Informing the Grounds and Maintenance Teams if an ambulance has been called so that guides can be deployed.
- Ensuring first aid boxes are restocked after use.
- Documenting any first aid care that they give
- Carrying out first aid treatment within the training they have received.
- Maintaining their training, proficiency, and competencies

No member of staff or volunteer should administer first aid unless he or she has received approved training, and that training is in date.

Appointed Person: There may be occasion when a First Aider is not available or when a risk assessment determines that one is not required. In these circumstances a group organiser is required to appoint a responsible person, responsible for calling an ambulance should an accident occur. Appointed persons are responsible for:

- Responding to first aid situations, including emergencies and common illnesses and injuries
- Calling the Emergency Services and/or Surgery getting further first aid assistance
- Informing the Grounds and Maintenance Teams/Management if an ambulance has been called so that guides can be put out.
- Ensuring first aid box are restocked after use
- Documenting any first aid care given
- Maintaining own training and competencies

Reception: If the School Nurse is unavailable, then pupils can be directed to the schools Reception desk where first aiders and first aid equipment is available. Emergency Adrenaline pens, pupil adrenaline pens (if not held on them personally) and an emergency inhaler are held in the unlocked first aid drawer at the reception desk.

3. FIRST AID BOXES/KITS

First Aid boxes are stocked with the minimum contents as outlined by the HSE, covered in the list below. Items may be added according to the first aid needs, where a risk assessment has been completed. No medication should be held in a first aid box. Kits are checked monthly by

the school Nurse and replenished as required. If a kit is used the school Nurse is to be informed so that rapid replenishment can take place.

The school, to meet HSE legislation, must ensure that pupils, employees, and visitors are aware of the location of first aid boxes and First Aiders. Each department must display a HSE approved sign stating the location and name of the nearest first aider. This should be displayed in a prominent place to ensure maximum visibility. All first aid boxes should be clearly labelled and easily accessible. First aid boxes and signage are to be green and white, complying with the Health and Safety at Work (Signs and Signals) Regulations 1996.

First Aid Kit Bags are to be taken for all off-site activities. These First Aid Kit Bags are stored in Surgery and to be collected the Lead Adult for the off-site activity. The school Nurse is responsible for ensuring that the First Aid Kit has the correct equipment in and is ready for the trip. Additional asthma and adrenaline devices can also be given to trained staff to be taken away for an off-site trip if the needs of a pupil have been identified within the care plan.

A Burns First Aid Kit is in the kitchen and checked termly by the school Nurse.

A Major Bleed First Aid kit is found in the maintenance workshop and checked termly by the school Nurse.

First Aid Kit Locations:

First Aid kits meet the HSE guidance in that they are coloured green with a white cross. They are placed throughout the school, clearly labelled and sign posted in the following locations:

Main House

- Main House Reception
- Main House Kitchens x 2
- Cloister Classroom Corridor
- Walker Building
- Fremantle building (Science labs x 2, DT Room, Downstairs corridor)
- Swimming pool
- Engineering Shed
- Maintenance Workshop
- Changing rooms
- Green Astro
- Walled Astro
- Cricket Pavilion
- One on each boarding floor

Lower School

- Food prep room
- Foundation classrooms
- Year 1 classrooms
- Year 2 classrooms

First Aid Box Contents:

The school Nurse is responsible for replenishing the first aid boxes and checks the contents every half term.

Boxes will contain:

- 1 First Aid Guidance sheet
- 1 Clinical waste bag
- 2 Eye dressings
- 6 Medium dressings
- 2 Large dressings
- 30 Plasters
- 20 Antiseptic wipes
- 4 Triangular bandages
- 4 Eye wash
- 1 Foil blanket
- 1 Resuscitation Aid
- 2 Pairs protective gloves

Contents of First Aid Bag (off site trips/ Sports)

- 1 First Aid Guidance sheet
- 1 Pack of vomit bags/ 1 Clinical waste bag
- 2 Eye dressings
- 4 Medium dressings
- 2 Large dressings
- 30 Plasters
- 20 Antiseptic wipes
- 2 Triangular bandages
- 2 Foil blanket,
- 1 Resuscitation Aid
- 4 Pairs protective gloves
- 4 Disposable ice-pack
- 2 crepe bandages
- 1 Roll of Micropore tape
- 2 packs of gauze swabs

4. LOCATION OF ADDITIONAL EMERGENCY EQUIPMENT

DEFIBRILLATOR:

An emergency defibrillator is in an unlocked box on the wall outside the **Walker Building**. Anybody can use the defibrillator; no training is needed; staff are annually emailed a reminder of the location of the defibrillator and the manufacturers video of how to use the defibrillator annually. The 999 staff will also be able to instruct on how to use it over the telephone.

The school Nurse is responsible for checking the defibrillator weekly and ensuring appropriate signage around the site.

EMERGENCY ASTHMA KITS ARE LOCATED:

- Outside Surgery
- Reception
- Manor House: Outside the school shop

- Boarding House
- Sports Department

EMERGENCY ADRENALINE PENS ARE LOCATED:

- Reception
- Manor House: Outside the school shop
- Pavilion on the bottom pitch

DOCUMENTATION OF FIRST AID:

It is imperative that accurate documentation of any first aid treatment is recorded. The school Nurse will document all First Aid given on iSams. All incidents/accident/near misses are logged on Smartlog. First Aiders must ensure that the following information is recorded for any incident:

- Name of pupil/visitor/staff member
- Time and date
- Presenting complaint/injury
- Treatment given/offered
- Any observations taken about the incident/area
- Any follow up advice [sent to Surgery/Parents informed]

5.

PROCEDURES

IN SCHOOL (TERM TIME):

- If a situation is thought to be life threatening or serious then an ambulance must be called immediately. In these cases, '999' should be called by the attending staff. It is also important that the school Nurse (216) and Reception (200) (Channel 7 on the school's walkie-talkie system) are also informed appropriately. This may be done by other staff, or by the person making the 999 call. All staff should be prepared to contact the emergency services if required and appropriate.
- Any pupils complaining of illness should be sent Surgery where the school Nurse will see them, if the school Nurse is off site pupils can receive first aid or parents can be called from Reception.
- The child must be accompanied to the surgery by a member of staff if they:
 - Have sustained a head injury
 - Are breathless and asthmatic
 - Have an epileptic episode
 - Signs of allergy/anaphylaxis
 - Suffer from diabetes and feel unwell
 - Have acute severe pain
 - Have vomited
 - Are unduly distressed.

The school Nurse/first aider will provide first aid as required and decide when and if the child can return to class, and whether to contact their parents. Children with vomiting and/or diarrhoea must be collected from school and remain at home for 48 hours after the last episode or vomiting or diarrhoea.

OUT OF SCHOOL (TRIPS/FIXTURES):

- The trip co-ordinator is to have a Medical List, supplied by the school Nurse, for each trip prior to departure and be aware of any medical conditions, allergies, or medications required for pupils on the trip.
- The Trip Leader, or member of staff responsible for first aid must ensure that asthma sufferers have their inhalers with them, and any diabetic pupils have the relevant medication, and pupils with severe allergies do not leave school without their Adrenaline Auto-Injector (AAI). It is also important that the member of staff carries any medication (adrenaline devices), and that children are not given the responsibility for their medication. This requirement should form part of the offsite risk assessment. At least one member of staff must have completed the Educare training 'Administering Medication in Schools'.
- Medication, such as adrenaline pens, are carried by the member of staff.
- The trip co-ordinator should carry a mobile phone in preparation for an emergency.
- A risk assessment must be carried out prior to departure and cleared with the member of staff responsible for offsite activities - emergency procedures must be covered as part of this risk assessment.
- If a serious injury occurs when off-site visit, the off-site activities major incident plan should be put into action. The attending member of staff should immediately inform the School and School Nurse. If concerned, they must take the pupil(s) to A&E without delay, keeping the school and pupils' parents informed.
- If there are any children who take prescribed controlled drugs, then the trip leader must come to the surgery to collect medication and read and understand the controlled drugs policy.

6.

PROCEDURE IN THE EVENT OF ILLNESS IN THE BOARDING HOUSE

FULL AND WEEKLY BOARDERS:

If a child becomes unwell overnight the Boarding parents will decide whether to move the child to the sick bay or to seek further professional advice. There is a sick bay situated in the boarding house and consists of a separate bathroom and a two bedded room. If boys and girls are sick the boarding parents will identify a separate bedroom to be used if isolation is needed from the rest of the boarders.

Boarders will be assessed the following morning by the school Nurse and if necessary, arrangements will be made for them to see their GP.

The parent/guardians of weekly boarders will be contacted to arrange for them to be assessed by their GP or taken home.

During the weekdays the School Nurse or Boarding House Assistants are available to care for pupils. (NMS 7). Outside these times, first aid cover is provided for boarders by the Boarding Parents and Boarding House Assistant.

FLEXI-BOARDER:

If a child becomes unwell and is due to board that evening parents will be called to collect pupil to be cared for at home.

7.

EMERGENCY SITUATIONS

An emergency is determined by the adult who is first on scene. The incident can be downgraded or conversely escalated once an initial assessment has been made. The procedure outlined below should be followed:

- An emergency is identified. Call a first aider and/or school Nurse immediately.
- Make an early determination if an ambulance is required and call 999.
- Reception is to inform the Head and Deputy Head who will start a log for the incident and act as the central point of contact.
- The school Nurse is notified and will attend [School staff may have to relieve surgery staff if there are inpatients – to be co-ordinated through the admin office]
- Arrangements are to be made to ensure that pupils are accompanied in the ambulance by a member of staff if parents are unable to be contacted or are unable to get to school before the ambulance is ready to leave.

An ambulance is always to be called in the following circumstances:

- a significant head or neck injury
- fitting, unconsciousness, or concussion
- difficulty in breathing and/or chest pain
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- serious break or fracture

CALLING AN AMBULANCE:

If an ambulance needs to be called, it is the attending staff or First Aider's responsibility to ensure that this is actioned without delay, and that the school Nurse and reception have been called/informed so that they can also take action/attend the location.

You must call 999 and state that an ambulance is required at:

**Swanbourne House School,
Swanbourne,
Milton Keynes,
MK17 0HZ**

01296 720264

Answer any questions asked by the ambulance service over the phone to the best of your knowledge and include:

- Exact location within the site of the person needing help
- Caller's own name, and contact details
- Name of the person needing help and their age
- A brief description of the person's symptoms (and any known medical condition)
- Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil
- Don't hang up until the information has been repeated back to you

Once an ambulance had been called inform Reception of the exact location of the emergency so that the maintenance team can ensure that an ambulance can arrive at the scene of the accident in the quickest time possible.

CO-ORDINATES:

Grid References - Ordinance Survey Sheet 165 Aylesbury and Leighton Buzzard Area

Entrance to Main Drive - **SP 802272** (51° 56' 14" N 000° 50' 12" W)

Main House - **SP 799271** (51° 52' 12" N 000° 50' 20" W)

Manor House - **SP 801273** (51° 56' 14" N 000° 50' 12" W)

Entrance to Back Drive - **SP 803270** (51° 56' 12" N 000° 50' 9" W)

Bottom Pitches - **SP 802265** (51° 55' 56" N 000° 50' 16" W)

8. TAKING CHILDREN TO HOSPITAL BY CAR

When a child needs urgent medical attention at a hospital, the first aider/School Nurse must ensure they are escorted by the most appropriate member of staff and that parents and tutors are informed and updated. Where possible, the school Nurse should stay on the premises.

Process:

- The pupil should be assessed by the school Nurse or a First Aider.
- Day pupil: If it is assessed that a pupil requires further assessment or investigation the parents/guardians/carers should be contacted and informed of the situation and the recommendation that the pupil should go to A&E/GP. The parent/guardian will then need to collect the pupil and take arrange for further assessment to take place.
- Full/weekly boarder: If it is assessed that a pupil requires further assessment or investigation the Boarding Parent should be contacted and informed of the situation and the recommendation that the pupil should go to A&E/GP. The school Nurse will arrange a GP appointment, or the boarding parents will take the pupil to Accident and Emergency. Parents will be contacted promptly and made aware of the situation.
- Inform Reception and Head of intention i.e. what/where/who/when
- Ensure that parents are contacted and updated, and that communication continues regularly.
- Take school mobile with you [kept in the office] or inform the office of your mobile number
- Children under 135cm should ideally sit in the back of the car
- If you are escorting an ill child, one member of staff will be needed to drive and another to sit in the back with the child.
- Take pupil's medical form.
- Keep Reception informed of progress and any likely times of return for staff and pupils
- Complete any formal reports/treatment book records, medical records

9.

HEALTH AND SAFETY

INTRODUCTION:

A number of risks are inherent to all those involved in dispensing first aid. All staff must take precautions to avoid infection and must follow basic universal hygiene procedures. Single-use disposable gloves are provided within first aid boxes.

BLOOD BORN VIRUS (BBV):

The school has a duty of care to all employees to protect them against risks involved from their work activity. It is important that the school first aid risk assessment contains control measures to protect staff from blood born virus. When dealing with a casualty the first aiders

must wear protective gloves [provided in the first aid kits]. This will give increased protection against direct contact with bodily fluids/ blood. As an additional precaution any open wounds should also be covered.

If blood or bodily fluids have been spilt on the floor, then staff should wear gloves and clean the area using paper towels and a disinfectant solution. The waste towels should be placed in the yellow 'Bio Hazard' bags (also in the first aid kits) and then placed in the yellow waste bins located in Surgery, Boarding and Manor House.. If there is a risk of contact with clothes during this process, then disposable aprons should also be worn. Any soiled dressings or materials used to clean an open wound should also be disposed of in the yellow hazard bags.

After the clearing up process First Aiders should always wash their hands. This is good practice even if there has not been any contact with bodily fluids or blood.

If the First Aider is at all concerned about cross infection after dealing with a casualty, then they should seek advice from the school Nurse. Such incidents must be reported to the Group Health, Safety and Compliance Manager as a 'near miss' incident.

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH REGULATIONS (COSHH):

The school operates under the guidance of the Control of Substances Hazardous to Health Regulations (2013) and must ensure that the correct procedures are maintained. All staff will work within Universal Safety Precautions while administering first aid, for the protection of themselves and the pupil, as outlined above. All clinical waste will be disposed of through the correct routes; this includes items used out in the field by first aiders and soiled equipment used by the Surgery. Yellow bio-hazard bags are available in all first aid boxes. 'Sharps' boxes are available for the disposal of sharp medical equipment (needles) used by Surgery.

HYGIENE PROCEDURES FOR DEALING WITH SPILLAGE OF BODY FLUIDS:

HAZARDS. Body fluids are a source of both blood borne infections and micro-organisms [bacteria, viruses and fungi]. The main risk is infection following hand to mouth/nose/eye contact. There is also a risk of infection via broken skin [cuts or scratches].

COUGHING AND SNEEZING. Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

CLEANING OF THE ENVIRONMENT. Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

CLEANING OF BLOOD AND BODY FLUID SPILLAGES. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately [always wear PPE]. When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

LAUNDRY. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

PROCEDURES. The first aider/school nurse should take the following precautions to avoid risk of infection.

- Ensure a good standard of ventilation
- Wear suitable personal protective equipment such as disposable gloves and apron when dealing with blood or other bodily fluids
- Use sterile wipes and clean water to cleanse wound
- Cover any cuts and grazes with a waterproof plaster.
- Use the spillage kits to deal with bodily fluids and scrape up residues into a closable container for safe disposal
- Bag up contaminated material that needs laundry or disposal
- Wash surfaces with detergent before disinfecting. Infection control-in health care settings we would also consider a deep clean after vomit/blood (high risk of infection compared with urine). The General Services Manager should be contacted to ensure the affected area is deep cleaned
- Wash hands after every procedure
- If the first aider/ school nurse suspects that they or any other person may have been contaminated with blood or other bodily fluids, the following action should be taken:
 - Wash splashes off skin with soap and running water.
 - Wash splashes out of eye with water or saline pods (in first aid kits)
 - Report incident and take medical advice if appropriate
 - Instruct all staff and pupils in the locality to wash before eating or drinking, and after touching any surface or object that might be contaminated

10.

ACCIDENTS

INTRODUCTION:

Under the direction of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) [1995] amended 2012, certain types of accidents must be reported to the HSE. The employer must keep a record of any reportable injury, disease, or dangerous occurrence. This must include:

- Date
- Time
- Personal details of person affected
- Location of accident
- Nature of event
- Treatment required

REPORTING:

All accidents involving pupils, staff or visitors must be reported by the member of staff assisting the accident. This also applies for near miss events that must be monitored as part of the School's Health and Safety Management System. Parents must be contacted and informed of any accident involving a pupil.

The following incidents will be reported to the HSE if an **employee** is injured, wherever they are working:

- 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), which: cover more than 10% of the body; or
- cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury
- 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

PHYSICAL VIOLENCE:

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence. Examples of reportable injuries from violence include an incident where a staff member sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work

REPORTABLE OCCUPATIONAL DISEASE:

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. These include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis, e.g. from work involving strong acids or alkalis, including domestic bleach hand-arm vibration syndrome;
- occupational asthma, e.g. from wood dust and soldering using rosin flux;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent

STRESS:

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR.

INCIDENTS TO PUPILS AND OTHER PEOPLE WHO ARE NOT AT WORK:

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- The death of the person, and arose out of or in connection with a work activity;
- An injury that arose out of or in connection with a work activity **and** the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

If a pupil is injured in an incident remains at school, is taken home or is simply absent from school for several days, the incident is **not reportable**.

The responsible person at the school should consider whether the incident was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments, etc.);
- The condition of the premises (e.g. poorly maintained or slippery floors).

ACCIDENTS TO PUPILS DURING SPORTS ACTIVITIES:

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity. The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable.

Examples of reportable incidents include where:

- The condition of the premises or sports equipment was a factor in the incident, e.g. where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- There was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

ACCIDENT GRADING SYSTEM.

Swanbourne House uses the following grading system for accidents, an accident form is required for all accidents:

Grade 1. A minor injury/accident requiring little or no intervention e.g. falls (not including head injuries) with no obvious injury or small graze.

Grade 2. A minor injury/accident requiring some intervention e.g. cleaning of small wound, application of ice pack for a nose bleed.

Grade 3. A minor injury/accident requiring intervention, monitoring and observation e.g. minor head injury, sprain, significant wound. An accident form should be completed so that the Head is aware should parents wish to discuss it after the event.

Grade 4. Acute accident/injury where there is thought to be a significant injury e.g. significant swelling, restricted movement, suspected fracture, mild concussion. (Parents/boarding parents informed and advised to take to A&E).

Grade 5. Major accident/injury e.g. severe blood loss, unconscious, severe head/neck injury, severe bone injury where child cannot mobilise, cardiac arrest. Ambulance and parent called immediately.

11.

PUPILS WITH MEDICAL CONDITIONS

Swanbourne House School is committed to supporting pupils with medical conditions, ensuring that they participate in all aspects of school life.

ROLES AND RESPONSIBILITIES:

SWANBOURNE HOUSE recognise their duties and understand that pupils with the same medical condition will not necessarily have the same needs.

PARENTS/GUARDIANS:

- To inform the school of any medical condition that may affect their child's health (physical, mental or emotional health) while at Swanbourne.
- Parents should provide the school with sufficient information of their child's medical needs, including where appropriate, any communication, details of specialist, confirmation of diagnosis, current medication and follow up plans.
- To inform the school Nurse of any changes or update regarding their medical condition after medical reviews.
- To ensure the school Nurse is aware of any medication that will/may be required.
- To participate in meeting with school Nurse and/or Boarding House as appropriate.
- To participate in agreeing an Individualised Health Care Plan which is reviewed annually.
- Ensure that the pupil has medication and is replaced if required.

SCHOOL NURSE:

- To ensure that all pupils with medical condition has an IHCP which is reviewed with parent/guardian annually.
- To create a IHCP that is tailored to the specific needs of the pupil.
- To ensure that parent/guardian are fully involved in the development of the IHCP and discussed with the pupil.
- To liaise with appropriate staff (e.g Boarding House, Games department), and health care professionals in developing an IHCP.
- To ensure that a review date for IHCPs is set and adhered to.
- Upload IHCP onto Isams.
- To help support staff when in caring for pupil.
- To provide training to staff on medical conditions to ensure that they have adequate knowledge.

SCHOOL STAFF:

- To attend training sessions provided
- To be aware of students that they teach who have medical needs
- To access and have a knowledge of the care plans for the students in their care when in school and on school trips.

12.

MEDICATIONS POLICY

For guidance on Adrenaline Pens please see Allergy Policy

For guidance on Inhalers please see Asthma Policy

For guidance on Diabetes Medicine please see Diabetes Policy

INTRODUCTION:

Many Pupils will need medication at some stage of their school life and all schools are required to have written policies and procedures on the administration and control of medicines within the school and associated activities. The procedure at Swanbourne House is documented here.

Pupils that may require medication at school include:

- Those who have suffered from a medical condition or illness.
- Those who have suffered an acute medical condition but are regarded as fit to return to school provided prescribed medication is taken.
- Those who suffer from chronic or life-threatening conditions such as anaphylaxis, asthma, diabetes] but can safely attend school provided they are given regular doses of medication, or medication is available in an emergency.
- Those pupils who suffer occasional discomfort such as headache or hay fever.

ROLES AND RESPONSIBILITIES:

PARENTS: and those with parental responsibility are to follow the guidance outlined in this policy. All Medication must be handed into the school Nurse or Boarding Parents on return to school.

Please note that staff will not administer medication which:

- They do not have parental consent to give.
- Is not in its original packaging.
- That is not labelled for the pupil.
- Where expiry date is unknown.
- Where it is felt there is insufficient understanding of the purpose of that medicine.

Parental Consent is essential for pupils to receive 'over the counter' and prescription medication at school. Consent for 'over the counter' medication such as Paracetamol, cough syrup, antihistamines and creams are given on admission to the school on the 'Medical Form'.

Consent for prescriptions that are required for a short period of time but are needed during school hours, or for Control Drugs must be given for each individual prescription. This is provided by completing the 'Medication Consent Form' on My School Portal.

The school Nurse is responsible for overseeing medication throughout the school and will keep a record of all medication for pupils in the school. The school Nurse is to ensure that staff giving medication are adequately trained. Training and ensuring the safe storage, administration, and disposal of medication, handing responsibility to trained staff as appropriate. All medication brought into the school for pupils must be taken to the school Nurse.

SCHOOL STAFF: can give medication to pupils if they have undertaken the correct training, this is advisable for school trips. Only staff that have completed the training and given the certificate to the school Nurse are competent to give pupils medication.

For the safety of pupils, current procedure is that during school hours, when the school Nurse is on site, all medication in Main House will be given by the school Nurse and medication in Manor House is given by the trained appointed First Aider. When outside of school hours or if the school Nurse is not available, the Boarding Parents and First Aider at Reception are trained and will hold responsibility for administering and documenting medication.

All Medicine that has been given to any pupil must be recorded on Isams as soon as possible and for parents/guardians or boarding staff must be informed.

All medicine given to a pupil must be supplied by the school or given to the school Nurse through parents and should never be given from staff's own supply.

BOARDING PARENTS: administer medication to Boarders in the Boarding House and document the administration on Isams and inform the school Nurse by email on a school day.

SUPPLY AND ORDERING:

- Medication should be ordered directly through the school Nurse in Surgery, and orders received through Surgery and logged as received into the school.
- It is the school Nurse's responsibility to ensure adequate stock is available and will regularly check with the Boarding House and Manor House that stock levels are adequate.
- Control Drugs have a maximum prescription supply of 30 days.

MEDICATIONS FROM HOME:

- All medications brought into the school from home must be recorded by the school Nurse, including 'over the counter' and complementary medicines such as multivitamins.
- Medications from abroad, not licensed in the UK should be given directly to the school Nurse so that the suitability of the medication can be decided, and the UK equivalent can be provided.
- All medicines, including 'over the counter' medicine must be in the original packaging, clearly labelled with the student's name, dose and directions of use.

RECEIPT OF MEDICATION:

All medicines must be given to the school Nurse so that they can be logged on to the school 'Medicine Log'. This log includes:

- Name of pupil
- Date of receipt
- Name, strength and dosage of drug
- Quantity
- Signature of school Nurse receiving drug

STORAGE OF MEDICATION:

All medication is to be securely stored in one of the designated areas:

- Surgery
- Manor House FA cupboard
- Manor House Locked fridge
- Medicine cupboard in Boarding House office.

When the school Nurse is not in school, Reception will collect their assigned medicine box from Surgery to store in their locked First Aid cupboard.

The fridge in Surgery and the locked fridge in Manor House are the only fridges where medication that need to be kept in a fridge should be stored. Their temperature is monitored, and the recommended temperature of the fridge is 2-8 degrees. Temperatures outside this should be reported to Surgery.

ADMINISTRATION OF MEDICATION:

ADMINISTRATION BY SCHOOL NURSE:

- Administered medication must be recorded on the pupils Medicines record on Isams.
- Check the identity of the pupil.
- Ask if the pupil had any medication before school and check with parent in unsure.
- Give the correct dose as outlined on the medication leaflet and do not exceed the recommended dose under any circumstances.
- Report any drug errors or drug reactions to Line Manager.
- Parent/guardian to be informed of medicine given.

ADMINISTRATION BY MANOR HOUSE FIRST AID LEADS:

PRESCHOOL AND FOUNDATION: have an assigned First Aid Lead who has oversight of medication, working alongside the school Nurse to ensure that medication is received, administered, documented, stored, and disposed of safely.

YEAR 1 AND YEAR 2: have an assigned First Aid Lead who has oversight of medication, working alongside the school Nurse to ensure that medication is received, administered, documented, stored, and disposed of safely.

If the Designated First Aid Leads are not on site, the school Nurse will administer medication to pupils in accordance with this policy.

- Administered medication must be recorded on the pupils Medicines record on Isams.
- Check the identity of the pupil.
- Ask if the pupil had any medication before school and check with parent in unsure.
- Give the correct dose as outlined on the medication leaflet and do not exceed the recommended dose under any circumstances
- Parent/guardian to be informed of medicine given.
- Report any drug errors or drug reactions to school Nurse.
- The First Aid lead must complete the online Educare training: Administering Medication in Schools and send the certificate to the school Nurse.

SELF-ADMINISTRATION OF MEDICATION:

Self-administration of medication by a pupil, or an occasion where a student will begin to self-medicate with support is discussed and assessed for each individual case. This discussion must include Parents/guardian, DSL, School Nurse and Head teacher.

DISPOSAL OF MEDICATIONS:

Medication that is expired, or empty and requires disposal must be done so via surgery by the school Nurse.

TAKING MEDICATION HOME:

All medications that leave the school to return home with a pupil [for example, at the end of term], must be logged as returned home on the 'Medicines log' in surgery and given directly to the pupil's parent/guardian where possible.

If a pupil takes the medication home within their luggage or school bag there is a risk with minors taking medication outside of school without adult supervision. Once the pupil has left the school for holidays or exeat then the responsibility for the medication passes to the parent or guardian.

The school Nurse will contact the parent/guardian in advance to ensure that they are aware that the pupil will be bringing home named medication. Parents will then be responsible for this medication.

TRIPS AND FIXTURES:

Inclusivity and adjustments will always be made for students with health needs to attend school trips. While on any visit outside of school medication must be handed over to the designated First Aider who has completed the 'Administration of Medicines in school' Educare Training. This First Aider is responsible for the safe administration and storage of the medicine for that trip, in line with this policy.

If a pupil with a diagnosed health condition and/or allergy is on a trip/fixture it is essential that the First Aider is aware of this condition and can administer medication that may be required and has access to their care plan. Alongside the school's provision of training, the school Nurse can provide specific training before the trip when required.

CONTROL DRUGS

RECEIVING STOCK INTO THE SCHOOL:

Control Drugs for pupils in all school years must be handed into the school by the parent/guardian to the school Nurse and kept in the CD cupboard in Surgery.

Once received the medication must be checked:

- Check patient details, dose, expiry date and batch number.
- Record date and quantity received.
- Ensure label and dispensed medication match.

STORAGE:

All Control Drugs must be stored in the CD cupboard which must be double locked. All medication is to be kept in its original packaging. At the end of the academic year, all Control Drugs must be sent home and given directly to the parent/guardian.

Stock Balance is to be checked weekly by 2 members of staff. Any loss of medication that can not be accounted for must be reported to school Nurse and DSL.

ADMINISTRATION:

As with all medications, administration must be documented. The administration of Control Drugs is recorded in the Control Drug Book next to the CD cupboard, and document on their Isams profile.

- Check stock level against last entry.
- Record date, patient and amount given.
- Record new running balance after each dose.
- Ensure each entry is signed and counter signed.

CONTROL DRUGS GOING HOME:

If a parent/guardian cannot collect the student, further consideration must be given to the pupil leaving school with their medication providing the following criteria are met:

- Written confirmation from parent is received.
- The school Nurse is in agreement.

RELEVANT PUBLICATIONS

Department for Education and Employment Guidance on First Aid at Schools Department for Education Supporting Students with Medical Needs:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf

Controlled Drugs (CD) Standard Operating Procedures (SOPs) for GP surgeries Version 13
Controlled drugs: safe use and Management <https://www.nice.org.uk/guidance/ng46/chapter/recommendations>

New NMC Code 2015 <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicinesmanagement.pdf>

Dept for Education Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England September 2014

Dept for Education Boarding schools' National minimum standards In force from 1 April 2015

13.

ASTHMA POLICY

Swanbourne House is committed to ensuring that pupil's with asthma are supported to participate in school life fully and safely.

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood. There is currently no cure but there are simple treatments that can keep symptoms under control.

Asthma is caused by the inflammation, swelling and narrowing of the airways when a person with asthma is exposed to a trigger making it difficult to breathe comfortably. When exposed to a trigger a person with asthma may present symptoms such as:

- Breathlessness
- Cough
- Chest tightness

Symptoms may worsen, this is known as an asthma attack. Symptoms include.

- Persistent cough at rest.
- Wheezing
- Shortness of breath
- Difficulty breathing
- Unable to complete sentences.
- Being unusually quiet
- Appearing exhausted
- A blue tinge around the lips.
- Collapse

A trigger may be different for depending on the pupil however common triggers include: narrower and the lining of the airways becomes inflamed and starts to swell. Airways become narrower and irritated - making it difficult to breath and leading to symptoms of asthma.

COMMON TRIGGERS:

- viral infections
- house dust mites
- pollen
- cigarette smoke
- animal fur
- pollution
- dust
- stress
- exercise
- grass

ASTHMA MEDICATION:

Asthma is usually treated with an inhaler, although other medications are sometimes prescribed. The main types of inhaler are reliever inhalers (normally blue) and preventor inhalers (normally brown). Preventor inhalers (brown) are used each morning to prevent asthma symptoms occurring. Reliever inhalers (blue) are used to relieve acute asthma symptoms.

Swanbourne House School recognises that pupils diagnosed with asthma always need immediate access to reliever inhaler. Pupils should have their own reliever in schools to treat symptoms and for the use in the event of an asthma attack. This inhaler must be in date and have sufficient dosage available. Lower school pupils will have their inhalers kept in their form room. Upper school pupils will carry their inhaler in their school bag so that it is close by and available when needed.

Swanbourne House School holds an emergency Salbutamol which can be used if a pupil's inhaler is not available, broken or empty. Emergency Asthma Kits are held in the following locations:

- Outside Surgery
- Main House Reception
- Manor House (Outside School Shop)
- Sports department
- Pavilion at the bottom pitch.

Any oral medication must be kept in Surgery as per the *Medication Policy* section.

THE EMERGENCY ASTHMA KIT SHOULD CONTAIN:

- A salbutamol metered dose inhaler
- A spacer compatible with the inhaler
- Instructions on using the inhaler and spacer
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plan
- A record of administration of the emergency inhaler

Staff must ensure that any asthmatic pupils leaving Swanbourne for matches or trips have a reliever inhaler. If it is a residential trip the pupil must also have their preventer inhaler plus any other prescribed medication.

Staff that have completed the Educare 'Administration of Medication in Schools' training should also take an Emergency Asthma Kit from Surgery to be used on trips in case a pupil's own inhaler is unavailable or become lost.

RECORD KEEPING:

When a pupil starts at Swanbourne an asthma diagnosis is usually identified on their Medical Form which is completed by their parent/guardian. The parent/guardian will then be sent an Asthma Care Plan by the school Nurse to complete which will hold details of inhaler/medicines that are used to treat their asthma and provide consent for the inhaler to be given at school. The form also provides consent for the use of the school's emergency inhaler if required.

A pupil's Asthma Care Plan will be made available for school staff to access if required.

ROLES AND RESPONSIBILITIES:

Staff who come into contact with asthmatic pupils should know what to do in the event of an asthma attack. This is also identified on the pupil's asthma care plan.

EMPLOYERS have the responsibility to:

- Ensure the health and safety of their employees and anyone else taking part in school activities. This responsibility extends to those staff leading activities off site, therefore, employers need to ensure an appropriate asthma policy is in place and trips are adequately risk assessed.
- Make sure the asthma policy is effectively monitored and regularly reviewed and updated.
- Provide indemnity for teachers who volunteer to administer medicines to pupils with asthma.

SCHOOL STAFF have the responsibility to:

- Understand the school First Aid Policy which include the Asthma Policy.
- Attend training provided
- Complete the Educare Asthma training if they come into regular contact with pupils who have asthma.
- Know which pupils they come into contact with who have asthma.
- Know what to do in the event of an asthma attack.
- Allow and support pupils with asthma to have immediate access to their reliever inhaler. If a pupil experiences any asthma symptoms, allow them time to stop what they are doing, take their reliever inhaler and only return to their activity if symptoms are relieved, and the pupil feels well enough to continue.
- Inform the school Nurse if a pupil has had an asthma attack. A pupil should never be sent alone to Surgery whilst they are having an asthma attack or showing symptoms of asthma. In an emergency it may not be safe to move a pupil.
- Inform school nurse and parent/carer's if pupils are taking more reliever inhaler than they normally would.
- Ensure when going on trips/away matches that the pupil has their inhaler with them and the 1st aid match kit is taken as it contains a spacer if needed.
- Be aware of the potential social problems that pupils with asthma may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems.

THE SCHOOL NURSE has the following responsibilities:

- To develop, review and update an asthma care plan for each pupil who has asthma. The care plans will be shared with staff. The school is currently using the Asthma UK School Asthma Card as their care plan.
- Checking on a monthly basis that the emergency inhalers and spacers are present and in working order and have sufficient number of doses available.
- Ensuring replacement inhalers are procured when expiry dates approach.
- Ensuring replacement spacers are available following use
- To provide medical assistance if a pupil has an asthma attack or is suffering from asthma symptoms.
- To ensure that pupils know how to use their asthma inhaler (and Spacer) effectively
- To create and maintain a register of pupils with asthma.
- To ensure that the school has emergency reliever inhalers that are in date and ready to use if required for pupils who have asthma, and parental consent for their use.
- To provide teaching on asthma for staff.
- Organise health promotion within the school to raise awareness of asthma in schools
- To ensure the boarders with asthma are regularly monitored with regards to asthma medication full boarders have a 6 monthly review with their GP regarding their asthma.
- Ensure their child has regular asthma reviews with their doctor.

PUPILS have the responsibility to:

- Treat other pupils with or without asthma equally.

- Treat all medication with respect and ensure that it is used in the way it is intended.
- Ensure that a member of staff or the school Nurse is contacted if someone is having an asthma attack.

PARENTS with an asthmatic child have the responsibility to:

- Inform the school of an asthma diagnosis and what medication is taken.
- Inform the school Nurse of any changes to the pupil's treatment plan or any problems with asthma when the pupil is not at school.
- Update the school after any Consultant or Hospital visits.
- Ensure the pupil has their prescribed medication and it is in date when they return to school after holidays and breaks from school.

ADDITIONAL ROLES AND RESPONSIBILITIES:

The school will work in partnership with all interested parties including the schools governing body, all school staff, school nurse, parents/carer's, employers of school staff, doctors and nurse and pupils to ensure that the policy is planned, implemented, and maintained successfully.

The asthma policy is regularly reviewed, evaluated, and updated. Updates are produced every year.

Sources of Reference:

<https://www.asthma.org.uk/>
<https://nhs.co.uk/conditions/asthma>
<https://www.england.nhs.uk/childhood-asthma/>
<http://www.medicalconditionsatschool.org.uk/>
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

14.

DIABETES POLICY

Swanbourne House School is committed to ensuring all pupils with Type 1 diabetes are encouraged and supported to participate safely and fully in school life.

GUIDANCE:

Type 1 diabetes is a serious, lifelong condition where blood glucose is too high as the body cannot make the hormone insulin. Therefore, insulin treatment must be given by injection throughout the day or via a continuous insulin pump.

People with Type 1 diabetes will need to check their blood sugar levels regularly to ensure that their levels are within their targeted range.

Hypoglycaemia occurs when the blood glucose is too low (under 4mmol/l)

Hyperglycaemia occurs when the blood glucose is too high (typically greater than 11.0mmol/l after eating)

DIABETES MEDICATION:

STORAGE:

Please read the *Medication Policy* section of this policy in conjunction with this guidance and follow its guidance on storage, administration, record keeping and disposal.

It may be necessary for insulin to be stored in a fridge. Swanbourne House School have a fridge in Surgery and a locked fridge in Manor House where regular temperature checks are made where insulin can be stored.

Pupils are advised to always carry their insulin with them within appropriate storage devices.

Administration:

Oral medication is to be stored in a locked medicine cupboard and administered by the school Nurse (or appropriately trained member of staff) as per the schools *Medication Policy*.

Each diabetic pupil will have an Individualised Health Care Plan and, on this plan, will have an identified plan of how the pupil's insulin will be administered. It may be that a pupil requires full support from staff and as they get older, and more independent in managing their diabetes they will be supported in being more independent in managing their insulin.

Any pupil with diabetes will be supported by the school Nurse and can go to Surgery at any time for support or advice.

If a pupil used an insulin, a supply of insulin will be kept in Surgery. If a pupil is a full-time of weekly boarder, a supply of insulin will be kept in the Boarding House for emergency use.

Any medication is only to be given to the person named on the prescription.

OFF SITE:

Diabetes should not prevent a pupil from going on school trips or overnight residential trips. Careful planning is essential, the trip leader should liaise with the school Nurse before any trip.

Staff must ensure that they have completed a Risk Assessment before any student is taken off site.

The trip leader must ensure that they have a copy of their individual care plan and has checked that all control measures are in place.

Parents/guardians are asked to ensure that pupils have adequate supply of their medication and all monitoring supplies.

Sharps:

Diabetic medication and monitoring necessitate the need for the use of sharps. All sharps should be disposed of following through the Sharps bins that are in Surgery and Boarding House. Any incidents where this has not been followed should be immediately reported to the Health and Safety Compliance Manager.

Record keeping and care planning:

When a pupil starts at Swanbourne House School a diagnosis of diabetes is usually identified on the Medical Form which is completed by the parent/guardian.

The school Nurse will contact the pupil's parents and specialist diabetes team, if their input is required, so that meetings can take place as soon as possible.

An Individualised Health Care Plan (IHCP) will be created by the school Nurse in partnership with parents, the pupil and specialist diabetes team. The IHCP will be shared with staff through SharePoint and iSams. The IHCP should address the pupils' specific needs and provide clear instructions for ongoing and emergency care. It will be regularly reviewed (minimum annually) and updated.

Exercise and activity:

Pupils are encouraged to manage their diabetes to enable them to be involved in all school activities. It is important that pupils with diabetes participate in physical activity for their long-term health.

Pupils must have access to medication and hypo packs during times of activity. It is the responsibility of the activity leader to ensure that this is in place.

It is important that blood glucose testing is performed before, during and after sport, activity or PE. Activity may affect blood glucose levels, depending on intensity, duration and how close to the activity an insulin dose is.

Prevention of low blood glucose during and after sport is important, therefore pupils with diabetes should be allowed to eat a carbohydrate snack at any time of the day.

Staff should all know of any diabetic pupils they teach and should ensure that they have a knowledge of their care plans. If a diabetic pupil uses an insulin pump, they may be required to disconnect their pump for sporting activities, this will be documented in the individuals care plan.

Any member of staff can ask for diabetes training via the school Nurse. There is online training available via Educare which all staff can access at a time convenient to them.

Roles and Responsibilities:

The School has responsibility to:

- Ensure the health and safety of their employees and anyone else taking part in school activities. This responsibility extends to those staff leading activities off site. Therefore, employers need to ensure an appropriate diabetes policy is in place and trips are adequately risk assessed.
- Develop, implement, and monitor a Diabetes policy.
- Provide indemnity for teachers who volunteer to administer medicines to pupils with diabetes who need help.
- Offer training and support to staff via the school Nurse.

Staff have the responsibility to:

- Read and understand the school's Diabetes Policy
- To attend Diabetes training provided by the school.
- Know which pupils have diabetes, this information can be found on the school's medical list.
- Ensure that diabetic pupils have their diabetic monitoring and medication/treatment with them.
- Allow pupils with diabetes immediate access to their monitoring equipment, medication or treatment.
- Understand that diabetic pupils may need access to their personal mobile device if it has access to blood glucose monitoring and apps to aid diabetic management.
- Know what to do if a pupil becomes unwell with a low blood sugar (hypoglycemia).
- Inform the school Nurse if a pupil is unwell and follow advice given. All staff must recognise that if a pupil's blood sugar is below 4mmol/l the pupil will need to eat/drink immediately and must not be left alone.
- Allow a diabetic pupil to attend Surgery if their blood sugar is above 14mmol/l.

- Allow pupils who have been had time away from lessons due to diabetic symptoms or hospital clinic reviews time to catch up on missed work
- Inform the school Nurse if they have concerns that the pupil is struggling to manage their diabetes so that support strategies can be implemented.
- Be aware of the potential social problems that pupils with diabetes may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems.

The school Nurse has the following responsibilities:

- To see all new pupils with diabetes and meet with their parent/guardian before they start at the school.
- To develop, review and update Individual Health Care Plans in partnership with parents/guardians and to ensure that these are available for staff to access.
- To communicate with parents when a pupil has a hypoglycaemic or hyperglycaemic episode.
- To offer training or support to staff as requires and to liaise with the diabetes specialist team offer expert training if required.
- Assist diabetic pupils if they are feeling unwell or worried, or if their blood sugar is out of the target range set on their care plan.

All Pupils have the responsibility to:

- Treat other pupils with and without diabetes equally
- Treat all medication with respect.
- Ensure a member of staff or the school Nurse is contacted if someone with diabetes becomes unwell.

Pupils with diabetes have a responsibility:

- Be as independent as possible with blood glucose checking and insulin administration as agreed with the diabetes team and ask for help when needed.
- Attend the health centre if their blood sugar is over 14mmols.
- Alert a member of staff immediately if their blood sugar is lower than 4mmols and treat as described in their care plan.

Parents have a responsibility to:

- Inform the school if a diabetes diagnosis has been made and what medication is taken as soon as possible and with adequate information.
- Inform the school Nurse of any changes to treatment plan or any problems with diabetes when the pupil is not at school.
- Update the school after any Consultant/Hospital visits.
- Work in collaboration with the school and school Nurse.
- Collect their child or make arrangements with guardians, if blood sugar levels cannot be stabilised to within their normal range within three hours following a hypoglycaemic or hyperglycaemic episode.
- Ensure the pupil has adequate supplies of medication and it is in date when they return to school after holidays and breaks.

Reference:

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools>

<http://www.medicalconditionsatschool.org.uk>

15.

SEIZURE POLICY

Swanbourne House School aims to support pupils who may have seizures, ensuring that they participate fully in all aspects of school life.

A seizure is a common neurological condition caused by a sudden burst of intense electrical activity in the brain which can temporarily disrupt the way that messages are sent between brain cells. This can cause changes in a person's awareness, behaviour, emotions, sensations and/or motor functions. Not all seizures are due to epilepsy. In 20 people will have a non-epileptic seizure at some time.

All staff must be aware of what to do if a pupil has a seizure.

Staff are to understand that pupils that have seizures may be embarrassed if they have one in school, they may suffer bullying because of it. Procedures are in place to prevent this.

Guidance:

- If a pupil is found to be having a seizure it is important to **not** to restrain them in any way, simply ensure that they are safe by clearing the surrounding area to avoid further injury.
- Note the time the seizure starts and consider any triggers.
- Contact the school Nurse for assistance.
- Once the seizure has finished place the person in the recovery position.
- If the pupil is known to have seizures:
 - An ambulance is only required if the seizure lasts 2 minutes longer than their regular seizure.
 - Call an ambulance if the seizure lasts longer than 5 minutes.
- If the pupil is unknown to have seizures:
 - Call an ambulance if the seizure lasts longer than 5 minutes.
- Provide advice and support to any pupils/staff that witnessed the seizure.

Medication:

- Any pupils taking medication for epilepsy will have oral medication which will be stored and administered as per the *Medication Policy* section of this policy.

Record Keeping:

- When a pupil starts at Swanbourne a tendency to have seizures, or epilepsy diagnosis should be identified on their 'Medical Form'. We ask parents to ensure that detailed information is given with this form including medication that the pupils takes.
- If a new diagnosis is made during the school holidays it is important that parents share, with the school Nurse all relevant information.
- An Individualised Health Care Plan (IHCP) will be created in partnership with the parents/guardians and reviewed annually, or when there are changes to care. This care plan will be made available for staff to access if necessary.

Exercises and Activities:

- Exercise and activity are good for every pupil, including those who have seizures. All pupils are encouraged to participate in all school activities.

Off site:

Epilepsy should not prevent a pupil from going on school trips or overnight residential trips. Careful planning is essential, the trip leader should liaise with the school Nurse before any trip.

Staff must ensure that they have completed a Risk Assessment before any student is taken off site.

The trip leader must ensure that they have a copy of their individual care plan and has checked that all control measures are in place.

Roles and Responsibilities:

Swanbourne house School has the responsibility to:

- To ensure that a seizure policy is in place and is implemented.
- Provide indemnity for staff who administer medicines to pupils who suffer from seizures and need help.

School Staff have the responsibility to:

- Read the First Aid Policy and Seizure Policy.
- To attend training provided by the school.
- Know which pupils in the school could have a seizure.
- Know what to do in the event of a seizure.
- Inform the school Nurse if a pupil has a seizure.
- Allow pupils who have been unwell time to catch up on missed work.

The school Nurse has responsibility to:

- Develop, update and review Individualised Health Care Plans (IHCP) for pupils who have epilepsy in partnership with parents and to share the care plan with staff.
- To review the school seizure policy.
- Offer training to staff as required and to ensure that all educational needs are met.
- Ensure that pupils with seek support with their condition when at school.

Pupils have the responsibility to:

- Treat other pupils with epilepsy with respect.
- Treat all medication with respect.
- To contact a member of staff if someone is having a seizure.

Parents have the responsibility to:

- Inform the school if a epilepsy diagnosis has been made and what medication is taken.
- Inform the school Nurse of any changes to treatment or care plan.
- Update the school after any hospital visits.
- Ensure the pupil has medication in school (if required) and that the *Medication Policy* section of this policy is followed.

Types of Seizures

Tonic Clonic Seizure (Grand Mal). The Pupil may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking and convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the pupil may bite their

tongue. They can also be incontinent. Ensure the safety of the pupil and gently move them away from any dangers such as banging their head on a wall. Speak calmly to the pupil and stay with them until the seizure has passed.

Complex partial seizures. These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The pupil may appear conscious but be unable to speak or respond during this form of seizure. Ensure the safety of the pupil and gently move them away from any dangers. Speak calmly to the pupil and stay with them until the seizure has passed.

Absence (Petit Mal). This can easily pass unnoticed. The pupil may appear to daydream or stare blankly. There are very few signs that a pupil is in seizure.

References

www.epilepsysociety.org.uk

www.epilepsy.org.uk/education

Medical Conditions at School : A policy resource pack

16.

ALLERGY POLICY

Swanbourne House School recognises that community members (pupils, parents, visitors and colleagues) may suffer from potentially life-threatening allergies or intolerances to certain foods.

Policy Statement:

- Swanbourne House is an inclusive community that aims to support pupils with allergies, ensuring they participate fully in all aspects of school life.
- It recognises that an allergy is a widespread and potentially serious condition. An allergic reaction including anaphylaxis occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.
- Swanbourne House is aware that pupils with allergies need access to their antihistamines and immediate access to their adrenaline if they have anaphylaxis to a known trigger.
- All colleagues must be aware of what to do if a pupil has an allergic reaction and anaphylaxis.

- Swanbourne House Staff understand that pupils with allergies may be embarrassed about their condition and may suffer bullying because of it. Procedures are in place to prevent this.

All staff will work in partnership with parents, pupils, and the school Nurse to ensure this policy is planned, implemented and maintained successfully.

Swanbourne House is committed to a whole School approach to the care and management of those members of the school community. This policy looks at food allergy and intolerances.

The school's position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure by hazard identification, instruction and information. This will encourage individual responsibility by all those with known allergens and intolerances to make informed decisions on food choices. It is also important that the school has robust plans for an effective response to possible emergencies. This policy has been created with guidance from the Stowe School's Medical Officer and the Food Services Department to ensure compliance under *The Food Information Regulations 2014*.

Swanbourne House is committed to proactive risk food allergy and intolerance management through:

- The encouragement of individual responsibility and learned avoidance strategies amongst those suffering from allergies and intolerances.
- The establishment and documentation of a comprehensive management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site.
- Provision of a staff awareness programme on food allergies/intolerances, possible symptoms (anaphylaxis) and recognition and treatment.
- Ensuing that the community is 'allergy aware' through education and training.

The intent of this policy is to minimise the risk of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at Swanbourne House School or attending any School related activity. The policy sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise. It is also intended to outline how information can be accessed about food allergens and intolerances in the Food Services Department

The common causes of allergies and intolerances relevant to this policy are the 14 major food allergens:

- Cereals containing Gluten
- Celery including stalks, leaves, seeds and celeriac in salads
- Crustaceans, (prawns, crab, lobster, scampi, shrimp paste)
- Eggs - also food glazed with egg
- Fish - some salad dressings, relishes, fish sauce, some soy and Worcester sauces
- Soya (tofu, bean curd, soya flour)
- Milk - also food glazed with milk
- Nuts, (almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew and macadamia (Queensland) nuts, nut oils, marzipan)
- Peanuts - sauces, cakes, desserts, ground nut oil, peanut flour
- Mustard - liquid mustard, mustard powder, mustard seeds
- Sesame Seeds - bread, bread sticks, tahini, houmous, sesame oil
- Sulphur dioxide/Sulphites (dried fruit, fruit juice drinks, wine, beer)
- Lupin, seeds and flour, in some bread and pastries
- Molluscs, (mussels, whelks, oyster sauce, land snails and squid).

The allergy to nuts and peanuts is the most common high-risk allergy and, as such, demands more rigorous controls. However, it is important to ensure that all allergies and intolerances are treated equally as the effect to the individual can be both life-threatening and uncomfortable, if suffered.

Note: the above list is documented in The Food Information Regulations 2014, however it is known that additional food groups could cause allergies or reactions (for example Kiwi Fruit/ Melon, Strawberries). Therefore, it is important the Food Services Department are made aware of any individual's dietary needs.

Definitions:

<i>Allergy</i>	A condition in which the body has an exaggerated response to a substance (e.g. food or drug), also known as hypersensitivity.
<i>Intolerances</i>	An inability to eat a food or take a drug without adverse effects.
<i>Allergen</i>	A normally harmless substance, that triggers an allergic reaction in the immune system of a susceptible person.
<i>Anaphylaxis</i>	Anaphylaxis, or anaphylactic shock, is a sudden, severe, and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines).
<i>Adrenaline device</i>	A syringe style device containing the drug adrenaline. This is an individual prescribed drug for known sufferers which is ready for immediate intramuscular administration. This may also be referred to as Adrenaline Pen, Adrenaline Auto-Injector (AAI) or an Epi-Pen/ Ana pen or Jext which are brand names.

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock); this is the most extreme form of an allergic reaction. Anaphylaxis awareness training is covered in many first aid courses, however will be provided with anaphylaxis training annually by the school Nurse.

Common triggers of anaphylaxis include:

- Peanuts and tree nuts.
- Other foods (e.g. dairy products, egg, fish, shellfish and soya)
- Insect stings (bees, wasps, hornets)
- Latex (gloves and PPE)
- Drugs (illegal and prescription)



Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash [hives] anywhere on the body
- Difficulty in swallowing or speaking.
- Swelling of throat and mouth
- Anxiety
- Alterations in heart rate
- Abdominal pain, nausea, and vomiting
- Sense of impending doom
- Sudden feeling of weakness or floppiness (due to a drop-in blood pressure)
- Collapse and unconsciousness

When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. **They should not stand up.**
- If there are also signs of vomiting, lay them on their side to avoid choking.
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

Action to take:

Ask other staff to assist, particularly with making phone calls. One person must take charge and ensure that the following is undertaken:

- Ring [9] 999 immediately to get the ambulance on the way.
- Ring the Surgery [216/ Radio channel 7] and state what has happened so that they can assess the situation and bring the appropriate medication (or for medication to be collected from reception and brought to the location. Please note that the school Nurse may not be able to attend immediately, and there should be no delay in using the person's medication. Locate the nearest First Aider to come and assist.
- Use the person's adrenaline device or the Emergency Adrenaline Pen (located at Reception and Manor House)
- Please note that spare Adrenaline Pen's are only to be given to a pupil who does not usually carry their own Adrenaline Pen except under Medical direction.
- Ensure that Reception and maintenance are aware that an ambulance is coming onto site so that they can direct them.
- Stay in the immediate area, do not leave the pupil.
- Ensure that accident forms are filled out if applicable.
- School Nurse to contact parents/guardians/Boarding House as appropriate.

Staff should update their training to use the adrenaline device every 3 years as a minimum. This will be delivered as part of first aid training, and by staff attending training delivered by the School Nurse.

The surgery will email the following persons to inform them if any of the known pupils with food allergies have been admitted with an episode, regardless of severity.

- Head
- Deputy Head
- Designated Safeguarding Lead

- Director of Operations & Estates
- Head of catering Services & Hospitality
- Group Health, Safety, and Compliance Manager
- Houseparents

Roles and Responsibilities:

Swanbourne House has established clear procedures and responsibilities to be followed by staff, in meeting the needs of pupils with additional medical needs. This process includes:

The school Nurse has responsibility to:

- Develop, update and review an Allergy Action Plan for pupils with severe allergies in partnership with the parents/guardian (BSACI template is gold standard). The Allergy Action Plans are reviewed annually or when any change in care occurs.
- To share Allergy Action Plans to all relevant staff and departments. This will include a face-to-face meeting with the Food Services Department and/or the pupil's Form Tutor and Teaching Assistant.
- To provide annual training for staff on anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Provide medical assistance if a pupil has an allergic reaction or anaphylaxis.
- Ensure pupils with allergies know when they need to seek medical help and when and how to use their prescribed medication.
- Create an Allergy Register will hold pictures of the pupil's that carry Adrenaline Pens in the school and relevant details of their allergies and their prescribed treatment. This will be made available to all staff to access and review annually.
- Ensure that all spare Adrenaline Pens are in date, checked monthly, and that new Adrenaline Pens are purchased from a local pharmacy when expired.
- To check pupils' own Adrenaline Pens expiry dates monthly.
- To provide staff with details of pupils with allergies that are going on trips of away matches.
- To provide the school kitchen with the allergy register and the list of pupil's food intolerances before the start of the Michaelmas term and to ensure any changes or update are passed on to them immediately.

School Staff are responsible for:

- Being aware of pupils within their care that have allergies and know how to access their care plans.
- Not sharing food or bring in food from home with pupils.
- Understand the Allergy Policy
- To attend Anaphylaxis Awareness Training provided by the school Nurse annually.
- To attend regular Anaphylaxis Awareness refresher training – this can be completed using the EduCare online training available for all staff.
- Know what to do in the event of an anaphylactic reaction.
- Inform the Surgery immediately if a pupil has an allergic reaction.
- Ensure all pupils with allergies have always have access to their Adrenaline Pen.
- To ensure that pupils with Adrenaline Pens have them when going on trips or away fixtures.
- Allow pupils who have been unwell time to catch up on missed work.
- Liaise with Surgery if a pupil is falling behind on work due to allergy symptoms.
- Be aware of possible trigger situations in certain lessons such as science experiments, cookery, arts, and crafts. Where possible teachers should avoid using the triggers.
- Look out and report any episodes of bullying.

Staff should be trained to:

- Recognise the range and symptoms of severe allergic reactions
- Respond appropriately to a request for help from another member of staff
- Recognise when emergency action is necessary
- Administer AAls according to the manufacturer's instructions
- Make appropriate records of allergic reactions

Staff have a responsibility to manage their known allergies or intolerances. All food will be appropriately labelled within the Dining Hall. If further information is required, the Catering and Hospitality Team can be asked at point of service.

Pupils have a responsibility to:

- Notify an adult immediately if they have eaten something that they believe may contain food they are allergic to.
- Notify an adult immediately if they believe they are having a reaction even if the cause is unknown.
- To treat all medication with respect.
- Ensure a member of staff are contacted if you or another pupil is found to be having an allergic reaction or anaphylaxis.

Parents have a responsibility to:

- Inform the school if an allergy diagnosis has been made and what medication is prescribed.
- Inform the Surgery of any changes to treatment plan or reactions they have had when not in school.
- Update the school after any Consultant/Hospital visits.
- Ensure pupils have medication, which is in date when they return to school after holidays.

The Food Services Department is responsible for supplying a balanced diet to all pupils. This includes, through the main dining service, snacks to the Boarding House and pupil functions. This will be met by:

- Staff training for food allergens, intolerances and anaphylaxis. All staff must be informed of this during their in-house induction training. Formal certified training will take place every three years with refresher training taking place annually.
- Creating a menu cycle to ensure that there is a suitable offer that allows for the 14 known allergens. In addition, ensure that all take away food (packed lunches, Match Teas, House Events, BBQ etc.) have the same disciplines applied.
- Arranging alternatives to the standard menu cycle where needed.
- Providing all allergen information associated with their food delivery in all locations.
- To support staff in their communication with parents/guardians regarding food allergies and intolerances where needed.
- By only using authorised suppliers and being the control point of contact for all purchases of food for School Food Services and Hospitality.
- Ensuring suppliers of all foods and catering suppliers are aware of the school's food allergy policy and the requirements under the labelling law.
- Ensuring suppliers of food are nut free or labelled 'may contain nuts.'

Administration of Adrenaline Auto-Injector (AAI):

Medicines legislation restricts the administration of injectable medicines. Unless self-administered, they may only be administered by or in accordance with the instructions of a doctor. However, in the case of adrenaline there is an exemption to this restriction which means in an emergency, a suitably trained person is permitted to administer it by injection for the purpose of saving life. The use of an AAI to treat anaphylactic shock falls into this category. Therefore, first aiders may administer an AAI if they are dealing with a life-threatening emergency in a pupil who has been prescribed and is in possession of an AAI and where the first aider is trained to use it.

Every pupil who has been prescribed an AAI has access to their AAI at school. They are kept in the unlocked first aid drawer at reception and are to be clearly labelled and hold AAI's that have been prescribed for them and their Allergy Action Plan. These will be checked monthly by the school Nurse.

Emergency Adrenaline Pens:

The legislation changed from 1st October 2017 (Human Medicines amendment Regulations 2017) to allow schools to buy additional adrenaline auto-injectors without prescription for use in case of emergency for children who are at risk of anaphylaxis and whose own device is not available or not working (broken or out of date). There are strict rules governing their usage, the guidance is non-statutory:

- The principles of safe usage of AAI(s) are universal and based on recognised good practice
- AAI's must not be locked away in a cupboard or an office where access is restricted – they are to be kept in a suitably safe central location and located not more than 5 minutes away from where they are needed
- The spare AAI devices held in the clearly labelled Emergency Kit should be kept separate from any pupil's own prescribed AAI, which may be stored nearby
- AAI's are available in different doses
 - For children under 6 years – a dose of 150 microgram (0.15 milligram) of adrenaline is used
 - For children aged 6-12 years - a dose of 300 microgram (0.3 milligram) of adrenaline is used
 - For teenagers age 12+ years - a dose of 300 or 500 microgram (0.3 milligram) of adrenaline can be used
- Only for pupils where both a medical authorisation and parental consent have been provided for the spare AAI to be used on them – they are not for general use – this includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed an AAI (for this specific consent from a healthcare professional and parent/guardian must be obtained)
- The spare AAI's can be used instead of pupil's prescribed AAI(s), if these can not be administered correctly, without delay
- Only qualified medical professionals (Doctor or Nurse) can administer an AAI in addition to the normal prescribed dosage contained in a patient's care plan

Location of AAI's:

The Emergency AAI's will be found in the following locations:

- Main reception
- Manor House: **At the entrance of EYFS**

- The Pavilion on the bottom pitch

The AAI's will be stored in separate and clearly labelled boxes, they are to be kept separate from any pupil's own prescribed AAI which might also be stored nearby. These kits contain:

- 1 or more AAI(s) – clearly labelled as a spare
- Instructions on how to use the devices
- Storage instructions
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note on the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

Offsite Visits:

All staff must check the allergy and intolerance information of all pupils they are taking off site. This is part of the offsite risk assessment. All pupils' information is on the iSams system. Where food allergies and intolerance have been identified, this must be relayed to the Food Services Department if they are ordering packed lunches/refreshments/food.

All staff undertaking an offsite trip must have attended the School's Medication and Anaphylaxis training. This is part of the risk assessment. Staff must also:

- Physically check that pupils have their medication before leaving site.
- Ensure that all food collected from the Food Services Department has been clearly labelled and they are aware of any foods that should not be given to pupils.
- Check any foods that pupils may consume or purchase outside of the school during the trip e.g. Motorway service stations, hospitality from other venues.

Charity Events:

If the School hosts any 'staff coffee mornings' or 'bake days' for charity it is important that no food poses a risk to the end user. Where products are not made on site by the Food Services Department appropriate signage should be in place. This will state the following:

*'This item was not produced at Swanbourne House School; therefore, we cannot guarantee that it **does not** contain nuts or any other allergens.'*

All products should be plated separately and stored as such [wrapped where possible] to prevent cross contamination to other items for sale.

It should be left to the discretion of the person buying the food that they accept the risk that allergens may be present.

General Procedure - Members of the Public including Visitors and Corporate Users

Due to the diverse nature of the school, it is important that allergen information is accessible to all parties who visit the site.

During bookings for external events, it is important that guests are informed of the requirements for any known person with food allergies/intolerances. This should be undertaken during the booking process. This information should then be passed to the Food Services Department to allow them to plan appropriate menus and selections of food.

The Food Services Department will hold allergen information on recipe cards and menu information boards will be displayed on the service counters outlining the contents of dishes. These can be referred to or upon request by any guests. In addition to this information the Food Services and Hospitality Team hold a team briefing prior to each service; the purpose of this briefing is to inform those serving of the ingredients contained within each prepared dish, paying particular attention to allergen content. It is the guests/diners' responsibility to ask a member of the Food Services and Hospitality Team if they are unsure, or if they require further information, with regards to the food available at that time.