



FIRST AID POLICY

Date Reviewed September 8th 2022



First Aid Policy

Staff Responsibility: School Nurse / Heads of School

This Policy is applicable to all students, including those in the Early Years Department (EYFS).

Policy Statement

The School is committed to providing a first aid service which satisfies the School's needs for day students and boarders and provides for the care of staff while they are in campus.

The standards we set are to provide the best care possible. Where context allows these are to meet those of the UK and to meet all state and federal requirements.

We provide three qualified nurses. Two within the main campus and one resident within boarding. All teaching staff who lead on an External visit, including PE are required to hold a Minimum of workplace first aid qualification provided by a suitable external provider. A team of appointed first aiders are in place to provide support to staff. Their names are indicated in the areas of school for which they are responsible.

General

First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill. First Aid principles are to

- Preserve life
- Prevent worsening
- Promote recovery.

It is vital when accidents occur, minor or severe, to summon appropriate help immediately. Nurses should be contacted as soon as possible when accidents occur. In the event of them not being available immediately, a first aider should be called (A full list of persons trained in first aid is available from HR and in the both school main office receptions) Some other members of staff have had first aid training and should be prepared to help in an emergency.

All incidents must be fully recorded by the nursing team. If treatment is provided by others in the absence of a nurse this must be reported to the nursing team as soon as possible so that the incident may be recorded. Copies of all incidents are available to Heads of School, Principal and H & S committee.

Designated First Aiders

First Aiders are qualified personnel who have received training and been assessed as competent

In determining the number of Nominated First Aiders required, the following factors will be considered:

1. 1) The size of the School
2. 2) Student numbers and age ranges
3. 3) Staff or students with special needs or disabilities
4. 4) Particular hazards



5. 5) Cover for staff absences
6. 6) Provision on School visits
7. 7) Provision in practical departments and physical education

Administration of medication in School

The school policy is designed to ensure that students with medication needs receive appropriate care and support **while** at School.

Parents are responsible for providing the school nursing team with comprehensive information regarding the student's condition and medication. Parents do so via the Registrar's Office.

Prescribed medication will not be accepted in School without complete written and signed instructions from the prescribing doctor.

Staff will not give over the counter medicine to a child unless there is specific prior permission from the parents. The School Nurses including boarding can supply over the counter medicines in their professional capacity.

Only reasonable quantities of medication should be supplied to the School (for example, a maximum of a term's supply at any one time).

Each item of medication must be delivered to the Head Nurse (Day students) boarding nurse (boarders), in normal circumstances by the parent, in a secure and labelled container as originally dispensed. Blister packs should not be cut. Each item of medication must be clearly labelled in English with the following information:

- Student's Name
- Name of medication
- Dosage
- Number of tablets or volume of medicine (for volume please mark and date the bottle)
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date.

For international boarders

If a student has an on-going medical condition that requires regular medication, we will request written confirmation from their family Doctor whilst an assessment is made by the School's Doctor. All medication will be prescribed through the Medical Centre and shall adhere to Nigerian Law.

The School will not accept items of medication in unlabelled containers.

The School will not accept medication by post.

Medication will be kept in a secure place, out of the reach of students. Unless otherwise indicated all medication to be administered in School will be kept in a locked medicine cabinet or lockable refrigerator.



The School Nurse will keep records, which they can make available for parents.

If students refuse to take medicines, staff will not force them to do so, and will inform the parents and Head of School/Boarding of the refusal, as a matter of urgency, on the same day. Refusal of medication will be recorded in the student file.

CONTROLLED DRUGS

In the absence of additional state and federal guidance the list of controlled drugs is that as per UK legislation. Any drug listed under UK guidance as controlled must be treated as such by the school. Any additional drug not on the UK list but controlled under Nigerian guidance must also be treated as a controlled drug.

Only named staff will have access to that drug. The controlled drug must be stored in a locked, non-portable container. The drug should be registered as it comes into the School. As the drug is administered, it should be counted down so that a running note of stock is maintained. When the drug is administered, it must be signed for, and countersigned (**this can be done by the student, if they are deemed to have capacity to do so**). Once a week, two members of staff must run a signed stock check.

Medication that is taken on a School trip, should be carried in a locked, portable container. The amount of **medication that is** taken on a trip will be recorded by the School Nurse or Boarding Nurse and compared with quantity returned. Each medicine bag will contain a means of recording drugs administered whilst off site. Medical records will be updated accordingly.

In the case of day student, it is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date. For boarders, the Boarding Nurse will ensure that medication is renewed when necessary.

The School will not make changes to dosages on parental instructions without a doctor's approval in writing.

For each student with long-term or complex medication needs, the School' Head Nurse, will ensure that a medication plan and protocol is drawn up, in conjunction with the appropriate health professionals. This will be shared with the appropriate staff, with the family's permission.

Children who have long term medical conditions and who may require on-going medication

A risk assessment is carried out for each child with long term medical conditions that require on- going medication. This is the responsibility of the School Nurse alongside the key worker. Other medical or social care personnel may need to be involved in the risk assessment. Parents would also contribute to a risk assessment. They should be shown around the Early Years Department, understand the routines and activities and point out anything which they think may be a risk factor for their child.

For some medical conditions, key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.

The risk assessment includes arrangements for taking medicines on outings.

A health care plan for the child is drawn up with the parent; outlining the key worker's role and what information must be shared with other staff who care for the child.



The health care plan should include the measures to be taken in an emergency.

The health care plan is reviewed on a yearly basis or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. It is the role of the parent or Doctor to inform the Nurse of any changes so that an update can occur before the review date if necessary.

With the exception of inhalers and auto-injectors, only students in years 12 and 13 may self-medicate.

First Aid Boxes

First Aid boxes are situated at various locations around the School site and within all school vehicles that carry students. Staff should notify the nurse if they have used supplies so they can be replenished, and the boxes should be checked termly by the Head of Department who should notify the School Nurse of any supplies needing replacement.

All boxes will contain the minimum supplies as set out by Federal legislation or in their absence UK legislation which ever is the most comprehensive.

+Eye irrigation where clean water is not available and/or there is a risk of injury to the eye.

Only specified first aid supplies will be kept; no creams, lotions or medication, however seemingly mild, will be kept in these boxes.

School has provided a dedicated room for first aid treatment.

The Medical Room is located on the bottom floor of Junior School. There is also a similar facility in the Boarding House.

Recording of Accidents/Injuries

Student accidents will be recorded by the Nursing Team with collated reports provided to the Heads of School, Principal and H and S committee. Significant injury, infectious disease or ongoing risk must be reported to the Head of School as soon as possible without interrupting the care of the child.

Records of Staff accidents and illnesses should be shared directly by the Nursing team to Head of HR who will share details with Heads of School, principal and H and S committee as appropriate

Accidents, minor injuries and near misses are reviewed regularly by the Health and Safety committee to determine any trends, which can be improved on.

The School Nurse or person dealing with the incident will inform the parents/guardians/next of kin of the student or staff as soon as possible after the incident. In the event of a major incident, the Principal will issue a statement on the School's behalf.

Reporting of Accidents

It is the responsibility of the School to ensure that all employees, contractors and students of the School are aware of the procedure for the reporting of accidents.



Students with known Medical Conditions

Students with known medical conditions, such as epilepsy, diabetes, and allergic conditions etc. will be dealt with according to medical policies in the appendix. Appropriate and necessary staff, and students will be given help and guidance in how to deal with those situations as necessary.

Infection Control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Common sense infection control measures include hand washing; and the use of protective equipment when dealing with any body fluids.

Nurses should have access to single-use disposable gloves, masks, aprons and hand-washing facilities and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. If unsure, a member of staff must ask the nurse for assistance.

Emergency Situations

Children with asthma need to have immediate access to their reliever inhalers when they need them. Spare inhalers must be provided and labelled by parents and kept in an unlocked cabinet by Schools.

The Department of Health UK has published new guidelines regarding students who have asthma which came into effect in October 2014. CIS has chosen to follow these guidelines so long as they remain within permitted action state/federal law. These guidelines require us to have parental permission to administer an 'emergency' Ventolin (Salbutamol) inhaler to children who have been diagnosed as asthmatic, if a student has forgotten to bring an inhaler into School, it is broken, expired, or has run out.

Any students that are known to the School as having asthma, are requested to complete the statutory 'consent to administer emergency medication'. The medication within the emergency asthma kit will not be administered without this written consent. This will go alongside their individual care plan and shall not be used as an alternative.

Children with epilepsy - concerns about health and safety should be discussed with the child and parents as part of the health care plan.

Children with diabetes – students should be able to manage their own medication, which should be discussed with child and parent as part of the health care plan. A spare insulin pen/snacks are requested and shall be stored in a locked cabinet **or designated fridge**.

Children with anaphylaxis – parents and child should discuss allergies as part of the health care plan. Pre-loaded injection devices should be provided by the parents in the correct container, labelled with their child's name and date of birth. Again, it is requested that students who are prescribed an **auto injector device**, always carry it on their persons and in the case of boarders give the house nurse a spare that is useable and in date. Day students will hand a spare device to the School nurse, who will consider the most appropriate place to store it, and advice the relevant staff.

Please note: If the School has to give this injection **the child must be taken to a designated hospital**.



If any concerns are raised that have Safeguarding implications (e.g. unexplained marks or scars), while a person is being treated for first aid, the first aider must inform a **designated safeguarding lead** who will then take appropriate action.

Physical Contact with Children

The treatment of children for minor injuries, illness or medical conditions may involve members of staff in physical contact with children. Any treatment should:

- Not involve more contact than necessary
- Be undertaken by staff who have volunteered to be designated to the task
- Be carried out wherever possible, in front of other children or adults
- Be recorded
- PPE will always be used when dealing with bodily fluids
- Be notified to parents
- **Have consent from the injured student if they are conscious.**

Appendix

Designated First Aiders

A list of qualified first aiders can be seen at reception (Junior and Senior Schools, Main) and HR

Under EYFS requirements at least one person on the premises and at least one person on outings will have a paediatric first aid certificate.

6th Form Boarding Medication Policy

It is the policy for CIS to allow 6th formers (Year 12/13) to self-administer certain medication thus encouraging the independence and maturity necessary for their future.

This will be at the discretion and with prior approval of the Head Nurse, who will, with the input of appropriate house staff, assess each individual student's competence to self-medicate. It must be assured that no other student has access to these medications. The student and the School nurse will discuss how to take the medicine, the dosage, the safe storage and any possible side effects.

It is recommended that the type and number of tablets of any medication kept by the student is limited. **Below is an example:**

Paracetamol 500mg – 16 Tablets Ibuprofen 200mg – 16 Tablets A course of antibiotics Inhalers/nasal sprays

Daily medication e.g. Oral, acne treatments, thyroxine tablets, diabetes medication etc. A record will be kept in the student's file of any student who self-medicates.



Caring for sick student policy

Day student that are feeling unwell should visit the nurses room having sought permission from their member of teaching staff. Parents will be informed and if necessary and asked to collect their child. Students may not contact their parents from School and ask to be collected because of illness. This needs to be arranged by an adult.

Boarding student that are feeling unwell in their boarding house:

- See the house nurse as soon as possible.
- Treatment should be recorded **as soon as possible**. All medication given to the student will be documented on the students' personal file and shared with the boarding team/from boarding where applicable.

Allergies and Anaphylaxis

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances, usually proteins that cause the formation of an antibody and react specifically with that antibody). In susceptible individuals, the reaction may develop within seconds or minutes of contact with a trigger factor.

Exposure may result in a severe allergic reaction (anaphylaxis) that can be life threatening. In an anaphylactic reaction, chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

Triggers can be

1. a) Skin or airborne contact with materials e.g. latex.
2. b) Injection of a specific drug or insect bite i.e. bee stings and penicillin.
3. c) Ingestion of a certain food e.g. nuts, fish and/or eggs.

CIS recognises that children who are at risk of severe reactions are not ill, but if they come into contact with specific allergen, they may become very unwell and need immediate attention.

Record Keeping. When a child joins the school, parents are requested to identify on the health form any specific allergies from which they suffer. From that information a list of allergic reactions is placed in the medical file in the staff room, and a list of food allergies given to both the kitchen and the food technology department. A care plan is devised by the medical team along with the parents and student's allergy consultant. This is kept in the student's medical file and boarding house specific to that student. Parents are requested to inform the School if their child subsequently develops an allergy

to any substance. The School Nurse will always be available for parents who wish to discuss their child's allergies and their care.

Medication. In the case of a severe allergic reaction an immediate injection of adrenaline is the first line of treatment. Students who have known severe allergic reactions should carry a prescribed **auto injector device** with them in an easily accessible place. If Staff suspect the student is having a severe allergic reaction, they must follow the anaphylaxis section of their first aid training and administer



adrenaline via an auto injector. Nurses should be contacted as soon as possible. The Nurse will provide instruction for all staff in the administration of adrenaline.

Food Management. A list of students with known food allergies is given to both kitchens at the start of the autumn term and is amended as necessary during the School year. There is a copy of this list in the medical file the medical room. All staff involved in catering and food preparation are aware of the implications of a child with a known allergy ingesting or coming into contact with an allergen. This list is updated when we have new information/on a yearly basis.

A general notice warning of potential allergens is displayed in the dining hall. It is not possible to state firmly that nuts are not present in any dish as there may have been cross contamination in manufacture. A menu board is clearly displayed outside the Dining Hall. Students with known allergies are expected to check it for identification of any foodstuffs to which they are sensitive. The catering staff are always willing to answer questions from students about ingredients of the meal they are serving.

Students with known food allergies should not accept food brought from home by other students.

Outings and off-site activities

Students with known allergies will be identified on the outing's health form. Where necessary parents will provide an **auto injector device** which will be kept in an easily accessible place by the teacher in charge of the outing.

In the case of specific food allergies, the catering staff will be informed so that an appropriate packed meal can be provided. Should a student have a severe allergic reaction on an outing then the child must be taken to hospital.

ALLERGIC REACTIONS Treatment

- Seek immediate First Aid assistance.
- Administer antihistamine tablets / syrup as prescribed in the student's emergency box or care plan.
- If the student feels better, allow them to rest and contact the parents
- If the **symptoms appear serious** ADMINISTER ADRENALINE VIA **AUTO INJECTOR DEVICE IMMEDIATELY**. Instructions are kept in the emergency box with the **auto injector**. Stay with the student until arrangements are made to transport to hospital. All staff who come into regular contact with a child who carries an autoinjector is to be trained on its use upon the child's first arrival at school and on an annual basis thereafter while the child remains a student at CIS.

Recognition

- Anxiety
- Widespread red blotchy skin eruption
- Swelling of the tongue and throat
- Puffiness around the eyes
- Impaired breathing from tight chest to severe difficulty in breathing
- Serious symptoms
- Cold, clammy skin
- Blue-grey tinge around the lips



- Weakness / dizziness
- Feeling of impending doom

Progresses further

- Restlessness
- Aggressiveness
- Gasping for air
- Yawning (trying to get oxygen into the body to the brain)
- Unconsciousness

ASTHMA POLICY

Asthma is a condition of the respiratory system – it affects the airways in the lungs. When a person with asthma comes into contact with something that irritates their airway [an asthma trigger], the

muscles around the walls of the airway tighten so that the airways become narrower and the lining of the airways become inflamed and start to swell. Sometimes thick mucus or phlegm builds up which can further narrow the airways. This makes it difficult to breathe and leads to symptoms of asthma.

CIS recognises that asthma is an important condition affecting many School children and positively welcomes all children with asthma.

This School encourages all children with asthma to achieve their potential in all aspects of School life by having a clear policy that is understood by both staff and students.

Record Keeping. When a child joins the School, parents are asked if their child has asthma and the details of the medication they receive. From this information the School keeps records of children with asthma, which are available for all School staff in the medical file in the staff room. A care plan is devised by the School Nurse and parent and is kept in the student's medical file.

The care plan is updated on a yearly basis unless changes occur before the renewal date. Parents are requested to inform the School if there are any changes to their condition.

Medication. Immediate access to relieving inhalers is vital, and students are requested to carry their inhalers with them at all times. Parents are asked to provide the School with a labelled spare inhaler. This will be kept in the Medical Centre if they are a day student and their boarding house if they are boarders. The School Nurse will provide inhalers for boarding students. All inhalers must be labelled with the student's name and date of birth and they must be within their expiry date.

All School staff will allow students to take their own medication when they need to.

P.E. Taking part in sport is an essential part of School life, and children with asthma are encouraged to participate fully in the activities. P.E. teachers are aware of which students have asthma from the information supplied in the medical file. Teachers will remind students whose asthma is triggered by exercise to take their inhaler before the lesson and to warm up properly. If children need to use their inhaler during the lesson they will be encouraged to do so.

Outings and Off-Site Activities. The School positively encourages all students with asthma to participate in offsite activities, both educational and social. Students with asthma are identified on the health forms and should take their inhalers with them. When appropriate, the inhaler may be given to the teacher in charge. In the event of an asthma attack the following procedure should be followed.



ASTHMA ATTACK PLAN

Stay calm (find a first aider or School nurse)

Do not over crowd the student

Sit student upright and loosen clothing

Do not expose to a sudden change of temperature (e.g. do not take them outside from a warm building)

- Give one to two puffs of reliever inhaler immediately (usually blue inhalers are also known as salbutamol or terbutaline) either carried on student or in medical room, if student has a spacer device, please use with inhaler
- Sit them down and encourage them to take slow, steady breaths.
If no improvement, give two puffs of reliever inhaler (one puff at a time) every two minutes. They can take up to ten puffs.

If no improvement, or if you are worried at any time, make arrangements for the child to be transported to hospital with a school nurse present. Prepare to resuscitate if necessary

No real improvement is recognised by

- Having extreme difficulty in breathing and coughing with wheezing
- Unable to speak in full sentences
- Lips turn blue/grey
- Becomes exhausted
- Pale clammy skin
- Use of muscles in neck and upper chest to breath

If asthma is successfully treated in School, parents still need to be advised.

Information from asthma UK 2020

Emergency inhalers.

UK Regulations allow Schools to keep a salbutamol inhaler for use in emergencies. The emergency salbutamol inhaler should only be used by children, **for whom written parental consent for use of the emergency inhaler has been given**, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

Emergency inhaler is located in the medical room ground floor Junior School

Contents of an emergency asthma kit include:

- A salbutamol metered dose inhaler.
- Two single-use plastic spacers compatible with the inhaler.
- Instructions on using the inhaler and spacer/plastic chamber.
- Instructions on cleaning and storing the inhaler.
- Manufacturer's information.



- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded.
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans.

Diabetes policy

Diabetes Mellitus is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the blood stream and can cause hyperglycaemia. People with diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections. Children can have emotional, eating, behavioural and confidence difficulties as a result of their condition. Therefore, much support is required.

Hypoglycaemia – low blood sugar Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia

- Inadequate amounts of food ingested – missed or delayed
- Too much or too intense exercise
- Excessive insulin
- Unscheduled exercise

Recognition of Hypoglycaemia

- Onset is SUDDEN
- Weakness, faintness or hunger
- Palpitations, tremors
- Strange behaviours or actions
- Sweating, cold, clammy skin
- Headache, blurred speech
- Confusion, deteriorating level of response, leading to unconsciousness
- Seizures

Treatment of Hypoglycaemia

- Seek First Aid assistance.
- Follow students' individual Medical Plan and obtain their emergency diabetes pack (which should always be with the student).
- Ensure the student eats a quick sugar source; approximately 15-20g for an adult e.g. three glucose tablets, glucogel, fruit juice or fizzy drink (not a diet version).
- Wait ten minutes and, if the student feels better, follow with a carbohydrate snack e.g. cereal bar, toast
- Once recovered allow the student to resume School activities. Notify parents and keep them updated.



If the student becomes drowsy and unconscious, then the situation is now LIFE-THREATENING the child must be driven to hospital with a nurse present. Prepare to resuscitate if necessary.

Place the student in the recovery position

Causes of Hyperglycaemia

- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection
- Stress

Recognition of Hyperglycaemia

- Onset is over time – hours or days
- Warm, dry skin, rapid breathing
- Fruity / sweet breath
- Excessive thirst and increased hunger
- Frequent urination
- Blurred vision
- Stomach-ache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Drowsiness that could lead to unconsciousness. In this case, prepare to resuscitate.

Treatment of Hyperglycaemia

- Seek First Aid assistance.
- Follow students' individual Medical Plan and obtain their emergency diabetes pack

(which should always be with the student).

- Encourage the student to drink water or sugar-free drinks
- Allow the student to administer the extra insulin required
- Permit the student to rest before resuming School activities if able
- Contact parent / guardian

This School encourages children with diabetes to achieve their potential in all aspects of School life by having a clear policy that is understood by both staff and students.

CIS will work with outside agencies (GPs, Consultant Physicians and Diabetes Liaison Nurse) to ensure that diabetic students can participate fully in School life.

Record Keeping. When a student is admitted to the School the parents will inform the School Nurse via the health form, that they have diabetes. This information is passed to other staff via



the medical file in the staff room. The parents and diabetic liaison nurse of a diabetic student will be invited into School to meet the nursing, teaching and catering staff to ensure that his/her specific needs can be met. The School Nurse will keep details of current medication regimes in Dispense, and parents are asked to inform of any changes.

Monitoring. The School accepts that it is vital to maintain balanced blood sugar levels and will allow students to check their own blood as required, providing a private area to do so, if necessary. The student will also be permitted to keep mobile devices with them at all times, if they use applications to monitor blood glucose. The School nurse will be available for advice as required. Spare monitoring equipment may be brought into School and stored in The Medical Centre.

Medication. The School acknowledges that regular injections of insulin are essential for children with diabetes and will support them in maintaining their prescribed regime by allowing them to inject when prescribed and providing privacy to do so. Insulin brought into the School will be kept in the student's diabetes bag which should always be with the student. Where necessary, spare equipment, e.g. Syringes will also be stored in The Medical Centre **or in a designated lockable fridge. Sharps will be disposed of safely and accordingly.**

Dietary Management. The School will work closely with the student, family and catering staff to ensure that his/her dietary needs are met, and that any supplements to the diet, e.g. snacks, will be provided at the correct time. It is advised that day students bring their own snacks so that they are readily available to them when required. Boarding students will order their snacks from the catering department and monitor the quantity daily.

P.E. The P.E. staff will be informed if children have diabetes. They will be encouraged to monitor their blood glucose level before physical activity and if necessary, have a snack/glucose tablet. Staff are aware that they may also need to take extra glucose (either a glucose tablet or in the form of a snack) during and after strenuous exercise. Should a child experience symptom of hypoglycaemia during P.E., remedial action will be taken immediately, and their individual care plans will be adhered to.

Outings and Off - Site activities. The School encourages students with diabetes to take part in off-site activities, both educational and social. Diabetic children should take with them sufficient supplies of insulin and monitoring equipment to last for the duration of the outing. The catering staff will be informed in order that appropriate packed lunches can be provided. They should carry with them glucose tablets/snacks for use in the event of a hypoglycaemic episode. For overnight and overseas trips more equipment will be needed. The School nurse will liaise with the teacher in charge to ensure that children's needs are safely met and relevant personal are appropriately trained.

The School is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

Epilepsy

Epilepsy is a brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder. However, its cause – especially in the young – may have no precise medical explanation.

Aura



Sometimes, a person may experience a sensation prior to a seizure, such as a feeling, a taste or smell. Unfortunately, this is rare and there will be no warning.

Tonic clonic Seizures (grand mal)

The person may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the person may be incontinent.

Complex and partial seizures (temporal lobe 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 person appears conscious but may be unable to speak or respond during this form of seizure. Ensure safety

of the person – gently guide away from dangers and speak calmly to the person and stay until they recover.

Absence (petit mal/focal seizure)

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs, if any, of an ‘absence / petit mal’ seizure. This can lead to serious learning problems as the seizures may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore it is so important to be understanding, note any petit mals and inform parents.

Procedure for an epileptic seizure

Total seizure (total clonic)

- KEEP CALM – students will tend to follow your example! Let the seizure follow its own course. It cannot be stopped or altered.
- Ask the other students to leave the room and ask a responsible student to fetch another adult.
- Get First Aid assistance if possible and begin to time the seizure. Protect the student from harm. If possible, move any objects that may hurt them, rather than move them from dangerous objects.
- As soon as possible place the student on their side – this does not have to be true recovery position – just so that the tongue falls forward so that any saliva can drain out of the mouth easily. Never place anything in the students’ mouth.
- Put something under their head to protect them from facial abrasions if possible.
- Try not to leave the student alone if possible. If you need to leave the student make sure there is something behind their back to try to maintain a sideways position.
- Talk quietly to the student to reassure them but do not try to restrain any convulsive movements.
- Retain the students’ dignity at all times as during the fit the student may be incontinent – cover with a blanket to keep warm.
- Once recovered, move them to the Medical Centre. Check no obvious injuries have occurred.
- Allow the student to sleep on their side. Do not leave them alone as the seizure may be the first of a cluster.
- Call the student’s parent/guardian and request the student be collected from School (if possible) so that they can sleep if needed. If the seizure occurs in the morning, they may even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide. If the student is a boarder, they should return to the boarding house, where they will be assessed.



- Transport to hospital if it is the student's first seizure or if it lasts longer than 5 minutes. If a seizure lasts that long, it is likely to last longer. It is very important that the student goes to hospital and gets the proper treatment within one hour of the beginning of the seizure.
- Ensure that the hospital staff are aware of the duration of the seizure and any other student medical history that may be relevant.
- An appropriate member of staff must accompany the student in the vehicle and stay with them until the parents arrive.
- Ensure any students who were present at the time of the seizure have a chance to talk it over with a School Nurse on duty, or a trusted adult.

Please contact the School Head Nurse for advice, help and support and for further information or training in the administration of emergency epileptic medication.

Record keeping. When a student is admitted to the School the parents will inform the School nurse, via the health form, of the epilepsy. This information is passed to other staff via the medical file in the staff room and to form and house staff. The parents of an epileptic student will be invited, with the student and their liaison nurse, into School to discuss how their specific needs can be met. Such information will include details regarding their seizures, e.g. Triggers, type, duration; whether there is altered behaviour either before or after; and the mode of recovery. The School nurse will keep details of the current treatment in the Medical Centre and parents are asked to inform the School of any changes to the treatment regime.

Medication. The School acknowledges that the regular administration of prescribed medication is essential in the control of epilepsy and will support students by allowing them to take their medication at the appropriate time. Parents are asked to supply the School with sufficient medication in a clearly labelled container. The School nurse will ensure that boarders have a sufficient supply in School.

Physical Activity. The School acknowledges that epilepsy itself is not a barrier to physical activity. PE staff will be informed a student has epilepsy and will liaise with the School nurse and the student's parents and physician to ensure that all physical activity undertaken is suitable for that student. Any contraindications will be clearly laid out in the student's individual health care plan and this shall always be adhered to.

Outings and Off-site activities. The School encourages students with epilepsy to participate in off-site activities, both educational and social. Students should take with them sufficient medication in a labelled container for the duration of the outing, which must, at all times be handed to the teacher in charge for safe storage and administration. Some physical activities may not be appropriate and there will be discussion before the outing with the student, their parents and medical and nursing staff to assess the suitability of the activity. Staff should be aware that some flashing lights and strobe effects might trigger seizures in some students.

Computers. Some students with epilepsy may be sensitive to the effects of a Visual Display Unit (VDU) and may need to use a special clip-on screen cover to reduce the effect. Staff will ensure that the screen is used. Further advice may be sought from the School nurse or IT department.

DEPRESSION

Depression should not be confused with genuine sadness, e.g. In cases of bereavement, or momentary low spirits, e.g. a setback in work. Depression is when persistent black moods set in. It is recognised that depression is a common experience and most people recover with the appropriate support and help. Depression is common among adolescents.



Symptoms of depression may include but are not limited to: -

- A loss of interest and enjoyment in life
- A lack of drive and motivation, that makes even simple tasks and decisions difficult or impossible
- Utter fatigue
- Agitation and restlessness
- Loss or gain in appetite, with loss or gain in weight
- Sleeplessness, including early morning waking or excessive sleeping
- Loss of outward affection
- Loss of self-confidence, avoiding meeting people
- Irritability and aggressiveness with family and friends
- Feeling useless, inadequate, helpless and hopeless
- Feeling worse at a particular time of day, usually mornings
- Thoughts of suicide
- Self-harm

If such symptoms are observed the Designated Safeguarding Lead must be informed. This information will be shared at the discretion of the safeguarding team.

They will ensure that appropriate professional advice is taken and followed.

If a student is receiving external support, the Safeguarding Team will inform the relevant staff, including the School Head Nurse.

If a student is displaying or being treated for depression, their family doctor should be informed. Support in School is circumscribed by the needs of others in the House and School.

More than one member of the House staff should be aware that the student has a serious problem and needs observation: they should know whom to contact if there is any cause for concern.

Eating Disorders

A student who shows evidence of an eating disorder, e.g. missing meals, over-exercising, bingeing, significant weight loss, will be asked to see a member of the Safeguarding Team, with involvement of the School Head Nurse.

A Care Plan will be put in place that could include arrangements for the student to-

- Either remain at School under medical supervision -ranging from occasional spot weighing, blood pressure readings and general observation to referral to a specialist
- Undergo treatment away from the School site as an outpatient or in-patient at an appropriate clinic. Such a decision will be based on consideration for both the welfare of the patient and that of their friends who carry the burden of day-to-day living with them.

In order to support students appropriately, Headmaster and relevant staff should be kept informed at each stage of the treatment, whilst not breaching confidentiality. Parents will be invited into the School and the pastoral/medical team shall work closely with them alongside the student.



In recognising that the student's peers, particularly their friends, find eating disorders very upsetting to live with, all students are offered support from an appropriate adult, including a Counsellor.

HEAD INJURY

Students who fall to the ground following a blow to the head, may continue in School if they get to their feet unaided and immediately, appearing fully conscious and orientated. Parents and boarding (if applicable) must be informed of the injury.

If they are:

- unable to get up for 10 seconds or more due to a head injury
- they lose consciousness or have amnesia

they must go to hospital

MENINGITIS

This is acute inflammation of the lining of the brain and/or spinal cord. It may be viral or bacterial.

Viral - may be caused by mumps virus, may be a secondary infection to sinusitis, ear or respiratory infections, common cold virus. The onset tends to be insidious.

Bacterial - Caused by meningococcus, pneumococcus, haemophilus influenza. The onset is sudden and acute.

Signs and Symptoms

- Headache, Irritability, Nausea, Vomiting, Back pain, Fever
- Meningeal irritation - photophobia (dislike of bright lights)
- Neck rigidity/ stiffness and a great pain in flexion of neck (due to stretching the inflamed brain linings)
- Blotchy rash. This can be anywhere on the body, and often looks like pin pricks and will not fade under glass.
- Bloodshot eyes
- Positive Kernig's sign - inability to straighten the knee when the hip is flexed.
- Positive Brudzinski's sign - hip and knee flexion in response to forward flexion of the neck.
- Raised blood pressure

Signs and symptoms worsen rapidly. This is a medical emergency and the child must be taken to hospital immediately.

Head Lice

Head lice are very common in young children. They have nothing to do with dirty hair

- Head lice infection is not primarily a School problem but one of the wider communities.
- Whilst the School cannot solve the problem it can help parents to deal with it.
- Head lice do cause concern and frustration for some children, parents and teachers.



- The School Nurse should be informed in confidence of all head lice cases.
- All reports shall remain confidential.
- The School may inform parents by an 'advice' letter given to a whole year or class group but not individual parents.
- Affected students will not be excluded from school
- The School will maintain a sympathetic attitude and avoid stigmatising / blaming families who are experiencing difficulty with control measures.
- It is part of the School Uniform Policy for all students to keep their hair tied back at all times, as this is a preventable measure against head lice.

Infectious disease:

In the event of a significant high risk infectious disease outbreak CIS must conform to all Federal and State guidance. With plans in place to allow the smooth transition to home schooling if required.

Sufficient stock of protective wear, cleaning materials and sterilizing gels must be retained in school. An isolation room must be identified (room to rear of main reception) which is separate from the main medical room and has facilities for washing and rest.

Parents of children who have been diagnosed with an infectious disease must inform school as soon as possible so that other parents may be informed as necessary. The notification process must protect the medical confidentiality of the child. The child may only return to school having obtained a medical notice to return or having completed the agreed period of isolation as appropriate.

Boarding: There is sufficient room within boarding to consider isolation taking place in school subject to the completion of a suitable risk assessment.

Notification of illness to state and federal authorities must only be done after the express written permission of the Principal.