



Heath Mount School

First Aid Policy (incorporating medical policy)

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1. Introduction

Heath Mount School is an inclusive community that aims to support and welcome all pupils.

We are a school providing an excellent foundation for boys and girls in a warm and friendly environment. We aim to maintain a high academic standard but also to encourage pupils to make the most of all the opportunities open to them in other areas of school life.

We believe in helping pupils to become balanced and interesting people, with the intellectual freedom to be creative, the confidence to initiate and the resilience to cope with adversity.

The First Aid policy at Heath Mount is in operation to ensure that every student, member of staff and visitor will be well looked after in the event of an incident, no matter how minor or major.

Medical care at Heath Mount is provided by 2 School Nurses, who are qualified paediatric nurses and a night Matron who has extensive first aid qualifications and experience. The Medical Centre is covered by a School Nurse Monday to Friday day time. The Night Matron takes responsibility overnight and for cover as and when needed. There are a number of members of staff who have valid `First Aid at Work` certificates or `Paediatric First Aid` certificates, in addition to this a number of other staff have a certificate in basic first aid training.

This policy is supported by information given in the DfE document `Guidance on First Aid for Schools` (2014) and current guidance given by the Health and Safety Executive. In the event in which a pupil, staff member or visitor requires first aid or medical care then all members of the school community should be aware of the support available and the procedures available to access this.

The purpose of the Policy is therefore:

- To provide effective, safe First Aid cover for pupils, staff and visitors.
- To ensure that all staff and pupils are aware of the system in place.
- To provide support for pupils with on-going medical needs.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.

Terms

Please note: Other policies at Heath Mount use differing terms to those used in this policy. The term `School Nurses` is taken to mean `day Matron` or `Matron` in other publications. The term `Medical centre` is taken to mean `the san` in other publications.



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'Emergency first responders' are those who have a valid 'First Aid at Work' certification or those that have a valid 'Paediatric First Aid' certification.

For the purposes of this policy the following shall remain as responsibility for those listed.

Senior Management Team will:

- Ensure that there is always a qualified first aid person available on each school site.
- Report appropriately all staff accidents at work that fall under RIDDOR.

The Trustee body will:

- Provide adequate First Aid cover as outlined in the Health & Safety [First Aid] Regulations 1981.
- Monitor and respond to all matters relating to the health and safety of all persons on school premises.
- Ensure all new staff are made aware of First Aid procedures in school.
- Ensure that relevant insurances are in place.

2. Consent

It is the responsibility of anyone that is involved in first aid giving that they have appropriate consent to do so. The School Nursing Team will ensure they have a good understanding of the legislation relating to consent within the school setting.

Nurses have three over-riding professional responsibilities with regard to obtaining consent.

- To make the care of the pupils their first concern and ensure they gain consent before they begin any treatment or care.
- Ensure that the process of establishing consent is rigorous, transparent and demonstrates a clear level of professional accountability
- Accurately record all discussions and decisions relating to obtaining consent,'

NMC (Nursing and Midwifery Council) 2008

The School Nurse should be fully conversant with the NMC advice for Nurses working with Pupils and Young People 2008 advice@nmc-uk.org and NMC Consent 2015 advice@nmc-uk.org.



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It is generally considered that pupils who are under the age of 16 years, lack the capacity to consent or refuse treatment. Therefore consent should always be gained from those holding parental responsibilities. If the School Nurse feels the pupil is of an age and understanding it may then be appropriate to gain consent using accepted frameworks for assessing competency (for example, the Frazier guidance/ Gillick competencies).

Parents/carers of all pupils attending the school will be required to give written consent for their son/daughter to receive first aid and/ or emergency treatment. At the same time written consent will be gained to administer Homely Remedies. These consents will be valid for the time the child is a pupil at Heath Mount, unless the pupil's parents inform the Medical Centre otherwise.

If written consent is not received, parents will be contacted prior to all treatment or care episodes being undertaken. In the event of a life threatening/severe accident the member of staff will dial 999 immediately and then contact the parents.

3. First aid provision at Heath Mount

Pre Prep (including EYFS) and Lower School first aid provision

In the event of an incident occurring in Pre Prep or Lower School an emergency first responder will assess the child and decide if they require assessment by the School Nurse. If they do not require the School Nurse then they can provide dressings and plasters as long as consent has been given by parents. This can be found on School's Management Information System . If they are in any doubt regarding the condition of the child they must telephone on the emergency mobile telephone number 07875708370 or attempt to contact the School Nursing Team in the medical centre. The School Nurse will then attend to assess the child and take action should it be required. If the School Nurse is not available at that time then the first responder is to make an assessment and act accordingly.

Staff should keep in mind their need to inform parents of any incidents they deem to be more than a very minor injury and ensure they document appropriately as detailed below.

Main School first aid provision

In the event of an incident requiring First Aid within the main school the pupils are encouraged to approach a teacher or playground assistant to discuss before attending the Medical Centre, if the injury or illness is thought to be minor then arrangements can be made for the pupil to attend the Medical Centre at an appropriate time. Should the member of staff require immediate assistance then they should contact the School Nurses on the emergency mobile telephone number 07875708370 or through the



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Medical Centre. They will then attend the scene and give assistance as required. If the School Nurse is not available at that time then an emergency first responder is to be contacted and they should make an assessment and act accordingly. A list of emergency first responders are available in the staff room and also provided in the appendix of this document (Appendix B). School Nurses will inform parents appropriately via email or telephone call and document on School's Management Information System and in the Treatments Book.

First Aid provision outside of the school buildings

Heath mount has a successful physical education programme and the need for first aid provision is of importance. Should an event occur that requires first aid while the pupil or parent is out of the building in the grounds of the school then the member of staff is to make an initial assessment, if the pupil can be safely brought to the medical centre then they should do so. The School Nurse will then assess and take action appropriately. Should the member of staff require assistance in the grounds of the school then they should contact the School Nurse on the emergency mobile telephone number 07875708370 or through the Medical Centre. The School Nurse will then attend at the scene and take appropriate action.

Risk assessment

Risk assessments will be carried out on a regular basis regarding first aid requirements within the school (see appendix A for risk assessment framework). These will be displayed in the Medical Centre and any concerns escalated to the Senior Management Team.

3(a) Medical Centre procedure

The School Nurses are primarily based within the Medical Centre, however they will attend a need for first aid wherever it may be required within the school grounds. The Medical Centre has an area for the nurses to assess pupils, staff or visitors and a desk with a computer for documentation and access to information. The Medical Centre also has a sick bay that comprises of 2 separate rooms with beds for children who are being monitored and need to lay down, and also a waiting area.

When children are taken ill in the main school they spend time in the Medical Centre where the School Nurses assess the seriousness of the problem. Where pupils are well enough they return to class. Should the School Nurses decide the child is not well enough to stay in school and should go home, parents are telephoned to discuss the situation and agree the course of action. In the event of a pupil needing hospital treatment for an injury, or being too unwell to continue with the school day, their parents will be contacted and arrangements made for them to go home. The school office will be notified.



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Parents are asked to keep their child at home if they are ill or infectious and to inform the school of their absence. Vomiting and diarrhoea is particularly contagious in a school community and the school follows Public Health England's guidelines of recommending that pupils are kept off school for 48 hours from the last episode of vomiting or diarrhoea. This information is given to parents via email. Parents are also able to access this policy on the school's website. The school nurses are guided by information provided by Public Health England document Guidance on infection control in schools and other childcare settings (2014).

Relevant information about pupils with allergies or other serious medical conditions is displayed alongside their photographs in the staff rooms and in other high risk areas such as the kitchen.

The School Nurses, Night Matron and houseparents document all events of care on the School's Management Information System. They also document in a bound book labelled either Medication Book or Treatment Book. Parents are informed of all events deemed to be more than a very minor injury e.g graze to knee or splinter. This is done via email or telephone call.

Head Injuries

Any pupil who has sustained a head injury is carefully monitored in the Medical Centre for a period of time appropriate to their injury. School First Aiders refer to the NICE Guidelines on head injuries when assessing whether a pupil needs to be seen by the School Nurses/or taken to A&E. The school nursing team will contact parents for every pupil who has sustained a head injury either via telephone call where possible and/or email to inform them of this. All parents receive a head injury leaflet also.

Medicines

A supply of Homely Remedies, such as paracetamol, are kept securely in the Medical Centre and given out where appropriate, as per medications policy. Parental consent is sought. Pupils' own prescribed medication can be brought in and kept in the Medical Centre and parents are asked to provide full written details of administration of the medication by signing the relevant form. More detail with regards to Medications procedure can be found in the Medication Management policy.



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Pupils with existing Medical Conditions

Some pupils have specific medical problems/needs; see notice boards in the staff rooms for details. Individualised care plans are drawn up in consultation with parents and pupils for those pupils with specific health needs such as diabetes, anaphylaxis, epilepsy etc. and circulated to relevant staff. Staff who are due to take pupils with medical conditions on educational visits are to discuss the pupil's needs with the School Nurses well in advance of the school trip, as set out in **the Educational Trips Policy**. On some occasions it is appropriate to have a meeting with the staff member, the parents, pupil and the Nurses prior to the trip.

Please see the accessibility plan Policy for more information regarding this.

Asthma:

Pupils with acute asthma should carry their own inhalers with them and also keep a spare inhaler in the Medical Centre. Those who do not use their inhaler very frequently will keep their inhaler in the Medical Centre. All inhalers in pre prep are kept in the classrooms. A list of pupils with asthma is produced annually and displayed in staff areas of the school. Please see asthma procedure for further details.

Anaphylaxis:

Individually labelled yellow bags containing auto-injectors for those who have severe allergic reactions are kept in the reception in the main school and in the class room for Pre Prep. Lists of pupils who require an auto-injector, together with their photograph are displayed in appropriate staff only areas. These lists are updated annually or if/as they change. Staff are trained by the GP or school nurses in the administration of auto-injectors. Staff ensure that the relevant auto-injectors are taken with them on all school trips or visits where any pupil who has a severe allergy is present. It is the responsibility of the staff member to sign out the child specific autoinjector and sign it back in on returning to school. See Anaphylaxis procedure.

3(b) Health Education

Health Education is an on-going process. The School Nurses are available to work with the PSHEE co-ordinators to ensure that pupils receive a balanced programme of Health Education. There is a health promotion board in the medical centre waiting room.

3(c) Spillages of body fluids

Blood and body fluids have a potential to expose staff and pupils to blood borne pathogens. Blood and body fluid precautions must be applied to all staff and pupils regardless of their presumed or known infective status. First aiders wear protective gloves when treating wounds or disposing of body fluids. Body fluids spillages should be dealt with as soon as possible with ventilation of the area. Anyone not involved with the cleaning of the spillage should be kept away from the area and protective clothing, such



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as gloves and aprons, should be worn when dealing with the spillage. Special equipment can be used in the clearing of vomit from carpeted floors. This can be found in the locked cupboard in the Medical Centre. Instructions from the manufacturer will be followed.

3(d) Recording illness and injuries

All visits to the Medical Centre, injuries and accidents are recorded. They are recorded on the School's Management Information System and in a Treatment Record Book by the School Nurses, Night Matron and House parents. Any medication given is recorded in the Medication Book and on the School's Management Information System. Parents are informed by telephone or email. Further information regarding the management of medications at Heath mount can be found in the Medications Management policy.

Any first aid administered by a first aider should be recorded in the treatment book and the school nurses should be informed.

Reporting to the Health and Safety Executive

In accordance with RIDDOR, the school will report the following to the Health and Safety Executive (HSE):

- Deaths
- Major injuries
- Over-seven-day injuries (as of April 2012; records are kept of over three-day injuries)
- Accidents causing injury to pupils, members of the public or other people not at work
- Specified dangerous occurrences ('near misses'), where something happened which did not result in an injury, but could have done

If any of the above should arise then it is the responsibility of the first aider to alert the school nurses or the bursar for reporting.

3(e) Calling an ambulance

- In most cases, if an ambulance were required on the school site during the school day, it would be called by a School Nurse.
- If a School Nurse is not available, an ambulance would be called by the School Reception or by individual members of staff, preferably from a landline telephone.



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During Games sessions at the school fields, at least one person must carry a mobile telephone at all times to enable an ambulance to be called.

- If in doubt about whether or not an ambulance is required, staff are advised to call one as the well-being of the casualty is paramount.
- Following an accident requiring an ambulance to be called the School Nurse will ensure an accident form is completed by those witnessing the accident.

3(f) Automated External Defibrillator (AED)

Sudden cardiac arrest is a leading cause of premature death and rapid treatment can help to save lives. Current guidance suggests that one of the most effective tools in the treatment of a person with sudden cardiac arrest is the use of an automated external defibrillator (AED) The school has an AED that can be found under the stairs near the main school reception. AED training is covered in the first aid training that all the staff at Heath mount receive. The AED is checked on a monthly basis as per manufacturer guidance.

4. First Aid Kits

There are a number of first aid kits available around the school providing materials to deal with minor injuries. These can be found in the following areas:

PREP

- Reception – behind the desk
- Minibus 1- in the glove compartment
- Minibus 2 – in the glove compartment
- Minibus 3 – in the glove compartment
- School Kitchen – above the chiller
- Chemistry Room + Eye wash – worktop by the sink
- Physics Room + Eye wash – on worktop by the whiteboard
- Science Prep Room + Eye wash – top of the filing cabinet
- Biology Room – on the window sill
- DT – shelf above the sink
- Food Tech – window sill by the freezers
- Textiles – window sill by teachers desk
- Art – shelf above the sink
- Top floor – T5 fire place

Compound + Eye wash – in the compound kitchen

Sports Hall – sports office

Swimming Pool - towel rack, poolside



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PRE PREP

- Nursery – Above sink in first classroom from main doors
- Reception classroom -
- Year 1 – next to sink
- Year 2 next to sink
- Office – in labelled cupboard
- Staff Room – on wall to side of sink
- Outdoor trip cupboard – through main doors off of main hall above shoes
- Outdoor play bag -- through main doors off of main hall above shoes
- Kitchen – store room
- Art Room – draining board

The Night Matron takes responsibility for the maintenance of these and checks them on a half termly basis. The stock list is as follows:

- Wet wipes x 12
- Finger Dressings x 2
- Bandages x 2
- Safety Pins x 6
- Sling x 1
- Sterile water x 6 pipettes
- Plasters x 12
- Sterile gauze x 2

Staff are asked to inform the medical centre if they use any items in the first aid kits.

5. Training

Records of first aid training are kept in the Medical Centre and are monitored by the School Nurses. There are a number of staff who have basic first aid training, staff who have their First Aid at work certificate or their paediatric first aid certificate will need to renew every 3 years.

6. Safeguarding

The School Nurses will work in accordance with Heath Mount's safeguarding procedures. These procedures are available on the school's website. All new members of staff and volunteers working within the school will be given training and advice is available from the safeguarding team. It is vital that the School Nurses and others involved in first aid provision report any concerns that they may have.

Advice is also available in every staff common room.



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7. Staff (including EYFS staff)

Staff who are taking medications should discuss these with the School Nurses to ensure the safety of staff and pupils while at school. These will be stored in the locked medication cupboard in the Medical Centre. Records are also kept as to homely remedies administered to staff within the Medical Centre. The School Nurses have access to staff records on the School's Management Information System. Staff will be required to sign a self-declaration form of any medical conditions or medications they take, these will be assessed by the school's on call doctor who will make a judgement as to if the member of staff is safe to be in school and caring for pupils. Self-declaration forms are completed for all staff on an annual basis.

8. Boarding Houses

The daily care needs of the pupils boarding in the Boarding Houses will be undertaken by the boarding houseparent/Night Matron and boarding house staff. In the event of a boarder requiring emergency hospital treatment a member of staff will accompany the boarder to either the GP or to hospital. The houseparent/Night Matron or boarding house staff or School Nurse will inform the parents.

Boarders are subject to the same procedure regarding consent as other pupils in the school. This is discussed within this policy, headed 'consent'. Boarders' privacy and dignity is respected within the school and every effort should be made to support them in having this need met. There are private places to get changed and shower cubicles are lockable. Boarders have access to a telephone and a private area in which to make their calls. Mobile devices that have access to cameras or recording abilities are only allowed in supervised areas and not boarding dorms to protect privacy.

In the event that a boarder becomes unwell overnight, they will be assessed by the Night Matron. If the pupil is in Boy's boarding then the Night Matron will safely transport them to the Medical Centre. If the pupil is in River House, a member of River House staff will safely transport them to the Medical Centre and hand over to the Night Matron for assessment. The Night Matron will then provide care should it be required in the Medical Centre, if necessary they will inform parents, this will depend on an individual basis. It may be necessary to obtain advice from the GP out of hours, which can be achieved by calling 111. If the Night Matron feels that it is necessary to call the GP out of hours for advice then they should contact the parent before doing so for consent purposes. In the event of a life threatening/severe emergency, staff should dial 999 immediately.

Boarders who are too unwell to attend school at the beginning of the day will be handed over to the School Nurse by the Night Matron. The Night Matron will inform their parents. The boarding house staff will liaise with the Medical Centre. Pupils who are boarders and are assessed as too unwell to continue with the school day will be cared for in the Medical Centre and the school nurse will contact the parents directly to discuss a plan of action.



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All boarders will have a school medical record sheet which will be stored safely within the Medical Centre. Boarders with specific medical conditions will be identified to the Night Matron and boarding house staff and appropriate individual provision plans will be shared. All boarding house staff members will receive appropriate training to enable them to meet the care needs of the boarders.

Medications given within the boarding houses will be in line with the Medications Policy. Emergency medication will be accessible at all times whilst in the boarding house. It will be the responsibility of the house parent in River House and the Night Matron in Boy's Boarding to sign the appropriate auto-injector out from reception prior to going to the boarding house for the night. Inhalers and other prescribed medication will be available from the Medical Centre for Boy's Boarding and prescribed inhalers and other prescribed medication will be put into the locked box for transportation to River House.

The School Nurses, Night Matron and boarding staff are available should a boarder wish to discuss anything that may be worrying them. If there is a safeguarding concern then this will be raised initially with the Designated Safeguarding Lead, or other appropriate channels in line with safeguarding procedures. Staff are aware that confidentiality requires them to gain consent before sharing information that has been disclosed to them unless the information given places the child at risk.



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9. Management of pupils with certain medical conditions

9(a) Anaphylaxis Management.

Aims:

- To ensure pupils diagnosed with allergies are made to feel welcome in the school.
- To provide advice and support to both the pupils and their family.
- To maintain a list of all pupils with allergies, which will be shared with the relevant school staff.
- To ensure every pupil has a completed individual management plan, which is checked by the School Nurse and is stored within the Medical Centre and in the pupil's 'yellow bag'.
- The GP or School Nurses provide guidance and training to staff so that they feel confident in the treatment of allergies and anaphylaxis.
- To liaise with staff with regard to any activities where pupils may come in to contact with known allergens.
- To ensure optimum storage of the auto injectors so that they are in date and are patent.

Definition:

The term 'allergy' is used to describe the response to a substance, usually harmless, which produces a reaction in a few predisposed individuals. Anaphylaxis is a condition when the allergic reaction is sudden, generalised and life-threatening and requires immediate management and treatment with Adrenaline (Epinephrine). It is a type of severe, allergic event which is mediated by the immune system. In a pupil, or adult, who has developed such sensitivity to a substance, exposure to this substance even in minute amounts and, in some cases, by touch and/or smell alone, may result in anaphylaxis.

The process is caused by the release of histamine and other chemicals from mast cells into the bloodstream. The effects of histamine on the body are both wide and rapid, presenting in many ways. In a severe attack the onset of symptoms is extremely fast. Recognition of an attack is paramount as, with the injection of Adrenaline (Epinephrine) into the muscle, the symptoms can be rapidly reversed. An ambulance must always be summoned as the pupil may have a subsequent attack or deteriorate.

An auto injector is a device which contains a pre-assembled syringe containing one dose of Adrenaline (Epinephrine) fitted with a needle, suitable for rapid administration via intramuscular injection.



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An auto injector may be administered by a nurse or member of staff.

Every pupil who is prescribed an auto injector will require a Management Plan, completed with information from a parent which outlines the specific care for that pupil. This plan will be updated annually or in the event of a change in allergens and/or treatment.

The Management Plan will include:

- Pupil's details and a photograph. Parental consent will be gained for the use of the photograph and its display in appropriate staff areas.
- Any individual symptoms.
- Action in the event of allergic response.
- Administration of the auto injector.
- Parental contact details

Training

It is the responsibility of the School GP *or* School Nurses to deliver up to date training to staff working with pupils who have been prescribed an auto injector.

The auto injector training will contain the following elements:

- Discussion of the Allergy Management Plan.
- Organisation of the Yellow Bag.
- Recognition of signs and symptoms of anaphylaxis.
- Action in the event of anaphylaxis.

Child Specific Epipen Bags –

Child Specific epipen bags will contain:

- Individual Management Plan for Anaphylaxis.
- Two auto injectors, anti-histamines, inhalers as required.
- "Management of an Allergic Reaction" advice.
- Photo label attached to outside.



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Child Specific Epipen Bags will be kept in:

Reception in Main School for lower school and main school pupils

Individual classrooms in Pre Prep

School Trips

Before a pupil is accepted on a school trip the teachers in charge of the trip must ensure a parental consent form containing all the relevant medical information has been completed by the parent/guardian.

If the teacher leading the trip requires additional information they should contact the School Nurse in the Medical Centre.

If appropriate and in line with government guidance pupils should be supported in carrying their own medications, and if appropriate they should be encouraged to carry their child specific bag on all trips. However, this may not always be practical. At these times, the individual child specific epipen bag should be collected by the teacher leading the trip, and placed in the first aid bag for trips, available from the Medical Centre. It is the responsibility of the staff member to sign it in and out from reception or to ensure it is returned to the storage space in the classroom in Pre Prep.

Day trips

When appropriate the pupil should take their auto injectors with them and keep them in an easily accessible place. For those pupils who will have their bag carried for them, the pupil's specific bag will be carried by a member of staff accompanying the trip who is always with the pupil.

Residential Trips

Prior to the residential trip the trip leader and a School Nurse should meet to discuss the particular demands of the trip and what this will mean for the individual pupil's ability to carry their own auto injectors. Wherever possible the pupil should carry their own auto injectors at all times if this is felt appropriate and the pupil must keep this in an accessible bag.



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9(b) Management of pupils who have sustained a head injury whilst at school.

Head injury

Minor head injuries, bumps and knocks are common, particularly to pupils in schools.

All head injuries occurring on the main school site or on the playing field during the school day will be referred, where possible to the School Nurse for assessment. If a pupil in the Early Years or Pre Prep sustains a head injury, the Early Years and Pre-Prep staff will carry out immediate first aid and will contact the School Nurse for advice, as necessary.

Minor Head Injury

When a child has a head injury and has no concerning symptoms or history this will be classed as a minor head injury. Concerning symptoms and history are detailed below.

Where the pupil's head injury is deemed to be minor, the School Nurse or designated First Aider will treat accordingly. If required, following initial assessment, the pupil will be brought to the Medical Centre for monitoring until they are well enough to return to class. The School Nurse or designated First Aider will record the incident, by documenting it on School's Management Information System and in the treatments book. An 'I bumped my head' sticker will be attached to the pupil's top. All parents will be informed of any head injury, either by telephone or email. A head injury advice leaflet will be emailed or printed and given to the parents.

Major Head injury

A major head injury can be classed as one where the casualty presents with any of the following symptoms or history:

- A period of loss of consciousness
- Vomiting or nausea
- Amnesia or forgetting things both in short term or long term
- Vacant or just not acting as normal / sleepiness
- A fall from a height
- A large bruise to the head
- Headache
- Dizziness or loss of balance
- Any other symptoms that are detailed on the head injury advice leaflet (see appendix C)

If a pupil sustains a major head injury the School Nurse or designated First Aider will call the emergency services immediately. The parents/carer/ guardian will be informed by a



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member of staff as soon as possible. An accident form found in the bursar's room will be completed and the incident will be documented on school manager as appropriate.

Returning to sport following concussion

The school follow guidance from the RFU with regards to head injuries obtained during sports.

It is recommended that in all cases of suspected concussion, the pupil is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

Each sports first aid bag contains a 'Pocket Concussion Recognition Tool' guidance, head injury leaflets to give to parents, and first aid supplies.



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9(c) Management of pupil with a high temperature

Pyrexia (a high temperature) is generally considered as a rise in temperature above that which is normal for the individual. Other terms for pyrexia include 'febrile' and 'fever'. An increase in body temperature is one of the most common symptoms of illness in children and may be caused by an infection (McQueen 2001). An increase can also be the result of a head injury in which the temperature control centre of the hypothalamus has been affected.

The purpose of this procedure is to ensure safety and effectiveness in the care of a pupil who is pyrexial. The main aims when caring for a pupil with pyrexia are to keep the pupil comfortable and to prevent complications of seizure, febrile seizure and dehydration. This procedure will include identification of the pupil who has pyrexia, recording the pupil's temperature, action to take to reduce the pupil's temperature and observations and complications.

It is generally accepted that if a pupil is pyrexial whilst at school the parent/carer should be notified and the pupil taken home as soon as possible. However, there will be situations where this is not possible immediately, and steps will need to be taken to reduce the pupil's temperature to prevent complications and to make the pupil comfortable.

Identification of the pupil who has pyrexia

Factors indicating that a pupil may have a pyrexia include:

- Behaviour changes – pupil may want to lie down, become irritable, restless, aggressive, sleepy
- Change in level of consciousness
- Complaints of feeling hot/cold
- Looking flushed/pale
- Skin feeling hot to the touch
- Vomiting and/or diarrhoea
- Complaints of pain – often tummy, ear ache
- Not passing urine
- Not wanting to drink and/or eat
- Feeling/looking sweaty
- Shivering
- Unusually cold hands and feet
- A recorded temperature of over 37.5°C in the under 5yr old and over 38°C in the over 5yr old (NHS Choices 2016)



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A greater amount of heat can be lost by the head (Huband and Trigg 2000), and therefore feeling the forehead is not a reliable means of assessing if the pupil has a higher temperature than usual.

Recording the pupil's temperature

At Heath Mount a pupil's temperature is recorded using the tympanic route (via the ear).

The tympanic thermometers must be used in accordance with the manufacturer's instructions. Batteries must be changed regularly. Thermometers must be calibrated regularly in line with the manufacturer's directions. Thermometers should be cleaned according to the manufacturer's instructions.

Factors to note in the use of a tympanic thermometer:

- Do not use this method if the pupil has a suspected ear infection
- Do not use this method if the pupil has recently undergone surgery to the ear
- To be used with caution in pupils under 6 years
- The probe must be able to fit comfortably into the external ear canal

After taking the pupil's temperature

- Whenever an abnormal temperature is recorded, always consider the method used and check the temperature again. A low tympanic recording may indicate the presence of wax in the ear, giving an unreliable reading.
- Where a pupil has a high temperature using a tympanic thermometer, it may be useful to repeat the process in the other ear.
- Where it is determined that the pupil is pyrexial, the parents/carers should be informed and asked to collect the pupil. If this is not possible immediately, the parent/carer should be asked for an estimated time of arrival to collect the pupil and, where relevant, asked when their child last had a dose of an antipyretic drug.

Action to reduce the pupil's body temperature

The aim of the action is to reduce the pupil's temperature to within normal limits for the individual pupil and to prevent complications occurring as a result of pyrexia.



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Measures taken to reduce the pupil's temperature include pharmacological interventions and environmental measures.

Pharmacological Interventions

The most effective intervention for lowering the pupil's temperature is the use of antipyretic drugs to lower the set point of the hypothalamus (Whaley and Wong 1995, Kinmouth 1992).

Paracetamol is the main drug of choice. The anti-pyretic of choice must be given in line with Heath Mount's procedures concerning the administration of medication and record keeping. The anti-pyretic will be given in line with the homely remedies protocol or as prescribed by the pupil's GP. Before giving a dose of the anti-pyretic it must be established when the last dose was administered to ensure that the pupil does not receive an excess of the particular drug.

Observations and complications

- Check the pupil's temperature after an antipyretic has been given to assess its effect. This should be done at 30 minutes to an hour after the dose. If it is possible keep the pupil in the Medical Centre for observation.
- The parents/carers will have been informed that their child has an increased temperature and asked to collect him/her. Parent/carer must be informed that the pupil has received an anti-pyretic drug and given the details of dosage and time given. This should be recorded in the medication book and on School's Management Information System .

If the pupil's condition deteriorates, or at any stage the pupil -

- becomes drowsy, unresponsive or has other change in level of consciousness
- develops a non-blanching rash
- develops severe pain
- just "isn't right"

ring 999 for an ambulance and inform the parents/carers.



Heath Mount School

9(d) Management of pupil with Asthma and Use of Emergency Inhaler

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways.

These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to symptoms of asthma (Asthma UK).

Heath Mount's Aims

- To enable all pupils with asthma to participate fully in all school activities and ensure they are not disadvantaged by their condition.
- To ensure that all staff have a clear understanding of how to deal with a pupil having an asthma attack.
- To encourage all pupils to take responsibility for their own medication.
- To ensure pupils, parents, school staff and asthma health professionals work together for a greater understanding relating to the effects of asthma and to adopt a responsible and non-judgemental attitude to its treatment and management.

Managing Asthma in School

This procedure is supported by the Department of Health document 'Guidance on the use of emergency inhalers in schools'.

Pupils with asthma will be identified from the medical questionnaire. The School Nurse will liaise with parents to ascertain the full extent of the condition.

A list of pupils with asthma in each section of the school will be compiled and displayed in relevant, staff only areas.

Expiry dates of the inhalers kept in school are listed on School's Management Information System and monitored by the School Nursing Team, Parents/carers are made aware when an inhaler is going to expire. It is the parents' responsibility to ensure a valid inhaler is kept at school. Expired drugs cannot be administered.

All pupils with asthma are encouraged to take responsibility for their asthma from an early age and are permitted to carry their own medication once in year 3.



Heath Mount School

Pre-Prep (including EYFS) –

All inhalers are kept by the classroom teacher in labelled wallets/pencil cases. If the pupil leaves the classroom for an activity the inhaler is taken by the teacher or member of staff accompanying the pupil.

Lower school and Main School

Pupils who have acute asthma should carry their own inhaler with them. A prescribed spare inhaler, together with the completed School Asthma Card is kept in the Medical Centre in labelled blue bags for each pupil. Pupils who do not need their inhaler on a regular basis will just have a labelled bag in the Medical Centre.

Emergency Inhaler

From 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

A labelled Emergency Asthma Pack that contains a spare in inhaler and a disposable spacer, along with information regarding assessment and treatment of an asthma attack are available in the school should a pupil with asthma require an inhaler and theirs is not available. These are situated in the following places:

The Medical Centre; in a labelled cupboard in the main room.

The Pavillion; in the kitchen.

Main school reception; behind the desk in a labelled box.

Pre prep reception; in a labelled cupboard.

Lower School; in the office, on the labelled shelf.

This inhaler is for emergency use for those pupils who have a diagnosis of asthma and whose parents have given written consent that they can use it. A list of those pupils consented to use the emergency inhaler will be attached to the bag in which the inhaler and spacer are kept. Each time the emergency inhaler is used, staff must complete a Record of Administration which is enclosed in the bag. The School Nurse will check the condition, expiry date and batch numbers of the emergency inhalers, in each section of the school at the end of each term.

School Trips

Before a pupil is accepted on a residential school trip the teachers in charge of the trip must ensure a parental consent form containing all the relevant medical information has



Heath Mount School

been completed by the parent/guardian. For non-residential trips, the information given by parents on the medical questionnaire will be used to obtain information regarding each pupil, the school nurses will share this information with the teaching staff.

If the teacher leading any trip requires additional information they should contact the School Nurse in the Medical Centre.

Pre prep staff will be responsible for holding inhalers for the children that have them while on trips. For pupils in year 3 and above, those with acute asthma who are used to carrying their own inhaler will continue to do so, all others will be held by a member of staff on the trip.

An emergency inhaler will be taken on school trips for emergency use for those pupils who have a diagnosis of asthma and whose parents have given written consent that they can use it. A list of those pupils consented to use the emergency inhaler will be attached to the bag in which the inhaler and spacer are kept. Each time the emergency inhaler is used, staff must complete a Record of Administration which is enclosed in the bag,

If a pupil has an asthma attack whilst on a school trip or the teaching staff has any concerns, an ambulance should be called immediately.

On return to the school the senior teacher should complete an accident form and report the incident to the School Nurse as soon as possible.



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Asthma guidelines for teaching and school staff.

Asthma treatment: There are two types of treatment:

Preventers. These inhalers are usually taken twice daily at home and are normally in a brown container. When taken regularly they make the air passages less sensitive to the triggers that can start an attack. They take 10-15 days to work. This inhaler does not help an acute asthma attack and should not be kept at school.

Relievers. These are the inhalers used in an acute attack to relieve the symptoms of asthma.

If a pupil becomes breathless and wheezy or coughs continually do the following:-

- Keep calm. It is treatable, call the School Nurse, stating the pupil's name and his/her condition. Reassure the pupil and loosen any tight clothing.
- Let them sit down in the position they find most comfortable.
- Do not make them lie down.
- Ensure 2 puffs taken of reliever inhaler(usually blue container) preferably through a spacer.
- Reassure all the time.
- If the symptoms disappear, the pupil can go back to lesson.
- If the symptoms have improved but not completely gone, give 2 puffs of the reliever inhaler every 2 minutes up to a maximum of 10 puffs and call the School Nurse.
- If the pupil does not have their inhaler with them use their spare named inhaler kept in the Medical Centre.
- The emergency inhaler should be used if the pupil has no inhalers in school, and who has been diagnosed as asthmatic, and who has been consented to use the emergency inhaler.

Signs of a severe asthma attack.

Any of these signs means 'severe'

- Symptoms do not improve within 5-10 minutes.
- The pupil cannot speak normally in full sentences.



Heath Mount School

- Has blue tingeing around the mouth.

IF IN ANY DOUBT, CALL AN AMBULANCE (999)

What to do in a severe asthma attack.

- Keep calm.
- Keep using the reliever inhaler- 2 puffs every 2 minutes until symptoms improve. Use a spacer device if possible as this will increase uptake of the reliever drug. Do not worry about possible over-dosing.
- Call an ambulance, and arrange for a member of staff to accompany the pupil to hospital.
- Contact the pupil's parents to meet their child at the hospital.
- Continue to reassure the pupil.
- Have the School Asthma Card ready to give to the ambulance crew and a note of all the reliever drugs given prior to hospital.
- Try to make a note of the time the attack commenced and all symptoms to tell the ambulance crew.



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9(e) Management of pupils with diabetes in school.

Diabetes is a common life-long condition where the amount of glucose in the blood is too high because the body cannot use it properly. This is because the pancreas does not produce any insulin, or not enough, to help glucose enter the body's cells, where it is used for energy, or the insulin that is produced does not work properly (known as insulin resistance). Glucose comes from digesting carbohydrate and is also produced by the liver. Carbohydrate comes from many different kinds of food and drink, including starchy foods such as bread and potatoes, fruit, some dairy products, sugar and other sweet foods. There are two main types of diabetes: Type 1 and Type 2.

Type 1 diabetes develops if the body is unable to produce any insulin and usually appears before the age of 40, and especially in childhood. It is treated by insulin either by injection or pump, a healthy diet and regular physical activity.

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly. It is treated with a healthy diet and increased physical activity but medication and/or insulin is often required.

Parents/carers of pupils who have diabetes will be asked to complete a management plan for use within the school. The School Nurse will ensure that all the teaching and boarding house staff caring for the individual pupils will have the necessary training to safely meet the care needs of the pupils whilst in school.

Treating diabetes

Most pupils with diabetes will be treated by a combination of insulin and a balanced diet and regular physical exercise. Some (with Type 2 diabetes) may be taking tablets.

Insulin

Insulin cannot be swallowed like a medicine as it is a protein and would be broken down in the stomach. Therefore it either needs to be injected, or given via a pump. Pupils who inject their insulin will generally take at least two and may take up to four or more injections per day. Those who take two injections usually take them at breakfast and dinner time. An increasing number of children will take more than two injections a day, but this is not because their diabetes is 'worse' or harder to control. Taking more injections can give greater flexibility so children may choose to take four or more injections a day. This will mean that they have to inject themselves at lunchtime and so will need to bring insulin and their injecting equipment to school, therefore school will need to identify a private area, such as the Medical Centre (if appropriate) where the injections can be taken. Younger children especially may need help with injecting. In most cases the equipment will be an insulin 'pen' rather than a syringe. The pupil's parents/carers or the Diabetic Nurse Specialist can demonstrate the device used and discuss where the pen and insulin should be kept. Children who use an insulin pump will



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need to give an additional 'boost' when they eat or if their blood glucose levels are high. Younger children especially may need help with this. This will need further explanation from a parent or Diabetic Nurse Specialist.

Food

After diagnosis, the pupil and family should have been seen by a dietician in hospital, who will have advised them about suitable food choices and how to plan daily meals and snacks. The pupil's parents/carers will be able to explain any particular needs to staff and should meet with Heath Mount's catering manager to discuss dietary needs at school. The diet for children with diabetes is based on a balanced, varied diet as recommended for every pupil – it is normal healthy food which is low in fat, salt and sugar including plenty of fruit and vegetables. A regular intake of starchy carbohydrate is important to keep the pupil's blood glucose level close to the normal range (4-8mmol/l rising to no higher than 10mmol/l two hours after a meal).

There is no special diabetic diet and diabetic foods are **not** recommended by Diabetes UK as they offer no benefit over ordinary foods and can be expensive.

Sugary foods

Pupils can include moderate amounts of high fat, high sugar foods such as cakes and biscuits as part of a healthy diet without harming blood glucose control in the long term, but eating too much will upset the overall balance of the diet. Soft drinks should be sugar-free or no added sugar drinks, as sugar in liquid form is rapidly absorbed and raises blood glucose levels quickly. All pupils eat sugary foods occasionally and pupils with diabetes shouldn't feel it is forbidden for them to do the same.

Eating times

If a pupil takes two injections of insulin per day, meals and snacks may need to be eaten at regular intervals, following a plan agreed with the family and their dietician. This is to maintain stable blood glucose levels. A missed or delayed meal or snack could lead to hypoglycaemia. Snacks may need to be eaten during class time but if the times can coincide, they are best eaten at break. It is important to know if there are specific times when the pupil needs to eat and to make sure that they keep to these times. This may involve ensuring they are near the front of the lunch queue (and at the same sitting each day) for the midday meal. Children who take insulin with meals or who are on a pump usually have more flexibility with their eating times.

Blood glucose testing

Most children with diabetes will need to test their blood glucose levels on a regular basis, especially before meals, before or after physical activity, or if they feel that their blood glucose level is falling too low or climbing too high. Blood glucose testing involves



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pricking the finger, using a special finger-pricking device, to obtain a small drop of blood. This is then placed on a reagent strip, which is read by a small, electronic blood glucose meter. A test takes about a minute. If these tests are needed in school, the pupil's parents/carers can advise on how often and where they should be done. Some pupils may need help with blood glucose testing. Pupils will carry their own blood glucose monitor. A spare blood glucose monitor for testing blood glucose levels will be kept in the School Office in the "Emergency Diabetic Bag".

Hypoglycaemia (Hypo)

Hypoglycaemia is the most common short-term complication of diabetes and occurs when blood glucose levels fall below 4mmol/l.

Hypos are more likely to happen towards mealtimes, during or after sessions of increased activity or if a meal or snack has been missed. Blood glucose levels fall because

- too much insulin has been given
- not enough food, especially carbohydrate, has been eaten
- the pupil has been more active than usual.

The symptoms can be different for each pupil and the pupil's parents/carers can tell you what their pupil's warning signs are. These should be noted in the Diabetes Management Plan which will be kept in the Medical Centre.

Treating a hypo

It is very important that a hypo is treated quickly. If it is left untreated, the blood glucose level will continue to fall and the pupil could become unconscious. The pupil should not be left alone during a hypo – nor be sent off to get food on their own. If possible, walk the pupil to the Medical Centre or call the School Nurse on the emergency medical mobile.

The exact amount of food needed, will vary, depending on the age of the pupil and in accordance with their individual management plan. Initially a sugary drink, such as fruit juice can be given, followed by a longer acting carbohydrate to prevent the blood glucose dropping again,

If the pupil still feels hypo after 15 minutes, a further sugary drink/food should be given. When the pupil has recovered, give them some starchy food. Some children will know when they are going hypo and can take appropriate action themselves, but some pupils, especially younger ones, may need help. GlucoGel (a glucose gel) can be given if the pupil is reluctant to drink. This will be in their specific diabetic emergency bag. It is



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rubbed into the inside of their cheek and then massaged gently from the outside. Glucose will be absorbed through the lining of the mouth and it will help recovery. If the pupil still feels hypo after 15 minutes, check their glucose level and some more sugary food should be given.

If a hypo occurs during activity, there is no reason why the pupil should not continue with the activity once they have recovered.

Unconsciousness

In the unlikely event of a pupil losing consciousness, do not give **anything** by mouth. Place them in the recovery position (lying on their side with the head tilted back). Call an ambulance, informing them the pupil has diabetes. The pupil will come around eventually and should not come to any immediate harm, if they are kept in the recovery position. **Note:** The pupil may have a seizure, during a severe hypo, with jerking of one or more limbs. Although this may resemble an epileptic fit, it does **not** mean the pupil has developed epilepsy.

Physical activity

Diabetes shouldn't stop children enjoying any kind of physical activity, or being selected to represent school in any sporting activity.

Preparation is needed, prior to any sporting activity to ensure the safety and well-being of the pupil. Any concerns should be raised with the School Nurse.

Sickness

If the pupil is unwell, their blood glucose levels may rise. This can happen even if the pupil just has a cold. High blood glucose levels may cause them to be thirsty, with the need to go to the toilet more frequently. If teaching staff notice this during the day, they should report it to the School Nurse who can inform the pupil's parents/carers so the necessary adjustments can be made to the insulin dose. If the pupil vomits at school take them to the Medical Centre. Parents will be informed that the pupil has vomited.

School trips

Before a pupil is accepted on a school trip the teachers in charge of the trip must ensure a parental consent form containing all the relevant medical information has been completed by the parent/guardian.

If the teacher leading the trip requires additional information they should contact the School Nurse in the Medical Centre.



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Day trips

Going on a day trip should not cause any real problems, as the routine will be much like that at school. The pupil with diabetes should take their insulin and injection kit, together with extra snacks and glucose tablets or equivalent. The trip leader or member of staff accompanying the trip will ensure that all necessary equipment (such as a blood glucose monitor) and the pupil's "Management Plan" is taken on the trip. Older pupils will be able to take responsibility for their own equipment and should carry it at all times. Younger pupil's equipment will be carried by the teacher.

Residential Trips

With residential trips, the pupil's routine of blood glucose monitoring and insulin injections/pump must continue. Prior to the residential trip the trip leader, a School Nurse and the pupil's parent should meet to discuss the particular demands of the trip and what this will mean for the individual pupil. Following this meeting a management/care plan will be drawn up by the School Nurse which will be approved by the parent. If the pupil is not confident do their own injections a member of staff will be trained by the School Nurse to take responsibility for helping with injections and blood glucose testing. If the pupil's diabetes is unstable or there are particular health concerns about him, a School Nurse may need to accompany the trip.

If any medical equipment has been lost or forgotten, initially contact the parent. If the medical equipment cannot be sent to the residential setting, contact the nearest paediatric department or Accident and Emergency department.

Going abroad

If travelling outside the UK, the following Diabetes UK publication is useful: *Travel and diabetes*, which gives advice on managing diabetes confidently away from home.



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9(f) Management of Pupils with Epilepsy

Epilepsy is a neurological condition which can affect anyone. There is a brief temporary disruption of the brain which leads to a seizure ('fit'). There are many types of seizure, and what happens to an individual before, during and after a seizure, will depend on which part of the brain is affected and how far the disruption spreads.

Managing Epilepsy in School

Pupils with epilepsy will be identified from the medical questionnaire. The School Nurse will liaise with the parents to ascertain the full extent of the condition and a "Management/Care Plan" will be drawn up. Wherever possible the pupil will be involved in the writing of the management/care plan.

Teachers and support staff will be informed and training carried out by the School Nurse or an appropriately qualified practitioner in order to meet the care needs of the pupil (see section 16).

If/when the pupil has a seizure the School Nurse should be informed and will attend whenever possible.

Pharmacological Interventions

Some children with epilepsy are prone to recurrent seizures. Continuous or prolonged seizures are a medical emergency that require immediate treatment to save life or to prevent significant deterioration in the child's health.

Buccal Midazolam may be prescribed as a first line emergency medication if the seizure activity does not cease after a specified amount of time, as written on the Management/Care plan. Buccal Midazolam is applied between the cheek and gums, and is intended to offer effective delivery of the medication; this may be used to treat continuous or prolonged epileptic seizures.

The medication(s) and the route of administration will be identified and administered in accordance with the individual pupil's management/care plan. Written parental consent will be gained for the School Nurse and appropriately trained staff to administer the medication when necessary.

Procedure

The purpose of this procedure is to ensure safety and effectiveness in the care of a pupil who has a seizure and who requires the administration Buccal Midazolam.

School staff working within Heath Mount who are identified to undertake the required training will be trained in the administration of Buccal Midazolam. This will include a general understanding of epilepsy with particular reference to the pupils for whom they care, a consideration for the pupil's privacy and dignity and the management and safety



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of a pupil during and following a seizure. Following training staff will be given a certificate of attendance with review date. Training and updates will take place at least bi-annually.

School Trips

Before a pupil is accepted on a school trip the teachers in charge of the trip must ensure a parental consent form containing all the relevant medical information has been completed by the parent/guardian.

If the teacher leading the trip requires additional information they should contact the School Nurse in the Medical Centre.

Day trips

Going on a day trip should not cause any real problems. The pupil with epilepsy should take their medication and this must be carried by a member of staff trained in the care of the pupil and in the administration of the medication.

Residential Trips

Prior to the residential trip the trip leader, a School Nurse and the pupil's parent should meet to discuss the particular demands of the trip and what this will mean for the individual pupil. Following this meeting a management/care plan will be drawn up by the School Nurse which will be approved by the parent. At least one member of staff accompanying the trip must be trained in the care of the pupil and the administration of any medication the pupil may need. If the pupil's epilepsy is unstable or there are particular health concerns about him a School Nurse may need to accompany the trip.



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Administration Plan for Buccal Midazolam (acts as part of Management/Care Plan)

Pupil's Name:

D.O.B:

Seizure Type/s

Give Buccal Midazolam/ mgs/.....mls.

If has a *generalised epileptic seizure lasting over minutes

OR

An ambulance should be called:

1. at onset of seizure
2. no response within 5 minutes of administration of drug
3. inability (for whatever reason) to administer emergency drug
4. after administration of dose/s

The above has been agreed by the following



Heath Mount School

Neurologist/Paediatrician: I confirm that any risks associated with the administration of this drug has been explained and understood by the parent/s or those with parental responsibility

(BLOCK CAPITALS) Signature:.....

Date.....

Parent/Guardian: We/I confirm we/I have understood and had been explained any risks associated with administration of this drug

(BLOCK CAPITALS) Signature:.....

Date:.....

Copies to be held by: GP, Hospital, Parent,



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Training Record for Administration of Buccal Midazolam

Name of staff member:

Date

Date of review:

These competencies must be achieved once training on the use of Buccal Midazolam has been undertaken.

Competency	Date Completed	Signature
Has general understanding of pathology and different types of epilepsy		
Understands the Management/Care Plan and guidelines for the administration of Buccal Midazolam		
Has knowledge of the anatomy involved		
Knows the beneficial effects of Buccal Midazolam and potential side effects		
Considers the privacy and dignity of the child at all times when administering Buccal Midazolam		
Ensures that the ambulance service is contacted as indicated in the individual Management/Care Plan		
At the onset of seizure, staff to maintain pupil's privacy and dignity		
Prior to administration, uses disposable gloves		
Turns the pupil onto one side to aid administration if appropriate		
Check dose and expiry date (preferably with witness) against Management/Care plan		



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Can follow the manufacturer's instructions for the administration of Buccal Midazolam		
Maintains general observation, including airway patency, until the pupil is fully recovered		
Records the time of seizure, how long seizure lasted and the time and dose of Midazolam given		
Aware who to communicate and debrief with		
Aware that Parents/Carers should be kept fully informed		

Name:.....

Signature.....

Assessor.....

Signature.....



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Checklist for staff giving Buccal Midazolam

In the event of a generalized tonic clonic seizure lasting longer than 5 minutes:

1. You will need the following equipment:
 - Bottle of Midazolam (Epistatus®)
 - Syringe
2. Check that the Midazolam is within its expiry date
3. Check that the liquid is clear with no crystals visible. Discard if you can see crystals.
4. Unscrew the bottle cap, keeping the bottle upright
5. Insert a syringe into the centre of the stopper
6. Turn the bottle upside down
7. Pull the plunger of the syringe back slowly and then push back to prevent any air bubbles
8. Pull the plunger back again slowly and draw up the prescribed amount of liquid
9. Turn the bottle the right way up before removing the syringe
10. Put the cap back on the bottle to stop spillages or evaporation
11. Place the syringe into the side of the pupil's mouth, between the gums and teeth
12. Slowly push the plunger of the syringe down until the syringe is empty
13. If possible, divide the dose so you give half into one cheek and half into the other cheek.

If Buccal Midazolam does not control the seizure within five minutes call 999.

If you cannot give Buccal Midazolam for any reason, put the pupil into the recovery position and call 999.



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10. Management of Communicable Diseases and Infection Control

The School Nurse will work within the guidance of the Public Health England document 'Guidance on infection control in schools' (2014) and liaise with Public Health England accordingly.

For communicable diseases the School Nurse will use the treatment and exclusion criteria within the document to inform parents and the school with regard to appropriate management.

School Health Matters covers the following and gives succinct guidance which should be followed:-

- Reporting of infectious diseases.
- National immunisation schedules.
- Exclusion table for infectious diseases.
- Communicable disease management.
- Infection control, including the management of bloody and body fluid spillages
- Sharps injuries.
- Cleaning.
- Prevention of blood borne infections in schools.
- Protective clothing.

The School Nurse will ensure there is a poster summarising the Public Health England document in appropriate areas of the school and boarding houses.

10(a) Management of an epidemic

A widespread occurrence of an infectious disease in a community at a particular time.

In the event of an epidemic occurring at Heath Mount, all efforts will be made to contain the infection whilst continuing to operate normally unless advised otherwise by the Public Health England.



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The School's Response

Members of the Medical Centre staff and the School G.P will be responsible to the Headmaster and the Senior Management Team (SMT) for co-ordinating Heath Mount's response to what may be a rapidly changing scenario.

Staff feeling unwell or displaying symptoms such as a high temperature will be sent home and advised to contact their GP, out of hours GP service or NHS 111. In this event staff may be required to be flexible in their working practice to ensure the smooth running of the school.

Pupils who are unwell will be sent to the Medical Centre. An assessment by Medical Centre staff will be made and treatment offered as appropriate. Pupils who are considered to be too unwell to stay in school will remain there until collected by their parents/guardians.

Boarding pupils who display symptoms will remain in the Medical Centre cared for by Medical Centre staff and will be referred to the school GP. Parents will be contacted and asked if they would prefer to collect their son/daughter and take him/her home. Those unable to be taken home will be cared for in a designated boarding house under the joint care of the Medical Centre staff and the Boarding House staff. Infectious cases will be isolated.

Infection Control

Advice will be issued throughout Heath Mount informing members of the community of ways to avoid spreading germs including the use of tissues which should be used once and disposed of in a bin. Staff and pupils should be encouraged to follow this advice.

Cleaning staff will clean hard surfaces daily using normal cleaning solution. Services will include:

- door handles
- desks
- telephones
- computer keyboards and mice
- goggles

The Medical Centre will maintain stocks of latex free gloves, aprons and masks to be used in the event of an outbreak within the school.

All pupils should be encouraged to wash their hands regularly and particularly before eating.



Heath Mount School

Conclusion

It is difficult to determine the consequences for Heath Mount in the event of a widespread epidemic. It should continue to operate normally unless advised differently by Public Health England. Flexibility will be required of all staff and good hygiene should be encouraged within the school community in order to minimise the spread of any infection and keep disruption of normal school life to a minimum.

Management for a Human Pandemic

A widespread occurrence of an infectious disease across multiple continents or worldwide.

The advice to all sectors is to continue operating as normally as possible during a pandemic.

The Schools Response

Members of the Medical Centre Staff and the School G.P. will be responsible to the Headmaster and the Senior Management Team (SMT) for co-ordinating Heath Mount's response to what may be a rapidly changing scenario. This response will be made in consultation with Public Health England (PHE).

Staff feeling unwell or displaying symptoms such as a high temperature will be sent home and if appropriate advised to contact their GP, out of hours GP service or NHS 111. In this event staff may be required to be flexible in their working practice to ensure the smooth running of the school.

Pupils who are unwell will be sent to the Medical Centre. An assessment by Medical Centre Staff will be made. If they are considered to be too unwell to stay in school they will remain there until collected by their parents/guardians.

Boarding pupils who display symptoms will remain in the Medical Centre cared for by Medical Centre staff and will be referred to the School GP. Parents will be contacted and asked if they would prefer to collect their son/daughter and take them home. Those unable to be taken home will be cared for in a designated boarding house under the joint care of the Medical Centre staff and the Boarding House staff. Infectious cases will be isolated.

Public Health England will advise on any mandatory closure of Heath Mount when all staff and pupils will be sent home or to their nominated guardian. In the event of any boarding pupils being unable to be collected by their parent/guardian they will be cared for in the boarding house. If they become unwell the Medical Centre Staff will care for them until they are collected by their parent/guardian.



Heath Mount School

Infection Control

Advice will be issued throughout the school informing members of Heath Mount of ways to avoid spreading germs including the use of tissues which should be used once and disposed of in a bin. Staff and pupils should be encouraged to follow this advice.

Cleaning staff will clean hard surfaces daily using normal cleaning solution. Surfaces include:

- door handles
- desks
- telephones
- computer keyboards and mice
- goggles

The Medical Centre will maintain stocks of non-latex gloves, aprons and tissues to be used in the event of an outbreak within the school.

All pupils should be encouraged to wash their hands regularly and particularly before eating.

It is difficult to determine the consequences for Heath Mount in the event of a widespread pandemic. It should continue to operate normally unless advised differently by PHE. Flexibility will be required of all staff and good hygiene should be encouraged within the community in order to minimise the spread of any infection and keep disruption of normal school life to a minimum.

References

The Code NMC (2015)

Supporting pupils at School with Medical Conditions (2015)

DfEE Health and Safety: Advice for Schools (2014)

DfEE Guidance on First Aid for Schools (2014)

Health and Safety at Work Act (1974)

Hubband & Trigg (2000): Practices in Pupil's Nursing - Guidelines for Hospital and Community.

NICE Guidelines on head injuries (2007) [www.nice.org]

Public Health England, Guidance on Infection Control in Schools and other Childcare Settings (2013)



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Useful Websites:

- www.anaphylaxis.org.uk
- www.asthma.org.uk
- www.epipen.co.uk
- www.anapen.co.uk
- www.resus.org.uk
- www.bnf.org



Heath Mount School

First Aid Needs Risk Assessment Form		
Name of school: Heath mount school		
Address of school: Wood hall park, Watton at stone, Ware, Hertfordshire, SG143NG		
Persons at risk: Staff, Pupils, Contractors, Visitors and Hirers		
Area: First aid needs/ provision		
Type of assessment: Initial needs assessment		
Date of assessment: 25/1/2017		Assessor: G Cornish
The school as a whole.		
Significant hazard and possible outcomes or injuries	Control measures in place	
Environment		
What is the classification of the school?	Low risk	
<ul style="list-style-type: none"> • Low risk – Primary • Low/medium risk – Secondary 		
Is the workplace remote from emergency services?	No	
Are there split levels or separate buildings within the school grounds?	Yes – there are 10 ‘areas’ within the school <ul style="list-style-type: none"> • Pre prep, nursery and Lower school • Main school basement • Main school ground floor • Main school mezzanine floor • Main school middle floor • Main school top floor 	



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<p>Do employees work remotely or alone?</p> <p>Do staff know what the first aid arrangements are for all areas?</p> <p>Are there people with special needs on site? Do they have health conditions or illnesses that may require sudden, urgent or specialist attention?</p>	<ul style="list-style-type: none"> • Sports hall • Outside playground and grounds, compound. • Swimming pool and forest school • River House <p>In the grounds, the grounds person will work alone. The forest school is based in the wooded area at the back of the lower school. Cleaners work alone in certain areas – [please see the Guidance on Security Access and Control and Lone Working Policy] Yes – There are posters in all areas with details as to first aid arrangements. The First Aid policy sets out what the procedure is with regards to first aid. Staff receive regular updates via displays, email and face to face training.</p> <p>Yes – Severe allergies, asthma and cerebral palsy. Staff are trained as per the needs of the children they are responsible for. EpiPen training is given within the school to a number of staff. Staff are made aware of asthma emergency treatment via email, posters and sites of emergency inhaler.</p>	
<p>Calculating number of first aiders required (Along with a qualified nurse, there are a number of first aid at work qualified persons and a number of paediatric first aid trained persons on the school site for assessment at all times during the day should the first aider feel that they cannot deal with the incident – therefore ‘first aider’ is defined as any person who has undergone basic emergency first aid training or further that would enable them to respond to an emergency until further help arrives promptly)</p>		
<p>Type of school</p>	<p>Number of first aiders required</p>	
<p>Nursery/primary</p>	<p>1 qualified first aider and 1 relief to provide for absences for the first 100 persons. Thereafter 1 additional</p>	



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	first aider for every 100 persons on site.	
Secondary	1 qualified first aider and 1 relief to provide for absences for the first 100 persons. Thereafter 1 additional first aider for every 100 persons on site. Plus 1 qualified first aider for each high risk area i.e science, D&T, PE, Food technology.	
Special	1 qualified first aider and 1 relief to provide for absences for the first 100 persons. Thereafter 1 additional first aider for every 100 persons on site. Plus 1 qualified first aider for each high risk area i.e science, D&T, PE, Food technology.	
Site specific information		
Pre prep, nursery and Lower school		
Significant hazard and possible outcomes or injuries	Control measures in place	Comments
How many people are present on the site? Remember to include staff, pupils, visitors and contractors.	Approx 330	5 first aiders are required on site. There are currently 24 trained in first aid.
Is there adequate provision for lunchtimes and breaks?	Lunchtimes are covered by the lunchtime assistants who have a number of first aid qualifications between them.	
Is there first aid provision for off-site activities i.e school trips?	An appropriately trained person will be available for school trip coverage.	
Are people present on site out of hours? Is there a fluctuating need for first aid cover at different times?	Cleaning staff – Cleaning staff are to alert a need for first aid cover using their mobile phone. There are first aid trained people present within the night cleaning team.	
Do you have sufficient provision to cover absences of first aiders?		



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<p>What kinds of activity are people using the service involved in? Are these high risk activities?</p> <p>Is there at least one fully stocked first aid container for this site?</p>	<p>Yes. There are 7 first aiders currently trained in this area.</p> <p>Low risk - day to day class room activities. Med risk - Kitchens in pre prep.</p> <p>Yes – one is available for each classroom and at a number of other areas within this site.</p>	
<p>Main school basement</p>		
<p>Significant hazard and possible outcomes or injuries</p>	<p>Control measures in place</p>	<p>Comments</p>
<p>How many people are present on the site? Remember to include staff, pupils, visitors and contractors.</p> <p>Is there adequate provision for lunchtimes and breaks?</p> <p>Is there first aid provision for off-site activities i.e school trips?</p> <p>Are people present on site out of hours? Is</p>	<p>No more than 120</p> <p>There are a few children present at times during break, they are accompanied by a member of staff.</p> <p>Yes</p> <p>Cleaning staff – Cleaning staff are to alert a need for</p>	<p>6 first aiders are required. There are 2 currently trained in first aid.</p>



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<p>there a fluctuating need for first aid cover at different times?</p> <p>Do you have sufficient provision to cover absences of first aiders?</p> <p>What kinds of activity are people using the service involved in? Are these high risk activities?</p> <p>Is there at least one fully stocked first aid container for this site?</p>	<p>first aid cover using their mobile phone. There are first aid trained people present within the night cleaning team.</p> <p>Yes</p> <p>Medium to high risk - The students are participating in medium to high risk activities in – DT, Art, Cooking, Textiles etc.</p> <p>Yes – one is available for each classroom and at a number of other areas within this site.</p>	<p>Extra first aiders required for high risk subjects.</p>
Main school ground floor		
Significant hazard and possible outcomes or injuries	Control measures in place	Comments
<p>How many people are present on the site? Remember to include staff, pupils, visitors and contractors.</p> <p>Is there adequate provision for lunchtimes and breaks?</p> <p>Is there first aid provision for off-site activities i.e school trips?</p>	<p>Max 100.</p> <p>Not applicable.</p> <p>Responsibility of individual trip organisers to ensure first aid cover.</p>	<p>2 first aiders are required.</p> <p>There are 2 qualified first aiders on this site.</p>



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<p>Are people present on site out of hours? Is there a fluctuating need for first aid cover at different times?</p> <p>Do you have sufficient provision to cover absences of first aiders?</p> <p>What kinds of activity are people using the service involved in? Are these high risk activities?</p> <p>Is there at least one fully stocked first aid container for this site?</p>	<p>Persons are present during functions and events in the evening. Cleaning staff are also present on this site in the evening. There are appropriately qualified people present during these times.</p> <p>Yes. Staff can be transferred from other areas.</p> <p>Low risk – day to day classroom based activities. Med risk – Kitchens.</p> <p>Yes – there is one at reception and the kitchen.</p>	
Main school mezzanine floor		
Significant hazard and possible outcomes or injuries	Control measures in place	Comments
<p>How many people are present on the site? Remember to include staff, pupils, visitors and contractors.</p> <p>Is there adequate provision for lunchtimes and breaks?</p> <p>Is there first aid provision for off-site activities i.e school trips?</p>	<p>Fluctuating numbers – max 20</p> <p>Yes</p> <p>Not applicable.</p>	<p>1-2 first aiders are required for this area. There are 3 currently with first aid qualifications.</p>



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<p>Are people present on site out of hours? Is there a fluctuating need for first aid cover at different times?</p> <p>Do you have sufficient provision to cover absences of first aiders?</p> <p>What kinds of activity are people using the service involved in? Are these high risk activities?</p> <p>Is there at least one fully stocked first aid container for this site?</p>	<p>Yes, boy's boarding kitchen and 'man cave'. There is adequate first aid cover during these times.</p> <p>There are extra first aiders available to cover first aid cover on an ad hoc basis.</p> <p>Low risk - General day to day use of medical centre and laundry room.</p> <p>Yes – first aid equipment can be found in the medical centre.</p>	
Main school middle floor		
Significant hazard and possible outcomes or injuries	Control measures in place	Comments
<p>How many people are present on the site? Remember to include staff, pupils, visitors and contractors.</p> <p>Is there adequate provision for lunchtimes and breaks?</p> <p>Is there first aid provision for off-site activities i.e school trips?</p>	<p>Max 80</p> <p>Not applicable.</p> <p>Responsibility of individual trip organisers to ensure first aid cover.</p>	<p>2 first aiders are required for this area. There are 5 members of staff currently trained in first aid.</p>



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Are people present on site out of hours? Is there a fluctuating need for first aid cover at different times?	Yes – boy’s boarding. There is adequate cover for boy’s boarding.	
Do you have sufficient provision to cover absences of first aiders?	Yes.	
What kinds of activity are people using the service involved in? Are these high risk activities?	Low risk – day to day living and classroom activities.	
Is there at least one fully stocked first aid container for this site?	Yes – there is one in the school office.	
Main school top floor		
Significant hazard and possible outcomes or injuries	Control measures in place	Comments
How many people are present on the site? Remember to include staff, pupils, visitors and contractors.	Max 80	2 first aiders are required for this area. There is 1 first aider for this area.
Is there adequate provision for lunchtimes and breaks?	Not applicable.	
Is there first aid provision for off-site activities	Yes	



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<p>i.e school trips?</p> <p>Are people present on site out of hours? Is there a fluctuating need for first aid cover at different times?</p> <p>Do you have sufficient provision to cover absences of first aiders?</p> <p>What kinds of activity are people using the service involved in? Are these high risk activities?</p> <p>Is there at least one fully stocked first aid container for this site?</p>	<p>Cleaning staff – Cleaning staff are to alert a need for first aid cover using their mobile phone. There are first aid trained people present within the night cleaning team.</p> <p>Yes.</p> <p>Low risk – day to day classroom activities.</p> <p>Yes</p>	
Sports Hall		
<p>Significant hazard and possible outcomes or injuries</p>	<p>Control measures in place</p>	<p>Comments</p>
<p>How many people are present on the site? Remember to include staff, pupils, visitors and contractors.</p> <p>Is there adequate provision for lunchtimes and breaks?</p>	<p>No more than 100 at a time.</p> <p>Not applicable.</p>	<p>2 first aiders are required for this site. There are 3 currently trained in first aid. A large proportion of the members of the sports staff are first aid trained.</p>



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<p>Is there first aid provision for off-site activities i.e school trips?</p> <p>Are people present on site out of hours? Is there a fluctuating need for first aid cover at different times?</p> <p>Do you have sufficient provision to cover absences of first aiders?</p> <p>What kinds of activity are people using the service involved in? Are these high risk activities?</p> <p>Is there at least one fully stocked first aid container for this site?</p>	<p>Responsibility of trip organiser to ensure sufficient first aid cover.</p> <p>As a general rule no persons are present after hours. Hirers are responsible for their own first aid cover.</p> <p>Yes – staff can be transferred from other areas should the need arise.</p> <p>Medium risk – sports activities.</p> <p>Yes</p>	
<p>Outside playground and grounds, compound</p>		
<p>Significant hazard and possible outcomes or injuries</p>	<p>Control measures in place</p>	<p>Comments</p>
<p>How many people are present on the site? Remember to include staff, pupils, visitors and contractors.</p> <p>Is there adequate provision for lunchtimes</p>	<p>Max 250 Contractors currently carrying out building work.</p> <p>Yes – staff can be transferred from other areas should</p>	<p>4-5 first aiders are required for this area. There are currently 7 members of staff with first aid qualifications.</p>



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and breaks?	the need arise.	
Is there first aid provision for off-site activities i.e school trips?	Not applicable.	
Are people present on site out of hours? Is there a fluctuating need for first aid cover at different times?	Not applicable.	
Do you have sufficient provision to cover absences of first aiders?	Yes – there are extra members of staff available to cover first aid provision.	
What kinds of activity are people using the service involved in? Are these high risk activities?	<p>Low risk – Tree climbing is not allowed.</p> <p>Med/high risk – compound and work shed have tools and materials that may be high risk. These are all stored appropriately away from pupils and those who do use them have training.</p> <p>Med/high risk – Sports activities such as rugby matches are attended by School nurse and Matron as appropriate.</p> <p>High risk – building work currently for new auditorium. This is fenced off and not accessible to the pupils or staff. First aid provision for building contractors is their responsibility.</p>	
Is there at least one fully stocked first aid container for this site?	Yes – there is one in the compound, and one in the pavilion.	



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Swimming pool and forest school		
Significant hazard and possible outcomes or injuries	Control measures in place	Comments
<p>How many people are present on the site? Remember to include staff, pupils, visitors and contractors.</p> <p>Is there adequate provision for lunchtimes and breaks?</p> <p>Is there first aid provision for off-site activities i.e school trips?</p> <p>Are people present on site out of hours? Is there a fluctuating need for first aid cover at different times?</p> <p>Do you have sufficient provision to cover absences of first aiders?</p> <p>What kinds of activity are people using the service involved in? Are these high risk activities?</p>	<p>Fluctuating numbers - Max 60</p> <p>There are no persons present during these times.</p> <p>Not applicable.</p> <p>There are qualified first aiders present during out of hours activities such as diving. Staff using this pool during out of school times should adhere to the school policy for safe usage. Staff use this at their own risk.</p> <p>The school nursing team should be alerted if there is insufficient first aid support due to absence.</p> <p>High risk – Forest school – work with open fires, climbing to heights, using sharp implements. Swimming pool – risk of drowning.</p> <p>Yes – there is one in the swimming pool and one in</p>	<p>2 first aiders are required for this area. 2 are currently trained in first aid on this site.</p> <p>Pupils are not allowed in either of these places when staff are not present.</p>



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Is there at least one fully stocked first aid container for this site?	the forest school shed.	
River House		
Significant hazard and possible outcomes or injuries	Control measures in place	Comments
How many people are present on the site? Remember to include staff, pupils, visitors and contractors.	Fluctuating numbers - Max 25	2 first aiders are required for this area. 3 are currently trained in first aid on this site.
Is there adequate provision for lunchtimes and breaks?	There are no persons present during these times.	
Is there first aid provision for off-site activities i.e school trips?	Yes.	
Are people present on site out of hours? Is there a fluctuating need for first aid cover at different times?	Cleaning staff – Cleaning staff are to alert a need for first aid cover using their mobile phone. See lone worker policy. When the girls are in the boarding house there are sufficient numbers of qualified people. If further assistance is required then the boarding matron is available.	
Do you have sufficient provision to cover absences of first aiders?	There are other members of staff available should the need arise.	
What kinds of activity are people using the service involved in? Are these high risk		



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activities? Is there at least one fully stocked first aid container for this site?	Low risk – day to day homely activities. Yes.	
Record of accidents and ill-health		
What is your record of accidents and ill health, accounting for all groups.	Records are reviewed annually for trends or areas of concern by the H&S group. There are no current trends or areas of concern.	
Accident recording & reporting e.g accidents not reported or investigated	We have not had to report any incidents with regards to RIDDOR this year.	
First aid kit contents		
What are the common first aid needs at sites in the school? Are there any areas that require additional specialised items?	Need for wound management, limb immobilisation and support, bleeding. Yes – the med/high risk areas such as DT and science rooms have a need for eye wash out equipment, the areas that may deal with a casualty outside need a foil blanket.	The first aid kits have equipment to deal with these needs including – cleaning wipes, bandages, safety pins, sling, sterile water, plasters and gauze. These are provided in the areas that are of need.
Assessor’s recommendations – Additional control measures or actions		
<ul style="list-style-type: none"> •There are currently not enough first aid trained persons in the basement. There are a number of qualified persons on the 2 floors above and access to the basement could be achieved from those floors in less than a minute. First aid training is arranged for within the next 2 months in order to ensure that 		



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numbers are appropriate.

- There are currently not enough first aid trained persons on the top floor. There are a number of qualified persons on the middle floor and access to the top floor can be achieved in less than a minute. First aid training is arranged for within the next 2 months in order to ensure that numbers are appropriate.

Signed:



Heath Mount School

Appendix (B)

(Emergency first responder poster Jan 2017)



Heath Mount School



YOUR EMERGENCY FIRST RESPONDERS

If there is a first aid emergency please call the
Emergency phone on 07875708370

In the event that the School Nurses or Matron are unavailable the following are trained to deal with emergencies and should be contacted if you feel you need further support

Sam Irons

Claire Conquest

Joe Elliot

Michelle Kent

Chrissie Bevan

Lianne Harrison-Stokoe

Lucy Clough



Heath Mount School

Tracey Brown

Alison Scholes

Jenny Larroude

Maria Gibilaro

Mandy Bastin

Sandy Dakakni

Sarah Bunyan

Natalie Cook

Appendix C



Heath Mount
School

Head Injury Advice Sheet

Information for parents and carers

Your child has had a minor head injury today. It is important to follow medical advice after any head injury, especially with regard to returning to any physical or sporting injury.

Things you shouldn't worry about

Your child may feel some other mild symptoms over the next few days, which should disappear in the next two weeks. These include

- mild headache
- feeling sick (without vomiting)
- mild dizziness
- tiredness
- lack of appetite
- change to sleeping habits

If you feel very concerned about any of these symptoms in the first few days after the injury, or if they last longer than two weeks you should take the young person to their doctor.

Go to your nearest Emergency Department if you see any of the following signs:

- Unconsciousness, difficulty waking up or lack of full consciousness (for example, problems keeping the eyes open).
- Any confusion (not knowing where they are, getting things muddled up).
- Becoming unusually or increasingly sleepy.
- Any problems understanding or speaking.
- Any loss of balance or appears unsteady when walking.
- Any weakness in one or both arms or legs, fails to grasp objects.
- Any problems with their eyesight.
- Very painful headache that won't go away or becomes more severe.
- Repeatedly vomiting (getting sick) or more than 2 episodes of vomiting.
- Any fits (collapsing or passing out)
- Clear fluid coming out of their ear or nose.
- Bleeding from one or both ears.
- New deafness in one or both ears suddenly.



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Things you can do the help

- DO give paracetamol for a headache. Follow the instructions on the bottle.
- Ensure that your child is observed by an adult for at least 24hrs after the injury.
- Avoid long periods of watching television or playing computer games.
- Encourage plenty of rest, studies suggest that gentle activity is helpful in terms of recovery.
- Encourage small amounts to eat and drink often, however you should not force your child to eat.

For more information please visit:

<http://www.nhs.uk/Conditions/Head-injury-minor/Pages/Treatment.aspx>

<http://patient.info/health/head-injury-instructions>