

First Aid Policy

for both Junior and Senior Schools

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Name and appointment of owner / author	Kate Barron and Elizabeth Holmden, School Nurse Managers
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FIRST AID POLICY

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1) Policy Statement

City of London Freeman's school aims to produce confident, motivated, happy young achievers. As part of this aim pupils need to feel safe, secure and healthy.

In order to achieve this aim, this policy has been devised for use by parents, pupils and staff. The policy adheres to the principles set out by the *Health and Safety legislation (Health and Safety (First Aid) Regulations 1981)*, *Department for Education Guidance on First Aid in Schools (2014)*, *Supporting Pupils at School with medical conditions (2017)* and *National Minimum Standards for Boarding (2015)*.

It is the responsibility of the City of London Freeman's School to ensure adequate and appropriate first aid provision at all times when there are people on the school premises and for staff and pupils during off-site visits and activities.

In order to ensure adequate first aid provision it is the policy of City of London Freeman's School that:

- There are sufficient numbers of trained personnel together with appropriate equipment available to ensure that someone competent in basic first aid techniques can rapidly attend an incident at all times when the school is occupied
- A qualified first aider is always available on site when children are present
- Adequate First Aid/pitch side arrangements are made for on-site sporting activities with appropriately trained First Aiders/nursing staff
- The trip organiser has responsibility to ensure, in liaison with the Medical Centre, that appropriate first aid arrangements are made whenever staff and pupils are engaged in off-site activities and visits

City of London Freeman's School is fully committed to ensuring that the application of the First Aid Policy is non-discriminatory, in line with the Equality Act (2010)

This policy should be read in conjunction with the School's:

- *Boarding Policy*
- *Data Protection Policy*
- *Health and Safety Policy*
- *Safeguarding Policy*
- *Trips and Educational Visits Policy*

2) Definitions in "The Health and Safety (First Aid) Regulations 1981

“First Aid” is defined as:

- “in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequence of injury or illness until such help is obtained”; and:
- The “treatment of minor injuries which would otherwise receive no treatment or which do not require treatment by a medical practitioner or nurse”.

3) Responsibilities under the Policy

3.1.1 Health and Safety Committee of City of London Freeman's School, on behalf of the City of London Corporation, is responsible for ensuring:

- Adequate First Aid provision, including appropriate equipment and facilities;
- Sufficient numbers of “suitable persons” are available at all times. This may be a first aider or an appointed person depending on circumstance and risk;
- The provision of first aid services during school hours;
- Appropriate first aid cover is available for out-of-hours and off-site activities;
- Annual review of First Aid provision.

3.1.2 HR Manager, Deputy Head and Nurse Managers are responsible for:

- Arranging attendance on appropriate first aid training courses;
- Maintaining a record of all first aid training undertaken by school staff;
- Maintaining a current list of first aiders for distribution throughout the school;
- Liaison with Heads of Departments for PE/Games and Medical Centre to determine First Aid arrangements for matches and that appropriate cover available for all out of hours sports activities;
- Line-management of Medical Centre (Deputy Head).

3.1.3 The school Nursing Team, on behalf of the Health & Safety Committee, is responsible for:

- Risk assessing the First Aid needs throughout the school; identifying and advising on appropriate levels of First Aid provision;
- Liaise with the Director of Sport to ensure there is adequate pitch side cover for sports events (Appropriately trained first Aid personnel must be present for all Home Rugby matches);
- Providing First Aid training to identified staff as part of an Awarding body;

- Arranging supplementary in-house training in between official, first aid re-qualifying courses;
- Providing training for staff involved with pupils with special health needs. For example, training in the use of epi-pens in cases of anaphylaxis;
- Reporting to the Health and Safety Committee on first aid issues;
- Providing first aid cover at the school during normal school hours;
- Organising provision and replenishment of first aid equipment;
- Maintaining accurate records of first aid treatments given in the School Medical Centre.

3.1.4 Qualified First Aiders are responsible for:

- Responding promptly to calls for assistance;
- Providing first aid support within their level of competence;
- Summoning appropriate medical help as necessary & informing parents/guardians;
- Reporting to the Medical Centre all first aid treatments given to an individual;
- Ensuring pupil's individual care plans, medication and first aid kits for off-site trips are collected and subsequently returned promptly as agreed on collection;
- Taking responsibility for the safe storage of care plans and medication;
- Wearing green First Aider lanyards;
- Checking and replenishing first aid kits, asking Medical Centre for the stock as necessary;
- Ensuring own first aid knowledge is kept current and contact Medical Centre for additional training if required.

3.1.5 Director of Sport is responsible for establishing systems within the PE Department that deliver the following:

- Risk assessing the First Aid needs throughout the sports department, liaising with the Medical Centre to ensure appropriate levels of First Aid provision for all sporting activities and events;
- Ensuring First Aid kits & emergency medication are taken to all practice sessions and matches (accessing care plans);
- Ensure staff are reporting all first aid treatments and incidents to the Medical Centre and/or incident line if appropriate and to parents/guardians as soon as is practicable;
- Ensure staff are checking and replenishing first aid kits.

3.1.5 Heads of other Departments are responsible for:

- Ensuring replenishment of first aid supplies in their area of work. This duty may be delegated but must be to a named individual. At the start of each term the Medical Centre should be e-mailed with any supplies that need replenishing via medical@freemens.org;
- Highlighting the need for a staff member to access first aid training and ensuring that there are appropriately trained first aiders for the department.

It is the duty of all staff to act in the capacity of a responsible adult in the event of an emergency and to summon help as needed.

4) First Aid Risks

The School Nursing Team alongside the Health & Safety Committee will carry out continuous assessment of first aid needs. The assessment takes account of:

- Numbers of pupils, staff and visitors on site;
- Layout and location of buildings and grounds;
- Specific hazards;
- Special health needs;
- Hours of work;
- Out-of-hours and off-site activities.

4.1. *Risk Assessment of First Aid needs*

The first aid risk assessment identifies:

- How many first aiders are needed during the school day;
- Out-of-hours and off-site arrangements;
- Arrangements to cover absence of first aiders;
- High-risk areas needing a qualified first aider within the department;
- First aid equipment needed;
- Location of first aid equipment;
- Necessary first aid notices and signs;
- Good practice in record keeping.

During the school day there are approximately 1,115 people on site. At the time of this report, this comprises 907 pupils, including 62 boarders, and 208 staff which includes the visiting music teachers. The number of visitors will vary on from day to day basis, usually between 0-20.

The level of first aid provision is based on perceived risk and legislation on the minimum number of First Aid at Work/Paediatric First Aid trained personnel as set by Health and Safety (First Aid) Regulations 1981.

4.2 *Layout and Location of Buildings and Grounds*

The school has extensive grounds and some scattered buildings. Accidents can happen anywhere at any time and therefore all staff need to be aware of how and where to obtain help in a first aid emergency situation. (See Appendix for list of First Aid kit locations and trained staff.)

Additional reviews of First Aid provision will be carried out by the Health and Safety Committee following any significant changes in structure, such as new buildings, relocation or changes in staffing and/or student numbers.

4.2.1 *Specific Hazards*

Statistics of incidents/accidents can provide vital information on the most common locations, times and causes. Review of such incident reports indicate that injuries and accidents are most likely to occur during games lessons or matches, during science, technology and art lessons. There are also more incidents at break-times (especially on the outdoor play equipment at the Junior School) and for staff in the kitchens and maintenance departments.

There may be certain activities out of hours and off site which have particular risks involved depending on its nature, the location the numbers of pupils and staff involved. For example, outdoor pursuits and remote locations.

Rugby matches carry a particularly high risk of serious injury, especially at senior level. Therefore, appropriately trained first aid personnel must be present at all senior rugby matches played at home. Currently this is provided in the first instance by the Medical Centre as a separate out-of-hours provision. If they are unable to cover, an external agency will be sourced. It is the responsibility of the member of staff in charge of the match to check the presence of specialist first aid cover before the match commences.

The school uses an external service called Return 2 Play to help support pupils and staff following injury. This service has a team of doctors to guide and assess those with injuries particularly concussion, the aim being to safely manage their recovery and return to sporting activity. As part of this service they provide the school with termly data and trends of recorded injuries. This data can highlight risks and any need for additional training.

4.2.2 *Specific Health Needs*

There are a number of pupils who have specific health needs, for example; Epilepsy, Diabetes, Asthma and those at risk of Anaphylaxis. These pupils have care plans to support staff in recognising and providing appropriate help.

Parental consent to the sharing of health information in school is obtained when the child joins the School. The School Nursing Team will then be able to give advice and information to staff as appropriate on a need to know basis. Parents can update this at any time via the parent portal.

It is the parents' responsibility to keep the school up to date with changing health needs and medications so that the school can keep their children safe.

4.2.3 *Out of Hours and Off-Site activities*

Many school activities take place outside of normal school hours and/or off-site and First aid provision must be available for these times.

As a general rule, at least one trained First Aider is on every trip, although on occasions this requirement is waived by the Educational Visits Co-ordinator if safe to do so. They are responsible for ensuring all the care plans and first aid equipment is collected in advance of the trip. A list of relevant pupil conditions will be provided to this staff member.

5) Provision of First Aid Personnel and Equipment

5.1 *The Medical Centre*

The School has a well-equipped Medical Centre staffed by a team of four Registered Nurses, with Paediatric and Adult specialism. They have a range of acute A&E and community experience.

The Medical Centre is open Monday to Friday 8.30am – 5.30pm in term time and can be contacted on **01372 822451**. The School Nursing Team has a mobile phone to enable contact during emergencies at any time during the above hours on **07769 955704**.

In the unlikely event that the school nursing staff are off-site during the school day, a notice will be displayed on the door of the Medical Centre and an email sent to the whole school giving details of how and where to obtain first aid assistance.

5.1.1 *First Aid Kits*

The school has numerous BSI-compliant First Aid kits across site to ensure easy access when required. These kits are clearly labelled in a green box or bag with white cross in accordance with Health and Safety Regulations. A list of locations can be found in the Appendix. The contents of first aid kits may vary depending on the particular needs in each location. For example, burns dressings in food areas or chemistry laboratories.

5.1.2 *Sports Specific First Aid Kits and Asthma Kit*

All first aid trained PE staff are allocated a sports first aid kit, which is taken to all games lessons, practices and matches. The member of staff with an allocated kit is responsible for replenishing its contents and checking expiry dates. The Director of Sport is responsible for the universal first aid kits within the sports department. This duty may be delegated to a named individual to check and replenish on their behalf.

First aid trained Sports staff are provided with an emergency asthma kit. This can be used should a pupil or staff member develop an asthma attack, but only if they are prescribed Salbutamol or are a known asthmatic. Specific training is provided to staff before they are issued. The asthma kit must not be stored within the first aid kit but as an additional bag/attachment.

5.1.3 *First Aid Kits for Trips/off site activities*

Adequate first aid kits must be taken to all off-site activities and visits. This is currently provided 1 kit to every 10 pupils. However, this is flexible and may be altered depending on where the trip is being held and how many staff members attending. The nurses and accompanying first aider will discuss at collection. A Qualified First Aider collects the kits from the Medical centre; they are responsible for them and take charge of an emergency situation. The kits provided are suitable for use on day trips and overnight stays. Any pupils care plans and emergency medication will also be provided at this time but must not be stored inside the first aid kits. The First aider is responsible for reporting any intervention required to the medial centre and the safe return of the care plans and first aid kits. Reference should be made to the *Trips Policy* for further information.

5.1.4 *Vehicle First Aid Kits*

First aid boxes are provided in all vehicles used for transporting students. It is the responsibility of the driver to ensure that the contents of the first aid box checks with the contents list attached within the box or that the box is still sealed since its last use. Drivers using any items from the first aid box should notify the Medical Centre as soon as is practicable.

5.1.5 *First Aid Out of Hours and Lone Working*

Permission to work outside of school opening hours should be granted by the Bursar, and the Gatehouse informed if working alone. They will hold a list of First aiders on site.

5.1.6 *Stocking of First Aid Kits*

It is the responsibility of the allocated staff member to check the first aid kit in their area. The check needs to include expiry dates and stock levels. If any replacement items are needed then email the medical centre and request.

5.1.7 *AED – Automated External Defibrillator*

The School recognises that, in the case of cardiac arrest, early intervention is vital to optimise survival and that this includes the early use of a defibrillator. AED'S are safe and effective when used by lay people, including if they have minimal or no training (Resuscitation Council UK Guideline 2015).

City of London Freeman's school has five AED machines, two of which are located on external buildings for ground/ maintenance staff of visitors to access if buildings are closed.

The AED's are situated in (see map at Appendix B):

- The Medical Centre foyer
- Haywood Centre Entrance (external)
- The Sports Block Entrance (external)
- Walbrook (Boarding House) Foyer
- Gatehouse

5.1.8 *Asthma Inhalers for Emergency Use*

In line with the Department for Health and Social Care's *Guidance of the use of emergency Salbutamol inhalers in schools* (March 2015), the School holds Emergency Asthma kits in various locations across the school including:

- The Medical Centre
- Walbrook (Boarding House)
- Sports Office
- Junior School Reception
- Senior School Reception

The Medical Centre also have a supply of Emergency Asthma kits which can be taken on off-site trips if a pupil prescribed an inhaler is attending. The sports department have all been issued with a small travel Emergency Asthma kit, which they take with them to sports

fixtures. It is the staff's responsibility to check that it has not expired and to replace after use.

6) Information

In order to keep pupils safe it is essential that there is accurate, accessible information regarding how to obtain emergency first aid assistance. It is also crucial that staff have awareness of pupils who have an emergency care plan and where these medications are held. All staff should be aware of the *General Data Protection Regulations (GDPR) 2018* and its implications when sharing pupil details.

6.1 *New Staff/ Induction*

All new staff and pupils will be provided with appropriate information about how to access first aid assistance. This will include:

- location of Medical Centre;
- how to contact School Nursing Team in an emergency;
- how to contact a qualified first aider in an emergency;
- names, locations and contact details of qualified first aiders and appointed persons;
- location of first aid kits;
- how to call an ambulance.

6.2 *First Aid notices*

First Aid notices are displayed throughout the school. They are easily recognisable by a white cross on a green background and are displayed in communal and high-risk areas such as science, technology and games departments. They include information on:

- location of first aid boxes;
- names and locations of qualified first aiders;
- emergency telephone numbers within the school;
- arrangements for obtaining first aid outside normal hours, including how to call an ambulance.

The Medical Centre, supported by the secretariat team, is responsible for ensuring the information on these signs remains accurate.

7) Training

The Medical Centre nurses are responsible for facilitating first aid training for school staff. This training is guided by an overseeing body and certificates are issued by an organisation approved by the Health and Safety Executive.

7.1 *Additional health needs and care plans*

The Medical Centre provides additional training for staff involved with pupils with specific health needs such as the use of emergency asthma inhalers and Automated Adrenalin Injectors for Anaphylaxis treatment.

7.2 *Pupil Involvement and Enrichment*

Pupils will be encouraged to learn basic first aid and CPR through Enrichment, Duke of Edinburgh, PSHE and Heart Start campaign.

7.3 *Training Qualifications*

A qualified first aider is someone who holds a valid certificate in First Aid at Work or Emergency First Aid at Work.

7.4 *List of Trained First Aiders*

This can be found in Appendix A

7.5 *Mental Health First Aid*

In line with its commitment to parity between physical and mental ill health, the School invests in Mental Health First Training led by a qualified instructor. This enables colleagues to assess risk and seek assistance at the appropriate level.

8) Emergency Procedures

8.1 *During school hours*

In a life-threatening situation the priority is to call 999 and then to immediately contact the Medical Centre.

In the event of a pupil or member of staff becoming unwell or having had an accident, the nearest first aider should be used initially and contact made to the Medical Centre for further care. There is good access to phones across the site so help can be summoned quickly. Parents will be informed by an appropriate member of staff at the earliest opportunity.

8.2 *Out of hours*

If life-threatening, call 999.

If the school nursing team are not on-site or are unavailable, the nearest qualified first aider should be contacted. This can be done through Gatehouse, Junior Reception or Senior Reception.

Unless unavoidable, someone, ideally a first aider, should remain with the casualty until help arrives.

In the event of an ambulance being required, the Gatehouse on extension 114 need to be informed so they can direct the emergency services. Contact a member of SLT at the time of event or shortly afterwards.

8.3 *Walbrook (Boarding House)*

999 Ambulance are to be called if an emergency situation occurs or it is not safe to move the casualty.

Boarding staff can summon extra help from first aiders within the boarding house and Gatehouse if available but must not delay calling for emergency services when required.

If a boarding pupil is unwell or injured when the Medical Centre is shut, Ashlea Medical Practice (with whom all boarders are registered) offers an out-of-hours service that can be used. These can be booked in advance or on the day through the surgery or by calling **01372 738373** after normal practice hours.

For medical help or advice with a situation that is urgent but not life-threatening, staff can call **NHS 111**. If a pupil is taken ill in the night or outside Medical Centre hours and needs to go to hospital, there is always a spare member of staff on duty who is qualified and in a fit state to drive the School Car to hospital.

9) Reporting, recording and investigation of accidents and incidents

9.1 *Record keeping and Documentation*

A written record must be made of any first aid treatment given by emailing the Medical Centre, preferably using the designated form that can be found on Freeman's Staff SharePoint site / Useful Forms. This must include the following details:

- date, time and place of incident;
- name of casualty;
- details of the illness/injury (known facts);
- treatment/ advice given;
- destination of casualty (e.g. hospital, home or returned to class);
- name of person dealing with the incident, plus signature if written notes.

9.2 *Reporting an accident/incident on a local accident form or via the City Of London Report line*

Depending on the nature and severity of illness/injury there may be additional actions and documentation. Further clarification can be sought from the Medical Centre, Bursar or other member of the Health and Safety Committee.

Accident Report Forms for pupils must be completed by the member of staff who witnessed the incident or first responded to the injured pupil. A template Accident Report Form can be found on Freeman's Staff SharePoint site under Useful Forms.

However, any incidents where pupils go to hospital as a result or are subsequently off school for more than 7 calendar days as a result of the accident must be reported using **City of London's Accident/Incident Report line 02073321920 or by scanning the QR code on the accident reporting posters displayed around the site**. 'Near misses' that would have otherwise had the same consequences should also be reported in this way.

All accidents involving a member of staff or visitor must be reported using **City of London's Accident/Incident Report line 02073321920 or by scanning the QR code on the accident reporting posters displayed around the site**. 'Near misses' that would have otherwise had the same consequences should also be reported in this way.

For accidents / near misses which are reportable to the City, it is the responsibility of the line manager of the reporting person to ensure that it is properly investigated so that future risks can be managed and therefore prevented in future.

9.3 *(RIDDOR) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013*

The School recognises the duty that RIDDOR places on employers, the self-employed and people in control of work premises (the responsible person) to report certain serious accidents, diseases and specific dangerous occurrences (near misses).

The School discharges this duty by reference to *Health and Safety Schools Guidance (HSSG) 1: Guidance on Reporting Schools Accidents, Incidents and Dangerous Occurrences (City of London Corporation 2016)*, which can be accessed on the COL Intranet website.

9.4 *Reviewing accident data*

The data received from the accidents and incidents are reviewed thrice-yearly by the Health and Safety Committee and Medical Centre to identify correlations or causes for accidents or illness. This can then help to formulate new ways of working to improve safety and reduce risks.

10) Infection Control Procedures

10.1 *Procedures for dealing with spillages of body fluids*

Body fluids include blood, urine, vomit and faecal matter. All must be regarded as potentially infective and dealt with in a safe and effective manner.

- In the event of blood loss or vomiting the School nurse on duty in the Medical Centre must be informed immediately to provide the appropriate treatment to the affected person.
- The area of the incident should be made safe by the first member of staff at the scene using warning signs if necessary. Where appropriate the spillage may be covered with disposable towels.
- Sodexo staff should be notified.
- Disposable personal protective equipment (PPE), such as gloves and aprons, is available in the office and Medical Centre, as are disinfectant solutions.
- The spillage must be cleared at the earliest opportunity. The area should be covered using the spillage compound available. Spills kits with the spillage compound can be found in the Medical Centre, Gatehouse, Boarding House, Junior & Senior Reception and in Sodexo Office.
- This should be sprinkled over the spillage ensuring absolute coverage.
- Allow 90 sec approximately before scooping debris into a suitable disposable bag, preferably a yellow clinical waste bag.
- Any paper towels or similar should be sealed in a plastic rubbish bag, together with any PPE used. Disposal of infected or potentially infected material is through the Medical Centre and according to Local Authority guidelines.
- Following cleaning with disinfectants the area may subsequently be washed in the normal manner, and left to dry, using warning signs where necessary.
- Cleaning equipment must be washed after use and stored dry.

10.2 *Guidelines for prevention of Covid 19 transmission*

The following guide is taken from The Health and Safety Executive website and the Resuscitation Council UK in relation to first aid provision during Covid 19 Pandemic.

- Try to assist at a safe distance from the casualty as much as you can and minimise the time you share within a 2-metre distance.
- Wear a face mask/covering if possible.
- Use disposable gloves
- If they are capable, ask them to do things to help, but treating the casualty properly should be your first concern.
- If you need to call 999- tell the call handler if the patient has any COVID-19 symptoms
- In adults requiring CPR, only deliver chest compressions. There is no need for rescue breaths.
- In children it is still advised to give rescue breaths and mouth to mouth. There are face shields available in all first aid kits across the school and with the AED machines. This is because if a child is not breathing effectively and no action is taken, a full cardiac arrest will occur. Although providing rescue breaths will increase risk of transmitting the Covid 19 Virus, either to the first aider or the child, the risk is small compared to the risk of not providing adequate CPR.
- Ensure you safely discard disposable items and clean reusable ones thoroughly.
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible

11) Policy Review

First aid arrangements within the school are continually monitored by the Medical Centre and regularly discussed with the Deputy Head. In addition, they are formally reviewed biennially by the Health and Safety Committee to ensure provision is adequate and effective. Any concerns regarding first aid provision should be reported immediately to the Bursar, who is the Chair of the Health and Safety Committee.

Appendix A

First Aid trained staff available (accurate as of 19/4/2021)

Medical Centre – Tel: 151 / 07769 955 704

All of the staff listed below can be identified by a green first aid lanyard.
First aid can be administered prior to a student being sent to the Medical Centre.

Science/Technology Block

Sarah Baxter
Brandon O'Donnell
Helen Irwin
Max Hicks
Sue Meek
James Fish

Jennie Cooper

Junior School

Simon Davies
Natalie Keeler
Vanessa Ielpi
Matt Robinson
Janet Wilby-King
Viv Lingard
Michelle Feeley

Walbrook (Boarding House)

Alan Auld
Jemima Edney

Isobel Clegg

Music Block

Ida Ashworth

The Haywood Centre (Ground Floor)

Marie Cast

Anna Atkins

Sophie Blair
Nicketa Williams
Tom Marsden
Liz Newhouse
Jon Prior
Bill Ash
Karen Shelton
Andrew McEwan

Ferndale

Chris Ruby

Joanne McCullagh

Philp House

Anna Atkins
Gyorgy Simon

Art Block

Rebecca Houseman
Elizabeth Bowey

Stable Block

Justine Marvin

The Haywood Centre (First Floor)

Ofelia Bueno Lopez
Georgia Farrington

CCF Office (Sports Centre)

Freemen's

Learn, lead and make a difference



Liz Joss
Nicola (Nicci) Bax
Philippa Whiteley
Claire Robinson
Sarah Parkin

Alex Truelove

PE Department

Tim Deakin
Louise Shaill
Jon Moore
Alison Bennett
Rachel Keightley
Peter McKee
Mike Cudmore
Nicholas Harris

Sodexo

Jerney Colton

Haydon Jones

M

Appendix B

AED LOCATIONS AT FREEMEN'S

Sports Centre



Haywood



Walbrook



Gatehouse



Medical Centre



Freemen's

Learn, lead and make a difference



Appendix C

Automated External Defibrillator (AED) Guidelines

This guidance has been written alongside advice from the UK Resuscitation Council and British Heart Foundation. They recommend that Automated External Defibrillators (AED's) are situated in areas of higher population flow given that the chances of survival decline at a rate of 7-10% with every minute of delayed treatment after a cardiac arrest. City of London Freeman's School has 5 AED units.

The AED's are currently situated at:

- The Medical Centre foyer
- The Gatehouse reception
- Haywood Centre entrance – External case fitted to the wall
- The Sports Centre Entrance – External case fitted to the wall
- Walbrook (Boarding House) entrance foyer.

AED's are easy to use, effective, portable and compact. They are designed to be used by lay people with minimal or no training. The machines guide the user with verbal and visual instructions. They will not allow a shock to be given unless the machine detects the heart rhythm is suitable (Resuscitation Council, 2017).

What is an AED?

The AED is a computerised device that can monitor the heart's electrical rhythm and deliver a shock when needed. The AED is connected to the collapsed patient by placing two adhesive pads to their bare chest. It analyses the heart rhythm. If ventricular fibrillation- a rapid and chaotic rhythm that leaves the heart unable to pump oxygenated blood to the brain and vital organs- is detected, the AED administers a controlled electrical shock to stop it. The earlier this shock is provided the greater the chance of survival.

Model of AED- Zoll AED Plus

City of London Freeman's School uses the Zoll AED Plus model of AED. These particular machines analyse the cardiac rhythm, determine the need for shock, and then prompt to deliver the shock if appropriate. The voice prompts guide the user with step by step vocal prompts, including when to perform CPR. The machine assesses the quality of chest compressions (whilst Adult pads are attached) and advises if the depth should be adjusted.

When and how should the AED be used?

An AED should be applied to any casualty who is unconscious and not breathing normally.

1. Make sure that the victim, you and any bystanders are safe. Do not put yourself at unnecessary risk.
2. If the victim is unresponsive and not breathing normally
 - Send someone for the AED and to call for an ambulance.
 - If on your own, do this yourself; if casualty is a small child/infant, take them with you
3. Start Basic Life Support according to the guidelines
4. As soon as the AED arrives
 - Place the AED near the casualty's head and switch on the unit
 - Expose the casualty's chest (Open or cut clothing and shave chest if very hairy. Dry chest if wet)
 - Attach the electrode pads. If more than one rescuer is present, continue CPR whilst this is done.
 - Follow the voice/visual prompts.
 - Ensure no one touches the patient whilst the AED is analysing the rhythm.
5. If a shock is indicated
 - Ensure that no one touches the patient
 - Push the flashing button as directed
 - Continue as directed by the voice commands.
6. If NO shock is indicated:
 - Immediately resume CPR using a ratio of 30 Compressions to 2 rescue breaths.
 - Continue as directed by the voice/visual commands.
7. Continue to follow the AED prompts until:
 - Qualified help arrives and takes over
 - The casualty starts to show signs of regaining consciousness, such as coughing, opening eyes, speaking or moving purposefully. But check they are breathing normally.

Attaching the electrode pads

The casualty's chest must be sufficiently exposed to enable correct placement of the electrodes. Clothing will need to be opened if possible or cut with scissors. Excessive chest

hair may prevent the electrodes adhering to the skin and interfere with the electrical contact. In this case, shave the worst of the chest hair and spend as little time as possible doing this. Do not delay the defibrillation. Within the AED case there are scissors, a razor and a towel to dry the chest if it is wet.

The AED pads are labelled, with a diagram to show correct placement and come in one complete piece. With female casualties try to avoid breast tissue by moving the breast aside when placing the electrode pad. Larger patients will need the electrode pads extending by tearing along the perforated line of the pads.

Paediatric casualties aged under 8 years

Within the AED bag, there will be a set of paediatric electrode pads, which are recommended for children under 8 years. If needed remove the adult pads and cable, then apply the paediatric pads and insert the cable to the AED. Continue as normal. If the paediatric pads are unavailable continue with the adult size but the AED will not be able to assess the depth of chest compressions. (These should be 1/3 of the child's body depth).

Special Circumstances

- If the casualty is in water, move them to a dry surface and dry their chest
- If there is a pacemaker (lump identified in chest) do not place the pads over it
- If there is a medication patch in the area, remove and wipe the skin

Training

The use of the AED is incorporated into the First Aid At Work and Emergency First Aid At Work courses. The medical centre run termly drop in first aid meetings where an update is available.

The AED is intended for use by people with minimal or no training so is safe to use by all. However, the medical centre is happy to train any staff wishing to know more.

Maintenance of the AED

The medical centre currently checks the AED's on the school site monthly. A record of these checks are held electronically. The monthly checks include:

- Is the unit clean, undamaged?
- Is the casing and the cable free of damage?
- Check the pads are connected to the AED but sealed in their package? Expiry date?
- Batteries within expiration date. Replace if expired.
- Turn the AED on, verify the green light indicates it is ready for use. Turn off again
- Check for supplies (Razor, towel, Paediatric pads, gloves and face shield)

If the unit is showing a red cross instead of a green check, the unit will be removed from service immediately. An email will be sent to all staff to inform them so that, in the event of an emergency, time is not wasted.

The AED takes 10 123A lithium manganese dioxide batteries. Only Duracell, Sanyo or Varta batteries should be used. DO NOT USE Panasonic or Rayovac batteries.

After using the AED

After use a full check should be done, including replacement of used accessories.

An incident report must be made to the City hotline on **0207 3321920**.

A de-briefing should be available to anyone involved in an incident where an AED is used.

This is likely to have been traumatic to all and support is important.

Appendix D

Administration of Medication in school

The administration and storage of medicines here at the school adheres to the principles set out by the *Nursing and Midwifery Council guidelines for Medicine Management 2007* and to the guidance given in the Department of Education's *Supporting pupils at school with medical conditions, December 2015*

Throughout their time at the School, it is likely that pupils will at some time require medication. It is important for the School to be made aware of any medication a pupil may be taking, regardless of the length of time for which it is to be taken, or of any medication prescribed to be taken in the event of a deterioration of a condition with which a pupil has been diagnosed (i.e. Emergency Medication).

Classification of medications

Prescription Medicine. A prescribed medication is a preparation prescribed by a medical professional for use by a named individual. The prescription stipulates dosage, frequency and method of administration.

Controlled Medications. These have been prescribed by a medical professional for the use of a named individual. These are stored and managed under the *Misuse of Drugs Regulations, 2001*. They must be locked away and accessible only to named staff. A dedicated book is used to monitor all administrations.

Emergency Medication is prescribed by a medical professional to treat a named individual for a potentially life-threatening condition. There are specific recognised circumstances when this medication MUST be administered in line with the pupil's individual care plan.

Over the Counter Medication can be brought without a prescription for the relief of minor, self-limiting ailments. They come with generic directions for use and doses. Parents are advised to provide or withheld consent to their administration via the parent portal.

Acquiring information about medical conditions and medication

On entrance to the School a health history form is completed which should be used for making the School aware of medical conditions or medication required. After this time parents can contact the Medical Centre by either email or phone to update / amend the information provided at entry. The School Nurses may be contacted at medical@freemens.org or 01372 822451

If a prescribed medication is required to be taken within the school day, parents will be asked to complete a Pupil Medication Request form. This can be located on the parent portal .

All medicines should be in their original containers with prescriber or manufacturer's details – child's name, dosage, expiry dates and written instructions clearly intact.

It is the sole responsibility of parents/guardians of pupils to ensure that the School is made aware of this information in a timely fashion. Pupils over 16 years of age are able to consent themselves as long as deemed suitably competent. This information is only shared as appropriate, on a need to know basis, for example staff taking pupils on a school trip, otherwise all medical information is treated confidentially.

The School cannot be held responsible for any problems experienced related to medication in which the School Nurse has not been notified and pupils have self-administered. It is also against the *Code of Conduct and School Rules* for pupils to bring medicines on site without first informing the School.

Parents are responsible for the disposal of expired medicines.

Storage of medication at school

All non-emergency medications must be delivered to one of the school nurses and will be stored in a locked cupboard or fridge while on school premises. The pupil can then attend the Medical Centre for administration at the required times and to collect at the end of day. Emergency Medications- for example, Anaphylaxis Auto injectors, inhalers or insulin- can be carried by the pupils if deemed competent to do so.

The Medical Centre holds a supply of over the counter medications, all of which have been agreed as appropriate by the overseeing doctor. These are purchased from a medical supplies company and kept within a locked medicine cupboard in the Medical Centre. There is also a limited stock in a locked cupboard in Walbrook (the boarding house). Expiry dates are checked monthly in both areas by the nursing staff.

The Medical Centre has a lockable fridge solely for medications which need to be kept cool. This is calibrated annually by an external company and the temperatures checked daily by the nurses.

School-held supply of Generic Emergency Medications

Asthma

The school have supplies of emergency salbutamol inhalers. These are only for use by pupils who have been diagnosed as asthmatic or previously prescribed a reliever inhaler. They can be found in the following areas:

- Junior School Office
- Senior Office
- Sports Department
- Walbrook (boarding house)
- Dining Hall
- Medical Centre
- The sports staff will also hold an emergency asthma kit for away fixtures and have been provided with a list of pupils permitted to use if required.

Anaphylaxis

A limited supply of spare emergency Adrenaline Auto Injectors (AAI's) are held by the school. These are purchased by the school as per the Department of Health's *Guidance on the use of adrenaline auto-injectors in schools September 2017*. There have been manufacture delays and so this supply cannot always be relied upon. Currently these are stored in the Sodexo Office (Dining Hall) and Medical Centre.

Medication for School Trips

During residential school trips, staff will be provided with a selection of over the counter medication by the School Nurses. Medication will be provided in a small bag kept separate from first aid kits and is only to be accessed by staff.

Alongside the paperwork with the participating pupils' medical conditions, the staff member will be provided with the consents for each pupil to receive over the counter medications. Parents can access this via the parent portal of SchoolBase and amend as they wish. However this must be done a minimum of 7 days prior to the trip so the relevant paperwork can be produced. A prompt to do this is included on the Trip consent form. No pupil will be given medication by a member of staff without consent being provided.

Should a Prescribed Medication be required during a school trip, parents must complete a copy of the Pupil Medication Request Form for Trips from the Parent Portal. This form is returned to the Medical Centre, who will then ensure the information is passed on to the accompanying staff members.

If a Controlled Medication is required during a school trip, the member of staff responsible for the trip should remain in possession of the medication and ensure that it is stored securely at all times. A lockable box will be provided by the Medical Centre for its storage.

Two members of staff will be nominated, who are required to sign the medication out when administered and keep a record of stock levels.

Prior to a trip off-site, the medical team are asked to produce a list of medical conditions and identify care plans for the pupils attending. When a pupil with an emergency care plan- and therefore Emergency medications- is travelling off-site, it is the responsibility of the accompanying staff member/first aider to collect their care plan from the Medical Centre prior to departure. This is signed out and arrangements agreed for its return to the Medical Centre. For a residential trip, additional supplies may be requested from home.

The member of staff collecting the first aid supplies, care plans and medications are responsible for ensuring that pupils in Upper 3 and above have their emergency medication on their person. They will not be permitted to attend the trip if the emergency medication is not available. At all times a pupil with an Emergency Care plan should have immediate access to their medication as it could save his/her life if ever required, therefore pupils below U3 will need their allocated staff member to remain close by.

It is the responsibility of the parent or guardian to note the expiry date of any emergency medication provided to the School and to ensure it is replaced before the expiry date has passed. Older pupils should be encouraged to regularly check the expiry dates of their emergency medication and to report to their parent or guardian if the expiry date is approaching. The School Nurses will endeavour to provide reminders as a courtesy, but this should not be relied upon as the sole means of checking expiry dates.

Sports Events and Fixtures

All sports staff have access to a SharePoint site which records the pupils' health conditions, and a list of pupils who require emergency medications. The Medical Centre ensures that only relevant information is shared in this way. In order to help to keep the information secure, the settings are fixed such that the information cannot be printed off.

If they are going on an off-site fixture during school hours, it is the staff member's responsibility to collect the Care Plans and Emergency Medication from the Medical Centre prior to departure.

If the fixture is at the weekend or outside school hours, it is the parents' responsibility to provide the relevant care plans and medication. If possible, the sports staff will endeavour to collect the school-held care plans and medications in addition, but this is not to be relied upon.

Sports staff attending off-site fixtures have an allocated Emergency Asthma Kit as well as records of the pupils' health conditions so that they can identify those permitted to use if

required. They have been provided with appropriate training to support the pupils who self-administer.

Administration of medication by staff

Staff should only administer medication once the following has been checked:

- the name of the recipient
- any medication already taken by the recipient that day, and times when taken
- any allergies or existing medical conditions of the recipient contraindicating the medication
- the nature of the illness or injury
- the medication's strength, dosage and route of administration
- side-effects and what to do if they occur (see the user leaflet inside packets)
- the expiry date of the medication
- that parental consent has been obtained for the medication (pupils over 16 can self-consent)

Staff should strive to maintain pupil privacy and dignity throughout the process of administering any medication.

Once administered, the staff member will document all details including the date, time, name of medication, dose and signature.

The nurses record all medication administrations on the treatment log on SchoolBase. This is only accessible by Medical Centre staff and the Designated Safeguarding Lead (Deputy Head). Boarding staff and Medical Centre staff both have access to "Boardingware", a live computer system in which they report any medication or treatment given. This is then transferred by the nurses onto the SchoolBase system.

The parents of younger pupils (Lower 2 and below) will receive an electronic notification or medication slip if any over the counter medications have been administered by the nursing team.

Procedure to be followed in the event of a medication error

In the unlikely event of an adverse incident where a pupil is given the wrong medication, the wrong dose or at the wrong time, the School Nurse or member of staff administering the medication will:

- ensure that any necessary first aid is promptly administered
- ensure that, if necessary, the pupil is transferred to hospital for further treatment / investigation

- inform a parent / guardian of the situation and provide any relevant information and / or advice as soon as is possible
- record all necessary information and keep it securely with the pupil's medical records
- inform the Nurse Managers and Stuart Bachelor, Deputy Head, who will take any further action or consider further training where appropriate

Medication for staff

Staff should ensure that any medication they bring into school with them is kept securely on their person or locked away.

The Medical Centre staff are happy to see, treat and provide over the counter medication to staff members when required. Please be aware that all medications or treatments provided to staff will be documented within a password protected document that only Medical Centre staff can access. It is the individual staff member's responsibility to share information about allergies and medical history when being assessed by the nursing team.

Staff training regarding common medical conditions

The nursing team will provide or highlight training needs for staff to ensure safe administration of medication, with special consideration given to the administration of inhalers and Adrenaline auto-injectors.

Appendix E

Procedure for pupils with asthma

This Procedure has been written using advice from Asthma UK and following the Department of Health and Social Care paper "Guidance on the use of emergency salbutamol inhalers in school" (March 2015).

City of London Freeman's School recognises that asthma is a common, serious but controllable condition, which affects many of our pupils.

Asthma is a chronic inflammation of the airways; they can become narrow and clogged with sticky mucus in response to specific triggers. It typically presents with wheeze, dry cough, difficulty in breathing and/or chest tightness.

Managing Asthma In school

Pupils with asthma are identified from the health history form on admission or by parents at new diagnosis. The school nurses liaise with the parents to ascertain the full extent of the condition and will request that Asthma Treatment Plan is completed. This information is recorded on SchoolBase and available to staff accompanying pupils on school trips or fixtures.

Asthma Medication

- Immediate access to reliever inhalers is essential. Pupils are encouraged to take responsibility for their asthma from a young age. All pupils should keep their inhalers on their person. The inhaler should be clearly named and in date.
- Parents may provide the Medical Centre with a spare, in-date inhaler (and spacer), which will be kept in the Medical Centre with the pupil's asthma plan. These are sent out with the first aider on school trips or off-site activities.
- The school hold emergency asthma kits in key areas across the school including
 - Junior School office
 - Senior School office
 - Sports Centre office
 - Dining Hall
 - Walbrook (boarding house)

Within these kits is a list of pupils who are permitted to use the inhaler. These are pupils currently or previously prescribed an inhaler or have a formal diagnosis of asthma.

Asthma and PE

Exercise has proven health benefits to all children, including those with asthma. The School seeks to involve all pupils in sport with appropriate support and guidance from the school nurses to the PE staff as appropriate.

- All sports staff are first aid trained and carry an emergency asthma kit as an addition to their first aid kit for all fixtures. They have electronic access to relevant medical conditions, so are aware of which pupils can use it if required.

School Trips

In preparation for a trip, a request will be made to the nursing team via the senior school administrator/trip co-ordinator who will provide all the medical information appropriate to the trip.

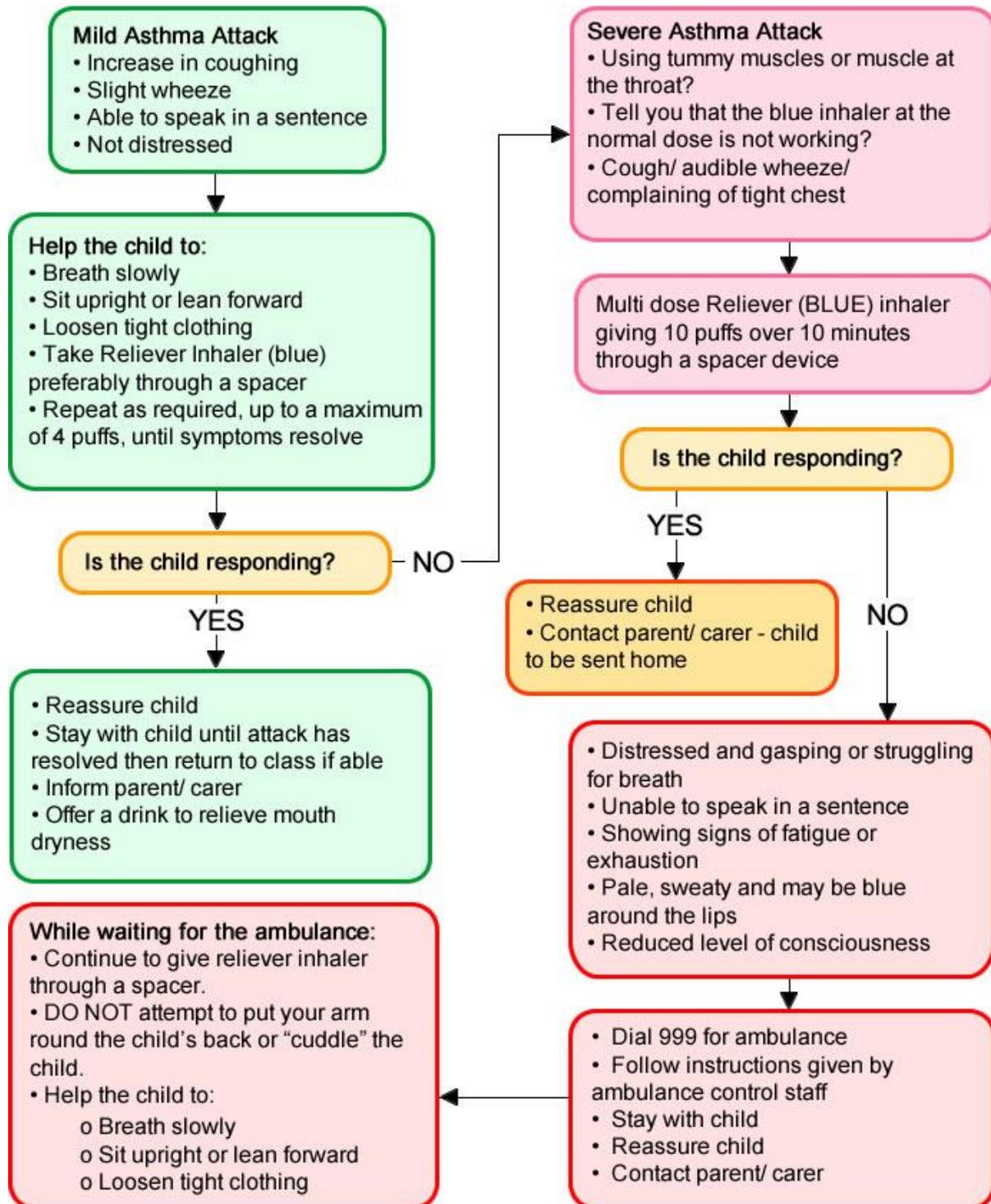
The pupil must be reminded to take their inhaler with them but the accompanying staff will be provided with a spare emergency asthma kit as part of the first aid provision.

If a pupil has an asthma attack on a trip and the staff have any concerns regarding its severity, an ambulance should be called.

Staff Education

All qualified first aiders are given guidance on asthma treatment and know what to do in the event of an asthma attack. The sports staff have had additional training when allocated their own emergency asthma kit. The school nurses will provide additional asthma training to staff if required. The asthma flow chart is held within each asthma kit for easy reference for staff in the event of an asthma attack. (See flow chart below in Appendix F)

Appendix F- Asthma Flow chart



APPENDIX G

Procedure for managing food allergies and intolerances.

City of London Freeman's School recognises that food allergies and intolerances are relatively widespread but generally manageable conditions affecting a number of pupils in the school. Some pupils have food intolerance where the symptoms can be unpleasant, but a number of pupils in the School have severe or moderate allergies to food, the most common of which is nut allergy. The School therefore is an allergy and nut aware environment. It aims to ensure that none of the foods provided, bought by or produced in the School contain nuts and that other common allergy triggers- raw egg, for example- are minimised.

This guidance is in place to reduce the risk of children having allergy related events whilst in the School's care.

In order to reduce the chances of contact with allergy triggers:

- all parents, pupils and staff are advised that the school is allergy and nut aware;
- all parents requested to ensure that their child does not bring nuts or foods containing nuts into school;
- Sodexo, the School's catering contractors, do not use nuts or nut oils in the preparation of food;
- the tuck wagon and Sixth Form cafe do not sell any nut products or products with nuts as ingredients. However, some products "may contain nuts". They also sell products containing other allergens. Either the products are clearly labelled as such when sold or, if without a label, they each appear on an updated Food Allergen Record kept behind the counter. In the latter case, pupils with allergies can consult the Food Allergen Record with assistance from the vendor so that they know which allergens are in the product or may be contained in the product;
- pupils with a special dietary requirement/allergen know that, when they come in for a meal, they must approach the special dietary counter and identify themselves to the member of staff on that counter (allergen champion);
- similarly, any pupil with a special diet/allergen knows to identify themselves when using of the additional food outlets within the school, so the team can support them in their choice of food item;

- pupils with allergies who are new to the school or who develop new allergies attend an induction session at 1145 on their first day irrespective of whether or not they take school lunches (because free to use tuck wagon etc.).
- these points are iterated at a termly 'induction' session run by Sodexo and attended by all pupils with allergies who have school lunches;
- the Food Technology Department is alerted to pupils with food allergies and intolerance and careful consideration is given to these activities;
- all staff aware of general allergy triggers and are advised to seek clarification before introducing activities that might involve triggers, such as flowers and fruits.

When a pupil joins the school, parents are required to inform the School of any known food allergies or intolerances by completing the Medical History Sheet. They are also requested to inform the Medical Centre of any new diagnosis or changes at any point during their child's time at the School.

Once parents submit the Medical History Sheet electronically it is sent directly to the school nurses. The nurses transfer the information to the medical section within SchoolBase.

- A Nurse will make contact with the parents of the pupils to gain further details and to send for completion a Sodexo form and an Allergy and Anaphylaxis Treatment Plan.
- The information gained through the completion of these forms is used by the nurses to produce a school care plan. Alternatively, parents can provide the care plan as produced by their consultant or specialist nurse.
- For those pupils identified as having been prescribed an auto-injector, an Alert symbol is made visible on their SchoolBase notes. A photograph, together with details of the pupil's allergy and treatment, are then displayed in the staff rooms within the Junior School, Haywood Centre, Sports office and Music Centre. These boards are updated termly. If any new Alerts are added or amended throughout the year, the medical centre will forward the information to an allocated staff member to disseminate.
- Food technician staff and the Sodexo catering Manager have access to the allergy reports so they pull their own termly allergy lists. If any changes occur throughout the year they are updated by Medical Centre via email to update their lists.
- The care plans need annual parental review and signature to ensure the information held is correct and up to date.

- All food allergy information received is shared with Sodexo so that appropriate foods can be provided for the pupils, whether for school lunches or an occasional basis.
- When a pupil with allergies joins the school or develops a new allergy, the relevant Form Tutor is informed by the Medical Centre and asked to arrange an induction meeting for 1145 on the first day at school (if a joiner) / 1145 on a specified date in the next couple of days (if a new allergy). Sodexo are copied in.
- Staff have direct access to a SharePoint site detailing pupil allergies and ailments. Medical centre staff filter this so any sensitive or personal information is shared only on a need-to-know basis. In these circumstances, staff would need to approach nursing staff for more information. In order to help to keep the information secure, the settings are fixed such that the information cannot be printed off.
- Staff planning any off-site trips, request via the Trips administrator for an up to date medical conditions list for the pupils attending the trip. This will include any allergies and dietary requirements, so that appropriate meals can be provided and the risk of exposure to an allergen minimised.
- It is the parent's responsibility to update the Medical Centre straightaway if their child develops an allergy at any point and the same forms will be supplied. This information will be disseminated as above. If a pupil ceases to be allergic, or an auto-injector is no longer required, a letter from a medical practitioner is required before any medical alert or treatment plan is withdrawn.

F1-L3

Pupils in Lower 3 and below must provide the School with the appropriate medication for the treatment of their allergy. A minimum of 2 Adrenaline auto-injectors must be provided.

The Medical Centre will hold these 2 auto-injectors, which will be sent out on day trips/fixtures during the week. There is emergency provision within the dining hall for emergency auto-injectors which can be accessed by pupils whilst eating lunch.

For weekend fixtures/trips/ events 2 auto-injectors must be provided from home.

U3 –U6

Parents/ guardians of a pupil with diagnosed allergies are asked to consent that their child carries a minimum of one Adrenaline auto-injector and antihistamine for emergency use as

necessary. They also declare that the importance of the medication has been explained to them and that it must be accessible at all times.

A minimum of 1 Adrenaline auto-injector must also be provided to the School and this will be held in the Medical Centre. This is to ensure that a minimum of two auto-injectors are available when on site or off on trips. There is emergency provision within the dining hall for emergency spare Auto-injectors.

For weekend fixtures/on-site events 2 auto-injectors must be provided from home.

Caveats

- The School avoid serving nuts and nut products but can never guarantee that everything will be free of nuts.
- The School is unable to monitor products sold at events attended by pupils off campus or served on trips.
- City of London Freeman's School cannot guarantee that a pupil will never experience an allergy-related event while at school or that all allergy triggers will be removed. By following this guidance however, we can reduce the risk and ensure a safe environment to all the students.
- Please refer to <https://www.anaphylaxis.org.uk> for further information and guidance.

Staff Training and guidelines:

Staff follow these simple guidelines to reduce the risk of pupils being affected by an allergen.

- Staff should make themselves aware of the allergy status of the pupils in their form group, which information is available from SchoolBase. If a severe allergy diagnosed and the pupil is prescribed an auto-injector, their photo and details are displayed in the staff rooms, Sports office and Music staff area.
- Staff should make themselves aware of the allergy status of every child attending a school trip or fixture. This information is provided by the Medical Centre. A request is made via Lucy Ryckaert, Trips Administrator, for this medical information. If a pupil requires a care plan or adrenaline auto-injector, staff will be required to collect from the Medical Centre as near as possible to the time of leaving the school site. Pupils must always have access to two auto-injectors, in case of it misfiring or if a second dose is needed. They are unable to leave school site without these being available.

- Food is not to be brought into classrooms to share with pupils without seeking permission of the Head of Year. The pupils bringing it in must be told in advance that any food brought in must not contain nuts, nut oils or nut-based products. Shop-bought products which are labelled as “may contain nuts” are also forbidden to be brought in for sharing. The same standards apply to staff who wish to bring in food to share with pupils, although this is generally to be discouraged.
- It is the responsibility of the teacher in charge of that class to make themselves aware of who, if anyone, is allergic so that those pupils can be alerted to the ingredients (bearing in mind that it is by no means only nuts that can cause a serious allergic reaction). If in any doubt, a pupil should be told not to risk eating the food.
- Staff must be alert to the risk of cross-contamination. Therefore, surfaces in the Form room where the foods are eaten must be wiped down properly afterwards and crumbs put in the bin.
- In the case of a properly organised charity sale with a teacher in charge, products that “may contain nuts” may be sold if and only if either a) they are sold in a labelled packet and a verbal warning is given b) they are sold loose and there is plenty of prominently displayed signage declaring that they “may contain nuts”.
- If pupils are required to bring in any ingredients for an activity, they should never be asked to bring in nut products or other allergy triggers. If unsure seek advice from the Deputy Head.
- Staff are welcome to bring in cakes and chocolates to the common rooms to share with colleagues but should ensure these are nut free and take precautions to prevent allergy triggers being transferred out of the common rooms into other areas of the schools.
- An online course is available free to any staff wishing to gain further information at <https://www.anaphylaxis.org.uk>

APPENDIX H

Procedure for managing the care of pupils with Diabetes within the school.

This procedure has been written with advice from the Department for Education and Diabetes UK. It applies to all staff who provide care and support within the school to pupils with diabetes.

The information in this policy will focus on Type 1 Diabetes.

Diabetes is a serious condition where your blood glucose level is too high. There are two main types of diabetes, Type 1 and 2. There are also some much rarer forms of diabetes.

All types of diabetes cause people to have too much glucose (sugar) in their blood. However, we all need some glucose in our blood because it's what gives us our energy. We get glucose when our bodies break down the carbohydrates that we eat or drink. That glucose is released into our blood.

Our bodies release a hormone called insulin, made by our pancreas. The insulin allows the glucose in our blood to enter our cells and fuel our bodies. In Type 1 diabetes insulin is not made at all whereas type 2 the insulin you make either can't work effectively, or you can't produce enough of it.

Staff should be aware of the pupils diagnosed with diabetes and know to contact the school nursing team if the pupil becomes unwell during school hours. This information is stored on the One Drive "Medical Condition and Allergy report". This information is maintained by the Medical Centre and provides relevant medical conditions for the pupils. There are also Medical Alert lists of pupils in the Junior and Senior Common Rooms, Senior School office and Music Centre office.

Individual Diabetes Healthcare plans

- All pupils with diabetes should have a healthcare plan agreed by the parent/carer, child, school nurse and responsible healthcare team.
- The healthcare plan should describe the responsibility of all parties, address the pupil's individual needs and provide clear instructions for ongoing and emergency care.
- The healthcare plan should be reviewed and signed annually by a school nurse and the Deputy Head, and updated as and when any changes are made. It is the responsibility of the parents/healthcare team to notify the school of any changes.
- The Medical Centre will hold the care plans along with spare medications and equipment.

- The individual Emergency care plans are given to the accompanying member of staff if a pupil is going on a day trip or fixture. Parents may need to provide additional equipment for residential trips.
- There have been many modifications and improvements made in recent years with diabetes equipment and monitoring. Some pupils now wear insulin pumps and blood glucose monitors that constantly assess levels and link with mobile phones. Pupils with such equipment are allowed to wear smart watches and keep their phones, but only for use of managing their diabetes. This allows parents to monitor younger pupils blood glucose levels and advise if any intervention required. Please always refer to the individual care plans for this information.

Managing complications of Diabetes

Hypoglycaemia

- Low blood glucose levels (below 4mmol in an insulin dependent diabetic) constitutes a medical emergency and a school nurse must be contacted immediately if on-site or a trained first aider if not.
- Low blood glucose or Hypoglycaemia (“a hypo”) occurs when the level of glucose in the blood is too low. This may be due to: too much insulin, exercise, stress, too little food or overheating.
- Each pupil /adult with diabetes will have unique signs and symptoms that their blood glucose level is low and should be clearly stated in their care plan. They may become clammy, drowsy, shaky, lose concentration or behave erratically.
- Pupils with diabetes must be able to test their blood glucose level and access emergency glucose or “hypo kit” if a low glucose level is suspected. This equipment and “hypo kit” is provided by the pupil’s parents/carers for which they are responsible for ensuring is well stocked and in date.
- Pupil should be allowed to remain where they are to treat a Hypo; do not ask them to walk to Medical Centre or office as this uses more glucose and will worsen the condition.
- Severe symptoms of hypoglycaemia require the assistance of another person to treat the hypo. Follow the Care Plan, or if in doubt give sugary drink or dextrose tablets.
- During a sever hypo, the affected person has impaired consciousness, or becomes unconscious, may have a seizure. They may be unable to swallow so it may not be possible to give anything by mouth.

- The treatment for a severe hypo:
 - Stay with them at all times
 - Check the airway is clear
 - Put them on their side in the recovery position
 - Call an ambulance on 999
 - Alert school nurse and ask another staff member to contact parents.
- Pupils with diabetes should be able to eat appropriate food when needed to treat or prevent a hypoglycaemic event.
- Blood sugar levels can fluctuate more so in the presence of illness so the pupil may need to test more frequently.
- Staff should be aware that following an episode of hypoglycaemia their cognitive function can be affected for several hours, so they may struggle academically.
- Pupils taking public exams should be allowed to check their blood glucose level immediately before an exam and have food/drink available to them in case of hypoglycaemia. Prior to the exams, a request for special consideration in relation to the impact of stress on glucose levels should be made in writing to the education authority / examination board. Advice on this process is available from the Examinations Office.
- Repeated episodes of mild hypoglycaemia may result in a more severe episode and it is vital to liaise closely with parents/carers to discuss any concerns and make them aware of any episodes.

Hyperglycaemia

- Hyperglycaemia or high blood glucose occurs when the level of glucose in the blood is too high. This can be due to too much food, not enough insulin, stress or illness.
- Pupils may feel lethargic, behave erratically, be excessively thirsty and pass lots of urine.
- Pupils will need assess to check their blood glucose levels, drink as they need and use the toilet as required.

- Prolonged Hyperglycaemia can lead to Diabetic Ketoacidosis, a serious condition which can develop within hours or days. It is life threatening if not treated so early recognition is essential.
- Each individual care plan clearly identifies the action required if hyperglycaemia is indicated.

Other implications:

Exercise, Activities and Physical Education

- Taking part in sports, games and activities is an essential part of school life for all pupils
- Staff supervising physical activity must be aware of the pupils with diabetes, and how exercise may affect them.
- Sports staff to collect the pupil's care plan for off-site fixtures.
- A blood glucose test is recommended before swimming and the pupil may take before other activities.
- Exercise uses carbohydrate as a fuel and therefore lowers blood glucose. The risk in a pupil with type 1 Diabetes is the blood glucose can drop too low causing hypoglycaemia. Therefore the following actions are important:
 - Eating a small snack containing carbohydrate before exercise
 - Eating a further snack during exercise if it lasts longer than 45 minutes.
 - Ensuring normal meals are not delayed after exercise.
 - Access to blood monitoring kit

School Meals

- There is no specific diet for someone with diabetes but food eaten should be based on healthy eating principles.
- Meals should be eaten at regular intervals and contain some non-refined complex carbohydrates, avoiding sugary drinks or too many sweet foods.
- Pupils prescribed insulin will do a blood glucose test before lunch. This provides information to assist decision-making about the effectiveness of the insulin dose and guide for the next meal.

- Pupils who inject insulin or have insulin pump may need extra time before meals to administer. It is important there is no delay in eating meal following the administration of insulin.

School trips /residential

- Diabetes should not prevent a pupil from going on day or residential school trips. Full participation and opportunities in all academic, social and sporting activities should be encouraged. This develops self-esteem and confidence and positive effects on health.
- Careful planning may be necessary prior to the trip so it is recommended that school staff meet with the pupil and parents to discuss the pupil's individual needs.
- Depending on the activities involved a risk assessment may be needed and additional safety measures may be necessary.
- A copy of the pupil's care plan must be taken on the trip alongside any medication.

APPENDIX I

Management of Epilepsy guidelines

Epilepsy is a widespread, serious but generally controllable condition affecting some pupils within the School. Epilepsy is a medical diagnosis when there is a tendency to have seizures. A seizure happens when there is a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way the brain normally works, so the brain's messages become mixed up. The result is an epileptic seizure.

- It is the parent's responsibility to ensure the school is made aware of a history of, or diagnosis of epilepsy for their children. If prescribed medication is required then parents are requested to ensure that it is clearly labelled and in date.
- Most children with Epilepsy take regular medications to prevent them occurring or reducing their impact. However the right combination and doses can be hard to achieve and can alter as the child grows. It can take some time to find the correct mix.
- For some children seizures may still occur despite taking regular medication. This may require prescribed emergency medication, such as Midazolam or rectal Diazepam. Only trained staff can administer this, maintaining dignity throughout. If emergency medication is required, the nursing team will provide specific training to staff for that pupil as per their personalised plan.
- All first aid trained staff have had training included on dealing with epileptic seizures. The school nurses are able to provide additional training in regards to specific pupils if required.
- All pupils with a diagnosis of epilepsy have a personalised care plan, which must be taken by staff for off-site trips and fixtures. This will contain the emergency medications if required or simply contact details and instructions of action to take in the event of a seizure.

Types of seizures:

Generalised Seizures:

- Absence seizures – the person will stop what they are doing, maybe stare, look vague or blink for just a few seconds.

- Myoclonic seizures involve sudden contractions of muscles. This could be a single movement or a cluster of jerks. They can affect the whole body but usually the arms alone.
- Tonic-clonic seizures are the most widely recognised seizure. The person will be unresponsive, fall to the ground, their body stiffen following jerky movements. There may be a loss of bladder control. Even once the seizure has ended they are likely to be confused and very tired.
- Atonic seizures, also known as a drop attack is when the muscles suddenly weaken so the person will fall to the floor.

Partial Seizures:

- A group of different seizures where just small areas of the brain are affected. For example a change in sensory sensations, or repetitive movements such as plucking at clothing and smacking lips. They are conscious throughout but unable to control the activity.

Emergency management of Tonic-Clonic seizures

- Remove any danger from around the pupil
- Protect pupil from injury
- Call for help – ask for the school nurses to be called
- Time the seizure
- Maintain dignity and encourage other pupils to move away
- Administer any emergency medication if trained to do so
- Once the seizure has ended place the pupil in the recovery position
- Contact the parents /carers once the situation allows.
- **Do not leave the pupil**
- Do not restrain the pupil during the seizure
- Do not put anything in their mouth
- Do not give them anything to eat or drink until fully recovered.

Call 999 if:

- It is their first known seizure
- The seizure continues for more than 5 minutes
- If emergency medication is administered.
- If one Tonic-Clonic seizure follows another without the pupil recovering in between
- The pupil is injured
- They were unwell prior to seizure

- You believe further medical attention is required
- The care plan advises that you call 999

Status Epilepticus

This a prolonged seizure or cluster of seizures without gaining consciousness in between. If this continues for more than 30 minutes it is called status Epilepticus and is a medical emergency, due to a risk of reduced oxygen to the brain. This is why, for any seizure lasting more than 5 minutes, an ambulance must be called.

Management of other seizures:

- Guide the pupil away from danger or clear the area round them
- Keep calm and give reassurance
- Speak clearly to the pupil and explain what happened once it has ended
- **Do not** shout or raise your voice
- Maintain dignity and encourage other pupils to move away
- Inform their parents/carers

APPENDIX J

Head Injury and Concussions

Head injuries

For the purposes of this guidance, a head injury or traumatic brain injury is defined as any trauma to the head other than superficial injuries to the face.

The City of London Freeman's School has a Medical Centre that is staffed from 0830-1730 weekdays. For out of hours there are qualified first aiders throughout the School. Pitch side cover is provided by the Medical Centre and booked by the sports department.

All head injuries are potentially dangerous and require proper assessment and management. If a pupil sustains a head injury, even if thought to be minor, they must not be left alone and must always be assessed by the Medical Centre if within working hours. They should be escorted there by staff or witnessing pupils, or they must seek immediate adult assistance. If the injured pupil cannot be escorted, then the nurses should be called to assess the pupil at the site of the accident.

Staff can take the decision to call for an ambulance if they suspect the injury is serious, prior to the medical staff arriving, or if it is out of Medical Centre hours.

If the person is unconscious, has lost consciousness (even momentarily) or a neck or spine injury is suspected they should be sent to A&E by ambulance with an adult escort as a matter of urgency and without delay. The person must not be moved and neck immobilisation started if trained.

The parents or guardian should be informed as soon as possible, and the school's accident reporting procedures followed.

Potentially serious complications can develop up to 24 hours after an apparently minor head injury. Medical advice must be sought if any of the following occur:

1. Headache which persists
2. Drowsiness leading to unconsciousness
3. Irritability
4. Confusion and loss of concentration
5. Vomiting
6. Convulsions

7. Blurred vision
8. Weakness of limbs or irregular movement

A head injury information leaflet from the Medical Centre, which contains this information and further advice, must always be given to a pupil who has sustained any type of head injury.

Head Injuries with potential C-spine injury

With any head injury consider the possibility of a spinal injury. Attempt and maintain full cervical spine immobilisation (if appropriately trained) for patients who have sustained a head injury and present with any of the following risk factors unless other factors prevent this:

1. Neck pain or tenderness
2. Focal neurological deficit (weakness in a certain part of the body e.g left side face, right arm)
3. Paraesthesia in the extremities (tingling/numbness)
4. Any other suspicion of cervical spine injury

An ambulance must be called to ensure C-spine immobilisation on transport to hospital.

Concussion

Definition

Concussions occur in everyday life and not just in sport. Rugby as a contact sport does involve frequent body impacts and therefore a risk of accidental head impacts, and thus a significant potential risk of concussion.

A range of signs and symptoms are typically seen, affecting the player's thinking, memory, mood, behaviour, level of consciousness, and various physical effects. Clear loss of consciousness occurs in less than 10% of cases.

Recovery typically follows a sequential course over a period of days or weeks, although in some cases symptoms may be prolonged.

The City of London Freeman's School Medical Centre adheres to a protocol that incorporates the guidance from the Rugby Football Union.

This uses the word 'player'; however it applies to any staff member/pupil with head injuries from any cause.

Summary Principles

1. Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of players
2. Players suspected of having concussion must be removed from play and must not resume play in the match
3. Players suspected of having concussion must be medically assessed
4. Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP)
5. Players must receive medical clearance before returning to play.

Common Early Signs and Symptoms of Concussion

Indicator

Symptoms

Physical Signs

Behavioural changes

Cognitive impairment

Sleep disturbance

Evidence

Headache, dizziness, 'feeling in a fog'

Loss of consciousness, vacant expression, vomiting, inappropriate playing behaviour, unsteady on legs, slowed reactions, visual disturbances such as blurred or 'fuzzy' vision

Inappropriate emotions, irritability, feeling nervous or anxious

Slowed reaction times, confusion/disorientation, poor attention and concentration, loss or memory for events up to and/or after the concussion

Drowsiness

Onset of Symptoms

It should be noted that the symptoms of concussion can first present at any time (but typically in the first 24-48hrs) after the incident that caused the suspected concussion.

If a player does not show immediate signs or symptoms of a concussion but the force of the injury is such that a concussion is a possibility, s/he should be observed for at least 30 minutes before s/he is allowed to resume what they were doing. "When in doubt, sit them out."

Assessment

Concussion on the pitch

The identification of a concussed player on the pitch may be difficult; the condition should be suspected if one or more of the visible clues, signs, symptoms or errors in memory questions are present using the Pocket Concussion Recognition Tool.



Pocket CONCUSSION RECOGNITION TOOL
To help identify concussion in children, youth and adults

Logos: FIFA, Olympic rings, UEFA, FEI

RECOGNIZE & REMOVE
Concussion should be suspected if **one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion
Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground / Slow to get up
Unsteady on feet / Balance problems or falling over / Incoordination
Grabbing / Clutching of head
Dazed, blank or vacant look
Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion
Presence of any one or more of the following signs & symptoms may suggest a concussion:

• Loss of consciousness	• Headache	• Seizure or convulsion
• Dizziness	• Balance problems	• Confusion
• Nausea or vomiting	• Feeling slowed down	• Drowsiness
• "Pressure in head"	• More emotional	• Blurred vision
• Irritability	• Sensitivity to light	• Sadness
• Amnesia	• Fatigue or low energy	• Feeling like "in a fog"
• Nervous or anxious	• Neck Pain	• "Don't feel right"
• Sensitivity to noise	• Difficulty remembering	• Difficulty concentrating

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3. Memory function
Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week / game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

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

RED FLAGS
If **ANY** of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

▶ Athlete complains of neck pain	▶ Deteriorating conscious state
▶ Increasing confusion or irritability	▶ Severe or increasing headache
▶ Repeated vomiting	▶ Unusual behaviour change
▶ Seizure or convulsion	▶ Double vision
▶ Weakness or tingling / burning in arms or legs	

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et al. Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013
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The player must then be removed from play and referred to a medical professional for diagnosis and guidance. They must not be left alone at any time. Parents should be notified in all cases of head injury as they need to monitor their child following such an incident and if concerned advised to see a doctor immediately.

If a pupil presents with the symptoms listed in the Red Flag section call 999.

RED FLAGS

If **ANY** of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain - Deteriorating conscious state
- Increasing confusion or irritability - Severe or increasing headache
- Repeated vomiting - Unusual behaviour change
- Seizure or convulsion - Double vision
- Weakness or tingling / burning in arms or legs

At the Medical Centre

For the assessment, monitoring and review of concussion in the Medical Centre the Pocket Concussion Recognition Tool identifies concussion. For any pupils with suspected concussion

and showing signs of red flag symptoms (listed previously) an ambulance must be called and observations recorded every 15 minutes until the ambulance arrives. Incident reporting procedures should be followed.

A concussion leaflet is given to parents and they are advised on the graduated return to play process.

A record will be made of the mechanism of injury. A history of events will be obtained from witnesses of the accident, or the person.

Pupils with less serious injuries will stay within the medical centre to be monitored until the condition is stable and evidence suggests that there has not been a significant effect to the brain. The pupil can return to school with verbal and written information about head injuries advice/symptoms. Dependent on the age and ability of the pupil it may be prudent to email head injury/concussion advice to parents at this stage.

Recognising concussion:

Concussion is a temporary impairment of brain function usually caused by a blow that has shaken the brain within the skull. Signs and symptoms include:

1. Headache, feeling dazed
2. Balance problems, dizziness
3. Hearing problems, ringing in ears
4. Vision problems
5. Confusion
6. Nausea or vomiting
7. Drowsiness
8. Irritability, emotional changes
9. Poor concentration

Please note that, as medical health care professionals, the nursing staff can suspect and therefore treat as concussion if any of the above symptoms are present. The GRTP process does not stipulate that a concussion diagnosis needs to be made by a doctor. However, the nursing staff may refer a pupil for further medical assessment if they feel symptoms are severe or not recovering as expected.

Treatment of Concussion

The majority (80-90%) of concussions resolve in a short (7-10 days) period in adults but this may be longer in children and adolescents, and a more conservative approach should be taken with them.

During this recovery time, however, the brain is more vulnerable to further injury, and, if a player returns to sport before they have fully recovered, this may result in:

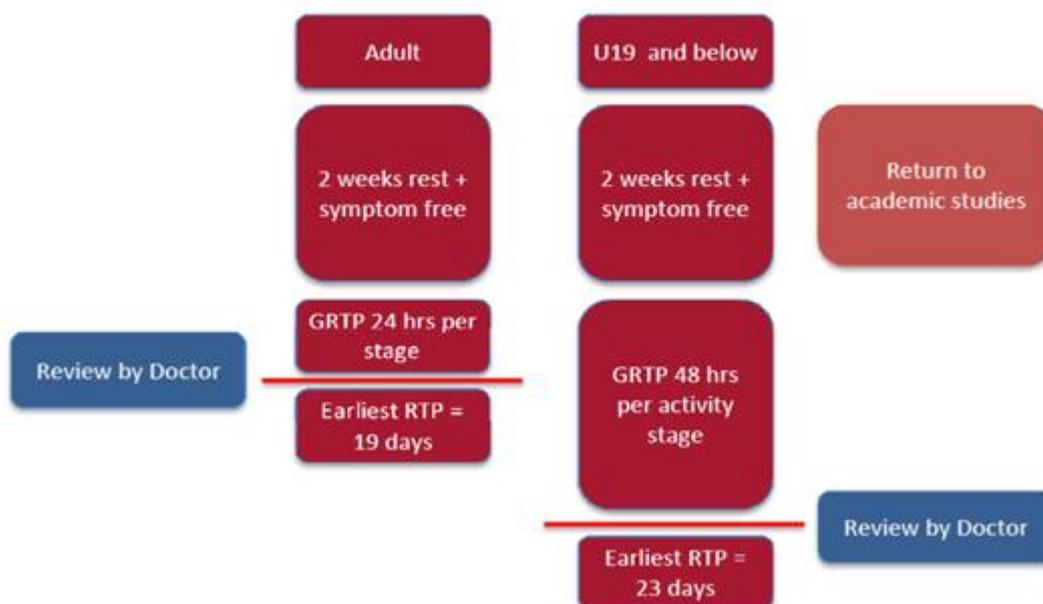
1. Prolonged concussion symptoms
2. Possible long term health consequences such as psychological and/or brain degenerative disorders.
3. Further concussive events being fatal, due to severe brain swelling, known as second impact syndrome.

Pupils who sustain two or more concussions in a 12-month period should be referred to their doctor for a specialist opinion in case they have an underlying predisposition.

Return to Play Protocol for Under 19 year olds following concussion

The routine return to play pathway is shown below:

Recover and Return - RTP guidelines:



Individuals should avoid the following initially and then gradually re-introduce them:

1. Reading
2. Screens
3. Driving

It is reasonable for a student to miss a day or two of academic studies but extended absence is uncommon.

Graduated Return to Play (GRTP) will commence once all symptoms have resolved. At City of London Freeman's School we take concussion and the management of it very seriously, so therefore we assiduously implement our guidance and will not advocate any pupil to return to play within the school setting without a clearance by a doctor.

As part of the process the nurses may consult and advise the Sports department and the pupil's tutor to ensure that their academic performance has returned to normal prior to commencing their GRTP.

After being placed on the GRTP, the School Nurse will discuss GRTP with the pupil unless he/she is registered with the external company Return2Play who offer a guided return to play with access to concussion-trained doctors for assessments.

It must be emphasised that these are minimum return to play times and some may require longer to recover.

Graduated Return to Play (GRTP)

The GRTP should be undertaken with the full cooperation of the player and their parents/guardians.

A summary of the GRTP is shown in the following diagram.

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

The pupil can progress through each stage as long as no symptoms or signs of concussion return. In under 19 year olds where the pupil completes each stage successfully without any symptoms, the progression should take 2 days for each stage. If at any time symptoms return the pupil should stop and rest for 48 hours before returning to recommence the previous stage. The earliest possible rehabilitation is 23 days.

Further Considerations for Staff

All teaching staff should be aware that in order for full recovery it is necessary to rest the brain following concussion, and it may be necessary to reduce the:

1. Workload
2. Reading requirements
3. Use of screens

They should also be aware that during the two week rest period following a concussion, pupils will have been advised of mental activities (e.g. reading, concentrating, using the computer) worsen their symptoms, they may have to stay home from school and initially avoid the following before gradually re-introducing such activities:

1. Reading
2. TV
3. Computer games
4. Driving (if relevant)

Tutors will be informed by the School Nurses via email of any pupils who have concussion. They should observe the pupils for the following and report any concerns to the School Nurses, such as:

1. Drop in academic performance- difficulties with school work or problem solving
2. Poor attention and concentration in class

3. Unusual drowsiness or sleeping during class
4. Inappropriate emotions
5. Unusual irritability
6. Increased anxiety or nervousness

Training

First Aid training is held within the school for staff who wish to be first aiders. Any staff member needing additional training should contact the School Nurses. In addition, staff are encouraged to use the reference websites as sources of information. School Nurses work closely with the RFU and have undertaken their specialist training.

The RFU HEADCASE programme is recognised as the leading concussion awareness and education resource in UK.

References

England Rugby: www.englishrugby.com

Headcase: www.englishrugby.com/my-rugby/players/player-health/concussion-headcase/

Schools specific guidance: www.englishrugby.com/my-rugby/players/player-health/concussion-headcase/schools-and-colleges/

Patient Information Leaflet Head Injury: <https://www.nhs.uk/conditions/minor-head-injury/>

Patient Information Leaflet Concussion: <https://www.nhs.uk/conditions/Concussion/>

APPENDIX K

Guidance on Immunisations within the School.

The aim of this guide is to facilitate a comprehensive immunisation programme to prevent the spread of infectious diseases and to educate staff and pupils about the importance of disease prevention.

The school will cooperate fully with outside agencies to ensure that the National Childhood Immunisation Schedule are complied with.

Protocol

- Parents are requested to complete a Medical History Form prior to their child starting at the School. This information includes dates of all childhood vaccinations.
- Parents should inform the School Nurse of any vaccinations given during their time at Freeman's so that they can update the medical records.
- All U4 pupils will be offered the Final School Booster (Tetanus / Diphtheria and Polio vaccination and Meningitis ACWY vaccine) in line with the National Childhood Immunisation Schedule
- All L4 Pupils will be offered the two doses of Human Papilloma Virus vaccination in line with the National Childhood Immunisation Schedule
- All year groups eligible for the Nasal flu vaccine to be offered in line with National Childhood Immunisation Schedule
- All boarders who are eligible for the Seasonal Influenza vaccination will be offered it via Gilbert House, Ashlea Medical Practice, in the Autumn Term
- City of London staff and Sodexo staff based at the School have the opportunity to receive the Seasonal Influenza vaccination free of charge
- Consent must be obtained from parents/guardians prior to giving any vaccination
- The NHS Immunisation Team from Central Surrey Health (CSH) will offer and administer current routine vaccinations in line with the National Childhood Immunisation Schedule
- Should vaccinations at school not be possible pupils will be referred to CSH Immunisation clinics or to their own GP

Procedure

Medical Centre staff will:

- Identify pupils eligible for immunisations
- Send out all information received from the CSH Immunisation Team to all eligible pupils, including the link for parents/guardians to give/withdraw consent
- Arrange vaccination sessions with CSH Immunisation and inform all school staff involved of relevant dates and times
- Organise room booking for the school immunisations to take place
- Complete a schedule for pupils to arrive at a specified time and send out to all relevant staff
- Dispose of all equipment safely (all sharps used by the CSH Immunisation Team are taken away by them)
- Maintain clear record keeping documentation in pupils school notes
- Report any adverse reactions to the correct authorities

Adverse Event Following Immunisation

- An Adverse event following immunisation (AEFI) can be caused by 4 main categories:
 - 1) resulting from inappropriate practices
 - 2) vaccine induced
 - 3) coincidental (not true adverse reactions but only linked due to the timing of their occurrence)
 - 4) Unknown
- Owing to the possibility of a pupil having an adverse reaction, pupils should remain onsite for 10 minutes after each vaccination
- Owing to the possibility of a pupil having an adverse reaction after the HPV vaccination, pupils should remain in the same room as the CSH Immunisation Team for 10 minutes
- An anaphylaxis pack containing adrenaline will be onsite at all times while immunisations take place.
- Nurses are ready to give emergency care due to an AEFI if life threatening.
- All suspected AEFI's in children due to the vaccines are reported to the Commission on Human Medicines using the Yellow Card Scheme. The CSH Immunisation Team will do this.
- Medical Centre staff complete an Accident Report Form due to AEFI according to the School's policies and procedures.

APPENDIX L

Revised November 2021

Use of Medical Gases Policy

Contents:

1. Introduction
2. Definitions in "The Health and Safety (First Aid) Regulations 1981"
3. Responsibilities
4. Use and Storage of Medical Gases Risk Assessment
 - 4.1 – Specific Hazards
 - 4.1.1 – Contraindications
 - 4.2 – Control Measures
 - 4.2.2 - Uses of cylinders.
 - 4.2.3 – Leaks
 - 4.2.4 – Storage of Cylinders
 - 4.2.5 – Procedure in the event of a fire
 - 4.2.6 – Transporting Cylinders in vehicles
5. Record Keeping/Incident Reporting
6. Policy Review

1. Introduction

Entonox is a medical gas used within emergency situations. It is an analgesic gas containing 50% Nitrous oxide and 50% oxygen.

The patient can self-administer under healthcare professional supervision, via a demand valve. It affects the pain centres within the brain and spinal cord, although its full mechanism is currently unknown. It produces a pain-relieving and sedative effect without loss of consciousness where rapid onset and offset is required. The gas is rapidly expelled from the body, so the patient does not feel lasting effects.

Entonox is a compressed gas and therefore an elevated risk for explosion and escalating combustion. This policy aims to explain safe use, storage, and servicing of the equipment to ensure safety to its users.

2. The Health and Safety Regulations.

Materials that do not normally burn in air will burn more easily in the presence of most medical, gaseous mixtures. For this reason smoking or naked flames must not be permitted in the vicinity of the gas cylinder or the patient who is using Entonox. Also, because of the high risk of spontaneous combustion that is associated with highly pressurised gases such as nitrous oxide, the cylinder should not be lubricated with oil or grease (BOC, 1995).

3. Responsibilities

The School Nursing Team, on behalf of the Health & Safety Committee will carry out continuous assessment of how the medical cylinders are stored and used safely. A risk assessment must be in place and yearly audits undertaken.

Any patient using the Entonox gas will remain under the observation of the administering nurse, so they can monitor its effect and supervise its use.

Nitrous oxide may have a deleterious effect if used in patients with an air-containing closed space since nitrous oxide diffuses into such a space with a resulting increase in pressure. This effect may be dangerous in conditions such as pneumothorax, which may enlarge to compromise respiration, or in the presence of intracranial air after head injury, entrapped air following recent underwater dive, or recent intra-ocular gas injection.

4. Use and Storage of Medical gases- Risk assessment.

It is paramount that good practice is observed when compressed gas cylinders are in use or stored. They present an extremely substantial risk of combustion.

The risk assessment identifies:

- Where the Entonox should be stored. This is currently in the Medical Centre office/treatment room.
- Stored in a well-ventilated room and kept clean from dust.
- When and how often checks should be made by the nursing staff of the cylinder and associated equipment. A leaking valve or hose can quickly increase the oxygen level to a dangerous level.
- How often the supplier will service the equipment.
- Specific safety notices and signs in place.
- Relevant training for nursing staff to use.
- Report any issues or concerns immediately to BOC.

The risk assessment must be accessible to all staff (Appendix 1). It needs to include the risks involved and the measures put in place to reduce the risk.

4.1 Specific Hazards

- Entonox is not flammable itself but strongly supports combustion. In an oxygen enriched atmosphere, a fire will burn more fiercely: it may be almost impossible to put out and things that would not normally burn easily may catch fire.
- There is an added risk of explosion if an Entonox cylinder is exposed to excessive heat.
- There is a risk to the patient/person administering within an oxygen enriched atmosphere that clothing, or hair can easily catch fire, causing serious or even fatal burns, for example by smoking while receiving oxygen treatment or being near a naked flame.
- Avoid all oils and grease as these can ignite in the presence of oxygen. Ensure Vaseline not applied to the lips.

4.1.1 Contraindications

Entonox should not be used for any condition in which air may be trapped in a confined space within the body (BOC, 2001). In such conditions, the N₂O content of Entonox passes into tall gas-containing spaces in the body faster than nitrogen passes out of these spaces (BOC, 1995). This causes expansion and/or an increase in pressure within the space.

Entonox should not be used in cases of:

- Tension pneumothorax;
- Air embolism;
- Decompression sickness;
- Chronic lung disease;
- Myringoplasty;
- Suspected intestinal obstruction;
- When the patient has had a recent underwater dive (Pickup, 2000; BOC, 2001).

Entonox is also contraindicated where there is an actual or potential impaired level of consciousness such as with head injury, intoxication and maxillofacial injury. Furthermore, as with most analgesics, addiction is a possibility and should be considered in the use of Entonox.

4.2 Control Measures

4.2.1 All medical centre staff should have adequate knowledge and training on the

- Properties of the gas
- Correct operating procedures on the use of Entonox.
- Risk assessment accessible to include the risks involved and the measures put in place to reduce the risk.
- Precautions and actions to be taken in an emergency.

Specific training is available for nurses on the use of Entonox. <https://www.boctraining.co.uk/>

The nurses receive weekly updates from Department for Health on medications, equipment, and NICE guideline changes via emails. This highlights any adaptations required to this policy and any further training needs,

4.2.2 Use of Cylinders – Below are the general guidelines for use.

The supplier specific instructions for the Entonox cylinders can be found on the Medical centre one drive.

- Do not allow children or untrained persons to use the equipment.
- Before use, make sure that the cylinder is in a safe position where it cannot fall over.
- Smoking and naked flames must not be allowed near the cylinder, or in the building.
- Under no circumstances should oils or grease be used to lubricate any part of the Entonox cylinder, valves, or associated equipment.
- When handling the cylinder and associated equipment, hands and clothes must be free from any oils or grease, including cosmetic products.
- When the cylinder is not in use, close the cylinder valve fully in a clockwise direction and release the pressure in the regulator. Use hand tight pressure only; if excessive force is used it will damage the valve seats and spindles.
- When the cylinder is empty, close the valve and put the plastic cap back onto the valve outlet to prevent moisture getting into the cylinder.
- Cylinders must be handled with care and not knocked violently or allowed to fall.

- Medical gases must only be used for medicinal purposes.

4.2.3 Leaks

- Should a leak occur, this will usually be evident by a hissing noise. The hose must be disconnected, and the cylinder turned off in this event.
- Cylinder valves must be checked for leaks weekly or on use. Never use soapy water or washing up liquid to check for leaks.
- Sealing or jointing compounds must never be used to cure a leak. A leak may occur in the connection between the valve and the regulator. This type of leak can be confirmed by closing the cylinder valve and seeing if there is any fall on the pressure gauge attached to the equipment. Stop the leak by tightening the connection to the valve.
- If any leaks are found the area should be ventilated and the cylinder moved to the open air immediately. Do not let the concentration of gas to build up in a room.
- A cylinder with a damaged or leaking valve should be returned it to the supplier as soon as possible.

4.2.4 – Storage of cylinders

- Cylinders must only be allowed in small quantities, for example, one small cylinder for use and one in storage if necessary.
- Cylinders must not be stored outside but in a secure, well ventilated room/area. They must be kept dry and clean and away from materials that combust or ignite easily. They also should not be exposed to extreme temperatures.
- Full and empty cylinders must be stored separately. When empty, the cylinder should be returned to the supplier promptly.
- Cylinders should always be stored vertically.
- Smoking and any other sources of ignition must be prohibited within the area. The area of storage must have warning signs in prominent areas, alerting people of the location of the cylinders.
- Cylinders must not have any of their labels or markings removed.
- In case of fire, the fire services must be informed that compressed medical gas cylinders are on site. This must be done by the person responsible for the evacuation of premises.

4.2.5 – Procedure in an Event of a Fire.

If you discover a fire or one is reported to you:

- **Sound the nearest alarm bell.**

If you hear a continuous alarm bell:

- **Leave the building and make your way to the main field behind (North side) of Main House.**
- **Do not enter or re-enter any building until told to do so by the Headmaster, Bursar, Facilities Manager or Deputy Facilities Manager.**
- If a fire is discovered, notify the Fire Service, and warn them that there is a compressed gas cylinder on the premises.
- It is good practice to fix a note next to the fire panel referring to the fact that gas cylinders are being kept in the Medical Centre.

4.2.6 – Transporting cylinders in vehicles.

This is currently not a practice we use here at the current time. It will be reviewed in the future and a suitable risk assessment identified.

5. **Record keeping/ Incident Reporting.**

In the event of using the Medical Gas cylinders for medical purposes, the event must be documented including the following details:

- Date, time, and place of incident
- Name of casualty
- Factual details of the injury/illness
- Treatment and advice given.
- Destination for the casualty after treatment, for example, ambulance called, taken to hospital.
- Accident report completed by phoning the Health and Safety Incident line 0207 332 1920
- Name and signature of the person dealing with the incident.

The above is all documented in the treatment section of the medical notes on School base.

Depending on the nature and severity of the injury/illness, further written records may be required.

6. **Policy Review**

The use of Medical Gases within the school is continually being monitored by the Medical Centre. The Health and Safety Committee formally review these arrangements annually to ensure use and maintenance is adequate and effective.

Any concerns regarding Medical Gases being held and used in the Medical Centre should be reported to the Bursar who is the Chairman of the Health and Safety Committee.

7. References

Medical gases on-line training for registered nurses <https://www.boctraining.co.uk/>

Entonox Standard Operation instructions.

[Download%20Patient%20Information%20Leaflet%20nitrous%20oxide_tcm409-528657.pdf \(bohealthcare.co.uk\)](#)

Medical Gas Data Sheets (MGDS) [Medical Gas Data Sheets \(MGDS\) | BOC Healthcare](#)

British National Formulary (child) [NITROUS OXIDE | Drug | BNFc content published by NICE](#)

Information for parents [Nitrous oxide for pain | Medicines for Children](#)

BOC Essential guide on the use of Entonox. [entonox_essential_guide_hlc401955_Sep10_tcm409-64836.pdf \(bohealthcare.co.uk\)](#)

Name of Nurse	Entonox –Pain Management course (BOC on-line) Date of completion.	Integral Valve Entonox Administration course (BOC on-line) Date of completion.
Elizabeth Holmden		
Kate Barron		
Diana Carter		
Priscilla Mills		

Risk Assessor:
Business Manager:

Kate Barron/Elizabeth Holmden

Signature:

Date:

Stuart Bachelor

Signature:

Date:

Description of Task:	Associated Documents
Storage and use of Medical Gases.	Health and Safety Executive INDG459 (01/13) Manual Handling at Work –a brief guide

Risk Assessor	Reason for review	Date
Elizabeth Holmden	Annual review	15
Priscilla Mills	Annual review	15
Elizabeth Holmden	Annual review	24
Kate Barron	Annual Review and Amendments	04
Kate Barron	Annual Review	09
Elizabeth Holmden	Annual Review	12

Consequence		Likelihood	
Describe the Hazard and how it might cause harm	Rating L1,M2,H3	Existing Control Measures and Justification	Rating L1,M2,H3

<p>Accidental ignition due to poor housekeeping and work area design. This could cause disabling injury with a significant amount of time off work and capable of causing death.</p>	<p>H3</p>	<ul style="list-style-type: none"> - Clear work area of flammable materials, - Ensure fire extinguishers are placed in appropriate locations, - No smoking, - Avoid use of non-compatible materials, ie, oil based emollients, petroleum etc. - Store in a non-confined space, - Ensure fire escape routes are kept clear, 	<p>M2</p>
<p>Malfunction of Medical Gas Cylinders</p>	<p>L1</p>	<p>Regular yearly service,</p> <p>Monthly checks of cylinders ensuring hoses, pipes and valves are in working order. Also that valves are kept closed at all times when not in use,</p> <p>Ensure good ventilation to prevent Oxygen enrichment,</p> <p>Ensure the Medical cylinders are kept clean and free from dust and debris as portable equipment is particularly susceptible to contamination,</p> <p>Ensure cylinders are kept upright.</p>	<p>L1</p>
<p>Accidents due to storage and transporting. This could cause minor injury.</p>	<p>L1</p>	<p>Cylinders must be kept upright and secured to ensure they cannot fall over,</p> <p>Cylinder valves must be kept closed at all times when not in use,</p>	<p>H3</p>

<p>Incorrect operation of cylinder gas</p>	<p>H1</p>	<p>All pipes and equipment must be stored within the portable bag to avoid damage and trips,</p> <p>Ensure warning hazards signs are appropriately placed within the vicinity.</p> <p>Staff to refer to safe manual handling guidelines, use the trolley as appropriate to transport the cylinders long distance.</p> <p>Ensure medical staff have completed the online awareness course re: medical gases.</p>	<p>L1</p>
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