

Pupil Physical and Mental Health Policy

St Dunstan's College is committed to ensuring that physical and mental health and wellbeing of pupils is promoted. We will ensure that all pupils with medical conditions can access and enjoy the same opportunities at the College as any other pupil. Furthermore, the College is committed to ensuring that all pupils are able to play a full and active role in College life, remain healthy, and achieve their academic and personal ambitions.

Wellbeing is at the forefront of the College's PSHEE programme and promoting good mental health is priority. We believe that there are 10 key qualities that are fundamental to good physical and mental health and wellbeing for pupils, and the College works with pupils and families to promote these:

1. Getting enough sleep, and at regular times
2. Taking regular exercise
3. Eating healthy food, in appropriate portions, at regular times
4. Taking time to relax
5. Having emotional resilience – accepting being 'good enough'
6. Having a sense of humour
7. Having firm boundaries at home and school
8. Practicing and benefiting from acts of kindness
9. Having access to the outdoors
10. Having a support network of friends and family

PUPIL WELLNESS CENTRE – THE PAVILION

The St Dunstan's College Pupil Wellness Centre, The Pavilion, houses most of the pupil physical and mental health services. Here, pupils can access the College medical clinic and the College Nurse, the College counsellors, youth mental health first aid services, the College Chaplain and Peer Mentors. The Pavilion may also be used as a temporary study space for children who are unable to access their normal classrooms due to short-term disability.

COMMUNICATION WITH PARENTS

Medical Questionnaire

A medical questionnaire must be completed and returned to The Pavilion before a child joins St Dunstan's College. This ensures the health care needs of each pupil can be assessed and an Individual Healthcare Plan (IHP) can be drawn up if required. A copy of every child's vaccination history is also required before they join the college – this can be obtained from the

child's GP. The medical questionnaire is included in the joining pack provided during the admissions process, and must be updated by parents whenever a pupil's medical situation changes. The medical questionnaire is also available from The Pavilion, the College Office and in Appendix 6 of this document.

Consent to Treatment

The College presumes parental consent to their child being treated by the College Nurse or other trained staff at the point of need. If a pupil requires emergency treatment from outside medical professionals (i.e., emergency services), every effort will be made to obtain the prior consent of the parent or guardian. Should this be impossible in the time available, the Headmaster, Deputy Head, or other member of staff acting *in loco parentis*, is authorised to give valid consent to such treatment as may be recommended by the attending medical staff.

Disclosure of Information

In general, the professional code of practice of doctors, nurses, counsellors and other health professionals place a duty on them not to disclose information about individual patients (pupils) without their consent except in exceptional circumstances. The duty of confidentiality owed to a person under 16 years of age is the same as that owed to any other person. However, where a professional believes that the health, safety, or welfare of the patient (pupil) or others is at risk, there is a duty to share information between professionals, as stated in the DFES Child Protection Act. In the case of the College Nurse and College Counsellors, they may be required to share information with the College Designated Safeguarding Lead, who may then need to share information with other members of staff, parents and/or outside agencies as appropriate.

PHYSICAL HEALTH SERVICES – THE CLINIC AT THE PAVILION

Advice

Pupils over the age of 10 can self-refer to the College Nurse, College Counsellors and other services through self-referral forms available online via Firefly or in hard copy from the College Office, Deputy Heads' Office, and the Pavilion. Once a referral is received, the appropriate member of the Pavilion team will arrange an initial appointment with the pupil.

Members of staff may also refer pupils to the College Nurse. Should parents wish to refer their child to the College Nurse, they should request this through their child's Form Teacher/Tutor.

In line with the 'Disclosure of Information' principles outlined above, pupils should expect that neither teaching staff nor parents will be notified that they are accessing services, nor will the information shared in these meetings be disclosed to teaching staff or parents. (Staff will be informed that a pupil has permission to attend a Pavilion appointment, although they will not necessarily know which services are being accessed).

Pupils under the age of 10 are referred to the College Nurse, College Counsellors or other services by teaching staff or parents, and parents are normally contacted by teachers and/or the Pavilion staff with outcomes and further information.

Admission to the clinic at The Pavilion

The Pavilion is open on a drop-in basis for all Senior School students, with or without an appointment, before morning registration from 0800-0825, during morning break, lunch, and after school from 1600-1700.

Senior School students who have an appointment to see the College Nurse, Counsellor or Peer Mentor during timetabled lessons or activities must seek the permission of the teacher in charge of the lesson or activity before excusing themselves to attend the appointment. Similarly, if a Senior School student needs to visit the Pavilion without an appointment during a timetabled lesson or activity, they must first obtain permission from their teacher to miss all or part of the lesson or activity.

If a Senior School student feels unwell during the school day, they can report directly to The Pavilion if they are not involved in timetabled lessons or activities. If a Senior School student feels unwell during timetabled lessons or activities, they should seek permission from their teacher to visit The Pavilion.

Junior School pupils should always have the permission of a teacher to visit The Pavilion.

Upon presenting at the clinic at The Pavilion, the pupil will be assessed by the College Nurse (or, in her absences, an appropriate first aider) prior to treatment or being sent home. A record of medication, treatment and outcomes is kept in the medical database in iSAMS. In the event that a child is deemed too unwell to remain at school, parents or emergency contacts will be contacted by the College Nurse to arrange for collection of the child from school. Unless absolutely unavoidable (and only at the discretion of the College Nurse in consultation with parents and the pupil), unwell children will not be released to make their own way home, even if they normally travel to and from school unaccompanied.

If a pupil needs to be kept in the clinic for a period of time during the school day, but is not considered unwell enough to be sent home, the College Nurse may inform parents by phone or email. Not all visits to the clinic will be reported to parents; such reporting is at the professional discretion of the College Nurse.

Return to School and Quarantine

If a pupil has an operation, accident, severe illness, or anything that may affect their ability to fully participate in College life, parents must inform the College Nurse. If a pupil has been exposed to anyone suffering from an infectious disease, they must not return to the College until after the NHS recommended quarantine period has passed.

If an infectious disease is suspected, the pupil may not return to the College until permission from the Health Protection Agency or other appropriate health professional (e.g., GP) has been obtained. If after the pupil has returned to the College, infectious illness breaks out in the pupil's home, parents must immediately notify the College.

No pupil should be sent to school unwell with a viral sore throat or heavy cold.

The College follows NHS guidance with respect to quarantine following any episode of vomiting or diarrhoea. If a pupil is unwell with gastrointestinal problems, they **must not be sent to school until 48 hours has passed since the last episode of vomiting or diarrhoea**. If a pupil is sick or has diarrhoea at school, parents will be contacted and asked to collect the

child as soon as possible. The pupil will not be permitted to return to school until a minimum of 48 hours has passed since the last noted episode of sickness. Should the pupil return to school before this time, they should expect to be quarantined in the clinic until a parent or emergency contact collects them from school; **they will not be permitted to attend lessons or activities**. Parents are expected to honour the College's request for quarantine periods, and persistent failure to adhere to the College Nurse's request for a possibly infectious child to remain away from school will be treated as a breach of contract between the College and the parents.

Whilst not under quarantine, any child with a suspected concussion will be required to undertake 48 hours of brain and body rest and will be asked to remain at home until 48 hours have passed without incident since the occurrence of a head injury as they will not be permitted to attend lessons or activities at school. Please see Appendix 7 – Management of Head Injuries, incorporating the 'Graduated Return to Play' (GRTP).

Medical Conditions

Many pupils have or develop chronic or short-term medical conditions or disabilities during their time at the College. The College Nurse is responsible for

- Keeping and monitoring medical records and information for all pupils.
- Developing and monitoring Individual Healthcare Plans (IHPs).
- Ensuring that sufficient numbers of staff are suitably trained and are able to access all relevant information and teaching support materials required to assist pupils with medical conditions.
- Ensuring that sufficient numbers of trained staff are available to support pupils' medical needs at all times whilst they are under the care of the College, including making contingency plans for staff absence and emergency situations.
- Ensuring that information regarding an individual pupil's medical condition is shared with appropriate staff (including supply teachers, visiting teachers, exam invigilators and others as required) on a need-to-know basis.
- Ensuring that risk assessments take into account the additional risks posed to individual pupils as a result of their medical conditions.

The College will focus on the needs of each individual pupil and how their medical condition impacts on their College life, including how the medical condition impacts on a pupil's ability to learn, and will take steps to help increase pupils' confidence and ability to self-care.

Where a pupil has a long-term or complex medical condition or health needs, the College will, where appropriate, produce an IHP for that pupil, in accordance to Appendix 1 and Appendix 2. IHPs will be prepared by the College Nurse in consultation with parents, the pupil (where appropriate), members of the pastoral care team and any other relevant healthcare professionals.

Where appropriate, the IHP should be linked with a pupil's statement of Special Educational Needs and/or Education, Health and Care Plan (EHC). Where a pupil has a special educational need but does not have a statement or EHC, their SEN should be mentioned in their IHP.

Once the IHP is approved by the College Nurse, parents, pupil (where appropriate) and the appropriate pastoral team member, the College Nurse will be responsible for its maintenance and implementation.

The IHP will be reviewed at least annually or more frequently where a pupil's needs change.

The College has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma, epilepsy and diabetes, which should be used to inform the IHPs for children with these conditions. These protocols are drafted by the College Nurse in line with current NHS advice, and are available in Appendix 3.

Emergency Care

Major and minor incidents can take many forms and can happen without warning. No plan can provide for every eventuality. The response to any incident is handled however, with a management framework which has been put in place for the day to day running of the College. In the event of an accident the pupils concerned should be taken to the College Nurse or in her absence to the relevant first aider (a list of first aiders in the College is available in The Pavilion and in the College Office). The Pavilion can be contacted directly on 020 8516 7XXX. The College Office has the emergency mobile number for the College Nurse. If contact cannot be made with The Pavilion or the College Nurse, the College Office should be the next point of contact to locate a trained first aider.

If the College Nurse is present, they will determine whether the emergency services are required and will contact them directly. In other circumstances, one of the trained first aiders will decide if the emergency services are required and will contact them directly. In the unlikely event that there is no first aider available, and that an ambulance is required, there must be no delay in calling an ambulance by the most senior member of staff present.

As soon as possible, College House staff should be made aware that emergency services have been called (walkie talkie channel 3 is always monitored by House staff). A member of House staff should be made available to meet the ambulance on the front drive and direct them to the most convenient parking place and escort the medical staff to the site of the emergency.

If hospital or ambulance treatment is not deemed necessary, the College Nurse or relevant first aider will attend to the injury on site. Subsequently, the member of staff originally reporting the accident should fill out an accident report form (available from The Pavilion and College Office) and submit this to the member of staff on duty at The Pavilion. The College Nurse will, in good time, provide copies of the accident report to the Assistant Bursar – Domestic and Deputy Head Pastoral. The College conforms to the statutory requirements and will report to HSE in accordance to Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2013 (RIDDOR).

In the event of any bodily fluids (blood, faeces, urine and vomit) needing to be cleaned, a member of House staff should be informed immediately. Gloves should always be used when dealing with bodily fluids, and waste should be disposed of in a clinical waste bin located in The Pavilion. The fluids should not be left unattended whilst waiting to be cleaned.

Further information on the use of Automated External Defibrillators (AEDs) in an emergency is available in Appendix 4. Further information on the use of emergency inhalers is available in Appendix 3. Further information on the use of emergency auto-injectors is available in

Appendix 3. Further advice on dealing with known or suspected head injuries is available in the Management of Head Injuries document (Appendix 7).

MEDICATIONS

A small range of non-prescription ('over the counter') medicines is kept with the College Nurse in The Pavilion. These are supplied for occasional use by pupils in urgent cases only. The College Nurse will also administer prescription medicines, subject to the usual permissions, during the school day.

All medication must be kept with the College Nurse – **pupils are not permitted to carry or self-administer prescription or non-prescription medication at school.** The only exceptions to this are reliever inhalers, epipens and insulin pens/pumps which may be carried or worn by pupils to whom they are prescribed, provided a Consent for the Administration of Medicines Form is on file for the pupil and the pupil's IHP states that this is appropriate.

Unless otherwise stated on the pupil's IHP, it is the pupil's responsibility to report to The Pavilion at agreed times to have medication dispensed. Non-attendance and non-compliance with taking prescribed medication will normally be reported to parents by Pavilion staff.

For those pupils requiring treatment or medication from a specialist consultant, an IHP must be in place detailing the treatment and medications necessary, as well as outlining procedures in the event of an emergency.

Prescription Medicines

Prescription medication may be required on a regular basis or on an emergency or as-needed basis. All prescription medication to be taken during the school day must be administered by the College Nurse (or, in her absence, an appropriate first aider). The medication must be in the original packaging with the original pharmacy label containing the pupil's name, dosage and time to be given. Additional labels can be obtained from the dispensing pharmacy on request.

Medications will be stored in a locked cupboard or secure refrigerator in The Pavilion. It is the responsibility of the parents to keep the College informed about changes in pupils' medicinal needs.

A Consent for the Administration of Medicines Form must be completed and given to the College Nurse with the medication. This form is available from The Pavilion and the College Office, and Appendix 5 of this document.

Non-Prescription Medicines

Consent for the giving of all non-prescription drugs must be obtained from the parent/guardian of all pupils. The medical questionnaire sent out on admission to the College contains simple 'yes/no' consent for basic non-prescription medications that are held in The Pavilion. Parents may update the College Nurse by letter or email if they wish. Renewal of consent may be requested by the College periodically. Non-prescription medications kept in The Pavilion are:

Paracetamol, ibuprofen, simple linctus, Piriton, Lemsip, Optrex eye bath, heat sprays, cold sprays, antihistamine cream for insect bites and stings, and Ralgex cream.

Occasionally, a student may be required to have non-prescription medication administered during the school day. In this event, parents should discuss the treatment with the College Nurse, and if appropriate, a consent for the administration of medicines form must be completed by the parents.

MENTAL HEALTH SERVICES

One in ten young people between the ages of 5 and 16 will have an identifiable mental health issue at any one time. By the time they reach university, this figure is as high as one in six. Around 75% of mental health disorders are diagnosed in adolescence. Further information on supporting pupils with anxiety, depression, eating disorders and self-harm are available in The Pavilion.

All College staff are familiar with the risk factors and warning signs of anxiety, depression, eating disorders and self-harm. Procedures for staff who have a concern about a pupil are outlined in the College Safeguarding Policy and its related documents.

Youth Mental Health First Aid

The College is committed to ensuring adequate mental health first aid provision for all pupils at all times during the school day. A qualified youth mental health first aider is always available in The Pavilion during school hours, who can respond to pupil needs with initial help (first aid) and can guide the pupil towards appropriate professional help where needed.

Counselling

The College has a number of counselling options available to pupils, from drop-in sessions to formal therapy depending on the need of the individual. Pupils may self-refer or be referred to counselling by College staff or their parents (via form teacher/tutor). The College recognises the right of pupils to refuse counselling services, regardless of who referred them. Pupil self-referral forms and referral forms are available on Firefly and from The Pavilion and the College Office.

There are three tiers of counselling available at the College: zero-threshold, mid-threshold and high-threshold services. Once a referral is submitted, pupils will be allocated a time with one of the Counsellors for an initial assessment. During this assessment, the appropriate threshold will be identified and, where appropriate, a further course of counselling sessions with an appropriate counsellor will be made available to the pupil.

There are daily drop-in sessions available to pupils at times posted on Firefly and at The Pavilion. Pupils may attend drop-in sessions during timetabled lessons or activities provided they have permission from their teacher to do so. Drop-in sessions are available on a first-come, first-served basis, and depending on how busy the service is, pupils may be asked to complete a self-referral form to obtain an appointment or seek a different service, such as Peer Mentoring or access to a youth mental health first aider.

CAMHS

The College works closely with Children and Adolescent Mental Health Services (CAMHS), both in terms of referring children to CAMHS for further assessment or early intervention and in liaising with CAMHS professionals over the best provision of care for pupils. If a pupil is under CAMHS care following a referral from a GP or other health professional, it is important

that this information is shared with the College (through the Form Teacher/Tutor, Head of Year, Head of Section, Deputy Head Pastoral or College Nurse) including contact details for the mental health professional(s) working with the child.

Peer Mentoring

The College Peer Mentoring programme is a student listening and support programme which empowers volunteers from Year 10 and above to mentor younger students. They receive formal training in active listening and safeguarding, and develop skills in supporting other students with learning and/or pastoral concerns. Part of this training involves the completion of the Level 2 BTEC in Peer Mentoring, accredited by Pearson. Students access Peer Mentoring services through their tutor or Head of Year, who will then liaise with the Peer Mentoring team to match up the student with a peer mentor. The process is overseen by a team of teachers, including the Assistant Head (Inclusion and Enrichment), the College Chaplain, and one of the College counsellors. There is also a dedicated Prefect assigned to assisting in the leadership of the Peer Mentoring programme.

Additional Services

St Dunstan's College works closely with the South London and Maudsley NHS Foundation Trust, Lewisham CAMHS and Compass, a non-profit young person health and wellbeing service with offices in Lewisham. Through these partnerships, we are able to provide our pupils with additional off-site, online, and out-of-hours support for any aspect of emotional wellbeing, sexual health or drug and alcohol misuse. These additional services include:

- Referral to 'The Hub' at Lewisham for confidential counselling and sexual health clinics.
- Access to ChatHealth, an anonymous and confidential text messaging service for young people aged 10 – 19 which provides quick help, advice and guidance about emotional health and wellbeing, drug and alcohol use and sexual health. The ChatHealth hours of operation are Monday-Friday, from 0800-1800, although children may text at any time and expect a response within 24 working hours.
- Access to Kooth, a free, safe and anonymous online support, including live chat with qualified counsellors. Kooth hours of live support are Monday-Friday 1200-2200 and Saturday-Sunday 1800-2200.
- Referral to the Child and Adolescent Eating Disorders Service (CAEDS) at the Maudsley Hospital.

Further information about all of these services is available on Firefly and at The Pavilion.

ABSENCE FROM SCHOOL

If a pupil is absent from school for any length of time then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating the pupil.

If the College considers that the presence of a pupil in school is having a detrimental effect on the wellbeing and/or safety of other members of the community or that a pupil's mental health concern cannot be managed effectively and safely within the College, the Headmaster reserves the right to request that parents withdraw their child temporarily until appropriate reassurances have been met.

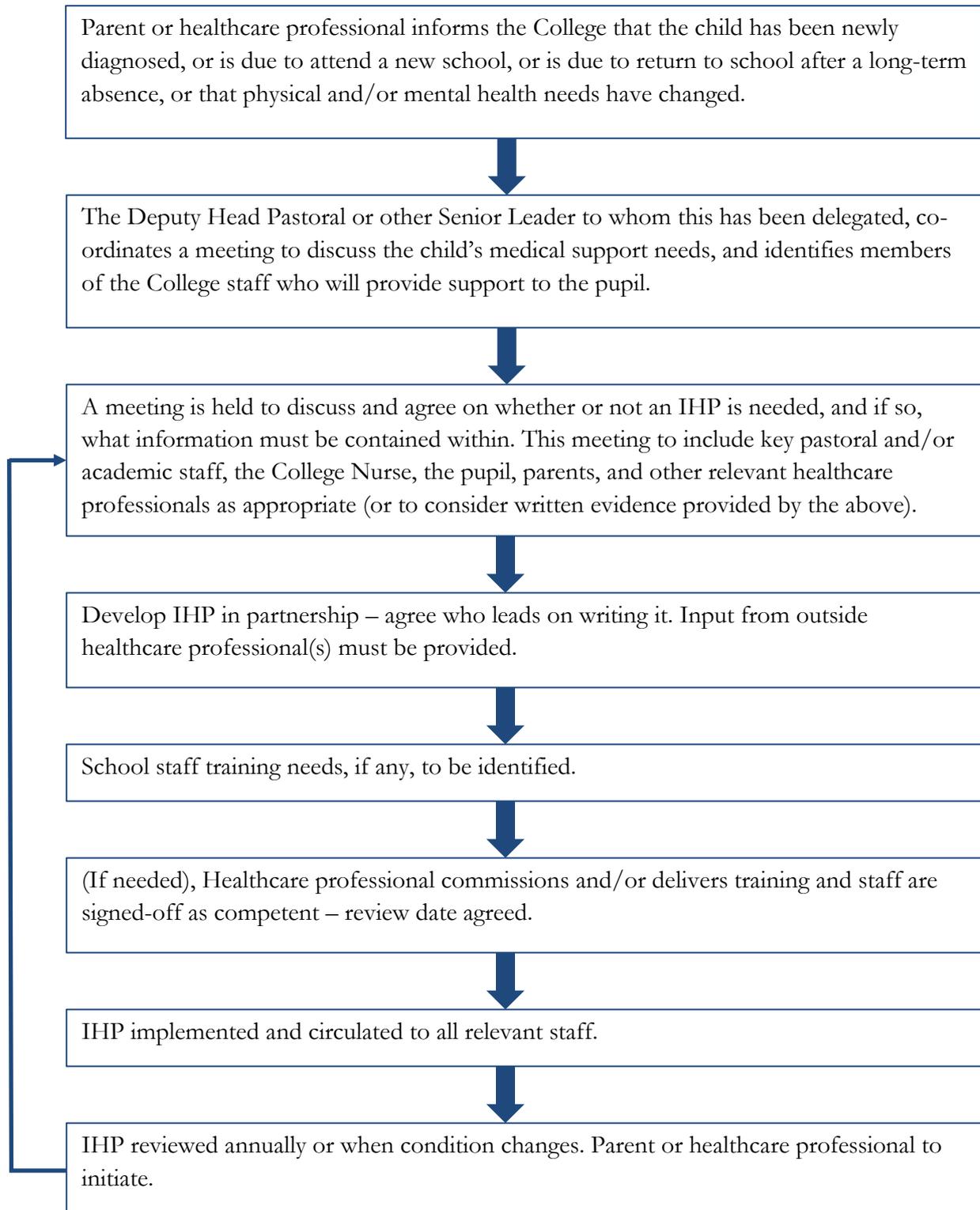
Reintegration

Should a pupil require some time out of school due to injury or physical or mental ill-health, the College will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready.

The Deputy Head Pastoral will work alongside counsellors and/or other healthcare professionals, the College Nurse, relevant pastoral and academic staff, the pupil and parents to produce an appropriate IHP to support them in their return to school. If a phased return to school is deemed appropriate, this will be agreed with the parents and will be reflected in the IHP.

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Committee:	N/A	Clerk to the Governors Signature:	N/A

APPENDIX 1 – Process for developing Individual Healthcare Plans (IHPs)



APPENDIX 2 – Individual Healthcare Plan (IHP) template



St Dunstan's
College

Individual Healthcare Plan

Personal Information

Name	Date of Birth
Address	
	Date of IHP
Postcode	Review Date

Contact Information

Family contact 1:

Name
Parental
Responsibility?
Relationship to
child
Phone number (m)
Phone number (w)
Phone number (h)
Email

Family contact 2:

Name
Parental
Responsibility?
Relationship to
child
Phone number (m)
Phone number (w)
Phone number (h)
Email

Emergency Contact:

Name
Relationship to
child
Phone number (m)
Phone number (w)
Phone number (h)
Email

GP Contact:

GP Name
Surgery Address

GP Phone Number
email

Medical Information

Medical Condition:	Drug:	Dose	When?	How is it administered?
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Daily care/monitoring requirements, including break, lunch and afterschool care:

Impact of condition on learning, including any disability or physical limitations caused by the condition:

Emergency Care Information

What is considered an emergency situation for this pupil?

What are the symptoms present in an emergency?

What are the most likely triggers for an emergency developing?

What action must be taken in the event of an emergency (including parental contact and responsible adult)

Follow-up care required after an emergency:

Additional information

Additional information, including parents' wishes/advice:

Parent Signature

Print Name

Date

Staff

Signature

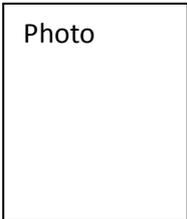
Print Name

Date

It is the parent's/guardian's responsibility to inform the College of any changes to any part of this IHP and to pass on copies of any new medical advice from healthcare professionals.

Copies to:

- Head of I&E
- Head of Year/Section
- Form Tutor
- College Nurse
- Deputy Head Pastoral
- Parents
- Pupil
- iSAMS (upload)
- Catering Department (if special diets are required)
- Other:



St Dunstan's
— College —

Management of Allergic
(appendix to IHP – use as

Reaction
required)

Name	
Form	
DOB	
Home Address	
Parent/Guardian	
Hospital Attended for management of Allergy	
Location of Medication	

I AM ALLERGIC TO:

Mild – moderate reaction:

- Swollen lips face or eyes
- Itchy, tingling/burning sensation in mouth
- Rapidly developing hives or itchy skin rash
- Pale/ anxious
- Nausea, abdominal pain or vomiting
- Sudden change in behaviour
- Dizziness

ACTION

- Stay with pupil and call for help
- Send for emergency medication and protocol
- Give prescribed **ANTI-HISTAMINE** medication (If vomited, can repeat dose)

Contact parent or carer

Monitor and watch for signs of ANAPHYLAXIS (life -threatening allergic reaction) – see Severe reaction overleaf

Severe Reaction:

- **Airway:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue, tightness in throat
- **Breathing:** Difficulty or noisy breathing, wheeze or persistent cough
- **Consciousness:** Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of the above signs are present:

1. Call for help
2. TELL SOMEONE TO CALL 999 AND EXPLAIN I AM SUFFERING FROM ANAPHYLAXIS
3. Lie pupil flat (if breathing is difficult allow me to sit)
4. Give me my **ADRENALINE** via my **Auto-injector into my thigh.**

Name: EPIPEN

Dose:

Time given:

(e.g. .Epipen / JEXT)

5. If pupil not breathing or no signs of life: commence CPR/BASIC LIFE SUPPORT until professional help arrives
6. If no improvement after 5 mins give 2nd Auto injector

Time 2nd dose given:

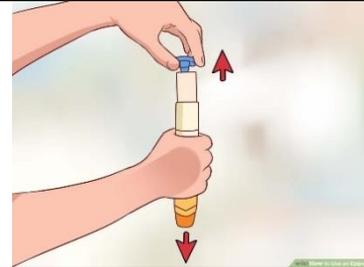
*****IF IN DOUBT, GIVE ADRENALINE*****

If I am on medication for Asthma and I am wheezy: Give me my (BLUE) INHALER

Name: Salbutamol

Number of Puffs: 4-10

- 1) Hold Auto-Injector in fist; pull off blue cap



- 2) Hold Auto-Injector 10cm away from outer thigh. Orange tip should point towards outer thigh, through clothing if necessary.



- 3) Jab firmly into outer thigh with Auto-Injector at a right angle to the outer thigh until a click is heard; hold in place for 10 seconds.



- 4) Remove Auto-Injector; massage site for 10 seconds. Discard used Auto-Injector in sharps box Go to the hospital immediately



INFORMATION TO BE GIVEN TO PARAMEDICS ON ARRIVAL

- 1. Recount events
- 2. Send used auto-injectors in plastic box
- 3. Send copy of care plan giving details of the times the medicines were given.
- 4. Confirm the parent /carer has been informed.

An adult member of staff must accompany the child if the parent /carer have not arrived

This care plan has been agreed by:

Parents/Carer to inform the School Nurse when there is a change to the treatment / management / medication that requires the care plan in school to be updated.

As the parent /carer I agree to ensure a supply of medicine is available and in date.

Parent: _____ (Print name) _____ (sign)

Head teacher/SENCO _____ (print name) _____ (sign)

School Nurse: _____ Sign: _____

PARENTAL CONSENT: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare back up adrenaline auto injector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed:

APPENDIX 3 – Specific Medical Conditions

This section lists information and guidance on four common specific medical conditions: Anaphylaxis, asthma, diabetes and epilepsy. Where a pupil has a specific medical condition that is not included in this document, a similar set of guidance for their specific condition should be created and included on their IHP.

Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. It is also known as anaphylactic shock.

Signs and Symptoms

Anaphylaxis usually develops suddenly and gets worse very quickly. The symptoms include:

- Feeling lightheaded or faint
- Breathing difficulties – such as fast, shallow breathing
- Wheezing
- A fast heartbeat
- Clammy skin
- Confusion and anxiety
- Collapsing or loss of consciousness.
- Itchy raised rash (hives)
- Feeling or being sick
- Swelling (angioedema)
- Stomach pain

Treatment

Anaphylaxis is a medical emergency. It can be very serious if not treated quickly.

If someone has symptoms of anaphylaxis at school, you should:

1. Call 999 for an ambulance immediately – tell the operator that you think the person has anaphylaxis
2. Remove the trigger if possible – for example, carefully remove any wasp or bee sting stuck in the skin
3. Lie the person down flat – unless they're unconscious, pregnant or having breathing difficulties
4. Use an adrenaline auto-injector (epipen) if the person has one – but only if you know how to use it correctly. If it is a pupil and they are not carrying their epipen, send someone to the College Nurse immediately to collect their epipen from The Pavilion
5. Give another injection after 5-15 minutes if the symptoms don't improve and a second auto-injector is available

Anaphylaxis is the result of the body's immune system overreacting to a trigger. A trigger is often something that the person is allergic to, but isn't always. In some cases, there's no obvious trigger. This is known as idiopathic anaphylaxis.

Common anaphylaxis triggers include:

- Foods - including nuts, milk, fish, shellfish, eggs and some fruits
- Medicines – including some antibiotics and non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin
- Insect stings – particularly wasp and bee stings
- General anaesthetic
- Latex – a type of rubber found in some rubber gloves and condoms

Prevention and Managing Risk

If a pupil has a serious allergy or has experienced anaphylaxis before, it is important to try to prevent future episodes. The following can reduce the risk of anaphylaxis:

- Identify any triggers – if a pupil has a known anaphylactic response to a trigger, the parents must inform the College of the trigger, and advice on avoiding the trigger at school will be included on the pupil's IHP.
- Pupils who are prescribed an adrenaline auto-injector (epipen) should carry this at all times. Spare epipens should be kept in the College Office. If the pupil is not competent to carry their own epipen, this should be kept with the class teacher(s) and be to hand at all times.
- Staff must be trained in using epipens, and this training should be refreshed biannually.
- Pupils should be trained to use their own epipens.
- If anaphylaxis is suspected, the adrenaline auto-injector should be used (injection given), even if you're not completely sure that the pupil is experiencing anaphylaxis.
- Epipens should be brought on all school trips and visits, and at least one member of staff accompanying the trip or visit must be trained in administering an injection using an epipen.

Asthma

Asthma attacks can be life-threatening. If the asthma-sufferer is on the right asthma treatment, their chance of having an attack is greatly reduced.

Signs and Symptoms

The symptoms of an asthma attack include:

- Coughing
- Breathlessness
- Wheezing
- Tight feeling in the chest
- Breathing is getting faster and the person feels like they can't catch their breath
- Peak flow score is lower than normal (peak flow is a simple measurement of how quickly you can blow air out of your lungs – sometimes peak flow meters are prescribed as a way of monitoring asthma)
- Children may complain of a tummy ache
- Using the reliever inhaler (usually blue) isn't helping alleviate the symptoms

Treatment

The symptoms won't necessarily occur suddenly. In fact, they often come on slowly over a few hours or days. If a pupil is suspected of having an asthma attack, the following steps should be taken:

1. Ensure the pupil sits down and tries to take slow, steady breaths. They should remain calm, as panicking will make things worse.
2. The pupil should take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs. It's best if the pupil can use a spacer (if available). If the pupil does not have their reliever inhaler on them, a spare reliever inhaler is available from the College Nurse.
3. Call 999 for an ambulance if no inhaler is available, if the pupil feels worse despite using their inhaler or if the pupil does not feel better after taking 10 puffs.
4. If the ambulance hasn't arrived within 15 minutes, repeat step 2.

If emergency services are required, ensure that a copy of the pupil's IHP is provided to the paramedics and is taken to the hospital with the child.

If the symptoms improve and no emergency services were called, the parents of the child must be informed, and they should make an appointment for the child to see their GP or asthma nurse within 24 hours.

Prevention and Managing Risk

The following steps can help reduce the risk of a child having an asthma attack:

- The child should follow their personal asthma plan as outlined by their GP or asthma specialist (and which will inform their IHP at school) and take all of their medicines as prescribed.
- The child should have regular asthma reviews with their GP or asthma nurse – at least annually
- Avoid common triggers whenever possible
- If the child begins to use their reliever inhaler more often than usual, or if they perceive that their symptoms are getting worse, they should talk to their GP or asthma nurse.

Diabetes

Diabetes is a lifelong condition where the amount of glucose in the blood is too high because the body can't use it properly. This is because the pancreas doesn't make any insulin, or not enough, or the insulin that it does make doesn't work properly (this is known as insulin resistance).

Insulin is a hormone produced by the pancreas that helps glucose move into the body cells where it's used for energy. If there's no insulin, glucose builds up in the bloodstream.

Glucose comes from digesting carbohydrate-containing foods which include starchy foods (such as bread, rice, potatoes, chapatis, yam and plantain), fruit, some dairy products, sugar and other sweet food. Glucose is also made by the body in the liver.

There are two main types of diabetes, Type 1 and Type 2.

Type 1 diabetes is an autoimmune condition, meaning that the body has attacked and destroyed its own cells (in this case, the insulin-producing cells in the pancreas). Nobody knows for sure why this happens, but it is nothing to do with being overweight or any lifestyle factors, and there is nothing that can be done to prevent it. Around 31,500 children and young people in the UK have Type 1 diabetes.

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that it does make doesn't work properly. This type of diabetes is most common in people over the age of 40 and is linked with being overweight. It is relatively uncommon in children.

This advice is for children with Type 1 diabetes. Children may present with Type 2 or other, more rare forms of the disease, and in this case additional information can be found through www.diabetes.org.uk.

Signs and Symptoms

School staff can be in a position to notice the early signs that a child may have Type 1 diabetes. The following are common signs and symptoms of diabetes, and should staff notice these in a child, the child should be referred to the College Nurse for further assessment and advice, which would typically be to ask parents to make an appointment with their GP straight away and ask for a test for diabetes.

- Need for frequent urination
- Being really thirsty, and not being able to quench the thirst
- Feeling excessively tired
- Losing weight or looking thinner than usual.

Knowing and understanding the symptoms of high and low blood sugar is essential both for children with diabetes and the staff who look after them. Symptoms of high blood sugar (hyperglycaemia) include:

- Need for frequent urination
- Drowsiness
- Nausea
- Extreme hunger and/or thirst
- Blurring of the vision

If left untreated, hyperglycaemia can lead to a loss of consciousness. If the child loses consciousness or becomes unresponsive, ring 999 for an ambulance straight away. Diabetic ketoacidosis (DKA) is a dangerous complication for people with diabetes which happens when the body starts running out of insulin. DKA can result in coma or even death if it is not treated properly. Symptoms of DKA include:

- Vomiting
- Dehydration
- An unusual smell on the breath – sometimes compared to the smell of pear drops
- Deep laboured breathing or hyperventilation

- Rapid heartbeat
- Confusion and disorientation
- Coma

DKA is a serious medical emergency. If DKA is suspected, ring 999 for an ambulance immediately.

Symptoms of low blood sugar (hypoglycaemia) include:

- Shaking
- Fast heartbeat
- Sweating
- Anxiety
- Dizziness
- Extreme hunger
- Weakness and tiredness
- Irritability

Response to high or low blood sugar will be detailed in the child's IHP, but generally they should check their blood sugar levels using their testing equipment if they feel symptoms of hypo/hyperglycaemia. Generally, hypoglycaemia is treated by eating carbohydrates and hyperglycaemia is treated with insulin.

Treatment

The aim of diabetes treatment is to keep blood glucose levels as near normal as possible. This, together with a healthy lifestyle, will help keep a child well in the short term and long term, and improve their wellbeing.

The only medication that treats Type 1 diabetes is insulin, which reduces the amount of sugar in the blood. Insulin can't be taken by mouth as it is a protein and would be broken down by the digestive juices in the stomach. Therefore it either needs to be injected or given via a pump. Whether to use insulin injections or a pump will be decided by the child and family and their children's diabetes team.

Most children who inject their insulin will generally take four or more injections per day (known as multiple daily injections or MDI). Research shows that MDI can control blood glucose levels better than less frequent injections. Taking more injections can also give greater flexibility in when to eat and how much.

Children taking MDI will need an injection with each meal as well as an injection at bedtime and/or in the morning, so they'll need to have an injection at school at lunchtime. They might need an injection at other times during the school day too, if their blood sugar levels are high.

Children who need to have an insulin injection at school will need to bring insulin and their injecting equipment into school. In most cases, the equipment will be either a disposable or reusable insulin 'pen' device.

Injecting cold insulin can be painful, so the insulin a child is currently using should be stored at room temperature. Spare insulin, not currently in use, should be stored in the fridge. After removal from the fridge, insulin can be used for up to one month after which it should be disposed of.

Children may need help with injecting, especially if they're younger or newly diagnosed. The College Nurse may inject the child, or if more appropriate the child's class teacher may be trained in how to inject the child. This training would be reviewed annually.

Children who inject themselves may choose to do so in private or in public, and this choice should be made clear on their IHP. It is not a requirement that the child goes to The Pavilion to self-inject, although they may choose this option.

Regardless of how the child's insulin is delivered at school, whether through injections or insulin pumps, the College Nurse and other relevant staff will meet with the child's specialist diabetes nursing team to ensure they are properly trained to assist the child with the management of their diabetes. Every case is individual, and therefore the partnership between the child's diabetes specialist clinicians and the College is crucially important. No IHP for diabetes should be completed without specialist input.

Managing Risk

Most children with diabetes will need to test their blood glucose (also known as sugar) levels on a regular basis, including at school. Blood sugar testing identifies blood sugar levels at a given time so that treatment can be given straight away to keep them to target levels. An individual child's before meal and after meal targets will be stated in their IHP.

The child's diabetes specialist team will advise on when blood sugar testing should be done, and this will also be detailed in the child's IHP. Children may need help with blood testing, especially if they're younger, newly diagnosed or are unreliable in their self-testing. The help that they need, if any, will be detailed in their IHP.

Many children with diabetes will match their insulin exactly to the amount of carbohydrate in the food they're about to eat – this is called 'carbohydrate counting'. The catering staff are able to provide carb counts for children, and should this be required, it should be stated on their IHP. Some children will also need to eat snacks between meals, perhaps even during class time. The choice of snack available and the timings of snacks should be stated in the IHP.

Exercise is important for all children, and children with diabetes are no exception. Children with diabetes will need to plan for physical activity, because all forms of activity use up glucose, which can mean that their blood glucose level falls too low. On the other hand, if their blood glucose is high before getting active, physical activity may make it rise even higher. The child's diabetes specialist team will advise the school on the specific preparation required. This must also be stated on the child's IHP.

If a child uses an insulin pump, it must be disconnected if the child is taking part in contact sports, and normally when swimming. The child's diabetes specialist team will advise on when to disconnect the pump, and how long the pump can be disconnected. This must be stated on the child's IHP.

Implications for Learning

Under equality laws, schools have a duty to make ‘reasonable adjustments’ to prevent any child with a disability from being placed at a substantial disadvantage compared to non-disabled children. While children with diabetes and their parents may not consider diabetes a disability, they are still covered by these laws. The Equality Act covers co-curricular activities and how the curriculum is delivered and so methods of teaching need to treat all pupils fairly and not put any pupils with diabetes at a disadvantage.

The following are examples of simple adjustments that a school could make to ensure that a child with diabetes fulfils their academic potential in an exam:

- Allowing the child to bring their blood glucose monitor and testing strips into the exam, and to test whenever necessary during the exam.
- Allowing the child to bring hypo remedies into the exam (this might include a sugary drink, sweets or a snack. The parent or specialist diabetes nurse will advise on the most suitable hypo remedy for the child).
- Allowing them to bring in water (hyperglycaemia can cause excessive thirst).
- Allowing them supervised toilet breaks, as frequently as they need (hyperglycaemia can cause frequent urination).
- Allowing the child to sit in the place that is most appropriate for them, eg sitting close to the invigilator if they would like someone to keep a closer eye on them in case of a hypo/hyper.
- Allowing extra time in case of a hypo/hyper.
- Making sure that the invigilator(s) know that there is a child with diabetes sitting the exam and what adjustments to usual procedure have been agreed.
- Making sure that the invigilator(s) understand about diabetes and how it can affect a child in an exam.

This is not an exhaustive list, and individual children will have different needs. The child, parent, specialist diabetes nurse, and relevant school staff should discuss the specific needs of the child in plenty of time so that arrangements can be put in place, and these should be detailed in the child’s IHP.

Diabetes can affect learning, and if it’s not well managed, a child can have difficulties with attention, memory, processing speed, planning and organising and perceptual skills. This can prevent them from achieving their full academic potential. The challenges of keeping diabetes well managed may also impact on a child’s life and wellbeing.

Some children with Type 1 diabetes will have an Individual Student Profile or an Education, Health and Care Plan (EHCP) to guide their learning support. Every child’s experience of Type 1 diabetes is different and the level of support required depends on the individual child. If a child has an Individual Student Profile or an EHCP, their IHP must link to that. The Head of Learning Support will need to input into the IHP, recognising how diabetes affects the child’s learning.

Some children with diabetes may have more frequent absences than those without, and should this be the case for a particular child, appropriate measures for ensuring that they remain caught-up in lessons should be outlined on their IHP.

Epilepsy

Epilepsy is a common condition that affects the brain and causes frequent seizures.

Seizures are bursts of electrical activity in the brain that temporarily affect how it works. They can cause a wide range of symptoms.

Epilepsy can start at any age, but usually starts either in childhood or in people over 60. It's often lifelong, but can sometimes get slowly better over time.

Signs and Symptoms

Seizures can affect people in different ways, depending on which part of the brain is involved.

Seizures typically pass in a few seconds or minutes, and can occur when a person is awake or asleep. Sometimes seizures can be triggered by something, such as feeling very tired. There are many different types of seizures.

Simple partial (focal) seizures are sometimes known as 'warnings' or 'auras' because they can be a sign that another type of seizure is about to happen. Simple partial seizures can cause:

- A general strange feeling that's hard to describe
- A 'rising' feeling in the tummy – like the sensation when on a fairground ride
- A feeling that events have happened before (déjà vu)
- Unusual smells or tastes
- Tingling in arms and legs
- An intense feeling of fear or joy
- Stiffness or twitching in part of the body, such as an arm or hand.

Complex partial (focal) seizures are accompanied by a loss of sense of awareness, and cause the person to make random body movements such as:

- Smacking lips
- Rubbing hands
- Making random noises
- Moving arms around
- Picking at clothes or fiddling with objects
- Chewing or swallowing

The person won't be able to respond to anyone else during the seizure and won't have any memory of it.

Tonic-clonic seizures (previously known as 'grand mal') is what most people think of as an 'epileptic fit'. They happen in two stages – an initial 'tonic' stage, shortly followed by a second 'clonic' stage:

- Tonic stage – the person loses consciousness, their body goes stiff and they may fall to the floor.
- Clonic stage – the person's limbs jerk about, they may lose control of their bladder or bowel, they may bite their tongue or the inside of their cheek, and they might have difficulty breathing.

The seizure normally stops after a few minutes, but some last longer. Afterwards, the person may have a headache or difficulty remembering what happened and might feel tired or confused.

Absence seizures (previously known as ‘petit mal’) cause a loss of awareness of surroundings for a short time. They mainly affect children, but can happen at any age. During an absence seizure, a person may:

- Stare blankly into space
- Look like they’re ‘daydreaming’
- Flutter their eyes
- Make slight jerking movements of their body or limbs

These seizures usually only last up to 15 seconds and the person won’t be able to remember them. They can happen several times a day.

Myoclonic seizures are where some or all of the person’s body suddenly twitches or jerks, like they’ve had an electric shock. They often happen soon after waking up. Myoclonic seizures usually only last a fraction of a second, but several can sometimes occur in a short space of time. The person normally remains awake during myoclonic seizures.

Clonic seizures cause the body to shake and jerk like a tonic-clonic seizure, but the person doesn’t go stiff at the start. These typically last a few minutes and the person may lose consciousness.

Tonic seizures cause all of the person’s muscles to suddenly become still, like the first stage of a tonic-clonic seizure. This may mean that the person loses their balance and falls over.

Atonic seizures cause all of the person’s muscles to suddenly relax, so they may fall to the ground. They tend to be very brief and the person will usually be able to get up again straight away.

Status epilepticus describes any seizure that lasts a long time, or a series of seizures where the person doesn’t regain consciousness in between. These are a medical emergency and need to be treated as soon as possible. If there is no member of staff who has been trained to deal with status epilepticus seizures, call 999 for an ambulance immediately if the seizure hasn’t stopped after five minutes.

Treatment

Treatment can help most people with epilepsy have fewer seizures or stop having seizures completely. Treatments include:

- Medicines called anti-epileptic drugs
- Surgery to remove a small part of the brain that’s causing the seizures
- A procedure to put a small electrical device inside the body that can help control seizures
- A special diet (ketogenic diet) that can help control seizures.

Some people need treatment for life, but others are able to stop treatment if their seizures disappear over time.

Managing Risk

Each child with epilepsy is an individual, and their treatment will depend on their own circumstances. It is vital that the epilepsy specialist they are working with inputs into the IHP to ensure that the College is able to properly support the child in the management of their epilepsy.

Staff should be trained to understand epilepsy, especially in high-risk environments like swimming lessons.

Implications for Learning

Under equality laws, schools have a duty to make 'reasonable adjustments' to prevent any child with a disability from being placed at a substantial disadvantage compared to non-disabled children. While children with epilepsy and their parents may not consider epilepsy a disability, they are still covered by these laws. The Equality Act covers co-curricular activities and how the curriculum is delivered and so methods of teaching need to treat all pupils fairly and not put any pupils with epilepsy at a disadvantage.

Whether or not a child's epilepsy affects their ability to learn or do exams or tests depends on their individual epilepsy. If they are likely to have seizures in stressful situations or at certain times of the day, this may affect their performance in exams or tests. Tiredness, or memory or concentration problems may also affect learning and the ability to do exams or tests.

The following are examples of simple adjustments that a school could make to ensure that a child with epilepsy fulfils their academic potential in an exam:

- Allowing them rest breaks
- Allowing the invigilator to tap the desk or give some other suitable signal for the child to go back to task in the event of loss of concentration
- Allowing the child to sit in the place that is most appropriate for them, eg sitting close to the invigilator if they would like someone to keep a closer eye on them in case of a seizure
- Allowing extra time in case of a seizure
- Making sure that the invigilator(s) know that there is a child with epilepsy sitting the exam and what adjustments to usual procedure have been agreed.
- Making sure that the invigilator(s) understand about epilepsy and how it can affect a child in an exam, as well as how to act in the event that the child has a seizure.

Some children with epilepsy will have an Individual Student Profile or an Education, Health and Care Plan (EHCP) to guide their learning support. Every child's experience of epilepsy is different and the level of support required depends on the individual child. If a child has an Individual Student Profile or an EHCP, their IHP must link to that. The Head of Learning Support will need to input into the IHP, recognising how epilepsy affects the child's learning.

APPENDIX 4 – Automated External Defibrillators (AEDs)

There are two AEDs on the College site: one in the foyer of the main school building outside of the Great Hall, and the other in the PE block.

The AED should only be used where a person is in **cardiac arrest**. It should **not** be used where a person is conscious, breathing and/or their heart is still beating.

If a person is suffering from a cardiac arrest, the first person on the scene should immediately call 999 for an ambulance and commence CPR. If possible, a first aider who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by any person by following the step-by-step instructions on the AED.

The person administering the AED should ensure that the area around the person suffering cardiac arrest is clear before administering the AED. They should then stay with the casualty until the emergency services arrive.

The College will run annual training briefings to ensure as many staff as possible are trained in the use of AEDs.



St Dunstan's
College

APPENDIX 5 – Consent for the Administration of Medicines Form

To be completed by parents.

Name of pupil: _____ Date of Birth: _____

Year Group: _____ Form Tutor: _____

Reason for medication:

Details of medication

Name of medication: _____

Dose: _____

Method of administration: _____

Duration: _____

Timing: _____

Contact details

Name of parent/guardian: _____

Full address: _____

Telephone number: _____

Relationship to pupil: _____

Please tick as appropriate

- For prescription medicine:** I hereby request that the College administers this medication as prescribed by our own GP. I understand that the medication must be provided in a pharmacy-labelled container with my child's name, date of birth and full prescription details on and that the onus is on my child to present to the appropriate member of staff at the right time so that the medication can be administered (unless other arrangements are noted on an IHP)

- For over-the-counter medicine provided by parents:** I hereby request that the College administers this medication that we have provided. I understand that the medication must be provided in the original packaging and that the onus is on my child to present to the appropriate member of staff at the right time so that the medication can be administered.

- For over-the-counter medicine available at the College:** I consent for the College to administer the following medicines as required (please delete medications as necessary):

Paracetamol / ibuprofen / simple linctus / Piriton / Lemsip / Optrex eye bath / heat sprays
cold sprays / antihistamine cream for insect bites and stings / Ralgex cream

IF ANY OF THESE DETAILS CHANGE IN THE FUTURE, IT IS THE PARENTS' RESPONSIBILITY TO INFORM THE COLLEGE IN WRITING.

Parent/guardian signature:

Date:



St Dunstan's
College

APPENDIX 6 – Medical and Educational Needs Questionnaire

To be completed by parents in **black ink** and **BLOCK CAPITALS**.

Pupil Surname: _____

Pupil First Name(s): _____

Date of Birth (dd/mm/yyyy): _____ Male Female

NHS Number: _____

EU Health Insurance Card Number: _____

Town and Country of Birth: _____

Home Address:

GP Name: _____

GP Address:

GP telephone number: _____

Emergency Contact Details

All pupils must have at least two emergency contacts listed. These can be friends or relatives over the age of 25, preferably living within one hour’s driving distance of St Dunstan’s College. All emergency contacts must be able to collect the pupil from school in the case of illness, emergency or any other reason.

Emergency Contact 1:

Full Name of Contact: _____

Mobile Telephone Number: _____

Home Telephone Number: _____

Email Address: _____

Home Address:

Relationship to Pupil: _____

Emergency Contact 2:

Full Name of Contact: _____

Mobile Telephone Number: _____

Home Telephone Number: _____

Email Address: _____

Home Address:

Relationship to Pupil: _____

Allergies

Please list any allergies the pupil has, including allergies to medication

		Medication Prescribed	Type of Reaction
Nuts	Yes/No		
Food (please specify)	Yes/No		
Wasp/Bee stings	Yes/No		
Allergy to medication (please specify)	Yes/No		
Other (please specify)	Yes/No		

Illness/Operations

Please list any illnesses the pupil has had.

		Date (if known)	Further Information
Chicken Pox	Yes/No		
Glandular Fever	Yes/No		
Appendectomy	Yes/No		
Tonsillectomy	Yes/No		
Grommets	Yes/No		
Heart Surgery	Yes/No		
Broken Bones	Yes/No		
Other (please specify)	Yes/No		

Dietary Requirements

Please give details below of any special dietary requirements the pupil has.

--

Immunisation Record

Please complete the details in full, with dates

Vaccination:	Date:	Vaccination:	Date:
BCG	Yes/No	Rabies	Yes/No
Diphtheria	Yes/No	Tetanus Booster	Yes/No
Hepatitis A	Yes/No	Typhoid	Yes/No
Hepatitis B	Yes/No	Whooping Cough	Yes/No
Polio Booster	Yes/No	Yellow Fever	Yes/No
Meningitis ACWY	Yes/No	Other	Yes/No
Meningitis B	Yes/No	Girls only:	
Meningitis C	Yes/No	HPV 1	Yes/No
MMR	Yes/No	HPV 2	Yes/No

Medical Conditions

Please complete all sections with as much information as possible, including medication doses

	Medication	Further Information
Asthma*	Yes/No	
ADHD	Yes/No	
Anxiety/Depression	Yes/No	
Bone/Joint diseases	Yes/No	
Diabetes	Yes/No	
Eating disorders	Yes/No	
Eczema/Psoriasis	Yes/No	
Epilepsy or other seizures	Yes/No	
Hay fever	Yes/No	
Heart murmur	Yes/No	
Migraines	Yes/No	
Other		

***Asthma**

If the pupil has asthma/has been prescribed an inhaler, please indicate if you give consent for them to be administered the emergency inhaler should their inhaler be unavailable.

- I consent for my child to be administered the emergency inhaler should their inhaler be unavailable.
- I DO NOT consent for my child to be administered the emergency inhaler should their inhaler be unavailable

Medication

Please list any other medication the pupil is currently taking, whether prescribed or over the counter, and the reasons.

Other Health Needs

Please provide full details of any other physical health problem your child has experienced or is currently experiencing not detailed above.

Emotional and Mental Health Needs

Please provide full details of any other emotional or mental health issues or characteristics that have affected your child (for example bereavement, divorce, anxiety, depression, autism or Asperger syndrome, OCD, attention disorders, immediate family member with acute medical needs, etc.)

Special Educational Needs

Please provide full details of any new or relevant information regarding Learning Support or Special Educational Needs that has already been communicated to the College. Please attach any additional information, such as an educational psychologist's report, to this document.

Other Agencies

Are there any other agencies involved in the care of the pupil such as CAMHS, Social Services, Speech or Occupational Therapy, etc.?

--

Parental Authorisation – please complete both sections

I confirm that I have completed this Pupil Medical and Educational Needs Questionnaire and have shared all relevant information as accurately as possible. I also confirm that it is my parental responsibility to update the College immediately should any information shared on this form change.

Parent/Guardian signature: Date:	Parent/Guardian signature: Date:
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APPENDIX 7 – Management of Head Injuries, incorporating Graduated Return to Play (GRTP)

Introduction

Head injuries may occur in any area of College life and are not exclusive to contact sports. When pupils suffer an impact to the head, it is vital that all members of staff manage the injury in a consistent way regardless of the circumstances. The health and wellbeing of the pupil is at all times of paramount importance and if a member of staff is in any doubt as to whether or not an injury has occurred, or concussion suffered, they should exercise caution in the best interest of the pupil.

Managing a pupil who has received an impact to the head

Members of staff, medical or otherwise, are not expected to be able to diagnose concussion, but will be required to make appropriate judgements when managing a pupil who has received an impact to the head. Pupils who receive an impact to the head should immediately be removed from any activity in which they are participating and checked for signs and symptoms of concussion using the Aide Memoire for Head Injuries (Appendix 7.2) as a guide.

Age-appropriate Maddocks Questions (Appendix 7.1) must be asked during the initial assessment, and it should be noted whether the questions were answered correctly or not.

The College will ensure that suitable training is provided periodically to all relevant members of staff in order to ensure best practice and consistency of approach and to help staff to build a good level of confidence in recognising the signs and symptoms of concussion. After a pupil receives an impact to the head, there are three scenarios for staff to manage:

1. No signs and/or symptoms are observed or reported

The pupil may return to the activity, but the member of staff must be mindful that signs and symptoms may appear later and as such, must monitor the pupil closely. Even when no signs or symptoms are evident, for precautionary reasons, staff should always report the incident promptly to parents and the College Nurse.

2. Some signs and/or symptoms are reported or observed that suggest a possible head injury (for example, concussion)

The pupil should not return to their activity under any circumstances and should be monitored closely to assess whether signs and symptoms are improving, staying the same, or worsening. The member of staff will then have to make a judgement as to whether to continue monitoring, to seek further medical advice by calling 111, or to phone for an ambulance. If an ambulance has not been called, the pupil should be transferred directly to the care of their parents as soon as possible. Upon collection, the member of staff (or College Nurse if the pupil has been moved to The Pavilion) should provide the parent/nominated adult with a full description of the incident and a copy of this head injury policy.

3. Some signs and/or symptoms are reported or observed that indicate the need to call an ambulance

Some symptoms merit immediate medical attention as they are indicative of a more serious injury to the head and staff must familiarise themselves with the list of such

symptoms (see below). In all such cases, the member of staff should call an ambulance by phoning 999. They should then contact parents as soon as possible.

In scenarios 2 and 3 above, it is vital that the pupil is seen by a health professional trained in assessing head injuries and this will usually mean a visit to A&E or an NHS walk-in centre. Parents must ensure that the pupil has been assessed in this way and that the diagnosis is reported back to the College Nurse, before the pupil returns to school. Where concussion is suspected or diagnosed, a pupil must undergo an immediate 48-hour period of complete body and brain rest and should remain off school for that time. If symptoms persist, the pupil should not return to school and further medical advice should be sought. In general, pupils should not return to school until they are symptom free, but in some cases and only when medical advice allows, it may be appropriate for the College to help facilitate a staged return to school.

The GRTP

In scenarios 2 and 3 above, pupils will be required to follow the Graduated Return to Play programme (GRTP, appendix 7.4). This is an exercise programme that works progressively through increasing levels of intensity over time and is designed to ensure that a pupil can return to normal physical activities safely following a head injury. Crucially, pupils must remain symptom-free before they can progress through each stage of the programme and if symptoms reoccur, they must begin the process again. Parents are responsible for ensuring that their child follows the GRTP.

Pupils may suffer a head injury whilst participating in an activity outside of the college, for example, at a local hockey or rugby club. In all such cases, it is the parents' responsibility to provide the College promptly with the details of the incident so that we can ensure no inappropriate activity occurs within the College. We strongly recommend that, unless such a programme has already been initiated outside of the College, parents use the College's GRTP to ensure that their child's return to physical activity is managed safely.

Pupils who have suffered a head injury and who have commenced the GRTP will only be permitted to return to exercise as indicated at each relevant stage of the programme and will not be allowed to accelerate or cease participation in the GRTP. Failure to adhere to its process and to sign off each stage as appropriate will result in a delayed return to normal activity.

APPENDIX 7.1 – Age-appropriate Maddocks Questions

An important, and well-established part of an assessment for concussion on the sports touchline is to test an athlete's orientation to time and place by asking the so-called Maddocks Questions.

For children aged 12 and over:

Say to the child, 'I am going to ask you a few questions. Please listen carefully and give your best effort.'

1. At what venue are we today?
2. Which half is it now?
3. Who scored last in this match?
4. Did your team win the last game?

For children aged 5-12:

Say to the child, 'I am going to ask you a few questions. Please listen carefully and give your best effort.'

1. Where are we now?
2. Is it before or after lunch?
3. What subject did you have in your last lesson?
4. What is your form teacher's name?

APPENDIX 7.2 – An Aide Memoire for Head Injuries

Remove and Monitor

If a pupil receives an impact to the head...

- Remove them from the activity, assess them and monitor closely
- Ask the age-appropriate Maddocks Questions
- Only return them to activity if there are no signs or symptoms, and if all Maddocks Questions are answered correctly
- Report the incident to parents before the pupil is released from school and provide them with this head injuries policy
- Report the incident to the College Nurse the same day

Dial 111

If the pupil has any of the following signs and symptoms...

- Memory loss, e.g. not remembering what happened
- Persistent headache since the injury
- Changes in behaviour, such as irritability
- Confusion
- Drowsiness
- Difficulties with understanding what people say
- Difficulty speaking, e.g. slurred speech
- Vision problems (e.g., double vision)
- Loss of power in part of the body, such as weakness in an arm or leg
- Sudden deafness in one or both ears
- Any wound to the head or face
- Loss of balance or problems walking
- Inability to answer or incorrectly answering one or more of the age-appropriate Maddocks questions

Staff should:

- Remove the pupil from activity and supervise
- Seek medical advice from the College Nurse or by dialling 111
- Contact parent(s), and assuming 999 is not required, arrange a 'handover' and signpost the parents to relevant information (e.g., Appendix 7.3 – Head injury advice for parents)
- Report the incident to the College Nurse before the next day

Parents should:

- Report to A&E/Minor Injuries Unit for diagnosis the same day
- Report that diagnosis to the College Nurse as soon as possible
- Monitor symptoms and seek further medical advice if condition worsens/doesn't improve

Dial 999

If a pupil:

- Is knocked unconscious
- Is having a seizure
- Has clear fluid or blood leaking from ears
- Has clear fluid leaking from nose
- Combined with other symptoms, is bleeding from the nose
- Has been vomiting since the injury
- Is having difficulty staying awake, speaking, or understanding what people are saying

Staff should:

- **DIAL 999**
- Contact parents immediately
- Accompany pupil to hospital if parents cannot
- Inform a member of the College Leadership Team
- Report the incident to the College Nurse before the next day.

APPENDIX 7.3 – Head Injury Advice for Parents

Following an impact to the head, an individual might suffer a head injury, which could be a concussion. A concussion is a temporary disturbance in the brain's functioning as a result of a blow to the head. It is important to note that only a small number of concussions involve a loss of consciousness and other symptoms may be observed. Concussion occurs when the brain is shaken in the skull following an impact and this shaking injures the brain. This can result in short and long term symptoms.

Symptoms can take place immediately following the impact, or might develop later. In most cases they will improve by themselves within a couple of weeks if managed appropriately and the recommended rest is undertaken. Despite this, complications can arise from seemingly minor blows to the head, so it is vital that medical advice is sought promptly from a health professional who is trained to assess head injuries. If symptoms become more problematic, or persist, parents should return for further medical advice and assessment.

Parents are encouraged to read through the following information and advice thoroughly. Staff are encouraged to provide a copy of this advice following any incident of head injury or suspected/possible head injury.

Symptoms of concussion

Symptoms of concussion can be mild to severe, and in some cases emergency treatment may be needed.

The most common symptoms of concussion are:

- confusion, such as being unaware of your surroundings
- a delay in answering questions
- disorientation
- headache
- dizziness
- nausea
- loss of balance
- feeling stunned or dazed
- disturbances with vision, such as double vision, blurred vision or "seeing stars" or flashing lights
- difficulties with memory, which may include retrograde amnesia which means the casualty is unable to remember events that occurred before the head injury happened (this usually only affects the minutes immediately leading up to the head injury) or anterograde amnesia in which the casualty is unable to remember any new information or events after the head injury happened. Both types of memory loss usually improve within a few hours.

Less common symptoms include

- loss of consciousness
- slurred speech
- changes in behavior, such as feeling unusually irritable
- inappropriate emotional responses, such as suddenly bursting into laughter or tears

When to seek medical advice

As a precaution, it is recommended that parents take their child to visit the nearest accident and emergency (A&E) department or NHS walk-in centre if the child has any of the following signs or symptoms of concussion:

- loss of consciousness from which the child then recovers
- amnesia (memory loss), such as not being able to remember what happened before or after the injury
- persistent headaches since the injury
- changes in behavior, such as irritability, being easily distracted or having no interest in the outside world – this is a particularly common sign in children under the age of five
- confusion
- drowsiness that goes on for longer than an hour when the child would normally be awake
- a large bruise or wound to the head or face
- prolonged vision problems, such as double vision
- reading or writing problems
- balance problems or difficulty walking
- loss of power in part of the body, such as weakness in an arm or leg
- clear fluid leaking from the nose or ears (this could be cerebrospinal fluid, which normally surrounds the brain)
- blood leaking from the ears
- a black eye with no other damage around the eye
- sudden deafness in one or both ears

When to seek emergency medical treatment

You should phone 999 for an ambulance immediately if the child:

- remains unconscious
- is having difficulty staying awake, speaking or understanding what people are saying
- is having a seizure
- has been vomiting since the injury
- has clear fluid or blood leaking from the ears
- has clear fluid leaking from the nose

When sleeping

When the child is sleeping, you should arrange to check them regularly for the first night and ask yourself:

- Do they appear to be breathing normally?
- Are they sleeping in their normal position?
- Do they respond normally when you rouse them gently? (e.g., pulling up sheets)

If you cannot satisfy yourself that your child is sleeping normally, they should be wakened fully to be checked.

If you are in any doubt whatsoever, you should seek medical advice by contacting your GP, attending a walk-in centre or A&E, dialing 111 (non-emergency number) or 999 (emergencies)

APPENDIX 7.4 – The St Dunstan’s College Graduated Return to Play (GRTP)

Pupil Name: _____ **Year Group:** _____
Date of injury: _____ **Pupil age:** _____

Where a head injury is suspected or diagnosed, the pupil must follow this GRTP, which is overseen by the PE Department, the College Nurse, a GP and the parents of the pupil. It is a six-stage progressive exercise programme that is used to ensure that physical activity and contact sport is re-introduced safely. Pupils will not be permitted to return to activity until they have successfully completed the GRTP.

In order to progress from Stage 1, **parents must sign to agree that 14 days rest has occurred symptom free**. In order to progress from Stage 4, **a GP must sign to agree that the pupil has recovered and has no signs or symptoms of concussion or any other head injury**.

To be completed by the member of staff managing the team, or the College Nurse

How did the injury occur?	
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Maddocks Questions (memory testing) Did the pupil pass or fail the age-appropriate Maddocks Questions?	
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Please tick as appropriate if any of the following signs or symptoms are evident:		
Headache	Loss of balance	
Dizziness	Feeling stunned/dazed	
Nausea	vomiting	
Difficulty speaking/slurred speech	Changes in behaviour	
Loss of power, such as weakness in arm or leg	Clear fluid/blood leaking from ears/nose	
Confusion or disorientation	Delay in answering questions/drowsiness	
Wound to the face or head	Sudden deafness	
Loss of consciousness	Seizure	

To be completed by A&E/Walk-in Centre/Hospital:

Diagnosis of concussion confirmed? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		
Name and Title (print)	Signature	Date

A pupil who has shown clear signs of concussion must have complete body and brain rest for 2 full days (48 hours) from the time of the incident. This will mean for an injury sustained on a Saturday, the pupil should rest for Sunday and Monday and therefore should NOT attend school on Monday. **Pupils must be symptom-free before returning to school.** The pupil should report to the College Nurse in The Pavilion immediately on their return to school, bringing this form with them showing the update from the A&E/Walk-in Centre/Hospital.

IF SYMPTOMS RECUR AT ANY POINT, THE GRTP STARTS AGAIN FROM STAGE 1

Following the injury, pupils must remain off-school for a minimum of two complete days (48 hours) of body and brain rest. (These are days 1 and 2 of the GRTP). During this time, the pupil should not read, watch TV, use a computer or tablet, drive, etc. After this time and presuming the pupil is symptom-free, they should return to school. If symptoms persist, the pupil should not return to school and parents should consider seeking further medical advice.

REST (Days 1-2)	Pupils are not permitted to exercise during this period.	
STAGE 1 (Days 3-14)	<p>This box to be completed by the College Nurse. I confirm that the pupil is symptom-free and can begin Stage 1. Stage 1 consists of 14 days of rest (no physical activity/exercise to take place during this time).</p> <p>Signature of the College Nurse: _____ Date: _____</p>	

This box to be completed by a parent.

I confirm that my child has successfully completed Stage 1 as detailed above and to the best of my knowledge has experienced no further symptoms during that time. I give my permission for my child to continue to Stage 2.

Name of Parent: _____ Signature: _____ Date: _____

Rehabilitation	Non-contact exercise is gradually re-introduced; and impact to the head should be avoided	
STAGE 2 At earliest day 15	Low to moderate intensity aerobic exercise/activity can begin such as light jogging, cycling or swimming for 10-15 minutes. No resistance training.	This is to be low intensity exercise that increases the heart rate in a controlled manner.
STAGE 3 At earliest day 17	Sport-specific exercise/activities can begin as well as higher intensity running drills.	This should add a more diverse range of movements and more rapid changes in intensity, but high to maximum intensity should be avoided.
STAGE 4 At earliest day 19	Normal, but non-contact, training drills can be introduced. Complex training drills should be included and resistance training may also start.	This tests the body's ability to cope with normal activity including maximal intensity exercise such as sprinting. It also tests cognitive ability. Contact must still be avoided.

Contact	Full training can resume, including tackling and where appropriate, full contact	
STAGE 5 At earliest day 21 (Must have GP signature approving move to Stage 5)	Full contact drills should be introduced, but in conditioned gameplay that is controlled by the coach.	This should restore player's confidence and assess functional skills and readiness for participation in a competitive match.
STAGE 6 At earliest day 23	Normal activities, including competitive gameplay.	Full rehabilitation.

This box to be completed by the College Nurse.

I confirm that the pupil has successfully completed the GRTP and can return to normal activities.

Signature of the College Nurse: _____ Date: _____

On completion, this form MUST be returned to the College Nurse for filing.