

MEDICAL POLICY

COVERING BOTH SCHOOLS INCLUDING EYFS AND BOARDING

Governors' Committee normally reviewing:	Governance Committee
Date last formally approved by the Governors :	Spring Term 2025
Date policy became effective :	January 2010

Period of Review:	Annually
Next Review Date	Spring Term 2026

Person responsible for implementation and monitoring :	Senior Deputy Head Medical Centre - Lead Nurse Prep School Nurse
Other relevant policies :	<ul style="list-style-type: none"> • Safeguarding (Child Protection and Staff Behaviour) Policy • First Aid Policy • Medication Policy • Anti-Bullying Policy • Positive Handling Policy • Death of a Child Policy • Equal Opportunities Policy • Sex and Relationship Education Policy • Health and Safety Policy • Concussion Policy

The following Policy encompasses the Aims and Ethos of the Preparatory School and the Senior School

[Aims and Ethos](#)

SAFEGUARDING STATEMENT

Felsted is committed to maintaining a safe and secure environment for all pupils and a 'culture of vigilance' to safeguard and protect all in its care, and to all aspects of its 'Safeguarding (Child Protection and Staff Behaviour) Policy'.

EQUAL OPPORTUNITIES STATEMENT

The aims of the School and the principles of excellent pastoral care will be applied to all children irrespective of their race, sex, disability, religion or belief, sexual orientation, gender reassignment or pregnancy or maternity; equally these characteristics will be recognised and respected, and the School will aim to provide a positive culture of tolerance, equality and mutual respect.

1. INTRODUCTION

The provision of high-quality medical care at all times in any school, and especially in a boarding environment, is recognised as an extremely high priority by Governors, staff and all working within the school. The arrangements for medical care should be under continuous review, at least termly by the Senior Leadership Team, and annually by Governors.

2. AIMS AND OBJECTIVES

Felsted School Medical team seeks to provide:

- Appropriate
- Accessible
- 24 hour
- High quality

medical care for pupils attending Felsted School (the School) in accordance with the following policy.

3. THE ROLE OF THE SCHOOL MEDICAL CENTRE

3.1 Availability and qualifications of trained staff

Medical and Nursing Services will be available through the School Medical Centre which is staffed on a 24hr basis by NMC registered nurses in term time only.

3.2 The nature of Medical Centre provision

The Medical Centre has provision to accommodate the separate care of ill boarders and give appropriate First Aid and minor illness treatment to boarders and day pupils at all times, with access to medical, dental and optical services as required. The School engages with specialist services as required such as mental health services, sexual health services and those providing support for victims of sexual abuse when appropriate, responding in a timely manner to pupils' needs.

There is a facility to isolate contagious illnesses or other cases in a separate ward. Boarders who are separated from others, in bed or otherwise, through illness, are regularly checked and receive the care and attention that they need by a member of staff and are able to summon assistance rapidly and readily when necessary.

There is a separate resting/waiting room in the Medical Centre for Prep School Pupils situated close to the Nurses office.

Accommodation for the care of sick and injured pupils includes a washing facility and is near to a toilet facility and takes into account sex, age and any special requirements.

The Medical Centre is responsible for making routine and emergency appointments for pupils registered with the School Doctor (full and weekly boarders). The Medical Centre will assess if liaison with the parents is necessary dependent on the nature of the appointment and the pupil's age. The Medical Centre can make emergency appointments for other pupils on the request of parents, if appropriate.

4. REGISTRATION WITH AND ACCESS TO A DOCTOR

4.1 Registration with a doctor

It is normal practice for boarders to register with the School's doctor and then to consult their home GP as a 'temporary resident' during school holidays. However, it

is acknowledged that any pupil has the right to register with any doctor of choice for provision of GP services and 'normal practice' may not be enforced.

It is probable that day pupils living within the locality will already be registered with a GP. Although emergency treatment will always be provided by the Medical Centre during school hours, it is expected that for routine medical matters the usual GP will be consulted.

4.2 Access to a doctor

GP surgeries will normally be provided within the Medical Centre five times a week and at other times will be available for emergency care via the Blandford Medical Centre Surgery, or the Braintree out of hours service based in Braintree.

So far as it is possible, pupils will have access to a doctor of the same gender if they wish so (Children's Act 1989).

Contact with the doctor should be private without the pupil having to explain the reason to boarding or nursing staff. Felsted Prep School pupils are normally accompanied by a health and Wellbeing Assistant /Nurse, having gained prior permission from parents.

Chaperones are available for all pupils for any appointments within the Medical Centre.

5. MEDICAL RECORDS AND PARENTAL PERMISSION

5.1 Medical Questionnaire completed by Parent or Guardian for every pupil

A medical questionnaire outlining significant medical problems, current and past treatment, allergies and dates/nature of all immunisations must be completed by a parent or guardian for every new pupil prior to entry to the school.

5.2 Written Parental Permission obtained over pupil's administration of medicines and the School seeking further professional treatment if required

Written parental permission will be obtained on admission to the School, for all pupils not deemed Gillick competent, for the administration of First Aid and appropriate non-prescription medication to boarders and to seek medical, dental or optical treatment when required.

5.3 Notification of Changes to Treatment

Parents are required to provide the School with up to date medical details about any condition or medication relevant to their child after any change to a pupil's medical health or treatment and via an annual update form.

5.4 Accident Insurance

All pupils are covered by the School's accident insurance.

6. MEDICAL RECORD KEEPING BY MEDICAL CENTRE STAFF

Adequate and contemporaneous medical and nursing records will be kept, either written or computer based. NHS and non-NHS records (ie nursing records, accident books), will be kept distinct.

NHS records will be maintained electronically and are linked to Blandford Medical Centre Surgery. NHS records are accessible to nursing and medical staff with logging in procedures to ensure that the author of all entries is identifiable for audit and other purposes. The system has appropriate data security arrangements in place, including being password protected.

7. MANAGEMENT AND ORIGIN OF MEDICINES

A Homely Remedy protocol and a medicines management protocol are in place and in use.

All repeat medications taken by boarders should be obtained from the Medical Centre; i.e. boarders must not bring any prescription or non-prescription medications into school and all medications taken by pupils must be approved by appropriate bodies, such as MHRA (Medicines & Healthcare products Regulatory Agency).

8. A PUPIL'S RIGHT TO REFUSE TREATMENT

A pupil's ability to consent to or refuse medical or nursing treatment is acknowledged. This is based on 'competency' and age. It would be good practice to exercise extreme caution when assessing the competence of a minor to refuse treatment.

The doctor or nurse proposing the treatment must assess if the pupil understands the nature of the treatment and consequences of refusal, and can thus be deemed competent if they meet the Fraser Guidelines. Sixth Formers are deemed to be 'Gillick Competent'.

Parental consent or the consent of someone with parental responsibility is required for any pupil not deemed competent.

9. ADMINISTRATION TO SAVE A LIFE

Certain medicines can be given without direction from a Medical Practitioner or patient group directive for the purpose of saving a life e.g. adrenaline (1mg in 1ml), chlorpheniramine and hydrocortisone (article 7, prescription only medicines order 1997).

Where medication is administered by untrained or unqualified staff the Homely Remedy Policy should be adhered to and a record kept of its administration.

10. ROUTINE IMMUNISATIONS

Pupils should be up to date with routine immunisations in accordance with schedules by the Department of Health.

Those not fully immunised on entry to school should receive immunisations as soon as practicable, both for their own protection and for that of the wider school community, obtaining consent as above for each procedure.

Nurses directly employed by the School cannot give immunisations unless these are individually prescribed, labelled and supplied for that pupil by the School GP.

The NHS immunisation team come to Felsted School every year to administer vaccinations following the 'Routine Childhood Immunisation Programme'. These are as follows:

- HPV (Human Papillomavirus) - Year 8 boys and girls
- Tetanus, Diphtheria and Polio and Meningitis ACWY - Year 9 boys and girls

- Registered pupils who require vaccinations for school trips can be given certain vaccinations in the Medical Centre, so long as sufficient notice is given.

11. MEDICAL EXAMINATIONS

Pupils may undergo a medical examination at the time of school entry.

Subsequently periodic examinations may be carried out as appropriate as well as routine screening of height, weight, vision and hearing.

12. DENTAL TREATMENT

Regular visits to the dentist, two or three times a year, are important during adolescence. It is expected that parents will arrange for these to take place during the holidays, since visits in term time can interfere with important school activities.

Boarders' emergency dental needs will be arranged by the Medical Centre.

13. HEALTH ADVICE AND EDUCATION

Health advice should be available for pupils, staff and parents where appropriate.

School staff receive training for use of Epipens and Asthma inhalers. Adhoc training is available for other medical conditions.

Annual Epilepsy training is arranged on a regular basis.

Health promotion and education for pupils is available informally in addition to Health and Wellbeing within the Personal Social Health and Economic Wellbeing (PSHE) curriculum.

14. SOCIAL CARE NEEDS AND CHILD PROTECTION ISSUES

Social care needs and any safeguarding or child protection issues should be identified and addressed appropriately where they arise, see the Safeguarding (Child Protection and Staff Behaviour) Policy.

Links to outside professional services will be made as appropriate and required, for example counsellors are available for pupil support.

15. CONFIDENTIALITY

5.1 Confidentiality of pupils' medical data:

In accordance with the School doctors' and nurses' professional obligations, medical information about pupils, regardless of their age, will remain confidential.

However, in providing medical and nursing care for a pupil, it is recognised that on occasions the doctor and nurse may liaise with the Head and other academic staff, boarding staff and parents or guardians, and that information, ideally with the pupil's prior consent, will be passed on as necessary.

With all medical and nursing matters, the doctor and nurse will respect a pupil's confidence except on the very rare occasions when, having failed to persuade that pupil, or his or her authorised representative, to give consent to divulgence, the doctor or nurse considers that it is in the pupil's best interests or necessary for the

protection of the wider school community, to breach confidence and pass information to a relevant person or body.

5.2 Sharing of specific medical data (Anaphylaxis and Asthma):

The names and photographs of all pupils who are included on the Anaphylaxis Register (see Appendix 4) and names of all pupils on the Asthma Register (see Appendix 3) are shared with all appropriate teaching and operational staff via posters which are displayed in the offices / staff areas (only) of the following departments for staff to be able to view:

Deputy Head's Office, Medical Centre, Catering (LRH and Prep), Coffee Shop, Wellbeing Centre, Senior Reception, Prep Medical Room, Prep Reception, Heads of Phases Offices, Safeguarding, Transport, IT Services, Domestic Services, HR & Finance, Swimming Pool, Gym, CCF, DofE, EVC, DT Kitchen, Works.

Academic Department Offices: Art, Science, Maths, English, Hunt Theatre, DT, Bus/Econ, MFL, Classics, Reekie Building, SfL, PE, Computer Science, Music, Library, Common Room.

APPENDIX 1

REQUIREMENTS OF GP SERVICES

1. THE ROLE OF THE SCHOOL DOCTOR

- To accept as a patient under and in accordance with the National Service Acts any pupil attending the School as a weekly/full boarder.
- In co-operation with the School, to provide for the appropriate emergency medical care of all day pupils (not registered with the Blandford Medical Centre) during the time they are within the precincts of the School and until they are able to return home under parental care and the supervision of their family doctor.
- To be responsible for the medical supervision of the School Medical Centre which provides residential accommodation for pupils and to advise on the appointment of nursing staff and the general direction of their clinical duties, although the School remains operationally responsible for the Medical Centre.
- If the School has a concern about a pupil, to undertake, as requested, a medical examination of a pupil, that may include screening for vision, hearing, height and weight when they first attend the School.
- To provide epidemiological surveillance, including maintenance of sickness and injury records additional to clinical notes forming part of the National Health Service records.
- To supervise the maintenance of immunisation programmes to ensure that, with parental permission where necessary, all pupils are immunised in accordance with current practice recommended by the Department of Health.
- To ensure that all legal duties are dispatched regarding the requirements of all the regulations applicable to schools under the facility of the enabling legislation of The Health and Safety at Work Act (1974).
- To submit an annual report to the School Senior Leadership Team setting out activities undertaken in the year and key statistics. A summary of this report is to then be included, by the Senior Deputy Head in the next termly Safeguarding and Complaints report submitted to the Governance Committee.
- To provide all medical supplies to the School Medical Centre
- To provide input into all relevant School policies and procedures and to be familiar with said policies and procedures.
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- To be a member of the “Medical Officers of Schools Association” (www.mosa.org.uk)

2. GENERAL TREATMENT

- To provide daily surgeries of an hour and a half duration on Mondays, Wednesdays, Thursdays and Fridays and 2 hours on a Tuesday for pupils at the School Medical Centre. These hours will be reviewed annually.
- To conduct in such a manner as the Practice shall think proper; such examinations of pupils or staff of the School outside the National Health Service as may be considered desirable or as may be requested by the School.
- To advise the School generally on matters of health and as to any administrative action which should be taken in the interests of hygiene.
- To be able to provide/advise on travel vaccinations for pupils registered with the Blandford Medical Centre at the request of parents, for which the parents will be charged at the usual rate. Arrangements can be made at a local travel

health clinic for any travel vaccines that cannot be given in the medical centre.

- To advise on the prevention of accidents and sports injuries, and to work closely with the Director of Sport on the medical implications of sports activities organised by the School and to agree the role of paramedics in providing pitch-side cover for sports activities.
- To attend on any pupils at any local hospital within or in the proximity of the practice area of the Practice when the occasion arises.

3. EMERGENCY TREATMENT

- To advise the School in planning for possible emergencies and crises eg measures to deal with a pandemic.

4. ADVICE AND LIAISON: SENIOR SCHOOL

- To liaise with the parents of pupils as appropriate.
- To advise the Senior Deputy Head and / or the Designated Safeguarding Lead as soon as possible of any situation with potential child protection, pastoral or management implications for Senior School pupils.
- To liaise with HMs and other staff at the School concerning the physical and mental health and fitness of individual pupils when appropriate.
- To attend the Pupil Welfare Committee with other key staff, once a term
- To meet at the end of each School term with the Senior Deputy Head, to provide an update on the term and discuss any actions which might be necessary.

5. ADVICE AND LIAISON: PREPARATORY SCHOOL

- To liaise with the parents of pupils as appropriate.
- To advise the Head and / or the Designated Safeguarding Lead as soon as possible of any situation with potential child protection, pastoral or management implications for Prep School pupils.
- To liaise with Phase Heads and other staff at the School concerning the physical and mental health and fitness of individual pupils when appropriate.
- To meet with the Head and other key staff every term.

APPENDIX 2 USE OF SUPPLEMENTS

1. AIMS AND OBJECTIVES

The aims and objectives of this policy are:

- To promote the health and wellbeing of all our pupils
- To ensure that pupils do not unknowingly put their health at risk if seeking to change their appearance or improving their performance at sport
- To encourage all pupils to make healthy lifestyle choices

2. IMPORTANT PRINCIPLES TO LOOKING AND FEELING HEALTHY AND PERFORMING WELL IN ALL AREAS OF SCHOOL LIFE, INCLUDING GAMES

- Drink plenty of water, particularly when training or using the gym
- Get at least 8 hours sleep a night, more if you are having a growth spurt or are training hard.
- Always eat 3 well-balanced meals a day, with 2 healthy snacks.
- Eat plenty of low fat protein, such as chicken or fish.
- Eat as much fruit and colourful vegetables and salad as you can.
- Eat plenty of complex carbohydrate such as pasta, rice and potatoes.
- Avoid eating and drinking a large quantity of sweet and sugary foods and drinks.
- Junk food and takeaways should be an occasional treat rather than a regular occurrence.
- If you feel the food provided by the school does not meet your needs, then speak to the Medical Centre staff and your HM, so that this can be rectified.
- Keep consumption of caffeine to a minimum.
- Do not smoke, take recreational drugs or drink alcohol*

** - a small amount of alcohol for pupils in the 6th form is allowed under supervision*

3. SUPPLEMENTS

- If following the above principles, pupils should not need to take any dietary supplements and the school's position is that it does not recommend or promote the use of such.
- Supplements will be of no or little benefit if the above principles are not followed.
- If pupils wish to take vitamins, minerals or homeopathic medication, they **MUST** liaise with the Medical Centre. Even "natural" substances can be harmful sometimes.
- Generally, Felsted pupils are not permitted to use protein supplements. It is understood, however, that some sports clubs may require protein supplements to be taken by elite athletes. In this case the parents and pupil must consult with the School Doctor, Medical Centre and Director of Sport first, so that they can ensure that safety guidelines can be adhered to. This option is only considered for and available to students in the Sixth Form.
- Parents and HMs must be told if any supplements are being taken.
- Any supplements that are being used not in line with this policy will be removed and only returned directly to parents.
- Any approved supplements should be stored securely, as with medicines, and only consumed by the person for whom they are meant. If this is not done, the supplements will be removed as above.

APPENDIX 3 ASTHMA PROTOCOL

1. AIMS AND OBJECTIVES

As a school, we recognise that asthma is a widespread, serious, but controllable condition. Felsted School welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- An asthma register
- Up-to-date asthma policy
- An Asthma Lead
- All pupils with immediate access to their reliever inhaler at all times
- All pupils have an up-to-date asthma action plan
- An emergency salbutamol inhaler
- Ensure all staff receive regular asthma training
- Promote asthma awareness among pupils, parents and staff

2. THE ROLE OF THE SCHOOL MEDICAL CENTRE

Asthma Register

We have an asthma register of children within the School that is updated annually. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. Parents are asked this using the school Medical Form that is completed at the time of entry to Felsted. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the register and has:

- An up-to-date copy of their personal asthma action plan
- Their reliever (salbutamol/terbutaline) inhaler in school
- Permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Should a child or their parent consider that they no longer have asthma, we will require a letter from the child's GP to confirm this before they can be removed from the asthma register.

Asthma Lead

The School has an asthma lead (school nurse). It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, to manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the emergency salbutamol inhalers in schools, March 2015), to ensure measures are in place so that children have immediate access to their inhalers.

3. MEDICATION AND INHALERS

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe (Asthma UK).

Some children will also have a preventer inhaler, which is normally taken morning and night, as prescribed by their doctor/nurse. This medication needs to be taken regularly for maximum benefit. Day pupils should not need to bring their preventer

inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed (Asthma UK).

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so, however, we recognise that some children may need supervision in taking their inhaler.

School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines (Asthma UK).

4. ASTHMA ACTION PLANS

Asthma UK evidence shows that if someone diagnosed with asthma uses a personal action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having a child attend hospital can cause distress to the family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. Personal action plans should be completed by the child's GP or asthma nurse. Personal action plans can be completed by the school nurse for those children who are registered with the school doctor.

5. SCHOOL ENVIRONMENT

The School does all it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupils will not come into contact with their triggers where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Animal dander
- Exercise
- Stress/emotion
- Cold/hot atmosphere
- Chemicals
- Food allergies
- Fumes and cigarette smoke (Asthma UK)

As part of our responsibility to ensure all children are kept safe within school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

6. EXERCISE AND ACTIVITY

Taking part in sports, games and activities is an essential part of school life for all pupils. Felsted School will ensure that all staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are responsible enough will carry their inhaler with them and those that are considered too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so (Asthma UK).

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. Felsted School supports this and it is therefore important that the school involves pupils with asthma as much as possible in and outside of school.

7. ASTHMA AND EDUCATION

The School is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on the life of a pupil, making them unable to take part in activities, tired during the day or falling behind in lessons we will discuss this with parents/carers and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan to improve their symptoms. However, the school recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

8. EMERGENCY SALBUTAMOL INHALER IN SCHOOL

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency inhalers in schools. We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from the school doctor/community pharmacists without a prescription. Emergency kits are kept in the Prep Medical Room, Stewart House Staff Room, Medical Centre, Gym and Lord Riche Hall. In addition, each house has its own emergency inhaler kit.

Each emergency kit will contain:

- A salbutamol metered dose inhaler
- A disposable spacer for single use
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler
- A record of administration

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky, may tremble and may say that their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. Children who are aged 16 and above and are assessed to be Gillick Competent will be able to self-consent to emergency treatment. Therefore, parental consent is not required.

The school asthma lead and team will ensure that on a monthly basis the inhaler and spacers are present and in working order and the inhaler has sufficient number of doses available. Replacement inhalers will be obtained when expiry dates approach and the disposable spacers will be replaced when they have been used for a child.

9. ASTHMA ATTACKS

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

Pupil facing staff are required to complete the online asthma module via Educare This should be undertaken every two years.

References

Asthma UK
Department of Health
Supporting Children's Health

APPENDIX 4

ANAPHYLAXIS PROTOCOL

1. INTRODUCTION

Anaphylaxis is a severe allergic reaction caused by the sudden release of chemical substances, including histamine, from cells in the blood and tissues where they are stored, after the person comes into contact with an allergen. The impact of this exposure can be life threatening and immediate first aid must be delivered.

Allergens include peanuts, tree nuts, eggs, fish, shellfish, strawberries, kiwi fruits, wasp and bee stings, latex and certain medications ie penicillin.

2. AIMS AND OBJECTIVES

As a school, we recognise that anaphylaxis is a very serious condition. Felsted School welcomes all pupils with allergies and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

A current anaphylaxis register that all staff can access,
An up-to-date anaphylaxis policy,
Accessible generic adrenaline auto-injectors available throughout the school at all times for use in emergencies,
Staff who receive regular anaphylaxis training in their first aid training.

3. ANAPHYLAXIS REGISTER

We have an anaphylaxis register of children within the school that is updated annually at least and more often should it be required. We do this by asking parents/carers if their child is diagnosed as anaphylactic or has been prescribed an adrenaline auto-injector. Parents are asked this using the school Medical Form that is completed at the time of entry to Felsted. When parents/carers have confirmed that their child is anaphylactic or has been prescribed an adrenaline auto-injector we ensure that the pupil has been added to the register. Parents are encouraged to inform the school medical centre should their child's status change – inform us if they are now allergic to anything or they are not.

Parents/caregivers will be asked for an up-to-date copy of their child's personal anaphylaxis action plan, completed by their doctor on an annual basis. A consent form will be sent to parents/carers to ask permission to use the emergency adrenaline auto-injector if their child requires it if their own adrenaline auto-injector is broken, out of date, empty or has been lost. This form should be signed as soon as possible by carer/parents and returned to the medical centre.

Should a child or their parent consider that they no longer have anaphylaxis, we will require a letter from the child's GP to confirm this before they can be removed from the anaphylaxis register.

4. SCHOOL ENVIRONMENT

The School does what it can to ensure the school environment is safe for pupils with allergies and anaphylaxis however it cannot guarantee that it is completely allergen free. We try to encourage self-responsibility, especially in older students and plan for an effective response in the event of an emergency. As part of our responsibility to ensure all pupils are kept safe within school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish anaphylaxis triggers which the students could be exposed to and plans will be put in

place to ensure these triggers are avoided, where possible. Pupils from Years 7 and above must carry two adrenaline auto-injector pens at all times. We strongly encourage the student to carry their own personal adrenaline auto-injector on their person at all times, though the school acknowledges this is impossible to police adequately.

The care of the student's personal adrenaline auto-injector is the students/parents responsibility, as is the responsibility to ensure this adrenaline auto-injector is in date and in good working order.

5. EXERCISE AND ACTIVITY

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with allergies. Felsted School supports this and it is therefore important that the school involves pupils with allergies as much as possible in and outside of school. It is ultimately the pupil's (senior school) responsibility to ensure they have their AAI with them prior to going on any trip off the school grounds and the student should not be allowed to get on the bus/transport without their AAI.

What increases the risk of a severe reaction?

There are times when a student may be particularly vulnerable and at increased risk of a severe reaction:

If pupil also has asthma that is poorly controlled

If the student is suffering from an infection, or have recently had one

If the pupil exercises just before or just after contact with the allergen

If student also suffers from aeroallergen symptoms, such as hay fever

During times of emotional stress

6. ANAPHYLAXIS AND EDUCATION

The school is aware that people with allergies should be encouraged to live a normal life. Students should have annual care plans written by their doctors and be properly educated as to the signs and symptoms to be aware of and how and when to administer their AAI. Education regarding administration of AAI's can be given by the school medical centre staff and practice devices are available for the students and staff to familiarise themselves with the AAI.

7. EMERGENCY ADRENALINE AUTO-INJECTORS IN SCHOOL

From 1 October 2017, schools in England were allowed to purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

As a school we are able to purchase AAI's from the school doctor/community pharmacists without a prescription. We have several emergency kits throughout the School: -

Prep School

Reception

Roed Hall

Hamilton House

Medical Room

Prep Music School

Senior School

Lord Riche Hall (LRH)

Wellbeing Centre

Reception

San

School Trips (kept in san)

Each area has one pen (pupils should also be carrying their own two pens) with the exception of the LRH and school trips, where two pens are held.

In the event of a national shortage and a need to reduce the number of locations, emergency kits will be located in the LRH and Prep School Medical Room and one emergency kit for school trips will be located in the Medical Centre.

School staff will ensure that on a monthly basis the AAls are present and in working order. Replacement AAls will be obtained when expiry dates approach and they will be replaced when they have been used.

8. ANAPHYLAXIS REACTION

The school recognises that if all of the above is in place, we should be able to support pupils with their allergies and hopefully prevent them from having an anaphylactic reaction. However, we are prepared to deal with a reaction should they occur.

9. PUPILS OWN ADRENALINE PENS IN SCHOOL

Pupils from Year 5 and above are expected to carry their own adrenaline pens whilst in school. Form tutors, or House matrons will check during registration that they have these in school for the day. Parents / Senior School pupils are responsible for checking these are in date and undamaged. Games staff and trip supervisors are responsible for ensuring the pupil has them for off site activities. Generic pens are available if necessary. Prep school pupils will have a clearly marked insulated case for the adrenaline pens and clear labelling of the school bag to ensure quick access to pens in an emergency.

APPENDIX 5 EPILEPSY POLICY

1. INTRODUCTION

Epilepsy is described as having a tendency to have seizures. A child with epilepsy will have recurrent seizures unless the condition is controlled with medicine. There are over 40 different types of seizures and each child will experience them in a way that is unique to them. Seizures can happen at any time and generally last a matter of seconds or minutes, after which the brain returns to normal.

2. TRIGGERS

A 'trigger' is anything that causes a seizure to occur. In some children with epilepsy, seizures happen without warning, but in some people certain triggers can be identified. Some examples include stress, anxiety and excitement, lack of sleep, hormonal changes, not taking medication, alcohol and recreational drugs.

3. MEDICINES

Pupils with epilepsy will be required to take medication to help control their seizures. Day students are expected to keep these medicines at home and take them before and after school. For pupils who board and attend residential trips please refer to Felsted Administration of Medicines Policy.

4. SUPPORTING PUPILS WITH EPILEPSY

Felsted School recognises that epilepsy is a common condition affecting many children and young people. This policy is intended to ensure that appropriate processes are in place to fully support and safeguard pupils at Felsted School. It has been written in accordance with Young Epilepsy and Epilepsy Action.

5. DIAGNOSIS AND NEW STARTERS

When a pupil who has epilepsy joins the School or an existing student is diagnosed with epilepsy, a meeting will be arranged with the parent, pupil and the pupil's clinical nurse specialist to:

- Discuss the pupils medical needs, including the type of epilepsy he or she has, triggers and typical characteristics of the seizure.
- Discuss if and how the pupil's epilepsy and medication affect his or her ability to concentrate and learn, and how the pupil can be supported with this.
- Discuss potential barriers to the pupil taking part in all activities and school life and how these can be overcome.
- Ensure that a prescription and written parental consent are in place to administer any necessary medication.

A record of what has been agreed will then be held by the School.

6. MANAGEMENT IN SCHOOL

- It is the parent or guardian's responsibility to inform the School if their child suffers from epilepsy. Full details are required including the type, severity, medication and dosage.
- It is the parent or guardian's responsibility to ensure that the Medical Centre has regular up-to-date written communication from the pupil's Epilepsy consultant

- It is the parent or guardian's responsibility to inform the School of any changes to medication and provide the School Medical Centre with a consultant's letter detailing these changes.
- Parents and guardians are asked to please inform the School if and when their child becomes unwell with a seizure outside of school.
- All appropriate staff, including teachers and office staff, will be told which students in school have epilepsy. This will be done via a Medical Specials List that is available to staff on the school intranet. This is updated annually as well as during the school year if needed.
- Each pupil will have an individual Health Care Plan which will be kept in the Medical Centre and a copy will be given to the relevant Housemaster /mistress. The Medical Centre will be responsible for reviewing the Care Plan at least annually, informing other staff as needed. The Care Plan will state if and when emergency medication is indicated
- All relevant staff will receive regular epilepsy awareness training.
- If the pupil is a boarder, boarding house staff may require further training including emergency medication training.
- A medical room with a bed is available so that if needed, the pupil can rest following a seizure whilst being supervised by a registered nurse.
- An individual risk assessment is carried out annually for all pupils with Epilepsy.

7. AN INCLUSIVE SCHOOL

Pupils with epilepsy will not be isolated or stigmatised and will be allowed to take part in a full curriculum and school life, including activities and school trips. A full risk assessment should be completed by the lead member of staff involved in advance and discussed with the Medical Centre and parents.

Felsted School will promote Epilepsy awareness among pupils, parents and staff.

8. EDUCATION

Felsted recognises that children with epilepsy can have special educational needs due to their condition.

- Pupils will be monitored to ensure that they are not falling behind in lessons. If this does start to happen then a discussion will take place with the teachers and parents to try and resolve this.
- Adjustments can be made e.g for exam timings, coursework deadlines and timetables if necessary.
- The pupil will be encouraged to reflect upon his or her achievements and upon whether he or she feels that his or her education is affected by epilepsy.

9. EMERGENCY MEDICATION

Although it is not a legal requirement for school staff to administer emergency medication, the school should ensure that a number of staff are trained to administer emergency medication (Epilepsy action).

The two main forms of emergency medication are rectal diazepam and buccal diazepam.

- Felsted School aims to have a registered nurse on site at all times who can administer emergency medication and seizure first aid.
- If this medication is prescribed to a pupil then a consultant's letter will be needed stating the dose and instructions for use, including when it should be administered.
- The student will need to have 2 doses of the medication, one to be kept in the Medical Centre and one kept in house with the Housemistress/ Housemaster.

- Names and contact numbers of members of staff who are trained to give emergency medication will be included in the Health Care Plan.

In the case of all sports/day/residential trips, the emergency medication should accompany the pupil along with the Health Care Plan. A risk assessment should be carried out by the lead person involved and a discussion should take place with the pupil's parents.

Felsted School will ensure that relevant staff are trained in administering emergency medication. An ambulance should be called immediately if a seizure occurs the call handler made aware that they have the emergency medication with them and the advice of the call handler followed.

References

Young Epilepsy

Epilepsy Action

APPENDIX 6

MANAGEMENT IN RESPONSE TO A PANDEMIC / EPIDEMIC

1. In the event of a pandemic, the School intends to:

- assess the risk to the School's pupils, staff and wider community;
- develop and publish a procedure in response to the particular pandemic;
- inform parents promptly of the situation and the School's response;
- update that response regularly in line with the emerging situation;
- use email, intranet, internet and other appropriate means to inform parents and staff, so that advice is prompt and easily accessible; and
- act strictly on the advice given to the national population by the UK government, the UK Chief Medical Officer and appropriate government agencies such as the Public Health England.

2. The following would be involved in making decisions if the situation were to worsen:

The Chairman of Governors, the Heads and Deputy Heads, the Bursar and the School's Medical Centre, supported by the School's Senior Leadership Team, the Prep Leadership Team and the Operational Management Team.

3. The following are examples of decisions which could be made if the situation worsened:

- Continue to monitor the situation
- Stop having contacts with other schools
- Cancel all school trips
- Cancel all lettings
- Close the school for certain groups of pupils
- Close the school (this could be announced either during term time or in the holidays)

4. The Heads will allocate special responsibilities at this time that may include, where relevant:

- informing Governors/ staff/ parents and pupils where appropriate;
- contacting school suppliers / service providers, including all contractors;
- liaising with the media;
- ensuring continued function of the School as normally as possible;
- any adjustments required for the care of pupils and staff and the day to day operation of the School;
- considering with the School's Medical Centre appropriate medical action, such as an immunisation policy and medication issues (both prophylaxis and treatment), as the situation develops and advice is received;
- isolation arrangements;
- remote and online learning and pastoral support.

Useful information:

<https://www.gov.uk/government/organisations/public-health-england>

<https://www.gov.uk/government/organisations/department-of-health-and-social-care>

<https://www.gov.uk/government/organisations/department-for-education>