Winchester House School

First Aid Policy

Version 1 Responsible Governor: MW

Last reviewed: 21st June 2019 (WB/PR)
Adopted by Governors: n/a

Next review due: September 2021

Addendum June 2020 Coronavirus (COVID 19) pandemic & Updated September 2020

Reviewed May 2021 WB

Contents:

Policy Statement

Winchester House School First Aid Policy applies to all staff and pupils, both day and boarding, including our Early Years Foundation Stage. The procedures described comply with the Independent Schools Standards Regulations (The Education (Independent School Standards) (England) Regulations 2015, amended in March 2018) also known as the registration standards or ISSRs; the National Minimum Standards for Boarding Schools (made under section 87 of the Children Act 1989 (NMS) and the Statutory Framework for the Early Years Foundation Stage (EYFS). These regulations are laid down by the Department for Education.

Aims

At Winchester House School we are committed to providing a safe environment for all pupils, visitors and staff. The aim of first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones. We will achieve this by:

- Administering appropriate first aid treatment as required.
- Providing a fully qualified school Sister
- Arranging mandatory training and three yearly updates for first aiders.
- Keeping copies of all first aid certificates.
- Displaying lists of qualified first aiders around school, in first aid kits & in shared google drive
- Providing facilities for the provision of first aid at appropriate locations around school.
- Maintain list of the locations of first aid equipment on shared google drive & use signage to indicate nearest first aid points.
- Maintaining a list of information about pupils with medical conditions for staff on shared google drive.
- Keeping parents and any other significant person informed as necessary.
- Ensuring confidential recording of any action taken.
- Following the correct procedures for the reporting of accidents under RIDDOR ((Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).
- Providing appropriate care and support for those pupils who are boarders.

This policy should be read in conjunction with the current National Minimum Standards for boarding pupils.

Procedure in Case of Accident or Injury

If you witness an accident you should either contact Sister, matron or a first aider directly, or ask the School Office to send for Sister, matron or a first aider. Any pupil sustaining an injury whilst at school should be seen by Sister, matron or a first aider who will provide immediate first aid and summon additional help as needed. **Do not leave any pupil unattended.**
Sister, matron or first aider will organise an injured pupil's transfer to hospital in the case of an emergency. Parents should be informed as necessary by telephone by the Sister, matron, a first aider or a member of the office staff. During boarding hours the member of staff on duty will organise transfer to hospital.
For pupils in the Early Years Department all accidents and injuries must be reported to parents.

Contacting parents

Parents/guardians should be informed by telephone as soon as possible after an emergency or following a serious/significant injury.

Contacting the Emergency Services

An ambulance should be called for any injury that is deemed to require emergency treatment.
Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconscious (not including a faint), or following the administration of an Adrenaline Auto-Injector (EpiPen), must be taken to hospital.

Accident Reporting & Forms

An accident is an event that results in injury or ill health.
An accident form must be completed for any accident or injury occurring at school or on a school trip.
Accident forms are kept and available in Surgery, Pre-Prep First Aid Room, Maintenance Office, on the School's intranet (shared google drive) and in every first aid kit. Please return all completed forms to Sister as certain injuries must be reported under RIDDOR.
Copies of accident forms are kept in the school's medical notes of staff and pupils.
The school Sister collects accident data on a termly basis and reports statistics to the Health & Safety committee.
The school Sister looks for any trends in accidents reported.

RIDDOR Guidelines

(Reporting of Injuries, Diseases and Dangerous Occurrences Act 2013) The school reports incidents in accordance with the law for pupils, employees and visitors.
The school Sister identifies and reports any accidents that require reporting under RIDDOR guidelines.

Near Misses Reporting & Forms

A near miss is an event that does not cause harm, but which has the potential to cause injury or ill health.
Near miss forms are available from surgery and are on the google drive in Staff Information.
Completed Near Miss forms must be submitted to the school Sister.
The school Sister reports on any reported Near Misses to the termly Health & Safety committee meetings.

Qualified First Aiders

A list of qualified first aiders is maintained on the school intranet (shared google drive) in Staff Information, Policies and within the Medical handbook folder. Current lists of first aid trained staff are stored inside every first aid kit and/or displayed near to first aid points.

The School will ensure that there is at least one qualified first aider on site at all times when pupils are present. Qualified first aiders will be offered updated training every three years.

Copies/proof of First Aid Certificates will be held by the HR Assistant, Lesley Mansfield.

The School will ensure that:

- A minimum of one member of staff in school holds the current 3 day First Aid at Work qualification.
- Early Years Foundation Stage will have a minimum of 1 staff member with the 2 day Paediatric First Aid Certificate.
- School trips with EYFS children will have a minimum of 1 staff member with the 2 day Paediatric First Aid Certificate.
- Where possible, all sports team takers have the 1 day First Aid qualification
- Houseparents will have the 1 day First Aid qualification

Pupils Unwell in School

Any pupil in years 3-8 who becomes unwell should seek advice from Sister. Children in Seligman (Yr 3&4) must seek permission from a member of staff to attend Surgery.
Any pupil in Early Years Foundation Stage and Pre-Prep who becomes unwell will be seen, initially, by a trained Paediatric First Aider, who will then decide whether the pupil needs to see Sister. If Sister is not in school there will usually be suitable cover by a matron or a first aid qualified member of staff.
A pupil in years 3-8 who becomes unwell can be given time to rest in the Sans. This should only be a temporary measure until the pupil is collected by a parent/guardian.
Contact with parents/guardians MUST ONLY be made by the School, arrangements must not be made by any pupil independently.
Boarding pupils with infectious diseases, or who are unable to remain in school, are to be collected by their parents/guardians and looked after until they are well enough to return to school. Winchester House School does not provide 24 hour care in the surgery & Sans.

Permission to leave school if a pupil is in year 3-8 and unwell can only be given by:

- Head or Deputy Head
- House Parents, or boarding duty member of staff
- Sister
- Matron

In Pre-Prep, if a pupil becomes unwell a parent/guardian should be contacted as soon as possible by:

- Sister
- Head of Pre-Prep
- Pre-Prep Secretary

Any pupil not well enough to be in school should be collected as soon as possible by a parent/guardian.
Pupils should be signed out of school in the signing out of school book kept in the School Office.

Head Injury & Concussions

Minor knocks and bumps to children's heads are a common occurrence in schools.

Any child with a visible injury should be assessed by a trained first aider.

If there is concern about the injury then a member of the surgery team (School Sister or Matron) should review the child.

Head Injuries in PrePrep:

Parents of children in Pre Prep will be given a minor injury report slip by staff. Staff may also report this to the parent.

A child requiring a review by the Surgery team will need additional documentation of their assessment in their school medical notes and telephone contact or email with parents, depending on the nature of the injury.

Accident form to be completed as appropriate and a minor head injury information sheet (See Appendix 1) to be given to parents or attached to an email.

Head Injuries in Years 3-8:

Children seen by the Surgery Team will have their assessment documented in their school medical notes. Accident form to be completed as appropriate. Parents will be contacted either by email and/or telephone to inform them and a head injury information sheet to be provided (See Appendix 1).

Potential concussion – Please see Concussion Guidance in Appendix 2 & in the Medical Handbook Folder on the shared google drive.

First Aid Equipment and Materials

There is a Surgery on the school site equipped with:

- medical couch
- Sink
- Soap
- drinking water
- Cups
- protective aprons
- disposable gloves
- paper towels
- clinical waste bin
- sharps box
- locking fridge
- eye washing facility
- storage for extra first aid supplies
- wheelchair.

Washing and toilet facilities are also easily available.
Additional eye washing facilities are available in the science labs and design technology department in the senior school.
The school Sister is responsible for stocking and checking the first aid equipment. First aid kits will routinely be checked at the start of each term in September, January and April to ensure that they are fully stocked and all items remain within their use by dates.Documentation of routine checks maintained by Sister and records held in Surgery.
Teaching staff must notify the school Sister when supplies have been used in order that they can be restocked.
Each First Aid kit contains a list of current First Aid Trained staff and contact details for the office, surgery and school Sister.

Principal locations of First Aid equipment

Main Manor House

- Surgery
- Kitchen
- Pantry along Oak Corridor
- School Office
- Boys Boarding Office

Seligman

- Downstairs Corridor by Jenny Chase/Teaching Support
- Downstairs Corridor by telephone & Laptop trolley

Drayton

- Upstairs corridor by window

Upper Lodge

- PA to Deputy Head's office

Upper Quad

- Art Room
- DT Room

Hippo (Upper Quad)

- Kitchen of Hippo
- Science labs

Pre Prep

- First aid room

Sports Hall

- Sports Office
- Equipment Cupboard

Pavilion
Swimming Pool
Maintenance Shed

Mini bus (one in each)

Defibrillator
Defibrillator located in the entrance of the Upper Lodge. Checked monthly by School Sister. Documentation of routine checks maintained by Sister and records held in Surgery.

Emergency Hypo Kits for Diabetics
2 Kits available in school. The first on the wall in the Surgery. The second in the Equipment Cupboard of the Sports Hall. Checked monthly by School Sister. Documentation of routine checks maintained by the school Sister and records held in Surgery.

Emergency Asthma Inhaler Kits
There are emergency asthma inhaler kits stored throughout school. Please see Appendix 3 Emergency Inhaler Guidance or find it within the Medical Handbook Folder in Policies on the shared google drive.These are checked monthly by the school Sister. Documentation of routine checks maintained by Sister and records held in Surgery.

School Held Adrenaline Auto-Injectors (AAIs)
There are 2 doses of AAIs held within school. The junior dose of 150mcg Adrenaline and the larger dose of 300mcg Adrenaline. We hold 2 junior AAIs in the First Aid Room of Pre prep. We hold 2 junior AAIs and 2 larger dose AAIs on shelving in the pantry along the Oak Corridor.
Please see Appendix 4 School Held Adrenaline Auto-Injectors Guidance or find it within the Medical Handbook Folder in Policies on the shared google drive.
These are checked monthly by the school Sister. Documentation of routine checks maintained by the school Sister and records held in Surgery.

First Aid for School Trips

The trip organiser must ensure an appropriate level of first aid cover is provided following a risk assessment as detailed in the educational visits policy. Staffing for trips which include EYFS children must include a member of staff with a current 2 day Paediatric First Aid Certificate.

First aid bags for school trips are available from the Surgery - the trip organiser should request a portable first aid bag from Sister prior to the trip and this must be returned to the Surgery for replenishing on return. Any accidents/injuries must be reported to parents and documented on an accident form as soon as possible. Where appropriate RIDDOR guidelines must be adhered to.

A risk assessment must include the need for any medicines required to be administered on a school trip. Training will be given by the school Sister for any medications to be administered and for awareness of any emergency medication to accompany a child e.g. Asthma inhaler, EpiPen or diabetic treatments.

For Residential Trips it is advisable for 1 member of staff to co-ordinate all medicines and this should ideally be the Trip Organiser. However this role may be assigned to another identified member of staff. The identified member of staff in charge of medicines will be given medicine training by the school Sister and appropriate paperwork completed to document that training had taken place.

Pupils using crutches or having limited mobility

Parents/guardians should inform the school of the nature of the injury and the anticipated duration of the pupil's restricted mobility. The Bursar/Operations Manager will undertake a risk assessment in each instance to ensure as far as is practical the pupils needs and the safety of others is accommodated.

Pupils with Medical Conditions

A list is available on the shared google drive in the Staff Information Folder - Medical Information for Staff Folder, of all pupils who have a serious allergy or a medical condition (for example asthma, epilepsy, diabetes). This information is useful for lesson planning and for risk assessments prior to a school trip. If you become aware of any pupil with a medical condition who is not included in these lists, please inform Sister.

Health & Emergency Care Plans

Pupils with a serious medical condition will have an emergency and/or health care plan drawn up and agreed between the school Sister and parents/guardians. Staff are made aware of the requirements of the care plan, which will also be available to all staff on the School's intranet (shared drive in the Staff Information Folder - Medical Information for Staff - Health Care Plans Folder).

All Health Care Plans are available on the google drive in the Staff Information. Paper copies are maintained in the pupils medical notes in surgery.

Pupils with a severe allergy and prescribed Adrenaline Auto-Injectors (AAIs) will have a standardised Allergy Action Plan. A paper copy is stored with their emergency kits, in their medical notes and in the anaphylaxis folder in Surgery. Electronic copies are held in the Medical Information for Staff Folder on the shared google drive. A list of pupils with severe allergies is displayed by the school held emergency AAIs on the Pantry shelving along the Oak Corridor and in the First Aid Room in Pre Prep.

Pupils with Asthma or prescribed a salbutamol inhaler for viral or allergic wheezes will have a standardised School Asthma Card as a Care Plan for those prescribed inhalers. A paper copy is held in their medical notes and in the Asthma folder in Surgery. Electronic copies are held in the Medical Information for Staff Folder on the shared drive. A list of pupils with prescribed use of inhalers is displayed by the emergency inhaler kit on the shelving in the pantry along the Oak Corridor and in the First Aid room in Pre Prep.

Dealing with body fluids (See Infection Control Policy)

In order to protect ourselves from disease all body fluids should be treated as if infected. To prevent contact with body fluids the following guidelines should be followed:

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.

Spills of the following body fluids must be cleaned up immediately by the member of staff on site:

- Blood
- Faeces
- Nasal and eye discharges
- Saliva
- Vomit

Disposable towels should be used to soak up the excess, and the area should be treated with a disinfectant solution. A mop should never be used for cleaning up blood and body fluid spillages. All contaminated material must be disposed of in a yellow clinical waste bag (available in all first aid boxes) then placed in a medical waste bin, situated in the Surgery or Pre Prep library. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores you may have. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline. Personal Protective Equipment (PPE) suitable for medical emergencies is available in the Surgery.

Infectious diseases

The school Sister holds details regarding infectious diseases and the appropriate exclusion period in each instance. Information is also contained within the Infection Control Policy. The school follows the government guidance found in the following document:
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

Medication in school

The principal aim is to support, where possible, and maintain the safety of pupils who require medication throughout the school day.

Medicines From Home

No pupil should be given any medication without their parent's written, or specific verbal consent. Verbal consent must be documented in the pupil's medical notes held by school.Some children may need to take medication during the school day e.g. antibiotics, although wherever possible the timing/dosage should be arranged so that the medication can be administered at home. The school MUST have the original bottle/box with the prescription on it written in English. The correct dosage should be in this container (e.g 5 pills for 5 days NOT the entire dosage). Other medicines (not prescribed) such as vitamins should be in their original packaging and clearly marked with the child's name. Parents/carers must complete a "Medicines from Home" consent form.

Medicines from home will be stored and administered by the surgery team for years 3-8.

Medicines from home can be stored and administered by Pre Prep staff that are first aid trained and have had medicines training. The school Sister can provide an annual training and is available for advice.

Classified/Controlled Medication

It is a legal requirement that any 'classified' medication, such as Ritalin, Concerta or other medication typically given for ADD or ADHD, must always be handed directly to a member of staff and never via a pupil. This applies to both boarding and day pupils.

Such medicines must be stored in a locked cupboard fixed to the wall. There is an appropriate cupboard in Surgery. An accurate trail of medication brought in and administered must be documented in a Controlled Drug Book which is stored inside the locked cupboard.

In the event that a classified drug must be administered on a school trip, then a risk assessment must be carried out. Where possible a lockable cupboard fixed to a wall should be used and many residential centres now provide this storage. Consideration must be made for ensuring that these medicines are stored as safely as possible. The exact number of classified medication tablets required should be taken on the trip.

Medicines should only be given by the school Sister or staff who have received medicines training. Training will be provided by the school Sister on an annual basis for Pre Prep staff, the matrons and boarding staff, or on an individual basis for staff accompanying children on residential or other school trips where medications may be required to be administered. Lists of staff trained to

administer medicines are maintained by the school Sister and displayed within the medicines Cupboard in Surgery.

Non-Prescription Medication - Homely Remedies

A homely remedy is a product that can be obtained, without a prescription, for the immediate relief of a minor, self-limiting ailment.

These medications are for the treatment or symptom management of common minor ailments in day and boarding children without the need for a prescription.

Only those ailments in the homely remedy policy may be treated and they may only be treated using the specific products and doses according to manufacturer's guidelines.

Parents/guardians can complete a Homely Remedies Consent Form for their child/ren enabling the surgery team and identified medicines trained staff eg. boarding staff to administer a limited range of over the counter medicines.

Medicine stocks in surgery are checked and audited at least once a month by a member of the surgery team.

Please see Appendix 5 Homely Remedies Policy or access the Policy in the Medical Handbook Folder in the Policies on the shared google drive.

Administration of medication - Medicines from Home

The medication must be checked prior to administration by the relevant member of staff. For pupils in years 3-8, staff must confirm the name of the medication, the pupil's name, the dose, time to be administered and the expiry date. The member of staff must ask the pupil their name and explain that their parents have requested that they are given the medication.

In the case of pupils in the EYFS department and Pre-Prep the pupil's name and medication should be confirmed with their teacher.

Administration of medication - Homely Remedy

When administering a homely remedy for a pupil in years 3-8, staff must check the child's medical notes for a completed Homely remedies Consent Form. Staff must check the child's name, whether they have taken any medicines on that day (if the child is unsure, then this must be clarified with a telephone call/email with the parent/guardian) and whether they have any allergies. If in doubt contact the parent.

For pupils in Pre Prep, even where a Homely remedy Consent Form has been completed, a parent/guardian MUST be contacted by telephone.

The member of staff must wash their hands before administering the medication and must document, date and sign for what has been administered. Medicines from home must be signed for on the consent form which should be stored with the medicine brought from home. Homely remedies medicines must be documented in the pupil's school medical notes as well as in the audit trail documentation for that medicine kept in surgery or the first aid room in PrePrep. Parents must be informed of this medicine administration either by a paper note, email or telephone call.

Transfer of this information must be ensured for boarders. Email communication is used between boys boarding houseparents and Sister. A communication book is used to transfer information between the girl's houseparents and Sister.

Medication must be correctly stored out of reach of pupils in a locked medicine cabinet.

Emergency medication such as EpiPens and inhalers should not be locked, but should be stored out of reach of pupils.

Antibiotics may be stored in the fridge. Parents should dispose of any out of date medication.

Used needles and syringes must be disposed of in the sharps box kept in Surgery.

All guidelines concerning the storage and administration of medication for boarders must follow the guidelines as set out in the National Minimum Standards for Boarding – January 2013.

Boarding pupils with serious medical conditions are clearly identified on a document which is available to all staff for reference on the shared google drive in the medical Information Folder. Sister will check the boarding house medical records on a regular basis. Boarding house parents will be informed by Sister of any serious medical conditions that may have occurred during the day, including the administration of any medicine. Boarding house parents are required to inform Sister of any medication administered or medical incidents which occur overnight.

Self medication in Boarding

Boarders may be required to take medicines such as inhalers in the evening in the boarding house.If it is agreed with the houseparent, Sister and parent, then a child may be able to store and self administer a medicine. A consent form signed by the child and parent/guardian must be completed. A register of any boarders that self medicate is maintained by the school Sister in surgery. The list is held on the inside door of the medicines cupboard.

Care for Boarders

Identified boarding house staff are trained to administer first aid.

Procedures are established for the administration of appropriate medicine, in consultation with Sister where appropriate.

Homely Remedies administered in boarding, outside of surgery hours, must be communicated to Sister so that the information can be documented in the child's medical notes.

A stock of homely remedy medicines are stored in a locked cupboard in Drayton boarding. Boarding staff are responsible for completing the signing out of the medicine and communicating this to Sister.

Drayton medicines are audited every month by Sister.

Boys houseparents must use the homely remedy stock kept in surgery. Documentation of the administration of medicines must be written in the diary and an email communication with Sister.

Facilities are provided in the Surgery & Sans for boarders who are sick or injured.

All **boarders** are required to complete the school medical information before they start.

Responsibilities under the Policy

Head

- To ensure that suitably qualified staff are employed to fulfil the school's requirements in line with current Health and Safety legislation.

Bursar/Operations Manager

- To ensure that sufficient and suitable assessments are carried out by staff in relation to activities both on and off site.
- To display the relevant Health and Safety documentation in a suitable area.
- To review the First Aid policy with Sister.
- To ensure that funds are clearly identified within the departmental budgets for first aid training. Sister
- To provide appropriate documents for the recording of "accidents".
- To review reported accidents and incidents and report these findings to School Health & Safety Committee. Where appropriate to report incidents that fall under the RIDDOR regulations.
- To liaise with the various departments within the school to ensure there is suitable first aid provision in line with current Health and Safety legislation.
- To provide first aid equipment and arrange training in response to risk assessments, C.O.S.H.H. reports and any other reviews by staff.
- To organise the provision and replenishment of first aid equipment.
- To ensure that the first aid equipment is clearly labelled and that suitable first aid notices are displayed.
- To provide suitable equipment and instructions to deal with the spillage of body fluids.
- To ensure the up to date details of first aiders are available to staff.
- To maintain up to date details of students with particular medical conditions (including food allergies) and to publish these on the school intranet.

Heads of Departments

- To ensure that first aid needs within their areas are assessed and addressed.

First Aiders

- To respond promptly to calls for assistance.
- To ensure that they are familiar with the location of first aid equipment.
- To provide first aid within their levels of competence.
- To report details of the injury or illness and any treatment given.

Confidentiality and Consent to treatment

The confidentiality and rights of pupils as patients are appropriately respected. What is appropriate is guided by both the child's age and the criteria for Gillick competency. (Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be 'Gillick Competent' if he or she has sufficient understanding and intelligence to understand fully what is proposed.)

A clause in the School's Data Protection Policy should also be kept in mind:

Where a pupil seeks to raise concerns confidentially with a member of staff and expressly withholds their agreement to their personal data being disclosed to their parents or guardian, the School will maintain confidentiality unless it has reasonable grounds to believe that the pupil does not fully understand the consequences of withholding their consent, or where the School believes disclosure will be in the best interests of the pupil or other pupils.

Given the age range of the School's pupils, it is highly unlikely that a child's treatment would be dealt with independent of the parents and/or that a child would be deemed Gillick competent. However, the School must pay due attention to the above when treating its pupils.

Related policies

- Safeguarding
- Health and Safety
- Infection Control Policy
- Boarding Policies

First Aid Policy Addendum

Coronavirus (COVID-19) Pandemic June 2020

This addendum was developed in conjunction with:

GOV.UK (May 2020) Coronavirus (COVID-19): implementing protective measures in education and childcare settings

GOV.UK (May 2020) COVID-19: cleaning in non-healthcare settings

Children Unwell in School

During the current coronavirus (COVID-19) pandemic any child that develops any of the coronavirus symptoms whilst at school must be immediately isolated.

The main symptoms of coronavirus are:

- **high temperature**
- **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **loss or change to your sense of smell or taste** – this means you have noticed you cannot smell or taste anything, or things smell or taste different to normal

Any child that develops any coronavirus symptoms and/or becomes unwell will be isolated in a medical room and their parents/carer will be contacted to collect them as soon as possible. An area is identified as the Red Area within surgery and should be used to isolate any staff or children with COVID-19 symptoms until they are able to leave the school premises.

Children and staff with COVID-19 symptoms and who are not known contacts of a positive case may be offered the option of a Rapid Antigen (Lateral Flow Device) test (See Guidance for the provision of Rapid Antigen Tests (Lateral Flow Devices) for Symptomatic Cases). Alternatively, parents will be asked to keep their child home for 10 days and to contact NHS119 or online to request coronavirus PCR swab tests. The other members of the child's household must also isolate for up to 10 days.

Other children and staff within their "bubble" will continue as normal. Parents will be advised that someone within the bubble has coronavirus symptoms via the daily school calendar on the portal.

If the test is negative and the child feels better, then they can return to school. Their household will also be released from their 10-day isolation.

If the test is positive, then the child must remain at home for a minimum of 10 days and can return once the isolation period is completed (on the 11th day) and they feel better. Other staff

and parents of children within the bubble will be advised that someone has tested positive. The staff and children within this bubble must isolate for 10 days. If during that period they develop symptoms, then they must contact NHS119 or online for a COVID-19 PCR swab test.

Children and staff outside of the bubble will be advised of a positive test but would not be required to take any further action unless advised by Public Health England. If they develop symptoms, then they should follow the 10-day isolation process and contact NHS119 or online for a COVID-19 PCR swab test.

Parents and staff are requested to keep Sister Wendy and Winchester House School aware of any changes to their health and any COVID-19 swab test results

Sister Wendy will maintain a log of children and staff should they become

unwell. **Staff Unwell in School**

Any member of staff that develops any of the coronavirus symptoms whilst at school has 2 options. Firstly they can have a Rapid antigen (Lateral Flow Device) test in school (See Guidance for the provision of Rapid Antigen Tests (Lateral Flow Devices) for Symptomatic Cases), if negative they may remain in school. Alternatively, they need to go home and should inform their line manager and Sister Wendy. Once home they should isolate for 10 days. Their household must commence a 10 day isolation period. They must contact NHS119 or online to request a COVID-19 PCR swab test.

If it is a member of the teaching staff, then the staff and children within their “bubble” will continue as normal. Parents will be advised that someone within the bubble has coronavirus symptoms.

If the test is negative and the staff member feels better, then they can return to work at school. Their household will also be released from their 10-day isolation.

If the test is positive, then the staff member must remain at home for a minimum of 10 days and can return once the isolation period is completed and they feel better. Potential close contacts will be identified (See Guidance following a Confirmed COVID-19 Case at Winchester House School) and identified staff and children must be sent home to isolate for 10 days. If during that period they develop symptoms, then they must contact NHS119 or online for a COVID-19 PCR swab test.

It is presumed that other staff would be socially distancing from each other and therefore no action would be required other than for staff to remain alert to the symptoms of coronavirus.

Personal Protective Equipment (PPE)

Level 1 PPE will be available in the medical room and in identified storage areas (to be agreed) for housekeeping staff. Level 1 PPE comprises of

- Plastic apron
- Gloves

· Facemask (Fluid Repellent 2R)

Staff will be given training by Sister Wendy regarding the use of PPE, when and how to use it.

Staff Training

Training will be provided for all school staff to cover the following

information: · Typical symptoms of coronavirus

· Understanding of transmission

· Government advice for isolation

· PPE – how and when to use it in school

Further Infection Control information can be found in the "Infection Control Guidance"

APPENDIX 1

Minor Head Injuries

Your child bumped their head at school today. We have given them a check-up and did not find any problems. This information sheet explains about the signs you need to look out for over the next few days.

What to expect when you get home

Your child may:

- have a mild headache
- feel sick and not feel like eating
- have difficulty concentrating
- feel more tired than usual

This is normal, and does not need any treatment other than paracetamol, given according to the instructions on the bottle. Your child can play as normal, although quiet play is best and television or computer games are best avoided.

However, a head injury (even a minor one) can occasionally develop into something more serious. Keep a close watch on your child until they are back to normal. Depending on the severity of head injury, it may be advisable for your child to avoid rough and tumble play or contact sports for at least three weeks. If in doubt contact your GP.

Signs that a head injury is becoming more serious include:

- vomits more than once or twice
- a severe headache or one that is getting worse
- drowsy or difficult to wake up
- difficulty with seeing and/or balance
- a fit – making uncontrolled jerky or twitchy movements
- water or blood oozing from their nose or ears
- behaves differently to normal
- is irritable

If they show any of these signs, please take your child to your local Accident and Emergency (A+E) department immediately and seek medical advice or dial 999.

Advice can also be sought through 111 servic

APPENDIX 2

Concussion Guidance

This policy was developed in conjunction with the NICE guidance(CG176) 2014 (updated June 2017) : "*Head Injury: Assessment and Early Management*" and the England Rugby Football Union Concussion Protocol "*Headcase*" Sam Stoop - Director of Sport
Wendy Bull - School Nurse
Updated September 2017

Concussion Guidance Contents:

Winchester House School Guidance on Concussion

For further information please contact Sam Stoop (Director of Sport) or Wendy Bull (School Sister)

Concussion

Concussion occurs when there has been a disturbance to the normal function of the brain without any structural damage occurring. Concussion can be caused by a direct blow to the head or if the head is shaken after the body has been struck. It is important to recognise that most people who develop concussion may not have been knocked unconscious. It is also important to note that concussion can occur from a variety of accidents and not just as a result of sporting activities. **This guidance looks at concussion as a result of sporting injury, but the principles of care and rest are transferrable to any suspected concussion.**

Concussion can affect a child or young person's thinking, memory, mood, behavior and level of consciousness. The majority of people who sustain concussion do not require any treatment as they normally get better by themselves but some people can have the symptoms of concussion for several days, weeks or occasionally they can last longer.

Be aware that concussion COULD occur to anyone who gets a blow to the head and if concussion is suspected the child/adult should be assessed.

Remember the 4 Rs of concussion management

RECOGNISE

REMOVE FROM PLAY

LET THE PERSON RECOVER

LET THE PERSON RETURN TO PLAY ONLY IF ALL IS WELL AND CONCUSSION HAS NOT BEEN DIAGNOSED.

Signs and Symptoms of Concussion

- Knocked unconscious
- Headache
- Dizziness
- Blurred vision, double vision, flashing lights
- Nausea
- Vomiting
- Feeling dazed disorientated
- confusion
- Slurred speech
- Generally feeling unwell
- Ringing in the ears
- Sleepiness
- Poor co-ordination of balance
- Sensitivity to light/noise
- Inappropriate emotions (laughing, crying, angry
- Fatigue

IF YOU SUSPECT CONCUSSION THE CHILD SHOULD BE REMOVED FROM PLAY STRAIGHT AWAY.

If a child continues to play it increases their risk of a more severe concussion and can also increase the risk of the symptoms of concussion lasting longer. Danger signs

- Loss of consciousness
- Unresponsive
- Clear fluid coming out of an ear
- Convulsions
- Increasing drowsiness
- Worsening of headaches
- Clutching head
- Prolonged nausea
- Vomiting
- Worsening of slurred speech
- Deafness in one or both ears
- Severe neck pain

Management

- Remember basic first aid – at least 1 qualified First Aider to accompany sport's teams. • Assess at the pitch side **(if at an away match or if there is no nurse/sister present this has to be done by one of the games takers, referee or a member of staff) – Staff to be aware of Head Injury Management (Appendix 3)**
- If a child falls to the ground then assess for any injuries **(if any concerns then call sister who will be on the top pitches).**
- Check for any loss of consciousness and give this information to the match cover sister or medical person in attendance.
- If the child is conscious and has no neck or back injuries remove from the pitch • Sit the child down, be calm and look for obvious signs of injuries
- Apply ice to the affected area
- Observe and monitor for any signs of concussion
- Reassure the child
- Do not leave alone
- Give head injury advice form – Appendix 1

Check for Cognitive /Memory function

- What's your name
- What's my name
- Which ground are we at?
- Which half are we in?
- Which side scored last?
- Did your team win the last game?

If there are any concerns then they should be assessed by a health care professional ideally at pitch side first.

If the child is unconscious then do not move because their neck may have been damaged due to head injury. Follow the head injury policy and call an ambulance. A full time member of staff must accompany the child to hospital. If parents are not present at the game they must be informed ASAP.

Visiting children

- Review at the pitch side
- Inform their teacher
- Observe in San if any concerns
- Advice to take to the Horton Hospital (Banbury) for review
- Give head injury advice form – Appendix 1
- Sister or visiting coach to inform parents

Management in San following diagnosis of Concussion

Boarders

- Following return from the hospital, Boarders to be monitored for at least 24 hours in San by House parents or a First Aid trained member of staff.
- Observations (level of consciousness in accordance with the Glasgow Coma Scale) should be monitored frequently according to each child's needs, minimum of 4 hourly. • Matrons & house parents to be trained annually in the assessment of Glasgow Coma Score. Scoring to be available in both the boys and girls sans.
- The child should have complete rest until symptom free and avoid watching the TV and computer games.
- To observe for any worsening signs and symptoms of concussion.
- They should be reviewed by the child's doctor if any concerns or refer to hospital.

Children going home with parents Boarders or Day children

- Advice to keep off school for at least 24 hours and to seek medical help if any they have any concerns (can be assessed on the need of each individual child)
- Give advice regarding TV and computer games.
- Children should be symptom free before returning to school (parents can seek advice from their own doctor or school nurse)
- Parents should keep sister up to date with any relevant information.

On return to school

- Children should be symptom free before they return to school.
- Inform teachers to observe for any deterioration in school work or concentration. • If any concerns to contact the Sister
- To remain off games for 2 weeks – See Appendix 2 Graduated Return to Play • To remain off contact sport for 3 weeks - See Appendix 2 Graduated Return to Play • All children should be reviewed by their doctor before they return to games/contact sport/swimming

- Day children should be assessed by their own doctor before they return to games or

contact sports. A letter from their doctor or email from parents confirming assessment by their doctor is required before return to play.

- They may require a phased return to games/contact sport /swimming depending on the doctor's advice.

Staff Training

- All teams will have a qualified first aid member of staff present.
- All coaches, matrons & Sister to have annual concussion training – Headcase Online Training

DATE, TIME & LOCATION OF INCIDENT:

Appendix A

NAME OF CHILD:

Dear Parent your child has recently suffered from a head injury.

When you get them home they might feel tired and sleepy but it is very unlikely that they will have any further problems. But, if any of the following symptoms do occur, we suggest you take them to their nearest hospital emergency department as soon as possible:

- unconsciousness, or lack of full consciousness (for example, problems keeping eyes open)
- drowsiness (feeling very sleepy) that goes on for longer than 1 hour when they would normally be wide awake
- difficulty waking the child up
- problems understanding or speaking
- loss of balance or problems walking
- weakness in one or more arms or legs
- problems with their eyesight
- painful headache that won't go away
- vomiting
- seizures (also known as convulsions or fits)
- clear fluid coming out of their ear or nose
- bleeding from one or both ears.

- If your child becomes unconscious/unresponsive then they must go to hospital immediately or via 999 ambulance.

Things to consider to aid recovery:

DO have plenty of rest and avoid stressful situations.

DO NOT take aspirin, sleeping pills, sedatives or tranquilisers unless they are prescribed by a doctor.

DO NOT play any contact sport (for example, football) for at least 3 weeks without talking to your doctor first.

DO NOT allow them to return to school until you feel they have completely recovered.

DO NOT leave the child alone in the home for the first 24 hours after injury or leaving hospital.

Other symptoms to be aware of:

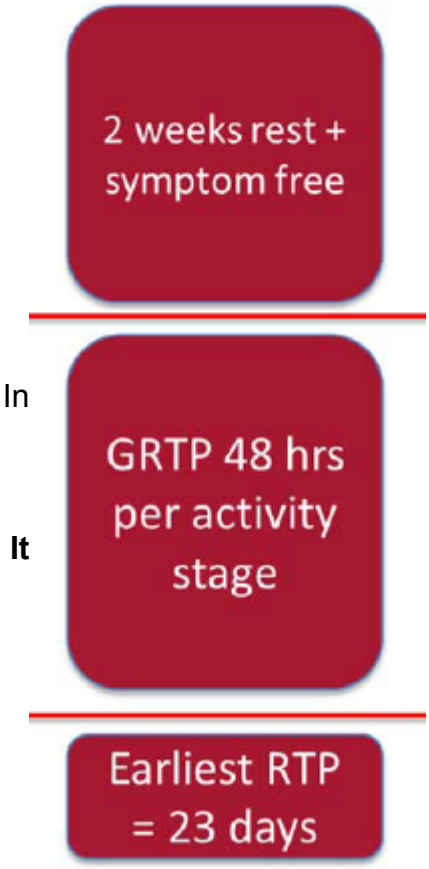
They may feel some other symptoms over the next few days which should disappear in the next 2 weeks. These include a mild headache, feeling sick (without vomiting), dizziness, irritability or bad temper, problems concentrating or problems with their memory, tiredness, lack of appetite or problems sleeping. If you feel very concerned about any of these symptoms in the first few days after injury, you should take your child to their doctor. **If these problems do not go away after 2 weeks, consult your doctor.**

Long-term problems

Most patients recover quickly from their accident and experience no long-term problems. However, some patients only develop problems after a few weeks or months. If you feel that things are not quite right with your child (for example, memory problems, not feeling themselves), then please contact their doctor as soon as possible for check up to make sure they are recovering properly.
You can find further support and information from the Child Brain Injury Trust:
http://childbraininjurytrust.org.uk/
and
National Institute for Health and Care Excellence, 2014. 'Head injury', NICE clinical guideline 176.
www.guidance.nice.org.uk/CG176

APPENDIX B Graduated Return to Play (GRTP)

The GRTP should be undertaken on a case by case basis and with the full cooperation of the player and their parents/guardians.



Return to Play Protocol

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

- o Reading
- o TV
- o Computer games
- o Driving

Start Graduated Return to Play (GRTP) once all symptoms have resolved and cleared to do so by a doctor (for children).

In young players a more conservative Graduated Return To Play approach is recommended, and it is advisable to extend the amount of rest (routinely this should be two weeks/14 days) and the length of the GRTP.

It must be emphasised that these are minimum return to play times and in players who do not recover fully within these timeframes, these will need to be longer.

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

Head injury/Concussion management

Call 999/112 if	Remove child from the play,	Look for signs :
is unconscious any loss of consciousness excruciating headache has bleeding swelling or bruising of the head bruising around one or both eyes deformity or lack of symmetry to the head, blood in the white of the eye, bleeding or fluid coming from an ear or the nose, difficulty breathing or deep noisy breathing,	assess and monitor level consciousness and headache ASK PLAYER : Where are we today? Who do we play against? What is the score? (Who is winning?) Can you remember what happened?	dizziness confusions, loss of memory, nausea vomiting visual problems DO NOT LET THE CHILD TO RETURN TO PLAY and let them to rest. MONITOR SYMPTOMS These children need 24h observation - in class/san/home

If child presents symptoms in box 3 (signs of head injury), keep the child under your supervision all the time.

Any pupil that has sustained a head injury should be kept under observation for 24hr and the responsible adult should have the Head Injury information letter.
If required allow the child to rest –: lying down, consider spine injury, no physical or cognitive stimulation.

Seek medical help if available.

If parents are present give them full details of their child's injury and the results of any observations and provide Head injury information letter.

If the head injury required hospital treatment then the child should not be involved in contact sport for 3 weeks (according to NICE guidelines)
Inform Head of Boarding, Head of Pastoral Care and Head of Sport and Sister.

Complete an accident form on the same day if you can.

On arrival to school following an away match:

Hand over the child to the parents or boarding staff and inform them about the child's injury, Provide Head injury information letter and information leaflet on concussion. Please advise parents to take the child to A&E if symptoms persist or get worse, Inform Head of Boarding, Head of Pastoral Care and Head of Sport and Sister. Complete an accident form on the same day if you can.

Emergency Inhaler Guidance

This policy was developed in conjunction with the Department of Health document:
***"Guidance on the use of emergency salbutamol inhalers in schools"* September 2014**

School Nurse
Updated September 2020

Contents

Emergency salbutamol inhaler

The emergency salbutamol inhaler should only be used by children,

- **for whom written parental consent for use of the emergency inhaler has been given and**
- **who have either been diagnosed with asthma and prescribed an inhaler,**
- **OR who have been prescribed an inhaler as reliever medication.**

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

The emergency kit

An emergency asthma inhaler kit includes:

- a salbutamol metered dose inhaler
- a single-use plastic spacer compatible with the inhaler
- information to recognise and treat an asthma attack (Appendix 4)
- instructions on using the inhaler and spacer/plastic chamber
- instructions on cleaning and storing the inhaler (Appendix 6)
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded (Appendix 1)
- a note of the arrangements for replacing the inhaler and spacers (see below)
- a list of children permitted to use the emergency inhaler (Appendix 7) as detailed in Asthma register (Asthma Register accessible on Winchester House School Intranet)
- form for recording inhaler administration i.e. when the inhaler has been used. (Appendix 1)

Location and storage

Emergency inhalers should be accessible but should be out of the reach of children.

There are 7 emergency inhaler kits located:

1. **Oak Corridor – Pantry end**
2. **Sports hall office – Warren Silman**
3. **Sports Hall – Sports cupboard**
4. **Director of sport – Sam Stoop**
5. **Surgery**
6. **Drayton - girls boarding**
7. **Boys boarding - Duty Office**
8. **Pre Prep – First Aid Room**

An additional 5 emergency inhaler kits are available through surgery for away matches and school trips.

Inhaler Care

An inhaler should be primed when first used (e.g. spray two puffs). It can become blocked again when not used over a period of time so should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should **not** be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use:

- Remove the inhaler canister
- Wash the inhaler housing and cap in warm running water
- Leave to air dry
- Return canister to the housing when dry
- Replace the cap

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30°C, protected from direct sunlight and extremes of temperature.

The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.

The School Nurse and Matron will be responsible for ensuring that

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available

- that replacement inhalers are obtained when expiry dates approach
- replacement spacers are available following use
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary
- Annual staff asthma training is provided

Supply and Disposal of emergency salbutamol inhaler

Salbutamol inhalers will be purchased through Lark Rise Pharmacy or Selles Medical Ltd.

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. This service is provided by Lark Rise Pharmacy

APPENDIX 1

Recording of administration of salbutamol inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

Emergency inhaler kit No: Salbutamol Lot No : Expiry date:

Child's Name	Date/Time	Location	Circumstances	Dose	Given by	Outcome/Action taken	Parents aware	Nurse or Matron aware

Emergency inhaler and Spacer checks

BN: Exp:

	08/2018	09/2018	10/2018	11/2018	12/2018	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019
Inhaler clean												
Working/by delivering 2 puffs												
Spacer: Checked or restocked												
Checked by: Initials												

APPENDIX 2

Asthma Staff Awareness Training:

Date	Name	Signature

APPENDIX 3

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma and/or has been prescribed an inhaler.

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable,

I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: ……. Date: ……

Name (print): …….

Child's name: ……....

Year:…… Tutor:……

Address and contact details:

……
……...

……
……

Telephone:

……

E-mail:

……

……

APPENDIX 4

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better

- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

CALL AN AMBULANCE IMMEDIATELY IF THE CHILD:

- **Appears exhausted**
- **Has a blue/white tinge around lips**
- **Is going blue**
- **Has collapsed**

APPENDIX 5

NOTIFICATION OF USE AN EMERGENCY SALBUTAMOL INHALER

Child's name: ……

Year:…… Tutor:……

Date: ……..

Dear Parent/Carer

This letter is to notify you that…….. required inhaled salbutamol for breathing difficulties today.

Description of the event:
……
……
……

A member of staff supervised /helped to use the emergency asthma inhaler containing salbutamol. They were given ……..puffs.

They did not have their own asthma inhaler with them /their own asthma inhaler was not working.

If you are concerned about your child's health then please contact your family doctor for an asthma review.

Yours faithfully

APPENDIX 6

Inhaler Care

An inhaler should be primed when first used (e.g. spray two puffs). It can become blocked again when not used over a period of time so should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should **not** be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use:

- Remove the inhaler canister
- Wash the inhaler housing and cap in warm running water
- Leave to air dry
- Return canister to the housing when dry
- Replace the cap

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Supply and Disposal of emergency salbutamol inhaler

Salbutamol inhalers will be purchased through Lark Rise Pharmacy or Selles Medical Ltd.

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. This service is provided by Lark Rise Pharmacy.

The School Nurse and Matron will be responsible for ensuring that

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available
- that replacement inhalers are obtained when expiry dates approach
- replacement spacers are available following use
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and

Appendix 7

List of Pupils with Parental Consent for Emergency Inhaler

Name of Child	Year group

School Held Adrenaline Auto-Injectors Guidance

This guidance was developed with the Department of Health document:
***"Guidance on the use of adrenaline auto-injectors in schools"* September 2017**

And the Department for Education document:
"Supporting pupils with medical conditions at school
***Statutory guidance about the support that pupils with medical conditions should receive at school"* September 2014. Updated August 2017**

School Sister
March 2019

Contents:

The Human Medicines (Amendment) Regulations 2017 now allow schools in the UK to buy adrenaline auto-injector devices (known as AAIs) without a prescription to use in an emergency on children who are at risk of a severe allergic reaction (known as anaphylaxis) but whose own device is not available or not working. This could be because their AAI(s) are broken, or out-of-date.

School held AAIs

The emergency School held AAIs should only be used by children:

- **For whom written parental consent has been given and**
- **Whom have an AAI prescribed**

A list of children will be contained in the School held AAI kits.

Location of School held AAI Kits

- Oak Corridor – Pantry end
- Pre Prep - First Aid Room

They will be kept separately to the children's own emergency kits and will have separate storage for the 2 different doses of adrenaline.

Care & Storage of School held AAIs

The school Sister is responsible for the checking of school held AAIs and the kits

- School held AAI kits will be checked monthly
- Kits to contain 2 AAIs of the same dose (2 kits will contain 150mcg AAIs & 1 kit will contain 300mcg AAIs)
- Kits will contain a list of children consented for use of an AAI (Appendix 2)
- Information for identifying a severe allergic reaction (Appendix 4)
- Instructions for the administration of the provided AAI (Appendix 4)

Supply & disposal of Spare AAIs

The school Sister is responsible for the ordering and disposal of school held AAIs

- School held AAIs will be ordered from Selles Medical.
- Expired AAIs will be disposed of via local pharmacy

Staff Training

Annual Anaphylaxis awareness training should be provided for staff. This may be a session provided by the School Sister or it could be via an online course.

School Sister will keep a list of staff attending the awareness training and will offer training to new staff that join mid-way through the school year.

Training AAIs are available for staff to practise with and can be accessed if staff wish to have refresher training.

Anaphylaxis training is also provided for those attending First Aid training courses.

Appendix 1A **CONSENT FORM:**

USE OF SPARE ADRENALINE AUTO-INJECTORS (EPIPEN, EMERADE OR JEXT)

Child showing symptoms of anaphylaxis (severe allergic reaction)

1. I can confirm that my child has been diagnosed with a severe allergy that requires an adrenaline auto-injector (AAI) and is prescribed an injector

2. In the event of my child displaying symptoms of anaphylaxis, and if their Adrenaline Auto-Injector were not available, out of date or not working

I consent for my child to receive the following adrenaline dose (please tick appropriate dose)

150mcg (Junior) □
300mcg □

via an auto-injector (an EpiPen, Emerade or Jext) from an emergency injector held by the school for such emergencies.

Signed: …… Date: ……

Name (print):
……

Child's name:
……...

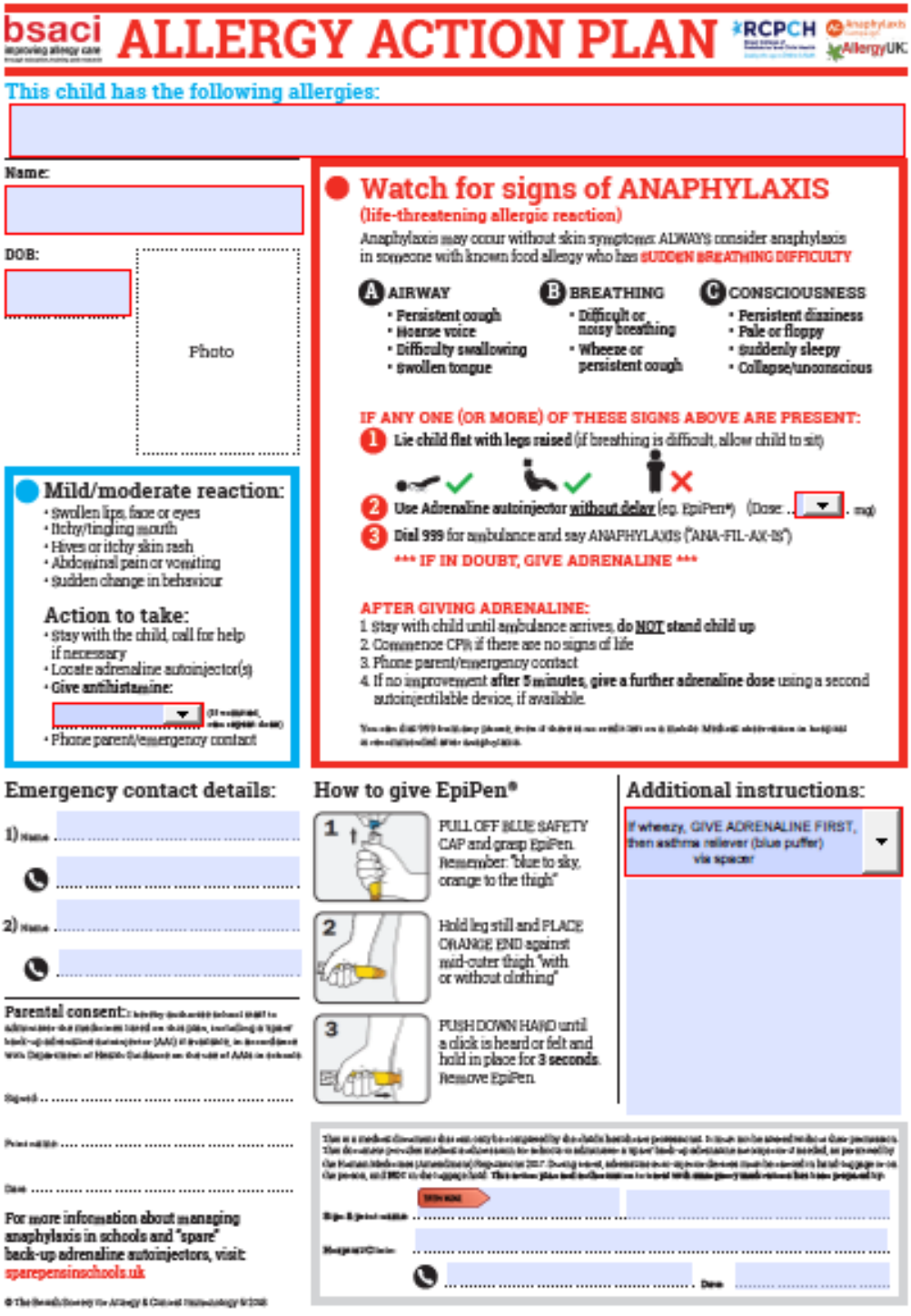
Year:…… Tutor:……

Address and contact details:

……

Telephone:
……
E-mail:
……..

Appendix 1B



bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH · Anaphylaxis Campaign · AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: .. . mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

Emergency contact details:

1) Name .....

.....

2) Name .....

.....

Parental consent:

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

© The British Society for Allergy & Clinical Immunology 9/2018

How to give EpiPen®

1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
3. PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

Sign & print name: .....

Designation/Class: .....

Date .....

Appendix 2

List of Pupils with Parental Consent for Adrenaline Auto-Injector use – EpiPen, Emerade or Jext

Name of Child	Year group	Dose 300/150mcg
Lottie Baggallay	Rec	150
Claire Hargis	1	150
Benjamin Fallows	4	300
Hugo Lissauer	6	300
Otto Thompson	6	300
George Loudon	6	300
Charlie Dunlop	7	300
Alexander Loudon	8	300

Appendix 3

Emergency Adrenaline Auto Injector Staff Awareness Training:

Date	Name	Signature

WINCHESTER HOUSE

Appendix 4 Allergy Symptoms

Mild/moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact
- If vomited, can repeat dose

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY

AIRWAY	BREATHING	CONSCIOUSNESS
Persistent cough, hoarse voice, difficulty swallowing, swollen tongue	Difficult or noisy breathing, wheeze or persistent cough	Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. Lie child flat with legs raised (if breathing is difficult, allow child to sit)

2. Use Adrenaline autoinjector without delay

3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

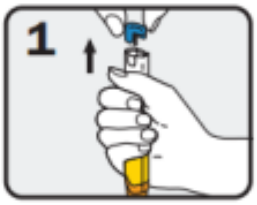
***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a 2nd adrenaline dose** using a second autoinjector device, if available.

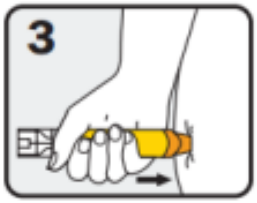
You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)

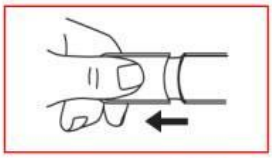


PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds

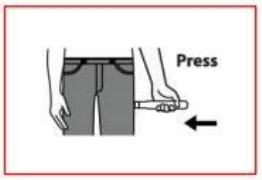
REMOVE EpiPen®

How to give Emerade®

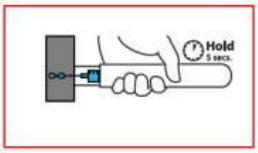
adrenaline (epinephrine) autoinjectors



1. REMOVE the needle shield



2. PLACE and PRESS Emerade against the outer side of the thigh (you will hear a click when the injection goes into the muscle)



3. HOLD Emerade against the thigh for 5 seconds REMOVE Emerade

Jext®: Instructions for use

Grasp the Jext® injector in your hand with your thumb closest to the yellow cap. Pull off the yellow cap.

Place the black tip against outer thigh, holding the injector at a right angle to the thigh.

Push the black tip firmly into your outer thigh until you hear a 'click' then keep it pushed in. Hold in place for 10 seconds (a slow count to 10) then remove.

Massage the injection area for 10 seconds. (dial 999, ask for an ambulance and say 'anaphylaxis')

Homely Remedies Policy

This guidance was developed in conjunction with the Medicines Act 1968, the Misuse of Drugs Act 1971, the Misuse of Drugs (Safe Custody) regulation 1773 and the Nursing and Midwifery Council Guidelines for the Administration of Medicines.

Wendy Bull, School Sister
Updated July 2018

Homely Remedies Policy

This policy applies to all pupils at Winchester House School including EYFS and Boarding.

With respect to the prescribing, supply, storage and administration of medicines, this school adheres fully to the Medicines Act 1968, the Misuse of Drugs Act 1971, the Misuse of Drugs (Safe Custody) regulation 1773 and the Nursing and Midwifery Council Guidelines for the Administration of Medicines.

Definition:
A homely remedy is a product that can be obtained, without a prescription, for the immediate relief of a minor, self-limiting ailment.

Aims:
The purpose of this policy is to facilitate access to various "over the counter" medications so that it is similar to that for children in their own homes. These medications are for the treatment or symptom management of common minor ailments in day and boarding children without the need for a prescription.
Only those ailments in the homely remedy policy may be treated and they may only be treated using the specific products and doses according to manufacturer's guidelines.

Medications:
It is recommended that the following medications are available from the surgery for appropriate use in response to symptoms of a minor nature and **not routinely requested on prescription**.

Only those ailments specified in the homely remedy policy may be treated and the specified products and doses must be used. The maximum duration of treatment should not exceed that specified for each particular medication without obtaining medical advice. If the symptoms persist, or give cause for concern, medical advice should be obtained in case they are masking other more serious underlying conditions. Further information on homely remedy ailments included in this policy is detailed below.

Name of medicine	Indication for its use as a homely remedy
Paracetamol 250mg/5ml suspension (**Calpol Six Plus**)	For relief of occasional mild to moderate pain and high temperature
Calpol Six Plus Fastmelts	For relief of occasional mild to moderate pain and high temperature
Paracetamol 120mg/5ml suspension **(Calpol Infant)**	For relief of occasional mild to moderate pain and high temperature in children under 6yrs old
Ibuprofen 200mg tablets (ONLY ADMINISTERED TO BOARDING PUPILS IF REQUIRED)	For relief of musculoskeletal or dental pain **NOT TO BE GIVEN TO PEOPLE WITH ASTHMA** Always to be given on a full stomach.
Nurofen (Ibuprofen) 100mg/5ml oral suspension	For bringing down temperature , relieve pain **NOT TO BE GIVEN TO ASTHMATICS**
Chlorphenamine Syrup (**Piriton**) 2mg/5ml	For relief of allergy
Chlorphenamine Tablets (**Piriton**) 4mg	For relief of allergy
Cetirizine 10mg tablets	For relief of allergy

Cetirizine 5mg/5ml liquid	For relief of allergy
Simple linctus Paediatric	To soothe a dry irritating cough
Strepsils	For sore throats
Oral rehydration sachets	To replace fluids in diarrhoea/vomiting
Cinnarizine 15mg(***Boots* Motion Sickness Tablets**)	For the relief of motion sickness
Hyoscine Hydrobromide tablets (**Kwells Kids**)	For the relief of motion sickness.
Sodium chloride eye irrigation fluid	An eye wash for first aid
Simpkins Lemon, Honey & Glycerin Lozenges	For relief of coughs and sore throats
Bonjela junior	To soothe mouth ulcers

Olbas Oil	Inhalant decongestant
E 45	To soothe dry, itching, flaking, sunburned skin
Sudocrem	For eczema, minor burns, acne, sunburn
Petroleum jelly	To soothe dry skin and lips
Anthisan Cream (Mepyramine Maleate 2%)	For relief from insect bites, stings & nettle rash
Arnica Cream	For symptomatic relief of bruises
Aloha kids or Soltan kids sun lotion	Skin protection from sun

Administration
Administration must only be undertaken by staff that have undertaken the appropriate medication training and signed the relevant form stating that they have read and understood each homely remedy protocol (Appendix 1).
Care must be taken to check that the medicine will not interact with the child's regular medication.
Remedies must not be labeled for individuals.

Guidelines for administering homely remedies (Years 3-8)

- Check the identity of the pupil
- Establish that the pupil does need medication
- Check that parents have given consent
- Check for any known allergies
- Check there are no reasons why the pupil shouldn't have the medication
- Check if / when medication last administered
- You must know the therapeutic uses of the medicine to administered, its normal dosage, side effects, precautions and exclusions
- Check the medicine, strengths and dosage, method of administration and expiry date
- Ensure the pupil takes the medication
- Record date, time and dose administered, plus reason for giving it and your signature

Guidelines for administering homely remedies in Pre Prep

- Check the identity of the pupil
- Establish that the pupil does need medication
- Parents/carers MUST be contacted for consent prior to administration and request the following information:

    - ❖ Check for any known allergies
    - ❖ Check there are no reasons why the pupil shouldn't have the medication
    - ❖ Check if / when medication last administered
- You must know the therapeutic uses of the medicine to administered, its normal dosage, side effects, precautions and exclusions
- Check the medicine, strengths and dosage, method of administration and expiry date
- Ensure the pupil takes the medication
- Record date, time and dose administered, plus reason for giving it and your signature

Obtaining homely remedies
These will be purchased from a community pharmacy/ medical supplies company and held by the Surgery as stock.

Storage of Homely Remedies
Homely remedy will be kept in a locked medicine cupboard in the Surgery and limited stock in a locked cupboard in the Girls' Boarding House and Pre-prep. They should be separated from all prescribed medicines and clearly marked as homely remedies. Expiry dates must be checked regularly by the School Nurse.

Recording of Homely Remedies
It is essential that all medicines that are given to children are recorded to maintain accurate records and avoid possible overdosing.
Administration of homely remedies in Surgery must be recorded in the homely remedy record book/folder and on the appropriate child's health/treatment record. The reason for administration should also be recorded in the child's record.
In Drayton (Girl's boarding) they must be documented in the homely remedy record folder stored with the Drayton supply of medicines. The information must also be recorded in the Drayton Medical Book for transferring information between the boarding staff and the School Nurse/Matrons.
In boy's boarding they must be documented in the School Nurse Medical book/diary in surgery and the School Nurse/Matrons will document in to the child's medical records.

On school trips administration of homely remedies can be made on a "Medicine Administration on School Trip" form (Appendix 2).
Homely remedies given on school trips will be documented by the School Nurse/Matrons into the child's medical records on return to school.

To ensure the safe administration of medicines and ensure that children do not exceed recommended doses of medicines, the administration of homely remedies should be shared as follows:

- Girl boarders requiring medicines during the school day or at night should also have the medicines documented in the Drayton Medical Book.
- Boy boarders requiring medicines during the school day or at night should have the medicine details emailed to/from School Nurse Medical Book for the safe transferring of information between the School Nurse and Houseparents.
- Day children requiring medicines should have this information shared with their parents/carers via telephone, email or paper slip to take home

- The parents of children in Pre Prep must be contacted prior to any administration of homely remedies

Checking Stock
Surgery stock should be counted by the School Nurse every month to maintain an audit trail of usage and to check expiry dates. The monthly audit is documented in the homely remedy book/folder. Stock in the girl's boarding house and in Pre Prep will be audited monthly.

Expiry Dates
All liquids and suspensions for internal use should have the date of opening recorded on the bottle. They should be discarded no longer than 6 months after this date. Individual preparations may specify a shorter expiry.

Disposal of Expired Medicines
It is the parents responsibility to dispose of any medicines belonging to their child.
Homely remedy medicines that have expired must be disposed of safely. The School Sister will take to the local Pharmacy for disposal.

Responsibilities
It will be the responsibility of the school nurse to ensure medication under this policy is stored and audited in accordance with the policy for medication stored in the surgery and Pre-prep.
It will be the responsibility of the Head of Boarding to ensure medication under this policy is stored and audited in accordance with the policy for medication stored in Drayton.

Paracetamol 250mg/5ml suspension

<table>
<tr><td>Indication for use:</td><td>For relief of occasional mild to moderate pain/fever</td></tr>
<tr><td>Drug:</td><td>PARACETAMOL suspension, Calpol 6+</td></tr>
<tr><td>Strength:</td><td>250mg/5ml</td></tr>
<tr><td>Dose:</td><td>
<table>
<tr><th>age</th><th>ml of suspension</th><th>Amount of paracetamol</th></tr>
<tr><td>6-8 years</td><td>5 ml</td><td>240-250mg</td></tr>
<tr><td>8-10</td><td>7.5 ml</td><td>360-375mg</td></tr>
<tr><td>10-12</td><td>10 ml</td><td>480-500mg</td></tr>
<tr><td>12-16</td><td>10 – 15 ml</td><td>480-750mg</td></tr>
<tr><td>Over 16</td><td>10 – 20 ml</td><td>500mg-1g</td></tr>
</table>
</td></tr>
<tr><td>Maximum dose in 24 hours:</td><td>every 4 to 6 hours up to FOUR times a day</td></tr>
<tr><td>Maximum duration of treatment:</td><td>Up to 48 hours then seek (and document) advice of GP</td></tr>
<tr><td>Exclusions:</td><td>Under 6 yrs.
Child is already taking a paracetamol containing product such as some cough and cold preparations,
Taking medication for nausea and vomiting
Taking anticonvulsants for epilepsy
History of liver disease
Hypersensitivity to paracetamol or any of the ingredients</td></tr>
<tr><td>Cautions:</td><td>*Care of accidental overdose*
Many medicines, both prescribed and bought, also contain paracetamol</td></tr>
<tr><td>Additional information:</td><td>Always refer to the patient information leaflet
Side effects are rare but may cause a rash
Or other allergic reactions, become unusually tired, unexpected bruising, bleeding and getting more infections (such as colds)</td></tr>
</table>

Paracetamol Fastmelts (Calpol Fastmelts) 250mg tablets

<table>
<tr><td>Indication for use:</td><td>For relief of occasional mild to moderate pain/fever</td></tr>
<tr><td>Drug:</td><td>PARACETAMOL Fastmelts</td></tr>
<tr><td>Strength:</td><td>250mg tablets</td></tr>
<tr><td>Dose:</td><td>
<table>
<tr><th>age</th><th>Number of tablets</th><th>Amount of paracetamol</th></tr>
<tr><td>6-9 years</td><td>1</td><td>250mg</td></tr>
<tr><td>9-12</td><td>2</td><td>500mg</td></tr>
<tr><td>12-16</td><td>2-3</td><td>500-750mg</td></tr>
<tr><td>Over 16</td><td>2-4</td><td>500mg-1g</td></tr>
</table>
</td></tr>
<tr><td>Maximum dose in 24 hours:</td><td>every 4 to 6 hours up to FOUR times a day</td></tr>
<tr><td>Maximum duration of treatment:</td><td>Up to 48 hours then seek (and document) advice of GP</td></tr>
<tr><td>Exclusions:</td><td>Under 6 yrs.
Child is already taking a paracetamol containing product such as some cough and cold preparations,
Taking medication for nausea and vomiting
Taking anticonvulsants for epilepsy
History of liver disease
Hypersensitivity to paracetamol or any of the ingredients</td></tr>
<tr><td>Cautions:</td><td>*Care of accidental overdose*
Many medicines, both prescribed and bought, also contain paracetamol</td></tr>
<tr><td>Additional information:</td><td>Always refer to the patient information leaflet
Side effects are rare but may cause a rash
Or other allergic reactions, become unusually tired, unexpected bruising, bleeding and getting more infections (such as colds)</td></tr>
</table>

Paracetamol 120mg/5ml oral suspension (Infant)

Indication for use:	For relief of occasional mild to moderate pain/fever
Drug:	**PARACETAMOL suspension, Calpol**
Strength:	**120mg/5ml**
Dosage in ml	3-6 **months** — 2.5 ml 6-24 **months** — 5 ml 2-4 years — 7.5 ml 4-6 years — 10 ml
Maximum dose in 24 hours:	every 4 to 6 hours up to FOUR times a day
Maximum duration of treatment:	Up to 48 hours then seek (and document) advice of GP
Exclusions:	Child is already taking a paracetamol containing products consult GP. Taking anticonvulsants for epilepsy History of liver disease Hypersensitivity to paracetamol or any of the ingredients
Cautions:	***Care of accidental overdose*** Many medicines, both prescribed and bought, also contain paracetamol
Additional information:	Always refer to the patient information leaflet Side effects are rare but may cause a rash Or other allergic reactions, become unusually tired, unexpected bruising, bleeding and getting more infections (such as colds)

Ibuprofen 200mg tablets

	Non steroid anti-inflammatory drug (NSAID)
Indication for use:	For relief of muscular pain, lower temperature during fever, reduces inflammation
Drug:	**Ibuprofen**
Strength:	**200mg**
Dose:	1 or 2 tablets up to THREE times a day, start with the lowest dose
Maximum dose in 24 hours:	No more than 6 tablets in 24 hr
Maximum duration of treatment:	Up to 48 hours then seek (and document) advice of GP
Exclusions:	Under 12 years Allergy to ibuprofen ASTHMA , diabetes Child is already taking other (NSAID). Child suffers with stomach ulcer, heart, liver or kidney problems, breathing difficulties
Cautions:	ASTHMA , gastrointestinal disease (Crohn's disease, ulcerative colitis) or bowel problems
Additional information:	Always refer to the manufacturer's information leaflet Side effects :allergic reactions- skin rashes, itching , worsening of asthma, anaphylaxis Stiff neck, headache , feeling sick, sick with blood particles Stop taking ibuprofen if experiencing: indigestion, heartburn, abdominal pain, blood disorders.

Nurofen (Ibuprofen Suspension) for children 3 months to 12 years suspension

<table>
<tr><td>Indication for use:</td><td>For relief of occasional mild to moderate pain, to bring down temperature</td></tr>
<tr><td>Drug:</td><td>Ibuprofen suspension</td></tr>
<tr><td>Strength:</td><td>100mg/5ml</td></tr>
<tr><td>Dose:</td><td>
<table>
<tr><td>3 months -6 months weighing over 5 kg</td><td>One 2.5ml dose THREE times a day for only 24h</td></tr>
<tr><td>6 months -12 months</td><td>One 2.5ml dose TREE times or FOUR times in 24h</td></tr>
<tr><td>1year -4 years</td><td>One 5ml dose THREE times in 24h</td></tr>
<tr><td>4 years – 7 years</td><td>One 7.5ml dose THREE times in 24h</td></tr>
<tr><td>Over 7 years</td><td>One 10ml dose THREE times in 24 h</td></tr>
</table>
</td></tr>
<tr><td>Maximum dose in 24 hours:</td><td>Maximum 3 doses
Doses should be given every 6-8 hours. Leave at least 4 hours between doses.</td></tr>
<tr><td>Maximum duration of treatment:</td><td>Do not give to babies aged 3-6 months for longer than 24 hours.
For children aged 6 months and over - up to 48 hours then seek (and document) advice of GP</td></tr>
<tr><td>Exclusions:</td><td>Under 3 months or weight less than 5 kg
Allergy to ibuprofen
ASTHMA , Diabetes
Child is already taking other NSAID medication
Child suffers with stomach ulcer , heart, liver or kidney problems, breathing difficulties
Inherited problems coping with fructose/fruit sugar- intolerance</td></tr>
<tr><td>Cautions:</td><td>*Care of accidental overdose* some side effects ;
Irritation of the stomach, indigestion, heartburn,
Blood in stools, black tarry stools, vomiting blood that looks like coffee grounds
Unexplained wheezing , shortness of breath, skin rash –blistering or peeling of the skin Itching or bruising, racing heart, fluid retention
Stiff neck, headache, nausea, vomiting, fever and disorientation.</td></tr>
<tr><td>Additional information:</td><td>Always refer to the patient information leaflet</td></tr>
</table>

Chlorphenamine Tablets 4mg (PIRITON)

<table>
<tr><td>Indication for use:</td><td>For relief of the symptoms of hayfever, insect bites and allergic reactions</td></tr>
<tr><td>Drug:</td><td>Chlorphenamine maleate</td></tr>
<tr><td>Strength:</td><td>4mg</td></tr>
<tr><td>Dose:</td><td><table><tr><td>6 -12 years</td><td>½ tablet every 4 – 6 hours</td></tr><tr><td>Aged 12 years & over</td><td>1 tablet every 4 – 6 hours</td></tr></table></td></tr>
<tr><td>Maximum dose in 24 hours:</td><td><table><tr><td>6 – 12 years</td><td>6 x ½ tablets</td></tr><tr><td>Over 12 years</td><td>6 tablets</td></tr></table></td></tr>
<tr><td>Maximum duration of treatment:</td><td>Up to 24 hours then seek (and document) advice of GP</td></tr>
<tr><td>Exclusions:</td><td>Under 6 years old
Hypersensitivity to any ingredients
Child is allergic to other antihistamines
Severe liver impairment
Lactose intolerance
Child has taken any antihistamine within the last 24 hours</td></tr>
<tr><td>Action if excluded:</td><td>Refer to GP as appropriate</td></tr>
<tr><td>Cautions:</td><td>Always refer to the patient information leaflet</td></tr>
<tr><td>Additional information:</td><td>Can occasionally cause drowsiness, headache, somnolence, dry mouth and throat, stomach upset, nausea, diarrhoea
Stop taking the medicine immediately if the resident has difficulty breathing, swelling of the face, lips, tongue or throat (severe allergic reaction)</td></tr>
</table>

Chlorphenamine Elixir (PIRITON SYRUP)

<table>
<tr><td>Indication for use:</td><td>For relief of the symptoms of hayfever, insect bites and allergic reactions</td></tr>
<tr><td>Drug:</td><td>Chlorphenamine maleate 2mg/5ml liquid</td></tr>
<tr><td>Strength:</td><td>2mg/5ml</td></tr>
<tr><td>Dose:</td><td>
<table>
<tr><td>1 -2 years</td><td>One 2.5ml TWICE a day at least 4 h apart</td></tr>
<tr><td>2- 6 years</td><td>One 2.5ml every 4-6 hours</td></tr>
<tr><td>6 -12 years</td><td>One 5ml every 4 – 6 hours</td></tr>
<tr><td>Over 12 years</td><td>Two 5 ml every 4 – 6 hours</td></tr>
</table>
</td></tr>
<tr><td>Maximum dose in 24 hours:</td><td>
<table>
<tr><td>1 -2 years</td><td>5ml (2x 2,5 ml)</td></tr>
<tr><td>2- 6 years</td><td>15ml (6x 2,5 ml)</td></tr>
<tr><td>6 – 12 years</td><td>30ml (6x 5ml)</td></tr>
<tr><td>Over 12 years</td><td>60 ml (12x 5ml)</td></tr>
</table>
</td></tr>
<tr><td>Maximum duration of treatment:</td><td>Up to 24 hours then seek (and document) advice of GP</td></tr>
<tr><td>Exclusions:</td><td>Under 1 year
Hypersensitivity to any ingredients
Child is allergic to other antihistamines
Severe liver impairment
Lactose intolerance
Child has taken any antihistamine within the last 24 hours</td></tr>
<tr><td>Action if excluded:</td><td>Refer to GP as appropriate</td></tr>
<tr><td>Cautions:</td><td>Always refer to the patient information leaflet</td></tr>
<tr><td>Additional information:</td><td>Can occasionally cause drowsiness, headache, somnolence, dry mouth and throat, stomach upset, nausea, diarrhea
Stop taking the medicine immediately if the resident has difficulty breathing, swelling of the face, lips, tongue or throat (severe allergic reaction)</td></tr>
</table>

Cetirizine 10mg tablets

Indication for use:	For relief of allergic reaction
Drug:	**Cetirizine tablets**
Strength:	**10mg**
Dose:	ONE tablet ONCE a day adults and children over 12 6-12 years – half tablet TWICE a day
Maximum dose in 24 hours:	ONE tablet
Maximum duration of treatment:	Up to 72 hours then seek (and document) advice of GP
Exclusions:	Under 12yrs Hypersensitivity to cetirizine or any other ingredients Resident is allergic to other antihistamines Resident has kidney failure Resident has lactose intolerance Resident has taken any antihistamine within the last 24 hours
Action if excluded:	Refer to GP as appropriate
Cautions:	Although cetirizine is not a "sedating" antihistamine it can still cause some degree of sedation History has epilepsy or fits – talk to pharmacist or doctor Always refer to the patient information leaflet
Additional information:	Cetirizine can occasionally cause drowsiness, headache, cold-like symptoms, dry mouth and throat, stomach upset, nausea, diarrhoea Stop taking the medicine immediately if the child has signs of anaphylaxis :difficulty breathing, swelling of the face, lips, tongue or throat (severe allergic reaction)

Cetirizine 5mg/5ml solution

Indication for use:	For relief of allergy , hayfever
Drug:	**Cetirizine solution**
Strength:	**5mg/5ml**
Dose:	2-5 years: 5ml ONCE daily/ or 2.5ml TWICE daily 6-11 years: 5ml TWICE daily/or 10 ml ONCE daily Over 12 years: 10ml ONCE daily
Maximum dose in 24 hours:	One dose -see table above
Maximum duration of treatment:	Up to 72 hours then seek (and document) advice of GP
Exclusions:	Under 12yrs Hypersensitivity to cetirizine or any other ingredients Allergic reaction to other antihistamines Kidney failure Lactose intolerance Child has taken any antihistamine within the last 24 hours
Action if resident excluded:	Refer to GP as appropriate
Cautions:	Although cetirizine is not a “sedating” antihistamine it can still cause some degree of sedation Child has epilepsy or fits – talk to pharmacist or doctor Always refer to the patient information leaflet
Additional information:	Cetirizine can occasionally cause drowsiness, headache, somnolence, dry mouth and throat, stomach upset, nausea, diarrhoea Stop taking the medicine immediately if the resident has difficulty breathing, swelling of the face, lips, tongue or throat (severe allergic

Simple linctus Paediatric sugar free

Indication for use:	For relief of dry, irritating coughs
Drug:	**Citric Acid Monohydrate 31.25mg**
Dose:	1 – 5 years: One 5ml 6 – 12 years: Two 5ml
Maximum dose in 24 hours:	4 doses in 24hrs
Maximum duration of treatment:	Up to 48h then seek (and document) advice of GP
Exclusions:	Under 1years Hypersensitivity to any of the ingredients Intolerance to some sugar
Action if excluded:	Refer to GP as appropriate
Cautions:	Always follow the manufacturer's guidance leaflet
Additional information:	Side effects not known.

Simpkins Lemon, Honey & Glycerin Lozenges

Indication for use:	For relief of dry, irritating coughs
Drug:	**None**
Dose:	1 lozenge every 3 hours
Maximum dose in 24 hours:	12 lozenges in 24hrs
Maximum duration of treatment:	Up to 48h then seek (and document) advice of GP
Exclusions:	Hypersensitivity to any of the ingredients Intolerance to some sugar
Action if excluded:	Refer to GP as appropriate
Cautions:	Choking Hazard Always follow the manufacturer's guidance leaflet Contains honey, glucose Diabetes
Additional information:	Side effects not known.

Strepsils

Indication for use:	For relief of sore throats
Drug:	**2,4- Dichlorobenzyl alcohol, Amylmetacresol**
Strength:	
Dose:	One lozenge to be dissolved slowly in the mouth every 3 hours
Maximum dose in 24 hours:	12 lozenges in 24h
Maximum duration of treatment:	Up to 48 hours then seek (and document) advice of GP
Exclusions:	Under 6yrs Hypersensitivity to any of the ingredients Intolerance to certain sugars; fructose, glucose-galactose and sucrose-isomaltose.
Action if excluded:	Refer to GP as appropriate
Cautions:	Choking hazard Always refer to the patient information leaflet Contains honey, glucose Diabetes
Additional information:	Possible side effects: hypersensitivity; itching

Cinnarizine (*Boots* Motion Sickness tablets)

Indication for use:	For relief of motion sickness
Drug:	**Cinnarizine**
Strength:	**15mg**
Dose:	5 -12 years: 1 tablet two hours before journey , next tablet in 8 h Over 12: 2 tablets two hours before journey, every 8h
Maximum dose in 24 hours:	3 tablets for 5-12 year / 6 tablets for over 12
Maximum duration of treatment:	Up to 24hours then seek (and document) advice of GP
Exclusions:	Under 5yrs Hypersensitivity to any of the ingredients Parkinson's disease Intolerances to some sugars
Action if resident excluded:	Refer to GP as appropriate
Cautions:	Always refer to the patient information leaflet
Additional information:	This medicine may make you feel drowsy. Other side effects : anaphylaxis

Hyoscine Hydrobromide (KWELLS KIDS)

Indication for use:	For relief of motion sickness
Drug:	**Hyoscine Hydrobromide**
Strength:	**150mcg**
Dose:	4-10 years: ½ -1 tablet up to 30mins before travel. Repeat 6hrly Over 10 yrs: 1-2 tablets up to 30 mins before travel. Repeat 6 hrly
Maximum dose in 24 hours:	3 doses
Maximum duration of treatment:	Up to 24hours then seek (and document) advice of GP
Exclusions:	Under 4yrs Hypersensitivity to any of the ingredients
Action if resident excluded:	Refer to GP as appropriate
Cautions:	Always refer to the patient information leaflet
Additional information:	This medicine may make you feel drowsy. Other side effects : anaphylaxis

Oral rehydration sachets

Indication for use:	Diarrhoea/Vomiting
Drug:	***Boots* Oral rehydration sachets**
Dose:	**ONE or TWO sachets after every loose motion** (reconstituted according to manufacturer's instructions)
Maximum dose in 24 hours:	Sixteen sachets in 24hrs
Maximum duration of treatment:	Up to 24 hours then seek (and document) advice of GP
Exclusions:	Under 1years Diarrhoea has lasted for more than 24 hours Hypersensitivity to any of the ingredients Severe dehydration – seek GP advice Intestinal obstruction Phenylketonuria , sugar intolerance Liver or kidney disease
Action if excluded:	Refer to GP as appropriate
Cautions:	Diabetes, Oral rehydration sachets should only be reconstituted in water Always follow the manufacturer's guidance when preparing the sachets. Always refer to the patient information leaflet
Additional information:	The contents of each sachet should be dissolved in 200ml (approximately 7fl oz) of drinking water. Use fresh drinking water or where drinking water is unavailable, the water should be freshly boiled and cooled. The solution should be made up immediately before use and may be stored for up 24 hours in a refrigerator otherwise any solution remaining an hour after reconstitution should be thrown away. The solution itself must not be boiled. If vomiting is present then the solution should be given in small frequent sips. Ensure appropriate infection control procedures are followed to minimise risk of an infection spreading.

Appendix 1

Authorisation to Administer a Medication in Accordance with

the Homely Remedies Protocol

Below are the staff members who have confirmed to say that they have read and understood the homely remedies policy and have received Medicines training from the School Sister. They are now able to assess a pupil and administer a homely remedy in accordance with the policy.

Print name	Signature	Date

APPENDIX 2

HOMELY REMEDIES – ADMINISTRATION, STOCK & AUDIT

MEDICATION: .....

Audit	Received from pharmacy	School Trip Medicines IN/OUT	**DATE**	**TIME**	**Quantity**	**NAME**	Initials	Balance