



Healthcare Policies

Summary of changes

Staff member responsible	Revision date	Approved by	Approval date	Reason for update
Nurses	February 2023	SSG		New Policy

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This policy links to the following UNCRC articles:

- Article 6 – Life, Survival and Development
- Article 16 – Protection of Privacy
- Article 24 – Health, Water, Food, Environment

Links to other Dollar Academy Policies

This policy has links with the following Dollar Academy policies:

- Admissions Policy
- Child Protection Policy
- Critical Incident Plan
- Physical Touch and Intimate Care Policy

Introduction

A child's health, happiness and safety are central to a successful education, and as a result sit at the heart of all that happens at Dollar Academy. In 2024, these healthcare policies were collated to provide a single place of reference.

Allergy Awareness, Anaphylaxis and Adrenaline Auto-Injector (AAI) Policy

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis. Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs. Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation). It is possible to be allergic to anything which contains a protein, however most people will react to a small group of potent allergens. Common UK Allergens include (but are not limited to): peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander. This policy sets out how Dollar Academy will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Responsibilities:

Parent / Guardian responsibilities:

- On entry to the school, and in each subsequent year of education in the school, it is the parents' responsibility to inform Dollar Academy, using the annual short health and consent form, of any allergies. This information should include all allergies, previous serious allergic reactions, any history of anaphylaxis and details of all prescribed medication.
- Parents must ensure their children are educated about their allergies and how to recognise allergy symptoms.
- Parents should also ensure that children with potentially serious allergies can administer, when prescribed, an Auto Adrenaline Injector (AAI) pen (*age appropriate - to be discussed with parent / School Nurse*).
- Parents must supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If there is no Allergy Action Plan, this should be developed as soon as possible, in collaboration with a healthcare professional e.g. School Nurse / GP / allergy specialist/ paediatrician.
- Parents are responsible for ensuring any required medication is supplied, in date, in original packaging, and replaced as necessary.

- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan should be updated by parents accordingly.
- Pupils with potentially serious allergies, who do not carry their emergency care plans *and* any treatment (i.e. AAI), will **not** be allowed to attend school trips.

Staff Responsibilities:

- The school will ensure as many staff as possible complete anaphylaxis training. Training is provided on a yearly basis and as part of induction for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies, as an allergic reaction could occur at any time (not just at mealtimes). This information is shared with a 'red flag' on the school Management Information System (i-SAMS) and on Staff SharePoint. Any food-related activities must be supervised with due caution.
- Staff leading school trips will collaborate with the School Nurses and ensure they carry all relevant emergency supplies. Trip leaders will check that they have the medication for all pupils with medical conditions, and that pupils with allergies carry their allergy plan / medication (if age and stage appropriate for them to do so). Pupils unable to produce their required plan / medication will not be able to attend the excursion.
- School Nurses keep a register of pupils who have been prescribed an Adrenaline Auto-Injector (AAI). This is visible to all staff, on SharePoint. Records are kept re any use of AAI(s) and any emergency treatment given.
- School Nurses will ensure that the latest plan from parents is shared with teachers of younger children (P1-5 and J1 & 2).
- In the Prep and Junior School, where packed lunches are eaten in the classroom, staff will ask pupils to wash their hands before and after eating, and tables will be cleaned afterwards to minimise the possibility of cross contamination.
- School Nurses 'spot check' the plans and emergency medication of pupils with potentially serious allergies and medication. Any discrepancies in 'kit' are shared with parents e.g. out of date.

Pupil Responsibilities:

- Pupils are encouraged to have a good awareness of their allergy and symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Competent pupils should be taught and encouraged to administer their own AAIs. All senior pupils are expected to take responsibility for carrying their actions plans, AAIs and any other required medication, on their person at all times. Younger pupils should carry their AAIs, action plans and any medication with them when not in their own classroom. When in their own classroom, the 'kit' must be kept in a known, accessible place.
- Pupils with AAIs must be trained to administer their own AAIs (for fastest results). This is, of course, an age-appropriate expectation.

Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with allergies, providing consent for schools to administer medicines in the event of an allergic reaction. This includes consent to administer the school's 'spare' Adrenaline Auto Injector if an AAI has been prescribed. Dollar Academy recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/Nurse/Allergy Specialist) and provide this to the school.

Emergency Treatment and Management of Anaphylaxis

What to look for:

- Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body.
- a tingling or itchy feeling in the mouth.
- swelling of lips, face or eyes.
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is **anaphylaxis**. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal. If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens the airways.
- It stops swelling.
- It raises the blood pressure.

As soon as anaphylaxis is suspected in a child who has an AAI prescribed, adrenaline must be administered without delay.

DOLLAR ACADEMY ALLERGY ACTION PLAN

Mild/Moderate Reaction

- Swollen lips, eyes, face
- Itchy / tingly mouth
- Hives / itchy skin rash
- Tummy pain/ vomit
- Behaviour change

SEND TO NURSE IF ABLE (ESCORTED) /
CALL NURSE 299 TO COME

Severe Reaction

- Persistent cough
- Noisy breathing
- Wheeze
- Hoarse voice
- Difficulty swallowing
- Swollen throat/tongue
- Persistent dizziness
- Pale / Floppy
- Suddenly sleepy
- Collapse / unconscious

WHAT TO DO

- **LIE PERSON FLAT ON FLOOR WITH LEGS RAISED. UNLESS BREATHING IS DIFFICULT, THEN SIT PERSON ON FLOOR.**
- **USE AN ADRENALINE AUTOINJECTOR (EG EPIPEN) WITHOUT DELAY. FOLLOW DIRECTIONS ON PEN. INJECT INTO MID OUTER THIGH AND HOLD IN PLACE FOR 10 SECONDS. NOTE THE TIME OF INJECTION.**
- **HAVE SOMEONE IMMEDIATELY CALL 999 (AMBULANCE). STATE 'ANAPHYLAXIS'.**
- **CALL SCHOOL NURSE (299) / KAREN: 07917434754/ KRISSEY 07881811669.**
- **STAY WITH CHILD. DO NOT STAND THEM UP. CALL EMERGENCY CONTACTS.**
- **IF NO IMPROVEMENT AFTER 5 MINUTES, INJECT A SECOND ADRENALINE PEN INTO THIGH OF OTHER LEG.**
- **AT ANY STAGE, COMMENCE CPR IF NO SIGNS OF LIFE.**

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered, as a reaction can reoccur after treatment. The Dollar Academy Emergency Action Plans (including for Anaphylaxis above) are emailed to staff termly and can be found on SharePoint.

Supply, Storage and Care of Medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for carrying their Allergy Action plan and emergency treatment. If they are prescribed AAls, they must always carry 2 (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, they should have an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAls i.e. EpiPen® or Jext®

- Most up to date allergy action plan
- Antihistamine as tablets or syrup *in their original packaging* (if included on allergy action plan)
- Spoon / oral syringe if required
- Asthma inhaler, spacer if required and asthma management plan (if included on allergy action plan).

It is the responsibility of the pupil's parents to ensure that the anaphylaxis kit is in date and clearly labelled. Parents can subscribe to expiry alerts for the relevant AAI's their child is prescribed, to make sure they can get replacement devices in good time. Parents can hand in a 'spare' AAI to the nurse if they wish to do so.

Older children and medication

Older children and teenagers **MUST** assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use devices and must be disposed of as sharps. Used AAI's can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. A sharps bin is kept in the nursing centre.

'Spare' Adrenaline Auto-injectors In School

Dollar Academy has purchased 'spare' **AAIs for emergency use in children who have already been prescribed AAI's, have an action plan and are at risk of anaphylaxis.** These can be used if their own devices are not available or not working. These 'spare' AAI's are stored in an easily identified green box which is clearly labelled 'Emergency Anaphylaxis Adrenaline Pen'. These are stored safely but not locked away and are accessible and known to all staff.

Dollar Academy holds 6 'spare' pens which are kept in the following locations:

- Nursing Centre (in corridor)
- Dining Hall
- Iona Building
- Mailroom (Playfair Building)
- Girls Pavilion
- Boys Pavilion

The School Nurses are responsible for checking the 'spare' AAI's are in date monthly and replacing them as necessary.

If anaphylaxis is suspected **in an undiagnosed individual who does not have a prescribed AAI**, call the emergency services and state, you suspect 'anaphylaxis.' Follow advice from them as to whether administration of the 'spare' AAI is appropriate.

Staff Training

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: Nurse Karen Finnie and Nurse Kris Scott.

Training includes:

- Knowing the common allergens and triggers of allergy.
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services.
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device.
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance.
- A practical session using trainer devices.
- Directions on where to find red flag information and allergy lists on school information management systems.

Inclusion And Safeguarding

Dollar Academy is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school. Pupils play a full and active role in school life, remain healthy and achieve their academic potential.

Catering

All food businesses (including school caterers Thomas Franks) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. These are celery, cereals containing gluten (such as wheat, barley and oats), crustaceans (such as prawns, crabs and lobsters), eggs, fish, lupin, milk, molluscs (such as mussels and oysters), mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites.

- The school menu is available for parents to view on the school website.
- The School Nurses will inform the Catering Manager and Head Chef of pupils with food allergies using a list of names with photographs attached for easy identification.
- Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs; if food is purchased at school, parents should check the appropriateness of foods by speaking directly to the catering manager, which can be arranged via the School Nurses.
- Pupils with food allergies should be taught to check allergens with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be aware of the need to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with Thomas Franks Catering Manager.
- Tables should be cleaned between 'lunch sittings' to minimise the possibility of cross contamination especially from packed lunches brought into the Dining Hall.
- In the Prep and Junior Schools, food treats and food linked to in-school birthday celebrations are discouraged and should not be given to primary school age children with food allergies without parental engagement and permission.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of children in the class. (See appendix A)

School Trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that they have the medication for all pupils with medical conditions, and that pupils with allergies carry their allergy medication (if appropriate to do so). Pupils unable to produce their required medication and plan will not be able to attend the excursion. All the activities on the

school trip will be risk assessed to see if they pose a threat to pupils with food allergies and alternative activities planned to ensure inclusion. Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early that a child with allergies is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Children with allergies should have every opportunity to attend sports trips to other schools. The accompanying staff member has a responsibility to be fully aware of children on the trip with any food allergies. As with all trips, if food is being served at an external venue, accompanying staff should be aware of individual requirements. Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

Allergy Awareness and Nut Bans

Dollar Academy supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. Anaphylaxis UK do not necessarily support a blanket ban on any allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. Anaphylaxis UK advocate instead for schools to adopt a culture of allergy awareness and education. This is Dollar Academy's stance. A 'whole school awareness of allergies' is a much better approach. This ensures pupils, teachers and all other staff are aware of what allergies are, the importance of avoiding pupils' allergens, the signs & symptoms of reaction, how to deal with allergic reactions and follow policies and procedures to minimise risk. We endorse our catering partner Thomas Franks' commitment towards refraining from preparing dishes in-house which contain nuts, nut paste or nut oil. However, the school cannot guarantee that ingredients used to prepare dishes in house or brand items for sale in the Dining Hall are completely free of nut traces. As an additional safeguard we request parents, pupils and staff do not bring nuts or products containing nuts or predominantly nut based ingredients into school. Clearly, the school is not able to impose checks on what is brought into school but if staff become aware of such products, particularly with younger children, they may be removed and returned to the pupil at the end of the school day. We trust parents will understand and support the reasons for making this request.

Useful Links

- <https://www.anaphylaxis.org.uk/>
- <https://www.allergyuk.org>
- <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>
- <http://www.sparepensinschools.uk>
- <https://www.nice.org.uk/guidance/qs118>
- <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

ASTHMA POLICY

This policy has been written in conjunction with information from Asthma and Lung UK and NHS Inform websites. It aims to inform pupils, parents and staff of their responsibilities with regards to managing asthma in school and to encourage and help pupils who have asthma to participate fully in all aspects of school life.

What is asthma?

Asthma is a common condition that affects the airways. The typical symptoms are wheeziness, cough, chest tightness, and shortness of breath. Symptoms can range from mild to severe. Treatment usually works well to ease and prevent symptoms. Treatment is usually with inhalers, although there are a range of medications available. A typical person with asthma may take a preventer inhaler every day (to prevent symptoms developing) and use a reliever inhaler as and when required (i.e. if symptoms flare up).

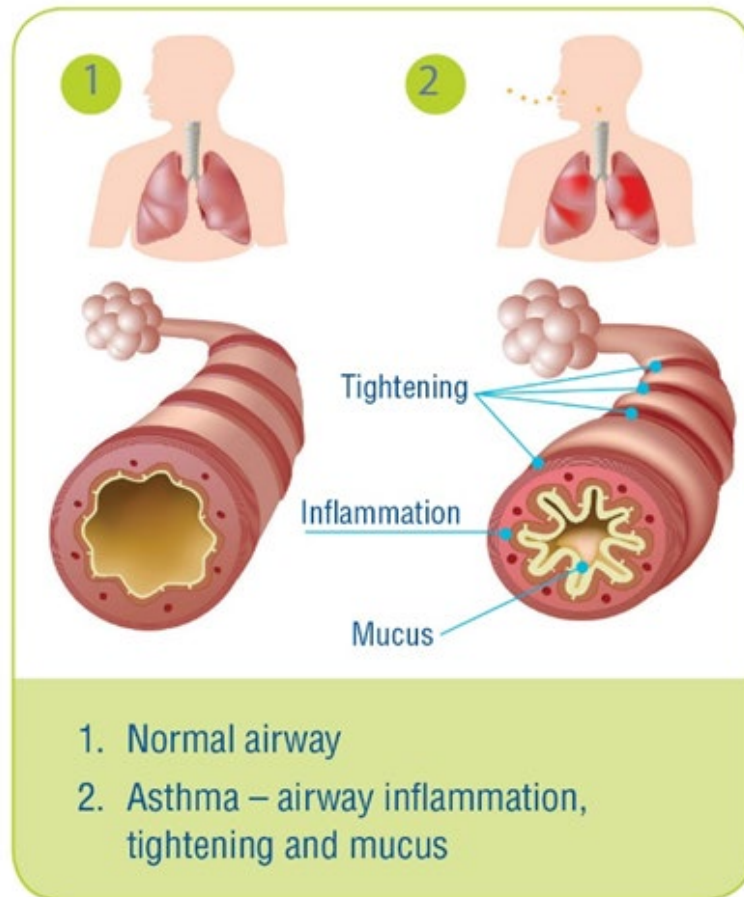
How does asthma affect children?

Children with asthma may develop episodes of attacks of breathlessness and coughing during which wheezing or whistling noises may be heard coming from the chest. Tightness felt inside the chest is sometimes frightening and may cause great difficulty in breathing.

Individual children are affected by their asthma in different ways. One child may have very occasional, brief and mild attacks whilst another may be forced to not attend school, be unable to participate in games and need regular treatment. For children diagnosed with asthma, the condition can disappear or improve during the teenage years, although it can return later in life.

What causes asthma?

Asthma is a physical disorder of the lungs which causes the air passages to become sensitive to a variety of common stimuli. It is not an infectious disease nor is it a psychological disease, although strong emotions can lead to symptoms. Contact with something that irritates the lungs – known as a trigger – narrows the airways, the muscles around the lungs tighten, and there is an increase in the production of sticky mucus (phlegm).



Common asthma triggers include:

- house dust mites
- animal fur
- pollen
- cigarette smoke
- exercise
- viral infections
- cold weather
- chemicals

Asthma management in school

It is the responsibility of the parents and carers of pupils with asthma to coordinate reviews with their health professionals. It is not the responsibility of the School Nurses to carry out asthma reviews. The nursing team should be informed of a pupil's asthma status and any current medications on entry to Dollar Academy, or upon diagnosis. Information should be updated if the condition or treatment changes. A care plan must be provided. If the child does not have a care plan, then the 'school asthma card' must be completed <https://shop.asthmaandlung.org.uk/products/school-asthma-card>.

Parent responsibility

An up-to-date asthma care plan should be provided to the School Nurses by parents / carers. Electronic school recording systems will be updated to inform staff which pupils have asthma. Parents must educate their child with asthma to carry their care plan and inhalers etc when in school and on school trips.

Pupil responsibility

Pupils with asthma must carry their reliever inhaler/reliever treatments and care plan with them while in school and on school trips. Younger pupils may have a box in the classroom, containing their plan and medications. The teacher supervises any administration as per care plan. When younger pupils leave the classroom, for PE etc, the box is taken with them. Pupils are encouraged to participate actively in managing their own health. Pupils must not share inhalers.

No reliever inhaler / treatment = no sport participation. No reliever inhaler / treatment = no trip.

Dollar Academy Asthma Action Plan

Asthma attacks can present as:

- Struggling to breathe / breathlessness
- Faster breathing
- Impaired ability to eat / talk / walk
- Wheezing
- Coughing a lot
- Tight chest
- Stomach-ache
- Reliever inhaler (usually blue / grey) isn't helping, or is needed more than 4 hourly
- Unusual quietness

How To Treat an Asthma Attack

1. Help the person to sit up – do not let them lie down. Loosen tight clothing. Give calm reassurance. Call Nurse ext.299 / Karen 07917434754 / Krissy 07881811669
2. Help them take one puff of reliever inhaler (usually blue or grey) with spacer, if they have it, every 30 to 60 seconds. Up to a total of 10 puffs.
3. Reliever inhaler not helping / reliever inhaler unavailable / you are worried **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and symptoms have not improved, **repeat step 2** (10 more puffs).
5. If symptoms are not relieved after repeating step 2, and the ambulance has not arrived, **contact 999 again immediately.**

Parents will be contacted by the School Nurses.

Useful Links

- <https://www.nhsinform.scot/illnesses-and-conditions/lungs-and-airways/asthma/>
- <https://www.asthmaandlung.org.uk/>
- <https://shop.asthmaandlung.org.uk/products/school-asthma-card>

BIOHAZARD SPILL POLICY

The aim of this policy is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence to this policy is the responsibility of all staff who may encounter spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection. Clean-up will be done by the janitors or cleaners in the school buildings, and the nurses in the nursing centre. PPE and Biohazard spill kits are held by the janitors and in the nursing centre. Boarding houses also have kits for use outside school hours. There is also a biohazard spill kit in the mail room for emergencies.

Dollar Academy has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards. For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and Oral Secretions
- Vomit
- Faeces
- Urine
- Wound Drainage

All staff dealing with a biohazard spill

- Take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular, avoid blood or body fluids reaching the eyes or the areas inside the mouth and nose.
- Make the area secure to ensure **no** pupils or staff have contact with the spill.
- Inform the School Office who will contact the Facilities team via radio when there is a biohazard emergency 'clean up' required. Location must be clearly stated. The SharePoint maintenance request form is **not** appropriate for an emergency biohazard spill.
- Wear Personal Protective Equipment (PPE).
- Protect eyes and mouth with goggles and face shields if splash or spray is anticipated –
- Wear protective disposable footwear covers when dealing with extensive floor spillages.
- Use the biohazard spill kits provided by Dollar Academy (not "just a cloth or mop")
- Dispose of PPE and contaminated waste in a sealed (yellow) disposable bag in a yellow clinical waste bin.
- Wash hands including arms to the elbow with warm water and soap **immediately** after **every** clean-up of blood or body fluid. This should be performed **even** if gloves have been worn.
- School Nurses should be informed of all biohazard spills for recording purposes.

Useful Links

- <https://www.hse.gov.uk/scotland/>

CONFIDENTIALITY POLICY

Dollar Academy believes that:

- Every child and young person in Scotland should be supported to reach their full potential (Scot Gov, 2023). Dollar Academy is committed to the 'Getting it right for every child (GIRFEC)' approach to provide all children, young people and their families with the right support at the right time by the right people.
- The safety, well-being and protection of our pupils is a paramount consideration in all decisions made about maintaining confidentiality. This includes decisions made by the School Nurses. The appropriate sharing of information between relevant staff is an essential element in ensuring our pupils' well-being and safety.
- It is an essential part of the ethos of our school that trust is established to enable pupils, staff, and parents to seek help both within and outside the Academy.
- Pupils, parents and staff need to know the boundaries of confidentiality to feel safe and comfortable in discussing personal issues and concerns, including around sensitive topics.
- The topic of confidentiality is open, easily understood and everyone should be able to trust the boundaries of confidentiality operating within the Academy.

Confidentiality (NMC Nursing Code) - Respect people's right to privacy and confidentiality.

As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

- Respect a person's right to privacy in all aspects of their care.
- Make sure that people are informed about how and why information is used and shared by those who will be providing care.
- Respect that a person's right to privacy and confidentiality continues after they have died.
- Share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality.
- Share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand.



Furthermore, Article 16 of the United Nations Convention states that children have a 'right to privacy'. This means that children are entitled to privacy and confidentiality, for example, in getting advice and counselling on health matters, depending, of course, on their age and understanding.

Before a pupil potentially divulges information of a sensitive nature, the School Nurses will ensure that the pupil is aware that no staff member can offer unconditional confidentiality. The School Nurses should reassure the pupil that if confidentiality must be broken, they will inform them first. Children should understand that confidentiality is only broken when there is a risk of significant harm to the child or to someone else. Even then, information sharing is done on a need-to-know basis and to the minimum extent. School Nurses will reassure the pupil that their

best interests will be maintained. In most circumstances and where relevant, the nurses will encourage the pupil themselves to talk to their parents / house parents first. Clearly, if there is increased risk to a young person by them talking to their parents / house parents then no encouragement will occur. All pupils, including pupils in the boarding community are made aware that safeguarding their privacy and confidentiality is of paramount importance (Care Inspectorate, 2021). Nursing staff are familiar with the content of the Dollar Academy Child Protection Policy.

Unless there is a serious concern about child wellbeing, health or protection (in which the pupil or someone else is deemed to be at risk), then the nurses will **not** share information if the pupil explicitly asks them not to. This applies only to pupils who the nurses deem to have capacity, however.

Health care professionals can legally give confidential medical advice/treatment to pupils, if the pupils fulfil the Gillick/Fraser criteria (governing a health professional's ability to give medical advice/treatment to under 16s). The School Nurses are experienced in discussing issues and possible management with young people, and always have in mind the need to encourage pupils to discuss issues with their parents/carers. The needs of the pupil are paramount however, and staff will not insist on the pupil's parents/carers/Houseparent being informed about any condition, advice or treatment, unless the pupil does not fulfil the Gillick/Fraser criteria, or the matter is a child protection issue. Child protection issues will be dealt with according to the most up-to-date safeguarding recommendations.

Key principles practiced by School Nurses

- Ensure the time and place is appropriate; when they are not, we reassure the child that we understand they need to discuss something very important and that it warrants time, space and privacy.
- If disclosure occurs at an inappropriate time or place, the member of staff will talk to the pupil again before the end of the day.
- More serious concerns must be reported immediately to relevant Child Protection Coordinators to ensure that any intervention necessary to protect the child is accessed as early as possible.
- Tell the child we cannot guarantee confidentiality if we think they will:
 - harm themselves.
 - hurt someone else.
 - or they tell us that someone is hurting them or others.
- Not interrogate the child or ask leading questions.
- We will not put children in the position of having to repeat distressing matters to several people.
- Inform the pupil first before any confidential information is shared, with the reasons for this.
- Encourage the pupil, whenever possible, to confide in his/her own parents/carers.

Useful Links

- <https://www.nmc.org.uk/standards/code/read-the-code-online/>
- <https://www.gov.scot/policies/girfec/>
- https://www.careinspectorate.com/images/A_quality_framework_for_mainstream_boarding_schools_and_school_hostels_April2021.pdf
- <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>
- <https://www.childrenshealthscotland.org/childrens-healthcare-rights/>

COVID 19 POLICY

Dollar Academy stays abreast of, and follows the current guidance issued by the Scottish Government and NHS Inform.

Useful Links

- <https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reducing-the-risks-in-schools/>
- <https://www.nhsinform.scot/covid19>

DIARRHOEA AND VOMITING POLICY

Sickness & Diarrhoea '48-hour Rule'

From time-to-time children or adults are sick (vomit) or have diarrhoea, either at home or at school. Unfortunately, it is not possible to distinguish between the causes, and therefore it is essential that the same rule of exclusion applies in all cases of vomiting or diarrhoea.

The NHS states that diarrhoea and/or vomiting commonly affects children and adults and can be caused by a number of different germs, including viruses, parasites and bacteria. Infections can be easily spread from person to person (by unwashed hands), especially in children.

Dollar Academy asks that any child or staff member with diarrhoea and/or vomiting symptoms stay off school until they feel well and have been **free of symptoms** for at least 48 hours (the '48-hour rule').

If your child vomits and / or has diarrhoea at school, we will ask you to collect your child. The child should not return until **48 hours have passed since their last symptoms**.

As an example, if your child is sick at lunchtime on a Tuesday, they should not return to school until after lunch on Thursday, provided there have not been any further episodes of vomiting or diarrhoea. Thank you for your understanding.

Useful Links

- <https://www.nhs.uk/conditions/diarrhoea-and-vomiting/>
- <https://www.nhsinform.scot/illnesses-and-conditions/stomach-liver-and-gastrointestinal-tract/gastroenteritis/>

HEAD INJURY, CONCUSSION AND RETURN TO PLAY

Dollar Academy seeks to provide a safe return to all activities for pupils after injury, particularly concussion.

Pupils with minor head bumps may be attended to by first aid trained staff in attendance. It might be deemed that ice should be applied. There should always be communication with home before the pupil begins their journey home. Most head bumps however are seen by the School Nurse. Treatment depends on the severity of head injury obtained. Parents will be contacted either by note, email or phone call.

Head injury is a head trauma that may include brain injury

Concussion is the sudden but short-lived **loss of mental function** that occurs after a blow or other injury to the head (a blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion).

Please note that there is no such thing as a mild concussion.

Recognition Of Concussion

Common signs and symptoms of head injury resulting in concussion:

Signs (observed by others)	Symptoms (reported by pupil)
Pupil appears dazed or stunned	Headache
Confusion	Fatigue
Unsure about game, score, opponent	Nausea or vomiting
Moves clumsily (altered co-ordination)	Double vision, blurry vision
Balance problems	Sensitive to light or noise
Personality change	Feels sluggish
Responds slowly to questions	Feels 'foggy'
Forgets events prior to injury	Problems concentrating
Forgets events after the injury	Problems remembering
Loss of consciousness	

Management

At the time of injury, the pupil is to be removed from the activity/game and **not to return to play that day**. If this occurs on a school day the pupil should be escorted to the Nursing Centre, or the School Nurse should be called to assess the pupil at the site of the incident (ext. 299/07917434754/07881 811669). If the injury is serious an ambulance should also be called immediately by the staff with the pupil. At weekend fixtures, a doctor, the School Nurse, First Aider or physiotherapist will be at the pitch side and will attend to the injured player. Parents or houseparents (if the pupil is a boarder) will be contacted as soon as possible after the event.

If there are signs or symptoms of concussion, the pupil must be seen by a health professional, or first aider and they may advise that they are taken to the GP or A&E. Treatment involves physical and cognitive rest until symptoms resolve. The symptoms usually go away entirely within three weeks, but in some cases a longer time frame for recovery may be necessary. Some pupils play for a club side as well as school. Players and parents **must** ensure that both the school and club are informed of the head injury or concussion.

Dollar Academy is aware of the New UK Wide Concussion Guidelines for Grassroots Sport (April 23'). At the time of writing, the Scottish Rugby Union are currently reviewing this guidance and have advised all players to follow the new Graduated Return to Play Protocols. However,

Dollar Academy considers the previous SRU pathway to be more robust and has decided to continue in this precautionary manner until an official statement is released by the SRU. This means that any pupil diagnosed with concussion should have 14 days off all physical activity once symptom free, with a gradual return to sports (non-contact initially) over the next 8 days if remaining symptom free. This means that a pupil with a concussion will be off contact sports for a minimum of 23 days and longer if symptoms persist.

MINIMUM RETURN TO PLAY INTERVALS WHEN FOLLOWING GRADED RETURN TO PLAY (GRTP) PROTOCOL

AGE GROUP	G RTP Stage 1 Minimum Rest Period	G RTP 2 Stage 2 to 5	G RTP 6 Minimum Return to Play Interval
Children and Adolescents (aged 18 and under)	14 Days	4 Stage GRTP Progression every 48 hours, if symptom free	14 day rest + 8 day GRTP = Day 23 post injury

During the initial period following a suspected concussion diagnosis a pupil should take it easy for the first 24-48 hours. It is best to minimise any activity to 10-15-minute slots. Walking, reading and some easy daily activities are all acceptable as long as symptoms are not increased. Phone or computer time should be kept to the absolute minimum to help recovery.

When the School Nurses are made aware of a concussion, they will ask to see the pupil when they are next in school. The Return to Play protocol above will commence. This will involve seeing the pupil daily until they are symptom free and at further key stages until completion of the protocol. The School Nurses work from 8.30am to 5pm Mon-Fri and are available during these hours if there are concerns. Parents and staff are kept informed.

Useful Links

- Your ‘one-stop-shop’ for everything you need to know about concussion. [Concussion Hub - Scottish Rugby](#)
- [Head injury and concussion - NHS \(www.nhs.uk\)](#)

INFECTION CONTROL POLICY

Dollar Academy recognises that pupils and staff will become unwell from time to time during time at school. It is important to put measures in place to minimise the spread of infection within the school and community at large.

As per Dollar Academy's Vomiting and Diarrhoea policy, pupils or staff who shows signs of infection in the form of either diarrhoea or vomiting should take leave from the school for a minimum of 48 hours after symptoms have ceased ('48-hour rule').

Pupils or staff who have been diagnosed with an infectious disease should follow the advice given by their doctor and take leave from school as necessary.

Where appropriate, the following actions will be taken by the Academy:

The action plan:

- School Nurses to liaise with Public Health Scotland and Senior Staff Group (SSG) and follow directions as appropriate.

Preventative Measures:

- Infection control measures in school
- Encouraging parents and carers to keep pupils at home, within the guidelines suggested thus preventing the spread of infection.

Useful Links

- Health protection Scotland (2018) Infection prevention and control in childcare settings (day care and childminding settings) <https://publichealthscotland.scot/publications/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/>
- NHS Lothian (2023) Summary of recommended periods of absence for communicable diseases https://www.westlothian.gov.uk/media/53278/Recommended-Periods-of-Absence-for-Communicable-Diseases/pdf/Recommended_Periods_of_Absence_for_Communicable_Diseases_September_2023.pdf

MEDICAL CONSENT POLICY

The Law and Consent

Pupils who are 16-18 years can give consent to being examined or treated in the same way that adults can. The nurses do not have to approach parents/carers for consent.

Pupils who are under 16 years may still be able to give consent for themselves, provided the pupil is able to fully understand what is involved in the proposed treatment. This is known as Gillick Competence. *Although pupils are able to give their consent for themselves, pupils are actively encouraged to involve parents and carers in their decision.*

Sometimes young people want to be able to get advice or treatment but may not want to tell their parents. In this case, if a pupil is deemed able to consent for themselves, the nurses will not tell the pupil's parents without their permission, except in exceptional circumstances.

Exceptional circumstances would include if the pupil was deemed to be a risk to themselves or others, and therefore information would be shared to protect the pupil.

The pupils at Dollar Academy have the same level of confidentiality at the nursing centre as they would from any other medical or health centre run by professional medical and nursing staff. Health information is not shared within the Academy unless consent is given or if overridden due to safeguarding concerns.

The nurses may act as advocates for the pupils and their families within the Academy environment, if required /appropriate and with consent.

Yearly Parental Consents sought by Dollar Academy

Initially parental consent is sought in the New Pupil Health Questionnaire. Thereafter, yearly, in the Short Health and Consent Questionnaire via school post.

8. **CONSENT**

- Do you agree that necessary and relevant information regarding your child's health can be passed to relevant school staff? **YES / NO**
- Do you give consent for your child to have treatment for minor ailments? **YES / NO**
- Do you give consent for your child to be administered 'over the counter', non-prescribed medication as required? e.g. Paracetamol for headache. **YES / NO**
- Do you give consent for your child to be administered first aid treatment for minor injuries? **YES / NO**
- I understand that in the event of accident or injury, every effort will be made to contact me. Where this proves impossible, I hereby give consent to my child receiving any medical / surgical / dental treatment (including a general anaesthetic and/or blood transfusion) considered necessary by medical authorities present. **YES – I consent / NO – I do not consent**

Signature of Parent/Guardian Date

Useful Links

- <https://www.gov.scot/policies/girfec/>
- https://www.careinspectorate.com/images/A_quality_framework_for_mainstream_boarding_schools_and_school_hostels_April2021.pdf
- <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>
- <https://www.childrenshealthscotland.org/childrens-healthcare-rights/>

MEDICATION POLICY

Introduction

This policy has been written with reference to the 'Supporting Children and Young People with Healthcare Needs in Schools' Guidance document (Scottish Government 2017). It aligns with current NMC Principles of Good Practice and GDPR regulations.

This Dollar Academy policy pertains to the safe administration of medicines to both day pupils, boarding pupils (in school and on trips) and staff.

For the purpose of this policy, the term parent is used to define those with parental responsibility for a pupil.

This policy covers medication administration for:

- **Non-prescribed Medication** which can be purchased 'over the counter' e.g. paracetamol, ibuprofen.
- **Prescribed Medication** e.g. antibiotics prescribed by a doctor / dentist /nurse practitioner.
- **Controlled Medication** e.g. Methylphenidate – prescribed by a doctor for treatment of ADHD.
- **Emergency Medication** for 'life saving treatment' e.g. Adrenaline Auto Injector (AAI) prescribed by a doctor for use in anaphylactic allergic reactions. Brand names - EpiPen, Jext.

Parental responsibilities and consents regarding medicines

The completed New Pupil Health Questionnaire should detail any medications a pupil is routinely administered. Allergies, including to medication, should be mentioned.

The schoolteacher or nurse must be informed if a Prep or Junior pupil has had medication administered to them prior to the start of the school day.

The completed New Pupil Health Questionnaire asks parental consent for the School Nurses to administer routine "over the counter medications" (for minor ailments e.g. headaches). Parental consent is thereafter sought annually in an Annual Short Health and Consent Form. Parents may choose not to give consent for the School Nurses to administer "over the counter" medication to their child (see below).

A completed New Pupil Health Questionnaire for Boarding Pupils also requests consent for boarding staff to administer "over the counter medications" to boarding pupils (see below).

DRUGS TO BE HELD BY SCHOOL NURSE (OVER THE COUNTER)

SYMPTOMS	TREATMENT – Follow instructions on packet.	COMMENTS
Pain	Paracetamol 500mg tablet or	6-8 years – 250mg (one spoonful, large 5ml end) 8-10 years – 375mg (one large and one small spoonful) 10-12 years – 500mg (one tablet or two large end spoonfuls)

	Paracetamol oral suspension (e.g. Calpol 6+) 250mg/5ml	<p>12-16 years – 500 – 750 mg (up to one and a half tablets or 3 large spoonfuls)</p> <p>Adults and children over 16 years – Up to two tablets or four spoonfuls (1g)</p> <p>Maximum of 4 doses in 24 hours</p> <p>Leave at least 4 hours between doses</p> <p>Do not give for more than 3 days</p> <p>Do not take with other paracetamol-containing products (Lemsip, etc.)</p>
	Ibuprofen 200mg tablet or suspension 100mg/5ml Take with food. Not for those with asthma or sensitive to aspirin.	<p>7-9 years – 200mg oral suspension (2 spoonfuls)</p> <p>10-12 years – 300mg oral suspension (3 spoonfuls)</p> <p>Adult and children over 12 years – one or two tablets with food.</p> <p>Maximum 3 doses in a day. At least 6 hours between doses.</p>
Hayfever/Allergy	Cetirizine (Zirtek) or Loratidine (Clarityn)	<p>Over 12 years 10mg daily if required.</p> <p>Cetirizine - for 6-12 years 5ml suspension twice daily.</p> <p>If required regularly refer to GP for a prescription.</p>
Indigestion/heartburn/unsettled stomach.	Rennie tablets	1 - 2 to be chewed (see packet) age 12+
	Gaviscon liquid	<p>Over 12 years 10-20ml after meals (see packet).</p> <p>Under 12 years 5-10ml after meals (see packet).</p>
	Milk of Magnesia	<p>Over 12 years 5-10ml. (Maximum 60ml in a day).</p> <p>Under 12 years 5ml. (Maximum 30ml a day).</p>
Allergy or Anaphylaxis	Antihistamine	Follow protocol and instructions on packet.
	Adrenaline Auto Injectors - Epipen/Emerade/Jext Adult/Junior	Follow protocol and instructions on packet.
Colds/flu/sore throats	Paracetamol 500mg tablet or suspension 250mg/5ml	Regular paracetamol (dose as for pain above).
	Olbas oil/Karvol/Vick	Can be used to relieve congestion (see packet).

	Cough linctus/lozenges	May be soothing. Also try hot lemon & honey
Asthma	Salbutamol	Inhaler – with spacer if required.
Verrucas	Bazuka gel or similar	See packet.
Travel sickness	Kwells or similar	See packet. May cause drowsiness.
Athletes foot & other fungal skin infections	Miconazole (Daktarin) cream or similar.	Follow instructions on packet. Continue to use for 10 days after symptoms have cleared.
Cold sores	Zovirax	See packet.

DRUGS TO BE HELD BY BOARDING HOUSES (OVER THE COUNTER)

SYMPTOMS	TREATMENT - Follow Instructions on the packet or bottle.	COMMENTS
Pain	Paracetamol 500mg tablet or Paracetamol oral suspension (e.g. Calpol 6+) 250mg/5ml	6-8 years – 250mg (one spoonful, large 5ml end) 8-10 years – 375mg (one large and one small spoonful) 10-12 years – 500mg (one tablet or two large end spoonfuls) 12-16 years – 500 – 750 mg (up to one and a half tablets or 3 large spoonfuls) Adults and children over 16 years – Up to two tablets or four spoonfuls (1g)
		Maximum of 4 doses in 24 hours. Leave at least 4 hours between doses. Do not give for more than 3 days (see Nurse if required) Do not take with other paracetamol-containing products (Lemsip etc.)
	Ibuprofen 200mg tablet or suspension 100mg/5ml Take with food. Not for those with asthma or sensitive to aspirin.	7-9 years – 200mg oral suspension (2 spoonfuls) 10-12 years – 300mg oral suspension (3 spoonfuls) Adult and children over 12 years – one or two tablets with food . Maximum 3 doses in a day. At least 4 – 6 hours between doses.
Hay fever/Allergy	Cetirizine (Zirtek) or Loratidine (Clarityn)	10mg daily if required (Over 12 years). If required regularly refer to GP for a prescription.
Indigestion / Heartburn / Unsettled Stomach	Rennie tablets	Over 12 years 1 – 2 to be chewed (see packet).
	Gaviscon liquid	Over 12 years, after meals and at bedtime (see bottle).

	Milk of Magnesia	Over 12 years 5 - 10mls (Max 60mls/day). Under 12 years 5mls (Max 30mls/day).
Colds/flu/sore throats	Paracetamol tablets or oral suspension (e.g. Calpol 6+)	Regular Paracetamol (dose as for pain relief) Remember Lemsip contains Paracetamol.
	Fluids/hot drinks	Hot water with lemon & honey.
	Olbas oil/Karvol/Vick	Can be used to relieve congestion (see packet).
	Cough linctus/lozenges/Strepsils	Unlikely to alter the course of the illness but they may be soothing (see packet).
Vomiting & diarrhoea	Usually self-limiting; no recommendation for anti-diarrhoea medication.	May last 24-48 hours. Replace fluids by drinking water, dilute juice, Dioralyte etc.
Verrucas	Bazuka gel or similar	Follow instructions on packet.
Athletes foot & other fungal skin infections	Miconazole (Daktarin) cream.	Follow instructions. Continue to use for 10 days after symptoms have cleared.

Parental consent for prescribed medication administration

The School Nurses must have *additional* parental consent to administer prescribed medication, including controlled drugs, to day pupils. This consent is gained via completion of the Dollar Academy online "Pupil Medication Form" which can be found on the Dollar Academy website. Parents must submit a new medication consent form for each prescribed medicine / course of treatment. At the discretion of the nurse, and with agreement of a class teacher, it may be more appropriate for your child to be administered their medication by the teacher in the classroom.

When a new pupil starts boarding, parents must complete the "Boarding House Medication Administration Form" for any regularly taken, prescribed medication (including controlled drugs). The medication form is sent to parents along with the New Pupil Health Questionnaire and one form should be completed for each medication. All medication must be handed in to boarding staff upon arrival and must not be kept in bedrooms. Exceptions: A boarder with agreed medication e.g. contraceptive pill or UK bought over the counter vitamins can store these safely in their bedroom after discussion with House Parents/School Nurse. These exceptions are considered best practice in consultation with the Care Inspectorate Quality Indicators.

Prescribed non-controlled medication from overseas is acceptable, if all information is 'pre-translated' into English for safe administration. The school will only accept prescribed medications, from the UK and overseas, if they are in date, labelled with the boarder's name, provided in the original container (as dispensed by a pharmacist or dispensing doctor), including date of dispensing and instructions for administration, dosage and storage. The reason for administering the prescribed medication should be provided on the parentally signed "Boarding House Medication Administration Consent Form".

Prescribed controlled medication from overseas is acceptable, if all information is 'pre-translated' into English for safe administration. The school will only accept prescribed medications, from the UK and overseas, if they are in date, labelled with the boarder's name, provided in the original container (as dispensed by a pharmacist or dispensing doctor), including date of dispensing and instructions for administration, dosage and storage. The reason for administering the prescribed medication should be provided on the parentally signed "Boarding

House Medication Administration Consent Form”. A boarder should bring enough controlled medication to last until the next home visit. There is need for a “Boarding House Medication Administration Form” to be completed and the prescribing doctor should provide a letter in English. This letter should include a diagnosis, treatment plan and details of the prescribed controlled medication. An updated Doctor’s letter is only required when there is a medication change / dose.

Non-prescribed medications from overseas and UK should not be brought into the boarding houses, as each boarding house has a comprehensive stock of over-the-counter medications. The Over-the-Counter medications held by the boarding houses are detailed on what it is called the ‘Drugs to be held by the boarding houses’. This is reviewed and signed annually by a local NHS GP from Dollar Health Centre where boarders are registered while at Dollar Academy. Dollar Academy ask that no over the counter medication is brought from home. However, on an individual basis, after discussion with house parents, it may be deemed necessary to purchase an over-the-counter item that is not on the stock list. In this circumstance, a consent form must be completed (this can be by boarding parents in consultation with parents), and the item held safely in the boarding house staff with the other medications. Dispensed by boarding staff as per instructions.

Care Plans

It is the responsibility of the parent to ensure that pupils have care plans and that they are up to date.

Parents of pupils who have been diagnosed with asthma, or prescribed an inhaler, must complete an **Asthma Care Plan**. Pupils in the Senior school are expected to carry their inhaler with them at all times. Prep and Junior pupils should increasingly be taking responsibility for doing this with the help of their teachers. Their inhalers and spacer (if they have one), along with any Care Plan, is kept in a named container and should remain in their classroom in an accessible, known location. The container is then taken with the pupil whenever they leave to go to other locations within the school campus e.g. PE, music lessons, and on school trips.

Parents of pupils who have been diagnosed with Type 1 Diabetes must supply the school with a **Diabetic Care Plan**. The plan should have a photograph of the pupil attached and be drawn up in conjunction with the pupil’s Diabetes Nurses. Pupils must carry their own hypo kit at all times. Spare Insulin cartridges / pens (if named and provided by parents) may be kept in the Nursing Centre. Spare school hypo kits are in the Nursing Centre and the First Aid Room (near PE base).

Parents of pupils who have been prescribed Adrenaline Auto Injectors (AAI) e.g. EpiPen, Jext, for treatment of severe allergic reactions (anaphylaxis) in an emergency, must have a doctor signed **Allergy Action Plan**. This plan will preferably be from the British Society for Allergy and Clinical Immunology website and have a photograph of the pupil attached. Senior pupils must keep their emergency medications (i.e. 2 Adrenaline Auto Injectors / antihistamine) and plan with them, at all times. Prep and Junior pupils should increasingly be taking responsibility for doing this with the help of their teachers. Their medication is kept in a named container and should remain in their classroom in an accessible, known location. The container is then taken with the pupil whenever they leave to go to other locations within the school campus e.g. PE, music lessons, and on school trips. The School Nurse will keep any spare emergency medication handed in by the pupil / parent – along with their latest Allergy Action Plan – in the Nursing Centre, in an accessible place. Spare ‘unnamed’ adrenaline auto-injectors (AAIs) are available in the Nursing Centre, Dining Hall, Home Economics classroom (Iona Building), School Office, Boys Pavilion and Girls Pavilion. These are for use should a pupil who has been prescribed an AAI

experience anaphylaxis and do *not* have their AAI with them / it is out of date / it malfunctions. Staff are trained yearly in allergy awareness / anaphylaxis / AAI management.

Parents of pupils who have been prescribed medication for use in other emergency situations, e.g. Midazolam for seizures, must have a doctor signed **Emergency Medication Protocol** with a photograph of the pupil attached. The School Nurse will keep any spare emergency medication handed in by the pupil / parent – along with the latest emergency plan – in the Nursing Centre. Where relevant, care plans are shared with school staff.

A list of all pupils with potentially serious allergies is available to all staff via the internal Staff SharePoint and 'red flag' i-SAMS system. Staff are reminded to review this on a regular basis.

Copies of all Emergency Medication Protocols, Health Care Plans and Allergy Action Plans are held in the Nursing Centre. Copies for Prep and Junior pupils are also displayed in the relevant staff bases.

School trips

When a school trip is planned, parents will receive a consent form from the trip leader requesting parental consent for a member of staff to administer medication if required. The designated member of staff also takes responsibility for storing and administering medication as per parental directives or Care Plans. The appropriateness of a pupil to self-medicate can be discussed in exceptional circumstances with the trip leader / School Nurse.

Storage of named and 'over the counter' medication in school

Medicines are stored safely and securely in the Nursing Centre on Academy Place. They are stored in a locked cupboard (or fridge), in a locked room. The exceptions being a pupil's own emergency medications such as Adrenaline Auto-Injectors, inhalers and diabetic kits. These are stored along with the pupil's Action Plans in a safe, accessible place within the Nursing Centre for pupils/staff to freely access. Also, brand new emergency, unnamed Adrenaline Auto-Injector pens, a Ventolin inhaler and spacer and a diabetic hypo kit are accessible to staff/pupils who may need them. They are stored in clearly visible, labelled boxes within the hallway of the Nursing Centre. The Nursing Centre is accessible Monday – Friday 0830 – 1700 during term time.

Storage of medication in Boarding Houses

All medicines are stored safely and securely in locked cabinets (in a designated medical room) within each Boarding House. Exceptions in storage and administration may be made, in agreement with boarding parents and School Nurses. **Exceptions:**

- A boarder's own emergency medications, such as Adrenaline Auto Injectors, inhalers and diabetic kits, which are located in an accessible place known to all boarding staff and boarders.
- A boarder with agreed medication e.g. contraceptive pill or UK bought over the counter vitamins can store these safely in their bedroom after discussion with House Parents/School Nurse. These exceptions are considered best practice in consultation with the Care Inspectorate Quality Indicators.

Medication handed in to a member of the nursing team or boarding house staff must be in date and in its original packaging. With regards to prescribed medication, all labels should be typed by the dispensing pharmacist showing the name of the pupil, name and strength of the medicine, dosage directions, date of dispensing, name and address of supplying pharmacist, quantity dispensed, with any storage and additional instructions. The medication leaflet must be provided. Completion of the online "Medication Administration Form" must accompany any

medication handed in. This can be found on the Dollar Academy website, current parents, tab 10.

Please note that parents / carers must sign any prescribed controlled drugs 'into and out of' the Nursing Centre via the School Nurse.

Administration of medicines

The administration of medicine for pupils during the school day on campus will be carried out by the School Nurse, or with the Nurse's agreement, Prep/Junior teacher (if parental consent is given on the online administration form).

Boarding Houses – The administration of medicine in the Boarding Houses is carried out by the trained boarding staff. "Drugs to be held by Boarding Houses" document must be read by Boarding Staff annually. They must then sign to confirm they have read and understood the document.

There are "five rights" that staff are taught to ask themselves prior to medication administration. Is this *the right patient, *the right drug, *the right time, *the right dose, and *the right route of administration—all of which are generally regarded as a standard for safe medication practices.

When dispensing medication, the nurse/teacher/member of boarding staff must check -

- Right pupil?
 - Name of pupil (confirm with i-SAMS online picture if in any doubt).
 - DOB (confirm with i-SAMS).
 - Is there parental consent to administer?
 - Allergies, including to any medicines (confirm with i-SAMS).
 - Consent given by pupil for administering medication to them.
 - Ask what medicine they are due, and why?

- Right medicine?
 - is it over the counter or prescribed?
 - If prescribed, is it name labelled, in original packaging with labels typed by dispensing pharmacist showing the name of the pupil, name and strength of the medicine, dosage directions, date of dispensing, name and address of supplying pharmacist, quantity dispensed, with any storage and additional instructions given. The medication leaflet must be provided. Medication boxes should be opened from end that does not have the expiry date on.

- Right time?
 - when was it last given? Day pupils – check pupil record. Boarding pupils, check online medication administration spreadsheet.

- Right Dose?
 - what dose is due to be given.
 - Right route of administration? E.g. oral, topical, eye drops etc
 - Duration of the medication course.
 - Any additional instructions for administration i.e. store in fridge? Dispose of after 4 weeks?
 - Medication expiry date before administering.
 - Staff must wash their hands prior to administration.
 - Administer only one pupil's medication at a time.
 - Use a no touch technique where possible.

- Wear gloves when administering topical / eye / ear treatments.
- Measure liquids accurately.
- Supervise the pupil until medications are swallowed.
- Complete and sign the pupil administration record accurately /record any omissions.
- Wipe any surfaces / spillages.
- Store medication safely again.
- Wash hands.

Boarding Houses – Staff competency is checked by the School Nurses annually using the ‘Supporting the Safe administration of medication within Dollar Academy’ training pack.

When general, yearly consent has been given by a parent and it is necessary to administer an over-the-counter medication to a pupil during the school day, the School Nurse will follow the manufacturers guidelines for dispensing this medication. After administration, a note is given to Prep and Junior pupils to pass to their parent regarding medication given or an email is sent to parents. Senior pupils are not given a note, unless a parent has specifically requested this. Senior pupils are asked to inform their parents that they had been administered medication. All children have a right to refuse medication. Any lack of consent will be documented, and parents informed in a timely manner.

In the senior school, where medicine has been prescribed to a pupil without the knowledge of their parents (very rare occurrence), every effort will be made to encourage the pupil to liaise with their parents, whilst respecting the pupil’s right to confidentiality. Only in situations where the pupil may be at risk of potentially harming themselves or others, will ‘safeguarding procedures’ overtake the right to patient confidentiality.

Where a pupil has (or potentially has) an adverse reaction to medication, no further doses will be given. Parents will be informed immediately. Where a serious adverse reaction occurs, medical attention will be sought immediately. Parents will be contacted, and an accident form will be completed by the School Nurse.

Boarding Houses – Senior Boarding Parents will be informed immediately. The Care Inspectorate will be informed.

When controlled medication is administered in the Nursing Centre, two persons are required for medication administration. This is usually the 2 nurses on duty, however in the event of only one School Nurse being available and if the pupil is over 12 years of age (and has capacity), they can legally act as the second signatory.

Boarding Houses – 2 signatures required. The dispensing staff member can sign, along with the boarder receiving medication, provided the pupil is over 12 years of age and has capacity.

Pupil self-administration of medication

DA asks that pupils do **not** carry their own medication with them in school (with the exception of agreed emergency medication). In exceptional circumstances, and after discussion with the School Nurse, an agreement may be made for a pupil to carry their own non-emergency, over the counter medication. In such circumstances, the school ask that pupil carries only enough medication for a single day and that it is brought into school in the original packaging labelled with the pupil’s name and date of birth.

Controlled drugs must never be carried by a school pupil.

For safety reasons, it is imperative that pupils do not share medicines. For example, pupils should not dispense paracetamol to a peer with a headache.

Boarding Houses – Aside from emergency medications (e.g AAls), boarders must hand in **all** medication. A completed “Boarding House Medication Administration Form” is required for **all** medications, including the exceptions that can be held in boarders' bedrooms.

Boarders must not purchase pharmacy-bought medications without consultation with house parents.

By agreement with House Parents, the contraceptive pill (prescribed medication) may be kept in a boarder's bedroom. By agreement with House Parents, UK bought vitamins may be kept in a boarder's bedroom.

Recording of medication administration

The School Nurses document all medication administered or refused by pupils in their confidential medical records.

Medication administered by other staff will be shared with the School Nurses for addition to the pupil's medical records.

Boarders – Medication administered to boarding pupils during the school day by the School Nurses is recorded on the Boarding Medication Administration Spreadsheet.

Boarding Houses – Any medication administered to boarding pupils by boarding staff is recorded appropriately. For non-prescribed medication, staff will use the Medication Administration Spreadsheet. For prescribed medication, the prescribed Medication Log Folder is used. For controlled medication, the Controlled Medication Record book is completed.

One named member of boarding staff undertakes daily medication checks and balances. There is a count and record made for over-the-counter medication (Drugs to be held by Boarding Houses), pharmacy bought, prescribed and controlled medications. Any discrepancies are reported immediately to the Boarding Parents and recorded on a medication error form.

Renewal and disposal of pupils' own medication

It is the responsibility of a pupil's parent to supply in-date medications for their child. The School Nurses will endeavour to inform parents when medicines run low / near their expiry date. The School Nurses ensure the safe disposal of expired or unwanted / leftover medication and parents will be informed.

Boarding Houses – Any out-of-date medication will be handed to the School Nurses for safe disposal.

Disposal of medication

The School Nurses will arrange for the safe disposal of any out-of-date medication via the local pharmacy.

Members of staff who request over the counter medication for minor ailments

The School Nurses and boarding staff may dispense any over-the-counter medication held in the Nursing Centre/Boarding House to staff members. The aforementioned best practice principles are followed. Where appropriate, a sheet of medication will be given, (showing drug name, dose

and expiry date) and details of administration are recorded in I-SAMS in the Nursing Centre/Boarding House.

SUSPECTED POISONING POLICY

Introduction

A poison is a substance that, if taken into the body in sufficient quantity can cause damage, either temporary or permanent. Poisons can enter the body in various different ways – they can be swallowed, absorbed through the skin or eyes, inhaled or injected. Once the poison has entered the body it can be carried to all parts of the body via the bloodstream and therefore cause many different side effects.

Many conditions mimic the signs and symptoms of poisoning, including seizures, alcohol intoxication, a stroke and insulin reactions. Staff should look for the signs and symptoms listed below and if they suspect poisoning **contact the School Nursing Centre on ext. 299 or call 999 if urgent (see below).**

There is a wide variety of different poisons from a variety of man-made or natural sources. One of the most common forms of poisoning is due to contamination of food by bacteria – food poisoning.

Signs and symptoms of poisoning

Common signs and symptoms to look for include:

- Burns or redness around the mouth and lips, from drinking certain poisons.
- Breath that smells like chemicals, such as gasoline or paint thinner.
- Burns, stains and odors on the person, on clothing, or on furniture, floor, rugs or other objects in the surrounding area.
- Empty medication bottles or scattered pills.
- Vomiting, difficulty breathing, sleepiness, confusion or other unexpected signs.

When to call for help

Call 999 immediately if the person is:

- Drowsy or unconscious
- Having difficulty breathing or has stopped breathing
- Uncontrollably restless or agitated
- Having seizures

Provide the emergency service with information about the person's symptoms, age and weight, and any information you have about the poison, such as amount and how long since the person was exposed to it. It helps to have the pill bottle or poison container on hand when you call.

What to do while waiting for help

Please note, when tending to someone you suspect has been poisoned it is essential you take steps to protect yourself from being exposed to the poison yourself. Gloves and aprons may be required to protect yourself from being contaminated. Protective face shields should also be used when giving rescue breaths if they are not breathing.

Some of the things you can do for the person until help arrives:

- If the person has been exposed to poisonous fumes, such as carbon monoxide, get him or her into fresh air immediately.
- If the person swallowed the poison, remove anything remaining in the mouth.
- If the suspected poison is a household cleaner or other chemical, read the label and follow instructions for accidental poisoning.
- If the poison has spilled on the person's clothing, skin or eyes, remove the clothing. Flush the skin or eyes with cool or lukewarm water, such as by using a shower for 20 minutes or until help arrives.

- Make sure the person is breathing. If not, start CPR and rescue breathing.
- Take the poison container (or any pill bottles) with you to the hospital. It may be helpful to keep samples of vomited material as they may be used to identify the poison.

What NOT to do: Do not give anything to induce vomiting.

<https://www.nhs.uk/conditions/Poisoning/>

Drug Poisoning

Poisoning can result from an overdose of either prescribed drugs or drugs that are bought over the counter. It can also be caused by drug abuse or drug interaction.

The effects vary depending on the type of drug and how it is taken (see table below). When you call the emergency services, give as much information as possible. While waiting for help to arrive, look for containers that might help you to identify the drug.

Recognition features

Category	Drug	Effects of poisoning
Painkillers	Aspirin (<i>swallowed</i>)	Upper abdominal pain Nausea & vomiting Ringing in the ears “Sighing” when breathing Confusion and delirium Dizziness
	Paracetamol (<i>swallowed</i>)	Little effect at first, but abdominal pain, nausea and vomiting may develop. Irreversible liver damage may occur within 3 days (malnourishment and alcohol increase the risk)
Nervous system depressants and tranquillisers	Barbiturates and benzodiazepines (<i>swallowed</i>)	Lethargy and sleepiness, leading to unconsciousness Shallow breathing Weak, irregular, or abnormally slow or fast pulse
Stimulants and hallucinogens	Amphetamines (including Ecstasy) and LSD (<i>swallowed</i>); cocaine (<i>inhaled</i>)	Excitable, hyperactive behaviour, wildness and frenzy Sweating Tremor of the hands Hallucinations
Narcotics	Morphine, heroin (commonly injected)	Constricted pupils Sluggishness and confusion, possibly leading to unconsciousness Slow, shallow breathing, which may stop altogether Needle marks, which may be infected
Solvents	Glue, lighter fuel (<i>inhaled</i>)	Nausea and vomiting Headaches Hallucinations Possibly, unconsciousness Rarely, cardiac arrest

Alcohol Poisoning

Alcohol (chemical name, ethanol) is a drug that depresses the activity of the central nervous system – in particular, the brain.

Prolonged or excessive intake can severely impair all physical and mental functions, and the person may sink into deep unconsciousness.

There are several risks to the casualty from alcohol poisoning:

- An unconscious casualty risks inhaling and choking on vomit.
- Alcohol widens (dilates) the blood vessels. This means that the person loses heat, and hypothermia may develop.
- A casualty who smells of alcohol may be misdiagnosed and not receive appropriate treatment for an underlying cause of unconsciousness, such as a head injury, stroke, or heart attack.

Recognition features

There may be:

- A strong smell of alcohol.
- Empty bottles or cans.
- Impaired consciousness: the casualty may respond if roused but will quickly relapse.
- Flushed and moist face.
- Deep, noisy breathing.
- Full, bounding pulse.
- Unconsciousness.

In the later stages of unconsciousness:

- Dry, bloated appearance to the face.
- Shallow breathing.
- Weak, rapid pulse.
- Dilated pupils that react poorly to light.

Treatment

Your aims:

- To maintain an open airway.
- To assess for other conditions.
- To seek medical help if necessary.

If the casualty is conscious:

- Cover a casualty with a coat or blanket to protect them from the cold.
- Assess the casualty for any injuries, especially head injuries, or other medical conditions.
- Monitor and record vital signs – level of response, pulse and breathing – until the casualty recovers or is placed in the care of a responsible person.

If the casualty becomes unconscious:

- Open the airway and check breathing.
- Be prepared to give chest compressions and rescue breaths if necessary.
- Place them into the recovery position if the casualty is unconscious but breathing normally.
- **Dial 999** for an ambulance.

DO NOT induce vomiting.

Useful Links

<https://www.nhs.uk/conditions/Poisoning/>

NEEDLESTICK (SHARPS INJURY AND CONTAMINATION) POLICY

Context

Sharps injuries are a known risk when dealing with sharps. Sharps contaminated with an infective patient's blood can transmit more than 20 diseases. Due to this risk of transmission of disease, sharps injuries or contamination incidents can cause worry and stress to those who receive them. A sharps injury is an incident which causes a needle, blade or other medical instrument to penetrate the skin. A contamination incident is an exposure to blood or bodily fluids via a sharp implement or bite that punctures the skin; or exposure of mucous membranes or non-intact skin to blood or other bodily fluid.

Prevention of injury or contamination

Sharps injuries and contamination incidents should be prevented wherever possible by the appropriate use of personal protective equipment and by the safe handling and disposal of needles and other sharp instruments. The use of sharps should be avoided where possible, needles should never be recapped, and secure sharps containers should be situated close to the work area. Where the use of sharps is required, used needles, blades etc. should immediately be disposed of in a secure sharps' container.

It is essential that sharps injuries are managed correctly and promptly. If required, post exposure prophylaxis is most likely to be effective when initiated as soon as possible (within hours) and ideally should be started within an hour of exposure – particularly when a significant risk of exposure to HIV is identified.

According to NHS Inform, if you pierce or puncture your skin with a used needle /sharp, follow this first aid advice immediately:

- Encourage the wound to bleed, ideally by holding it under running water.
- Wash the wound using running water and plenty of soap.
- Do not scrub the wound while you're washing it.
- Do not suck the wound.
- Dry the wound and cover it with a waterproof plaster or dressing.
- Wherever possible, identify source of contamination and record Pupil or Staff member's details.
- Report to the School Nurse. The School Nurse will attempt to obtain further information on which to base an assessment of the risk of exposure to BBV.
- Staff member at scene, complete accident form on SharePoint.
- School Nurses will contact parents to discuss next steps. In the case of a staff member, information will be given directly.
- Clinical supervision post injury will include Health and Safety Recap and Risk Assessment review.

Useful Links

- [https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-do-if-i-injure-myself-with-a-used-needle/#:~:text=You%20should%20also%20seek%20urgent,accident%20and%20emergency%20\(A%26E\)%20department](https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-do-if-i-injure-myself-with-a-used-needle/#:~:text=You%20should%20also%20seek%20urgent,accident%20and%20emergency%20(A%26E)%20department)

APPENDIX A - MANAGING ALLERGIES AND DIETARY REQUIREMENTS IN HOME ECONOMICS

The aim of these procedures is to ensure practical cookery lessons are accessible to **all pupils** in Dollar Academy in an inclusive, safe and supportive environment.

All allergies and dietary requirements are accommodated, and alternative ingredients will be offered to allow pupils to follow a recipe which is as close as possible to that of the rest of the class.

The department is nut and sesame free.

Workstations and Ingredients

- All pupils with allergies/intolerances will use utensils and dishes stored in a separate cupboard within the classroom. These dishes will be hand washed, then dish washed after use.
- Allergen free ingredients are stored in a cupboard separately from all other ingredients.
- Ahead of Lesson 1
- HoD will check the class list and 'allergy list' on SharePoint. This information will be shared with the Home Economics assistant.

Lesson 1

Planning lesson - A plan for the forthcoming term/half term will be noted in the departmental diary and pupils' diaries/devices.

- Expectations regarding the requirement to bring adrenaline pens to class will be outlined by HoD. ****There is an emergency pen in classroom H02****
- HoD will discuss dietary requirements/allergies with those whom this applies.
- Information is noted and highlighted on HoD's paper register.
- Teacher will note information in the departmental planning diary.
- Preferences for alternative ingredients will be noted.

Planning

- Teacher will check all recipes and discuss alternative ingredients with HoD prior to ordering food for those with specific requirements.
- HoD will email/telephone parents with lessons plans/recipes to discuss if requested. Information, where required for planning purposes, will be shared with Teacher.
- Practical Cookery Lessons for those with allergies
- Equipment will be washed in the dishwasher and set up at pupils' workstations ready for use.
- Ingredients will be stored separately from the ingredients for the rest of the class.
- Teacher/HoD will discuss ingredients and look at food labels with pupils at the beginning of each lesson to allow the opportunity for any concerns to be addressed.
- Pupils with allergies will not share a cooker/oven.
- Meat
- Certificates of authenticity (where available) regarding e.g. Halal chicken will be shared with pupils.
- Alternative meats/non-meats will be provided where required/requested.

Non-timetabled lessons and PSE arrangements

- HoD will check with Prep/Junior/School Nurses and the class teacher (Prep and Junior) for any specific requirements.
- Houseparents'/HOY will be contacted to discuss Boarders.
- HoD will check PSE class lists ahead of attendance. Pupils will be given the opportunity at the beginning of lesson 1 to share additional information with HoD.