



HEALTHCARE POLICIES

Summary of changes

Staff member responsible	Revision date	Approved by	Approval date	Reason for update	Frequency of review
Nurses	February 2024	SSG	February 2024	Merge of previous policies	
Nurses	October 2024	SSG	October 2024	Annual review	36 months

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Links To UNCRC

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, however sometimes it can be hours later. Causes can include foods, insect stings and bites, 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). 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 their child has. This information should include all allergies, previous allergic reactions, any history of anaphylaxis and details of all prescribed medication as treatment.
- Parents must ensure their children are educated about their allergies (age appropriate), how to recognise allergy symptoms and the importance of their allergy plans.
- Parents should also ensure that children with potentially serious allergies can administer, when prescribed, an Auto Adrenaline Injector (AAI) pen (*age appropriate*).
- 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. GP / allergy specialist/ paediatrician/ school nurse. Parents are wholly responsible for ensuring any required allergy 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.
- PLEASE NOTE = Pupils with potentially serious allergies, who do not carry their emergency care plans *and* any prescribed treatment with them (i.e. AAI's), 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.
- Staff must make themselves 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 healthcare 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 to ensure children with health needs are identified. 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 and medication will not be able to attend the excursion. Spare AAI's (i.e. EpiPens are not carried as standard).

- 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 regarding any use of AAI(s) and any emergency treatment given.
- School Nurses will ensure that the latest AAI 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 allergy 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 medication.

Pupil Responsibilities:

- Pupils are encouraged to have a good awareness of their allergy and symptoms, and to let an adult member of staff know as soon as they suspect they are having an allergic reaction.
- Competent pupils should be taught to recognise allergy symptoms and encouraged to administer their own AAIs in cases of anaphylaxis (age appropriate). 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.

Allergy Action Plans

Allergy Action Plans are designed to function as individual healthcare plans for children with allergies, providing consent and direction for school staff to administer medicines in the event of an allergic reaction. This includes a section for 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. However, symptoms can sometimes take hours to develop.

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 (in the form of an AAI)** 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.

Please see below Dollar Academy Allergy Action Plan -

DOLLAR ACADEMY ALLERGY ACTION PLAN

<p style="text-align: center;">Mild/Moderate Reaction</p> <div style="text-align: center; margin-bottom: 10px;"> </div> <ul style="list-style-type: none"> • Swollen lips, eyes, face • Itchy / tingly mouth • Hives / itchy skin rash • Tummy pain/ vomit • Behaviour change <p style="text-align: center; margin-top: 10px;">SEND TO NURSE IF ABLE (ESCORTED) / CALL NURSE 299 TO COME</p>	<p style="text-align: center;">Severe Reaction</p> <div style="text-align: center; margin-bottom: 10px;"> </div> <ul style="list-style-type: none"> Persistent cough Noisy breathing Wheeze Hoarse voice Difficulty swallowing Swollen throat/tongue Persistent dizziness Pale / Floppy Suddenly sleepy Collapse / unconscious <div style="text-align: center; margin-top: 10px;"> <div style="background-color: yellow; padding: 5px; display: inline-block;">WHAT TO DO</div> </div>
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- 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/ KRISSY 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. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered, as a further reaction can occur after treatment.

The Dollar Academy Emergency Action Plans (including for Anaphylaxis above) can be found on SharePoint for staff to view at any time.

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 AAIs, they must always carry 2 (in a suitable 'clearly marked' bag/container).

Younger children (Prep and Junior School) should have an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff** in their classroom. The kit must then be taken with the pupil whenever they go elsewhere on the school campus.

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 AAIs i.e. EpiPen® or Jext®
- The pupil's most up to date Allergy Action Plan
- Antihistamine as tablets or syrup *in 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 AAIs 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 AAIs must be given to ambulance paramedics on arrival. A sharps bin is kept in the nursing centre for disposal of out-of-date AAIs.

'Spare' Adrenaline Auto-injectors In School

Dollar Academy has purchased 'spare' AAIs for emergency use with children who have already been prescribed AAIs, 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' AAIs 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 (Home Economics)
- 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 emergency services 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 Krissy Scott.

Training includes:

- Knowing the common allergens and triggers of allergy symptoms.
- 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 AAI's) 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 meal/snack 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 Excursions

School 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 Allergy Action 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 will 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=2290415042016711583>

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 pupil 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). Some pupils may be prescribed a combination inhaler.

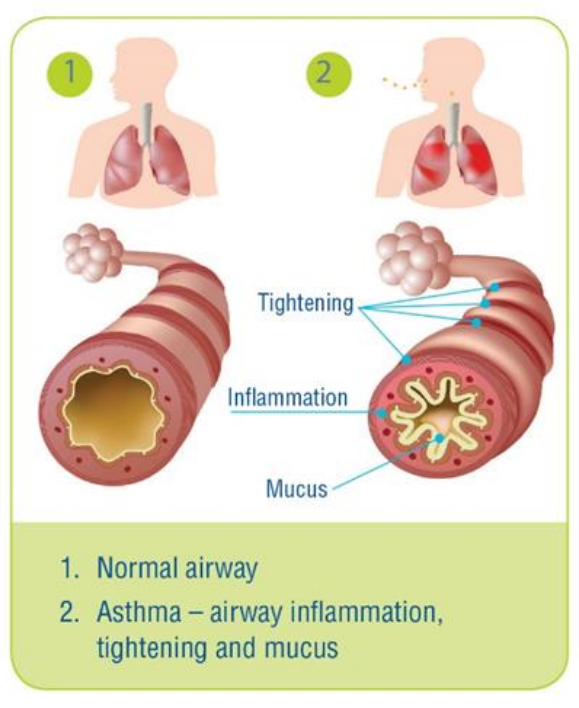
How does asthma affect children?

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 out with school. It is not the responsibility of the School Nurses to carry out asthma reviews. The School Nurses 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 by a parent 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 of the pupils who have asthma. Parents must educate their child (age appropriate), to carry their care plan and inhalers 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 named container in the classroom, containing their plan and medications/inhaler. The teacher supervises any administration as per care plan and lets the nurses / parents know. When younger pupils leave the classroom to move to a different location on campus e.g PE, the container must be taken with them. Pupils are encouraged to participate actively in managing their own health. Pupils must not share inhalers / medications.

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 must -

- Take precautions so as not to encounter blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. 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 Estates ext. 383 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 shield if splash or spray is anticipated during clean up.
- 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. Yellow clinical waste bins are located in the Nursing Centre and the Prep School. When Nursing Centre is closed, please double yellow bag the waste, store securely and take to nursing centre as soon as centre reopens.
- 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** when gloves and PPE are 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 they cannot 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 for interaction with a pupil is appropriate; when it is 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 Coordinator 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.
- We will 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/houseparents.

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.nhsinform.scot/covid19>
- [Health Protection Scotland \(in Education\)](#)

DIARRHOEA AND VOMITING POLICY

Sickness & Diarrhoea '48-hour Rule'

From time-to-time, children or adults are sick (vomit) and/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 to school 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/>
- [Health Protection Scotland \(in Education\)](#)

FIRST AID POLICY

Introduction

Dollar Academy places the highest priority on all matters of Health and Safety. All members of the community - pupils, staff and visitors, who feel unwell or who require first aid will be treated in a timely and competent manner. 'First aid' is basic treatment administered as soon as possible after someone becomes unwell or has an accident. This policy sets out the arrangements for first aid at Dollar Academy.

The first aid procedures detailed in this policy exist to ensure that pupils, staff and visitors will be well looked after in the event of illness or accident - major or minor. First aid can save lives and can stop a minor incident from becoming a major one.

First Aid Arrangements

Dollar Academy's first aid team comprises of 2 School Nurses (RN) and staff 'first aiders'. The term 'First Aider' refers to members of staff who are in possession of a valid first aid certificate. In the event of an accident/incident all members of staff should be aware of the procedures and support available. Staff should do their best to secure the welfare of an injured pupil/member of staff/visitor.

The provision of first aid is always available, including during all off - site activities. There will be at least one School Nurse on-site during term time school hours (Monday – Friday, 0830 – 1700). Boarding staff provide first aid cover to boarders out with school hours.

First aid kits are available in all areas of the school campus. Staff can internally email the Nursing Centre ('staff-nurse@') to request restocking of first aid kits. First aid kits for off-site trips are available, as requested, by completing the first aid kit request tab on SharePoint at least one week in advance. First aid kits can then be collected from the Nursing Centre. Any member of staff who would like their Duke of Edinburgh first aid kit checked and replenished should hand their kit in to the Nursing Centre.

A list of members of staff who hold First Aid certificates is maintained by Dollar Academy. It can be found on the SharePoint home page > H and S Compliance tab > Training logs > First Aid Staff list.

The School Nurses maintain confidential health records on iSAMS. It is the responsibility of school staff to keep up to date with pupils' medical conditions by checking the red flags on iSAMS and to inform nurses when first aid is administered.

Where to find First Aid

The Nursing Centre is located at 3 Academy Place.

- Contact the Nursing Centre:
 - Extension 299
 - Direct line: 01259 740599
 - Nurse Karen Finnie: 07917434754
 - Nurse Krissy Scott: 07881811669

Pupils may independently come to the Nursing Centre before school, during break or lunchtime, after school. During class time, pupils must ask their teacher before coming to the Nursing Centre. The teacher will either provide the pupil with a note or send an email to the Nursing Centre ('staff-nurse@'). Teachers who are concerned about a pupil should send an escort also. However, pupils are encouraged to wait until break time/lunch time if possible.

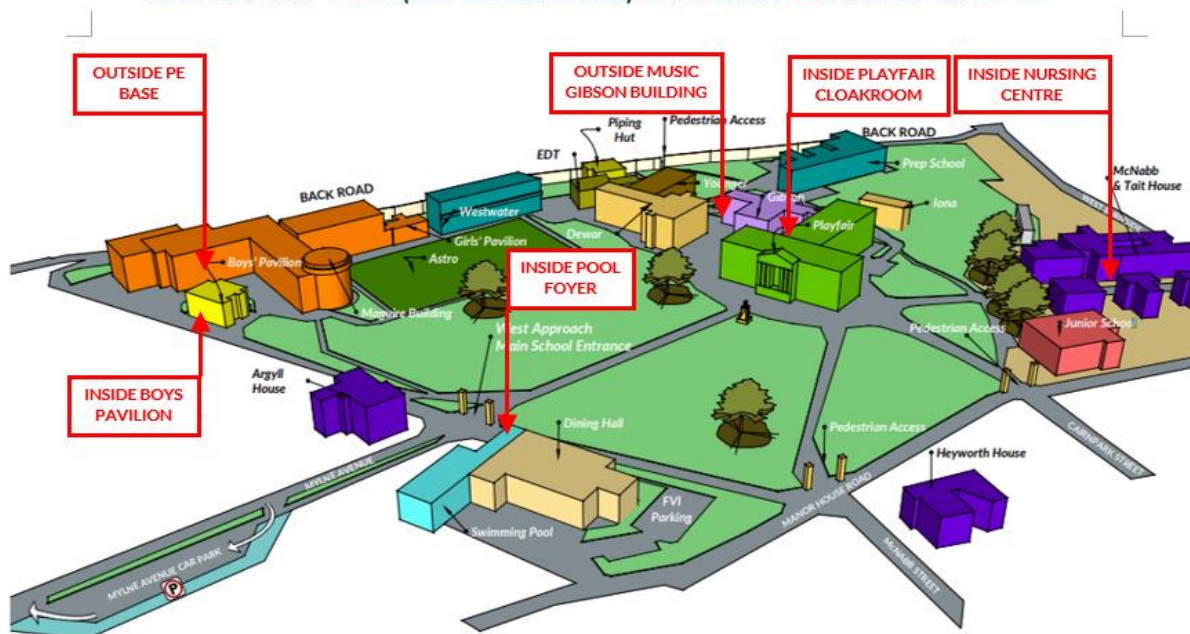
If the Nursing Centre is closed there will be a board on the front door directing pupils, visitors, and staff where they should go. In an emergency, visitors, or staff should report to the School Office.

Accessible, during school hours (Monday – Friday, 0830 – 1700), first Aid kits are located at various locations throughout the school campus (list available from the Nursing Centre). Staff are encouraged to use the first aid kits for pupils and staff members.

There are several Automated External Defibrillator units (AEDs) situated on the school campus

- Nursing Centre
- Boys Pavilion
- Outside PE Base – accessible 24/7.
- Swimming Pool
- Cloakroom in Playfair Building
- Outside Music Department – accessible 24/7.

LOCATION OF AEDS (DEFIBRILLATORS) ON DOLLAR ACADEMY CAMPUS



Unwell/Injured pupil/adult

If a pupil or adult is injured or feels ill, they should attend the Nursing Centre. Out of school hours, boarders should inform a member of boarding staff.

Except in the case of minor injury/illness, a child should not be sent to the Nursing Centre unaccompanied.

An injured child or adult who is fit to be moved should be taken to the Nursing Centre. If the casualty is not fit to be moved, then the School Nurses must be summoned to attend as soon as possible. In an extreme emergency a member of staff must call 999 and not wait for the School Nurse to arrive.

An accident which requires a first aid response should primarily be referred to the Nursing Centre, unless assessed to be minor in severity, and so able to be dealt with by a first aid trained member of staff if they are already at the scene.

Weekend fixtures at Dollar Academy (home)

First aid at weekend rugby and hockey matches is covered by one of the School Nurses (First Aid co-ordinator) and First Aiders from EMG (Elite Medical Group). The school physio is the First Aider for the First XV when they play at home. There may also be a volunteer doctor present. Each rugby and hockey coach, School Nurse, School Physio, First Aiders from EMG and volunteer doctor, if present should carry a walkie talkie on match days to be able to contact the School Nurse (co-ordinator)/doctor if they are required to attend an injured pupil pitch-side. The School Nurse, First Aiders from EMG, the School Physio and volunteer doctor all must wear high visibility vests in order that they can be easily located and identified. All coaches must ensure they have a stocked first aid kit with them pitch side.

Weekend fixtures (away)

All team coaches must take a first aid kit with them to away matches.

Record keeping

Accidents which are caused by problems with the school environment (e.g. trip hazard) must be recorded on an Accident Reporting Form. Health & Safety implications may be considered, and reports be made by the Bursar under RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) as necessary. The member of staff who witnessed the accident should submit the Accident Reporting Form found on the SharePoint tab "Accident Reporting Form."

All injuries and illnesses are recorded by the School Nurses in the medical centre section of iSAMS. Any illness/injury dealt with by other members of staff must be reported to the School Nurses in order that they too can be recorded. If the pupil is sufficiently unwell/injured to return to normal activities in school, parents/carers must be contacted and they may collect the pupil for home or to take to Minor Injuries Unit /Accident & Emergency, if necessary. In the case of a boarder, house parents must be contacted and made aware. In cases of serious injury, the School Nurses will inform the SSG (Senior Staff Group). Parents/carers/boarding parents should be informed as soon as possible. If this is obviously an emergency, a member of staff should call 999 and not wait for the School Nurse to arrive.

In cases where a pupil or member of staff has sustained an injury/become unwell at a school activity off site this should be noted and the School Nurses informed on return to school. The submission of an Accident Reporting Form should also be considered. In case of doubt, seek the advice of the Deputy Rector.

It is the responsibility of the School Nurses to exercise judgement and to inform parents/carers in cases of illness or accidents as appropriate. It is of note that significant head injuries should always be reported to parents whether by phone or email. In the case of a concussion/suspected concussion the school has a concussion policy which must be followed - Dollar Academy Head Injury, Concussion and Return to Play Policy (see earlier in document). A concussion caused by head injury must be reported to the School Nurses as soon as possible and then recorded by them on the iSAMS system. The School Nurses will also record on "Off games" (iSAMS) in order that all staff are aware when a pupil is concussed and following the concussion policy.

HEAD INJURY, CONCUSSION AND RETURN TO PLAY POLICY

Dollar Academy seeks to provide a safe return to all activities for pupils after injury, including concussions. As such, Dollar Academy has established this policy to outline procedures for staff, parents and pupils to follow in the management of head injuries.

Definitions

Head injury is a trauma to the head that may or may not include injury to the brain.

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 never 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 the head 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 /07917 434754 (Karen)/ 07881 811669 (Krissy). If the injury is serious an ambulance should also be called immediately by the staff with the pupil. At weekend fixtures, a volunteer doctor, School Nurse, First Aider or Physiotherapist (for the 1stXV) 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 by the school nurse 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 their 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 as well as school. Players and parents must ensure that both the school and club are kept informed.

Players returning to training and then to matches, must follow Graduated Return to Play Protocols.

Following of these protocols is mandatory. Returning to rugby activity requires a staged approach.

Dollar Academy and Scottish Rugby advises all players to follow the Department of Culture, Media and Sport (DCMS) Graduated Return to Play protocols below (detailed in the 2023 UK Concussion Guidelines for Grassroots Sport):

- The earliest a player can return to contact training is **after 14 symptom free days at rest.** This is regardless of age or gender.
- The earliest a player can return to a full-contact match is **after 21 symptom free days at rest.**
- The speed at which physical activity and then rugby/sporting activity will vary greatly between individuals.

It is possible to start returning to some sporting activity while still experiencing symptoms, however, these should be mild, and the activity should not cause new or worsening symptoms. Pushing too quickly through a staged return, if symptoms are worsened by activity, will prolong recovery.

Every concussion is unique and should be managed accordingly. Click to read the full DCMS guidance document: <https://bit.ly/3XU7Hfs>

Dollar Academy strongly encourages all players, volunteers and parents to undertake Scottish Rugby's Concussion e-module, launched in July 2023. <https://bit.ly/4dlbvus>

Further reading

Your 'one-stop-shop' for everything you need to know about concussion.

[Concussion Hub - Scottish Rugby](#)

[Head injury and concussion - NHS \(www.nhs.uk\)](http://www.nhs.uk)

HEAD LICE POLICY

Dollar Academy follows current guidance issued by NHS Inform:

<https://www.nhsinform.scot/illnesses-and-conditions/skin-hair-and-nails/head-lice-and-nits/>

INFECTION CONTROL POLICY

Dollar Academy recognises that pupils and staff will become unwell from time to time during the school day (and a night for boarders). It is important to put measures in place to minimise the spread of any 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 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 potentially infectious pupils at home, within the guidelines suggested, thus preventing the spread of infection.

Useful Links

- Health Protection in children and young people settings, including in education 2024
- <https://publichealthscotland.scot/publications/health-protection-in-children-and-young-people-settings-including-education/health-protection-in-children-and-young-people-settings-including-education-version-1/#section-1>

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 School 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. 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.*

For boarding pupils under the age of 16, consent for the administration of medication (including over-the-counter and prescribed medicines) is provided by parents/carers with parental responsibility via the Boarding House Medication Administration Form. For boarding pupils aged 16 and over, consent for medication is obtained directly from the pupil in line with the Age of Legal Capacity (Scotland) Act 1991, unless the pupil is assessed as lacking capacity.

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 school 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 pupil 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), Medicines Act (1968), “Management of Medication in Day Care of Children and Childminding services” (Care Inspectorate). It aligns with current NMC Principles of Good Practice and GDPR regulations.

This Dollar Academy policy pertains to the safe administration of medicines to day and 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 parentally completed ‘New Pupil Health Questionnaire’ should detail any medications a pupil is routinely administered. Allergies, including to medication, should be mentioned.

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 yearly 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).

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.

Boarding houses - 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)

	Paracetamol oral suspension (e.g. Calpol 6+) 250mg/5ml	<p>10-12 years – 500mg (one tablet or two large end spoonfuls)</p> <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. 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	Over 12 years 10-20ml after meals (see packet). Under 12 years 5-10ml after meals (see packet).
	Milk of Magnesia	Over 12 years 5-10ml. (Maximum 60ml in a day). Under 12 years 5ml. (Maximum 30ml a day).
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	Regular paracetamol (dose as for pain above).

	or suspension 250mg/5ml	
	Olbas oil/Karvol/Vick	Can be used to relieve congestion (see packet).
	Cough linctus/lozenges	May be soothing. Also try hot lemon & honey drink.
Asthma	Salbutamol	Inhaler - with spacer if required.
Verrucae	Bazuka gel or similar	See packet.
Travel sickness	Kwells or similiar	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.
	Rennie tablets	Over 12 years 1 - 2 to be chewed (see packet).

Indigestion / Heartburn / Unsettled Stomach	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.
Verrucae	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

Day pupils - 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.

Prep and Junior School - At the discretion of the School Nurse, and with agreement of their class teacher, it may be more appropriate for your child to be administered their medication by the teacher in the classroom.

Boarding houses - 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 medication must be licensed in the UK. 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 completed, parentally signed "Boarding House Medication Administration Consent Form". The prescribing doctor should provide a letter in English. This letter should include a diagnosis, treatment plan and details of the prescribed medication. Prescribed controlled medication from overseas is acceptable, if all information is 'pre-translated' into English for safe administration. The medication must be licensed in the UK. 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 completed, parentally signed "Boarding House Medication Administration Consent Form". The prescribing doctor should provide a letter in English. This letter should include a diagnosis, treatment plan and details of the prescribed controlled medication. A boarder should bring enough controlled medication to last until the next home visit. An updated Doctor's letter is only required when there is a dose or medication change

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 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, and/or prescribed an inhaler / medication, 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 / medication 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 Mail Room (Playfair), 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.

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.

Boarding Houses

- All medicines are stored safely and securely in locked cabinets (in a designated locked medical room) within each Boarding House. Controlled drugs must be stored in a separate locked cabinet, within the locked room.

Exceptions in storage and administration will 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 the School Nurses 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 to pupils during the school day on campus will be carried out by the School Nurse (if parental consent is given on the online administration form).

Prep and Junior School - At the discretion of the School Nurse, and with agreement of their class teacher, it may be more appropriate for your child to be administered their medication by the teacher in the classroom. Before administering medication to a pupil, teachers/assistants must complete the Opus “Medicines Awareness for Schools (Foundation) Course (E-Learning)” every two years. Yearly, there is a compulsory Opus online refresher. A record of staff who have completed these course is kept up to date by the School Nurses and can be seen by all staff on SharePoint.

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. Designated member/s of staff also take responsibility for securely storing and administering medication. Any staff member required to administer medication must complete the Opus “Medicines Awareness for Schools (Foundation) Course (E-Learning)” every two years. Yearly, there is a compulsory Opus online refresher. A record of staff who have completed these courses is kept up to date by the School Nurses and can be seen by all staff on SharePoint. The appropriateness of a pupil to self-medicate can be discussed in exceptional circumstances with the trip leader / School Nurse.

Boarding Houses

The administration of medicine in the Boarding Houses is carried out by the trained boarding staff. Boarding staff who are required to administer medication must complete the Opus “Medicines Awareness for Schools (Foundation) Course (E-Learning)” every two years. Yearly, there is a compulsory Opus online refresher A record of staff who have completed these courses is kept up to date by the School Nurses and can be seen by all staff on SharePoint. The “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.
- 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

When 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.

Controlled medication 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 shared, online Boarding Medication Administration Spreadsheet.

Boarding Houses – 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. 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.

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)

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 causes many different side effects.

Many conditions mimic the signs and symptoms of poisoning, including seizures, alcohol intoxication, 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 are 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/>

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.