

Durham School for Girls Doha

FIRST AID AND CONTROL OF MEDICINES POLICY

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RATIFIED BY : SCHOOL GOVERNORS

Values

قيمي ترسم هويتي

**MARK VALUES AND QATARI VALUES ARE AT THE HEART
OF A DURHAM GIRL**

Durham School for Girls Doha

FIRST AID AND HEALTHCARE POLICY

The school commits to observing its principles and does not discriminate on any grounds.

1. Policy Aims

- 1.1 The School recognises the importance of timely and competent treatment in the event of illness or accident and this policy sets out the actions to be taken should an accident or illness occur to anyone within the school premises. Durham School for Girls Doha School First Aid Policy applies across the whole school.
- 1.2 Staff are encouraged to undertake first aid training and the number of staff trained is in excess of statutory minimum numbers. First aid training is made available to pupils through the activities programme.
- 1.3 This policy is a framework to facilitate the care of a sick or injured child whilst in the care of the School

2. Medical Provision

- 2.1 The Medical Centre is staffed by registered general nurses from 6.45 a.m. – 3.00 p.m. Sunday to Thursdays during term time. Pupils are treated on a drop-in basis as necessary during these hours.
Girls must receive permission from a member of staff to report to the medical centre.

Accidents and emergencies are dealt with immediately, and parents/guardians are informed as soon as practically possible. For younger children, parents will always be informed via a note in their contact book, or a direct phone call.

New pupils and staff are given information about the Medical Centre as part of their induction into the School. Parents/guardians must complete a medical questionnaire prior to a pupil's entry into the School. The questionnaire outlines significant past medical problems, current ailments and present treatment, as well as known allergies, and the dates of all immunisations. This information is essential for use by the nurses when dealing with pupils. All students must submit their Hamad Medical records as part of the admissions process.

- 2.2 The School Nurses hold current Nursing qualification and registered with Hamad . Statutory and mandatory training is undertaken to ensure registration compliance, and re-registration is carried out annually. Confirmation of registration is held on file by the School.

3 First Aid Training & Staffing

In addition to the two RGNs employed by the School, the School ensures that an appropriate number of staff are trained in first aid and are on site, whenever pupils are, and accompany pupils on trips; as a minimum, there will always be at least one such member of staff; in practice, however, there will often be many more. All first-aid training is delivered internally, and all courses are approved by the HSE; in addition, specialist lifeguard training is delivered by an external provider.

3.1 In the EYFS, most staff are trained in paediatric first aid and a minimum of one member of staff, trained in paediatric first aid, is on site when pupils are present.

3.2 Staff in every department are trained in first aid. For a list of all staff currently trained in first aid, see Appendix 1.

4. Procedure

4.1 In the EYFS setting, EYFS staff will inform parents of any accident or injury on the same day or as soon as reasonably practicable. Medical staff are responsible for contacting parents and staff to alert them to an accident/illness. Staff complete an accident report.

4.2 Pupils who are unwell or have sustained an injury will remain in the care of the the Medical Centre as long as necessary for observation and further action if appropriate.

4.3 Emergency contact numbers for medical occurrences and procedures to follow are published in Departments, and Offices as well as electronically within the School.

4.4 For pupils with particular medical conditions such as asthma, diabetes, epilepsy and specific disabilities individual healthcare plans are drawn up to identify the safety measures necessary to support them and also ensure that they and others are not put at risk. Care plans and training in relation to specific conditions are made available to all staff. These are also flagged on engage with the medical symbol.

4.5 Staff administer medicines with written parental approval. Specific instruction and training is also provided for non-nursing staff before they are required to assist with or administer medicines. See the Appendix on the procedure for the Administration of Medicines.

4.6 Medical staff highlight areas of need to support the curriculum and offer training to the students.

4.7 First-aid kits are located throughout the School and, in addition, are available in all School vehicles. These are accessible at all times with appropriate content for use with children. Responsibility for the monitoring of the first-aid kits is delegated to key staff, and contents are routinely checked.

4.8 The School has a protocol for use of emergency salbutamol inhalers.

4.9 The School has 1 Automated External Defibrillators (AED). See Appendix 4 for advice on use and location.

5. Records and communication.

5.1 The Nurses produce and maintain up-to-date nursing records, predominantly computer based although some written records are kept. All records are stored separately from pupils files in the admissions area.

Medical records are confidential and access is restricted to nursing staff. Computer based records are password protected. Whilst the Principal and other senior staff have a

responsibility to ensure that records are maintained, any personal or sensitive information given in confidence to the School Nurses is not shared with non-medical staff.

5.2 In the EYFS and Primary years, minor accident reports, including any head injury, are completed at the time of injury; a copy is sent home to parents, and a duplicate copy is sent to the nurse weekly for monitoring. These records are kept with the child's medical records.

5.3 All pupils, staff or visitors who attend the Medical Centre are entered in the daily record book; pupil visits are also recorded on Engage. Serious injuries are entered in the Accident Book. This is reviewed by the Health and Safety meeting termly in order to determine patterns which may cause concern.

Head of Pastoral or Safeguarding leads can check on the visitors book regularly and in confidence. Likewise, information relevant to medical needs can be passed to the medical centre in confidence. Medical records can be shared directly with the school counsellor if a child is receiving treatment by her.

5.4 **Communication with parents**

For child entering the medical centre and receiving treatment, records must be kept.

An whatsapp message informing parents of a clinic visit must be sent.

Fixed messages can be used for the following.

1. Your daughter visited the clinic today to collect sanitary products
2. Your daughter visited the clinic today for a minor incident
3. Your daughter visited the clinic today for medication.
4. Your daughter visited the clinic today for tummy ache or menstrual pain.

For additional information or follow up the standard note must be used, and a call made to parents.

Parents must be contacted directly by phone for:

- Any bump to the Head.
- Fever (Covid procedures adhered to)
- Coughing or general unwellness where the child is not fit to be in school
- Administration and permission for medication
- An injury that may require follow up treatment
- An asthma attack or allergic reaction.
- Vomiting or diarrhoea
- Serious loss of blood due to nosebleed or injury
- A serious injury where a child must go to the hospital – Stitches, break etc

Parents are recommended to collect the children from the above list. Where possible, children are encouraged to remain in school and continue with learning is deemed fit for class.

For children going home early – The school office MUST BE INFORMED, and a message sent to class teachers and put on the register.

5.5 **Internal communication**

Primary children – EYFS and KS1 and Year 3, Children should be taken to the clinic and supervised by the designated classroom assistant for the Year/Group. Any treatment given will be followed up by the Nurse on the records, but the TA has the responsibility to inform the class teacher.

KS2 (Green Corridor) Children going to the Clinic must have permission from the class teacher. Nurses pass. On returning to the class, they must inform the teacher and show them the Nurses note.

Secondary – All secondary students must have a Nurses Pass, or a WhatsApp sent to the clinic with the child's name and class. This must be time sensitive to ensure students are in the correct place and supervised correctly. When returning to class, the secondary student MUST return the nurses pass with time stated and treatment.

Nurses MUST inform the staff of a child in the medical centre for an extended period of more than 30mins or in the event of going home.

5.6 **Calling an ambulance**

For extreme medical injury or condition where a child or member of staff CANNOT be sent independently to the hospital and ambulance can be called using the following guidelines.

- The Principal or member of the SLT must be contacted in this situation and permission granted. (Head of Primary, Head of Secondary, Operations Director)
- Parents informed of the situation and updated regularly. A clear and accurate account must be given to the parents and reassurance of the child's safety and wellbeing. An Arabic speaker must be used for translation if needed.
- On calling an ambulance – The ambulance must be directed to the back gate for direct access to the clinic.
- Staff informed – Operations director, Security and Reception and SLT.
- Reception to send an alert to all staff informing them of a medical situation and girls to cover in the medical area or area of accident (if the patient is unable to move from the accident location)
- If the parent is unable to reach the school in time, a member of the staff (known to the child) will accompany the child to the hospital. Any medical information (medicine, conditions), details of the accident and parent contact information MUST be given to the accompanying adult.
- In the event of an accident – Follow up statement must be completed immediately and reported to the Principal and Operations Director for the Health and Safety committee.

6. **Reporting- Linking to the Crisis Management Policy.**

6.1 Any serious accident, illness, or injury to, or death of any child will be notified to the Ministry of Education along with details of action taken. Notification will be made as soon as reasonably practicable, but in any event within 14 days of the incident occurring.

6.2 Relevant parties will be informed – Investors, School SLT and the Crisis Management Procedures are activated.

6.3 Local child protection agencies will also be notified of any serious accident or injury to, or the death of, any child while in the school's care and will act on any advice from those agencies.

7. **Arrangements for Pupils with Medical Conditions**

7.1 Prior to admission to the School, parents are required to complete a medical questionnaire detailing any pre-existing medical conditions. On receipt of this, the Medical Centre will make direct contact with the parents of the child to discuss the implications of the condition and what support will be made available.

7.2 In turn, this information will be used to inform the care plans for those pupils with medical conditions such as asthma, epilepsy, diabetes, anaphylaxis, &c. Given the range of conditions, such care plans are individual and particular to the pupil.

- 7.3 The contents of care plans are communicated to Year leaders and Pastoral Leads in detail and in summary to the wider staff.
- 7.4 Where conditions come to light following admission, parents are asked to contact the Medical Centre to discuss the creation of a care plan; staff are made aware of their responsibility to ask parents to do this when they receive such information.
- 7.5 Any pupil returning to School on crutches following an injury must satisfy the Medical Centre that appropriate training on the use of crutches has been completed, and that the pupil is able to move around the School site. The school has a wheel chair and lift access to the upper floor to support students with a temporary physical impairment.

8. Staff Health Conditions and Medications

- 8.1 All staff are asked to inform the School of any health conditions which may affect their ability to perform their duties properly and which would affect their ability to care for children in their care.
- 8.2 If staff are taking any medication, or under the influence of any other substance which may affect their ability to care for children, they should make this known to the School.
- 8.3 If medical advice confirms that such medication is unlikely to impair that staff member's ability to look after children properly, they may continue to work directly with children.
- 8.4 Staff medication on the premises must be securely stored, and out of reach of children, always.
- 8.5 Staff medical files will be held by the Principal and on the HR file with security access to designated people. Clinic Nurse and Principal. In addition Head of Secondary or Head of Primary, Operations Director will have access to their individual team.

9. Responsibilities

The responsibilities under this procedure are set out within section 2.

10. Oversight

Oversight of the First Aid Policy is undertaken by the Health, Safety and Welfare Committee. The policy will be reviewed by School Nurses annually.

Covid Provision in line with MOPH and MOE requirement – Medical Procedures.

1. Isolation facilities to be provided in the school
An isolation room is set up near the school clinic. In the case of a suspected case, the child, children are contained in the isolation area and parents informed to collect directly from the back gate. – Direct access without moving through the school.
2. The isolation room is set up inline with MOPH requirements – Bed, Privacy, PPA clothing and emergency care.

3. Children with any symptoms are to be sent to the Nurses and assessed for the possibility of COVID.
4. In the event of a case – the class is put into lockdown and the following policy is put into action.
 - Class is locked down with the teacher
 - The parents are asked to come and collect the children and take them home.
 - Automatically that class is put online for the following day. – Siblings are to remain at home as well until the contact group is designated by the MOPH and tested.
 - Once there is confirmation of a positive result. The school activates the MOPH procedure via email – informing class, number of students, QID and contact with the positive case.
 - The MOPH will respond in accordance to the latest policy and procedures.
 - The direct contact group will be tested by the MOPH in the school at a designated arranged time. Quarantine will be determined by the MOPH.
5. As of August 2021 – All staff members MUST be double vaccinated with an authorised vaccine determined by the MOPH. Any persons not double vaccinated MUST Rapid test weekly and recorded by the school. Justification for non-vaccinated person must be given to the MOPH. As of January 2022, ALL staff must be double vaccinated and a record given of all staff booster shots.
6. The school is sectioned into bubbles to ensure the safety and security of the students and limit the spread of infection in the school community.
Movement in bubbles is restricted in accordance to MOPH regulations.
7. The school must hold a register of ALL pupils
 1. Vaccinated – Dosages
 2. Non-Vaccinated – Over the age of 12.
 3. Recovered – Within 10 months and within 6 weeks (omicron)
8. Any updates to MOPH protocol is recorded via MOE circulars and communicated to staff and parents via newsletter updates – All updates can be found in the COVID file.

Appendices

1. **First Aiders 2019/20**
2. **Location of First Aid Boxes**
3. **General Healthcare Procedures**
4. **Use of an Automated External Defibrillator (AED)**
5. **Administration of Medicines Procedure**
6. **Head Injury Protocol**

Appendix 1: LEAD First Aiders 2019|2020

Appendix 2: Location of First Aid Boxes

Appendix 3: General Healthcare Procedures

Purpose

This is a framework to facilitate the care of a sick or injured child whilst in the care of the School. The procedures within outline the steps which will be taken, and the support which will be provided by the School Nurses or School staff to those pupils who are sick or injured at School.

Outlined is the support provided by the School to staff and to parents/guardians to ensure pupils' healthcare needs are met, and it recognises the professional obligation of the School Nurses.

The School Nurses aim to treat and prevent ill health, promote healthy living and to empower pupils to take responsibility for their own healthcare, and to enable them to make informed choices by providing up to date information.

To ensure that First Aid provision is available at all times whilst people are on the premises and on premises used by the School.

1 Care of Sick Children

The following practices are followed:

- The duty nurse is available between 6.45am – 3.00pm. to assist a sick pupil.
- Pupils who are unwell or have sustained an injury will remain in the Medical Centre as long as necessary for observation and further action if appropriate.
- Parents may be asked to collect the child if necessary. Parents must collect the child directly from the Medical Centre. The duty Nurse is responsible for contacting the parents, not the child. If the nurse feels the child is unwell and must go home for her own care, or that of others, parents are obliged to collect.
- Automatic collection for children who: Have fever. Vomit or have Head Lice.
- Pupils must notify a member of staff, before attending the Medical Centre but they do not have to give a reason for wanting to visit the Medical Centre.

2 Head Injuries

Even if the injury is minor, all head injuries should be closely monitored and head injury advice given to parents either by telephone or in person when collecting the child. Head injury advice cards are available. Any serious head injury should always be referred for hospital treatment following the emergency procedures below. See Appendix 6.

3 Emergency procedures

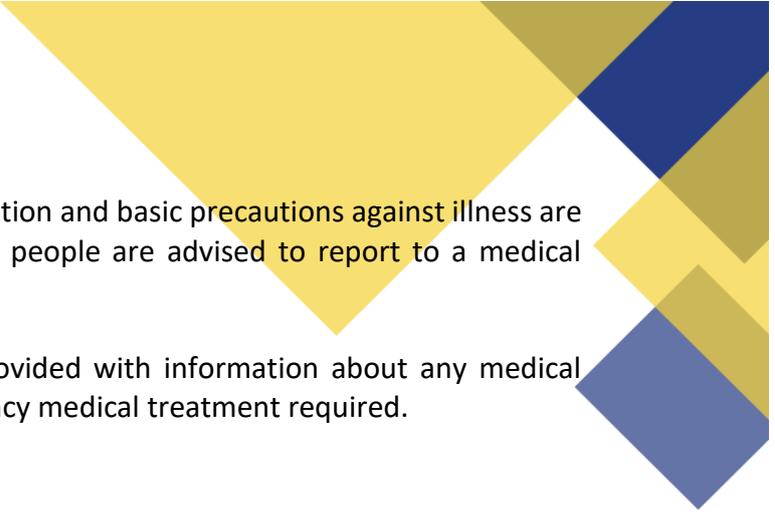
- Where the injury is an emergency, an ambulance must be called following which the parents will be contacted. Examples of such instances are:
 - A significant head injury;
 - Seizure, unconsciousness, or concussion;
 - Difficulty in breathing and/or chest pains;
 - A severe allergic reaction;
 - A severe loss of blood;
 - Severe burns or scalds;
 - The possibility of a serious fracture.
- If an ambulance is called, arrangements must be made for the ambulance to have access to the accident site. For the avoidance of doubt, the address and/or postcode should be provided and arrangements should be made for the ambulance to be met.
- Arrangements should also be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of staff. Parents will be contacted and staff should remain with the pupil until parents/guardians arrive.
- Where hospital treatment is required but it is not an emergency, the Nurse will contact the parents for them to take over the responsibility of the pupil.
- In the event that the parents, or the person designated by the parents cannot be contacted, a member of the staff of the School will be asked to accompany the pupil to the hospital and remain with them until the parents can be contacted and arrive to take over responsibility. The parents will be asked to keep a nominated contact at the School fully updated of developments.

4 Hygiene/Infection Control

- Hands must be washed before and after giving First Aid;
- Single-use disposable gloves must be worn when treatment involves blood or other body fluids;
- Any soiled dressings, &c., must be put in a clinical waste bag and disposed of appropriately;
- Any body fluids on the floor should have absorbent granules sprinkled on them and be swept up with the designated dustpan and brush. If possible, the area should be bleached;
- Body fluid spillages on hard surfaces should be cleaned up and then bleached;
- Exposed cuts and abrasions should always be covered.

5 School Trips

Durham School for Girls Doha takes all reasonable and practicable steps to prevent foreseeable illness or injury. Safety arrangements are detailed in the trips procedure/policy. The School gives advice prior to trips based on the World Health Organisation guidance and travel information relating to the country concerned.



Vaccinations are the best form of prevention and basic precautions against illness are followed. If unwell, children and young people are advised to report to a medical practitioner as soon as possible.

During and after a trip, parents are provided with information about any medical problems encountered and any emergency medical treatment required.

Appendix 4: Procedure for use of an Automated External Defibrillator (AED)

1. Purpose.

To provide guidance in the management or administration of a school-based AED

2. Scope.

Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart's electrical rhythm called ventricular fibrillation (VF). This erratic and ineffective electrical heart rhythm causes complete cessation of the heart's normal function of pumping blood resulting in sudden death. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator, delivered within a short time of the onset of VF. An AED is used to treat victims who experience SCA. It is only to be applied to victims, who are unconscious, without pulse, signs of circulation and normal breathing. The AED will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

2 defibrillators are stored in the medical centre.

3. Definitions .

An AED is a device that:

- is used to administer an electric shock through the chest wall to the heart;
- contains internal decision-making electronics, microcomputers, or special software that allows it to interpret physiological signals, make medical diagnosis, and, if necessary, apply therapy;
- guides the user through the process of using the device by audible or visual prompts; and
- does not require the user to employ any discretion or judgment in its use.

4. School-Based Responders.

A school-based responder is any employee trained in CPR and AED.

5. Requirements.

The School nurses oversee the storage, maintenance, and use of the AED.

The AEDs are strategically placed and readily accessible to provide rapid utilization. Location is in the first aid room. The AEDs will be maintained in an unlocked wall mount.

The AED unit will not be removed from its mount for the purpose of having it on the side-line of a sports event or fixture.

Other than in an emergency situation, the AED will not be removed from its case without notifying the school nurse and posting a notice as to the location of the AED.

6. Monthly AED Checks

The school nurse or designee checks the defibrillator on a monthly basis or more frequently in accordance with the manufacturer's instructions. These checks will be documented on the AED Monthly Check Log. The monthly check includes:

- Verification that the unit is in the proper location, that it has all the appropriate equipment (case, resuscitation mask, emergency pack, electrodes).
- A check of the expiration date printed on the electrode package.
- Verification that the unit has performed its self-diagnostic evaluation, as per manufacturer, and that no warning lights are displayed.
- Verification that the clip board containing the monthly AED Log is hanging near the AED.

7. General Procedures for AED Use during Regular School Hours:

- Stay with victim.
- Call (or send someone to call) for the School Nurse or AED administrator, provide as much detail about the emergency as possible.
- Call the emergency services 999
- Offer first aid, as trained, and prepare to begin CPR if needed.
- AEDs must only be used in medically appropriate circumstances, in accordance with training.
- The school nurse or school-based responder will complete an event summary form following activation of the AED during an emergency. The form will be forwarded to the school nurse within 48 hours of the event.

Appendix 5: Administration of Medicines Procedure

1. Roles and responsibilities.

1.1 Parents.

It is important that professionals understand who has parental responsibility for a child.

Parents should provide the School with sufficient information about their child's medical needs, ideally a doctor's letter listing treatment, special needs and current medication should be provided.

They should, jointly with the Medical Centre, reach agreement on the School's role in supporting their child's medical needs, in accordance with the School's policy and sign the appropriate records. The nurse will have overall responsibility for the day-to-day activities connected with the administration of medicines to pupils of the School.

This will include the maintenance of records, communication with relevant staff and parents, and ensuring that working practice complies with the requirements of the school policies in order to satisfy relevant statutory obligations.

It only requires one parent to agree to or request that medicines are administered.

The Medical Centre staff will always seek pupil and parental agreement before passing on information about the pupil's health to other staff.

2. Medical Centre Records

- 2.1 The Nurse will be responsible for ensuring the appropriate maintenance of records. The nurse can appoint other members of staff to be the designated person to oversee medication procedures on a day-to-day basis. The designated person and other staff involved in medication should be appropriately trained to undertake this role.
- 2.2 All records should be properly completed, legible and current and be available for inspection at all times. Records should provide a complete audit trail of medication.
- 2.3 All students admitted to the school need to have their medical card from Hamad Hospital and the medical team must support admissions with this.

3. Strategies

- 3.1 The Medical Centre staff has developed a close working relationship with the Doctor and pharmacy for advice and guidance.

- 3.2 The administration of medicines to pupils will reflect their right to privacy and. Medicines will be administered privately, accurately and recorded appropriately at all times in the Medical Centre.
- 3.3 Medical Centre Nurses will have responsibility for overseeing the pupil medication needs throughout the school day.
- 3.4 There are three broad types of medicines which may be administered in school.

Controlled drugs e.g. Ritalin:

These are kept in a lockable cupboard in a locked office in the Medical Centre. The receipt of controlled drugs is recorded by the nurses.

Other Prescribed Medication

These medicines are stored in a lockable cabinet kept in a locked office. The administration of these medicines is recorded in the daily log and on SIMS. Nurses record date, time, and dosage of medicine and also that the pupil has taken the medicine. Upon receipt of prescribed medicines, the Medical Centre makes a record of the medicine before dispensing– this provides the beginning of audit trail of medicine. All medicines will be stock-checked once every half term. Medical Centre Staff will check information recorded in the individual House records weekly.

Over the Counter Medicines

The Medical Centre keeps a stock of specific OTCMs. These are medicines that can be acquired without a prescription.

Over the counter medicines are dispensed by the Nurses and other trained members of staff to all pupils who have returned a completed medical questionnaire and consent form. Care plans are in place for those pupils who suffer with short and long-term medical conditions to allow each child to reach their potential regardless of illness or disability.

- 3.4.1 Apart from inhalers such as Salbutamol which pupils may self-administer, **all other medicines** brought into school must be handed in to the Nurses who will record and administer them as directed. All medicines brought in from home (including adrenaline pens) must be in their original container and clearly marked with the pupil's name, dosage and administration instructions.
- 3.4.2 Durham School for Girls Doha will only accept medicines brought into School which are approved by the Medical Centre. The school cannot accept medicines brought from abroad or herbal remedies.

If prescribed a medication, some pupils may be deemed suitable to self-medicate. They will need to undertake a short competency assessment and will then be given access to a lockable facility in the House to store their medication safely. Where children are capable of

understanding when they need medication, for example with asthma, they should be encouraged to tell their key person/class teacher what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication

There is a statutory requirement to record information on all medicines in boarding schools. Records of current medication must be kept for each pupil. The following records relating to all medicines must be kept:

- All medicines received by the School.
- All medicines prescribed for pupils.
- All medicines administered by the School.
- All medicines transferred out of the School or returned to the pharmacy for disposal.

Receipt of medicines.

Any medication required by a child should be given to the School Nurse. This medication should be given in accordance with the guidance stated in this policy. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

- The full name of child and date of birth.
- The name of medication and strength.
- Who prescribed it.
- The dosage and times to be given in the setting.
- The method of administration.
- How the medication should be stored and its expiry date.
- Any possible side effects that may be expected.
- The signature of the parent, their printed name and the date.

All medicines brought into the School from whatever source should be formally received by a nurse and the following information recorded.

- Date of receipt;
- Name and strength of medicine;
- Quantity received;
- Pupil for whom the medication is prescribed and to whom it is administered;
- Signature of staff receiving the medicine.

Inhalers for asthma may be kept by the child, with a spare left at the School Office at Medical Centre. Teachers should check they are to hand, especially before activities and games.

In the EYFS and the primary Years Epi-pens are stored in the staffroom, or kept by the relevant form teacher by arrangement. They must accompany the child to lunch and on any trip away from school where they may be required. (Teacher in charge to check).

At the Senior School, pupils may carry an Epi-pen with them at all times; a second Epi-pen is stored in the Medical Centre for each child with anaphylaxis.

4. Medicines Administered to Pupils.

In the EYFS, any child who has been prescribed medication by a doctor will be expected to have received the first dose at least 24 hours before the child returns to the School; this is to ensure that the child does not have any allergic reaction to the medication.

Before it can be administered, a prescribed medicine must have a printed label showing:

- Pupil's name;
- Date of dispensing;
- Name and strength of the medicine;
- Dose and frequency of the medicine.

Medicines may be prescribed by the doctor, dentist, nurse practitioner, or pharmacist. In the EYFS, only prescribed medicine may be administered. Multiple containers should be labelled individually. Where items have an inner container (e.g. eye drops, creams, &c.) the label should be applied to the item instead of, or as well as, the outer container.

If the label becomes detached, damaged or illegible, the advice of the pharmacist should be sought before the product is used.

It is good practice to record that a request for a repeat prescription has been made.

If medicine is supplied which is unexpectedly different from that received in the past, the staff must check with the pharmacist and or the prescriber before formally receiving or administering the medication.

If the Doctor changes the dose of a medication then he/she must provide written authorisation for the Medical Centre. The container must then be clearly re-labelled by the pharmacist or the Doctor. The Medical Centre staff must not alter any information on medication labels.

In the EYFS, where rectal diazepam is given, one of the School nurses must be present to administer and co-signs the medical permission form.

5. Controlled drugs

The Misuse of Drugs act 1971 is the legislation governing Controlled drugs. Controlled drugs will only be supplied on an NHS or private prescription for individual pupils.

The School is not permitted to hold controlled drugs as 'stock items'. The above information relating to prescribed drugs also applies to this group.

6. Storage of medicines.

All medicines should be stored in secure designated areas. These include:

- The Medical Centre.
- Personal safe, locked drawer or cupboard.
- Non-prescribed stock medication must be stored separately from prescribed medication, in a locked cupboard that is securely fixed to a wall in the Medical Centre.
- Non-prescribed individual medicines should be stored in personal self-medication lockers/safe or centrally as appropriate.
- **Prescribed medicines** should be stored in a locked cupboard that is securely fixed to a wall in the Medical Centre. There should be sufficient space to store individual pupil's medication.
- **Controlled drugs** should be stored in a locked cupboard within a locked cupboard securely fixed to a wall, in a secure location in the medical centre. The cupboard should be reserved only for the storage of controlled drugs. Only Registered Nurses working in the Medical Centre are authorised to hold the keys to the controlled drugs cupboard.
- **Self-medication.** Those pupils assessed as competent to self-medicate may store their own individual drugs in their safe, locked drawer or cupboard, to which they personally have access. It must not be accessible to other pupils. The school must have a contingency plan for staff to access this, with the permission of the pupil, in case of a problem or emergency arising.
- **Cold Storage.** A separate and secure dedicated refrigerator is available to be used exclusively for stock and prescribed medicines requiring cold storage. It should be cleaned and defrosted regularly. The temperature should be measured and recorded daily when in use using a maximum minimum thermometer. Prescribed medicines requiring cold storage should be kept in the Medical Centre fridge.

7. Administration of medicines.

Administration of medicines is undertaken only by staff designated as competent and who have completed the relevant induction training.

- Prescribed Medicines should be administered strictly in accordance with the instructions stated by the prescriber.
- They should only be used for the stated purpose and not administered to anyone other than the pupil stated on the label.

- Administration should be made at an appropriate time in order to maximise benefit from the medicine (e.g. may be necessary to take before or after meals or last thing at night).
- It is an individuals' right to refuse medication. Steps should be taken to explain the benefit of taking the prescribed medication. However, persistent refusal should be recorded and reported to the Doctor. In the EYFS and Primary Years, if a child refuses to take medication, the parent/carer will be informed as soon as possible, and they will be asked to come and administer the medicine themselves.
- Only a registered nurse may administer medication requiring specialised or invasive technique.

Medicine must not be secondary dispensed for someone else to administer at a later time.

8. Procedure for the administration of medicines:

- Check the identity of the pupil.
- Check the medication record, dosage instructions, noting any recent changes and ensure that the medication has not already been administered.
- Check that the child is not allergic to the medicine before giving it.
- Check the expiry date of the medicine.
- Administer the medicine following the prescribed instructions.
- Sign the administration record immediately after the medication has been given, noting dosage offered and time taken.
- Where there is a choice of dosage (i.e. one or two tablets) record the number given.
- Where a drug is to be given 'as required' record whether given or not and reason for giving or not.
- In the EYFS, confirmation of administration should be entered on the relevant form and returned to parent/carer on the same day.
- Record any refusal of medication and the reason. If persistent refusal is reported to the doctor then a record of this should be made of the time, date and who the problem was reported to and signed by the member of staff. Record also any advice received from the prescriber.
- For homely remedies to be given in Houses and the Medical Centre, the Homely Remedy Guideline should be followed.
- Handover procedures should be known and understood by all staff.
- Homely remedies should not be administered for longer than 48 hours without obtaining medical advice.
- For controlled drugs, appropriate entry must be made in the child's own drugs record. The balance should be checked and maintained by staff after each administration.
- A record should be made of doses irretrievably lost (dropped or spilled) during administration in case further supplies are then needed to finish the course

- Crushing tablets or opening capsules to aid administration should be avoided, advice about alternative formulations should be sought from the GP.
- Medicine pots should be disposed of appropriately, and any spoons thoroughly washed and cleaned.

9. Administration of medicines away from school.

When away from School, the parent of the pupil would receive the balance of the prescribed medication.

For occasional days out, a separate supply may be organised as the secondary dispensing of medication into envelopes for example is not appropriate.

Details of medicines taken out should be recorded and the administration supervised by the staff responsible for the pupil whilst away from school.

Medicines policy should be followed at all times when off the premises.

In the EYFS, If children are going on outings, the key person/class teacher will accompany the children with a risk assessment, or another member of staff should be fully informed about the child's needs and/or medication. Medication for a child is taken in a sealed bag/wallet clearly labelled with the child's name, the original pharmacist's label and the name of the medication. Inside the bag/wallet is a copy of the consent form and a form to record when it has been given, including all the details that need to be recorded in the medication record as stated above. If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic bag/wallet clearly labelled with the child's name and the name of the medication. Inside the bag/wallet is a copy of the consent form signed by the parent.

10. Self-administration of prescribed and non-prescribed medicines.

Pupils keeping and administering their own medication must be assessed by Medical Centre staff as being sufficiently responsible to do so. The outcome of the risk assessment will also be recorded on the pupil's record.

Pupils keeping their own medicine must agree to keep it in their own individual safe, locked drawer or cupboard and not to make the medicine available to anyone else.

11. Drug Administration Errors.

If an error is realised, clinical advice must be sought immediately, no matter how trivial it may seem.

Appropriate line manager and Medical Centre nurse in charge must be informed.

The pupil's parents and HM should be informed.

An Incident Form should be completed to enable a review to take place into how the error occurred to prevent a similar incident happening again

12. Disposal of medicines.

- 12.1 Medicines should be removed and disposed of when appropriate; care should be taken with medicines with a short shelf life.
- 12.2 Prescribed medicines for an individual pupil are the property of that pupil and should be given to the pupil, parent or member of staff as appropriate when leaving the School at the end of the day or for any period. In the EYFS and Primary Years, the parent/carer is responsible for the disposal
- 12.3 Consent, verbal or written, is required before the medicine can be returned to the pharmacy for disposal. Disposal of medicine should occur when:
 - The expiry date is reached;
 - A course of treatment is finished or is discontinued;
 - When a dose of medicine has been removed from the original container but then not taken by the pupil. It should be kept by the nurse and returned to the pharmacy for safe disposal;
 - Positive consent has been obtained if the medicine is not a stock item but belongs to a pupil;
 - Pupil dies (keep for 7 days in case needed by Coroner's office or courts).

13. Adverse Drug Reactions

Any Adverse Drug reaction (ADR) or suspected ADR should be discussed with the Doctor and/or the community pharmacist, before any further administration of that drug.

If appropriate the reaction should be reported to the Medicines and Healthcare Regulatory Agency (MHRA) via the yellow card scheme.

Yellow cards are available in the BNF, where information about the types or reaction to report is also given.

Record any action taken. The Medical Centre nurse is responsible for dealing with the information at the time.

14. Staff Induction and Training

- If the employee is employed as a nurse they must have current registration status with the Nursing qualifications recognised by Hamad Hospital.
- All Staff must receive training/information on any current policies and procedures for the management of medicines within the school.

- 
- The Nurse is responsible for ensuring that only competent staff are eligible to undertake administration of medicines.
 - Training should be documented and records held at the Medical Centre.

Appendix 6: Head Injury Protocol [Incorporating diagnosis and management of concussion]

A head injury is defined as ‘any trauma to the head other than superficial injuries to the face’ NICE Head Injury Guidelines 2007.

Minor head injuries are common in children and do not usually cause any serious problems. They are often caused by a blow to the head and in the school environment this is usually due to a fall or sporting activity. Every minor head injury is different and Durham School for Girls Doha acts in a cautionary manner in assessment and management of head injuries sustained in school.

If a child sustains a head injury whilst in school an ice pack/cold compress should be applied immediately to any bump or bruise, if there is an open wound a pressure bandage should be applied. The child should then be escorted by a member of staff to the medical centre to be assessed or if outside school hours a first aider should be called to the incident.

A record of the head injury should be recorded in the health records on SIMS. A notification of head injury form should be sent home with the child if appropriate, these forms are available from the medical centre (see appendix 1). In addition parents will be notified by phone or email following any minor head injury to their child. If a boarder sustains a head injury the duty house staff must be informed. Minor head injuries should not require any treatment other than an ice pack/cold compress and most children make a full recovery. However occasionally a child who is thought to only have a minor head injury can develop complications later in the day. School staff must remain vigilant and take the appropriate action if the child develops a problem.

Concussion

Concussion is a brain injury caused by either direct or indirect forces to the head, resulting in the rapid onset of short-lived impairment of brain function. Loss of consciousness occurs in less than 10% of concussion cases and whilst a feature of concussion is not a requirement for diagnosing concussion. Concussion must be taken extremely seriously.

Children and adolescents (18 years and under) are among those at greatest risk for concussion. Concussions can result from a fall, or any time a student’s head comes into contact with a hard object such as the floor, a desk or another student’s head or body. The potential for a concussion is greatest during activities where collisions can occur such as during a PE lesson or other school based sports activities. It is widely accepted that children and adolescents with concussion should be managed more conservatively. This is supported by evidence that confirms that children

- Are more susceptible to concussion
- Take longer to recover

- Have more significant memory and mental processing issues
- Are more susceptible to rare and potentially fatal neurological complications.

There are concerns that repeated concussion particularly before full recovery could shorten a player's career, significantly interfere with academic performance, and may have some potential to result in permanent neurological impairment. This emphasises the need for prevention, careful management at the time of injury, comprehensive medical assessment and structured follow-up until the concussion has fully resolved. Anyone who suffers two concussions in any 12 month period are at greater risk of further brain injury and slower recovery and should seek medical attention from practitioners experienced in concussion management via their Doctor, before return to play.

Although the numbers are small, the majority of cases of concussion at Durham School for Girls Doah occur as a result of head injury on the sports pitch. From here onwards this policy refers to concussion on the sports fields. However this policy is to be applied to any pupil who suffers a concussion or potential concussion caused by any head injury whether it has occurred in the classroom or on the sports pitch.

All staff who have a responsibility for pupils during sporting activities, as well as Nurses and designated persons who provide first aid cover, will undertake online concussion awareness training through the Educare website. Training records will be held in the Medical Centre.

Identifying Concussion All players with a suspected concussion where no appropriately trained professionals (Doctor/Nurse/Physio/Paramedic) are present **MUST** be assumed to have a diagnosed concussion and **MUST** be removed from the field of play and not return to play or train on the same day. In this situation players must be referred to a healthcare professional for further assessment. **If in doubt, sit them out!**

If appropriately trained professionals are available a player with sign or symptoms of concussion must still be removed from play in a safe manner and medically assessed. **If cervical spine (neck) injury is suspected, the player should only be removed by emergency health care professionals with appropriate spinal care training and equipment.**

Signs and Symptoms of Concussion (See appendix 2 'The Pocket Concussion Recognition Tool', developed by the Zurich 2012 Concussion Group. This tool highlights the signs and symptoms suggestive of a concussion)

The signs and symptoms of concussion can show up immediately after an injury or may not appear or be noticed until hours or days after the injury. School Staff as well as parents should to be alert for any of the following signs or symptoms following a head injury.

Signs observed by school staff

- Lying motionless on ground/slow to get up

- Unsteady on feet/balance problems or falling over/lack of coordination
- Grabbing/clutching at head
- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to or after the hit, bump or fall
- Shows behaviour or personality changes
- Loss of consciousness or responsiveness

Symptoms reported by the student

- Emotional – irritable, sad, more emotional than usual, nervous
- Thinking/remembering – difficulty thinking clearly, difficulty concentrating or remembering, feeling more slowed down or sluggish, feeling hazy or foggy
- Physical – headache or pressure in head, nausea or vomiting, balance problems or dizziness, fatigue or feeling tired, blurry or double vision, sensitivity to light or noise, numbness or tingling, just doesn't 'feel right'.
- Sleep (if the injury occurred on a previous day) – drowsy, sleeping less or more than usual, has trouble falling asleep.

Danger signs All staff should be alert for symptoms that worsen over time. **A pupil should be seen in A+E immediately if s/he has**

- One pupil (black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- Loss of consciousness
- A headache that gets worse and does not go away
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizure
- Difficulty recognising people or places
- Increasing confusion, restlessness or agitation
- Unusual behaviour

Diagnosing Concussion The Zurich 2012 Concussion Consensus Statement, recognised as the best practice document for concussion management, identifies concussion as being among the most complex injuries in sports medicine to diagnose, assess and manage. This paper also confirms that there is no definitive diagnostic test or marker for the immediate diagnosis of concussion in the sporting environment. There are however some tools that can be used by **medical professionals only** (Doctor/Nurse/Physio/Paramedic). These are the SCAT 3 for athletes aged 13 and older or Child SCAT 3 for younger athletes aged 12 and under. These are standardised tools for evaluating injured athletes for concussion. These

tools are available to view on *Common-Departments-Medical-Public-Concussion Assessment Tools* however as mentioned already they are only to be used by medical professionals and no other members of Durham School staff. All other members of staff can use the Sports Concussion Recognition Tool (appendix 2) to help identify concussion. The athlete should be immediately removed from play and should not return to play until they are assessed by an appropriate health care professional.

Staff at Durham school should be aware of the 4 R's of concussion management:

1. Recognise – know the signs and symptoms of concussion (see above)
2. Remove – if the player is concussed or there is even a potential concussion they should be removed from play immediately. Once removed from play, the player should be referred to a medical practitioner (doctor) or healthcare professional (nurse/paramedic/physio) who is trained in evaluating and treating concussion.

Additional Resources

- Coaches Concussion Guide rfu.com/concussion
- Pocket Concussion Recognition Tool rfu.com/concussion
- Coaches, First Aiders, Match Officials and Administrators concussion education module www.irbplayerwelfare.com/concussion
- Club/School Health Care Professionals concussion educational module. www.irbplayerwelfare.com/concussion



Notification of Head Injury

Dear Parent/Carer,

Your child received a bump on the head today whilst at school.

Date: Time:

Place:

Description of incident:

.....
.....
.....
.....

Treatment given:

.....

Your child was thoroughly assessed and although no problems were seen at the time, we request that you observe your child for the next 24 hours and contact your family doctor or the nearest Accident and Emergency department if you notice any of the following symptoms:

- Unusual drowsiness
- Change in behaviour / confusion
- Severe headache
- Nausea or repeated vomiting
- Blurred vision
- Bleeding or fluid from ears or nose
- Clumsy walking, staggering, dizziness
- Unresponsiveness
- Slurred speech

Signed: Print name:

Pocket Concussion Recognition Tool

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground/Slow to get up
Unsteady on feet / Balance problems or falling over/Incoordination
Grabbing/Clutching of head
Dazed, blank or vacant look
Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- | | |
|--------------------------|----------------------------|
| - Loss of consciousness | - Headache |
| - Seizure or convulsion | - Dizziness |
| - Balance problems | - Confusion |
| - Nausea or vomiting | - Feeling slowed down |
| - Drowsiness | - "Pressure in head" |
| - More emotional | - Blurred vision |
| - Irritability | - Sensitivity to light |
| - Sadness | - Amnesia |
| - Fatigue or low energy | - Feeling like "in a fog" |
| - Nervous or anxious | - Neck Pain |
| - "Don't feel right" | - Sensitivity to noise |
| - Difficulty remembering | - Difficulty concentrating |

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3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

- "What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week / game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- | | |
|--|---------------------------------|
| - Athlete complains of neck pain | - Deteriorating conscious state |
| - Increasing confusion or irritability | - Severe or increasing headache |
| - Repeated vomiting | - Unusual behaviour change |
| - Seizure or convulsion | - Double vision |
| - Weakness or tingling/burning in arms or legs | |

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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Durham School for Girls Doha.

I visited the clinic today.

OUCH NOTIFICATION



Childs Name _____

Class _____

Injury or illness _____

Treatment _____

Follow up _____

Contact made to the parents

Name of first aider _____

Date _____

Time _____