



Independent School for Girls Aged 2 to 18
and Boys Aged 2 to 11

WELLNESS CENTRE PROTOCOLS AND PROCEDURES HANDBOOK

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Since 1893

Alcohol Intoxication Protocol

1. Aim

- 1.1 To provide guidance and protocol for incidences involving alcohol intoxication

2. Introduction

- 2.1 Any pupil found to have had too much alcohol to drink during school hours, must come to be assessed and stay in the Wellness Centre. He / She will remain there if the Wellness Centre staff decide that he/she does not need to go to Hospital. If a boarder drinks too much during the evening or at the weekend, House staff will make a judgement on whether the pupil is intoxicated to such a degree that it requires further medical assessment at A&E. In extreme cases of intoxication, an ambulance may be called immediately. Ingestion of alcohol contravenes the school rules and therefore the Principal will be informed of any pupil who has attended the Wellness Centre as a consequence of alcohol ingestion.

3. The Medical Staff to Assess: -

- 3.1 The level of intoxication/consciousness. N.B. Alcohol on breath may not be present.

If Unconscious

- a. The pupil must not be left alone.
- b. ABC – recovery position.
- c. 999 - ambulance
- d. Try to obtain full history from witness.
- e. Call for extra staff help – ring Senior member of staff on call
- f. (Neurological observations to be done ¼ hourly by Wellness Centre staff until ambulance arrives.) If on duty
- g. Check temperature
- h. Keep the pupil warm as potential problem of decreased body temperature.
- i. Consider other possible causes of decreased level of consciousness, e.g. drug ingestion, head injury, illness, seizure, hypoglycaemia.

If the Pupil is Conscious

- 3.2 If more than one intoxicated pupil is admitted to the Wellness centre, the nurse on duty will use her clinical judgement to decide whether or not another member of staff needs to be present. This member of staff will be present to support the nurse on duty and not to carry out clinical duties. The nurse on duty will contact the Senior Staff on call to discuss this. It may not be necessary to have a second member of staff present, but the Senior Staff member should be alert to the possibility that someone may need to attend the Wellness centre urgently should one of the pupils need to be transferred to A&E.

- a. If only one pupil is involved and he/she is aggressive, two adults must be present to maintain staff safety.
- b. Contact the Senior Staff member on call to arrange this.
- c. Reassure pupil that staff are only there to care for him/her and not to discipline.
- d. Ascertain whether he/she was drinking alone or if anyone else was involved: if so who, where and how are they?
- e. Ascertain what sort of alcohol he/she has had (when and how much), and has there been any other substance involved.
- f. Ask whether he/she has vomited: how much and how often?
- g. Ask when last ate and how much.
- h. Ask at what time he/she stopped drinking.

3.3 Observe for symptoms of alcohol poisoning;

- a. flushed and moist face
- b. increased bounding pulse
- c. slurred speech
- d. staggering
- e. deep noisy breathing
- f. nausea

4. Follow up

- 4.1** Ensure all records are up to date
- 4.2** Talk to House staff involved
- 4.3** See all pupils involved about 2 weeks after the incident (preferably by the member of staff who was on duty with the pupil at the time), refer to Doctor if frequent incidents or concerned of underlying problems.
- 4.4** Discuss reasons for neurological observations and blood sugar monitoring following incident to promote awareness of the effects of alcohol and risk to health.

Anaphylaxis Protocol

1. Aims

- 1.1 To avoid incidence of severe allergic reaction within school and during out of school activities or school trips through:
 - a. Allergy avoidance / crisis avoidance
 - b. Early recognition of symptoms
 - c. Crisis management

2. Introduction

In general, most allergic reactions are mild e.g. itching, swelling, running nose etc. These symptoms can be treated with antihistamines. However, some people are vulnerable to severe allergic reactions known as anaphylaxis which could result in death. This is an emergency situation in which a severe allergic reaction has occurred. The whole body is affected usually within minutes of exposure.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

3. Allergy avoidance and crisis avoidance

- a. Yearly updates during whole school inset to ensure all staff have an understanding of allergy and anaphylaxis and steps that they can take to minimise risk of pupils being exposed to allergens
- b. All trained first aiders will receive anaphylaxis training as part of their first aid training.
- c. Staff can go to www.anaphylaxis.org for more information about allergy and anaphylaxis. Staff to ensure that they know the locations of the Emergency auto injector boxes.
- d. Parents to inform Wellness Centre nurses if their child suffers from a severe allergy
- e. Parents must complete an Allergy Action plan which will be sent to them. This is a plan of care which has been prescribed by the allergy medical team and must also be signed by the allergy medical team.
- f. Details of allergic pupils will be updated onto iSAMS to ensure that the medical conditions list and Anaphylaxis lists are kept up to date key staff, i.e. house staff, kitchen staff, PE department will be notified.
- g. Information regarding allergic pupils and Allergy Action Plans of pupils with severe allergies will be forwarded to staff organising out of school trips on request to Wellness Centre nurses.
- h. Pupils with severe allergies who have been prescribed adrenaline pens may not go on a school trip if they do not have their adrenaline pens with them

- i. Poster of severely allergic pupils displayed in Staff Room and kitchens, briefly detailing pupil's allergies and location of adrenaline pens. (emergency auto injector boxes)
- j. Wellness Centre nurses will record on iSAMS medical conditions if pupil known to have allergy and medication prescribed if any.
- k. Wellness Centre nurses are responsible for ensuring that boarders with severe allergies who have been prescribed adrenaline pens have a stock of in date adrenaline pens in school (via school GP). These will be carried by the pupil at all times.
- l. Parents of day pupils are responsible for ensuring that their child has two in date adrenaline pens to carry with them at all times in case of emergency. Wellness Centre nurses will monitor this.
- m. Pupils with severe allergies who have been prescribed an auto injector will be required to carry adrenaline pens with them at all times.
- n. HLC operates a Nut Free Policy.
- o. Parents are encouraged to provide pupils with specific allergies suitable snacks to bring into school, and if necessary arrange a packed lunch via the Catering Department.

4. Early recognition of symptoms

- Signs of severe allergic reaction:
 - b. hives, itching and swelling;
 - c. nausea and vomiting;
 - d. tightness in chest;
 - e. hoarse voice or swelling of throat;
 - f. tingling and swelling of mouth and tongue;
 - g. dizziness or feeling faint;
 - h. breathlessness; and
 - i. unconsciousness or collapse.
- Often the first symptoms are swelling around the mouth and tongue. This can rapidly lead on to difficulty in swallowing or speaking.
- Alterations in the heart rate. Usually this means a very rapid, perhaps thready pulse, which doesn't settle with resting, but there can also be an irregular pulse rate.
- Urticaria, sometimes known as hives or nettle rash, developing anywhere on the body. There can also be a complete body flush when the patient can go pinky-red all over.

- Abdominal cramps and nausea, also diarrhoea and vomiting. This is a sign of another system of the body becoming affected. Though not potentially life threatening, these symptoms may well be seen alongside some of the others.
- Sudden feeling of weakness or dizziness. This is caused by the blood pressure dropping, and it is crucial to get the patient lying down to preserve their blood pressure. Staff should also ensure that the pupil's legs are raised on to a chair which can also help. If the pupil is lain down, staff must ensure that the head is turned to the side to help prevent aspiration if they vomit. If vomiting looks likely they should lie on the side. Staff must not sit the patient up again until paramedics have arrived and assessed them, even if they are feeling better.
- Some patients report a sense of doom. They get a feeling that something terrible is about to happen.
- Difficulty breathing which can be caused by severe asthma or throat swelling, and collapse and unconsciousness can follow.
- It is not necessary to 'tick off' these symptoms before giving treatment or seeking help. If several of these symptoms are present, staff should summon help immediately.

5 Crisis management: what to do in the event of an allergic reaction

- 5.1 Stay calm
- 5.2 Call for help
- 5.3 Using protocol assess the reaction
- 5.4 Give emergency treatment as per pupils Allergy action plan
- 5.5 Make a note of the time
- 5.6 Monitor closely until ambulance arrives
- 5.7 Patient should remain lying down with legs raised until ambulance arrives

6 Treatments

Adrenaline is the mainstay of treatment:

- 6.1 Adrenaline is usually delivered via Jext, Epi-pen or Emerade injection (0.3mg dose for adults and older children, 0.15mg for younger children).

Adrenaline injection will:

- a. Reverse swelling
 - b. Relieve asthma
 - c. Constrict the blood vessels
 - d. Stimulate the heartbeat
- 6.2 As these reactions come on so quickly there is often not enough time for antihistamine tablets or syrup to work. Antihistamines take at least 15 minutes to start working. An injection of adrenaline (otherwise known as Epinephrin) works within seconds.

This policy applies to all members of our school community, including boarders and those in our EYFS setting.

Antihistamines and asthma inhalers

- 6.3 Antihistamines may be useful if the reaction is coming on slowly. Asthma inhalers may also help if the child is suffering from wheeziness or difficulty in breathing.
- 6.4 Children with asthma as well as severe allergies are far more at risk of a severe reaction than allergic children who do not have asthma. There are Emergency Asthma boxes in locations on school site

How to give an EpiPen Auto injector

- a. Remove adrenaline pen from packaging
- b. Remove (grey)safety cap
- c. Hold adrenaline pen placing black tip at right angles to pupil's thigh and press hard against upper outer thigh until auto injector mechanism functions – a click can be heard when this happens. Hold in place for 10 seconds. The adrenaline pen can be given through a layer of clothes e.g. jeans
- d. Remove adrenaline pen and massage area for 10 seconds.
- e. Dial 999 immediately and say pupil suffering from severe allergic reaction (anaphylaxis).
- f. If he/she has not improved after 5 - 15 minutes, he/she should be given a second adrenaline pen.
- g. Remain with pupil until paramedics have arrived and hand over any used medicine containers

7 Follow up

- 7.1 Inform the Principal or Deputy Head (pastoral and Boarding) and parents that pupil has gone to hospital.
- 7.2 Ensure adrenaline pen supply is replenished.
- 7.3 Record all details of incident on iSAMS.

8 Staff Indemnity

- 8.1 Harrogate Ladies' College Ltd (HLC) fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training and are following the HLC guidelines. For the purpose of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. This covers teachers if they are happy to give medication with training but criteria in HSBC guidelines should be met.
- 8.2 Liability arising from an individual exercising their duties of employment in administering medication on the School's behalf is covered – for example, a school nurse/qualified medical practitioner employed by the School. However, it needs to be remembered that it is a Public Liability Insurance we have arranged and it is assumed

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that such people will also have the protection of a medical negligence/malpractice insurance arranged either personally or through an appropriate medical organisation, e.g. RCN.

Asthma Protocol

1. Aims

The aim is to develop a comprehensive protocol to improve the management of pupils with asthma on the school site, on school trips and at school events, thus encouraging them to achieve their potential in all aspects of school life and best ensure their safety and wellbeing.

2. Introduction

- Asthma is a condition that affects the airways, the small tubes that carry air in and out of the lungs.
- When a pupil with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscle around the walls of the airways tightens so that the airways become narrower and the lining of the airways becomes inflamed and start to swell.
- All these reactions cause the airways to become narrower and irritated making it difficult to breathe and leading to symptoms of asthma.

3. Objectives

- a. To recognise that asthma is a significant condition affecting many school children and that the school welcomes all pupils with asthma.
- b. To ensure that pupils with asthma participate fully in all aspects of school life including PE and off-site activities
- c. To recognise that immediate access to reliever inhalers is vital.
- d. To ensure, wherever possible, that the school environment is favourable to pupils with asthma.
- e. To ensure that updates are given to relevant staff who come into contact with asthmatic pupils in order that they know what to do in the event of an asthma attack.
- f. To work in partnership with all interested parties including school staff, parents, school medical team and pupils, to ensure the policy is implemented and maintained successfully.
- g. To support pupils who have asthma.
- h. To ensure that annual training is given to all relevant staff attending asthmatic pupils.
- i. To ensure that staff know the location of the emergency asthma boxes on school site.

4. Communication

- a. To facilitate adequate liaison in School, the Wellness Centre staff ensure that a regularly updated Conditions Report highlighting those pupils with asthma is available to all staff. The Wellness Centre staff also communicate with parents/guardians about their child's asthma. Before a school trip takes place an asthma care plan for individual pupils is given to the staff leader.
- b. All school staff will allow pupils to administer their own medication when needed. Reliever medication is extremely safe and staff need not worry that a pupil could take too much.
- c. All asthmatic pupils are instructed to carry their own inhaler at all times. The School also has two emergency asthma boxes located at College and Highfield Reception containing a spare inhaler and spacer for emergencies. Each boarding house also has an emergency inhaler. These can only be administered to those pupils with a diagnosis of asthma.

5. New pupils to HLC with asthma

- a. The pupil's parents/guardians must have provided the Wellness Centre with full details of the pupil's diagnosis and treatment (Day pupils and boarders).
- b. Each asthmatic pupil will have an individual care plan detailing possible triggers and treatment regime, including emergency treatment.
- c. At initial health check, ensure pupil is taking his/her medication and has a full understanding of his/her own regime.

6. Diagnosis of asthma in children

- a. A definitive diagnosis can be difficult in children and adolescents, but asthma should be considered in any child with wheezing and confirmed by a health professional on chest auscultation, distinguished from upper airway sounds. If any member of staff is concerned about a child's symptoms, they should refer these to a School nurse in the first instance. If the School nurse has concerns about undiagnosed asthma in a day pupil she should refer to the pupil's parents for them to organise a medical review. In the case of a boarder, she will be referred to the school GP for assessment.

7. Management of the Pupil's Asthma

Aims of management

- a. Control symptoms
- b. Prevent exacerbations
- c. Achieve best possible lung function
- d. Minimise side effects
- e. Offer flu vaccine
- f. Regular reviews

School nurse asthma review (at least annually) for boarders.

- a. Boarding pupils with asthma will be monitored and reviewed regularly by the School GP and the practice nurse.
- b. Parents of day pupils are responsible for updating the School regarding their child's medical condition
- c. Care plan for the pupil on iSAMS.

8. Common signs of an asthma attack are:

- i. Coughing
- ii. Shortness of breath
- iii. Wheezing
- iv. Tightness in the chest area.
- v. Difficulty with speaking

9. Protocol for Staff in the Event of a Pupil having an Asthma Attack

- a. Assess signs and symptoms. Observe for breathlessness. Is the pupil able to speak in full sentences, partial sentences, cannot speak at all? **If speech is partial or impossible, call 999 immediately** then contact the Wellness Centre. A pupil should be taken to hospital in an ambulance. School staff should NOT take them in their car as the pupil's condition may deteriorate very quickly.
- 9.1 Encourage pupil to sit up if possible.
- 9.2 If possible leave one member of staff with pupil whilst another retrieves emergency asthma box if needed.

- 9.3 Ensure that the reliever inhaler is taken immediately – (1 puff followed by a further puff 1 minute later via the spacer if usually used by the pupil) to open up the narrowed airways.
- 9.4 Stay calm and reassure the pupil. Listen carefully to what the pupil is saying. Do not put your arm around the child as this may restrict their breathing.
- 9.5 In the case of a milder attack, if you feel the pupil's symptoms are not improving after 5-10 minutes knowing you can give up to 10 puffs of Ventolin, call 999 and speak with the paramedic to discuss pupil's symptoms.
- 9.6 Remember to call parent/guardian once able to, but never leave the pupil alone.
- 9.7 After the attack - minor attacks should not interrupt a pupil's involvement in school. As soon as the pupil feels better, a return to normal activities is encouraged but the Wellness Centre should check the pupil before returning to lessons.
- 9.8 In the case of a boarder, the nurse will arrange for the pupil to be reviewed by the School doctor.
- 9.9 N.B. Never give aspirin or Ibuprofen (Nurofen) to anyone with asthma

10 Asthma in PE and School sports

- 10.1 PE staff must know which pupils have asthma, by referring to the iSAMS Medical Conditions Report, and encourage and support them.
- 10.2 Staff should regularly remind pupils to bring their reliever inhalers to the gym, sports field, tennis courts, swimming pool etc.
- 10.3 Staff should ensure pupils who say they need their asthma medication take their reliever inhaler and rest until they feel better. Speak to the Wellness Centre if a pupil needs more reliever inhaler than usual or ask the pupil to be checked by the Wellness Centre.
- 10.4 Staff should speak to the Wellness Centre if they are concerned that a pupil has undiagnosed asthma.

11 School Trips:

- 11.1 Trip leaders will request completion of trip list containing relevant medical information from Wellness Centre prior to the trip.
- 11.2 Care plans will be issued to trip leaders prior to the trip.
- 11.3 All pupils with a diagnosis of asthma MUST have their asthma inhaler with them prior to setting off. The trip leader is responsible for ensuring this, and must check inhalers. If a day pupil has forgotten their inhaler parents will be contacted to see if they can deliver the inhaler to school prior to the trip leaving. Failing this, if parents give consent, the pupil can travel on a day trip and could use the emergency inhaler in the First Aid kit should it be required. Pupils requiring a preventer inhaler will not be permitted to travel.
- 11.4 The Wellness Centre will provide a First Aid kit containing a salbutamol inhaler and spacer. This may ONLY be used for pupils who have a diagnosis of asthma.

Boarders taken ill overnight protocol

1. Aims

This protocol aims to provide key information and protocol for dealing with illness overnight within the boarding community. HLC only offers boarding to girls, so this policy will be in relation to girls only.

2. Procedure

- a. If a boarder is taken ill or sustains an injury between the hours of 17:00 and 08:30 or at a weekend the boarder will report to the house staff on duty.
- b. If, in the member of staff's judgement, a boarder needs assessment by a doctor and it cannot wait until the morning, the house staff will consider whether or not to call 999 for an ambulance, send the boarder accompanied to A & E in a taxi, ~~or~~ contact the **NHS 111 service** for an emergency GP consultation. If the boarder needs to access any of these services, the house staff will contact the Senior Staff on-call to make them aware. The House cannot be left unattended so the on-call personnel may need to take over supervision of the boarders. The boarder's parents will, with her consent, be contacted and informed at the earliest opportunity
- c. Any accident, or incident requiring attendance to A&E, will require the completion of an accident form
- d. Staff accompanying the pupil should stay with them until a parent or carer arrives at the hospital, or accompany the boarder back to the boarding House if she is not admitted to hospital.
- e. If a boarder needs to remain in the Wellness Centre after reassessment in morning, the Wellness Centre staff should contact the School Office to make them aware of the boarder's absence from school.

Care of Boarders who are Unwell or who have a Accident

Aims of this protocol

The School has, and implements effectively, appropriate policies for the care of boarders who are unwell or who have an injury, and ensures that the physical and mental health and emotional wellbeing of boarders is promoted. These include first aid, care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of homely remedies.

The purpose of this document is to outline the practices in place to meet the health and wellbeing needs of boarding pupils.

Procedures

1. During the school day, the Wellness Centre team manage the Wellness Centre which boarders may attend whenever they wish to do so during opening hours. Boarders should inform house staff if they feel unwell out of school hours. All boarders are registered with the Spa Surgery and appointments can be made as required.
2. If a boarder is unwell before school, house staff will review the pupil and decide whether or not she is fit for school. If, during the school day, a boarder becomes unwell or has an accident, she should make her way to the medical room where the Wellness Centre staff will assess and treat accordingly. If not well enough to return to lessons, the Wellness Centre staff will care for the boarder in the Wellness Centre until the end of the school day when House staff will take over the care. The Wellness Centre staff will inform the boarding team about the pupil.
3. In the event of the number of boarders who are unwell being more than the number of beds available in the Wellness Centre, a risk assessment will be made. Boarders judged to be safely cared for in their own room will be allowed to remain there under the joint care of House staff and the Wellness Centre staff.
4. At the end of the school day, any boarder who has been cared for in the Wellness Centre may return to the boarding house under the care of the boarding house staff. The boarding house staff will be informed of the care the boarder has received during the day in order that this can be continued if necessary.
5. If a boarder is unwell or has an accident outside the Wellness Centre opening hours, they should see a member of staff on duty in the boarding house.
6. Members of staff in the boarding houses are first aid trained and have had instruction to administer homely remedies for minor injuries or ailments. If a homely remedy is required, it may be administered as per the school protocols and the Wellness Centre staff will be informed via iSAMS.
7. Any boarder who has received care in the boarding house overnight or at the weekend may be advised to see the Wellness Centre staff in the morning.

This policy applies to all members of our school community, including boarders and those in our EYFS setting.

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8. If a member of staff feels a boarder requires further intervention, he/she should call NHS Direct on 111 for advice or call Spa Surgery on 01423 503218.
9. If a boarder needs to attend accident and emergency during the school day, she will be accompanied by a member of the Wellness Centre staff. At other times, the boarder will be accompanied to the hospital by a member of the boarding house staff. If a boarder is taken to hospital the senior On-call member of staff should be informed.
10. When necessary, the boarding house staff should call the emergency services. If emergency services are called, the senior On-call member of staff should be informed.
11. Any boarder requiring dental, optical or hospital treatment may arrange this through the Wellness Centre staff. Wellness Centre staff will accompany her to any appointment if required.
12. Information will be shared by the Wellness Centre staff with the boarding house staff, with the consent of the boarder. If the boarder does not wish this to happen, confidentiality will be maintained unless there are extenuating circumstances eg safeguarding issues.

Confidentiality in the Wellness Centre

1. Aims

- a. To ensure the right to confidentiality as expected by users of the Wellness Centre, i.e. pupils, staff and visitors is upheld by Wellness Centre staff.

2. Professional guidance for Health Care workers

- Nursing staff will be acquainted with and follow standards set down by their professional body, the Nursing and Midwifery Council, in their code: Standards of conduct, performance and ethics for Nurses and midwives. They will follow advice given by the NMC which supports the Code with respect to confidentiality. Detailed guidance for health care workers can also be found in the Department of Health Confidentiality NHS Code of Practice 2003.
- b. The NMC code states:
 - You must respect people's right to confidentiality.

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- You must ensure people are informed about how and why information is shared by those who will be providing their care
 - You must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you are practising.
- c. NMC advice states that It is not acceptable for nurses and midwives to:
- Discuss matters related to the people in their care outside the clinical setting
 - Discuss a case with colleagues in public where they may be overheard
 - Leave records unattended where they may be read by unauthorised persons
- d. Disclosure is only lawful and ethical if the individual has given consent to the information being passed on. Such consent must be freely and fully given.
- e. Confidentiality NHS Code of Practice (November 2003 Department of Health), Annex B – Confidentiality Decisions states:
- i. Young people aged 16 or 17 are presumed to be competent for the purposes of consent to treatment and are therefore entitled to the same duty of confidentiality as adults. Children under the age of 16 who have the capacity and understanding to take decisions about their own treatment* are also entitled to make decisions about the use and disclosure of information they have provided in confidence (e.g. they may be receiving treatment or counselling about which they do not want their parents to know). However, where a competent young person or child is refusing treatment for a life-threatening condition, the duty of care would require confidentiality to be breached to the extent of informing those with parental responsibility for the child who might then be able to provide the necessary consent to the treatment.
 - ii. In other cases, consent should be sought from a person with parental responsibility if such a person is available. It is important to check that persons have proper authority (as parents or guardians). Ideally, there should be notes within the child's file as to any unusual arrangements.
- * *In Gillick v West Norfolk and Wisbech Health Authority [1986] AC 112 it was held that, where a child is under 16, but has sufficient understanding in relation to the proposed treatment to give (or withhold) consent, his or her consent (or refusal) should be respected. However, the child should be encouraged to involve parents or other legal guardians.*

3. Interpretation and implementation of professional guidance in the Wellness Centre.

- Students, staff and visitors should have right to expect that information disclosed to Wellness Centre staff will remain confidential
- However, there may be exceptions to this, and Wellness Centre staff should not make promises of absolute confidentiality, ensuring that users understand that under extreme circumstances disclosure without consent may need to be made (e.g. where

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the Wellness Centre user or another may be put at risk if disclosure is not made, or disclosure of abuse where child protection procedures will need to be followed).

- Children under the age of 16 are entitled to expect the same levels of confidentiality as an adult as long as they are considered to be Gillick competent.
- Children who visit the Wellness Centre will be encouraged (not pressured) by the nurse to allow disclosure to parents/house staff where appropriate and relevant, to ensure information is shared by those responsible for her care.
- Nursing staff will take care not to discuss confidential matters with other school staff unless consent has been given for them to do so, and will ensure that information is shared only among those who need to know.
- Nursing staff may need at times to remind school staff of their professional commitments as nurses regarding confidentiality.
- Ancillary Wellness Centre staff will not discuss confidential information regarding users of the Wellness Centre that they may have become aware of during the course of their duties in the Wellness Centre. Doing so may result in breach of contract and disciplinary proceedings.
- Nursing staff will ensure confidentiality during consultations in the Wellness Centre by performing these in a closed room in private. Other persons should not be present unless at the express wish of the patient.
- Nursing staff will ensure that electronic and paper medical information is kept secure. Paper notes/correspondence will be kept in individual patient files in locked filing cabinets. Electronic notes will only be accessible by authorised staff, who will use a secure password which they will not share intentionally or unintentionally (i.e. care must be taken when logging on to ensure password is not seen by another person).

4. Contraception:

The Wellness Centre staff are available for consultations and advice regarding contraction and all matters pertaining to sexual health.

Control of infectious diseases and cleaning of blood and body fluid procedures

Aims

To ensure that staff are aware of correct procedures to follow in order to minimise the risk of spread of infectious illness within the School and understand the importance of correct protocol for cleaning blood and body fluids.

2. Introduction

This risk will be greatly minimised if:

- all members of the school community practise good hygiene
- contact with anybody with an infectious illness is kept to a minimum, either through isolation of pupil, or affected person staying away from school until infectious period is passed.
- standard infection control precautions are taken

3. Good hygiene

- 3.1 Practising good hygiene is the single most effective way to stop the spread of infectious diseases.

This policy applies to all members of our school community, including boarders and those in our EYFS setting.

3.2 A virus or bacteria can be prevented from spreading to others by:

- 3.2.1 always carrying tissues,
- 3.2.2 using tissues to cover mouth and nose when coughing and sneezing,
- 3.2.3 disposing of the tissues as soon as possible, and
- 3.2.4 washing hands regularly with soap and water, especially after visits to the toilet, before eating, after handling dirty items, e.g. bins, and before, during and after food preparation.
- 3.2.5 Using hand sanitiser before entering the dining room and in between handwashing

3.3 Everyone has a responsibility to ensure their own hygiene standards are good, and to ensure students understand the importance of good hygiene. They should be willing to challenge those not following safe practice.

4 Control through isolation or absence from school

When to isolate

4.1 The School will be guided by advice set out by the Health Protection Authority in its document "Guidance on Infection Control in Schools and Other Childcare Settings (Sept 2014)" where there is a case of confirmed or high likelihood of infectious disease.

Day pupils

- 4.2 Upon notification from parent of infection, Health Centre staff will ensure correct advice regarding exclusion from school according to HPA is followed, and liaise with parents accordingly.
- 4.3 If a day pupil presents to the Health Centre with a suspected infectious disease, the nurse on duty will contact parents.
- 4.4 Where isolation is required, parents will be requested to collect their child from school, and advised to arrange a GP appointment to confirm the diagnosis. HPA advice will be followed as before. Until the pupil is collected, he/she will remain in the isolation room in the Wellness Centre.

Boarders

- 4.5 If a boarder presents to the Health Centre with a suspected infectious disease, she will be referred to the GP at the earliest opportunity for diagnosis.
- 4.6 If HPA advice requires isolation, she will be admitted to the Wellness Centre
- 4.7 Where there is likelihood that a pupil will require isolation of more than 48 hours, guardians and/or parents will be contacted and where possible arrangements made for pupil to be removed from school until fit to return.

Method of isolation

- 4.8 Pupils being cared for in isolation should be cared for in single room and be allocated a toilet and bath/shower exclusively for their use during their stay.
- 4.9 They should not be visited by other pupils.
- 4.10 All crockery/cutlery used by the pupil should be washed in the dishwasher on the hottest setting after use.
- 4.11 Medical equipment used, e.g. thermometer, should be used exclusively for the infectious pupil until no longer needed and thoroughly cleaned.
- 4.12 Nursing staff should wear masks, face shields, disposable aprons and gloves when caring for the pupil, making their bed etc. use alcohol hand gel when leaving the room and maintain good hygiene practices. These should be disposed of in the clinic waste bins before leaving the room.
- 4.13 Used linen should be placed in a separate bag before being sent to the laundry.

- 4.14 The isolation room and allocated toilet/washroom should be thoroughly cleaned by domestic staff after the pupil is discharged and should not be used by any other person until this is done.

5 Staff

- 5.1 Any staff member with an infectious illness should remain away from school for the period of time recommended by Health Protection Agency guidance. They should seek advice regarding this from their own GP or NHS Direct. They may seek verbal advice via the Wellness Centre, but proper diagnosis of an illness can only be made by a general practitioner, who will carry out a medical examination and possibly laboratory tests.

6 Isolation of multiple cases of infectious illness

- 6.1 The Wellness centre has 3 beds all in separate rooms. There is one room for isolation, which has an adapted en-suite bathroom. There other 2 other toilets and a bath and shower. It may therefore be necessary to care for girls in different locations around the school.
- 6.2 To try to avoid this situation, the School Nurse will contact the parents and/or guardians of unwell girls and request that they be taken out of school until better.
- 6.3 When the Wellness Centre staff consider it is close to reaching its capacity, she will alert the Senior Deputy and the Director of Finance so that plans can be made to deal with the situation.
- 6.4 Different illnesses will create different demands on staff caring for pupils. For example, a pupil with norovirus (winter vomiting bug) may feel very poorly and require a lot of attention. A pupil with chicken pox may feel relatively well, but require strict isolation because of the risk of infection to others, and will still need regular medical review to guard against possible complications.
- 6.5 When deciding how to respond to an infectious condition, Wellness Centre and senior staff will consider:
- 6.5.1 The nature of the illness
 - 6.5.2 The number of pupils affected
 - 6.5.3 Whether they can be kept in isolation in their own room
 - 6.5.4 Whether all affected pupils should be looked after together in another area.
 - 6.5.5 Whether extra staff need to be brought in to look after unwell girls
 - 6.5.6 Whether unwell pupils need qualified nursing care, and if so whether agency nurses need to be employed
 - 6.5.7 The risk to others in the school community, e.g. chicken pox presents a particular risk to pregnant women, and people with chronic illnesses such as diabetes or asthma may be particularly vulnerable to influenza.
 - 6.5.8 The practicalities of catering for unwell pupils, who will not be allowed to attend the dining room for their meals.
 - 6.5.9 Whether there is a need to isolate a particular toilet/shower area for use of unwell pupils only.

7 Pandemic illness

- 7.1 In the case of pandemic illness, e.g. influenza, the School will follow Health Protection Agency guidelines to manage the outbreak, which may involve direct contact and liaison between Health Centre nurses, school doctors and the Local Authority Health Prevention Officer.

8 Standard Infection Control Precautions

A clean clinical environment

8.1 Contaminants such as dust, large numbers of micro-organisms and the organic material that harbours them e.g. faeces, urine, blood, pus and other body fluids need to be contained by a cleaning process. This process includes disinfection which kills some micro-organisms but does not leave the surfaces completely free of contamination and is only effective if the equipment or surface is thoroughly cleaned with a detergent solution beforehand. The following precautions/procedures will be adhered to:

- 8.1.1 Treatment of room work surfaces and couches on a daily basis.
- 8.1.2 The above surfaces must be dried using disposable paper towel as this reduces the cross contamination risk.
- 8.1.3 Trolleys and couches etc. may be cleaned in between patients using alcohol wipes. However, in the presence of known infection or visible contamination detergent and water solution must be used.
- 8.1.4 Washing up bowls used for cleaning must be stored in a clean and dry cupboard.
- 8.1.5 Disposable couch roll must be used at all times and must be changed between patients.
- 8.1.6 The use of blankets is not permitted – disposable couch roll must be used to maintain patient dignity.

Hand Hygiene

- 8.2 Hand washing is the single most important measure to reduce the spread of infection. Correct hand washing technique is essential.
- 8.3 It is essential to decontaminate hands before direct contact with a patient and after any activity or contact that contaminates the hands i.e. specimen handling.
- 8.4 Liquid only dispensers are to be used at hand basins.
- 8.5 Hands should be dried using paper towels.

Safe management of sharps

- 8.6 For their own safety and that of others, staff must adhere to the following procedures.
 - 8.6.1 Keep handling of sharps to a minimum.
 - 8.6.2 Do not pass sharps directly from hand to hand
 - 8.6.3 Do not break or bend needles prior to disposal
 - 8.6.4 Do not re-sheath needles
 - 8.6.5 Disposal of sharps into yellow bins. These containers must not be filled more than two thirds full and when full must be sealed securely.
 - 8.6.6 Sharps containers in use must be positioned in a safe place away from the pupils.
 - 8.6.7 The full container will be put into the yellow locked bins in the car park whilst awaiting contractor collection.

8.7 Used instruments are returned to the Harrogate surgery for correct sterilising.

Management of needle stick injury

- 8.8 Immediately force bleed and wash wound (do not suck) and apply first aid.
- 8.9 Assess the injury and the risk.
 - Has the pupil/staff any known risk factors?
 - Is the needle a hollow bore type?
 - Was the needle in the vein or artery?
- 8.10 If any concerns about the above question call the Occupational Health department at Harrogate District Hospital for advice or Accident and Emergency.

This policy applies to all members of our school community, including boarders and those in our EYFS setting.

- 8.11 Complete an accident/incident form

9 Personal Protective Equipment

- 9.1 This is stocked and used by nurses in Health Centre as a routine infection control precaution, but in the case of an outbreak of infectious illness where pupils are cared for elsewhere in the School, the Domestic Manager will have responsibility for ensuring that adequate supplies of equipment are available.
- 9.2 Gloves – these should be worn for invasive procedures; all activities that carry a risk of exposure to blood, body fluids, secretions (including respiratory secretions) and excretions; handling sharp and contaminated equipment
- 9.3 Aprons – disposable plastic aprons should be worn whenever there is a risk of personal clothes coming into contact with a pupil's blood, body fluids, secretions (including respiratory secretions) or excretions or during activities that involve close contact with pupil
- 9.4 Surgical masks – use of these may be recommended under certain circumstances. They should: cover both the nose and the mouth; not be allowed to dangle around the neck after or between each use; not be touched once put on; be changed when they become moist; be worn once only and then discarded in an appropriate receptacle such as clinical waste (orange) bin. Hand hygiene must be performed after disposal is complete.

10 Clinical Waste Disposal

- 10.1 Waste generated within the clinical setting should be managed safely and effectively, with attention paid to disposal of items that have been contaminated with body fluids.
- 10.2 Clinical waste should be put into orange bin bags, tied and disposed of in clinical waste bin.
- 10.3 Staff should wear gloves when handling all waste and should perform hand hygiene after removing the gloves.

11 Linen and Laundry

- 11.1 Contaminated linen (i.e. that which has been contaminated by body fluids) should be placed in a red plastic linen bag and tied before being removed from isolation area.
- 11.2 Gloves and aprons should be worn when handling all contaminated linen.
- 11.3 Hand hygiene should be performed after removal of gloves that have been in contact with used linen and laundry.

12 Crockery and Utensils

- 12.1 The combination of hot water and detergent used in dishwashers is usually sufficient to decontaminate dishes and eating utensils used by pupils with infectious disease. There is no need to use disposable plates and cutlery.

13 Dealing with Spilt Blood and Body Fluids

- 13.1 Spillage of blood and body fluids in the school setting may contain infectious viruses, so should be cleaned up carefully and promptly. Other pupils must be kept away from the spillage.
- 13.2 **The following general actions must be taken immediately by the person dealing with the spill:**
- First clear the immediate area of people. Hazard signs and cordoning may be necessary according to circumstances.
 - Ensure any cuts or abrasions on hands are covered with occlusive waterproof dressings.
 - Disposable personal protective equipment (PPE) including single use/disposable gloves and plastic apron must be worn.

This policy applies to all members of our school community, including boarders and those in our EYFS setting.

13.3 Cleaning blood & body fluid spills on soft surfaces:

- Spillage on carpets or upholstery should be initially cleaned up using disposable absorbent paper towels.
- The area should then be washed with detergent and hot water and dried thoroughly.
- Spills on clothing should be sponged with lukewarm soapy water and washed in a machine as soon as possible on the hottest wash the fabric will withstand.
- All PPE and disposable paper towels and cleaning cloths should be disposed of in a yellow plastic waste bag and put in chemical waste bins.
- On completion of the cleaning procedure, and after disposal of waste and PPE, hands must be thoroughly washed.

13.4 Cleaning of blood and body fluid spills on hard surfaces:

- The spillage should be covered using absorbent powder/gel.
- The area should be left for 10 minutes, then powder swept up and area washed down with detergent and water.
- The area should be well ventilated to avoid fumes from the detergent.
- All PPE and waste generated should be disposed of in the same manner as soft surface clean.
- On completion of cleaning procedure, and disposal of waste, hands MUST be thoroughly washed, and hand sanitizer used as provided.
- Response kits are also available in boarding houses, Main School Office, Highfield, Pre-prep and Domestic Office.
- Each response kit contains the following:
 - Instruction leaflet
 - Absorbent powder
 - Disinfectant cleaner
 - Yellow bag
 - Gloves
 - Apron
 - Cleaning scoop/scrapper

13.5 NB. For spills of urine – just use hot detergent solution, as if bleach is applied it will release potentially toxic fumes.

Diabetes Protocol

Aims

To promote prompt recognition and diagnosis of diabetes, and ensure safe and effective management of a pupil with diabetes at the HLC family of schools.

2. Introduction

- 2.1 Diabetes, or to give it its full name, Diabetes Mellitus, is a condition in which the amount of glucose (sugar) in the blood is too high because the body is unable to use it properly. This is because the body's method of converting glucose into energy is not working as it should.
- 2.2 Normally the amount of glucose in our blood is carefully controlled by the hormone insulin. Insulin is made by a gland called the pancreas which lies just behind the stomach. Insulin helps the glucose to enter the cells where it is used as fuel by the body.

This policy applies to all members of our school community, including boarders and those in our EYFS setting.

- 2.3 We obtain glucose from the food that we eat, either from sweet foods or from the digestion of starchy foods such as bread, potatoes, pasta, cereals and rice. Glucose is also made by the liver.
- 2.4 After a meal including these starchy foods, the blood glucose level rises and insulin is released into the blood. When the blood glucose level falls (for example during exercise), the level of insulin falls. Insulin, therefore, plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose from rising too high.
- 2.5 Children with diabetes have lost the ability to produce insulin because the cells in the pancreas that produce it have been destroyed. Without insulin, the child's body cannot use glucose and therefore the blood glucose level will rise. When this happens, the excess glucose will leak into the urine causing frequent passing of urine and increased thirst. Because the body cannot use glucose, fat is broken down instead, leading to weight loss. Therefore, a child with undiagnosed and untreated diabetes will show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness.

3. Symptoms of Diabetes

- 3.1 Wellness Centre nurses must be aware of and alert for the symptoms of undiagnosed diabetes.
- 3.2 The main symptoms of undiagnosed diabetes can include:
 - passing urine more often than usual, especially at night
 - increased thirst
 - extreme tiredness
 - unexplained weight loss
 - genital itching or regular episodes of thrush
 - slow healing of cuts and wounds
 - blurred vision
- 3.3 In Type 1 diabetes the signs and symptoms are usually very obvious and develop very quickly, typically over a few weeks. The symptoms are quickly relieved once the diabetes is treated and under control.
- 3.4 Type 1 diabetes develops when the insulin-producing cells in the body have been destroyed and the body is unable to produce any insulin. This results in a build-up of glucose in the blood.
- 3.5 It is not clear why these insulin-producing cells are destroyed but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a virus or other infection.
- 3.6 Type 1 diabetes can develop at any age but usually appears before the age of 40, and especially in childhood.

This policy applies to all members of our school community, including boarders and those in our EYFS setting.

- 3.7 Type 1 diabetes accounts for between 5 and 15 per cent of all people with diabetes and is treated by daily insulin injections or a continuous insulin pump, a healthy diet and regular physical activity.
- 3.8 In Type 2 diabetes the signs and symptoms may not be so obvious, as the condition develops slowly over a period of years and may only be picked up in a routine medical check-up. Symptoms are quickly relieved once the diabetes is treated and under control.
- 3.9 Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance).
- 3.10 Those at risk of developing Type 2 diabetes include:
- Caucasian people aged over 40 or over 25 if Black African Caribbean or South Asian.
 - People who are overweight or obese.
 - People who have a sedentary lifestyle.
 - People with a first-degree family history of diabetes (mother, father or sibling).

4. Treatment of Diabetes

- 4.1 Type 2 diabetes is treated by a combination of increased physical activity and a healthy eating plan to help achieve weight control and good blood glucose levels. Sometimes medication is used to help control blood sugar levels, most commonly Metformin which reduces the amount of glucose produced by the liver, helping the body use insulin more effectively.
- 4.2 Once the diagnosis has been made in a boarder, by the school GP the child should be referred to a paediatric specialist diabetes team including a registered dietician so that close monitoring and support is available to give help to make the necessary changes in lifestyle.
- 4.3 If a pupil presents with symptoms suggestive of diabetes, the Wellness Centre nurse should request a urine specimen, to be checked for glucose and ketones. If glucose is present, but the pupil's symptoms are gradual and mild, the GP should be contacted that day for advice. If glucose and ketones are present, and the pupil's symptoms are more extreme, e.g. thirst, polyuria, abdominal pains, vomiting, dehydration, the pupil should attend A&E at the earliest opportunity.
- 4.4 A boarder diagnosed with diabetes will be referred to the care of Harrogate District Hospital, unless his/her parents choose to make other private arrangements. Her progress will be monitored at regular intervals by them. It is the responsibility of Wellness Centre staff and other key staff to monitor and encourage treatment of a boarder's diabetes, i.e. by encouraging a healthy diet, encouraging exercise, and monitoring correct and safe taking of any prescribed medication. This will be facilitated

by close and regular communication between Wellness Centre staff, house staff, the school GP and other key staff on a need to know basis, and the pupil's parents. After they have been seen by the diabetic team, an Individual Healthcare Plan will have been formulated to ensure those who need to know are fully aware of and understand the girl's condition and treatment.

- 4.5 Initial hospital treatment is likely to be necessary in order to stabilise the boarder's symptoms. She will be discharged from hospital when hospital staff are confident she has a good basic understanding of her condition, and is able to self-administer insulin and monitor blood sugar levels.
- 4.6 The boarder's progress will be monitored closely at first, and at regular intervals thereafter. It is the responsibility of Wellness Centre nurses to support the pupil in coming to terms with a new diagnosis, physically, emotionally, and practically. This will include close liaison with the boarder's family, house staff and other key staff on a need to know basis, GP's, and other health professionals.
- 4.7 In the case of a day pupil being diagnosed with diabetes, the Wellness Centre staff will liaise with pupil, parents, key member of staff and, with consent, the diabetic team in order to best support and monitor the pupil in school.
- 4.8 The parents/guardian of a day pupil diagnosed with Diabetes must ensure that the pupil has a labelled bag to keep on their person at all times.

The bag should contain their prescribed insulin pen (in the case of Diabetes type 1), a copy of the individual care plan, a blood glucose monitoring machine with the blood and ketone testing strips and lancet device, along with spare lancets along with a small sharps container (the parents are responsible for the appropriate disposal of this container)

Other contents should include small snacks, glucose tablets and glucose gel. It is important that this bag goes with the pupil on any trips or fixtures. Spare supplies should be kept at the Wellness Centre.

For a boarding pupil, the Wellness Centre nurses will ensure that the pupil has all the above and will be responsible for the disposal of used lancets.

5. Diet

- 5.1 An essential part of the treatment of diabetes is an appropriate diet. Food choices can help keep the blood glucose level near normal.
- 5.2 The diet recommended for people with diabetes is based on the healthy, varied diet recommended for the whole population. Meals should be based on starchy foods. Food choices should be generally low in sugar and fat and high in fibre. The child with diabetes will have been given guidance on food choices. These will be a balance of different foods, with particular attention being paid to carbohydrate foods, such as bread, rice, pasta, chapattis, yams, plantain, potatoes and cereals. The Wellness Centre staff and/or the parents will liaise directly with the school catering manager to ensure the recommended diet is available.

This policy applies to all members of our school community, including boarders and those in our EYFS setting.

5.3 Snacks

- 5.4 Most children with diabetes will also need snacks between meals. These could be cereal bars, fruit, crisps or biscuits. The snacks may occasionally need to be eaten during class time.
- 5.5 It is important to allow the child to eat snacks without hindrance or fuss. It may be worthwhile explaining to the class why this needs to be done, to prevent problems with other children. In this situation, the Wellness Centre staff will liaise with teaching staff and other pupils as appropriate.
- 5.6 Equally important as the type of food eaten is the timing of meals and snacks. The child with diabetes will need to eat their food at regular times during the day. This will help to maintain a normal blood glucose level.
- 5.7 Because the child needs to eat on time s/he may need to be near the front of the queue (and at the same sitting each day) for the midday meal. If a meal or snack is delayed for too long the blood glucose level could drop, causing hypoglycaemia.

6. Hypoglycaemia

- 6.1 Hypoglycaemia means low blood glucose. The possibility of a child having a hypoglycaemia episode (a hypo) is a worry to many people supervising children with diabetes. People have visions of children collapsing or ending up unconscious. This is rarely the case and most hypos can be identified and treated without calling for professional medical help. It is important to know what causes hypoglycaemia, how to recognise it and what action to take.
- 6.2 The common causes of hypoglycaemia are :
 - a missed or delayed meal or snack
 - extra exercise (above that normal anticipated)
 - too much insulin
- 6.3 It has been noticed that hypoglycaemia may occur more frequently when the weather is very hot or very cold.
- 6.4 Symptoms can include hunger, sweating, drowsiness, pallor, glazed eyes, shaking, mood changes or lack of concentration. Each child's signs and symptoms will differ.
- 6.5 If the child displays any of these signs and you are not sure whether it is hypoglycaemia, talk to the child. If you are in doubt, treat it as hypoglycaemia.
- 6.6 How to recognise hypoglycaemia :
 - hunger
 - sweating
 - drowsiness

- pallor
- glazed eyes
- shaking
- mood changes/lack of concentration

A blood sugar reading should be taken and recorded and acted on as per the Care Plan.

6.7 How to treat hypoglycaemia

Fast acting sugar should be given immediately. This will raise the blood glucose level. It is most important that you do not send a child who is hypo unaccompanied to get sugary food. Always make sure that they are accompanied.

Examples of fast acting sugars are:

- Lucozade
- Sugary drink, e.g. Coke, Fanta (not diet drinks)
- Mini chocolate bar, e.g. Mars, Milky Way
- Fresh fruit juice
- Glucose tablets
- Honey or jam

6.8 The parents in the case of a day pupil or the doctor in a recently diagnosed boarder will be able to tell you what is appropriate for the child, together with the quantity. Most children with diabetes have their own preferred fast acting sugars.

6.9 In the unlikely event of the child losing consciousness, staff should place her/him in the recovery position and call an ambulance, then contact Wellness Centre staff for assistance.

6.10 Recovery from hypoglycaemia: When the child recovers s/he will need to eat some slower acting starchy food (such as a couple of biscuits and a glass of milk, or a sandwich) in order to maintain the blood glucose level until the next meal or snack. Recovery from hypoglycaemia should take about ten or fifteen minutes. The child may feel nauseous, tired or have a headache.

6.11 Hypos are a part of living with diabetes. Isolated incidents are inevitable. But if the child has a hypo at school, the family will always be informed. A boarder would always visit the Wellness centre following a hypo in order to be monitored.

7. Hyperglycaemia:

7.1 This is when blood sugars become very high. Symptoms may include: excessive thirst; polyuria; fatigue; abdominal pains; vomiting; a smell of acetone or pear drops on the breath.

- 7.2 The pupil should attend the Wellness Centre for assessment. They should be accompanied.
- 7.3 If he/she is unwell, e.g. vomiting, dehydrated, impaired level of consciousness, or there is ketones in his/her urine, then medical intervention should be sought as soon as possible;
- 7.4 If his/her blood sugars are high, but he/she has no symptoms or mild symptoms and there are no ketones in the urine, he/she should be encouraged to drink plenty of water and remain in the Wellness Centre for observation. In the case of a boarder if the blood sugar levels do not come down, an attempt will be made to contact the diabetic team at the hospital, or the child will be taken directly to A&E.
- 7.5 If the pupil is a day pupil, parents should be contacted to collect. However, if he/she is very unwell, or consciousness is impaired, then he/she should be taken by 999 ambulance to A&E and parents contacted and requested to meet him/her there.
- 7.6 As with all other health emergencies, in the case of severe hypo or hyperglycaemia the pupil's parents should be contacted at the earliest opportunity.

Epilepsy Protocol

Aims

- To promote understanding of epilepsy and safe management of pupils with a diagnosis of epilepsy at the HLC family of schools, including provision of emergency care during grand mal seizures.
- To ensure staff have regular training and support from the Epilepsy nurse at HDH.

2. Introduction

- 2.1 Epilepsy is currently defined as a tendency to have recurrent seizures (sometimes called fits). A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming halted or mixed up.
- 2.2 The brain is responsible for all the functions of the body, so what an individual experiences during a seizure will depend on where in the brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them.

2.3 At least 1 in 200 children have epilepsy.

3. Seizures

3.1 Seizures can be described by which part or parts of the brain the epileptic activity starts in.

The three groups are:

- iii. partial (also called focal),
- iv. secondary generalised, and
- v. generalised

Partial Seizures

3.2 Partial seizures involve epileptic activity in just a part of the brain. Partial seizures can be divided into simple partial and complex partial.

3.3 In a simple partial seizure the person is fully conscious. They remain fully aware of their surroundings, despite seizure activity

3.4 In a complex partial seizure a person partly loses consciousness and they are not aware of what they are doing. Because of this, they may not remember the seizure afterwards, or their memory of it will be unclear.

Generalised Seizures

3.5 Generalised seizures involve epileptic activity in both halves of the brain. The person loses consciousness during the seizure.

3.6 "Sometimes, the epileptic activity that starts as a partial seizure can spread to the rest of the brain. When this happens, the seizure is known as secondary generalised."¹

4 Management of Grand Mal or Tonic/Clonic Seizures (epilepsy.org.uk – epilepsy action)

4.1 The person goes stiff, loses consciousness and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

Do:

- a. Protect the person from injury - (remove harmful objects from nearby)
- b. Cushion their head
- c. Look for an epilepsy identity card or identity jewellery
- d. Aid breathing by gently placing them in the recovery position once the seizure has finished
- e. Stay with the person until recovery is complete
- f. Be calmly reassuring
- g. Administer anti-seizure medication if prescribed, according to care plan Record timings and video seizure if possible

Don't:

- a. Restrain the person's movements
- b. Put anything in the person's mouth
- c. Try to move them unless they are in danger
- d. Give them anything to eat or drink until they are fully recovered
- e. Attempt to bring them round

¹ epilepsy.org.uk, Epilepsy Action – What is Epilepsy?

Call for an ambulance if:

- a. You know or suspect it is the person's first seizure
- b. The seizure continues for more than five minutes
- c. One tonic-clonic seizure follows another without the person regaining consciousness between seizures
- d. The person is injured during the seizure
- e. You believe the person needs urgent medical attention

5. Management of complex partial seizures (epilepsy.org.uk – epilepsy action)

5.1 The person is not aware of their surroundings or what they are doing. They may pluck at their clothes; smack their lips, swallow repeatedly, and wander around.

Do:

- i. Guide the person from danger
- ii. Stay with the person until recovery is complete
- iii. Be calmly reassuring
- iv. Explain anything that they may have missed

Don't:

- v. Restrain the person
- vi. Act in a way that could frighten them, such as making abrupt movements or shouting at them
- vii. Assume the person is aware of what is happening, or what has happened
- viii. Give the person anything to eat or drink until they are fully recovered
- ix. Attempt to bring them round

Call for an ambulance if:

- x. You know or suspect it is the person's first seizure
- xi. The seizure continues for more than five minutes
- xii. The person is injured during the seizure
- xiii. You believe the person needs urgent medical attention

6. When a pupil attends HLC with a diagnosis of epilepsy, on starting school the Wellness centre staff will:

- 6.1 Ensure the pupil's parents and/or guardians have provided the Wellness Centre with full and comprehensive details of the pupil's diagnosis and treatment.
- 6.2 Ensure that the pupil's condition is highlighted at his/her health check so if the pupil is a boarder, the school GPs are fully aware
- 6.3 Ensure that a pupil who is taking medication has a full understanding of his/her own medication regime and the importance of compliance.
- 6.4 According to the medicine's policy, risk assess the pupil's ability to keep his/her own medicine and self-administer, or arrange for the medicine to be administered by house staff
- 6.5 (Write a comprehensive care plan detailing the nature of the pupil's epilepsy including the nature of seizures and possible triggers, risk factors, the treatment regime, and emergency treatment if needed) A copy of the hospital epilepsy care plan will be kept in the wellness centre
- 6.6 Pupils name will be added to conditions list on iSAMS & displayed (as with other lists of life-threatening conditions) in staff rooms.

- 6.7 Distribute care plan to key staff, including house staff and PE staff
- 6.8 Provide training as required to staff to enhance understanding of the condition and promote safe management of seizures. Staff of any pupil with emergency medication will be required to attend a training session from the Epilepsy nurse.
- 6.9 Wellness Centre nurses will provide practical and emotional support to the pupil and his/her family, to promote and reassure them of his/her safety and wellbeing whilst at HLC.

7. Communication

- 7.1 If a pupil is diagnosed an epileptic sufferer, his/her condition will be assessed at the initial medical examination by the doctor and then there will be regular follow up appointments while the pupil is at the school.
- 7.2 The type of seizure, triggers and frequency will be recorded in notes, which are kept in a locked filing cabinet.
- 7.3 The parents are responsible for updating the school as regards any change in treatment preferably via the school nurse at the Wellness Centre Tel: 01423 537003/health.centre.staff@hlc.org.uk Replacement of any used or expired medication is also the parents' responsibility.

7.4 School activities

- 7.4.1 Children who have 'uncomplicated epilepsy', that is those without any additional physical disability or learning disabilities, have the same range of intelligence and abilities as unaffected children. For this reason, the majority of children with epilepsy are educated in mainstream schools, usually without any extra educational provision.
- 7.4.2 The pupil with epilepsy should be allowed to participate as fully in school life as possible. People with epilepsy are individuals and need to be assessed as individuals. Whilst it is acknowledged that some children/young people will have necessary restrictions placed on their activities it is important to note that 'non-educational' activities are covered by the Disability Discrimination Act. This could have implications when decisions are being made about non-educational activities such as school trips.

7.5 Sports and Leisure activities

- 7.5.1 Unfortunately, due to a lack of understanding of epilepsy, many children and young people have been unnecessarily cautioned by professionals against participation in some sports and leisure activities. Obviously, the severity and degree of control of the epilepsy will largely dictate what a person with epilepsy can and cannot do. However, with informed, qualified supervision and the necessary safety precautions, there is little that the person with epilepsy should avoid. Research has shown that when a person is actively engaged, they are far less prone to seizures, therefore, sport can be of benefit to some people's seizure pattern.

7.6 Special needs issues

A number of children with epilepsy do experience behavioural problems and/or learning difficulties. However, the possible causes for this vary. For example, it may be due to:

This policy applies to all members of our school community, including boarders and those in our EYFS setting.

- Central nervous system dysfunction. This can be an important factor in both behaviour and learning problems in children with epilepsy.
- The severity of the epilepsy. If seizures are occurring frequently a child's everyday life may well be affected.
- As epilepsy is a symptom rather than a condition in itself, it may well be that any damage to the brain may cause learning difficulties as well as epilepsy.
- The area of the brain in which epileptic activity is occurring. For instance, if epileptic activity occurring in the part of the brain concerned with memory, then learning difficulties may be experienced.
- The type of seizure. For example, when someone is experiencing a complex partial seizure, they may appear to others as if their behaviour is strange or abnormal.
- Sub clinical seizure activity, that is ongoing epileptic activity (non-convulsive status epilepticus) may be accompanied by confusion, inappropriate behaviour etc.
- Anti-epileptic medication. This may also be a possible cause for behaviour problems/learning difficulties and therefore needs careful monitoring by the child's specialist.
- Psychological and social factors, such as family and peer attitudes as well as self-image.
- There is also research that suggests that some children with epilepsy experience learning difficulties in specific subject areas, most notably mathematics and reading. The educational psychologist has a role to play in suggesting ways that these problems can be overcome.

7.7 Whatever the reason for a child's epilepsy, it is important to bear in mind that the epilepsy is only a part of that child's life and that the child needs to be allowed to participate in school life in the same way as any of his peers.

7.8 The use of computers and televisions. Photosensitive epilepsy is the name given to that form of epilepsy in which seizures are provoked by the flashing/flickering lights encountered in everyday life. Both natural and artificial light sources may precipitate seizures, but the commonest precipitant appears to be television.

7.9 As information technology plays such an important role in most people's lives, it is important that children with epilepsy are not excluded from using computers. In fact it is only children who are truly photosensitive who may experience seizures whilst using computers. It is often assumed that everybody with epilepsy is photosensitive, but in fact only 3-5% of people with epilepsy are. This sensitivity occurs at a rate of approximately 1 in 4000 people under the age of 20 and appears to be most common between the ages of 9 and 15. Females are more affected by photosensitivity than males.

7.10 If photosensitivity is suspected, it can usually be confirmed by electroencephalogram (EEG), a diagnostic test that is often performed when epilepsy is being diagnosed. The pupil's parents may be able to obtain this information from their child's medical advisors, as, should the child have been found to be photosensitive whilst having an EEG, this would have been documented.

7.11 The risk of seizures from computer displays varies greatly depending on the display used. Contrary to popular belief, the use of VDUs rarely presents any risk to the person with epilepsy. Most recent computer displays use scan frequencies of 60-per-second and

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above. These are unlikely to provoke seizures, although reading from a screen for a long time can cause tiredness. There are now computers with liquid crystal screens, which flicker least of all. The use of domestic televisions as computer displays is likely to present the greatest risk to a photosensitive person.

Escorting to Consultations Protocol

1 Aims

The aim of this protocol is to ensure pupils are safely escorted to appointments and staff understand their responsibilities towards young people in their care whilst transporting to the appointments.

2 Day Pupils:

In an emergency, where an attendance to A&E via 999 ambulance is required, then all pupils should be accompanied by a member of staff.

The pupil's parents or other emergency contact should be contacted as soon as possible and requested to attend to the pupil in A&E. This should be done with the pupil's consent if he/she is over 16, or if he/she is under 16 and deemed to be Gillick competent. If the pupil is in a state which renders him/her unable to give consent, then his/her parents or other emergency contact should be contacted as soon as possible. A member of school staff will stay with the pupil until his/her parent or guardian has arrived to take over responsibility.

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School staff are not required to escort day pupils on any other non-emergency consultations.

3 Boarders:

Emergency A & E attendance via 999 ambulance:

All girls should be accompanied by a member of staff to A&E. This should ideally be a member of the Wellness Centre, but in an emergency may be another available member of staff (house staff or member of staff known to the pupil).

Parents/guardian should be informed at the earliest opportunity.

Non-emergency A&E attendance, emergency GP/dental, non-emergency GP/dental, routine hospital/clinic appointments:

All pupils under the age of 16 should be escorted to their appointments by a responsible adult.

Pupils over the age of 16 may choose to go unaccompanied, but an escort should always be offered.

The escort should ideally be a member of Wellness Centre staff.

Parents/guardian should be informed, with pupil's consent where appropriate, at the earliest opportunity.

In all cases of incidents which require a visit to A & E, the pupil and his/her escort should return to the Wellness Centre after attending A&E to report to Wellness Centre staff the outcome of the A&E consultation.

GP Referrals Protocol

Aims

1.1 The aim of this protocol is to outline the protocol for GPs to make referrals to other Health Care professionals if in the best interests of the pupil, and the communication required by HLC.

To ensure the boarders have access to consultations from a GP either by phone /facetime/zoom or face to face

2. Introduction

If the School Doctor decides that a boarder needs to be referred on to a specialist:

- vi. He or she will inform the Wellness Centre nurse on duty.
- vii. He or she will discuss with the pupil whether or not to speak with her parents. If it is a serious problem, the doctor will, with the pupil's consent, speak with her parents.
- viii. He or she will ensure the pupil fully understands the problem and possible treatment required.

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3.Communication

- 3.1 In most cases, the School nurse or School doctor will email the parents/guardian of pupils under the age of 16 to inform and gain consent for referral; if over 16 the nurse or doctor will gain prior permission from the boarder to email parents/guardian.
- 3.2 When an appointment has been made, Wellness Centre staff will inform house staff of the date, time and location of the appointment by email so that transport and an escort can be organised if necessary. In most cases, pupils under the age of 16 will be escorted to their appointments.
- 3.3 After the pupil has been for her appointment, the pupil or her escort should inform the Wellness Centre of the outcome of the appointment, including details of treatment prescribed, investigations and any follow-up required. This information should be recorded on the pupil's medical records on iSAMS.
- 3.4 The pupil should be encouraged to attend the Wellness Centre in order to discuss with the nurse the outcome of her appointment & to provide the best possible care.
- 3.5 In most cases, the pupil's parents/guardian should be contacted and informed of the outcome of the appointment by Wellness Centre staff.

Head Injury Protocol

1.Aims

- 1.1 To recognise and act appropriately in case of a head injury sustained by a pupil, member of staff or visitor
- 1.2 To deliver first aid if required
- 1.3 To arrange appropriate follow-up and medical assessment as required.
- 1.4 To avoid the possible serious consequences of untreated head injury.

2.Procedure

- 2.1 Any significant blow to the head should be treated as potentially serious, and anyone who has received a significant head injury should be sent to the Wellness Centre for assessment if it is safe and appropriate to do so. Staff with any concerns following any minor bumps to the head can always call the school nurse for advice

- 2.2 If the casualty is unresponsive or their consciousness is impaired an ambulance should be called immediately and advice followed. If possible a trained First Aider or School Nurse should be called to attend
- 2.3 If the casualty is unconscious or their consciousness seems impaired, e.g. they are very drowsy or confused, they must be turned on to their side or into the recovery position to aid their breathing and prevent them from choking should they vomit.
- 2.4 **However**, where there is suspicion of neck injury, the casualty must **NOT** be moved unless failure to do so would cause more harm (e.g. breathing obstructed, vomiting, in immediate danger from environment).
- 2.5 If the casualty's level of consciousness deteriorates at any time after the head injury has been sustained an ambulance should be called.

3. Concussion

- This is caused by a blow to the head resulting in the brain being “shaken” inside the skull. The casualty may suffer impaired consciousness for a few minutes after the event, they may not remember the event, and they may complain of persistent mild symptoms for several days afterwards. In the event of head injury and suspected concussion, the casualty will be assessed by the Wellness Centre nurse and taken to A&E if required for further medical assessment. Signs and symptoms of concussion might include:
 - Headaches
 - Dizziness
 - Nausea
 - Sensitivity to light or noise
 - Sleep disturbances
 - Memory problems
 - Irritability
 - Restlessness
 - Difficulties concentrating
 - Tearfulness/anxiety
 - Fatigue
- 3.1 If a boarder sustains concussion the appropriate medical advice will be followed and communicated to house staff and teachers. The boarder will be reviewed by the school doctor if required.
- 3.2 Problems could arise, particularly over the next 24 – 48 hours, and if any of the following signs are observed then the casualty should go to A&E for assessment:

- a. Loss of consciousness
- b. New deafness in one or both ears
- c. Loss of balance or problems walking
- d. Any weakness in one or both arms or legs
- e. Repeated vomiting
- f. Clear fluid coming out of ears or nose
- g. Unusual drowsiness
- h. Increasing disorientation
- i. Problems understanding or speaking
- j. Blurred or double vision
- k. Inability to be woken
- l. Bleeding from one or both ears
- m. Severe headaches not relieved by painkillers such as paracetamol

Sports

- 3.3 Any day pupil with a history of significant head injury and concussion should remain off contact sports for 3 weeks with a gradual return to full sporting activity thereafter if symptom free. Any boarder with a history of head injury and concussion must be reviewed by the school doctor before resuming sport.

4. Follow up

- 4.1 Ensure incident is recorded fully if injury took place at school or during a school activity.
- 4.2 Ensure house staff and other relevant staff are informed of incident so that they can observe for any change in condition. The school nurse will advise staff of signs and symptoms to monitor.
- 4.3 Ensure parents/guardians are informed as soon as possible of the incident and the action taken.

Healthy Eating

Introduction

Nutrition experts agree that a healthy diet is one of the best ways of maintaining and protecting children's health, both now and later in life. However, the diets of school children and young people in the UK continue to give cause for concern, containing too much sugar, salt and saturated fat and too little fibre. Significant numbers of young people do not consume enough iron, calcium and certain vitamins, all of which are essential for health, growth and development. Therefore, over the last decade, successive governments have introduced regulations and standards for school food in the maintained education sector, the most recent of which were introduced as part of the School Food Plan.

Harrogate Ladies' College ('School') is strongly committed to encouraging and developing positive attitudes towards food and healthy eating among its pupils. This is because there is considerable

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scope for school meals to have a positive influence on children's food choices away from school, in turn helping to establish healthy eating patterns for life. We regard healthy eating as a whole-school issue and believe that opportunities to teach about the importance of living a healthy lifestyle occur throughout the curriculum. We also believe that adults (staff, parents and carers) should be positive role models and support children in understanding how balanced nutrition contributes to health, happiness and general wellbeing.

1. Goals: Through its partnership with the School's catering department, Harrogate Ladies' College will demonstrate its commitment to encouraging pupils to make healthy food choices by ensuring that its caterers:

Meet the Government food standards where applicable

Adopt healthier catering practices in the preparation and service of food so that pupils are offered meals that are nutritionally balanced but tasty

Plan menus with both health and enjoyment in mind

Make wide use of fibre-rich foods, including vegetables, fruit and wholegrains, whilst limiting fatty, salty and sugary foods and avoiding highly processed foods

Promote and market food choices in a way that supports nutrition recommendations and makes healthy choices the easy and popular choices.

Elsewhere in School

Curriculum

The School will educate its pupils about the importance of maintaining a healthy, balanced diet through lessons such as Food Technology, PSHE, Science and PE.

Pupils have the opportunity to learn about where our food comes from and how we might choose to make ethical or environmental choices with our food eg 'Meat-free Monday'

Pupils develop skills in and experience preparing food safely as well as cooking a range of snacks and meals. As well as learning this in the Food and Nutrition curriculum, from September 2023, boarders will be given the opportunity to complete food hygiene training.

In addition, the School will actively publicise, through means such as assemblies and the Bulletin, initiatives organised by the catering department to encourage healthy eating

2. Break time snacks and lunchtime

Crisps, chocolate, sugary drinks and other 'junk' food will not be available in vending machines around the School.

The School's Sixth Form Café, The Hub, will stock a wide range of healthy snacks alongside traditional cookies, cakes etc.

Fresh fruit is an option at both meal and break times

The School Food Plan, launched by the DfE in 2013, outlines a set of standards for all food served in schools, to ensure that school meals are creative, flexible and nutritious. Our catering

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provision is regularly reviewed by the Senior Deputy and Head of Boarding in meetings with the catering manager

Pupils are encouraged to bring in water bottles and to replenish these from the water fountains

Inclusion

Some children follow a special diet for medical or religious reasons, or due to allergies. Parents of these children will be asked to provide as much information as possible about foods which are suitable and foods that must be avoided. This information is shared with the relevant members of staff eg Wellness Centre staff, catering department where appropriate.

Where necessary, parents will meet with a member of staff and/or the School Nurse/Catering Manager to produce a detailed plan, personalised to reflect the needs of their child.

Harrogate Ladies 'College is committed to being a 'nut-free school'.

Smoking Cessation Guidance

Aims

The aims of this guidance are to ensure pupils are fully aware of the health risks attached to smoking, to encourage young people who want to stop, and to persuade those less motivated to quit that they may want to in the future

Introduction

Smoking is the single most preventable cause of premature death and ill-health in our society. The school policy on smoking aims to give pupils the message that the habit creates health problems for smokers and non-smokers alike, that non-smoking represents the norm in society and that this norm receives support from the school and staff. The school recognises its duty to educate young people to make healthy lifestyle choices including the cessation of smoking.

Advice for Young People:

The Wellness Centre staff will advise pupils who want to stop smoking: they will signpost to NHS stop smoking services etc. The Wellness Centre staff are not trained in this area so cannot offer this specialist advice: in order for success with stopping smoking, it needs to be fully trained professional delivering the advice. Advice will include:

- To make a list of reasons why they want to stop;
- By explaining that most of the pleasure of smoking comes from the relief of nicotine;
- By warning of withdrawal symptoms;
- By informing them that they can expect stopping to be difficult but progressively easier after the 3rd and 4th day;
- By encouraging involvement of family and friends. If possible setting a quit date with a friend; and
- By checking carbon monoxide reading percentage; this will normally be around 4-6, and after stopping will go down to 1-0.

The Wellness Centre staff will support pupils in deciding a date to stop which feels right for the individual and causes least stress.

The Wellness Centre staff will support pupils in avoiding a relapse by encouraging them:

- To use nicotine therapy to relieve symptoms;
- To avoid situations associated with smoking until they can be comfortable and resist the impulse to smoke;
- To replace smoking with other activities such as exercise, eating enjoyable foods, reading and drinking lots of water; and
- To set targets and reward themselves.

Support available:

The Wellness Centre can offer practical advice, and follow up support where necessary, as many times as a pupil wants (daily, weekly, fortnightly etc.)

The Wellness Centre can discuss options available to pupils who wish to give up smoking including; nicotine replacement therapy, GP appointments, counselling etc.