

MEDICAL POLICY

Primary person responsible for this policy: Gina Penfold

Job Title: College Nurse

Date reviewed: March 2019

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DLD College strives to provide an open assessable medical service for all students. The aim is that all students will receive appropriate care to the highest standard based on current guidelines and evidence based practice.

This policy is available to all staff, governors, students and parents/guardians.

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Please see the staff handbook for details of staff medical cover.

INTRODUCTION.

The purpose of this policy and the appendices is to outline processes and procedures for the care and management given to students by the trained professionals within the College for minor illnesses, injuries, long term medical conditions and emergency management including exacerbation of existing conditions.

The College is an inclusive community which welcomes and aims to support students with long term medical conditions.

The College aims to achieve and promote the five outcomes as outlined in Every Child Matters Green Paper (2004) reported by the Governments proposal that all children have the right:

1. To be healthy
2. To stay safe
3. To enjoy and achieve
4. To make a positive contribution
5. To achieve economic well-being.

The College will provide an open, safe and supportive environment where students can develop and flourish to build on their independence.

The College will work closely with parents/guardians, general practitioners, specialist nurses and any other appropriate outside agencies to ensure that every student's health and wellbeing needs are met.

The College has a Wellbeing centre where students have access to medical services, counselling and the head of wellbeing to seek advice and support for both physical and or emotional concerns.

Wellbeing Team:

Head of Wellbeing = Mark Johnson

College Nurse = Gina Penfold

Councillor = Emily Elliot

Wellbeing Coach = Matteo Trevisan

Student Services Liaison Officer = Marilyn Peters

Attendance officer = Michelle Membrand

NURSING AND MEDICAL COVER.

Nursing

The college has a permanent Registered Sick Children's Nurse who is available Monday-Friday from 0800-1630hrs.

Outside of these hours all residential staff, Houseparents and the Assistant Principal (Boarding) have a valid first aid at work certificate and have undertaken additional specialised training with the college nurse to develop knowledge and skills. This staff group are able to manage students' health and safety in the absence of the nurse.

Student treatment for both medical and pastoral needs is communicated confidentially between the Nurse and the Houseparents using a secure reporting system accessible to a restricted group of staff in order to maintain confidentiality.

Any visit to the nurse is documented confidentially with assessment and treatment plans to ensure standards of record keeping as per best practice evidence.

Nurses working within the college are registered members of the Nursing and Midwifery Council (NMC), it is the responsibility of the nurse to maintain standards of practice, education and self-development to continue their registration status on an annual basis.

Nurses are expected to work within the NMC's Code of Conduct (2018) and are accountable for their autonomy of practice and delegating to staff who are not registered with the NMC to ensure a safe level of supervision is maintained.

Doctors: All boarding students are registered with a local health centre for provision of general medical services whom the College Nurse works closely with. Registration with the General Practitioner (GP) is completed as part of the enrolment and induction process. The GP linked with the College is as follows:

Waterloo Health Centre
5 Lower Marsh
London
SE1 7RJ
Tel: 02079284049

The nurse or residential staff member will assist students with making appointments to see the GP. Students over 16 years may see the GP independently at the nurse's discretion, students over 18 years can see the GP independently without the need of authorisation. Any student regardless of age can request to be accompanied by a member of staff if that is their preference and this will be offered to them prior to arranging appointments.

The nurse will assist any day students who need advice and direction of how to register with an NHS GP. All students attending College are expected to be registered with and have access to a GP within the U.K. to ensure their medical needs are met.

Please see the staff handbook for details of staff medical cover.

ANCILLARY SERVICES.

Where possible students are expected to arrange routine dental/orthodontic or any other routine medical appointments outside of term time or where their timetable permits to reduce the need for conflict with studies and attendance being affected. Where this is not possible the Nurse will facilitate appointments and arrange for emergency dental care if required.

Services used locally are as follows:

NHS Dentist:

Waterloo Dental Surgery
223 Waterloo Road
London
SE1 8XH
02079285844

Private Dentist:

Tooth Dental Care
26 Lower Marsh
London
SE1 7RJ
02079282875

Optician:

S Squared Limited
33 Lower Marsh
London
SE1 7RG
02076330680

Any other specific services that a student may need access to can be discussed with the College Nurse who will help students to facilitate necessary appointments or referrals.

Students may wish to use their own private clinicians, if this is the case the parent/guardian is asked to inform the college nurse of any treatments and/or procedures that students may be undergoing to ensure the students' needs are understood whilst in college.

Where students are required to have follow up appointments for on-going medical conditions or long term health conditions it is requested that where reasonably possible these are facilitated to not conflict with students timetabled studies. If this is unavoidable or an emergency, attendance can be authorised with medical evidence to support the appointment date and time.

CONFIDENTIALITY STATEMENT.

In accordance with the College Nurse's professional duty to maintain confidentiality as per the Nursing & Midwifery Council (NMC) Code of Conduct (2018) any information and data collected regarding a student regardless of their age will remain confidential.

It is recognised and respected by the College that all students have the right to confidentiality. As well as the college nurse's professional accountability the College including all staff members are regulated under the General Data Protection Regulation (GDPR) 2018 to protect the personal information of individuals. It is the responsibility of every individual to maintain the standards of confidentiality set out by the GDPR.

In some circumstances the college nurse may receive information regarding students and assess this as the student or others within the college being or becoming at risk. The nurse could act within their code of practice to breach this confidentiality and share necessary information with other health and care professionals and agencies only when the interests of student safety and public protection override the need for confidentiality.

Where possible consent will be sought from the individual concerned to share information with other appropriate members of staff. However on rare occasions if despite encouragement consent is not given and it is deemed necessary for information to be shared to best safeguard the student or student population confidentiality can be breached.

During enrolment students are expected to complete a mandatory initial health assessment. At this time confidentiality is explained to the students by the nurse and an agreement is signed between the student and nurse to confirm that confidentiality, privacy and protection of information is understood.

Consent within the College is based on competence of the individual as opposed to age. By English Law a person is deemed an adult at 18 years old and therefore able to make their own decisions regarding receiving treatment and giving consent. Based on Gillick Competence 1985 (appendix. A) Any young person aged 16-17 years of age is assumed to be competent to make their own decisions and have the ability to consent. Young people below the age of 16 years of age are still able to consent but need to meet the criteria laid out by the Gillick Competencies. The college nurse will be responsible and able to make an assessment of a student's ability to consent or refuse medical interventions.

In the event of a student refusing to give consent for a medical treatment or the sharing of information then the duty of the nurse is to assess the situation and act in what is deemed as the best interest of the individual.

If a student is assessed as not being Gillick Competent then consent would be sought from a parent/guardian.

FIRST AID PROVISION AND PROCEDURE.

DLD College's intention is to provide a complete safe and effective team of first aid competent staff to ensure a high standard of emergency care is available at all times and that appropriate equipment is available and audited for compliance at regular intervals.

The College complies with the legislation from Health, Safety and Environmental (HSE) Management's regulations set out in 1981 to ensure that students, staff and visitors have access to emergency care.

This legislation complements the College ethos of creating an emphasis on the health and wellbeing of all students and staff in the event of an emergency.

First aid can save lives and prevent minor problems becoming major ones.

When the nurse is on duty any medical attention required should be directly seen by the nurse, however in their absence a first aider can give immediate assistance to those in need. A list of qualified first aiders are available on posters throughout the college. (Appendix A.)

To comply with HSE legislation and exceeding the minimum standards we currently have 27 certified first aid trained personnel throughout the college including teaching, non-teaching and boarding staff. In addition to emergency at work first aid, specified staff have undertaken further extended training in certificates in outdoor first aid. This ensures that students and staff are supported with qualified personnel both while on premises and during external events or excursions.

The nurse will ensure that all first aiders certification remain up to date and are in line with government standards. First aid training is completed every three years to comply with regulations.

In addition to fulfilling minimum standards by the HSE all staff are encouraged to complete additional in house training in basic life support and emergency management for specific conditions. For example: Anaphylaxis, Epilepsy and Asthma.

There is a first aid trained person on duty at all times within the college and within the boarding house. Depending on student numbers, at least one first aid trained personnel will be present on all college trips and activities outside the college premises.

A list of first aid competent staff and their locations is available on the Alpha Plus Group portal and is disseminated on posters throughout the college grounds.

The College is conveniently located for emergency services being with walking distance of Guy's & St.Thomas' NHS Foundation Trust Emergency Department and Urgent Care Centre.

First Aid Equipment: The College is equipped with 21 first aid kits, in addition the college has specific kits to manage: Burns, Chemical Spills, Eye Injuries and an AED defibrillator all of which are placed strategically around the College for easy accessibility. Burns and chemical kits are available within the Science and Art departments as well as within the boarding house. Spare kits are available at reception for staff to take on trips outside of college.

The equipment is checked and audited annually by the nurse. Replenishment of kit when used is the responsibility of the first aider using the kit to notify the nurse for equipment required. A list of the location of first aid kits is kept by the college nurse.

First aid kits are always taken to all off site activities, for example sporting or entertainment events. It is the responsibility of the first aider in attendance to bring necessary equipment and ensure that this is within date and contains the correct equipment that may be needed.

Staff will always ensure they are well equipped to manage any first aid requirements and the students safety is the first priority.

Any incident that involves the spillage of bodily fluids will be cleaned and removed using a bio-hazard spills kit and must only be used by a trained personnel. Disposal of this following correct procedure is paramount in order to prevent contamination or risk to others.

First aid can be given at the site of the incident if appropriate and moved to the medical room when safe to do so or following initial treatment it may be necessary to transfer the casualty to hospital dependent on the circumstances. This decision will be at the discretion of the nurse's professional judgement following an initial risk assessment and primary survey of the injuries. This decision will be made by the first aider in attendance in the absence of the nurse.

In the event of a student requiring transfer to hospital, if they are under 18years old they will always be accompanied by a member of staff until either fit for discharge if a boarder or until an appropriate guardian is in attendance if the casualty is a day student. If the casualty is 18years or over they will be offered a choice if they would prefer to be accompanied and this will of course be facilitated if they wish to be accompanied for support.

Communication: A member of staff will make every effort to contact a parent or guardian by telephone or email if a student has sustained any injury while at college and/or has needed treatment at the hospital.

ACCIDENT MANAGEMENT AND REPORTING.

Any accidents sustaining injuries should be reported to the nurse during working hours, the nurse will assess and treat any injuries as per their professional judgement and scope of practice. Out of hours accidents and injuries should be managed by a named first aider as per First Aid Procedures (pg.7). The decision to move a student as a result of an accident to hospital is at the discretion of the nurse / first aider dependent upon the extent of injury.

Under no circumstances should any member of staff attempt to lift or move an injured person.

In the event of immobilisation London Ambulance Service (LAS) should be contacted via 999 in an emergency or 111 in a non-emergency situation, this will be the nurse or first aider's discretion.

If LAS assistance is requested then reception must be notified immediately and provided with the exact location of the injured person, a member of staff will meet the LAS crew in reception and escort them to the injured person. This will facilitate efficient treatment and management of injuries.

If calling for help in an emergency be ready to give the following information:

- Where you are calling from – give telephone number and an alternative
- What happened – details of the injury
- Who is hurt
- Where they are – precise location
- When – time passed since injury
- What has happened since – any intervention given or being given.

Hospital: If required students can be transferred to the local hospital depending on the severity of their injuries. They will be accompanied by a member of staff and parents/guardian's will be notified via telephone and email. The local hospital as well as having an urgent care centre and emergency department also has a wide number of specialist services that students can be referred to via the GP.

Guy's & St Thomas's NHS Foundation Trust

Westminster Bridge Road

London

SE1 7EH

TEL: 0207 188 7188

Reporting: Reporting of all accidents which occur within the College is mandatory for students, staff and visitors as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Accident books are located at various locations within the College. The accident should be reported by the person who was witness to the accident or the injured person themselves. I

It is the duty of the allocated personnel e.g. the college nurse or first aider who is managing the situation to ensure that the accident is documented correctly in line with RIDDOR guidance.

The accident report then will be sent directly to the Principle and stored for record keeping. The facilities manager should be informed of the report under Health & Safety regulations.

Parents and/or guardians will be notified of all accidents which occur involving minors, (those under the age of 16years) any injury that requires the student being taken to hospital or any injury that requires a student to be sent home or signed off lessons if in boarding. This will generally be in the form of an email sent by either the college nurse or the first aider present.

The accident report forms are reviewed once per term by the Health & Safety Committee within the college in order to identify and regular or avoidable hazards which may have impacted our communities' wellbeing.

DOCUMENTATION AND RECORD KEEPING.

As part of the enrolment process a student's parent/guardian **must** complete a medical consent (appendix c) form prior to students being accepted to join the college. This will be sent by the admissions team.

The form will request information regarding the students' medical health, present and past medical history, any prescription medications being taken, information regarding allergies and immunisations received.

The parent/guardian is responsible for providing medical evidence from your home doctors of any medical conditions or ongoing investigations that may affect a student's day to day activities and potential requirement for time off during term time. These must be translated into English.

The parent/guardian is also responsible to notify the College of changes or updates to the students condition throughout the academic year.

During enrolment, students will meet with the college nurse to complete an initial health assessment (appendix d). This will enable each student to meet the college nurse and understand their role within the college. It also is an opportunity for the college nurse to meet the students individually to assess and identify any health or medical needs they may have and start to put measures in place to best support them during their time at the college. This assessment is non-invasive and will include measurement of height, weight, blood pressure and lifestyle questions related to health and wellbeing.

The college nurse will meet with students as a minimum of once per annum to complete health assessments unless medical needs are identified in which case more regular health checks are considered beneficial to support the student's continued health and general well-being.

If a student has any existing or ongoing medical conditions then the nurse would like to work in partnership with the student and if preferred also the parent/guardian to complete an Individual Health Care Plan. This will enable a greater understanding of the student's health and emotional needs to ensure students are receiving care to a high standard with a holistic approach. Following this, if necessary the nurse will put in place emergency action plans if the student should become unwell whilst in college.

Information that is collected by the college nurse is stored in a secure locked cabinet which only the college nurse and any additional qualified registered nurses will have access to. Safe keeping of records of all students is part of the NMC code for professional conduct and cannot be breached unless the student is considered to be at risk, some information may be shared to select key staff to ensure the student is best safeguarded. (See Safeguarding Policy)

At any point the student visits the nurse due to being unwell or sustaining an injury the nurse will keep a record of the visit, take notes of the medical complaint, nursing assessment and any interventions given. This information will be stored electronically, all medical documentation has restricted access to selected personnel within the college where the information needs to be shared.

All staff are obligated to protect student information under General Data Protection Regulations (GDPR) 2018. Staff at DLD College undergo specific training to ensure that student information is secure and protected.

Students have a right to access any medical information that is held in their own name by completing in writing a 'subject access request' to the college nurse. The College is required to fulfil this request under GDPR within one month of receiving the written request. Any information that may involve a third party will not be shared, any information involving a safeguarding concern may not be shared which will be decided at the Principles discretion.

Parents/Guardians may also request information in writing and dependant on the student's age and level of Gillick Competence can be shared in line with GDPR. This is covered in the Alpha Plus Group General Data Protection Policy but includes:

- The right of access: You may request a copy of the personal data that we hold on you.
- The right to rectification: You may ask us to correct any information we have about you that you believe is incorrect.
- The right to erasure: You may ask us to delete information that we hold on you. Please note that we cannot delete data required to be kept for our legislative and regulatory compliance.
- The right to restrict processing: You may ask us to not process or limit the use of your data in some instances. Please note that we may not be able to comply with requests that contravene our legal and regulatory obligations.
- The right to data portability: You may ask us to transfer the data to another organisation in a format that makes it easy for them to use.
- The right to object: You may object, on grounds relating to your particular situation, to any of our particular processing activities where you feel this has a disproportionate impact on your rights. To exercise any of these rights please contact dpo@alphaplusgroup.co.uk giving details of your request. Students' records are liable for inspection and monitoring by the Independent Schools Inspectorate (ISI) however this is not to gain access to medical information but to ensure the college is maintaining high standards of protecting student confidentiality.

Student records may be kept for up to six years from the date of the last entry.

PROCESS FOR ILLNESS MANAGEMENT.

If a student feels unwell during the school day they should report to the nurse in the nursing office who will be available from 0800-1630hrs excluding the hour 1400-1500hrs unless it is an emergency.

Students are encouraged to see the nurse during breaks or free periods however if they need to leave a lesson they can approach their teacher to discuss who will allow students to leave lesson for medical attention if required.

On arrival to the nurse room, if the door is closed and the **busy** sign is displayed on the door the nurse is not available and likely with another student. Therefore the student should wait outside until the nurse is free and it is their turn to be seen. If students feel they have an emergency and are unable to wait, students should see the student liaison officer Marilyn in student services who will contact the nurse on the emergency telephone if it is deemed necessary.

When seeing the nurse the student will be asked to explain their symptoms, the nurse will make a full assessment and offer advice and/or treatment options.

BOARDERS:

Students will be encouraged to return to lessons if assessed as well enough. They can also be moved to the medical sick bay for a period of rest and/or return to the boarding house for a period of rest if necessary. If students are too unwell to continue lessons, if in boarding they will be asked to return to their rooms to rest and a handover will be given to the Houseparents to continue to monitor the student's condition and action any plans given by the nurse. They will be in continuous communication with the college nurse to report symptoms and any changes to the student's condition.

DAY STUDENTS:

Students will be encouraged to return to lessons if assessed as well enough. They can also be moved to the medical sick bay for a period of rest if appropriate to be re-assessed by the nurse and a plan made.

The nurse will discuss options for treatment and management of their condition with the student. If the student is over 16 years of age and deemed Gillick Competent (appendix B) they will be able to take responsibility for going home safely and following any advice/plans given by the nurse. If the student is under the age of 16 years and/or not Gillick Competent the nurse will contact the parent/guardian to facilitate a safe journey home. The student will remain under the care of the nurse in the medical room until it is confirmed the student can travel home safely.

If students are deemed too unwell to continue lessons, the nurse will update the register as a medical absence and inform the attendance officer.

When in the college nurses working hours, all students are expected to see the nurse if they are feeling well and are not permitted to make the decision that they are too unwell to continue lessons themselves or via telephone/email exchange with a guardian. If the nurse is busy with another student, students **MUST** wait their turn to be assessed. If a student leaves lessons or college without first seeing the nurse it will be considered a non-authorised absence which will be reflected on their attendance monitor.

All students who have chronic health care conditions will have individual health care plans developed by the college nurse in conjunction with the student and when appropriate parents/guardians. Students personalised clear pathways and processes for their specific conditions.

General guidance for common medical conditions can be found in the appendices.

INFECTIOUS ILLNESSES:

BOARDERS: If a student has or is suspected to have an infectious illness they will be isolated to their rooms within the boarding house. If a student is in a shared room they will be isolated to the medical room, with a private allocated bathroom until a suitable guardian can be identified. Once a guardian has been identified students will be expected to leave college to recover and to ensure the risk of contamination to other students is limited.

DAY STUDENTS: If a day student has or is suspected to have an infectious illness they will be isolated to the medical room with a private allocated bathroom. The parent/guardian will be contacted to collect the student from college to bring them home or must arrange for them to return home safely with appropriate transport e.g.: taxi.

Students will be given a clear plan for treatment with symptom management. Students/guardians must stay in daily contact with the college to keep the nurse informed of their condition and a decision will be made when it is safe for the student to return to the college community.

Registered medical practitioners (RMPs) have a statutory duty to notify their local council or local health protection team (HPT) of suspected cases of certain infectious diseases. This is a statutory requirement by Public Health England (PHE) to ensure the potential spread of any infections can be responded to as rapidly as possible to prevent potential epidemics or pandemics. A full list of notifiable diseases can be found at:

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

The responsibility of reporting any suspected disease within college is with the college nurse. Any potential infectious diseases occurring outside of term time the duty lies with the parent/guardian to inform the college to allow the nurse to initiate trace and contact procedures as per Department of Health Guidance (UK).

Out of hours or when the nurse is unavailable:

Boarding students should see the Houseparents for any medical needs in the absence of the nurse. Houseparents will help the student to manage their symptoms, make an assessment of their illness and make referrals to external services where required. If any medical intervention is given out of hours a secure notification is sent electronically to the nurse who will follow up with the student at the earliest opportunity to check on their symptoms, re-assess severity and implement a care plan and/or make referrals if needed.

Day students should see student liaison officer Marilyn in student services offices during the school day who will liaise with the nurse to make arrangements to see the student at the earliest opportunity. Outside

of the college day students are advised to speak with their parent/guardian, local GP or contact NSH on 111 for medical advice.

It is the responsibility of the parent/guardian to follow the medical advice and inform the college if the student has required any medical intervention or has been seen by a doctor who has recommended a period of rest.

NOTE: Process for transferring a student to hospital for medical care if necessary is as per accident procedure page 8.

ACCEPTED DOCUMENTAION FOR MEDICAL ABSENCES

In the event of any student needing time off from College due to ill health, the expectation is that they will have been seen by a registered general practitioner and a period of time for recovery agreed along with a treatment plan.

Due to the international community within the college there are specific regulations that need to be adhered to in order to ensure students are receiving appropriate care.

A boarding student will be assessed by the college nurse and signed off from lessons where appropriate and referred to the local NHS doctor's service when required.

A day student must receive permission from their parent/guardian and an email sent to DLDAffendance@dld.org explaining the nature of the absence.

If a student is medically absent for **over seven** days the expectation is that they will see their registered general practitioner and a letter is provided to the college by the doctor to confirm the necessary absence.

If a student is medically advised not to attend they will require a certificate or letter from their doctor explaining they are not fit for school.

Acceptable medical evidence must meet the following criteria:

- Written in English
- Provided by a registered practitioner (by the GMC if seen in the U.K)
- Have a specific diagnosis (for example "unwell" is not sufficient)
- Have an agreed duration of absence (for example "a few days" is not acceptable)
- Must include a treatment plan

If a submitted letter of evidence does not include the listed above the absence cannot be authorised as medical.

The college will not accept virtual or telephone consultations as an acceptable method for medical assessments.

Once the student returns to college after a period of absence due to ill health they are asked to see the college nurse at the earliest opportunity for an assessment and review to ensure ongoing treatments are communicated and any necessary interventions are continued.

MEDICINES POLICY.

It is the DLD College policy that medication is NOT authorised to be brought into the college or boarding house by either day or boarding students. This is clearly outlined in both boarding and day students pre-enrolment guidance.

Many students bring medication from overseas this includes any herbal or alternative therapies. These are not permitted, if brought into the college without the nurse permission all medication, will be removed and destroyed. This is to ensure safety of all students.

All medication is stored, supplied and administered by the college nurse and delegated personnel who have completed medicines management training.

The exception to this is students who carry emergency medications for asthma, allergies, diabetes or epilepsy. **The college nurse must be informed of students with any of these medications.** The nurse will meet with students individually to discuss their medication needs and their competence of understanding and ability to administer correctly.

Any prescribed medication students have must be handed into the nurse at the earliest opportunity, either during induction/enrolment or when the medication was prescribed if during the academic year.

If a student is found by a member of staff to be using, sharing or storing their own supply of medication it will be removed from them and handed into the nurse for safe disposal.

The safe storage of medication is the responsibility of the college nurse and those authorised to administer medication for the safety of the college community.

Administration:

- The college nurse is permitted to administer all medications kept within the college.
- Any agency nurses working in the college are permitted to administer medication within the scope of their own practice and have a valid NMC pin.
- Houseparents and identified key staff on completion of appropriate training and competencies are able to give medications as outlined by the college nurse.
- Unless in an emergency all medication should be given maintaining student privacy.
- Only oral medication is permitted for use unless in an emergency.
- All medication should be left in its original packaging and the information leaflet available.
- Any medication given both by the college nurse or by the Houseparents should be accounted for and documented in the 'record keeping for medication administration' book. Included in the documentation should be: date, time, name, dose, indication, signature of administrator and quantity of medication remaining.
- The student's allergy status and prior medications must be confirmed verbally prior to administration. If a student cannot recall what medication they have taken or do not know the name of the medication then they will not be permitted to receive any further medications for 12 hours.
- No other member of staff is permitted to give substances to students including any herbal/homoeopathic remedies.

- The college nurse holds a completed list with signatures of staff qualified to administer medications.
- A list of stored medications and homely remedies is kept in the nursing office.

Procedure for administration of medication:

- Check the students name
- Check the students allergy status both verbally and against electronic records
- Check if any medication has been taken in the previous 24hrs.
- Explain medication to be given to student and get verbal consent.
- Check medication is correct strength, route and expiration and packaging has not been damaged or tampered with.
- Give the medication to the student with water and ensure full dose is taken
- Document medication administration as per record keeping protocol.
- Any refusal of medication should be documented in the student's clinical notes and the medication disposed of safely.

Storage and management:

- Medication is kept in the nursing office in a locked cabinet, the college nurse is the only person who has access to the keys.
- Houseparent and student service have a supply of some named medications which are kept in a locked cupboard away from communal areas an keys are restricted to one member of staff on a shift to shift basis.
- The nursing office also has restricted access, the door is kept locked at all times.
- The college nurse will complete a monthly audit of medication stock balance in the medical room.
- An allocated member of the houseparent team will complete a weekly audit of medication stock balance and report any discrepancies to the college nurse and director of boarding.
- The director of boarding will investigate any discrepancy.
- The college nurse will complete once per term check of compliance of medication administered by Houseparents.

Controlled Drugs (CD)

The controlled drug (CD) cabinet is a secure metal cupboard which is bolted to a stable wall in the nursing office. The key is kept on the nurses' person at all times and no other member of staff has access to this key. A specific CD drug book is kept next to the cupboard to record administration of medicines to students and maintain accurate stock balance.

Medication for College Trips

Any trips of exertions that are arranged the trip leader will send a list of attendees to the college nurse who will advise on any medical conditions, medications or allergies that the trip leader should be aware of. Confidentiality is considered so information will be shared on a need to know basis but to always ensure the student's safety is the priority.

Students who are measured as Gillick Competent and take regular medication will be expected to be responsible to ensure they carry sufficient medication with them. Any students who need assistance with medication a plan will be written by the college nurse who will then meet with the trip leader to offer additional advice and guidance prior to the trip.

Trip leaders are authorised to administer over the counter remedies such as paracetamol or Ibuprofen as required as responsible adults.

STUDENTS SELF ADMINISTRATION OF MEDICINES PROTOCOL

As per the medical policy students are not permitted to carry medications on their persons in college, this is to ensure the safety of the college community as a whole.

There are however specific circumstances where students will be permitted to administer their own medications.

If a student has a medical condition that requires regular medications this will be identified by the nurse during the enrolment process at the initial health assessment. The nurse will discuss the medication requirement with the student as an individual and make an assessment as to whether the individual is considered to be Gillick Competent. If the student can demonstrate full understanding of their medication needs they will be asked to complete a student medication agreement (appendix e).

This agreement outlines the rationale for the medication, the dose, frequency and route of medication. At this time the nurse will also explain the student's responsibility for the safe storage of their medications.

Boarding students are expected to store their medication in their rooms in a lockable cupboard. If a student is in a shared room the houseparent will assist the student in allocating a secure space for them.

Day students are expected to take their medications before they arrive at college for the day, if however they need medication throughout the day they can also have the option of self-administering and completing the same agreement, however if safe storage cannot be guaranteed the nurse will hold medication during the day.

Students that are prescribed short course of medications, for example, oral antibiotics, this should be disclosed to the nurse immediately. The nurse will complete an agreement with each individual student for each medication if they are shown to be Gillick Competent. This applies for any student aged 16years or over. Younger than this age, medication must only be held by the college nurse.

If any student is at any point to be found in breach of this signed agreement it will be revoked. The medication will be returned to the nurse who will assume responsibility of the safe storage and administration of the medication.

The exception to this is all controlled drugs which will be kept with the nurse at all times.

Students who require asthma inhalers or auto-injector epipens will not be expected to sign an agreement but will still meet with the nurse to develop and emergency action plan.

DISPOSAL OF MEDICATIONS

Any medications found to be out of date or no longer required should be handed to the college nurse for safe disposal. The nurse will mark all out of date medications clearly and will be returned to the local pharmacy to be destroyed. Any out of date or non-approved medication found in the college or boarding

house must be clearly marked, kept locked away securely and handed to the nurse at the earliest opportunity for safe disposal.

PROCEDURE FOR ADVERSE REACTIONS TO MEDICINE.

Any drug has potential to produce unwanted or unexpected adverse reactions. Detection and recording of these is of vital importance. Students should report any unusual side effects to the college nurse immediately or in their absence a member of the houseparent team

Side effects are rare but can include:

- Difficulty in breathing
- Swelling of face, lips and tongue - Consider **Anaphylaxis**
- Dry/sore mouth
- Abdominal pain – dyspepsia and nausea

Although unlikely these side effects will be observed it is important to be aware of all potential risks associated with medications being administered. It is also essential to be aware of student's medical history which may have implications in giving medications.

Out of hours adverse reactions should be dealt with immediately by either contacting 999 or if able to mobilise going to A&E. The college nurse should be notified by completing an incident report. You must remove the administered medication batch from use and hand in to the college nurse.

The college nurse will be responsible for notifying any adverse effects to the Medicine and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme.

<https://yellowcard.mhra.gov.uk/>

PROCEDURE IF A MEDICATION ERROR OCCURS.

In the event of a medication given incorrectly it must be reported to the college nurse immediately. The nurse will medically assess the effected person and determine any treatment that may be required. The incident will be recorded. The nurse has a duty of candour to ensure the student and parent/guardian are aware of the error and subsequent actions. Staff involved may be identified as needing further training which will be facilitated.

AUTOMATED EXTERNAL DEFIBRILATOR (AED) **POLICY AND PROCEDURE.**

DLD College London adhere to the Alpha Plus First Aid Policy which should be read in conjunction with this document.

The purpose of this document is to outline the importance of and correct use of an AED in an emergency to ensure that students, staff and visitors are receiving a high standard of treatment and care.

The AED is located in reception next to the boarding house lifts. It is kept unlocked and easily accessible for any persons to access in the event of an emergency. The AED should only be used by those trained to do so. All first aiders receive training in the use of the AED as part of their 3 year training. The aim of the college is to provide all staff training in emergency management which will include the correct use of the AED.

The AED is checked weekly by the college nurse to ensure it is in working order, these checks are recorded and stored in the nursing office.

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

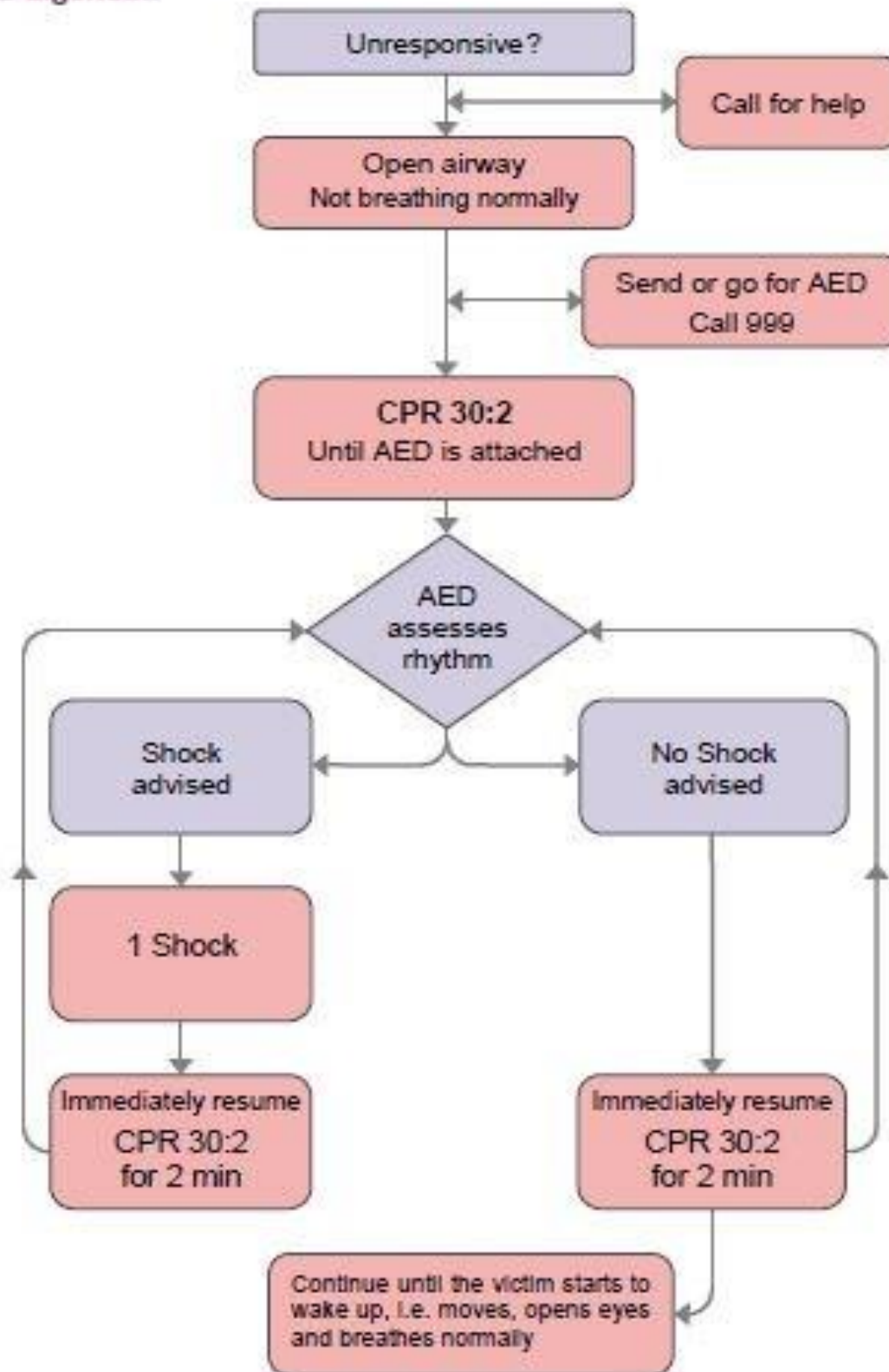
The Resuscitation Council (UK) estimate that around 60,000 out-of-hospital cardiac arrests occur each year in the UK. Overall survival rates vary across England, but range between 2% and 12%.² However, survival rates as high as 75% have been reported where CPR and defibrillation are delivered promptly.

Research has shown that an individual's chance of survival following the onset of a cardiac arrest decreases by 7–10% for every minute of delay in commencing treatment. Lack of blood circulation for even a few minutes may lead to irreversible organ damage – including brain damage. Early intervention is essential to improve the chance of successful outcome.

The AED used by the college is very simple to use and provides the user with step by step instructions when turned on. The resuscitation council recommend the following sequence:



AED algorithm



Cardiac arrest and heart attacks

It is important to understand the distinction between a heart attack and cardiac arrest as they are not the same, and require different interventions.

CPR and/or the use of an AED is **not appropriate** for an individual experiencing a heart attack and who is conscious, as the heart will still be beating, and the device will not administer a shock in these circumstances. However, a heart attack is still a life-threatening situation, and the emergency services should be alerted immediately.

A heart attack can also very quickly lead to cardiac arrest, in which case administration of CPR and use of an AED may help to save the person's life.

Heart attack

A heart attack (sometimes referred to as a myocardial infarction), is caused by a clot forming in one of the arteries that supply blood to the heart muscle. This prevents oxygen from getting to a particular region of the heart. As a result, cells in this region start to die. The longer this continues, the more damage is caused to the muscle. This damage is permanent.

However, as the heart is still beating, CPR and defibrillation are not appropriate.

A heart attack is a serious, life-threatening emergency that requires immediate treatment and can trigger a cardiac arrest.

If a person experiences a heart attack, the correct course of action is to call 999 immediately.

The person should be made comfortable, ideally seated on the floor supported by a wall or a person knelt behind them, and reassured until the ambulance arrives.

Heart attacks are very rare among children, but the number of incidents in the adult population means that coronary heart disease (the most common cause of heart attacks) is the leading cause of death in the UK.

Common symptoms of a heart attack include:

- chest pain or tightness, like a belt or band around the chest, and which is not relieved by rest
- pain which may spread to neck, jaw, back and arms
- feeling sick, sweaty, short of breath, lightheaded, dizzy or generally unwell along with discomfort in the chest

Cardiac arrest

Cardiac arrest is when the heart stops pumping blood around the body. It can be triggered by a failure of the normal electrical pathway in the heart, causing it to go into an abnormal rhythm or to stop beating entirely.

Oxygen will not be able to reach the brain and other vital organs. When a cardiac arrest occurs, the individual will lose consciousness and their breathing will become abnormal or stop.

Cardiac arrest can happen at any age and at any time. Possible causes include:

- heart and circulatory disease (such as a heart attack or cardiomyopathy)
- loss of blood
- trauma (such as a blow to the area directly over the heart)
- electrocution
- sudden arrhythmic death syndrome (SADS; often caused by a genetic defect)

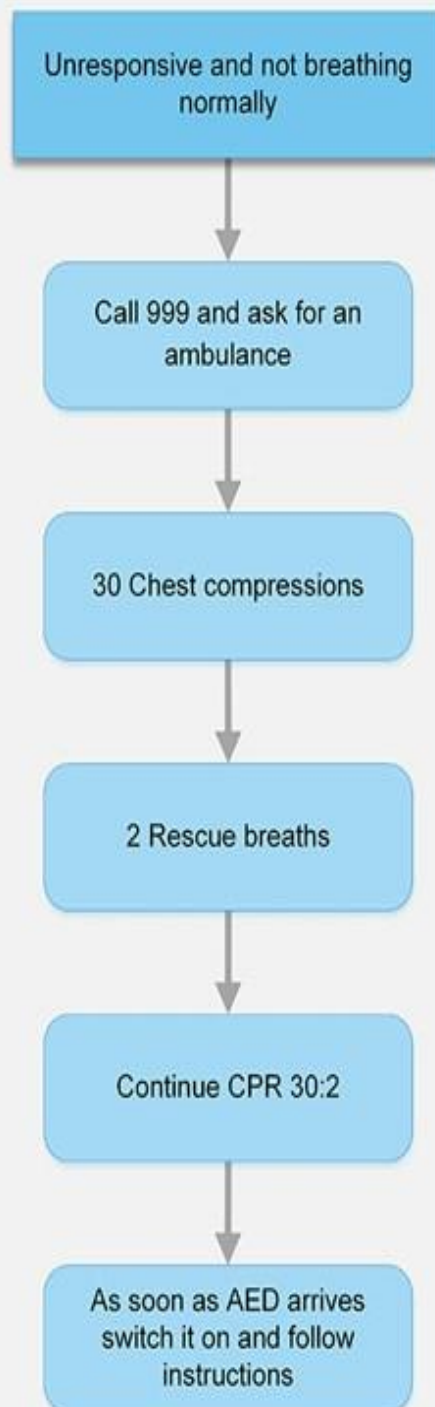
When a cardiac arrest occurs, CPR can help to circulate oxygen to the body's vital organs. This will help prevent further deterioration so that defibrillation can be administered.

In the event of Cardiac Arrest use of the AED can save lives, but it must be effective, it should be given as part of a chain of survival which is identified nationwide as the gold standard treatment:



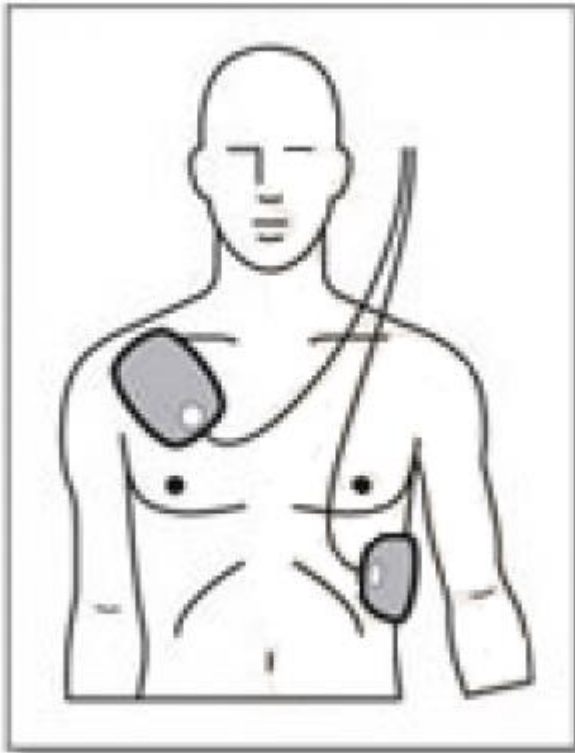
STEP BY STEP GUIDANCE:

- 1) Follow the adult BLS sequence (below). Under no circumstances should you delay starting CPR unless the AED is available immediately.



2) As soon as the AED arrives:

- If more than one rescuer present, one to continue with delivery CPR, the second to manage the AED. If alone, pause CPR to turn on AED.
- Follow the advice and visual prompts given by the AED
- Attach the electrodes to the casualty's bare chest. If required the casualty may need their chest shaved to ensure correct pad securement.



- Ensure that NO person touches the casualty while the AED assesses the heart for rhythm.

3a) If a shock **is** indicated:

- Ensure that no person touches the casualty or any equipment attached to the casualty.
- Push the shock button as directed – the AED will deliver the shock automatically. It is important to keep calm so that the AED instructions can be heard.
- Continue as directed by the voice of the AED and/or prompts given.
- As much as possible avoid any disruptions to continued CPR.

3b) If a shock **is not** indicated:

- Resume CPR immediately using a ratio of 30 compressions : 2 breathes to a rate of 100-120 beats per minute
- Continue as directed by the voice of the AED and/or prompts given.

4) Continue to follow the guidance of the AED prompts until help arrives OR the casualty begins to show signs of life, eg coughing, opening eyes, purposeful movements.

5) It is important to recognise when you are tired and ask for help as an exhausted person cannot deliver effective CPR – 2 minute cycle rotations are recommended.

AED USE IF THE VICTIM IS WET

Provided there is no direct contact between the casualty and the AED user there is no direct electrical pathway to follow for the user to be effected by the shock being delivered.

Try to dry the casualty's chest prior to pad placement to ensure pads can adhere securely.

The casualty being wet should NOT delay the initiation of CPR or AED use.

AED USE IN THE PRESCENCE OF SUPPLEMENTAL OXYGEN

Whilst there are **no** documented cases of fires occurring during pre-hospital resuscitation using an AED. The Resuscitation Council (UK) has stated that the following can reduce the risks of fire due to oxygen being a combustible substance:

“Remove any oxygen mask or nasal cannula and place them at least 1m away from the patient's chest”.

SHOCKABLE RYTHMNS

Characteristics of ventricular fibrillation

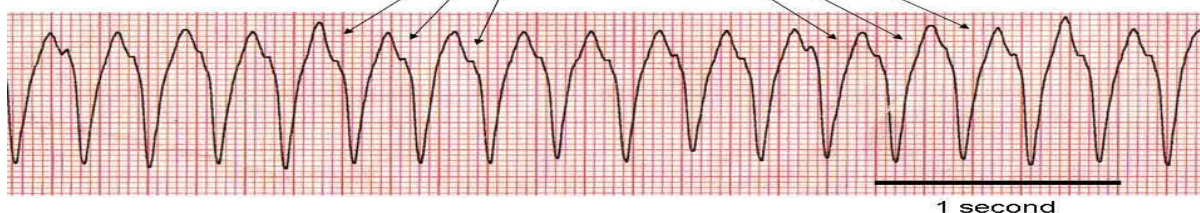
Rate: can't be determined
Rhythm: can't be determined
P wave: can't be discerned; usually inverted

PR interval: none
QRS complex: can't be discerned



VT

Fast, regular and broad beats



1 second

ALLERGY POLICY & ANAPHYLAXIS PROTOCOL

DLD College London's medical practices are evidence based and follow guidelines and recommendations from the National Institute of Clinical Excellence (NICE), Department of Health (DoH) and the World Health Organisation (WHO).

Our policies and guidelines are reviewed as a minimum at least once per year to ensure practice is given at the highest standard using most recent evidence.

An allergy is the response of the body's immune system to normally harmless substances, such as pollens, foods, and house dust mite. Whilst in most people these substances (allergens) pose no problem, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response

When a person comes into contact with a particular allergen they are allergic to, a reaction occurs. This begins when the allergen (for example, pollen) enters the body, triggering an antibody response. When the allergen comes into contact with the antibodies, these cells respond by releasing certain substances, one of which is called histamine. These substances cause swelling, inflammation and itching of the surrounding tissues, which is extremely irritating and uncomfortable.

DLD College welcomes any pupil with long term medical conditions and will ensure that their needs are met so that pupils can fulfil their full potential in all aspects of college life. Relevant staff will be given training and education updates to ensure that the pupil is always safe while in college or involved in extra-curricular activities.

- Parents / Guardians will be expected to disclose medical conditions and or allergies prior to the enrolment process.
- The College Nurse will meet with all students at enrolment to complete an initial health assessment
- Following this the college nurse will arrange an appointment to complete an individual health care plan with the pupil and an allergy action plan.
- The college nurse will organise a minimum of bi-annual reviews to reevaluate pupil's allergy action plan and make necessary amendments.
- Pupils will be expected to carry their emergency medications (when prescribed) on them at all times.
- Parents/Guardians are encouraged to provide the College with a labelled spare auto-injectors to be stored safely and used if required.
- Spare adrenaline will be stored in the medical centre for emergency situations.
- Pupils at risk of becoming unwell in college as a result of their allergies will be identified discretely and shared with members of staff on a confidential platform.
- Staff taking any students out of College for excursions or trips will liaise with the college nurse regarding any potential medical needs.

Example of Student Allergy Action Plan:

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1)



2)



Child's
Weight:

Kg

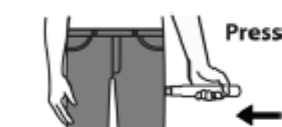
How to use Emerade®

1



Remove the needle
shield

2



Press

PLACE and PRESS against the outer thigh

3



Hold
5 secs.

HOLD in place for 5 seconds. Lightly
massage injection site afterwards

Emerade can be kept at any ambient temperature,
but do not freeze. For more information and to
register for a free reminder alert service, go to
www.emerade-bausch.co.uk

Produced in conjunction with:



www.allergyuk.org



www.anaphylaxis.org.uk

©The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Jan 2014

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

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

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give Emerade®
3. Dial 999 for an ambulance* and say
ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give Emerade®

After giving Emerade:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further Emerade®
or alternative adrenaline autoinjector device, if available

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

Additional instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be
altered without their permission.

This plan has been prepared by:

Hospital/Clinic:



Date: 16 Mar, 2016

RECOGNITION OF AN ANAPHYLACTIC REACTION:

A diagnosis of anaphylactic reaction is likely if a patient who is exposed to a trigger (allergen) develops a sudden illness (usually within minutes of exposure) with rapidly progressing skin changes and life-threatening airway and/or breathing and/or circulation problems. The reaction is usually unexpected.

Signs and symptoms:

Flushing of skin anywhere on body	Nettle Rash/Hives Anywhere on body	Tingling or Itchy Mouth	Wheezy breathing	Abdominal pain / nausea / Vomiting
Irritation	Distress	Unable to speak or swallow	Throat or lip swelling	Increase heart rate
Skin pale and clammy	Feeling suddenly weak	Blue Lips	Collapse	Unconsciousness

3.1 Anaphylaxis is likely when all of the following 3 criteria are met:

- Sudden onset and rapid progression of symptoms
- Life-threatening Airway and/or Breathing and/or Circulation problems
- Skin and/or mucosal changes (flushing, urticaria, angioedema)

The following supports the diagnosis:

- Exposure to a known allergen for the patient

Remember:

- Skin or mucosal changes alone are not a sign of an anaphylactic reaction
- Skin and mucosal changes can be subtle or absent in up to 20% of reactions (some patients can have only a decrease in blood pressure, i.e., a Circulation problem)
- There can also be gastrointestinal symptoms (e.g. vomiting, abdominal pain, incontinence)

If you have any doubts as the severity of the reaction – treat as life threatening until proven otherwise.

How to respond in suspected anaphylaxis or severe allergic reaction:

1. Stay Calm
2. Call for the college nurse or first aider out of hours
3. Where possible ask the other students to leave.
4. Sit or lie the person down whichever is more comfortable to support their breathing.
5. Remove the trigger if possible.
6. Give anti-histamine / asthma inhaler in accordance to their IHCP.
7. Depending on severity administer Epi-pen if prescribed.
8. **Call 999** – Stating Anaphylaxis.
9. If after 10 minutes and no improvement the nurse will administer a 2nd dose of Adrenaline
10. Stay with the student until the ambulance arrives.
11. As best as possible keep an account of events to pass onto the ambulance team.
12. Contact parent/guardian as soon as possible.

Staff Training:

Nursing staff receive annual updates for anaphylaxis management as part of their continued professional development and requirement set by the Nursing & Midwifery Council. Additional staff have training via their first aid certificate training. It is the aim of the college that all staff will receive training on management of emergency situation including anaphylaxis.

Outings and offsite activities:

The college encourages all students regardless of any medical conditions or allergies to participate in off-site activities, both social and educational. Students with allergies are expected to carry with them sufficient medication with them on trips including appropriate emergency medication if prescribed, the location of which must be made known to the staff leader. The college nurse will liaise with the student, parents/guardians and teaching staff prior to trip planning to ensure that appropriate measures are in place for the student's safety. All outings and offsite activities are attended by a safe member who has the appropriate emergency first aid training.

Medications:

REGULAR ANTIHISTAMINE AS PER IHCP EG: CETIRIZINE 10GS

IN SEVERE REACTIONS:

INTRAMUSCULAR INJECTION (IM) ADRENALINE:

IM doses of 1:1000 Adrenaline – Repeat after 5minutes if nil response

ADULT >12years old = 500MCGS IM (0.5MLS)

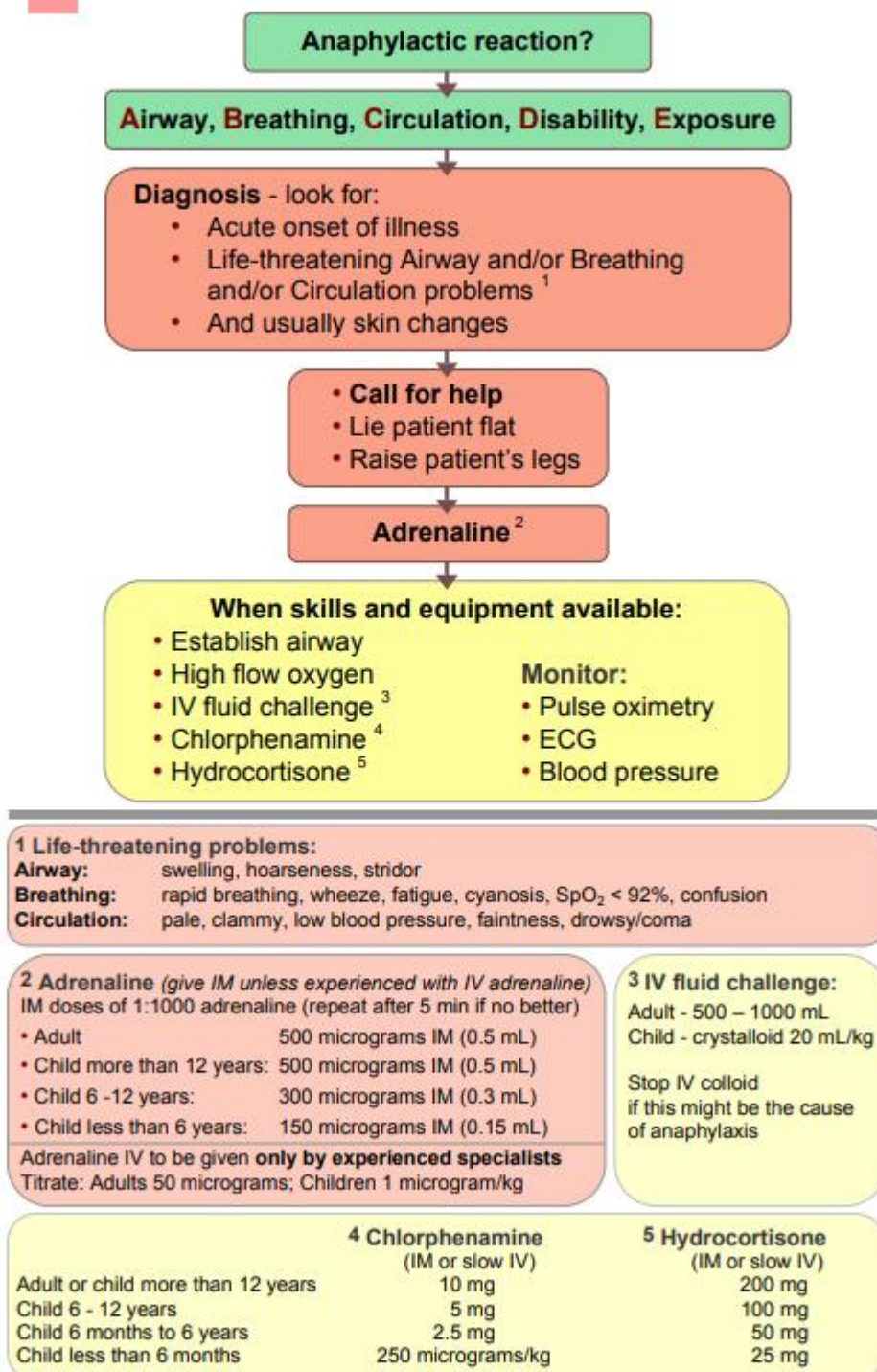


Figure 3. Anaphylaxis algorithm

ASTHMA POLICY & PROTOCOL

DLD College London's medical practices are evidence based and follow guidelines and recommendations from the National Institute of Clinical Excellence (NICE), Department of Health (DoH) and the World Health Organisation (WHO).

Our policies and guidelines are reviewed as a minimum at least once per year to ensure practice is given at the highest standard using most recent evidence.

In simple terms, asthma is a condition that effects the lungs, the small airways that carry oxygen in and out of your lungs can become irritated and inflamed due to certain triggers. This causes the airways muscles to tighten and restrict the flow of oxygen resulting in difficulty in breathing.

Asthma can be a debilitating condition, however it can be managed very effectively if the right measures are in place to limit its impact on your daily life.

Asthma effects 5.4million people within the UK, which is the equivalent to one in every eleven people. Asthma effects everyone in a different way so it is important to have a good understanding of your own asthma and be reviewed regularly by your doctor or nurse.

DLD College welcomes any pupil with long term medical conditions and will ensure that their needs are met so that pupils can fulfil their full potential in all aspects of college life. Relevant staff will be given training and education updates to ensure that the pupil is always safe while in college or involved in extra-curricular activities.

- Parents / Guardians will be expected to disclose medical conditions prior to the enrolment process.
- The College Nurse will meet with all students at enrolment to complete an initial health assessment
- Following this the college nurse will arrange an appointment to complete an individual health care plan with the pupil and an asthma action plan.
- The college nurse will organise a minimum of bi-annual reviews to reevaluate pupil's asthma action plans and make necessary amendments.
- Pupils will be expected to carry their inhalers on them at all times.
- Parents/Guardians are encouraged to provide the College with a labelled spare inhaler to be stored safely and used if required.
- Spare inhalers will be stored in the medical centre for emergency situations.
- Pupils at risk of becoming unwell in college as a result of their asthma will be identified discretely and shared with members of staff on a confidential platform.
- Staff taking any students out of College for excursions or trips will liaise with the college nurse regarding any potential medical needs.

Asthma Treatment

Asthma Preventers: These inhalers are usually taken twice daily, in the morning and the evening every day, even when feeling well. The purpose of these inhalers is to improve the swelling and inflammation of the narrow airways, making you less sensitive to your normal triggers thus overtime reducing your risk of having an asthma attack. They do not need to be carried with the student throughout the day as they are not beneficial in the treatment of an acute asthma attack.



Asthma Relievers: When you have an asthma attack your blue reliever inhaler gets the medicine straight to your lungs, so it can quickly relax the muscles surrounding your airways. The airways can then open more widely, making it easier to breathe again. You should feel a difference to your breathing within a few minutes. Good technique is imperative to its effectiveness. The college nurse will help you develop this if needed.

Signs and Symptoms of an asthma attack:

- Cough
- Chest feels tight
- Finding it hard to breathe
- Wheezing
- Difficulty to speak in sentences. Can only manage one/two words.
- Feeling dizzy or disorientated.
- Becoming pale, cold or clammy.
- Unable to walk.

What to do in the event of an asthma attack:

- Stay Calm
- Ensure the reliever inhaler immediately as per emergency plan.
- **Call for help** – get the college nurse (0800-1630) or nearest first aider if nurse is not available.
- Help the student to sit upright, leaning slightly forward. This movement will help alleviate the weight from the chest wall and allow easier expansion of the lungs.
- Encourage slow deep breaths
- Loosen any tight clothing

POST RELIVER INHALER:

- The student does not report feeling any better
- Still unable to talk in sentences
- Breathing becomes quicker (rate over 30bpm)
- Heart rate feels fast and bounding (rate over 120bpm)
- Pupil is becoming disorientated or collapses
- The pupil's colour is darkening or blue around the lips or mouth
- If you are unsure if condition is improving

ACTION: CALL 999 – STATE SEVERE ASTHMA ATTACK

- Tell reception you are expecting an ambulance and give them a precise location
- Contact parent/guardian as soon as possible
- After ten minutes of first reliever inhaler – give further 10puffs
- Continue to give 10puffs/10mins until ambulance arrives – do not be concerned about giving too much.
- Give as much information to the ambulance crew as you can.
- Arrange a suitable escort for the pupil (houseparent/first aider attending)

Minor attacks should not interrupt the school day for extended periods and the pupil will be encouraged to re-join activities following a period of monitoring with the college nurse.

All episodes of asthma attacks regardless of the severity will be documented and stored confidentially by the college nurse as per the standards of record keeping guidelines from the Nursing & Midwifery Council (NMC). Any events occurring outside of the school day or off premises must be reported to the college nurse via email at the earliest opportunity.

Any episodes of asthma attacks will be followed up and closely monitored by the college nurse.

Asthma attacks that occur at home, parents/guardians are kindly asked to notify the college nurse via email.

If students require time off as a result of their illness medical evidence is required in line with the attendance policy.

DIABETES POLICY AND PROCEDURE

DLD College London's medical practices are evidence based and follow guidelines and recommendations from the National Institute of Clinical Excellence (NICE), Department of Health (DoH) and the World Health Organisation (WHO).

DLD College welcomes any pupil with long term medical conditions and will ensure that their needs are met so that pupils can fulfil their full potential in all aspects of college life. Relevant staff will be given training and education updates to ensure that the pupil is always safe while in college or involved in extra-curricular activities.

- Parents / Guardians will be expected to disclose medical conditions prior to the enrolment process.
- The College Nurse will meet with all students at enrolment to complete an initial health assessment
- Following this the college nurse will arrange an appointment to complete an individual health care plan with the pupil and a diabetes specific plan.
- The college nurse will organise a minimum of bi-annual reviews to reevaluate pupil's diabetes management plans and make necessary amendments.
- Pupils will be expected to carry their necessary medications on them at all times.
- Parents/Guardians are encouraged to provide the College with a labelled spare medications to be stored safely and used if required.
- Spare medications will be stored in the medical centre for emergency situations.
- Pupils at risk of becoming unwell in college as a result of their diabetes will be identified discretely and shared with members of staff on a confidential platform.
- Staff taking any students out of College for excursions or trips will liaise with the college nurse regarding any potential medical needs.

Diabetes UK estimate that 3.2 million people in the UK have diabetes which is predicted to increase to 5million people by 2025. Of those diagnosed approximately 35.000 are children and young people (under age 19 years), 96% of this population have type 1 diabetes.

It is important to note that every person who has diabetes is different and will have their own specialised plans. To acknowledge this and to ensure students are receiving the best possible care they will meet with the college nurse privately to discuss their condition and management. Together they will develop an individual health care plan to identify needs and emergency management. This information may be shared with key professionals within the college to ensure the safety of the student at all times.

What is diabetes?

Diabetes is a lifelong condition where the amount of glucose in the blood is too high because the body can't use it properly. This is because the pancreas doesn't make any insulin, or not enough, or the insulin that it does make doesn't work properly (known as insulin resistance).

Insulin

Insulin is a hormone produced by the pancreas that helps glucose move into the body cells where it's used for energy. It acts as the 'key' to 'unlock' the cells to allow the glucose in. Once the door is 'unlocked', the glucose can get in to the cells and then be used as fuel for energy. If there's no insulin, glucose builds up in the bloodstream.

Glucose

Glucose comes from digesting carbohydrate-containing foods which include starchy foods (such as bread, rice, potatoes, chapatti, yam and plantain), fruit, some dairy products, sugar and other sweet food. Glucose is also made by the body in the liver.

Type 1 Diabetes:

Type 1 diabetes develops if the body can't make any insulin and it usually appears before the age of 40. It's by far the most common type of diabetes found in children. Type 1 is always treated with insulin (either by injection or pump), plus following a healthy balanced diet and getting regular physical activity.

Type 1 diabetes is an autoimmune condition, meaning that the body has attacked and destroyed its own cells (in this case the insulin-producing cells in the pancreas). Nobody knows for sure why this happens, but it is nothing to do with being overweight or any lifestyle factors, and there is nothing that can be done to prevent it.

It is also recognised that diabetes may have a significant impact on a young person's emotional wellbeing and can be challenging to manage with the student's ongoing physical and emotional development as well as pressures from studying. Every effort will be made by the College team to identify when any student may need additional support and can put measures in place to support challenging phases students may face.

Diabetes and learning

Diabetes can affect learning, and if it's not well managed a child/young person can have difficulties with attention, memory, processing speed, planning and organising and perceptual skills. To ensure students achieve their full academic potential support may be offered by the SEND team.

Some young people with diabetes may have more frequent absences than those without. This won't be the case for all, but if they do it might be due to hospital appointments or feeling unwell because of their diabetes, this is all taken into consideration when authorising absences to not affect the student's attendance negatively.

Medications and Storage

Students requiring regular injections for insulin management will be supported in doing so and offered private facilities where required. Parents/guardians are asked to ensure that students have the correct medication and supplies with them for each term when in boarding and any emergency medications should be shared with the college nurse. Spare supplies of emergency medication are kept by the college nurse in a locked pharmaceutical fridge.

Dietary Considerations

The college will work closely with the student and their family along with catering staff to ensure that any specific dietary requirements can be met for example ensuring supplements are available and given at the correct times. It is acknowledged and understood that people with diabetes may need to eat/drink at certain time and/or specified intervals. This will be taking into consideration and appropriate rest breaks will be given in the class room and during exams.

Sport / Physical Activity

Sport/PE staff will be notified if they have any diabetic students within their cohort. Where required teaching staff will be given additional training in diabetes management. Students if age appropriate will be encouraged to ensure they have additional glucose before any physical activities. Teaching staff will ensure they have emergency medication close by in the event of hypoglycaemia and will initiate management as per the guideline below.

Outings/Offsite Activities

The college encourages all students regardless of any medical conditions to participate in off-site activities, both social and educational. Students with diabetes are expected to carry with them sufficient medication and monitoring equipment with them on trips including emergency medication, the location of which must be made known to the staff leader. The college nurse will liaise with the student, parents/guardians and teaching staff prior to trip planning to ensure that appropriate measures are in place for the student's safety. All outings and offsite activities are attended by a safe member who has the appropriate emergency first aid training. For extended trips or trips abroad the college nurse along with the student and teaching staff will develop a 'School Trip Residential Card' which has been developed by Diabetes UK and gives very formative actions and guidance with management and early recognition of a diabetes emergency.

GUIDANCE

Hypoglycaemia

Hypoglycaemia occurs when the level of blood glucose falls too low, this number will be different for each individual student but is defined as below 4mmols/l.

It can be due to: taking too much insulin, having an infection, delayed or missed a meal, not eaten enough carbohydrate, has been more physically active than usual or may have consumed alcohol.

Hypoglycaemia is sudden and often unexpected

Signs and symptoms:

Hunger	Trembling	Sweating	Anxiety/Irritable
Fast Heartbeat	Tingling lips	Blurred Vision	Pale Colour
Mood changes	Poor attention	Vagueness	Drowsiness
Headache	Seizures	Slurred speech	Confusion

Treatment:

- 1) Call for the college nurse immediately / nearest first aider
- 2) Refer to students emergency IHCP
- 3) Take blood sugar level (if equipment available)
- 4) Give the pupil a fast acting glucose source eg: glucose tab or gel
- 5) Wait ten minutes and repeat blood glucose test
- 6) If the student responds well, follow up with a carbohydrate snack
- 7) Once fully recovered the student may continue with lessons.
- 8) If the student becomes drowsy, not responding or unconscious the situation is **life threatening**

CALL 999 – Request ambulance stating Hypoglycaemic diabetic

- Stay with the student and keep calm
- Administer glycolgel if prescribed
- Place the student in the recovery position
- Contact the parent/guardian as soon as possible

Hyperglycaemia

Hyperglycaemia occurs when there is an abnormally high concentration of sugar in the blood. Hyperglycaemia is considered when blood glucose levels are persistently above 13mmols/l.

It can be due to: eating too much food, having too little insulin, not enough physical activity, illness, infection or stress.

Hyperglycaemia presents over a longer duration and can take hours or even days.

Signs and symptoms:

Warm dry skin	Fast breathing	Sweet breath	Excessive thirst
Excessive hunger	Increased urination	Blurred vision	Confusion
Abdominal complaints	Skin Flushing	Poor attention	Drowsiness

Treatment:

- 1) Call for the college nurse immediately / nearest first aider
- 2) Refer to students emergency IHCP
- 3) Take blood sugar level (if equipment available)
- 4) Encourage the student to drink water or sugar free fluids
- 5) Administer correction insulin bolus
- 6) Wait ten minutes and repeat blood glucose test
- 7) Once fully recovered the student may continue with lessons.
- 8) If the student becomes drowsy, not responding or unconscious the situation is **life threatening**

CALL 999 – Request ambulance stating Hypoglycaemic diabetic

- Stay with the student and keep calm
- Place the student in the recovery position
- Contact the parent/guardian as soon as possible

EPILEPSY POLICY AND PROCEDURE

DLD College London's medical practices are evidence based and follow guidelines and recommendations from the National Institute of Clinical Excellence (NICE), Department of Health (DoH) and the World Health Organisation (WHO).

Our policies and guidelines are reviewed as a minimum at least once per year to ensure practice is given at the highest standard using most recent evidence.

DLD College welcomes any pupil with long term medical conditions and will ensure that their needs are met so that pupils can fulfil their full potential in all aspects of college life. Relevant staff will be given training and education updates to ensure that the pupil is always safe while in college or involved in extra-curricular activities.

- Parents / Guardians will be expected to disclose medical conditions prior to the enrolment process.
- The College Nurse will meet with all students at enrolment to complete an initial health assessment
- Following this the college nurse will arrange an appointment to complete an individual health care plan with the pupil and an asthma action plan.
- The college nurse will organise a minimum of bi-annual reviews to reevaluate pupil's asthma action plans and make necessary amendments.
- Pupils will be expected to carry their inhalers on them at all times.
- Parents/Guardians are encouraged to provide the College with a labelled spare inhaler to be stored safely and used if required.
- Spare inhalers will be stored in the medical centre for emergency situations.
- Pupils at risk of becoming unwell in college as a result of their asthma will be identified discretely and shared with members of staff on a confidential platform.
- Staff taking any students out of College for excursions or trips will liaise with the college nurse regarding any potential medical needs.

According to the Epilepsy Society, epilepsy affects at least 300,000 people in the UK - 60,000 of these people are children under the age of 16. Epilepsy affects 1 in every 100 children.

It is the most common serious neurological condition in the world and can affect anyone at any time in their life - it has no respect for age, sex, race or social class. One in twenty people will have a single seizure sometime in their life.

Every single person that is effected by epilepsy has their own unique experience, treatment and management of their condition. Parents/guardians are expected to disclose their child's epilepsy diagnosis prior to enrolment. During the enrolment process the college nurse will meet with all students to complete an initial health assessment which will be followed by developing an individual health care plan. This will be developed in partnership with students and parent/guardians where appropriate to ensure the college has a good understanding of the individual medical needs, develop an appropriate emergency management plan that will be shared with key staff to ensure the student's safety and wellbeing while at college.

What is Epilepsy?

To put it in very simple terms, epilepsy is the tendency to have repeated seizures.

Normal brain function is made possible by millions of tiny electrical charges passing across nerve cells in the brain and to all parts of the body.

In a seizure, this normal pattern may be interrupted by intermittent bursts of electrical energy that are much more intense than usual.

These 'storms' affect the delicate systems responsible for the brain's electrical energy, and may affect a person's consciousness, awareness, movement and bodily posture for a short time.

Normal brain function cannot return until the electrical bursts subside.

Types of Epilepsy

There are around 40 different types of seizure, which are divided into two main areas. The first being generalised, where the whole brain is affected and consciousness is lost, and partial (or focal), where only part of the brain is affected.

Tonic-Clonic

Tonic-clonic ('Grand mal') is the most recognised form of convulsive seizure. Tonic-clonic seizures are where the child may go rigid and fall down, sometimes with an involuntary high cry or shriek. This is caused by air being forced out of the lungs and through the larynx in spasms as the muscles relax and tighten rhythmically, causing the child to jerk in convulsions. This can be very upsetting to watch, as the person may breathe with difficulty due to the fact that the respiratory muscles are also involved in the stiffening process. The child may turn blue in the face, foam at the mouth, bite the inside of the cheek or tongue, grunt or be incontinent. Surprisingly, the child affected is unaware of what is happening, though they may feel tired, confused or have a headache when they come round. There is also a possibility that they may have injured themselves when falling, and will more than likely need to rest in order to recover fully.

Tonic

The child's muscles stiffen and he or she may fall to the ground, though there is no jerking. They may injure themselves when they fall to the ground, but generally recovery is quick.

Atonic (or drop attacks)

Due to a sudden loss of muscle tone, the child may fall suddenly to the ground. Again, there is a risk of injury but generally recovery is rapid.

Absence Seizures

Absence seizures ('petit mal') are common in young people and may often be mistaken for daydreaming. During an absence seizure the child experiences a brief interruption of consciousness and becomes unresponsive. They may appear 'blank' or 'staring' usually without any other features, except for a fluttering of the eyelids. These seizures often last for only a couple of seconds and due to their subtle nature may even go unnoticed.

Myoclonic Seizures

Myoclonic seizures involve sudden muscle jerks - for example, the head may suddenly nod, or there may be abrupt jerking of the arms and/or legs.

Complex Partial Seizures

These are seizures which affect consciousness. When a larger area of the brain is involved the child may experience some strange sensations depending on which of the brain's four lobes is affected. A complex partial seizure can spread quickly or slowly, and it may cut the child off from the outside world altogether. They will have limited or no memory of the seizure having happened.

In temporal lobe seizures, the child may have incredibly powerful emotional experiences, such as fear or terror. Children affected may see scenes from their past unfolding before their eyes, have other hallucinations, or forget where they are and what they are doing. They may also smell strong aromas or they may speak unintelligibly or even be unable to speak at all. All these feelings are incredibly intense, much more so than the feelings we experience in our everyday lives.

In frontal lobe seizures, there may be twitching or jerking of the arms or legs, or involuntary eye movements. Partial lobe seizures, may cause tingling or pins and needles in some part of the body, for example down one side of the body.

With occipital lobe seizures, the child may see flashing lights for a few seconds.

A complex partial seizure may also involve automatic behaviour in which the children affected wander around, sometimes continuing with actions they were involved in prior to the seizure starting. They may look purposeful but in fact they have no awareness of their actions, and once the seizure is over, they have no memory of it. Their actions are usually simple and stereotyped (such as smacking their lips or pulling at their clothes).

Status Epilepticus

Status epilepticus is classed as a **medical emergency**. It is when one seizure occurs after another with no recovery period in between. If a child's seizure lasts longer than is normal for them (or for longer than 5 minutes if the normal length of time is not known) an ambulance should be called. A status seizure is potentially an extremely dangerous condition, as the child risks severe brain damage or even death from oxygen shortage to the brain.

Medication at school

Most children with epilepsy take anti-epileptic drugs (AEDs) to prevent seizures. AEDs are usually taken once a day, or twice a day with a 12 hour interval, which usually means this happens outside school hours if it is a day student. Boarding students may be able to administer their own medications providing they meet the requirements as explained in the medication administration policy.

Outings/Offsite Activities

The college encourages all students regardless of any medical conditions to participate in off-site activities, both social and educational. Students with epilepsy are expected to carry with them sufficient medication with them on trips including appropriate emergency medication if prescribed, the location of which must be made known to the staff leader. The college nurse will liaise with the student, parents/guardians and teaching staff prior to trip planning to ensure that appropriate measures are in place for the student's safety. All outings and offsite activities are attended by a safe member who has the appropriate emergency first aid training.

FIRST AID MANAGEMENT FOR SEIZURES:

KEEP CALM- LET THE SEIZURE FOLLOW ITS OWN COURSE - YOU CANNOT STOP IT FROM HAPPENING.

In most cases, the proper emergency response to a generalized tonic-clonic epileptic seizure is simply to prevent the patient from self-injury by moving him or her away from sharp edges, placing something soft beneath the head, and carefully rolling the person into the recovery position.

DO NOT EVER PLACE ANY OBJECTS INTO A PATIENTS MOUTH TO PREVENT BITING.

- 1) Call for the college nurse immediately or first aider if out of hours.
- 2) Ask the other students to leave the room where possible.
- 3) Remove any potential harmful objects away from the student.
- 4) Do not attempt to move the student during seizure activity.
- 5) Talk quietly and reassuringly to the student.
- 6) The nurse or first aider will make a full assessment of the student and move them to the medical room when it is safe to do so.
- 7) Contact the parent/guardian
- 8) If the student recovers sufficiently after a period of rest they may continue lessons

If any type of seizure activity lasts more than 5 minutes or has several cluster of seizures within 30minutes call **999** stating STATUS EPILEPSY.

Transferring of the pupil to hospital is as detailed in the general medical policy. A student will always be accompanied by a member of staff until a suitable guardian is present.

Appendix A:

Gillick Competence

In UK Law the line drawn from childhood to adulthood is at the age of **18years**.

In health care matters, an 18year old has as much autonomy as any other adult.

The rights of a younger person to provide consent for their own treatment and make decisions in relation to their health and wellbeing is measured against their competence rather than solely based on their age.

This is referred to as **Gillick Competent** it was develop from a specific UK case law in 1983 where a parent challenged in court their child's decision to start using contraception and the doctor's authority to prescribe this without the parent's knowledge and consent. The judge ruled that the young person was able to make their own decision and did not need parental consent.

Young people **over** the age of 16 years old are presumed to be Gillick competent, young people **under** the age of 16 years old can be deemed Gillick Competent by a healthcare professional.

Gillick competence is the principle we use to assess capacity in young people to consent to medical treatment. For a particular treatment or intervention a young person shows that they:

- Understand the problem and its implications
- Understand the risk and benefits of the treatment
- Understands the consequence of not being treated
- Understands the alternative options is available
- Understands any implications that may affect their family
- Is able to retain the information
- Is able to discuss the pros and cons
- Is able to make a decision and can communicate there rationale regarding their wishes.

If a young person is Gillick Competent and asks a health care professional not to share information then their request for confidentiality is honoured unless the young person is considered to be at risk and information sharing is essential to protect their safety.

There may be situations where a young person who is under the age of 18 years old considered Gillick Competent has refused treatment. In this case the healthcare professional will discuss and encourage the young person to volunteer consent. However in situations where this is not possible the young person's decision can be over turned by a parent/guardian or the healthcare professional if the treatment option is considered to be in the student's best interest.

It is always our aim to work closely with young people and their families. Students will always be advised and encouraged to talk to their parents/guardians regarding any clinical treatments and interventions.

Appendix B:
Medical Consent Form



Medical Consent Form

Name:

Please complete this form as completely and as accurately as possible.

1. Has your child registered with a doctor in the UK before? If yes, please provide their NHS number, the name and address of the GP surgery, and doctor's name.

2. Does your child have any specific medical conditions requiring medical treatment and/or medication? Please provide details of any specific medication your doctor has prescribed.

3. Does your child have any allergies? If yes, please provide details.

4. Will your child be taking any medications or remedies on a regular basis? If yes, please provide details.

Please note:

Medications and home/herbal remedies must **not** be brought into the Boarding House without consent from the Nurse.

All prescription medication must be recorded by the Nurse and stored securely, the Nurse will assess your child's ability to do this and will help them to store and/or administer medications.

Please provide extra information on a separate page where necessary.

5. Please provide details of vaccinations that your child has received and that date received.

Vaccinations	Date	Vaccinations	Date
Tetanus Toxoid		Rubella	
Poliomyelitis		Hepatitis B	
BCG or HEAF test		MMR	
Others <i>please specify</i>			

The College nurse will provide medical assessment and interventions including the administration of medicines when required in accordance with DLD College Medical Policy. In the absence of the College nurse students will be treated by a qualified first aider.

Please sign to consent for your child to be treated when required within the College as per our guidelines and medical training.

Signed: Print Name:.....

Medical Guidelines

Parents are responsible for ensuring that the college is provided with correct, up to date information and for informing the college of any changes to the information given in this form.

For more information about the medical provision made at DLD College please see our medical policies and first aid policy available on our website.

Data protection

Personal data will be collected, used, stored and deleted in line with the Alpha Plus data protection principles, in accordance with GDPR legislation. A copy of the Alpha Plus Data Protection Policy is available free of charge on request from the college.

Appendix C:

College Nurse Initial Health Assessment

Name:		Likes to be known as:	
NHS Number:			
Date of Birth:	Gender:		Ethnicity:
Emergency Contact Name:		Emergency contact tel:	
		Email:	
GP:		Dentist:	
		Seen within past 6 months? Y / N	
Significant medical history:		Regular medication:	
Allergies:		Immunisation Status:	
Current medical condition:			
BP:		HR:	
Height:		Weight:	BMI:
Vision:			
Hearing:			
Speech:			
Diet/Nutrition:			
Exercise:			
Sleep:			
Sexual Health:			
Lifestyle:			
Hobbies:			

Emotional Health and well-being:

How do you rate your emotional health today?
Between a score of 0-10:

How do you generally rate your emotional health when at home:
Between a score of 0-10:

What could make a difference to your emotional health?

Stress and relaxation:

Do you recognise if or when you may be feeling stressed?

Are you able to relax?
If so, what do you enjoy doing?

Do you have a trusted adult to talk to either at home or outside of school?
If so, who is this?

TO BE COMPLETED BY STUDENT:

(College Nurse) has discussed the purpose of this health assessment form with me and I agree that some information may be shared with relevant multi-agency professionals.

(Student)

Date: / /

Any initial health care needs identified:

Data protection

Personal data will be collected, used, stored and deleted in line with the Alpha Plus data protection principles, in accordance with GDPR legislation. A copy of the Alpha Plus Data Protection Policy is available free of charge on request from the college.

Appendix D:



STUDENT SELF ASSESSMENT AND MEDICATION RECORD:

Name:

D.O.B:

Room:

Medication:	
Strength of preparation:	
Dose:	
Frequency:	
Date to be reviewed:	

I.....confirm that following discussion with the college nurse I am able and competent to administer my own medications. I understand my responsibility for the safe storage of medications and to not share my medications with any other persons.

Signed:

Student.

Competence	Sign
Why medication was prescribed	
The dose and frequency	
Potential side effects	
In the event of missed dose	
Risk of incorrect administration	
Why not to share medication	

.....has been assessed and deemed competent to be responsible for the ownership of administration of the above named medication only.

Any further medication should be disclosed and assessed separately.

The college nurse may at any time perform random checks to ensure medications agreement is upheld. If any breach of agreement should occur then medication will be expected to be returned to the medical office where the nurse will deliver medication required.

Signed: College Nurse

Signed: Student

Date:

Appendix E:

MEDICATIONS IN NURSING OFFICE

Paracetamol 500mg Tablets

Ibuprofen 200mgs Tablets

Buscopan 10mg Tablets

Co-Codamol 8mg Codeine 500mg Paracetamol Tablets

Cetirizine Hydrochloride 10mg Tablets

Loperamide Hydrochloride 2mg Tablets

Cold & Flu Relief Capsules – Containing: Paracetamol 500mgs, Caffeine 25mgs & Phenylephrine Hydrochloride 6.1mgs

Phenylephrine Hydrochloride 12.2mg Capsules

Calcium Carbonate 500mg Tablets

Hexylresorcinol Lozenges

Glycerin 0.75g/5ml Oral Solution

Be Calm Tablets– Extracts Hop strobili and valerian roots.

Dextro Energy Tablets 47g/Tablet

GlucoJuice 60mls Oral Solution

GlucoTabs – 3.7g Glucose/Tablet

GlucoGel – 10g active glucose gel.

Hydrocortisone 100mg Vial IM/IV

Epi-Pen – Adrenaline 0.3mg Auto-injector

Emerade – Adrenaline 0.5mg Auto-injector

Adrenaline 1:1000 1mg/ml Vial IM/IV

Chlorapehnamine 10mg/ml Vial IM/IV

Salbutamol Inhaler 100mcgs/dose

Salbutamol Nebuliser 5mg/2.5mls