ROYAL BALLET SCHOOL

SETTING THE STANDARD

FIRST AID POLICY

SEPTEMBER 2025

The Health and Safety (First Aid) Regulations 1981 place a duty on employers to provide adequate First Aid equipment, facilities and personnel to their employees. In its guidance, HSE strongly recommends that employers include non-employees in their assessment of First Aid needs and that they make provision for the needs of visitors to the school site.

In order to ensure that adequate First Aid provision is provided for staff, students, contractors and visitors to the School, it is The Royal Ballet School School's policy that: there is a School Nurse in attendance during the School's normal working hours and if she is absent, that the School puts adequate First Aid cover in place, including organising for an agency nurse if the absence exceeds one day; a qualified First Aider is available when students are present on-site; sufficient numbers of trained First Aid personnel, together with appropriate equipment, are available to ensure that there is someone competent in basic First Aid techniques who can attend an incident during times when the School is occupied; and appropriate First Aid arrangements are in place whenever staff and students are engaged in offsite activities and visits.

Teachers' conditions of service do not include giving First Aid, although any member of staff may volunteer to undertake these tasks. The School must ensure that there are sufficiently trained staff to meet the statutory requirements and assessed needs.

First Aid Cover

Cover During Core Hours

During core operating hours (08:00 - 18:30, Monday to Friday and 08.00 – 18.00 Saturday), in addition to the School Nurse (08.00 – 16.30 weekdays only) at least one member of staff who has completed either a basic or extended training course will be available. It is the School's intention to have a pool of at least six trained first aiders.

Cover Outside Core Hours

Outside core hours, or in the event of no trained staff being on-site, dial 999 and call an ambulance.

Cover During Performances and Events

During performances or other events held at the School involving more than 50 people, the event organiser must nominate an individual to take charge should a first aid emergency occur and must be a trained first aider. This is indicated in the event risk assessment submitted by the event organiser.

Boarding

Key members of House staff receive First Aid training including the use of an Automated External Defibrillator (AED). All House staff receive an annual update on the administration of homely remedies, the use of Adrenaline Auto-Injectors and Asthma Reliever Inhalers. Students requiring immediate medical assistance outside of the hours where the School nurse is not available will be taken to the GP, assessed and triaged via the NHS 111 Service or taken to the closest Emergency Department as appropriate.

Procedures for accidents at Upper School involving a School student (weekdays and weekends)

1. The School Nurse will take charge of all incidents that occur between 08.00 and 16.30 Monday – Friday in term time. Physiotherapists will manage any musculoskeletal incidents during these times. If the nurse is off site during these hours then the physiotherapists will be informed and FOH.

2. The first person on the scene or a First Aider makes an assessment and dials 999 for an ambulance if the injury or symptoms are very serious. He or she should do so immediately, by calling the emergency services, without hesitation and without waiting for the School Nurse, Physiotherapist or First Aider to arrive at the scene.

Staff should always call an ambulance if there is:

- a serious injury or illness;
- serious breathing difficulty;
- any significant head injury;
- major bleeding;
- a period of unconsciousness (excluding a faint);
- a severe burn; or
- an obvious open fracture or dislocation.

Whenever possible, an adult should remain with the casualty until help arrives

and other staff can be called upon to help with moving away any students present.

If an ambulance is called, Front of House be notified immediately in order

to alert Security and the school keepers to open the relevant gates and direct the

ambulance crew to the casualty's location.

Parents/next of kin of the casualty should be notified and a responsible adult

should go to hospital with the casualty.

Other Incidents

For all other illnesses and accidents a student should either be sent immediately to

the Healthcare Centre or advised to attend during the next break.

Any student who suffers a blow or impact to the head must be sent to the Health Care

Centre immediately, accompanied by a member of staff or a responsible friend.

If the condition involves the student feeling dizzy or unstable then the School Nurse should be sent for and she will bring the wheelchair to transport the casualty to the Healthcare Centre if appropriate. Under no circumstances should the student walk to the Healthcare Centre as injury may occur on route. The student should be laid on the floor of the classroom with their legs raised as necessary.

Contacting the School Nurse/a First Aider

The School Nurses can be contacted between 8am and 4:30pm via the School Nurses' Extension code. For Upper School 7076 and White Lodge 8461

If a School Nurse is not available, the individual summoning First Aid should call Front of House (0) and they will contact a First Aider.

Contacting Family or Next of Kin

If an ambulance is called, parents or next-of-kin will be notified as soon as possible.

In an emergency, When the situation allows the parents and the appropriate member of the House staff where the student resides is contacted. If they are not available, a message must be left.

If a student receives medical attention for an injury that the School Nurse considers should receive further care or observation, the School Nurse will inform parents either in writing or by telephone.

Following a blow or impact to the head, if student is returning home, parents are informed by telephone and a separate head injury advice letter is given to the student to take home.

Responsibility under the policy

All staff have a duty of care towards students and should respond accordingly when First Aid situations arise. All Staff familiarise themselves with the list of qualified First Aiders kept at Front of house and understand that in general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

All student Facing staff familiarise themselves with the Special Medical Needs Poster detailing students with medical needs that require the use of Adrenaline Auto-Injectors and students who could require First Aid due to medical conditions such as severe asthma, epilepsy and diabetes, this is emailed out by the school nurse at the beginning of the year and updates are sent if any information changes.

Heads of Department are responsible for ensuring that staff in their departments are aware of the procedures set out in this policy and, where appropriate, the location of the nearest First Aid kits.

The Head of Healthcare is responsible for reviewing the School's First Aid Policy in consultation with the School Nurses; and reviewing the operation of the First Aid Policy to determine any changes that might be required to the School's First Aid provision.

The responsibility for Staff Training is responsible for: organising and carrying out First Aid training for staff; drawing up a rota to ensure that suitable numbers of First Aiders are available when students are on-site and for events out of hours; and ensuring that an up to date list of qualified First Aiders is kept at Reception

The School Nurse is responsible for assessing the First Aid needs throughout the school; deciding on First Aid issues with the Head of Healthcare; providing First Aid cover during normal school hours; maintaining accurate records of first aid or any treatment given in the Healthcare Centre in the student's iSAMS and Smartabase medical record; organising the ordering, provision and replenishment of First Aid equipment to ensure that First Aid boxes and kits are adequately stocked at all times; checking the off-site First Aid kits at the beginning of each term checking the Emergency Asthma kits at the beginning of each term and after each occasion when they have been used; checking the Emergency Spare Adrenaline Auto-Injectors at the beginning of each term and ensuring that they are replaced at the earliest opportunity after they have been administered; ensuring that the Special Needs Poster detailing students with existing conditions that require prompt action such as severe allergies, asthma, epilepsy and diabetes is kept up to date and emailed to all student facing staff.

Upper School - Student First Aid

All incidents between 8.00-16.30 will be referred to the School Nurse who will take appropriate action.

Otherwise, the first person on the scene or a first aider makes an assessment and dials 999 for an ambulance if the injury or symptoms are serious.

The Nurse will assess the students who when they present with an illness, if further advice is required, contact the students' GP practice as follows. All students are now registered at the same practice unless they have specifically asked to have their home GP:

Covent Garden Medical Centre, *47 Shorts Gardens*, *London*, *WC2H 9AA*

- 020 7379 7209

NHS 111 Service can assess and triage the casualty or *Soho Walk In centre, 1 Frith Street, W1D 3HZ* can be accessed Tuesday to Sunday subject to opening hours.

If an emergency:

a. The student can attend The Emergency Department at University College Hospital London, 235 Euston Road, NW1 2BU

b. Alternatively, The Emergency Department at St Thomas' Hospital, Lambeth Palace Road, SE1 7EH.

A suitable person should travel with the injured student.

Jebsen House:

1. If a student becomes ill, house staff will investigate the nature of the illness. In cases of minor illness where a student is unable to attend school, the front of house and school nurse will be informed immediately. A GP appointment may be made at the local surgery, or they will be asked to attend the Soho Walk in Centre for the drop-in service where they will wait and be assessed. The drop-in service operates during office hours and is staffed by nurse practitioners and doctors. At all times, students will be monitored closely by house staff and if illness becomes severe, we will adopt the following procedure:

a. House staff will at all times maintain close contact with the student's parent or guardian

b. House staff will record all details in the student's medical file.

c. House staff are trained to know that if they have any concerns or require medical advice for a student out of hours or unable to be assessed by the School Nurse, they should call NHS 111 and follow advice.

2. In cases of severe illness or accident, house staff will make an assessment, in consultation with the school nurse if available, and dial 999 and request an ambulance and depending on the nature of the illness, may also administer first aid. Wherever possible, house staff will accompany the student. Alternatively, a responsible student may be required to attend.

3. If an ambulance is not required but student requires A&E, contact GLH 020 7490 4222, account number 39797. House Staff will inform the parent or guardian, the school nurse and physiotherapist (for their medical records) and the assistant principal or principal. All information will be recorded in the emergency information file. The accident book may also be completed.

If the student needs to attend hospital

a. The nearest emergency department is at: UCH, 235 Euston Road, NW1 2BU

b. Alternatively, the emergency department at St Thomas' Hospital, Lambeth Palace Road, SE1 7EH

4. In cases where the student is likely to infect other students, they will be isolated and monitored in the sick bay until they are able to be collected by parents or guardians.

Aud Jebsen Hall- Pimlico

1. A member of house staff will always be on duty in the house if a student is unwell.

2. In the event of an accident or illness, house staff will make an assessment, in consultation with the School nurse if available, and dial 999 for an ambulance if the injury or symptoms are very serious.

3. Otherwise contact the NHS 111 service who will assess and triage the student

4. If the student needs to attend hospital:

c. The nearest emergency department is at: The Chelsea and Westminster Hospital, Fulham Road SW10 9HH

d. Alternatively, the emergency department at St Thomas' Hospital, Lambeth Palace Road, SE1 7EH

- Taxis are ordered from Contact GLH 0207490 4222, account number 39797, and quote the student's surname.
- House Staff will inform the parents or guardian, the school nurse and physiotherapist (for their medical records) and the assistant principal or principal. All information will be recorded in the emergency information file. The accident book may also be completed.

5. If a student is unwell and is sent back to Aud Jebsen Hall from the school, the school nurse, physiotherapist, teacher, Front of house or other member of staff will inform house staff to ensure they will be present when the student returns. The student will then be checked on by house staff at 2 hourly intervals, unless otherwise directed by school nurse or healthcare team.

White Lodge- Student First Aid

All incidents between 8.00-16.30 will be referred to the School Nurse who will take appropriate action.

Otherwise, the first person on the scene or a first aider makes an assessment and dials 999 for an ambulance if the injury or symptoms are serious.

The Nurse will assess the students who when they present with an illness, if further advice is required, contact the students' GP practice as follows. All students are now registered at the same practice unless they have specifically asked to have their home GP:

- *Sheen Lane Health Centre, Sheen Ln, London SW14 8LP, 020 8876 3901*
- White Lodge also run a GP clinic on site on Monday morning for students who have been assessed by the school nurse and require further treatment.

Students requiring immediate medical assistance outside of the hours when the school nurse is unavailable will either be referred by a First Aider or other member of staff to the NHS 111 Service for assessment and triage or taken to the closest Paediatric Emergency Department or MIU as appropriate.

This is currently:

Kingston Hospital, Galsworthy Road, Kingston upon Thames KT2 7QB Tel: 020 8546 7711

Sports Medicine Clinic

Each site has a Sports Medicine Clinic with Sports and Exercise Medicine Consultant each week for 4 hours.

Within this clinic, students may be reviewed and referred for further investigations post injury or illness. This is covered by Healix Health Insurance.

- HEALIX Healthcare Trust covered:

A member of the School Clinical Healthcare Trust team will arrange an appointment at a designated provider. The student will give all required information, and any transport requirements will be arranged if this is deemed appropriate.

Procedures for accidents and illness involving a member of staff or visitor

1. All incidents occurring between 08.00 –16.30, Monday – Friday in term time will be handled by the School Nurse.

2. The first person on the scene or a First Aider makes an assessment and dials 999 for an ambulance if the injury or symptoms are serious prior to waiting for the School Nurse to arrive.

3. NHS 111 Service will assess and triage the staff member/visitor if appropriate.

4. If required, arrange a taxi to hospital. Contact GLH 020 7490 4222, account number 39797. The nearest hospitals are site dependant (as above).

Offsite Trips

First Aid kit should be taken to all off-site activities and visits. The School Nurse will provide these kits and the Group Leader should liaise with her in advance in accordance with the School's Educational Visits Policy. Group Leaders should advise the School Nurse of any activities which might require specific or extra First Aid items. First Aid kits are signed in and out in a book kept in the Health Care Centre.

Teachers or Trip Leaders are responsible for checking that any student prescribed an AAI for anaphylaxis has their kit containing two AAI's, antihistamines and care plan before leaving site and that any student who needs an inhaler for asthma is carrying their inhaler (the nurses can provide spare generic inhalers in case the student's own is forgotten/missing).

Students and visiting students with medical conditions

The School Nurse maintains medical information on students on iSAMS and Smartabase. They ensure that relevant details are shared with House staff, Academic, Artistic and Front of House staff on a need-to-know basis.

The School organises regular specialised training for selected staff, for example, in the use of an Adrenaline Auto-Injector and the dispensing of homely remedies and Asthma for House staff.

Anaphylaxis training is not first aid training but life saving and should be school wide and not just selective staff.

Staff Medication

Staff who need to bring prescription or over-the-counter medication into School should ensure that it is kept secure from student access at all times. This may be in a locked drawer or equivalent in a classroom, boarding house office, changing room etc. If you do not have access to a lockable space then please put your name clearly on a container with any medication in it and give to the school nurse to store safely at either site. It is not necessary for the school nurse to be aware of the contents of this container. If you have to carry medication with you at all times (e.g. an inhaler or Adrenaline Auto-Injector) then please also ensure that it is clearly labelled and that you keep this securely on your person at all times.

Information

It is essential that there is accurate, accessible information about how to obtain emergency

aid. All new staff receive information during their induction programme on how to obtain First

Aid assistance.

This includes:

• location of the Health Care Centre;

• the names of the School Nurses;

• how to contact the School Nurses in an emergency;

• the procedure for dealing with an emergency in the School Nurses' absence;

• where to access the names of qualified First Aiders and appointed persons;

• the location of the First Aid kits;

• how and when to call an ambulance; and

• where to access a current copy of this policy.

Training

First Aid training is organised by the Department Head with responsibility for staff training. A list of staff trained in First Aid, and their level of qualification, is available on the staff intranet and at Reception.

A qualified First Aider is someone who holds a valid certificate of competence in First Aid at Work (FAW). These qualifications expire after a period of three years and must be renewed.

All new staff are given anaphylaxis training, and annual updates are run during staff INSET days. Additional training for other medical conditions for example, Asthma inhalers and education regarding Diabetes or Epilepsy is provided by one of the School Nurses or a specialist nurse when necessary. Staff can also find further information on these conditions in the attached Appendices as follows:

• Appendix I Anaphylaxis

• Appendix II Asthma

• Appendix III Diabetes

• Appendix IV Epilepsy

• Appendix V Automatic External Defibrillator (AED) procedure

Qualified First Aiders

An up-to-date list of Qualified First Aiders, produced by Human Resources, for Upper School, White Lodge, Jebsen House and Aud Jebsen Hall will be published on the school's website and displayed around the school sites. Site Operations are responsible for ensuring that First Aid Signage is up to date and displayed around school.

A separate list of Qualified First Aiders is produced for the Easter and Summer Intensive Courses.

Location of First Aid Boxes

Upper School:

- Front of House
- Training & Access office
- Gym
- School nurse's office (Mezzanine)
- Training & Access hold a portable box for off-site events.
- Aud Jebsen Hall
- Jebsen House

White Lodge:

- Science classroom
- Art classroom
- Swimming Pool
- SBS storeroom

- Ashton Studio
- Darcy Bussell Studio
- Gailene Stock Studio
- Margot Fonteyn Theatre
- Margot Fonteyn studio – Gallery Seating Area
- Pavlova Studio
- Front of House
- Outside The Medical Treatment Room
- Queens Girls' Office
- Windsor Boys Bottom of Staircase
- Senior House Office
- Each Senior House Common Room in Kitchen area
- Kitchen – the catering company are responsible for maintaining these kits

- School minibuses (3)

- Plaster stations are located outside the School Nurse's Treatment Room, the Margot Fonteyn, Pavlova and Ashton studios, Jebsen House:
- House Office on 2nd floor

First Aid Kits for off-site visits

Upper School: First aid kits are kept with the school nurse and should be signed out by the trip leader with the nurse. Any supplies used should be made note of and the nurse informed so that the first aid kits can be restocked.

White Lodge:

First aid kits (x4) are kept at FOH for this purpose. Any first aid kit must be signed out by the trip leader and signed back in on return in a blue book kept at FOH for this purpose. Trip leaders must also make a note of any item used so that the first aid kits can be restocked.

Location of Automatic Electronic Defibrillators (AEDs)

Upper School:

- Post room on ground floor
- Nurses office, mezzanine floor

White Lodge:

- Front of house
- Outside healthcare office
- Ashton studio
- Area between the MFT and SBS studios

Jebsen House

- Office

Aud Jebsen Hall:

- Reception

The AEDs are checked and tested once a week by the Head of Sites Operations Team and this recorded in the AEDs' record logbook.

Location of Emergency Adrenaline Auto-Injectors:

Upper School:

- FOH x1
- School nurse's office x1
- Jebsen house x1
- Aud Jebsen House x2 (Dining Room and House office)

White Lodge:

- Dining room
- Outside healthcare office
- Queens girls' office
- Senior house office
- Academic block

Location of Emergency Asthma Kits:

Upper School:

- School nurses' office - spare inhaler in emergency meds case
- Post room on ground floor
- Jebsen house
- Aud Jebsen hall

White Lodge:

- Queens Girls' Office
- Windsor Boys' - Bottom of Staircase
- Senior House
- Academic Block
- Outside Healthcare Office

Location of Oxygen Cylinder and NRM and BVM:

Upper School:

- **Nurses' office**

White Lodge:

- Outside Healthcare Office

Location of Vacuum Splints (for use by Healthcare Team Only):

Upper School:

- **Nurse's office**

White Lodge:

- Treatment Room

Location of eye wash station

Upper School: Nurse's Office
White Lodge: Treatment Room, Science Preparation Room

Body fluid spillages kits

Body fluid spillages kits are kept at the following locations:

Upper School:	Two kits are kept at Front of House, one in the nurse's room and one in each of the portable boxes in Training & Access
White Lodge:	Front of House and Nurse's office
Dormitory area.	House Offices
Jebsen House:	One kit, kept in the House Office.
Aud Jebsen Hall:	One kit, kept in the House Office.

Accident records and notification

Accident books, which state they are data protection compliant, must be available for recording the details of all injuries etc. which occur at work. An entry must be completed as soon as possible after any accident occurs.

The school follows the guidance given in the HSE information sheet "Incident-reporting in Schools (accidents, diseases and dangerous occurrences)".

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), the employer must notify the Health & Safety Executive (HSE) as soon as possible of:

- any accidents to employees causing either death or major injury
- certain industry related diseases suffered by employees
- dangerous occurrences
- any accidents to members of the public ("the public" includes students), where any is killed or taken from the premises to a hospital for treatment.

To make a report, call the HSE Incident Contact Centre on 0845 300 99 23 (Monday to Friday, 08:30 to 17:00). An ICC Operator will complete a report form and send a copy.

Accidents to employees which result in injury causing absence from work of more than three days are reportable within ten days of the accident.

NB Accidents to students which are attributable in some way to work organised by their school (e.g. an accident during a chemistry experiment), or the condition of premises or plant, or lack of or defective supervision, where injury is suffered and where the student is taken to hospital for treatment, must be reported. Playground injuries, unless caused by defective equipment or premises etc., are not reportable.

An investigation should be carried out as soon as possible after any accident occurs, so that problem areas or procedures are identified and remedial action can be taken if necessary.

The reportable major injuries, reportable dangerous occurrences and reportable diseases relevant to the employer are as follows:

Reportable major injuries: -

- Fracture other than to fingers, thumbs or toes
- Amputation
- Dislocation of shoulder, hip, knee or spine
- Loss of sight (temporary or permanent)
- Chemical or hot metal burn to the eye or any penetrating injury to the eye
- Injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- Any other injury leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation or requiring admittance to hospital for more than 24 hours
- Unconsciousness caused by asphyxia or exposure to harmful substance or biological agent
- Acute illness requiring medical treatment or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Reportable dangerous occurrences:

- Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment

- Explosion, collapse or bursting of any closed vessel or associated pipe work
- Electrical short circuit or overload causing fire or explosion
- Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion
- Accidental release of a biological agent likely to cause severe human illness
- Collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning as a result
- Dangerous occurrence at a well (other than a water well)
- When a dangerous substance being conveyed by road is involved in a fire or released
- Unintended collapse of any building or structure under construction, alteration or demolition where over five tonnes of material falls, including a wall or floor in a place of work, any false work
- Explosion or fire causing suspension of normal work for over 24 hours
- Sudden, uncontrolled release in a building of 100kg or more of flammable liquid, 10kg of flammable liquid above its boiling point, 10kg or more of flammable gas or 500kg of these substances if the release is in the open air
- Accidental release of any substances which may damage health.

Reportable diseases include: -

- Poisonings
- Skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne
- Lung diseases including occupational asthma, farmer's lung, asbestosis, mesothelioma
- Infections such as leptospirosis, hepatitis, anthrax, legionellosis and tetanus
- Other conditions such as occupational cancer, certain musculoskeletal disorders, decompression illness and hand-arm vibration syndrome.

All accidents, occupational ill health, dangerous occurrences and near misses should be reported using the electronic Accident Form available on-line at:

All Users > Front of House > Accident Report 2024 (needs to be updated) and email this to the site service manager, FOH, the relevant school nurse and the relevant boarding house.

The above staff must notify the site service manager of all reportable incidents i.e. those reportable to HSE under RIDDOR.

The Head of Site Operations is responsible for reporting to the HSE all notifiable incidents.

All incidents must be investigated by the line manager of the individual/s involved in the incident and a copy of the investigation sent to any other manager responsible for following up any causes of the incident or any remedial actions required.

Parents will be informed of any accidents recorded in the accident book involving their children by the school nurse, house staff or first aider.

The Head of Site Operations, the House staff for Jebsen House and Aud Jebsen Hall are responsible for investigating accident reports (including near misses) and identifying possible remedial action and for bringing this to the attention of relevant staff. The accident report should be annotated accordingly or with "NFA/no further action" and signed and dated.

Accident Reporting for Associate Centres

Staff based at Associate centres should report accidents or near misses to the venue manager and provide an accident report, a copy of which must also be sent to the Outreach and Access Administration Manager for monitoring purposes.

Accident Reports analysis

The Head of Site Operations will coordinate the analysis of all accident reports and submit statistics to the Health & Safety Committee.

Training Administration

The School aims to ensure that sufficient staff, including Associate and have received basic First Aid training (including the use of Automated Electronic Defibrillators). The HR manager maintains the list of staff and their relevant qualification (this is available on the school website). The first aid qualification will also be recorded on the School's Single Central Register.

If a first aider ceases to be employed by the School, the head of human resources will then review the school's quota of trained first aiders and identify a replacement, if required.

For associate and primary STEPS staff, training renewals are monitored by the HR manager and training arranged accordingly. A copy of the certificate is provided to the HR manager and the single central register updated as above.

First Aid Supplies

Nursing staff at Upper School purchase first aid boxes and contents. White Lodge supplies are purchased by the school nurse.

On-Site First Aid Boxes

The Head of Site Operations, the House staff for Jebsen House and Aud Jebsen Hall will be responsible for checking the First Aid boxes at their respective locations regularly (at least once every half-term) and ensuring that any missing contents are replaced.

The boxes must contain a minimum of:

- 1 Guidance Leaflet
- 2 Conforming Bandages
- 4 Medium Sterile Dressings
- 2 Large Sterile Dressings
- 2 Triangular Bandages
- 2 Sterile Eye Dressings
- 20 Plasters

- 20 Cleaning Wipes
- 1 Roll of Adhesive Tape
- 6 Pairs Nitrile Disposable Gloves
- 2 Sterile Finger Dressings
- 1 Resuscitation Face Shield
- 2 Foil Blankets
- 1 Clothes Cutting Scissors
- 6 Safety Pins

- Plus, any additional appropriate items which the School may require depending on the location

Portable First Aid Kits for off-site events should comprise a minimum of:

- 1 Guidance Leaflet
- 6 individually wrapped assorted sterile Adhesive Dressings
- 2 Conforming Bandages
- 4 Medium Sterile Dressings
- 2 Large Sterile Dressings
- 2 Triangular Bandages
- 2 Sterile Eye Dressings
- X2 Normal Saline Pods
- 20 Plasters
- 20 Cleaning Wipes
- 1 Roll of Adhesive Tape
- 6 Pairs Nitrile Disposable Gloves
- 2 Sterile Finger Dressings
- 1 Resuscitation Face Shield
- 2 Foil Blankets
- 1 Clothes Cutting Scissors
- 6 Safety Pins
- 4 Vomit Bags
- 1 Clinical Waste Bag
- 1 Digital Thermometer

- Plus, any additional appropriate items which the School may require.

The School minibus [based at White Lodge] should have on board at all times a suitable, prominently marked and readily available first aid kit containing:

- 1 guidance leaflet
- 6 individually wrapped assorted sterile Adhesive Dressings
- 2 conforming bandages
- 4 medium sterile dressings
- 2 large sterile dressings
- 2 triangular bandages
- 2 sterile eye dressings

- X2 normal saline pods
- 20 plasters
- 20 cleaning wipes
- 1 roll of adhesive tape
- 6 Pairs nitrile disposable gloves
- 2 sterile finger dressings
- 1 resuscitation face shield
- 6 foil blankets
- 1 clothes cutting scissors
- 6 safety pins
- 4 vomit bags
- 1 clinical waste bag
- 1 large torch

- Plus, any additional appropriate items which the school may require.

No medication should be kept in any First Aid Kits but where required provided in a separate container

First Aid Accommodation

A suitable room will be designated on site, (reasonably near a WC and comprising a washbasin) for use for medical treatment.

These are located as follows:

Upper School: The school nurse's office is on the mezzanine

White Lodge: The Health Centre is located on the lower ground floor of the main building

Jebsen House: A flat is assigned for this purpose

Aud Jebsen Hall: rooms are assigned for this purpose on 2nd and 3rd Floors.

First Aid signage

The Head of Site Operations and the House staff for Jebsen House and Aud Jebsen Hall are responsible at their respective locations for ensuring that first aid notices are displayed in key positions showing the names and telephone numbers of the nearest first aider and location of first aid box.

Nut Aware Policy

Importantly, the school now adheres to a 'Nut Awareness' policy, replacing the previous 'Nut Free' policy. The due vigilance for staff and students remains the same regarding foods

containing nuts, with every reasonable effort to prevent the presence of nut containing products. The new policy needs to be reviewed by all staff to ensure every effort is made to educate the risks.

Appendices For First Aid Policy 2025

Appendix I – Severe allergic reaction - Anaphylaxis

An allergy is a hypersensitivity to a foreign substance that is normally harmless but produces an immune response reaction in some people. An anaphylactic reaction is the extreme end of the allergy spectrum affecting the whole body and requires emergency treatment to preserve life, with an intramuscular injection of adrenaline (in school - via an Adrenaline Auto-Injector such as an EpiPen. The reaction usually occurs within minutes of exposure to the "trigger" substance although in some cases the reaction may be delayed for a few hours (bi-phasic). Common trigger substances include peanuts, tree nuts, eggs, shellfish, kiwi, insect stings, latex and drugs such as penicillin. Avoidance of the allergen/trigger substance is paramount.

Signs and symptoms

The early symptoms of an allergic reaction are:

• Itchy, urticarial rash (hives) anywhere on the body

• Runny nose and watery eyes

• Nausea and vomiting

• Abdominal cramping

• Tingling when an allergen has been touched

Where possible remove the "trigger" – the sting, food etc. – get them to spit the food out but

NEVER induce vomiting.

The student's medical condition must be monitored as it may **rapidly** deteriorate.

Definition of Anaphylaxis

Anaphylaxis involves one or both of two features:

• Respiratory difficulty (swelling of the airway or asthma)

• Hypotension (fainting, collapse or unconsciousness)

Symptoms suggestive of Anaphylaxis are:

• Skin Changes: Pale or flushed, urticaria (hives)

• Severe swelling of lips or face

• Tongue becomes swollen

• Respiratory difficulty - audible wheeze, hoarseness, stridor

• Difficulty in swallowing or speaking

• Student may complain that their neck feels funny

• Feeling weak or faint due to a drop in blood pressure

• Feeling of impending doom (anxiety, agitation)

• Pale and clammy skin

• A rapid and weak pulse

• May become unconscious

Treatment - what to do

Follow the student's individual **Emergency Allergy Action Plan.**

Treatment depends on the severity of the reaction and may require the administration of an

Emergency Adrenaline Auto-Injector (EpiPen) to be given **without delay**.

For mild symptoms

An antihistamine and if prescribed, an inhaler should be taken by the student/be given by the School Nurse, or in her absence by any first aider and on visits, by the teacher with responsibility for First Aid.

Monitor - the student's medical condition as it may **rapidly** deteriorate.

For severe symptoms

Each student with a known severe allergy, who has been prescribed an Adrenaline Auto-Injector EpiPen should carry x2 with them at all times, together with any other emergency medication required and a named Emergency Allergy Action Plan, in their orange emergency kit, which must accompany them on all off-site activities (WL).

Treatment for anaphylaxis is adrenaline administered via an Adrenaline Auto-Injector into the upper outer thigh muscle and may be given through clothing (avoiding the seam line) noting the time. Adrenaline quickly reverses the effects of the allergic reaction, but it is short-acting. If there is no improvement or the symptoms return, then a second Adrenaline Auto-Injector must be administered after **5 minutes**. Follow the student's Individual Emergency Allergy Action Plan which includes details of any additional medication to be administered such as antihistamines, an inhaler or steroids (adjuncts). The **student must always go to hospital by ambulance if an Adrenaline Auto-Injector is administered, even if they appear to have recovered.**

- **Emergency procedure to be followed in school**
- If a student shows signs or symptoms of a severe allergic reaction, the School Nurse will be informed immediately. If for any reason, the School Nurse is not available, a First Aider must be alerted and the following procedure initiated; following the student's Individual Emergency Care Plan:
- Do not attempt to move the student. They may sit up but if they feel faint lie them down and raise their legs (to help preserve their blood pressure). **DO NOT STAND THE STUDENT UP!**
- Administer the student's own Adrenaline Auto-Injector – EpiPen or help them to administer it themselves if they are able (note the time - write this on your hand)
- If the student's own Adrenaline Auto-Injector is not available the member of staff should access the nearest Emergency Spare EpiPen (available in the Medical Centre, Students' Servery and Reception)
- Remember to give the Adrenaline Auto-Injector as soon as possible – do not delay – adrenaline will do no harm, but can save a life if given
- Call an ambulance stating "anaphylaxis" (follow the school procedure for calling ambulance)
- Send a responsible person to get the student's yellow emergency kit containing the spare Adrenaline Auto-Injector from the Medical Centre
- Monitor the student's condition carefully; be prepared to commence cardio-pulmonary resuscitation (CPR)
- If symptoms have not improved or symptoms return, then after 5 minutes administer the second Adrenaline Auto-Injector in the opposite thigh.
- Give all used Adrenaline Auto-Injectors to the ambulance crew for safe disposal
- A member of staff will accompany the student to hospital and stay until the parents arrive
- The School Nurse will record the incident on an accident report form and in the student's individual medical record
- The parents or staff will replace any medication as necessary before the student returns to school

First episode - In the case of a student without a previous history of anaphylaxis or allergy reaction

The School Nurse should be contacted without delay if the episode occurs in school. If she is not available or the incident is off-site, then an ambulance should be called (stating that the emergency is a suspected anaphylactic reaction) and First Aid measures carried out.

New students

- Parents must inform us of their son or daughter's allergy on the Confidential Medical Questionnaire Form that they complete before their son or daughter joins the school. If the condition develops later, the parents must notify us as soon as possible.
- The School Nurse will discuss with parents the specific arrangements for their son or daughter.

- Parents will need to teach their son or daughter about the management of her own allergy including avoiding trigger substances and how and when to alert a member of staff.
- The parents should ensure that their son or daughter has been shown how to self-administer an Adrenaline Auto-Injector by the prescribing doctor or specialist allergy nurse and that this is regularly reviewed.
- Students should carry x2 Adrenaline Auto-Injectors and any other emergency medication required with them at all times.
- Parents must provide the x2 Adrenaline Auto-Injectors, along with any antihistamine or other medication that may be required, and this must be kept in a named orange emergency kit with photo-id, in the student's school bag. The emergency medical kit must also contain the student's Individual Emergency Care Plan and emergency contact details.
- Parents are responsible for ensuring that all medication is in date and replaced as necessary.
- Parents must keep the school up-to-date with any changes in symptoms or medication and must provide an up-to-date individual Emergency Allergy Action Plan from the prescribing doctor.
- Catering staff will take all reasonable steps to ensure that only suitable food is available and will advise students on ingredients and appropriate food choices as required.
- Although the catering department can accommodate most food allergies, the parents will need to provide their son or daughter with snacks where appropriate.
- A named photograph of students with severe allergies is displayed on the Special Medical Needs Poster emailed to staff, in the Catering Office and the Kitchen.
- A student must carry her Adrenaline Auto-Injectors with her at all times in school together with any other prescribed emergency medication and should wear a medical alert bracelet.

Training

- Training will be available to all staff in the recognition and treatment of anaphylaxis and allergic reactions, including the use of Adrenaline Auto-Injectors and how to summon help in an emergency.
- An update on allergy/anaphylaxis will take place regularly – preferably annually as staff change.
- An update may also be required when protocols and guidelines are revised.
- Specific training can be given on individual students as and when the need arises.
- The training to be provided will cover prevalence; recognition of signs & symptoms of allergic reactions, including anaphylaxis; differential diagnosis; treatment; roles and responsibilities; storage of medication; and administrative procedures.

School Off-Site Visits

- Specific arrangements should be made for after-school or weekend activities and for school visits
- At least one member of staff trained in administering antihistamine and an Adrenaline Auto-Injector must accompany the party
- The degree of supervision required for the student should be discussed with parents and will depend on the student's age

- A letter for the Airline will need to be requested from the Medical Centre and signed by one of the School Nurses (BSACI form)

Following any anaphylactic episode all staff will meet to discuss what occurred, offer support to each other and look at how the emergency procedure worked, and the procedure will be amended if necessary.

Appendix II – Asthma

The Royal Ballet School recognizes that Asthma is a common condition affecting children and young people and welcomes all students with Asthma to the school.

Asthma is a serious but controllable chronic disease affecting 1.4 million children within the UK and is one of the most common causes of absence from school and the most frequent medical condition which requires medication to be taken during the school day.

Asthma can vary in its severity and in presentation according to the individual and can occur at any time.

When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breath and leading to symptoms of asthma.

Asthma can be controlled by taking medication in the form of an inhaler. A reliever inhaler opens the airways and makes breathing easier. A preventer inhaler makes the airways less sensitive to irritants. **Immediate access to a reliever inhaler is essential.**

Types of inhalers

- Blue - Salbutamol (ventolin) - reliever inhaler – generally delivered via a Volumatic spacer device (taken for the immediate relief of symptoms)
- Brown - Beclometasone – preventer inhaler (usually taken only in the morning and at bedtime

Students with asthma learn from their past experience of asthma attacks; they usually know what to do, nevertheless good communication is essential.

Triggers

- Grass and hay
- Pollen
- Animal fur
- Viral infections
- Cold, damp weather
- Exercise
- Emotion
- Smoke, pollution and dust

Signs of poor control are:

- Nighttime symptoms leading to exhaustion during the day and poor concentration
- Frequent daytime symptoms
- Using their reliever inhaler on more than two occasion in a week
- Time off school because of respiratory symptoms

New students

- Parents must inform us of their son or daughter's asthma on the Confidential Medical Questionnaire Form they complete before the student joins. If the condition develops later, the parents must notify us as soon as possible.
- The School Nurse will discuss with parents the specific arrangements for their son or daughter and parents will be asked to provide a copy of their son or daughter's current Asthma Action Plan.
- A student with asthma should carry their inhaler with her **at all times in school.**
- Parents are responsible for ensuring that inhalers are in date and replaced as necessary and have sufficient doses remaining. Parents should provide the School with a spare inhaler for in-school use, this will be kept in a named bag in the Asthma Draw in the Treatment Room at WL and Nurses' Office at Upper School.
- A named photograph of any students with asthma is displayed on the electronic Student Asthma List and emailed to all student facing staff.
- All students on the Student Asthma List will have access to an emergency reliever inhaler if required.
- Regular training will be available to all staff in the recognition of an asthma attack and how to summon help in an emergency. All staff should familiarize themselves with the procedure for dealing with an asthma attack.
- Specific arrangements should be made for after-school or weekend activities and for school visits.

Common signs of an asthma attack

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

It should be noted that in atypical asthma no wheezing will be audible.

- **Emergency procedure to be followed in school**

- Action to take in the event of an asthma attack:
- Keep calm
- Encourage the student to sit up and slightly forward – do not hug or lie them down
- Make sure the student takes two puffs of their reliever inhaler (usually blue) immediately (preferably through a volumatic spacer)
- If the student's inhaler is not available the member of staff should access the nearest Emergency Asthma Kit which contains a reliever inhaler and spacer (available in FOH, Healthcare Lobby, Each Boarding House Office, Academic Block @ WL)
- Ensure tight clothing is loosened
- Reassure the student
- Call the School Nurse

- **If there is no immediate improvement:**

- **Continue to make sure the student takes one puff of their reliever inhaler every minute**

- **for five minutes or until their symptoms improve.**

- **Call 999 urgently and request an ambulance (following school procedure) if:**

- The student's symptoms do not improve in 5-10 minutes
- The student is too breathless or exhausted to talk
- The student's lips are blue
- You are in any doubt

- **Ensure the student takes one puff of their reliever inhaler every minute until the ambulance arrives.**

- **Caution:**

- **Do not give anything to eat or drink**

- **Do not give ibuprofen or paracetamol**

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a student with asthma in school. When the student feels better, they can return to school activities.
- The parents/guardian must always be informed if their son or daughter has had an asthma attack.

Appendix III – Diabetes

The Royal Ballet School support students attending the school with type 1 diabetes and recognize that they need understanding, encouragement and support to ensure a sense of independence. Most students with diabetes have a good knowledge of their condition and can manage it well but good communication between the student and medical team is essential.

New students

Before the student joins the school, the parents will complete a Confidential Medical Questionnaire informing us that their son or daughter is diabetic. The School Nurse will then send an individual care plan for completion, unless the family already has an appropriate and up-to-date plan; in which case a copy will be requested (**this is a requirement under the NHS in the UK**). This will include details of the care to be given for hypoglycaemia (low blood glucose) and the emergency treatment that will be needed and instructions on when to call the emergency services. It is crucial to reinforce that parents are experts in the care of their child and should be involved from the outset. They are best positioned to indicate they are ready to share responsibilities with the school. Raising expectations of what is possible and keeping their child at the centre of everything is essential. Collaborative working between healthcare professionals, education staff and the student's family will support the school in their day-to-day management of diabetes including monitoring of the condition, food, physical activity and the student's wellbeing.

A copy of the individual care plan will be kept in the Treatment Room, Boarding House and online; spare equipment will be kept in a named box with a photograph in the diabetes draw in the Treatment Room, or in the fridge as necessary. The student's name and photograph will be included on the Special Medical Needs Poster emailed to all student facing staff.

Insulin

The student will know how to administer insulin and will carry this with them during the normal school day. However, the school will support the student, and the School Nurse will discuss with the parents all aspects of the student's insulin and its administration. The school will provide facilities for the safe disposal of needles.

The need for regular eating times is recognized by the school and appropriate arrangements will be made. Diabetes management outside school will be the responsibility of the student's consultant/diabetes specialist nurse (DSN) and the parent/guardian must inform the School Nurse of any change in the student's regime in writing, as soon as they occur. We will always endeavour to invite the new student's DSN to a meeting at the school prior to the student joining.

Day visits

The student will need to carry their insulin and blood glucose testing kit and snacks as usual and must plan for the possibility of a delayed return. All staff will be advised of the necessary precautions and the emergency procedures. The staff will collect the student's spare emergency kit and a copy of the individual care plan detailing the emergency procedures, for use in the event of a hypoglycaemic

episode. They will also carry spare fast acting glucose/snacks/juice boxes. The emergency kit must be returned to the Treatment Room immediately on return to school.

Ballet, Dance and other Physical Activity

The school will ensure that artistic staff are aware of the precautions necessary for a student with diabetes to take part in Ballet, Dance or other physical activities and on the emergency procedures. Chaperones/Artistic staff will have a supply of fast acting glucose/snacks/juice boxes available for diabetic students when they are off-site or at performance events.

Background

Type 1 diabetes develops when the insulin-producing cells in the body are destroyed by the body's immune system; the body is unable to produce any insulin. It is a long-term medical condition. Insulin is the key that unlocks the door to the body's cells. Once the door is unlocked glucose can enter the cells where it is used as fuel. In Type 1 diabetes the body is unable to produce any insulin so there is no key to unlock the door and the glucose builds up in the blood. Nobody knows for sure why these insulin-producing cells have been destroyed, but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a virus or other infection. Type 1 diabetes can develop at any age but usually appears before the age of 40, and especially in childhood. Type 1 diabetes accounts for between 5 and 15 per cent of all people with diabetes and is treated by daily insulin injections, a healthy diet and regular physical activity.

Insulin is taken either by injections, an insulin pen or via a pump or pod.

The main symptoms of undiagnosed diabetes can include:

- passing urine more often than usual, especially at night
- increased thirst
- extreme tiredness
- unexplained weight loss
- genital itching or regular episodes of thrush
- slow healing of cuts and wounds
- blurred vision

If you are concerned that a student is showing these symptoms, please contact the School Nurse without delay.

Medication – Insulin

Insulin cannot be given orally as it will be digested. It is administered by either an Insulin pen, injection or by a pump. Insulin may be administered several times a day, so the student will carry their pen and blood glucose testing kit with them. Spare insulin will be kept in a labelled box in the fridge. It will be the responsibility of the student to be aware of her dosage of insulin. If there is a query during the

school day either the parents will be contacted or the named diabetes specialist nurse if the parent is unavailable.

Insulin pump

This continually delivers insulin into the subcutaneous tissue

- The device is worn attached to the student's waist. It helps maintain a more stable blood
- glucose level and as it is easy to vary the dose, gives students more freedom with diet and activity.
- Using the maximum bolus and maximum basal facility settings can give added reassurance that too much insulin will not be delivered in error.
- Each student who uses a pump must learn and be confident to carb count, to set/adjust the insulin dose delivery themselves according to their diet, activity and blood glucose levels.
- Staff and First Aiders will not be required to know how to carb count, calculate dosages or administer insulin via a pump.

- **Emergency procedure to be followed in school**
- **Hypoglycaemia - Hypo (below 4mmols/L)**
- This is the most common short-term complication in diabetes and occurs when the level of glucose falls too low thereby affecting cognitive function.
- **It is caused by:**

- When too much insulin has been taken
- A meal or snack that has been delayed or missed
- Not enough carbohydrate food has been eaten
- Exercise was unplanned or strenuous
- Sometimes there is no obvious cause.

- **Signs and symptoms:**

- Hunger, trembling, shaking
- Sweating
- Pallor
- Fast pulse or palpitations
- Headache
- Tingling lips
- Glazed eyes, blurred vision
- Mood change – anxiety, irritability, aggressiveness

- Lack of concentration, vagueness, drowsiness
- Collapse

- **Action to take:**

- Contact the School Nurse if she is on site, or in her absence a qualified First Aider

- **If the student is conscious:**

- If possible, get the student to check their blood glucose
- Give orange juice or x3 glucose tablets (The student will carry their own, but drinks, glucose tablets and cereal bars are kept in Treatment Room
- If the student is conscious, but **uncooperative** apply Hypostop gel to the inside of the cheek (as per instructions)
- The student will need to check her blood glucose after 15 minutes. If it remains below 4mmols repeat as above
- This will may need to be followed by a carbohydrate snack (cereal bar, sandwich, a couple of biscuits, fruit etc) **unless** the student has an insulin pump in which case her individual care plan should be followed.
- If there is no improvement in the blood glucose level after 2 cycles, then the parents should be called urgently; if no parental contact can be made then Call 999 and ask for a paramedic to attend

- **If the student is unconscious:**

- Place the student in the recovery position

- **Then:**

- Contact the School Nurse if she is on site or in her absence a qualified First Aider
- Only the School Nurse or School Doctor can currently administer an emergency Glucagon injection, which is kept in the Treatment Room Fridge

- **Otherwise, the First Aider will:**

- Call 999 and request an ambulance (following the school procedure)
- Not give the student anything to eat or drink
- Organise for the parents to be contacted

- **Hyperglycaemia - Hyper (14mmols/L or above)**

- This develops more slowly than hypoglycaemia but is more serious if untreated. This occurs when there is too much glucose in the blood, therefore extra insulin is needed.
- The blood glucose level will be above 14mmols. This can develop over a few days and will be more noticeable if a student is away on a school visit.

- **Hyperglycaemia - It is caused by:**

- Too little or no insulin given
- Eating more carbohydrate than their diet allows
- Emotional upset
- Stress
- Less exercise than usual
- Infection
- Fever
- Not conforming to treatment

- **Signs and symptoms:**

- Feeling unwell
- Extreme Thirst
- Frequent urination
- Tiredness and weakness
- Nausea Blurred vision
- Flushed appearance
- Dry skin
- Glycosuria
- Small amount of ketones in urine/blood

- **Action to take:**

- They should check their blood glucose and should be able to titrate their insulin according to their blood glucose level; they should also check for the presence of ketones
- Contact the parents if ketones are present and arrange for the student to be collected
- Give fluids (without sugar)
- Contact the named diabetes specialist nurse if the parents cannot be reached
- Call 999 and request an ambulance if any of the following signs and symptoms occur:
- Confusion/impaired consciousness/unconsciousness
- Deep and rapid breathing
- Abdominal pain
- Nausea/vomiting
- Breath smells of acetone (like pear drops, nail polish remover) as this can proceed to diabetic
- ketoacidosis (DKA) which for a diabetic is a medical emergency; with an uncontrollable
- downward spiral without urgent medical attention

General points

- No diabetic student will be allowed leave the classroom alone or be left unattended if unwell and will always be accompanied to the Healthcare Centre
- A diabetic student will be free to check blood glucose and eat a snack in class as necessary without ever needing to refer to the teacher present
- Diabetic students should not check their blood glucose in a toilet area

- Privacy for blood glucose testing will always be available in the Healthcare Centre
- During school exams students will be given extra time to check blood glucose and eat a snack as required. The clock will only be restarted once her blood glucose has returned to normal limits.

Spare Glucometer

This is kept in the diabetic cupboard in the Treatment Room; is checked regularly and is available for use by any diabetic student.

Glucagon emergency injection kit

When a student with Type 1 Diabetes joins the school, they must provide the Healthcare Centre with spare Glucagon emergency injection kit. This is kept in the unlocked Medical Centre fridge and the expiry date is checked each term.

Checklist for visits

- Hand gel
- Copy of Individual care plan, visit medical consent form with full contact details of
- parent/guardian
- Blood glucose testing kit and urine testing kit
- (if B/G testing does not include ketone testing)
- School visit information
- Risk assessment
- Letter for airline
- Insulin plus spare in case of loss/damage Mini sharps box
- Insulin pen and needles plus spares in case of loss/damage
- Quick reference flow-chart with photograph of student
- All insulin pump equipment if applicable
- Spare insulin pump equipment if applicable
- Fast acting glucose/carbohydrate snacks/juice boxes
- Extra food in case of a delayed return
- Spare fast acting glucose/carbohydrate snacks/juice boxes
- Cool bag for transportation of insulin
- Ensure suitable refrigeration facilities are available at destination
- Medical Alert bracelet

Appendix IV – Epilepsy

The Royal Ballet School recognizes that epilepsy is a common condition affecting children and young people and welcomes all students with epilepsy to the school. The school supports students with epilepsy in all aspects of school life and encourages them to achieve their full potential. We believe that every child with epilepsy has the right to participate fully in the curriculum and life of the school, including all outdoor activities and residential visits; assuming health and safety considerations are met following a risk assessment. The school's aim is to meet all the educational needs of the student,

through discussions with the student, parents, head of section, the form teacher and the medical team.

Background

Epilepsy is the most common serious neurological condition. It affects about 1 in 200 children under 16 years and is currently defined as a tendency to have recurrent seizures. A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming halted or mixed up. It can be due to head trauma or secondary to drugs, toxins, stress, infections such as meningitis, or of no known cause.

The brain is responsible for all the functions of the body, so what is experience during a seizure will depend on where in the brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure, and each person will experience epilepsy in a way that is unique to them. Seizures that affect the whole of the brain are known as **generalized seizures** and those that affect just one part of the brain, are known as **focal onset** seizures. Generalized seizures usually result in a loss of consciousness, which may last seconds or several minutes. Focal seizures only partially affect consciousness.

Some of the main types of seizures are:

- Generalised (Tonic clonic)
- Absence
- Focal impaired awareness
- Focal aware

Generalized seizures – Tonic-clonic

The tonic phase - The person loses consciousness and, if standing, will fall to the floor. Their body goes stiff because all their muscles contract. The eyes roll back, and they may cry out because the muscles contract, forcing air out of their lungs. The breathing pattern changes, so there is less oxygen than normal in the person's lungs; because of this, the blood circulating in their body is less oxygenated than usual; causing the skin, particularly around the mouth and under the fingernails to appear blue in colour. This is called cyanosis. The person may bite their tongue and the inside of their cheeks.

The clonic phase - After the tonic phase has passed, the clonic phase of the seizure begins. The person's limbs jerk because their muscles tighten and relax in turn. The person may occasionally lose control of their bladder and/or bowels. It is not possible to stop the seizure; no attempts should be made to control the person's movements, as this could cause injury to their limbs.

After a tonic-clonic seizure - After a short time, the person's muscles relax, and their body goes limp. Slowly they will regain consciousness, but they may be groggy or confused. They will gradually return to normal but may not be able to remember anything for a while. It is usual to feel sleepy and have a headache and aching limbs. Recovery times can be different. Some people will quickly want to get back to what they were doing; other people will need a short sleep, whereas some will need plenty of rest and will need to go home.

Post-ictal state - After a tonic-clonic seizure, some people may be very confused, tired or have memory loss. This is known as a post-ictal state.

Absence seizures – The person briefly loses consciousness (3-30 seconds); they may appear to be distracted or daydreaming and these seizures can occur up to 20 times a day; lasting only a few seconds. There may be a slight drop in muscle tone causing the person to drop something and there maybe frequent repetitive movements. In an undiagnosed child these are often mistaken for inattentiveness or daydreaming and their schoolwork may deteriorate.

Seizures are also described depending on a person's level of awareness during their seizures (whether or not they are aware of the seizure and what is happening around them). These seizures are known as focal aware seizures or focal impaired awareness seizures.

Focal impaired awareness seizures (previously called complex partial seizures)

Some focal seizures involve movements (motor symptoms) and some involve unusual feelings or sensations (non-motor symptoms).

Motor symptoms can include:

- Making lip smacking or chewing movements
- Repeatedly picking up objects or pulling at clothes
- Suddenly losing muscle tone or suddenly becoming stiff
- Repetitive jerking movements on one or both sides of the body
- Making a loud cry or scream
- Making strange postures or repetitive movements

Non-motor symptoms can include:

- Changes or a "rising" feeling in the stomach or déjà vu
- Unusual smell or taste
- Sudden intense feeling of fear or joy
- A feeling of numbness or tingling
- Visual disturbances such as coloured or flashing lights or hallucinations.

They are unable to articulate their feelings. This may also be interpreted as inattentive behaviour.

It is important not to restrain the person, as this may frighten them, but it is essential to keep them safe, by guiding them away from stairs or busy roads. When the seizure ends, they may be confused and will require reassurance and monitoring until fully alert.

Focal aware seizures (previously called simple partial seizures)

In focal aware seizures (FAS) the person is conscious and will usually know that something is happening and will remember the seizure afterwards. The person may feel "strange" but unable to describe the feeling afterwards. This may be upsetting or frustrating for them. They may feel confused. Sometimes a focal onset seizure can spread to both sides of the brain (called a focal to bilateral tonic-clonic

seizure). The focal onset seizure is then a warning, sometimes called an “aura” that another seizure will happen.

Triggers

Any of these may cause a seizure to occur:

- Excitement
- Tiredness
- Emotional stress
- Illness
- Fever
- Flickering lights

New students

Before the student joins the school, the parents will complete a Confidential Medical Questionnaire and inform us that their son or daughter suffers from epilepsy. The School Nurse will request a copy of the existing individual care plan; where no exists, the parents will be sent an individual care plan for completion. This will include details of any known triggers, the care to be given in the event of a prolonged seizure and the emergency treatment that will be needed. **Where emergency medication has been prescribed by a consultant neurologist, then the consultant must provide a complete and signed individual care plan for emergency medication to be administered in school.**

We keep a record of all the medical details of students with epilepsy and keep parents updated with any issues which may affect the student. We ensure that at least one member of staff who is trained to administer emergency medication is in school during normal school hours. Advice about this condition is available to all staff. The student’s name and photograph is included on The Special Medical Needs Poster; a copy of which is emailed to all student facing staff. The staff will be informed of any special requirements, such as the most suitable position for the student to sit within the classroom.

The epilepsy procedure applies equally within the school and for any activities off the school premises that are organized by the school. A risk assessment will be carried out for educational visits involving the student. If the student, parent, or member of staff or the medical team have any concerns these will be addressed at a meeting prior to any off-site activity involving the student taking place.

Emergency Medication

Named emergency medication, when prescribed is kept in the locked medicines cupboard in the Healthcare Centre and at present can only be given by the School Nurse or School Doctor, when they are on site.

- **Emergency procedure to be followed in school**
  - First aid for the student's seizure type will be included on their individual care plan. Staff will be advised on basic first aid procedures and the school has a team of qualified First Aiders.
  - There are several types of seizure but in most cases the sufferer falls to the ground and their body becomes rigid due to strong muscular contractions.
- Make sure the area is clear so that they don't hurt themselves
- If possible ease the student to the ground
- Do not move them unless they are in danger (top of stairs, by a road etc.)
- Stay calm; send for the School Nurse, giving the name of the student
- Note the time the seizure started
- Put something soft under their head (jacket or cushion) or gently cup their head with your hands to stop their head hitting the ground
- Get a responsible person to move other students away
- **DO NOT** put anything into their mouth, or restrain them – allow the seizure to happen
- **After the seizure**
- Check their breathing
- Make sure that the airway is clear.
- If breathing, place in the recovery position
- Monitor and record vital signs: pulse, breathing rate and level of response
- Be prepared to commence cardiopulmonary resuscitation (CPR)
- Note the length of time of the seizure
- They may be confused and disorientated, so talk calmly and reassure the student
- The student may also have been incontinent, in which case cover them with a blanket to avoid potential embarrassment and preserve their dignity
- When recovered enough arrange for them to be taken by wheelchair to the Medical Centre to sleep
- The aftereffects may be a bitten tongue, headache, aching limbs and exhaustion
- Inform the parents at the earliest opportunity
- **Call an ambulance (following the school procedure) if:**
- It is the students first seizure
- If the seizure lasts for 5 or more minutes and they have not been prescribed emergency medication

- If the seizure lasted for 5 minutes or more and they have been given emergency medication
- They have trouble breathing after the seizure has stopped
- They have not regained consciousness after more than 10 minutes
- They have repeated seizures
- They may have sustained an injury
- You are concerned and need assistance.
-

Appendix V – Automatic External Defibrillator (AED) Procedure

What is an Automatic External Defibrillator (AED)?

An automated external defibrillator (AED) is a portable electronic device that automatically diagnoses potentially life-threatening cardiac arrhythmias in an individual and is able to treat them through defibrillation. Defibrillation is the application of electrical therapy allowing the heart to re- establish an effective rhythm.

Overview:

In the UK approximately 30,000 people sustain cardiac arrest outside hospital each year. Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT). The scientific evidence is overwhelming; the delay from collapse to delivery of the first shock is the single most important determinant of survival. If defibrillation is delivered promptly, survival rates as high as 75% have been reported. The chances of successful defibrillation decline at a rate of about 10% with each minute of delay, basic life support will help to maintain a shockable rhythm but is not a definitive treatment. (Resuscitation Council (UK) – The use of Automated External Defibrillators – 2010).

Children:

All RBS AED's contain pads which are suitable for an adult and **child aged 8 years andolder.**

Training:

AED trained staff also hold a First Aid qualification.

Annual AED training is organized for staff in conjunction with First Aid Training by the member of the Senior Management Team in charge of training.

All those trained in the use of an AED should also receive a copy and familiarize themselves with the following documents:

Adult out of Hospital Basic Life Support Resuscitation Guidelines:

https://www.resus.org.uk/sites/default/files/2021-04/Adult%20Basic%20Life%20Support%20Algorithm%202021.pdf

Paediatric out-of-hospital Basic Life Support Resuscitation Guidelines:

https://www.resus.org.uk/sites/default/files/2024-01/Paediatric%20Out%20of%20Hospital%20Basic%20Life%20Support%20Algorithm%202021%20Jan%202024%20V1.1.pdf

Reception staff will be trained in their role and responsibilities within this procedure.

Location of the AEDs:

Upper School: Nurse Office and Front of House.

Aud Jebsen Hall and Jebsen House Office.

White Lodge:

FOH, Healthcentre Lobby, Ashton Studio, Between The Stock Bussell Studio and Margot Fonteyn Theatre

The AEDs are powered by a long-life battery clearly displayed (green tick when the battery is fully charged, red cross when the battery is depleted).

The AEDs are checked weekly by the Premises Team.

- Emergency procedure to be followed in school

- Anyone finding a collapsed individual should shout for help then:

1. Call 999 and request an ambulance (following the school procedure)
2. Call the internal emergency number: 0

- Please state the exact location of the casualty clearly

- The Receptionist will:

1. Alert the School Nurses via extension: US 7076/ WL 8461
2. Alert the AED trained First Aiders
3. After school hours they will alert the AED trained First Aider on duty
4. Send a runner to take the Front of House AED to the location of the casualty
5. Inform security to be ready to open the school gates (@ WL) and direct the ambulance
6. Check that all the above has been carried out and that an ambulance has been dispatched!

- The School Nurse and First Aider/s will make their way immediately to the casualty

- CPR will be started as soon as it is established that the casualty is unresponsive and not breathing normally by the first trained person on the scene. The AED machine will be connected to the casualty as soon as it arrives. See Resuscitation Council AED algorithm on the following page:

- Any First Aiders not directly involved with CPR will assist with:

- The safety of the casualty
- Moving away any bystanders
- Being ready to take over CPR if the other First Aiders become tired
- Organise for someone to meet the ambulance crew and direct them to the
- location of the casualty as quickly as possible

- The School Nurse or a member of the Senior Team will lead the identification of the
- casualty and will be responsible for contacting the next of kin as soon the situation allows

In the unlikely absence of a trained individual, and where a delay would occur, the AED can be operated by an untrained individual and they should not be precluded from using the AED (Resuscitation Council Guidelines 2010).

After the critical incident has been dealt with:

An incident report will be completed irrespective of whether the AED was used or not

Any equipment used will be replaced

If used, then the AED Manufacturer will be contacted so that a print-out can be produced and kept with the Medical Records

The AED will be checked, restocked and returned to FOH or from where it was taken.

Following the critical incident the School Nurses, School Doctor and the member of the Senior Management Team in charge of first aid training will arrange a debriefing session for the staff involved; to highlight any concerns that may have arisen and to make amendments to the AED procedure if necessary

An event report form will be completed and returned to the Resuscitation Council (UK) by the School Nurses