Policy for Supporting Pupils with Medical Conditions.

Headteacher: Mr P Rawlings

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Policy for Supporting Pupils at School with Medical Conditions
Netherbrook Primary School /NHS Partnership

The health of our pupils is of paramount importance, poor health can result in a barrier to learning and it is our aim to support Dudley NHS Primary Care in regularly monitoring the health and well-being of individuals.

Our partnership with the NHS enables us to provide facilities for a number of timed checks to be carried out. For your information these are listed below:

- Dudley NHS Primary Care Trust monitors all School Nurse caseloads regularly and updated when necessary. This reflects in a good medical liaison between Primary School and Secondary Schools.
- It is important that all medical issues are transferred between schools.
- Netherbrook Primary's School Nurse can be contacted through the school office.
- The care scheme of work that the School Nurse offers is:-

Prior to school entry

- Attend new foundation stage parents' evening.

School entry (Foundation which = first year at Netherbrook Primary).

- Liaison with class teacher/Family Support and Attendance Officer.
- Health questionnaire to all parents.
- Measurement of height and weight.
- Children who are highlighted with a medical/developmental problem will be offered a selective school entry health assessment or referred to the appropriate agency.

Throughout Primary School

- Referrals from education staff. Reviews of height and weight will be offered.
- Regular 'drop in' sessions for children and parents.

Year 6

- Confidential health questionnaire to all parents on transfer to secondary school.
- Measurement of height/weight.

Netherbrook Primary School has an excellent working relationship with our School Nurse Stacey Harris.

We are working towards promoting good health and ensuring children with any health problems are dealt with in a caring, confidential manner.

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Supporting Pupils with Medical Conditions at School Policy

1. Introduction

The Governing Body of the School ensures that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance released in April 2014 and December 2015 – "Supporting pupils at school with medical conditions".

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities and this includes children with medical conditions.

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- The DfE publication 'Supporting Pupils at School with Medical Conditions' published April 2014 and December 2015 includes Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEND Code of Practice 2014 will also apply.
- Netherbrook Primary School aims to ensure that all children with medical conditions, in terms of both physical and mental health, are supported to play a full and active role in school life, remain healthy and achieve their academic potential.
- All children have a right to full access to education, including school trips and physical education.

- We recognize that medical conditions may impact social and emotional development as well as having educational implications.
- Netherbrook Primary School staff will consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

2. Key roles and responsibilities

The Learning Link Multi Academy Trust is responsible for:

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

The Governing Body is responsible for:

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures the School.
- Ensuring that the school's admissions policy and 'Supporting Pupils with Medical Conditions Policy', as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Informing relevant staff of medical conditions and preventative or emergency measures required so that staff can recognise and act quickly when a problem occurs.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.

- Ensuring that arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school as any other child.
- Ensuring the level of insurance in place reflects the level of risk.
- Ensuring that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Keeping written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring that the school's policy for supporting pupils with medical conditions is shared with staff in whole school awareness training and that induction arrangements for new staff are in place.
- Arranging and monitoring and keeping a record of training for identified staff.
- Ensuring that necessary information about medical conditions is communicated to supply staff and where appropriate.
- Completing risk assessment for school visits and other activities outside of the normal timetable with support and guidance from Physical Impairment and Medical Inclusion Services (PIMIS).
- Developing, monitoring and reviewing Individual Healthcare Plans.
- Working together with parents, pupils, healthcare professionals and other agencies.
- Where necessary work flexibly to ensure that a child receives appropriate education in line with their particular health needs. For example, allowing a child to attend school part time in combination with alternative provision arranged by the Learning Link Multi Academy Trust.
- To ensure that the policy for supporting pupils with medical conditions in school is implemented and reviewed.

The Head Teacher and Family Support and Attendance Officer (FSAO) is responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of the School.
- Making all staff are aware of this policy.

- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs) in partnership with the School Nurse.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations. Liaising locally with lead clinicians on appropriate support.

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication (subject to having received appropriate training from healthcare professionals).
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Making reasonable adjustments in order that children with medical needs can participate fully and safely on trips and visits by carrying out risk assessments and seeking advice from a range of external agencies including PIMIS.
- Informing parents if their child has been unwell at school.

Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines.

School Nurses are responsible for:

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.
- Providing support for staff on implementing a child's individual health care plan and providing advice and liaison, including with regard to training.

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a parental agreement for school to administer prescribed medicine form before bringing prescribed medication into school.
- Providing the school with the prescribed medication their child requires and keeping it up to date.
- Collecting any leftover prescribed medicine at the end of the course or year.
- Discussing prescribed medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Head teacher, FSAO, SENCO, other staff members and healthcare professionals.
- To ensure that emergency contact information is always up to date and accurate, parents need to be aware of the importance of letting the school know of any change to emergency contact information and that they are always contactable in the event of an emergency.

- Here at Netherbrook Primary School, we reserve the right to test emergency contact numbers and if parents/carers are not available/contactable then the child could be asked to remain at home until the issues are resolved.
- As key partners, parents will be asked to support in the development of their child's IHCP.

Definitions

Prescription medication" is defined as any drug or device prescribed by a Doctor.

A "staff member" is defined as any member of staff employed at Netherbrook Primary School.

3. Training of staff

- Teachers and support staff will receive training on the 'Supporting Pupils with Medical Conditions' at School Policy as part of their induction as appropriate.
- Teachers and support staff will receive regular and ongoing training as part of their development.
- Teachers and support staff who undertake responsibilities under this policy will receive the training from the appropriate Healthcare Professionals.
- The lead for this training is the FSAO in conjunction with School Nurse.
- No staff member may administer prescription medicines or undertake any healthcare procedures without written consent from parents/carers.
- No staff member may administer drugs by injection unless they have received training in this responsibility.
- The School Business Manager will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

The role of the child

- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

- Where appropriate, pupils will be encouraged to carry and take their own medication under the supervision of the trained staff where the medication is stored and always available for the student.
- Pupils with medical conditions will be consulted about their medical support needs.

4. Procedure when notification received that pupil has a medical condition

- Arrangements to support medical needs should be in place in time for a child to start the school term.
- In cases where there has been a new diagnosis or a child has moved school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks. During this period if the child already attends the school, the school has the right to refuse the child entry until staff training has been completed and an individual health care plan has been drawn up. During this time work will be provided for the child to do at home.
- The named person will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child.
- Appendix A outlines the process for developing individual healthcare plans.

5. Individual Healthcare Plans (IHCPs)

- Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Head teacher, FSAO, SENCO and other medical professionals.
- All IHCP's need to be reviewed every 12 months or sooner if there are significant changes to the child's care, with each review being signed by the Healthcare Professionals involved in the individual child's care.
- Any change a parent wants to make to an individual health care plan needs to be via a written medical letter from a Healthcare professional.

- IHCPs will be easily accessible whilst preserving confidentiality.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

Following an operation or absence longer than 4 weeks, before the return to school:

- There will need to be a written medical letter stating that the pupil is fit to return to school and outlining any special considerations of that return to school.

The pupil returns to school only when their medical care has been reviewed by a Healthcare professional (including the implementation of an IHCP if applicable) and a return to school meeting with parents.

Where a child has an IHCP, this will clearly define what constitutes an emergency and explain what to do.

6. Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible and the prescribed medicines require 4 or more dosages per day, then the school staff will administer one of these doses during the school day, usually around the middle of the day.
- Prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for the school to administer the medicine.
- As a school, we will assess the level of training we feel is required for staff to administer medicines.
- Prescribed medicines that are fully labelled with child's name and medical instructions, will be stored SAFELY in the staffroom or classroom appropriately either in a fridge or cupboard.
- Prescribed medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Prescribed medicines which do not meet these criteria will not be administered.
- Any medications left over at the end of the course will be returned to the child's parents or destroyed if expiry date is reached.
- No medication must be brought into school without a prescription label. If this does happen it will be kept in the school office for the parent to collect. Staff will not administer any form of medication without it being prescribed by a doctor.
- Written records will be kept of any medication administered to children. Pupils will never be prevented from accessing their medication.
- School cannot be held responsible for side effects that occur when medication is taken correctly.

7. Emergencies

Medical emergencies will be dealt with under the school's emergency procedure.

A copy of this information will be displayed in the school office:

Speak slowly and clearly and be ready to repeat information if asked.

- Request an ambulance – dial 999 and be ready with the information below.
- The school's telephone number.
- Your name.
- Your location.
- Provide the exact location of the patient within the school.
- Provide the name of the child and a brief description of their symptoms.
- Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient.
- Ask office staff to contact premises to open relevant gates for entry.
- Contact the parents to inform them of the situation.
- A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes as an emergency.
- What to do in an emergency.

8. Enrichment and Extra Curricular Activities

- Reasonable adjustments will be made to enable pupils with a medical condition to participate fully and safely in day trips, residential trips, sporting activities and other extra-curricular activities. Arrangements for the inclusion of pupils in such activities will be made unless evidence from a clinician states that this is not possible.
- Risk Assessments will be implemented so that planning arrangements take into account the needs of pupils with medical conditions to ensure that they are included.
- When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted ensure that pupils can participate safely.

9. Avoiding unacceptable practice

School understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring medical evidence or opinion.
- Preventing pupils from taking inhalers or any medication that is necessary.
- Preventing children from taking part in any activities during school hours.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when there is a recognised medical need as diagnosed by a doctor, in order to manage their condition.
- Sending children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual health care plan.

10. Insurance

Teachers who undertake responsibilities within this policy are covered by the school's insurance. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Business Manager.

11. Complaints

The details of how to make a complaint can be found in the Complaints Policy.

Date of Review:

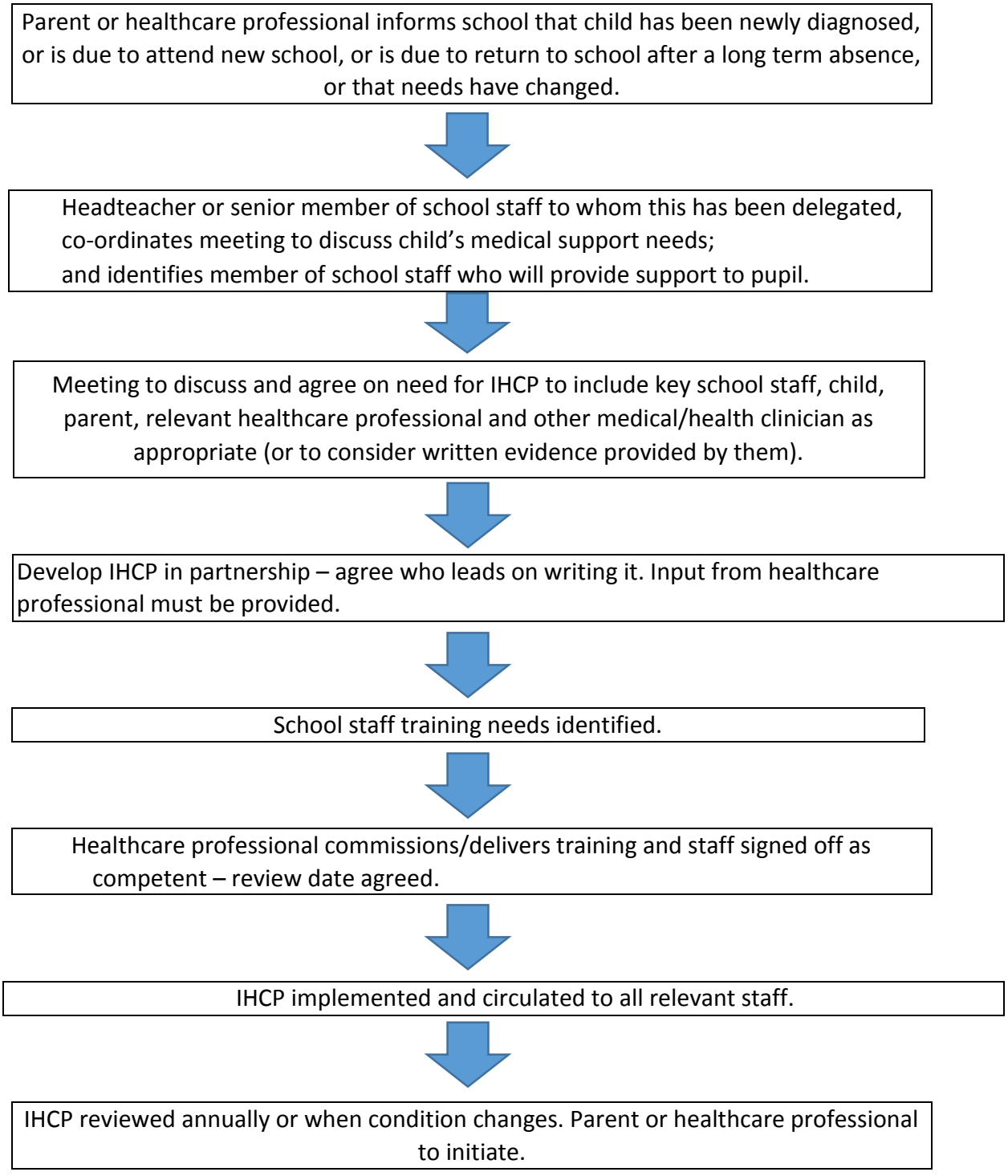
Date of next Review:

Signed:

Date:

Appendix A

Model Process for Developing Individual Healthcare Plans



Anaphylactic Policy

Introduction

'Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment.

It is a harmful response by the body to a substance'.

Approximately 7% of the population are allergic to certain foods/ bites/ stings and various types of drugs. So it is therefore very likely that most teachers will come in contact with a child who suffers from an anaphylactic reaction.

If anaphylaxis is dealt with calmly and reassuringly, the child will benefit and other pupils will develop a healthy and accepting attitude towards the condition.

Netherbrook Primary should ensure that all staff are trained and receive annual updates by the school health advisor to support the management of anaphylaxis in school.

Aims

- To ensure that children who have an acute allergy have access to their medication.
- To provide regular information, training annually and up to date awareness of the identified children within the school.
- To provide a safe environment where children are protected from curriculum activities which may aggravate their allergy- i.e. cookery.
- To maintain a high level of awareness throughout the school regarding all named pupils and their needs.

Key Stage 1

All staff in the relevant year group, will be made aware of any children with Anaphylaxis/allergies and care plans.

Parents will be seen by the School Nurse and an Anaphylaxis Management Plan filled in – discussing child's condition, signs and symptoms plus medical treatment.

Copies of care plans will be kept in the relevant classrooms and all staff in that child's year group and lunchtime supervisors, will be made aware of the child's medical needs and care plan procedure.

A photograph will be attached and the forms kept in school office.

Parent/carers must ensure that up to date Epipens are clearly labelled and given to the teacher.

It is the responsibility of the Senior Lunch Time Supervisor or a named lunchtime supervisor and Deputy, to collect Epipens at the beginning of lunch and keep them with them, returning them to the classes at the end of lunch time.

The second Epipen will (with parental permission) be kept in the School Evacuation Pack in the office for use in an emergency.

Key Stage 2

All staff in the relevant year group, will be made aware of any children with Anaphylaxis/allergies and care plans.

It is the parents/carers responsibility to ensure the Epipen is in date.

Parents/carers should provide a small bum bag clearly labelled with their child's name in order for children to carry their own Epipen at all times.

At the start of each term the First Aid Co-Ordinator will ensure that staff check Epipens are a) in school and b) in date. However it is the responsibility of parents/carers to ensure that in date Epipens are provided for their child.

If the child is prescribed a second Epipen it will (with parental permission) be kept in the School Evacuation Pack in the office for use in an emergency.

Emergency Procedure – in the event of an Anaphylactic Attack

A). It is important that when a child complains of any of the following severe symptoms the Epipen is given immediately –

- Excessive swelling of lips/mouth/tongue
- Difficulty in breathing/talking
- Drowsiness
- Wheezing

The injection can be given through the clothing, into the top of the thigh- to the count of 10, giving a measured dose of Adrenaline.

Only the Epipen prescribed for the named child should be administered, as the dose is pre-set to the child's body weight.

If no change in condition after 5-10 minutes a second prescribed Epipen must be given if it is available. All treatment must be relayed to Ambulance staff and the used Epipen taken with the child.

A child cannot be overdosed with Adrenaline, it is better to give the Epipen than not.

When an ambulance is called the Head of School/Assistant head of School or the next senior member of staff in their absence must be informed immediately.

When a child is given their Epipen they must be transferred to hospital and a member of staff should go with them in the absence of a parent/carer.

Parents/carers must be informed immediately.

It is very important that the used Epipen is sent to the hospital with the child, so the staff can see treatment already had and the time given.

B). some children have a milder form of the allergy and therefore only need a dose of prescribed antihistamine such as Piriton at the on-set of their symptoms. This should be kept in their classroom clearly labelled.

Some mild symptoms may be:-

- Facial Rash
- Tickly sensation in back of throat
- Muscle ache
- Mild swelling of lips/mouth/tongue

If a child presents with any of the above then a dose of prescribed antihistamine should be given. The dose will be clearly stated on the bottle and stated in the child's care plan.

You must stay with the child for at least 30 minutes to ensure symptoms do not become worse. Ensure plenty of reassurance is given.

The child's parents/carers should be informed, and the child should not be left alone for up to 3 hours afterwards.

The parent/carers must be informed of all treatment given.

Epilepsy Policy

Introduction

One person in every 130 has epilepsy and 75% of people with the condition will have their first seizure before the age of 20. It is therefore likely that most teachers will come in contact with a pupil with epilepsy at some time during their career.

If epilepsy is dealt with calmly and reassuringly, the child will benefit and other pupils will develop a healthy and accepting attitude towards the condition.

- Epilepsy is a descriptive term and not a specific illness or disease.
- It is an altered chemical state of the brain leading to outbursts of extra electrical activity within it.
- People that suffer from epilepsy may have seizures or fits. There are many types of seizures, the most common being Absence (petitmal) and Tonic / colonic stage (grand mal).

Pupils with epilepsy come under the definition of having a disability as described in the "Code of Practise" and are covered by the Special Education Needs and Disability Act (SEND) and the Disability Discrimination Duties.

Guidance

In 2002 new duties came into place in the Disability Discrimination of Epilepsy – schools must not discriminate against disabled pupils in the provision of education and in respect of admission to schools and in Inclusion.

- The school must not treat disabled pupils less favourably.
- The school must make reasonable adjustments. Schools should plan in advance to meet the needs of a disabled child including support strategies for their learning.
- It is unlawful to exclude a disabled child from school for a reason relating to their disability.
- Epilepsy Management Plans should be filled in with the parents and School Health Advisor, kept in the office and a copy sent to the class teacher. It is Dudley LEA's Inclusion Policy, if a child has a diagnosis of epilepsy they must have an Epilepsy Management Plan in place.

Aims

Netherbrook Primary School adopts this policy to ensure that pupil's individual health needs are met in line with the LEA Inclusion Policy.

- To recognise the needs of all children with Epilepsy.
- To implement strategies to support the child's learning.
- To ensure that children with Epilepsy participate fully in all aspects of school life.
- To recognise that immediate treatment is vital.
- To maintain a high level of awareness throughout the school regarding all named pupils and their needs.

Symptoms of Epilepsy

A) Major Seizures (Tonic/Clonic Stage)

A seizure of this kind is distressing to watch, we all want to help but there is little to be done.

Sometimes suffers have a warning / aura eg. Certain smell, taste or sensation.

Tonic Stage: • Sufferer falls unconscious • Muscles go rigid • They can go blue in the face • They can bite their tongue
Clonic Stage: • Muscles go into spasm • They will have violent movements of the limbs • They can froth at the mouth • They can become incontinent

If the event of the child's first seizure in school, staff will call 999, for emergency assistance.

The duration of the seizure is hardly ever more than 5-10 minutes. In a severe case another seizure could begin straight away, at this point each individual care plan will state whether Emergency Services should be alerted. Parents will be informed and the child will be sent home.

After the clonic spasms have stopped the sufferer may go into a sleep, which they should be allowed to do.

B) Absence (Petit mal)

These are much briefer and can be numerous.

They have a loss of consciousness for only 1-2 seconds: they will feel 'dazed' afterwards.

The care plan guidance will be followed by trained members of staff.

First Aid Treatment of Epilepsy

Major Seizures

- Inform a trained member of staff.
- Never leave the child alone until fully recovered.
- Do not move the child unless they are in danger.
- Move any objects on which they could hurt themselves.
- Do not put anything in their mouth.
- Do not restrict their movements.
- Turn them into the recovery position once the seizure is over and cushion their head.
- Provide reassurance / reorientation following the seizure.
- Maintain their dignity / privacy at all times.
- Normally there is no need to ring 999, however if it is a first seizure in school, then Emergency assistance will be called. In all instances parents will contacted to collect the child.
- If Buccal Midazolam is prescribed for a seizure, appropriate training will be provided by a Healthcare Professional.
- Buccal Midazolam will be stored in the child's classroom in a secure place and a second dosage kept in the school office.

Minor Seizures

- Be understanding.
- Repeat what has happened / missed in the classroom.
- Note that it has happened and how frequent.
- Inform the parents.

Management of other children's needs

- Stay calm.
- Send for another adult.
- Reassure the children and arrange for them to leave the room.
- Consider a simple explanation of epilepsy for them.

Health and Safety Issues

Assessing the Risk

The vast majority of children in schools have good seizure control and will not experience a seizure whilst at school. However, some factors associated with the condition such as side effects of drug therapy may affect the pupil's awareness and their ability to react quickly.

When assessing a child for a task the following factors should be taken into account:

- Follow the child's individual healthcare plan
- Seizure type
- Frequency of the seizures
- Pattern of the seizures
- Seizure triggers
- Environment (use of white boards etc.)

Managing the Risk

The SEND makes it illegal to discriminate against a child as a result of their medical condition. This means that strategies need to be put into place to enable the child to access their full curriculum entitlement.

Strategies may include:

- Supervision of certain tasks eg. Cooking, technology
- Use of peer support
- Consideration taken during PE
- 1:1 supervision at high risk seizure times

Diabetes Policy

Introduction

Diabetes is a condition where the level of glucose in the blood rises or falls from safe levels. This is either due to the body not producing insulin or because there is insufficient insulin for the child's needs of the insulin.

"About one in 550 of school-age children have diabetes and 2 million people in the UK are affected. The majority have Type 1 diabetes. They normally need to have daily insulin injections or pump therapy, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. People with Type 2 diabetes are usually treated by modifying diet and exercise" (Diabetes in school 2006)

The diabetes of the majority of children is controlled by injections of insulin each day or by pump therapy. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. If on pump therapy, it will be necessary for an adult to supervise the entering of data into the insulin pump in order to ensure accuracy of information and ensure safety in that the pump issues a correct dosage of insulin. The child's individual care plan will be followed.

Aims

- To optimise management of diabetes in the school day.
- To ensure that children and young people with diabetes are supported in the administration of insulin by school staff.
- To maintain a high level of awareness throughout the school regarding all named pupils and their needs.

Role of the staff

- All school staff are made aware of the pupils who have diabetes and are using an insulin pump or who administer insulin via injection.
- Staff whom have agreed to administer insulin via injection or pump therapy will be given appropriate training by Healthcare Professionals.
- Staff will ensure all children with Diabetes have a safe and private area for them to carry out testing and administer insulin.
- Netherbrook employs a teaching assistant responsible for complex medical needs whom is trained to manage diabetes within the school. There are other trained

members of staff able to deal with diabetes management alongside the Complex Care Teaching Assistant.

- The Senior Management Team will ensure that a trained member of staff is available every school day, and on-site, to give or supervise the injection or pump therapy data entry and will inform the child's parent/carer immediately if a trained person is not available.
- The child's care plan will be followed accordingly and agreed by parents, the Children's Diabetes Nurse Specialist, the Senior Management Team in school and the school staff who have been specifically trained. Current guidelines from Diabetes UK recommend at least 2 members of staff to be trained.
- Any change a parent wants to make to an individual health care plan needs to be via a written medical letter from a Healthcare professional.
- Staff need to be aware that children with diabetes need to be allowed to eat and drink regularly during the day. This may include eating snacks during lesson times or prior to exercise.

Symptoms of diabetes

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headaches
- Mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up an individual health care plan with the Healthcare Professionals.

The child will be given a diary to keep a record of any hypoglycaemic or hyperglycaemic episodes, including blood glucose levels and administration of insulin via a pump or manual insulin injection, with times of day included. This should be sent home at the end of each school day to inform parents/carers.

Managing Hypoglycaemia

If a child has a hypoglycaemic episode, it is very important that the child is not left alone and that glucose levels are recorded as a diary entry to inform parents/carers at the end of the school day.

In the event of a hypoglycaemic episode, the child should test/or be helped to test their blood glucose level and then the child should be given a fast acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink(as agreed with the Healthcare Professional on their health care plan for exact dosage).

The blood glucose levels at the start of the hypoglycaemic episode should be recorded in a dedicated diary for the individual child and tested after an agreed length of time as stated in their care plan, after the administration of a fact acting sugar. The second blood level should again be recorded in the diary and as long as the child is feeling well and the blood glucose level has returned to within normal parameters (as decided by the child's Diabetic Nurse, and their health care plan), the child may return to their lessons.

If the blood glucose levels do not return to within normal levels after the administration of a single dose of fact acting sugar, the whole procedure should be repeated. If the blood glucose levels do not return to normal levels after a third dose of sugar, then the parents/carers should be informed.

If the child has more than three separate episodes of hypoglycaemia in a school day, then parents/carers should be made aware of this and asked for advice on whether their child should remain in school.

Managing Hyperglycaemia

Some children may experience hyperglycaemia (high blood glucose level) and have a greater need to go to the toilets or to drink. They may also experience a feeling of nausea, sweating and/or disorientation.

Blood glucose levels should be initially tested to establish an episode of hyperglycaemia and then recorded in the child's blood glucose diary. The child's health care plan should be followed for timescales to retest.

The individual healthcare plan for each child will state at what blood glucose level, staff should test for the presence of keytones in the blood. If keytones are present above a level of 0.6, then the level of care is deemed to be above the training level of the staff involved, and the child must go home to be monitored by parents/carers.

After an agreed length of time (again as stated in the child's healthcare plan), the blood glucose level should be retested. If the levels remains high, the presence of keytones should again be tested for, and if found still present, the care plan should be followed.

If the child should become unconscious then an ambulance should be called immediately, giving all recorded information and record of treatment given to paramedics/hospital staff.

First Aid Policy

Aims

To maintain an appropriate ratio of qualified staff, at all levels, who undergo regular first aid training

To secure a sound provision of first aid trained staff for all school based activities both within and outside school

To ensure the Health and Safety of all pupils throughout the school

Role of the Staff

- Teachers have a common law responsibility to look after the children in their care.
- Non- teaching staff, act under the direction of the Head of School/Assistant Head of School and the Head of Inclusion.
- General guidance for parents about school procedures is included in the school brochure.

First Aid Supplies

First aid boxes are maintained at various locations around the school clearly marked, and the care room is accessible to all children when needed.

First Aid Boxes will contain items compliant with current legislation.

These items can be used by any person in the absence of a first aider, without aggravating the injury and until further help is summoned.

There are First Aid bum bags for use on all school trips etc.

Procedure for Accidental Injury

If anyone should become ill or suffer injury as a result of an accident the following procedure should be followed:-

- Immediate first aid must be given by the nearest member of staff as far as their knowledge permits, and a message sent to the nearest First Aider.
- The casualty must be given all possible reassurance and ONLY if absolutely necessary be moved. If at all possible the patient should not be left alone.
- A message must be sent to the Office so that the Head of School/Assistant Head of School are informed.
- As soon as possible the parents/carers will be informed.
- Pupils must receive emergency medical attention as soon as possible in the following cases:

Any head injuries and wounds needing stitches
All suspected fractures
Any signs of unconsciousness, even for a few seconds
Anaphylactic shock
Epileptic seizure (if it is the first time seen in school)

N.B. Legally pupils must be sixteen to be given medical treatment without parental consent, however in 'Life or Death' situations treatment is given immediately.

- Where parents request ambulance attendance other than for the conditions above, any costs will be met by the family.
- Following the accident the Accident Report book must be completed, and returned to the Deputy's Office.

Child Reporting Sickness

The school takes its responsibility for the Health, Safety and Welfare of all our children very seriously. It is vital to have consistent procedures for the handling of day to day illness.

- When a child reports feeling unwell to a member of staff, initially their action is determined by how well they know the child.
- First Aiders/staff will assess whether they think a child needs 'time out' from the classroom/lesson and administer any first aid deemed necessary.
- The responsibility for deciding whether a pupil should go home or not, therefore primarily resides with the class teacher/First Aiders.
- In cases where the child has a bump to the head, a 'bumped head' letter must be sent home or a note in the child's planner with the child explaining to the parent/carer what happened. If the bump is a severe one then the parents/carers should be notified and a decision made whether the child should go home.
- If a child has a general bump to the face, then a form is filled in and sent home.

- Parents with a child suffering from a short term serious illness are encouraged to contact the Head of School/Assistant Head of School to negotiate education requirements.
- We do not encourage children to miss lessons and do not allow unsupervised children to stay indoors during breaks, so before a child is sent back to school after an illness, parents should ensure that the child can cope with the whole school day.
- Any child who has been sick should go home as soon as possible, in order to limit the spread of any infection.

Exclusion Conditions

There are regulated exclusion periods for:

- Fevers
- Infection
- Gastro illnesses
- Skin infections
- General infections
- Infestations

Children should remain away for the regulated time stated on the following pages, to prevent epidemics occurring.

Disease	Usual incubation Period	Period of communicability	Minimal period of exclusion from school	
			Cases– subject to clinical recovery	Contacts – family/close
Rubella (German measles)	2 – 3 weeks	7 days before to 4 days after onset of rash	Until recovered/4 days from onset rash	None
Measles	7 – 18 days	Just before start symptoms to 5 days after start of rash	Until recovered/5 days from onset of rash	None
Mumps	18 - 21 days	7 days before to 7 days after onset of swelling	7 days from onset of swelling	None
Chickenpox and Herpes zoster (Shingles)	14 – 21 days	1 – 2 days before to 5 days after onset of rash	Until rash dried – generally for 5 days from onset of rash (+see shingles)	None
Scarlet Fever (streptococcal)	1 - 3 days	Whilst organism in nose/throat – usually 48 hours from onset	Scarlet fever – 1 week onset Other – when treated	None
Whopping Cough	7 – 10 days	7 days after exposed to 21 days after onset paroxysmal cough	Fro 3 weeks after onset of cough and fully recovered.	None
Diagnosed Norovirus	48 hours	Most infectious when have sickness and/or diarrhoea	Until clinically well and no diarrhoea for 48 hours	Exclusion not routinely needed for contacts or family members

Diagnosed Swine Flu	1 – 10 days – or until symptoms cease.	Duration of active illness	Until recovered	None – unless other factors are apparent i.e. asthma then Flu vaccine recommended.
Gastroenteritis of unknown cause – include viral	Viral – may 12 – 48 hours	Whilst organism is present in stools	Until clinically well and no diarrhoea for 48 hours	Exclusion not routinely needed for contacts or family members
Dysentery (Shigella)	1 – 7 days	Most infectious when have diarrhoea	Depending on cause, children in nursery classes may be excluded longer	If symptoms develop, should also be excluded. Some cases may have
Salmonella – food poisoning	12 – 72 hours			
Campylobacter – food poisoning	1 – 10 days (usual 2-5)			
Cryptosporidia infection	3 – 14 days	Most infectious when have diarrhoea Less risk transmission when stools well formed	In rare cases exclusion may be extended and stool specimens needed – will be a discretion of the CCDC	stool testes if positive may advised by excluded. Extra precautions with food handlers – should have stool tests
Giardia infection	4 – 25 days			
E. Coli – verotoxin producing	1 – 14 days – usual 1 – 6 days	Whilst organism in stools	Until normal stools for 48 hours and may need stool specimens – discretion CCDC	Younger family contact may need to be excluded until case well – at discretion of the CCDC
Other Gastrointestinal Illness and Infective Jaundice				
Hepatitis A	15 – 50 days – usual one month	1 -2 Weeks before onset to 1 week after onset jaundice	Until one week after onset of jaundice	None
Hepatitis B	48 – 180 days – usually 60 – 90 days	Whilst organism in body fluids. Can carry without symptoms.	Until clinically recovered	Not required – CCDC will advise
Typhoid Fever	7 – 21 days		At discretion of the	At discretion of the

Paratyphoid Fever	1 – 10 days	Whilst organism in stools or urine	CCDC	CCDC
Skin and Other Specific Site infections				
Impetigo	4 – 10 days	Whilst purulent lesions. Antibiotics rapidly effective. Some carry organism	Once treatment started for 48 hours	None
Hand, foot and mouth disease – coxsackie virus	3 – 5 days	Whilst acute illness. May persist in stools for months.	Until clinically well	None
Firth disease (Slapped cheeks syndrome)	3 – 5 days before appearance of rash	Reduced once rash appears	None	None
Herpes simplex (cold sores)	2 – 11 days	Until lesion is dry/not secreting	May not practical – until dried	Children with eczema best avoid contact
Conjunctivitis	Vary – 24 – 72 hours	During active infection	Once inflammation improving and discharge stopped – start treatment	None
Respiratory infections, Bronchitis, parainfluenza	1 – 10 days	Duration of active illness	Until recovered	None
Serious General infections				
Meningococcal infection – Meningitis	2 – 7 days	Whilst organism in nose and throat	Until full clinical recovery CCDC will advise	No exclusion – may receive antibiotics
Meningitis – viral	Variable	Variable	Until recovery only	None
Diphtheria	2 – 5 days	Whilst organism is throat or nose	At discretion of the CCDC	At discretion of the CCDC
Poliomyelitis	3 – 21 days	Whilst virus in stools	At discretion of the CCDC	At discretion of the CCDC

Tuberculosis	25 – 90 days	Whilst organism is sputum. Non-infectious 2 weeks after start treatment	CCDC and TB Nurses will advise	Contacts of cases of pulmonary TB will be screened. CCDC will advise re school contacts
Infestations and Skin Infections				
Lice of head or body – pediculosos	Eggs hatch in 7 days, mature in 8 days	Whilst lice or nits alive on person or clothes	Until treated effectively	Family need to be examined and may be treated
Scabies	2 – 6 weeks; if re exposure may be only 1 – 4 days	Until eggs and mites destroyed by treatment	For 24 hours after treatment	Family need treating also
Ringworm scalp – tinea	10 – 14 days	Whilst active lesions present – can very infectious	Until started effective treatment – ideally for 2 week after start treatment	None – unless signs infection
Ringworm of the body	4 – 10 days	Whilst lesions present	Until started treatment	None – unless signs infection
Ringworm of feet – Athletes foot	Uncertain	Whilst lesions present	No exclusions – can do barefoot activities – treatment is advised	None
Verrucae plantaris – plantar warts	2 – 4 months – ranges 1 – 20 months	Uncertain – whilst lesions visible	No exclusion from school/activities. May cover with plaster – benefit uncertain	None
Worms – include threadworms	Variable	Until worms treated	Until treated	Family may need treating eg. threadworms

All the above information is kept in the Office.

Head Lice

Head lice information letters should then be sent out to the appropriate year group. These letters are kept in the Office.

Reporting Accidents

Employees

A) All non- notifiable accidents to employees must be recorded in the Dudley Metropolitan Borough Council Accident/ Incident Book, which is a Controlled Document and is kept in the Deputy heads Office.

Entries should be made in the presence of the injured person or their representative, where possible.

If any pupil sustains a severe injury following an accident a Pupil Accident Form must be filled in and forwarded to the Dudley Education Personnel Services immediately after the event and a copy placed in their personal file.

B) All notifiable accidents must be recorded in the same way but the report must also be phoned through to the Education Department within 24 hours of the accident happening. They will then inform the Health and safety Executive.

Notifiable accidents are:-

a) The death of any person on the school site.

b) Any person suffering any of the following:

- Fracture of the skull, spine or pelvis
- Fracture of any bone in the arm, wrist or ankle
- Amputation of a hand, foot, finger, thumb or toe
- Loss of sight or a chemical burn to an eye
- Injuries including burns requiring immediate medical treatment or electric shock
Any injury resulting in the person being hospitalised for more than 24 hours

Non-Employees.

All accidents to pupils, parents and other members of the public must be recorded in the Accident Book.

Spillage and Bodily Fluids Policy

Introduction

Standard infection control precautions are a key component of infection prevention and control when dealing with the disposal of bodily fluids. They help protect staff and pupils by minimising the transmission of infection through bodily fluids.

The Code of Practice on the prevention and control of infections and related guidance (the Health and Social Care Act 2008) states that "effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone".

Hand Hygiene

Hands play a major role in the transmission of infection. Effective hand hygiene is the single most effective method of preventing the spread of infection in school settings.

Hand hygiene is a term that incorporates the decontamination of the hands by methods including routine hand washing with soap and water and the use of hand rubs and gels.

Hand hygiene should be encouraged by children after toileting and before handling/eating food and drink. This should also be modelled, where possible, by members of staff, lunchtime staff and all other adults within the school.

To try to prevent the spread of infection from colds and viruses, the use of tissues and coughing into tissues/hands should be encouraged, again with staff modelling this behaviour.

Safe Handling of Blood and Bodily Fluid Spillages

All blood or bodily fluids can potentially contain blood borne viruses or other pathogens, therefore dealing with spills of blood or body fluid may expose the staff member to these blood borne viruses or other pathogens.

Spillages of blood or bodily fluids must be decontaminated promptly; it is the responsibility of staff to deal with such spillages.

Spill kits are available in school.

Disposable gloves and aprons must be worn as a minimum for cleaning spillage and disposed of in clinical waste containers (yellow containers)

The spillage should be soaked up with disposable paper towels.

For a minor spillage the surface should be cleaned with Spill Kit cleaning fluid. Sodium hypochlorite must not be used on urine spillage as this will result in toxic fumes.

Larger spillages of blood can be absorbed using chlorine based granules sprinkled directly onto the spillage. Granules should be left for a contact time of 2 minutes (to inactivate any virus present).

Remove waste and dispose of in a clinical waste bag/container.

The area should then be cleaned with general purpose detergent and dried.

Hands should be washed thoroughly after the removal of aprons and gloves.

Urine spillages should be dealt with by washing the area with hot water and general purpose detergent.

Cleaning and Decontamination of Equipment

Safe decontamination of equipment is an essential part of the routine infection prevention and control. It is the responsibility of each member of staff to ensure that re-useable equipment is decontaminated after use.

Equipment can act as a vehicle by which micro-organisms are transferred, which may result in infection. By cleaning and decontaminating equipment correctly, staff will reduce the risk to pupils and other staff

Items designated as single use must NOT be reused. Items designated as single person use must NOT be used more than once on a single patient.

Staff should have access at all times to the appropriate resources for cleaning, such as neutral detergent/disinfection wipes and chlorine releasing products.

Equipment must be cleaned in line with the manufacturers' instructions in order to avoid damage.

Sharps Policy

Sharps Safety

Sharps devices, including blood glucose test pens and insulin pens, are routinely used as part of healthcare practice in school. As a school, we are aware of the risks posed by relevant contaminated sharps.

All staff are informed of the correct and safe procedures for the management of sharps. Staff are made aware of the action to take should a sharps injury occur, including the appropriate reporting of the incident.

Many sharps injuries can be avoided by adherence to the principles of safe sharps practice. However, it is recognised that injuries could be complete accidents. It is possible to reduce the risk of this happening by the use of safety procedure.

Sharps safety:

- Do not re-sheath used needles or sharps
- Never pass sharps from person to person by hand – use a receptacle or clear field to place them in
- Never walk around with sharps in your hand
- Never leave sharps lying around – dispose of them
- Dispose of sharps at the point of use – take a sharps bin with you

Management of sharps injury

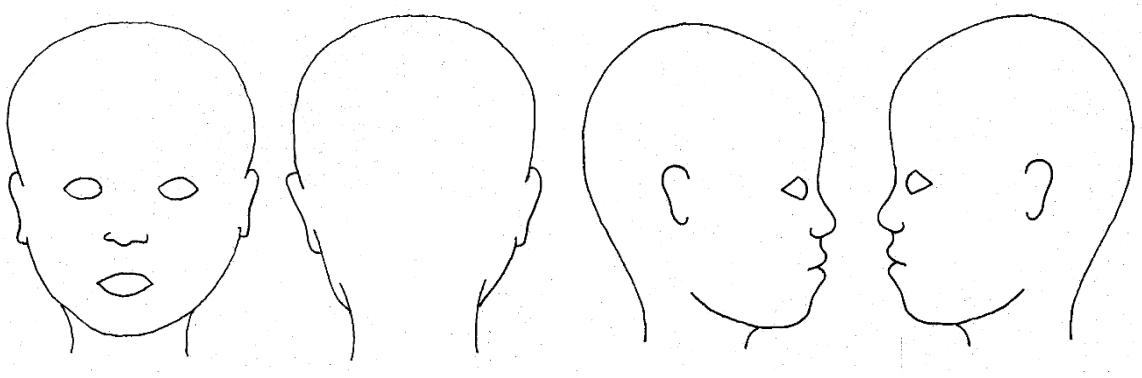
- If a sharps injury occurs, the following action must be taken IMMEDIATELY:
- Bleed it – encourage bleeding – but do not massage the site
- Wash it – wash the injury, under hot running water
- Report it – inform your Health and Safety Manager and Occupational Health
- In the event of a sharps injury contact Occupational Health – 01384 366416

Monday – Thursday 09:00 – 17:00

Friday 08:00 – 16:30

Accidents and Injuries Report

Child's Name		Child's Class	
Date and time of incident (dd/mm/yyyy)		Person completing this report	



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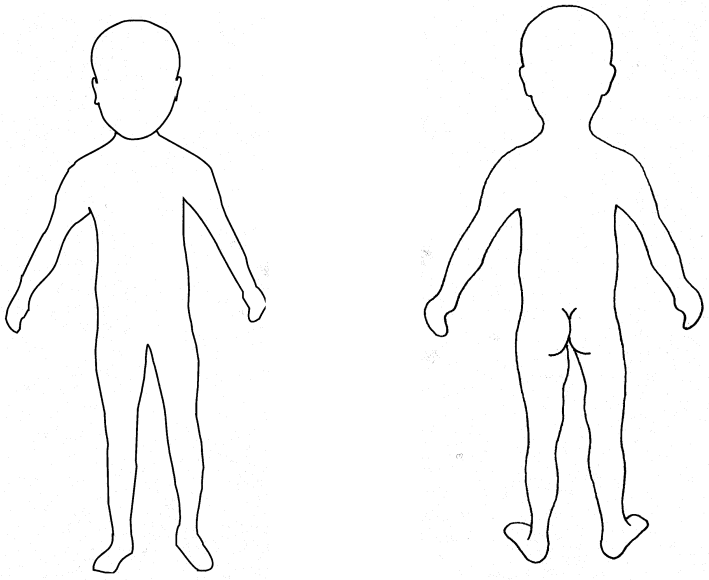

Details: (How injury occurred and action taken)

Dear Parent/Carer, your child was given first aid/medical treatment following an injury today. Staff have observed your child in school and have observed no signs of symptoms of concussion or any other complications following their injury. This note is to inform you so that you may wish to continue to monitor your child once they are at home.

Concussion Awareness in the Classroom

Concussion is a type of traumatic brain injury that may alter the way a child's brain functions. Despite the idea that concussion isn't serious, it can cause substantial difficulties or impairments that can last a lifetime. Remember, a child could still have a concussion even if they have not 'passed out' or had a loss of consciousness.

What are the facts

- Concussion is a brain injury
- All concussions should be taken seriously - It changes how the brain works
- Children can recover quickly BUT a concussion can lead to ongoing problems
- Concussions are caused by direct blow or bumps to the head
- They can be sport-related or through a fall or bump to the head in the playground
- Complications after concussion can include a blood clot in the brain can be fatal

What to look for:

For the following symptoms, seek medical help immediately:

- Cannot be wakened
- Neck pain
- Persistent vomiting
- Slurred speech
- Pupils unequal in size or blurred/double vision
- Seizures
- Memory loss
- Change in behaviour

Other symptoms include:

- Feeling dazed
- Headache
- Nausea vomiting
- Poor balance/dizziness
- Visual problems
- Sensitivity to light and noise
- Difficulty concentrating / remembering
- Irritability /sadness/nervousness

What to do:

1. Remove them from play
2. Get child assessed by a GP or seek medical advice
3. Ensure that they rest and take some time away from physical activities such as sports and playing, as well as cognitive activities such as school work or reading to allow for recovery
4. When symptoms completely resolve, the child should be seen by their GP or seek hospital advice before they return to play

First Aid Stations

* Main Entrance
* Time For Two's (Kitchen Area)
* EYFS (Kitchen Area)
* KS1 Corridor
* KS2 Corridor
* Staffroom Corridor
* Community Room

First Aid Information

* Each classroom has a First Aid Box
* First Aid Bags are provided for trips
* Each Lunchtime Supervisor has their own bag
* Regular re-stocking of supplies by Ms F Davies
* Medical fridges allocated in staffroom and T4T's kitchen

Defibrillator allocated in main entrance

Ice packs and covers are stored in the Stock Room freezer and Community Room freezer

Paediatric First Aiders	
Mrs J Avery	Mrs R Guest
Mrs J Barfoot*	Mrs C Harris
Mrs S Begum	Mrs K Hinton
Mrs A Bowen*	Mr J Hayfield
Miss S Buckley	Mrs Ketteringham-Walsh
Mrs J Cole	Mrs C Marshall
Mrs S Collins	Mrs J McCarron
Ms S Daly	Miss J Millichamp
Ms F Davies	Mrs L Mills
Miss R Dubberley	Miss C Moore
Mrs A Dutton	Mr K Perry *
Mrs L Frost	Miss A Rowe
Mrs V Garbett	
First Aid at Work	
Mrs J Bate	Mrs I Hollyhomes
Mrs M Billingham	Miss D Pritchard
Mrs K Coates	Mrs S Thompson
Mrs J Crowley	*** Also First Aid at Work**